

VENTURA COUNTY HEALTH CARE COALITION

CHARTER AND BYLAWS



July 2016





Plan Authorization

01-07-15

Daniel Wall, RN, PHN, BSN – Manager
Ventura County Emergency Preparedness Office

Date

01-07-15

Steve Carroll – EMS Administrator
Ventura County Emergency Medical Services Agency

Date

THIS PLAN WAS DEVELOPED WITH THE SUPPORT OF HOSPITAL PREPAREDNESS PROGRAM GRANT FUNDS

This is intended to be a living document. The Ventura County Health Care Coalition Coordinators will continue to meet to ensure that new technologies and innovations in the area of disaster preparedness are considered and incorporated into this document. Plans developed from these guidelines must be regularly reviewed, exercised, and revised in order to remain current and effective.



Member Agreement

We, the representing persons from _____ agree to participate in the
FACILITY/ORGANIZATION NAME
 Ventura County Health Care Coalition as a(n) _____ facility. By signing below, we
AGENCY TYPE/AFFILIATION
 affirm our compliance with the regulations and procedures set forth in the Ventura County Health Care Coalition
 Charter and Bylaws. Additionally, we (*please check ONE*)

- ☐ **DO** consent to being photographed, videotaped and/or audio recorded by the Ventura County Health Care Coalition and its authorized representatives to be used in promotional material including but not limited to the VCHCC website and other social media websites.
- ☐ Do **NOT** consent to being photographed, videotaped and/or audio recorded by the Ventura County Health Care Coalition and its authorized representatives to be used in promotional material including but not limited to the VCHCC website and other social media websites.

Facility Representative		
Name	Signature	Date
24/7 phone	Email	

Facility Alternate		
Name	Signature	Date
24/7 phone	Email	

Facility Information		
Address	Phone	Fax
EM Radio	Satellite Phone	



Member Agreement

Please list all facilities/sites that you are representing for your organization. Please note that the Ventura County Health Care Coalition highly advises that organizations have one (1) representative and one (1) alternate for every FIVE (5) sites.

Facility #2 Information

Site Name	Address	Phone
Fax	EM Radio	Satellite Phone

Facility #3 Information

Site Name	Address	Phone
Fax	EM Radio	Satellite Phone

Facility #4 Information

Site Name	Address	Phone
Fax	EM Radio	Satellite Phone

Facility #5 Information

Site Name	Address	Phone
Fax	EM Radio	Satellite Phone

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A. Introduction





A. Introduction

Overview

This document addresses two areas: (1) the charter outlining the functions of the Ventura County Health Care Coalition; and (2) the bylaws for which the coalition is to abide by. This document is a product of collaborative planning to address immediate medical response requirements of healthcare providers in the Ventura County area in the event of a disaster.

When disaster strikes, medical and health resources may be unavailable or inadequate to meet the demand. The California Medical/Health Mutual Aid System is designed to address these issues by identifying and facilitating the distribution of regional, state and/or federal resources to the area(s) in need.

In California, the Medical/Health Mutual Aid System is composed of six regions. Each of the regions consists of a number of operational areas/counties and healthcare providers within each of the counties. If there is a shortage of resources or assistance is required during a disaster, those shortages are first filled from resources/inventories within an operational area. If needs exceed available operational area resources, a request for assistance is elevated to the regional level and, if necessary, to the state level to fill those needs.

While the California Mutual Aid System has been tested and considered reliable, healthcare providers in a community are encouraged to establish a Memorandum of Understanding (MOU) – beyond the agreement to the prepare, collaborate, and participate as outlined in this document – to share resources among themselves should an immediate need arise. The medical accrediting entities and the National Incident Management System encourage such agreements.

Objective

The purpose of this charter is to aid healthcare providers in preparing for and responding to a disaster in a timely, comprehensive and coordinated manner. The success of this voluntary agreement is predicated on full participation of healthcare providers in Ventura County.

An incident that exceeds the effective response capacity of the impacted healthcare providers will almost always involve the following entities: *the local Office of Emergency Services; the local Emergency Medical Services Agency; the Medical Health Operational Area Coordinator; and the affected operational area response partners*. The disaster may be an "external" or "internal" event and assumes that each affected healthcare provider emergency management plans have been fully implemented.

