



COMMUNICATION AND INFORMATION MANAGEMENT

INTRODUCTION

Sharing information with horizontal and vertical response partners supports situational awareness and decision-making at all levels of emergency management. Timely communication of incident information, including impact to the Public Health and Medical System, current and anticipated resource needs, and the capacity to respond are essential to developing a common operating picture.

This chapter addresses how information flows within the Public Health and Medical System and between the Public Health and Medical System and emergency management when the system is affected beyond ordinary day-to-day activities. Three conditions are identified, along with triggers for transitioning from one operating condition to the next:

- Day-to-Day Activities;
- Unusual Events; and
- Emergency System Activation.

INFORMATION SHARING

Day-to-Day Activities

Information routinely flows between Public Health and Medical System participants, including but not limited to local health departments (LHDs), local environmental health departments (EHDs), local emergency medical services agencies (LEMSAs), health care facilities and State and federal agencies in accordance with statutory and regulatory requirements. When an operational problem occurs in the course of ordinary day-to-day activities, relevant information should be reported to the appropriate local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures. See Figure 1 at the end of this chapter.

Unusual Events

Beyond ordinary day-to-day activities, unusual events may occur that do not rise to the level of an emergency but warrant enhanced situational awareness and notification of partners. See Figure 2 at the end of this chapter. An unusual event may be self-limiting or a precursor to emergency system activation. As described in the previous chapter, an unusual event is defined as an incident that significantly impacts or threatens public health, environmental health or medical services. It is important to note that the determination of “significant impact or threat” is applied within the context of a reference baseline for the affected jurisdiction. An incident may significantly disrupt essential Public Health and Medical System services in one county while a similar occurrence in



COMMUNICATION AND INFORMATION MANAGEMENT

another county may have minimal impact on Public Health and Medical System services. The triggers that prompt transition from routine, day-to-day information flow to enhanced information sharing associated with unusual events include:

- The incident significantly impacts or is anticipated to impact public health or safety;
- The incident disrupts or is anticipated to disrupt the Public Health and Medical System;
- Resources are needed or anticipated to be needed beyond the capabilities of the Operational Area, including those resources available through existing agreements (day-to-day agreements, memoranda of understanding, or other emergency assistance agreements);
- The incident produces media attention or is politically sensitive;
- The incident leads to a Regional or State request for information; and/or
- Whenever increased information flow from the Operational Area to the State will assist in the management or mitigation of the incident's impact.

Emergency System Activation

For the purpose of this manual, emergency system activation occurs when an incident leads to activation of Department Operations Centers (DOCs) and/or Emergency Operation Centers (EOCs). See Figure 3 at the end of this chapter. Emergency system activation should trigger an enhanced level of information sharing to support the needs of the incident. Particularly during a large-scale disaster that triggers the activation of multiple DOCs and EOCs, the need for accurate and reliable information grows significantly.

Situational reporting provides the foundation for support and coordination and facilitates resource acquisition. A Medical and Health Situation Report should be completed and submitted in accordance with the guidance provided in this manual when an unusual event or emergency system activation occurs. Further information is provided below.

NOTIFICATION AND INITIAL ACTIVITIES

When an unusual event or emergency system activation occurs, providing incident information to response partners is critical. Prompt notification of response partners is likely to reduce incoming requests for information from multiple sources and allow response partners to anticipate the need for additional resources to support the affected jurisdiction.

Notification methods may include email, telephone, pager or a combination of these through the California Health Alert Network (CAHAN). The method utilized typically reflects the urgency associated with the specific incident. Additional notifications may be sent to inform partners of new information or changes in situation status. Other relevant activities should be undertaken as soon as possible, e.g., establishing communication with affected entities and response agencies, verifying reported information, etc.



COMMUNICATION AND INFORMATION MANAGEMENT

The flow of notifications depends on the originating source of information; awareness may originate at the field level (see Figure 4) or the State level (see Figure 5).

Notification and Initial Activities – When Awareness Originates at Field Level

Field-level participants in the Public Health and Medical System may become aware of a public health or medical incident and should notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures. The following section describes notification and initial activities during unusual events and emergency system activations when incident awareness originates at the field level. See Figure 4 at the end of this chapter for a summary of key notification activities.

Affected Field Level Entities

- Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.

LHD/EHD

- Notify:
 - Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures;
 - MHOAC Program; and
 - CDPH Duty Officer Program (either directly or via the MHOAC Program) or JEOC if activated.

LEMSA

- Notify:
 - Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures; and
 - MHOAC Program.

