



Health Care Coalition of Orange County

Advisory Committee – SNF/LTC

Tuesday, March 26, 2019 – 9:00 a.m. to 10:00 a.m.

Location:

Health Care Agency Operations Center
2228 Ritchey St. Santa Ana CA

Agenda

- I. CALL TO ORDER
- II. INTRODUCTIONS/ANNOUNCEMENTS
- III. APPROVAL OF MINUTES
 - None
- IV. EMS/HEM REPORT
 - Health Emergency Management (HEM) Program
- V. SURVEYS
- VI. NEW BUSINESS
 - Top Three Goals
 - Evacuation Drills
 - Create a communications phone tree in sub-committee
 - Emergency Operations Plans
 - Gap Analysis Tool
 - Facility/MHOAC Situation Report (Attachment 1)
- VII. OTHER BUSINESS
 - Roundtable
- VIII. NEXT MEETING - June 12, 2019 – Health Care Agency Operations Center (AOC) - 9:00am to 10:00am
- IX. ADJOURNMENT

Facility/MHOAC Situation Report

REPORT STATUS (Choose Only One)	DATE / TIME OF REPORT	CONTACT INFORMATION
<input type="radio"/> Advisory: No Action Required <input type="radio"/> Alert: Action Required	MM/DD/YYYY	NAME OF REPORT CREATOR
	HH:MM	POSITION / TITLE
FACILITY NAME		PHONE NUMBER
FACILITY STREET ADDRESS		REPORT CREATOR EMAIL ADDRESS
FACILITY TYPE (Select from drop-down options)	FOR FACILITIES ONLY: Prognosis: <input type="radio"/> Improving <input type="radio"/> Worsening <input type="radio"/> No Change	
	Number of Impacted Beds: <input style="width: 50px;" type="text"/> Number of Total Beds: <input style="width: 50px;" type="text"/>	24 HOUR FACILITY EMAIL ADDRESS <input style="width: 100%; height: 20px;" type="text"/>
CURRENT FACILITY STATUS (Choose only one):		Have you activated any internal plans in response to this incident? <input type="radio"/> YES <input type="radio"/> NO
<input type="radio"/>	GREEN: Normal Operations	
<input type="radio"/>	YELLOW: Modified operations; using internal/corporate resources	
<input type="radio"/>	RED: Modified operations; need assistance	
<input type="radio"/>	BLACK: Significantly impaired or non functional; need MAJOR assistance	
CURRENT SITUATION: IF ASSISTANCE IS NEEDED, PLEASE DESCRIBE:		COMMENTS
		Have you evacuated any portion of your facility? <input type="radio"/> YES <input type="radio"/> NO
		If Yes, Enter Number of Beds Evacuated: <input style="width: 100px;" type="text"/>
		Have you called 9-1-1 for any Type of Emergency Response / Assistance? <input type="radio"/> YES <input type="radio"/> NO
		IF YES TO ABOVE, EXPLAIN NATURE OF REQUEST/RESPONSE:
PLEASE SUBMIT TO EMSDUTYOFFICER@OCHCA.COM WHEN COMPLETED		
<input type="radio"/> INITIAL REPORT	<input type="radio"/> UPDATE	<input type="radio"/> FINAL REPORT