Purpose of Coalition

The Ventura County Health Care Coalition (VCHCC) is a collaborative network of healthcare organizations and their respective public and private sector response partners within our Operational Area. VCHCC serves as a voluntary, multidisciplinary, multi-agency group that assists in the coordination of Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities. In addition, the following VCHCC functions support Public Health Accreditation Board (PHAB 1.5) standard 4.1.1A:

- Interface with the appropriate level of emergency operations by sharing information among participating health care organizations and with jurisdictional authorities to promote common situational awareness.
- Support the needs of healthcare organizations through collaboration of coalition partners' various Emergency Operation Plans.
- Meet the community needs by promoting the quality of disaster patient/victim care services and improving overall healthcare response capabilities.
- Develop and implement effective practices including continuity planning, education, training and evaluation as they relate to emergency preparedness.
- Serve as a means to strengthen and sustain the Public Health and medical response system by properly analyzing gaps.
- Promote healthcare providers' capacity to anticipate the plan of care in the event of a medical surge.

Acknowledgements

The following agencies, groups, and individuals provided valuable input, direction and counsel regarding this plan. Its premise, information and references are recommended as a framework for communication and action when a disaster occurs.

- ☐ **Ventura County Public Health**
- ☐ **Ventura County Emergency Medical Services Agency**
- ☐ **Ventura County Emergency Preparedness Office**
- ☐ **Ventura County Medical Health Operational Area Coordination Program**
- ☐ **Ventura County Health Care Coalition Officers**
- ☐ **Steve Carroll**
- ☐ **Dan Wall**
- ☐ **Janelle Leza**
- ☐ **Diane Gilman**

Distribution

The Ventura County Emergency Preparedness Office is responsible for printing and distribution of the Ventura County Health Care Coalition Charter, Bylaws, Appendix and approved revisions to these documents. Distribution of such documents will be issued to all Members.

The Document is designed to promote cooperation among operational area health facilities in the earliest phases of disaster preparedness and response, particularly prior to the initiation of formal mutual aid requests at the Operational Area level. As such, participation in this plan is not constrained by political or other boundaries. This plan may be expanded to include any health facility whose proximity to others results in interdependences that, in a disaster, demand a more intense level of collaboration than occurs on a day-to-day basis.

Ventura County Health Care Coalition Charter and Bylaws Record of Changes

Date	Change No.	Description of Change	Person/Org. Making Change	Person Updating
09/21/15	1	Member Agreement	VCHCC Officers	Janelle Leza
11/19/15	2	New public health logo; MOU changed to Bylaws (p.10); Vision & Values; & activities schedule	Janelle Leza, Chairperson	Janelle Leza
07/13/16	3	Plan Maintenance; Membership; Meetings; Officers; Voting Members; Voting Policies; Finance; Unusual Event Response Guidance; Bylaws; & Appendix	VCHCC Officers	Janelle Leza

Plan Maintenance

1. Review – The Ventura County Health Care Coalition Charter and Bylaws will be reviewed annually by the Ventura County Health Care Coalition Officers. Revisions or changes will be distributed to participating entities.
2. Revisions – Changes should be made to the plan and appendix when the documents are no longer current. Changes may be needed when:
 - hazard consequences or risk areas change;
 - the concept of operations for emergencies changes;
 - communications systems are upgraded;
 - a training exercise or an actual emergency reveals significant deficiencies in existing planning documents; or
 - state or federal planning standards for documents are revised.

B. Charter





B. Ventura County Health Care Coalition Charter

General Information

Mission Statement

To support medical and healthcare entities to prepare for, respond to, mitigate and recover from disasters by promoting integration, information sharing, and resource support in the Ventura County Operational Area and California Medical/Health Mutual Aid Region I.

Vision

To bring the medical and health community together.

Values

- ❖ Compassion
- ❖ Integrity
- ❖ Mutual accountability

Membership

In accordance with the Ventura County Health Care Coalition (VCHCC) Bylaws, membership consists of representatives authorized by participating healthcare partners (Article IV). The following disciplines have been identified as key area stakeholders and respective agencies: Ambulance Providers, Behavioral Health Services, Clinics, Community Based Organizations, Dialysis Centers, Emergency Management, Faith Based Organizations, Fire Departments, Hospitals, Laboratory Services, Long Term Care Facilities, Medical Examiner's Office, Military, Nonprofit Organizations, Pharmacies, Skilled Nursing Facilities, Schools & Educational Organizations, Surgical Centers, Veterans Affairs, Volunteer Organizations and other(s). These shall be known as the members.