MHOAC Program

- Establish an incident-specific communication plan with involved entities.
- Verify any unusual situational information with affected entities.
- Notify the RDMHC Program. Include the following information if known:
 - Brief description of incident;
 - Anticipated support and/or resource needs (if any); and



COMMUNICATION AND INFORMATION MANAGEMENT

- Communicate the expected time when the Medical and Health Situation Report will be submitted.
- Notify the local emergency management agency in accordance with local policies and procedures.
- Notify the CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC Program).
- Provide support to the Medical and Health Branch of the Operational Area EOC if activated.

RDMHC Program

- Establish incident-specific communication with the MHOAC Program in the affected Operational Area.
- Verify situational information with the MHOAC Program.
- Notify the CDPH and/or EMSA Duty Officer Program (or JEOC if activated).
- Notify emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).
- Notify the MHOAC Program(s) in unaffected Operational Areas within the Mutual Aid Region to inform and provide advance warning if requests for assistance are anticipated.
- If the State has requested a Medical and Health Situation Report, notify the MHOAC Program immediately of request.
- Monitor the situation to identify immediate or impending response needs and take appropriate action.
- In consultation with CDPH and EMSA, prepare to support the Medical and Health Branch of the REOC if activation is anticipated.

CDPH and/or EMSA Duty Officer Program (or JEOC if activated):

- Share information with State agencies, including Cal EMA, in accordance with policies and procedures.

Notification and Initial Activities – When Awareness Originates at State Level

The following section describes notification and initial activities during unusual events and emergency system activations when incident awareness originates at the State level. See Figure 5 at the end of this chapter for a summary of key notification activities.



COMMUNICATION AND INFORMATION MANAGEMENT

California State Warning Center

- Notify CDPH and EMSA Duty Officer Programs.

CDPH and/or EMSA Duty Officer Program (or JEOC if activated)

- Notify State agencies in accordance with policies and procedures.
- Notify the RDMHC Program in accordance with policies and procedures.
 - Request acknowledgement of notification if a Medical and Health Situation Report is expected; escalate to MHOAC Program if acknowledgement of notification is not received from the RDMHC Program within 15 minutes.
 - Notify the RDMHC Program by email if no Medical and Health Situation Report is expected by CDPH and/or EMSA.
- The CDPH Duty Officer Program will notify LHD/EHDs in accordance with policies and procedures and field-level entities in accordance with statutory and regulatory requirements for specific functions.

RDMHC Program

- Establish incident-specific communication with the MHOAC Program in the affected Operational Area.
- Notify the MHOAC Program immediately if the State has requested a Medical and Health Situation Report. Otherwise, notify the MHOAC Program in accordance with policy and procedures.
- Verify situational information with the MHOAC Program.
- Coordinate with the CDPH and/or EMSA Duty Officer (or JEOC if activated).
- Notify and coordinate with emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).
- Monitor the situation to identify immediate or impending response needs and take appropriate action.
- Contact the MHOAC Program(s) in neighboring Operational Areas within the Mutual Aid Region to inform and provide advance warning if requests for assistance are anticipated.
- In consultation with CDPH and EMSA, prepare to support the Medical and Health Branch of the REOC if activation is anticipated.

MHOAC Program

- Establish an incident-specific communication plan with involved entities.



COMMUNICATION AND INFORMATION MANAGEMENT

- Verify any unusual situational information.
- Contact the RDMHC Program and provide the following information if known:
 - Brief description of incident;
 - Anticipated support and/or resource needs (if any); and
 - Communicate the expected time when the Medical and Health Situation Report will be submitted.
- Notify local agencies (LHD, LEMSA and local emergency management) in accordance with local policies and procedures.
- If the incident is deemed an unusual event or leads to emergency system activation, prepare and submit the Medical and Health Situation Report to the RDMHC Program, CDPH and/or EMSA Duty Officer Programs (or JEOC if activated), in addition to local emergency management and other agencies in accordance with local policies and procedures.
- Provide support to the Medical and Health Branch of the Operational Area EOC if activation is anticipated.

LHD, EHD and/or LEMSA

- Notify appropriate field-level entities in accordance with local policies and procedures.

MEDICAL AND HEALTH SITUATION REPORTING

Sharing appropriate situational information as soon as possible and throughout an incident will assist with all aspects of emergency management. Achieving a common operating picture allows on-scene response personnel and entities involved in support and coordination, including those at DOCs and EOCs, to share common information about the incident. It also supports decision-making and reduces the frequency of information-seeking inquiries from outside the affected area.

The MHOAC Program is the principal point-of-contact within the Operational Area for information related to the public health and medical impact of an unusual event or emergency. It is expected that the MHOAC Program will prepare the Medical and Health Situation Report for the Operational Area and share this information with relevant partners representing the Public Health and Medical System, including the RDMHC Program, CDPH and/or EMSA Duty Officer Programs (or JEOC if activated), and local, regional and State emergency management agencies at all SEMS levels so that relevant medical and health information can be incorporated into more comprehensive situation reports.