Each participating entity shall agree to assign one staff member to serve as their facility representative and should designate a second staff member to serve as their facility alternate. Coalition members will be expected to fulfill the meeting requirement as stated in the “Meetings” portion of this charter.

Meetings

Meetings will be held quarterly. As noted in the VCHCC Activities Schedule (Page 22), these meetings will occur the second Wednesday of the month. Members are required to attend all four meetings in the calendar year. If unable to attend, members must designate an alternate representative to attend meetings in their absence.

Training and Education

VCHCC will coordinate training and education opportunities offered by affiliated organizations. The training dates are tentative until further feedback is received. Members will be queried pertaining to their interest in such trainings. A minimum attendance will be set for each training, dependent on the instructing organization’s requirements.

Drills & Exercises

Drills and exercises will be held based on operational area needs. Currently planned drills/exercises are listed in the VCHCC Activities Schedule (Page 22).

Governance Principles

Officers

The officers of the VCHCC consist of a Chairperson, Vice Chairperson, Secretary and Member at Large. The VCEMSA Healthcare Preparedness Program (HPP) Coordinator will serve as the Chairperson of VCHCC. The officers of the VCHCC are elected for two-year terms, which begin the first meeting of that calendar year. All officers are responsible for ongoing outreach to and/or recruitment of entities/facilities that are not already part of the VCHCC. Committees will also model their leadership structure in this manner.

Committees

Any member of the coalition can make a recommendation to establish a committee. The coalition member that makes the recommendation for a committee shall nominate a chairperson. All recommendations for a proposed committee must be submitted to voting members for approval and shall include the following: Name; Committee Type (i.e. Ad hoc or Standing); Scope, Purpose and Function; Authorities and Responsibilities. Committee proposals will require approval in accordance with the voting policy.

Voting Members

Votes are predicated on Member Agreement submission (pages 3 & 4). Therefore, votes will be allotted as such: one (1) vote per each facility that completes and signs the member agreement, in full. Voting members are expected to ensure that their vote is representative of the needs of their respective facility. If for any reason a voting member is unable or unwilling to continue to participate, the representative or alternate from the respective facility/agency should identify a replacement and a new member agreement form should be submitted to VCHCC. It is the Chairperson's responsibility to ensure coalition members and alternates are adequately represented.

Voting Policies

Voting is required for the formal adoption and/or recommendation of strategies, assessments, procedures and stand-up committees. Voting is not required for routine administrative matters.

As a general rule, formal adoption/recommendation proposals brought before the Coalition shall be made at the subsequent meeting. This is to allow members time to review proposed projects, to inform stakeholders about the project, and collect feedback from interested parties. Interested parties are encouraged to attend meetings at any time to present their support and/or concerns.

The Coalition will operate under Roberts' Rules of Order. A record of all voting outcomes will be noted in the meeting minutes. Members shall recuse themselves from making a motion on or seconding their own proposal. The vote of the VCHCC may be taken (1) in VCHCC meetings or (2) via an electronic survey platform (i.e. email or survey monkey).

Protocols and Formalities

Code of Ethics

It is the policy of the VCHCC to operate and conduct its business in a manner that facilitates public trust and operational efficiency. Therefore, the VCHCC shall operate in conformance with the International City/County Management Association Code of Ethics as follows:

- Be dedicated to the concepts of effective and democratic local government by responsible elected officials and believe that professional general management is essential to the achievement of this objective.
- Affirm the dignity and worth of the services rendered by government and maintain a constructive, creative, and practical attitude toward local government affairs and a deep sense of social responsibility as a trusted public servant.
- Be dedicated to the highest ideals of honor and integrity in all public and personal relationships in order that the member may merit the respect and confidence of the elected officials, of other officials and employees, and of the public.
- Recognize that the chief function of local government at all times is to serve the best interests of all of the people.

- Submit policy proposals to elected officials; provide them with facts and advice on matters of policy as a basis for making decisions and setting community goals; and uphold and implement local government policies adopted by elected officials.
- Recognize that elected representatives of the people are entitled to the credit for the establishment of local government policies; responsibility for policy execution rests with the members.
- Refrain from all political activities, which undermine public confidence in professional administrators.
- Make it a duty continually to improve the member's professional ability and to develop the competence of associates in the use of management techniques.
- Keep the community informed on local government affairs; encourage communication between the citizens and all local government officers; emphasize friendly and courteous service to the public; and seek to improve the quality and image of public service.
- Resist any encroachment on professional responsibilities, believing the member should be free to carry out official policies without interference, and handle each problem without discrimination on the basis of principle and justice.
- Handle all matters of personnel on the basis of merit so that fairness and impartiality govern a member's decisions, pertaining to appointments, pay adjustments, promotions, and discipline.
- Seek no favor; believe that personal aggrandizement or profit secured by confidential information or by misuse of public time is dishonest.

Agenda Development and Distribution

It is the policy of the VCHCC to assure that meeting agendas are developed, posted, and distributed in a way that allows for timely and open access to the process. The following is an outline of the required process in support of agenda development and distribution:

Agenda Development – Items of business may be suggested by any VCHCC member. The inclusion of agenda items will be at the discretion of the VCHCC officers. The agenda must contain a brief general description of each item of business, and indicate the time and place of the meeting. Each agenda item will identify the speaker/presenter. Agenda items will be submitted to the officers twenty-one (21) calendar days prior to the VCHCC regular meetings. Items submitted less than the 21 calendar days prior to a scheduled meeting date may be postponed to a later meeting date in order to allow sufficient time for consideration and preparation of the issue. Any urgent or time sensitive items that occur outside the normal meeting cycle will be brought to the officers and a determination will be made if a Special Meeting session needs to be called.

Agenda Distribution – The agenda, together with any supporting materials will be distributed to VCHCC members via e-mail at least three (3) calendar days prior to the regular meeting date. Limited copies of the agenda package will be available in hard copy at the VCHCC meetings.

Finance

The VCHCC has no direct fiscal authority nor operates and/or maintains an annual budget. The members of VCHCC shall serve without compensation. If tasks require financial funding for implementation, they must equitably support all stakeholder initiatives.

Records Retention

It is the policy of the VCHCC to manage and retain business records consistent with the Public Health Accreditation Board (PHAB) Standards Version 1.5 that fall within Domain 1: Conduct and Disseminate Assessments Focused on Population Health Status and Public Health Issues Facing the Community.

The VCHCC Secretary is required to collect coalition agendas, meeting minutes, attendance rosters and attachments; these documents must be retained for a period of 24 months from the actual meeting date. Each respective Committee Secretary is required to follow this same protocol for any meetings that committees hold and submit such standard documents to the VCHCC Secretary for retention. All records in the possession of the VCHCC Secretary that are over 24 months old will be destroyed.

Unusual Event Response Guidance

Situation Status Report

The situation status reporting by Medical and Health entities should follow the procedures and forms outlined and included in the California Public Health and Medical Emergency Operations Manual. The local facility to LEMSA/MHOAC Situation Status Report (SitRep) form should be completed and submitted as outlined in the local guidance. The local SitRep form can be found in the Appendix of this document (Page 23).

Resource Request

The request for resources by Medical and Health entities should follow the procedures and forms outlined and included in the California Public Health and Medical Emergency Operations Manual. These forms can be found in the Appendix of this document (Pages 24-28).

C. Bylaws



VENTURA COUNTY
PUBLIC HEALTH





C. Bylaws

Introduction to Bylaws

The following consist of the current bylaws in standing for the Ventura County Health Care Coalition (VCHCC).

Bylaws

Ventura County Health Care Coalition

Preamble:

The Ventura County Health Care Coalition serves the citizens of Ventura County, California. These bylaws, upon ratification, govern the activities of the same entity previously known as the Ventura County Healthcare Preparedness Program Coalition.

Article I: Purpose

1. The Ventura County Health Care Coalition (VCHCC) is a collaborative network of healthcare organizations and their respective public and private sector response partners within the Operational Area of Ventura County. VCHCC serves as a voluntary, multidisciplinary, multi-agency group that assists in the coordination of Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities.