CDPH, EMSA or the JEOC may request a Medical and Health Situation Report from the RDMHC Program if the MHOAC Program does not initiate one. A minimum set of data elements should be included in all Medical and Health Situation Reports. See table below.



COMMUNICATION AND INFORMATION MANAGEMENT

FOR MHOAC ONLY; NOT for Affected Field Level Entities

MINIMUM DATA ELEMENTS MEDICAL AND HEALTH SITUATION REPORT	
Report Type	Initial Update Final
Report Status	Advisory: No Action Required Alert: Action Required
Report Creation Date/Time	Date Time
Incident Information	Operational Area Mutual Aid Region Incident Name Incident Date Incident Time Incident Location Estimated Population Affected Public Health and Medical Incident Level
Report Creator Information	Name Agency Position Telephone, Cell, Pager, Email, etc.
Current Condition of the Public Health and Medical System	Green The Public Health and Medical System is in usual day-to-day status. Situation resolved; no assistance is required.
	Yellow The Public Health and Medical System is managing the incident using local resources or existing agreements. No assistance is required.
	Orange The Public Health and Medical System requires assistance from within the local jurisdiction/Operational Area.
	Red The Public Health and Medical System requires assistance from outside the local jurisdiction/Operational Area.
	Black The Public Health and Medical System requires significant assistance from outside the local jurisdiction/Operational Area.
	Grey Unknown.
Prognosis	No Change Improving Worsening



COMMUNICATION AND INFORMATION MANAGEMENT

Current Situation	Describe
Current Priorities	Describe
Critical Issues/Actions Taken	Describe
Activities	Describe
Emergency Proclamations/Declarations	Describe
Health Advisories/Orders	Describe
Primary Public Health and Medical Contact within Operational Area	Name Agency Title Cell, Pager, Email, etc.

An electronic version of the Medical and Health Situation Report is available for download from the California Health Alert Network (CAHAN) document library. In CAHAN, go to Document Library → Documents → 2 State and Local Health → # CDPH → EPO → EOM → Electronic SIT REP. Alternatively, Appendix C of this manual contains the Medical and Health Situation Report form which may be copied and used for emergency purposes. Please be aware that the Medical and Health Situation Report will be updated and revised over time and the most current version will be available on CAHAN.

Medical and Health Situation Reporting Activities

The following activities involving Medical and Health Situation Reporting should occur during **unusual events and emergency system activations**. See Figure 6 at the end of this chapter.

Affected Field Level Entities

- Provide situational information to the appropriate local agency (e.g., LHD, EHD, LEMSA or MHOAC Program) in accordance with local policies and procedures.

LHD, EHD and/or LEMSA

- Provide situational information to the MHOAC Program in accordance with local policies and procedures.

MHOAC Program

- Prepare a Medical and Health Situation Report containing the minimum data elements. The initial Medical and Health Situation Report may be provided verbally to the RDMHC Program under pressing circumstances.
- Within two hours of incident recognition, submit the initial Medical and Health Situation Report to the:
 - RDMHC Program;



COMMUNICATION AND INFORMATION MANAGEMENT

- CDPH and EMSA Duty Officer Programs (or JEOC if activated);
 - Emergency management agency for the Operational Area (or the Operational Area EOC if activated).
- Provide updated Medical and Health Situation Reports as follows:
- Once during each operational period at agreed upon times;
 - In response to significant changes in status, prognosis or actions taken; and
 - In response to Region/State request as communicated by the RDMHC Program.
- Maintain the Medical and Health Situation Report information as a part of the incident historical document file.

RDMHC Program

- Confirm receipt of the Medical and Health Situation Report and verify information with the MHOAC Program.
- Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the CDPH and/or EMSA Duty Officer Programs (or JEOC if activated); if not, submit immediately.
- Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the emergency management agency for the Operational Area (or Operational Area EOC if activated); if not, submit immediately.
- Confirm that the Cal EMA Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report; if not, submit immediately.
- Inform the CDPH and/or EMSA Duty Officer Programs (or JEOC if activated) of any additional relevant information; also inform the Cal EMA Regional Duty Officer (or REOC if activated) in accordance with policies and procedures.
- Identify immediate or impending response needs and take appropriate action upon receiving the Medical and Health Situation Report.
- Establish and communicate the expected Medical and Health Situation Report update frequency (e.g., once per operational period at 0800).
- Disseminate the Medical and Health Situation Report horizontally throughout the Mutual Aid Region, including MHOAC Programs, per policies and procedures.

CDPH and/or EMSA Duty Officer Program (or JEOC if activated)

- Confirm receipt of Medical and Health Situation Reports with submitting entity.