Article II: Functions

1. Interface with the appropriate level of emergency operations by sharing information among participating health care organizations and with jurisdictional authorities to promote common situational awareness.
2. Support the needs of healthcare organizations through collaboration of coalition partners' various Emergency Operation Plans.
3. Meet the community needs by promoting the quality of disaster patient/victim care services and improving overall healthcare response capabilities.

4. Develop and implement effective practices including continuity planning, education, training and evaluation as they relate to emergency preparedness.
5. Serve as a means to strengthen and sustain the Public Health and medical response system by properly analyzing gaps.
6. Promote healthcare providers' capacity to anticipate the plan of care in the event of a medical surge.

Article III: Authority

1. The authority of the VCHCC lies with those entities that entrust the VCHCC to provide recommendations.
2. Such an advisory role does not obligate the VCHCC as an entity to perform any specific administrative, fiscal or disciplinary function.

Article IV: Membership

1. The membership consists of the representatives authorized by the participating entities, which are those entities that have an interest in contributing to the purpose of the VCHCC.
2. This includes, but is explicitly not limited to, public and private medical or health services, emergency preparedness agencies, educational organizations, faith based organizations, nonprofit organizations, community organizations, emergency services and governmental bodies with an interest in the provision of healthcare in Ventura County during disasters or other states of emergency.

Article V: Officers

The officers of the VCHCC – consisting of a Chairperson, Vice Chairperson, Secretary and Member at Large – are elected for two-year terms, which begin the first meeting of that calendar year. All officers are responsible for ongoing outreach to and/or recruitment of entities/facilities that are not already part of the VCHCC.

- i. The Chairperson will set the agenda and preside over the meetings of the VCHCC to coordinate meeting announcements and communications among the members and outside entities. The Chairperson will provide representation for the VCHCC when requested by outside entities and will represent the VCHCC's position on matters.
- ii. The Vice Chairperson will assume the duties of the Chairperson in their absence from meetings, when otherwise requested by the Chairperson or for the completion of the Chairperson's term upon resignation from office.
- iii. The Secretary will record and distribute the minutes of VCHCC meetings and maintain archives of these minutes, attendance documents, agendas, and attachments for a period of 24 months from the meeting date. The Secretary may provide a similar function for other meetings in which VCHCC is represented.
- iv. The Member at Large will serve as the general members' representative. This officer will perform special tasks and is responsible for regularly reporting out to the officers and members.

Article VI: Elections

1. Elections will be held by secret ballot prior to term expiration or within three months of a resignation for the uncompleted term.
2. The slate of nominations will be distributed one month prior to the election to each voting member. Voting member is defined, below, in Article VIII.1.
3. Election votes must conform to Article VIII: Approvals.

Article VII: Committees

1. Committees and the Committee Leader will be set by the approval of the VCHCC Officers.
3. Committees may be created and disbanded at the pleasure of the VCHCC and its Officers.
4. Committees may create and disband sub-committees at their pleasure for accomplishing focused tasks. Sub-committees will channel all opinions and actions through the parent Committee.

Article VIII: Approvals

1. Votes are predicated on Member Agreement submission (pages 3 & 4). Therefore, votes will be allotted as such: one (1) vote per each facility that completes and signs the member agreement, in full. A facility is an agency, business, or governing body, which is able to conduct business independently from any other being represented in the VCHCC. A facility is not an individual representing himself or herself. An entity is a member as defined in Article IV: Membership.
2. The vote of the VCHCC may be taken (1) in VCHCC meetings where a quorum is present or (2) via an electronic survey platform (i.e. email or survey monkey).
3. Meetings may be held face to face or through electronic teleconference, but must be done with all participants able to communicate with all members in real time.

Article IX: Meetings

1. Meetings will be held quarterly – the second Wednesday of every third month – at the Ventura County Public Health Administration Building (2240 E. Gonzales Rd. Suite 200, Oxnard, CA 93036).
2. The Chairperson will set the agenda and maintain order during the meetings according to Roberts Rules of Order.
3. Minutes will be taken at all VCHCC general, quarterly meetings. The minutes will have copies of all documents for which the VCHCC has provided an opinion, approval or action.
4. All meetings are open to the public.