COMMUNICATION AND INFORMATION MANAGEMENT

- Collect and assimilate Medical and Health Situation Reports from affected Operational Areas.
- Prepare the statewide Medical and Health Situation Report and distribute to RDMHC Programs, MHOAC Programs, Cal EMA, CHHS and other stakeholders at least once per operational period.

CALIFORNIA HEALTH ALERT NETWORK

The California Health Alert Network (CAHAN) is a secure, web-based communication and information system available on a 24 hour-per-day, 365 day-per-year basis for distribution of health alerts, dissemination of guidance documents, coordination of disease investigation efforts, preparedness planning, and other activities that strengthen State and local emergency preparedness and response.

CDPH administers CAHAN to facilitate alerting and collaboration between State agencies and programs, federal agencies, LHDs, EHDs, LEMSAs, hospitals, community clinics, long term care facilities, Indian Health entities and other Public Health and Medical System partners.

Primary CAHAN functions include alerting via multiple communication methods (pager, email, fax, land line and cellular telephone); a role-based directory that allows communication between specific groups; and the ability to share information in a collaborative environment.

At the State level, CAHAN alerts are sent out in response to the following:

- JEOC activation, deactivation or change in status;
- Emergency declaration/proclamation;
- Disease outbreak;
- BioWatch notification;
- Public health guidance issued by CDPH, U. S. Centers for Disease Control and Prevention (CDC), or other State or federal agency;
- Issuance of CDPH Licensing and Certification "All Facilities Letter";
- Health alert received from CDC;
- State or federal activity such as data collection involving available hospital beds; and
- Other significant events relevant to entities/organizations in the Public Health and Medical System, e.g., notification of Emergency Use Authorization by the U.S. Food and Drug Administration.

At the local level, CAHAN alerts are sent out in response to the following:

- DOC/EOC activation, deactivation or change in status;
- Emergency declaration/proclamation;



COMMUNICATION AND INFORMATION MANAGEMENT

- Activation of Points-of-Dispensing (PODs) and Strategic National Stockpile (SNS) deployment;
- Local HCF impact during an event;
- Disease outbreak information;
- Vaccine clinic information, including locations and staffing;
- Public health guidance and alerts based on by guidance provided by CDPH, CDC, or other State or federal agency;
- Data collection involving available hospital beds;
- Local health alerts relevant to public health and environmental health; and
- Local alerts regarding situational awareness and emergency response.

CAHAN alerts should only be sent in support of public health and safety.

Within a county, the CAHAN system is administered by the Health Alert Network Coordinator for that county. The contact information for the HAN Coordinator for each California jurisdiction may be found on the web site www.cahanworkshops.com.

CDPH AND EMSA DUTY OFFICER PROGRAMS

The CDPH Duty Officer Program is the 24 hour-per-day, 365 day-per-year point of contact for notification of public health and environmental health incidents that are received from Cal EMA through the California State Warning Center, LHDs, EHDs, HCFs and providers, and the public. The CDPH Duty Officer Program contacts the EMSA Duty Officer Program to report events that have medical and/or EMS implications. Upon receipt of information, the CDPH Duty Officer notifies the appropriate CDPH Centers and Programs based on established protocols.

All CDPH Centers and Programs provide the CDPH Duty Officer Program with 24 hour-per-day, 365 day-per-year emergency contact information. The following CDPH programs also maintain Duty Officer Programs:

- Center for Chronic Disease Prevention and Health Promotion, Division of Environmental and Occupational Disease Control;
- Center for Environmental Health, Division of Drinking Water and Environmental Management;
- Center for Environmental Health, Division of Food, Drug and Radiation Safety, Food and Drug Branch;
- Center for Environmental Health, Division of Food, Drug and Radiation Safety, Radiologic Health Branch;
- Center for Health Care Quality, Licensing and Certification Program;
- Center for Infectious Disease, Division of Communicable Disease Control;
- Emergency Preparedness Office, Emergency Pharmaceutical Services Unit;



COMMUNICATION AND INFORMATION MANAGEMENT

- Facilities Management Section;
- Office of Public Affairs; and
- Emergency Preparedness Office.

The EMSA Duty Officer Program is the 24/7 point-of-contact for notification of medical incidents that are received from Cal EMA, LEMSAs, health care delivery systems and providers, and the public. The EMSA Duty Officer contacts the CDPH Duty Officer to report incidents that have public health and/or environmental health implications.

The California State Warning Center contacts the CDPH and EMSA Duty Officer Programs by telephone, email or pager for the following:

- Earthquake with damage or injuries or above a minimum magnitude;
- Nuclear power plant incidents;
- Hazardous material releases;
- Fire;
- Tsunami advisories, watches, or warnings;
- BioWatch detection; and
- Whenever there is impact or potential impact to public health, environmental health, medical or emergency medical services.

Once the CDPH or EMSA Duty Officer Program receives notification, an established protocol is followed, based on the reported incident. The CDPH Duty Officer Program notifies the appropriate CDPH Program(s), based on the nature of the reported incident and pre-designated contacts within the LHD, EHD, or MHOAC Programs in accordance with established policies and procedures. The CDPH and/or EMSA Duty Officer Programs notify the RDMHC Program, which may in turn notify the MHOAC Program(s).

CALIFORNIA STATE WARNING CENTER

The California State Warning Center (CSWC) monitors events occurring within California and is the official point-of-contact for emergency notifications received from the National Warning System. The CDPH and/or EMSA Duty Officer Programs routinely receive notifications from the CSWC concerning incidents that may have implications for public health, environmental health, and emergency medical services.

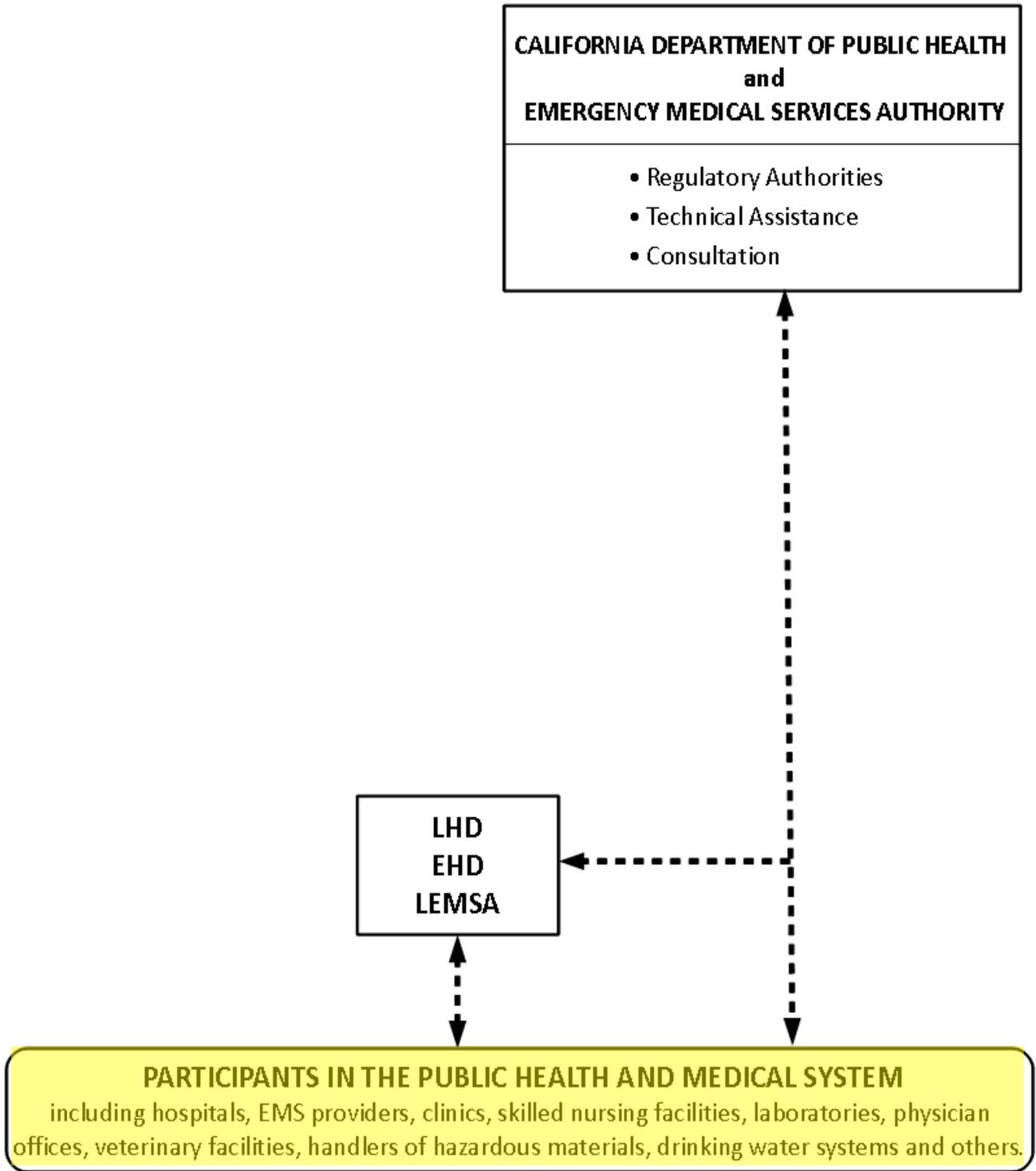
In the event of a hazardous material release or oil spill, the CSWC notifies LHDs/EHDs directly through a HazMat Spill Report in addition to the CDPH and EMSA Duty Officer Programs.



COMMUNICATION AND INFORMATION MANAGEMENT

FIGURE 1. Information Flow during Day-to-Day Activities

← - - - - → Information flow in compliance with regulatory, statutory and program requirements.

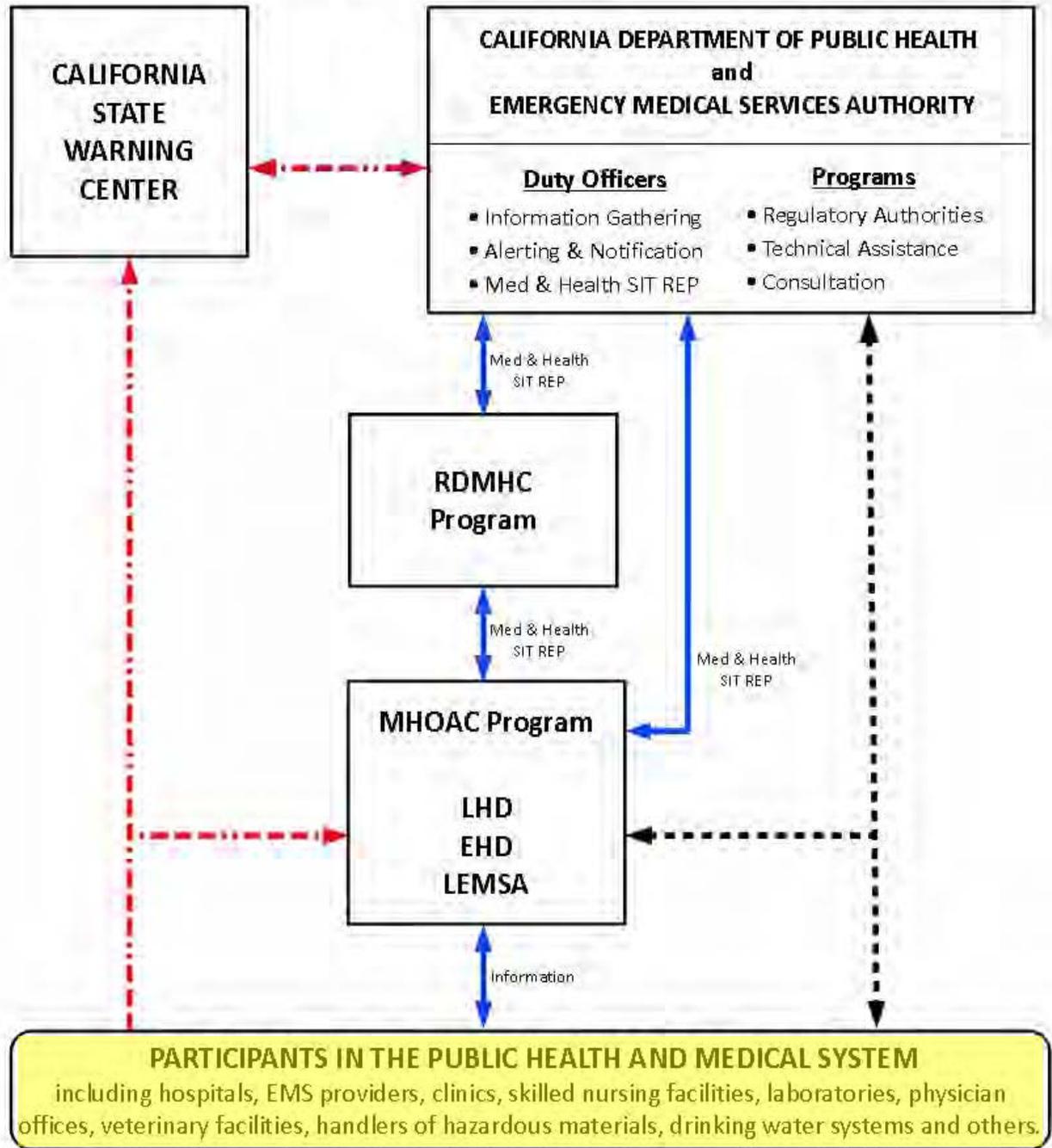




COMMUNICATION AND INFORMATION MANAGEMENT

FIGURE 2. Information Flow during Unusual Events

- ↔ Information flow in compliance with regulatory, statutory and program requirements.
- ↔ Information flow including notification and medical and health situation reporting.
- ↔ Direct notification between entities and the Cal EMA State Warning Center in compliance with statutory and regulatory requirements (e.g., HazMat spills and releases).

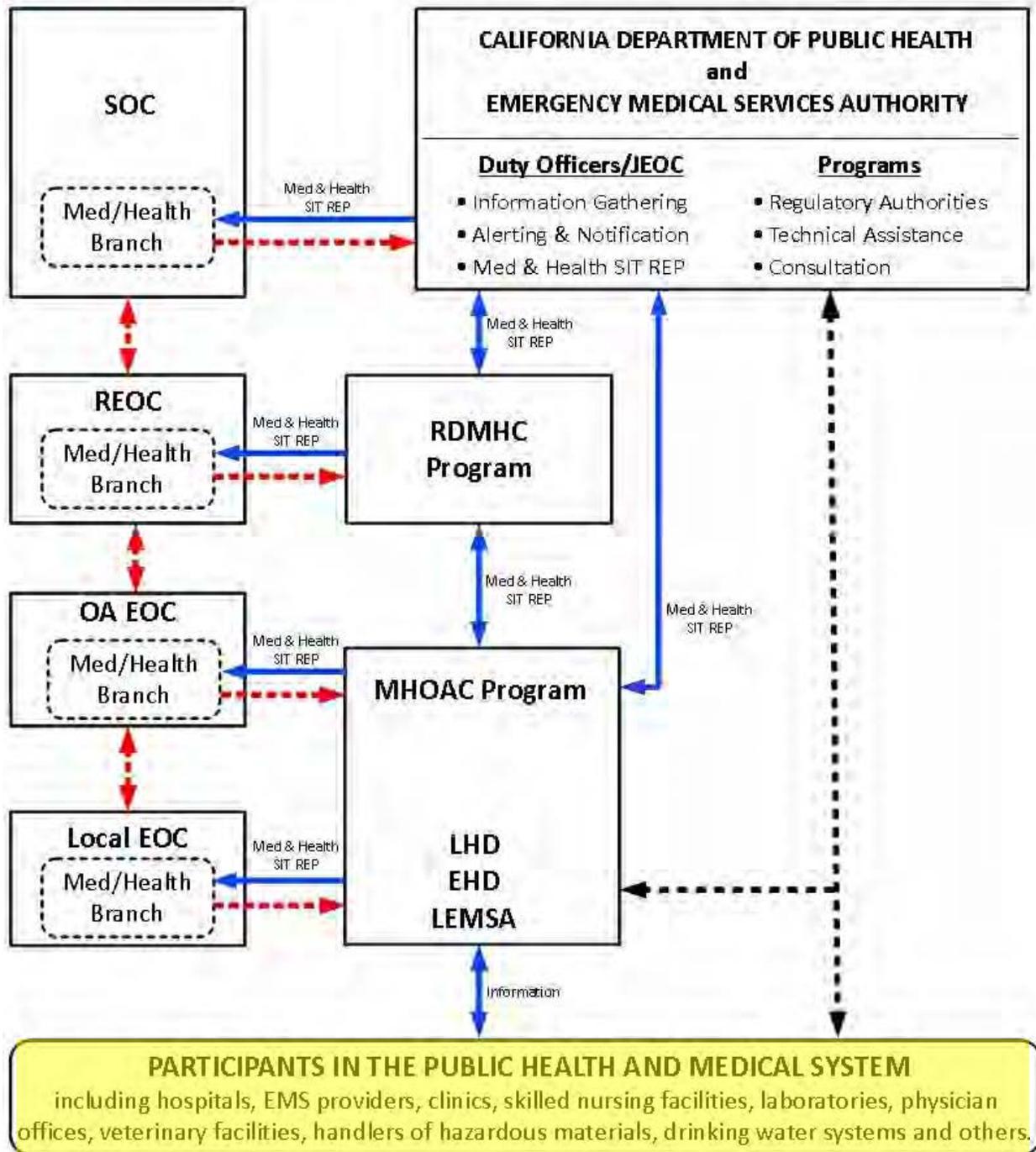




COMMUNICATION AND INFORMATION MANAGEMENT

FIGURE 3. Information Flow during Emergency System Activation

- ◄-----► Information flow in compliance with regulatory, statutory and program requirements.
- ↔ Notification and health & medical situation reporting.
- ↔ Emergency management incident reporting, inclusive of medical & health situation reporting.





COMMUNICATION AND INFORMATION MANAGEMENT

FIGURE 4. Notifications – Awareness Originates at Field Level

NOTIFICATION PROCESS FOR UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION		
FIELD TO STATE		
SEMS LEVEL	ENTITY	INITIAL NOTIFICATION
Field	Field-Level Participants in the Public Health and Medical System, e.g., Hospitals EMS Providers Community Clinics Skilled Nursing Facilities Public Water Systems Public Health Laboratories	<ul style="list-style-type: none"> Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.
Local Gov't	Public Health and Medical Agencies: LHD EHD LEMSA	<ul style="list-style-type: none"> Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures. Notify the MHOAC Program. LHD/EHD: Notify the CDPH Duty Officer Program (either directly or via the MHOAC Program) or JEOC if activated.
OA	MHOAC Program	<ul style="list-style-type: none"> Notify the RDMHC Program in affected region. Notify the local emergency management agency in accordance with local policies and procedures. Notify the CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC Program).
Region	RDMHC Program	<ul style="list-style-type: none"> Notify the CDPH and/or EMSA Duty Officer Programs. Notify the local emergency management agency in accordance with local policies and procedures. Notify the MHOAC Program(s) in unaffected Operational Areas within the Mutual Aid Region to inform and provide advance warning if requests for assistance are anticipated.
State	CDPH and EMSA Duty Officer Programs	<ul style="list-style-type: none"> Notify State agencies in accordance with policies and procedures. Notify the RDMHC Programs in other Mutual Aid Regions if assistance is required or anticipated.
	Cal EMA State Warning Center	<ul style="list-style-type: none"> Notify State agencies, including Cal EMA, in accordance with policies and procedures.



COMMUNICATION AND INFORMATION MANAGEMENT

FIGURE 5. Notifications – Awareness Originates at State Level

NOTIFICATION PROCESS FOR UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION STATE TO FIELD		
SEMS LEVEL	ENTITY	INITIAL NOTIFICATION
State	Cal EMA State Warning Center	<ul style="list-style-type: none"> Notify the CDPH and EMSA Duty Officer Programs.
	CDPH and EMSA Duty Officer Programs	<ul style="list-style-type: none"> Notify State agencies in accordance with policies and procedures. Notify the RDMHC Program in accordance with policies and procedures: request acknowledgement of notification if a Medical and Health Situation Report is expected; escalate to the MHOAC Program if acknowledgement of notification is not received from the RDMHC Program within 15 minutes. Notify the RDMHC Program by email if no Medical and Health Situation Report is expected by CDPH and/or EMSA. Notify LHD/EHDs in accordance with policies and procedures and field-level entities in accordance with statutory and regulatory requirements for specific functions.
Region	RDMHC Program	<ul style="list-style-type: none"> Notify the MHOAC Program immediately if the State has requested a Medical and Health Situation Report. Otherwise, notify the MHOAC Program in accordance with policies and procedures. Notify emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).
OA	MHOAC Program	<ul style="list-style-type: none"> Notify local agencies (LHD, EHD, LEMSA, emergency management) in accordance with local policies and procedures.
Local Gov't	Public Health and Medical Agencies: LHD EHD LEMSA	<ul style="list-style-type: none"> Notify appropriate field-level entities in accordance with local policies and procedures.



COMMUNICATION AND INFORMATION MANAGEMENT

FIGURE 6. Medical and Health Situation Reporting

MEDICAL AND HEALTH SITUATION REPORT UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION		
SEMS LEVEL	ENTITY	ACTIVITY
Field	Field-Level Participants in the Public Health and Medical System, e.g., Hospitals EMS Providers Community Clinics Skilled Nursing Facilities Public Water Systems Public Health Laboratories	<ul style="list-style-type: none"> Provide situational information to the appropriate local agency (e.g., LHD, EHD, LEMSA or MHOAC Program) in accordance with local policies and procedures.
Local Gov't	Public Health and Medical Agencies: LHD, EHD, LEMSA	<ul style="list-style-type: none"> Provide situational information to the MHOAC Program in accordance with local policies and procedures.
OA	MHOAC Program	<ul style="list-style-type: none"> Within 2 hours of incident recognition, prepare and submit initial Medical and Health Situation Report to: (1) RDMHC Program; (2) CDPH and/or EMSA Duty Officer Programs (or JEOC if activated); and (3) emergency management agency for the OA (or OA EOC if activated) in accordance with local policies and procedures. Under pressing circumstances, the initial Situation Report may be verbally delivered. Update as agreed or pursuant to change in status but no less than once per operational period.
Region	RDMHC Program	<ul style="list-style-type: none"> Confirm that the MHOAC Program submitted the Medical and Health Situation Report to CDPH and/or EMSA Duty Officer Programs and the emergency management agency for the OA (or OA EOC if activated) in accordance with policies and procedures. Confirm that the Cal EMA Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report in accordance with policies and procedures.
State	CDPH and EMSA Duty Officer Programs (or JEOC if activated)	<ul style="list-style-type: none"> Share information with State agencies in accordance with policies and procedures. Incorporate relevant information from Medical and Health Situation Reports into the statewide Public Health and Medical Daily Situation Report and share with Cal EMA, CHHS, RDMHC Programs, MHOAC Programs and other stakeholders at least once per operational period.