Article X: Bylaws Adoption and Amendments

1. These Bylaws, and any future amendments to these bylaws, must be approved by a three-fifths vote by the VCHCC Officers. The Bylaws/Amendments become effective immediately, upon approval.
2. The most recent date of approval will be displayed in the footer on the last page of the Bylaws.

Approved by the Ventura County Health Care Coalition (VCHCC) Officers 07-13-16

D. Appendix



VENTURA COUNTY
PUBLIC HEALTH





Activities Schedule 2016

Meetings	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
First Quarter Meeting	13 th											
Second Quarter Meeting				13 th								
Third Quarter Meeting							13 th					
Fourth Quarter Meeting										12 th		
Training & Education												
Emergency Operations Plans 101 – TBD												
Biohazard (chemical) & Outbreak (communicable disease) – TBD												
Incident Command System (ICS) & HICS – TBD												
Situation Status Reporting							13 th					
Resource Request Submissions										12 th		
Community Emergency Response Team (CERT) – TBD												
Drills & Exercises												
Communication Drills – Satellite Phone Tests (0900-1300HRS)		13 th	13 th	10 th	8 th	12 th	10 th	14 th	11 th	9 th	13 th	11 th
Medical and Health Tabletop Exercise – TBD by facility/agency http://www.californiamedicalhealthexercise.com/2016/tabletop_2016.html								2016				
Statewide Medical & Health Exercise http://www.californiamedicalhealthexercise.com/2016/functional_2016.html											17 th	
The Great California ShakeOut @ 10:20 am http://www.shakeout.org/california/										20 th		



VENTURA COUNTY EMERGENCY MEDICAL SERVICES AGENCY
VENTURA COUNTY HEALTH CARE COALITION
Facility / Agency Situation Status Report (SitRep)



REPORT STATUS (Choose Only One)		DATE / TIME OF REPORT	CONTACT INFORMATION	
<input type="radio"/> Advisory: No Action Required <input type="radio"/> Alert: Action Required (See comments in 'Current Situation' section)		MM/DD/YYYY	NAME OF REPORT CREATOR	
		HH:MM	POSITION / TITLE	
FACILITY NAME			PHONE NUMBER	
FACILITY STREET ADDRESS		CITY	ALT. PHONE / CELL / PAGER	
FACILITY/AGENCY TYPE (Select from drop-down options)	FOR FACILITIES ONLY:		EMAIL ADDRESS	
	Number of Impacted Beds:		Have you activated any internal plans in response to this incident? <input type="radio"/> YES <input type="radio"/> NO	
Acute Care Hospital	Number of Total Beds:			
CURRENT FACILITY CONDITION (Choose Only One):			COMMENTS	
<input type="radio"/> GREEN: Normal Operations or Situation Resolved				
<input type="radio"/> YELLOW: Under Control - NO Assistance Required				
<input type="radio"/> ORANGE: Modified Services - NON-LEMSA/MHOAC Assistance Required				
<input type="radio"/> RED: Limited Services - Some LEMSAs/MHOAC Assistance Required				
<input type="radio"/> BLACK: Impaired Services - Major LEMSAs/MHOAC Assistance Required				
<input type="radio"/> GREY: Unknown				
CURRENT SITUATION: (FREE TEXT - PROVIDE DETAILED SITUATIONAL AWARENESS INFORMATION)			Have you evacuated any portion of your facility? <input type="radio"/> YES <input type="radio"/> NO	
			If Yes, Enter Number of Beds Evacuated:	
			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:	

Resource Request: Medical and Health FIELD/HCF² to Op Area

RR MH (11AUG11)

R E Q U E S T O R T O C O M P L E T E	1. Incident Name:		2a. DATE:		2b. TIME:		
	3. Requestor Name, Agency, Position, Phone / Email:		2c. Requestor Tracking #: (Assigned by Requesting Entity)				
	4a. Describe Mission/Tasks:		4b. Delivery/Reporting/Staging Information:				
	5. ATTACH ADDITIONAL ORDER SHEETS, IF NEEDED <input type="checkbox"/>		GENERAL: SUPPLY/EQUIPMENT <input type="checkbox"/>		PERSONNEL <input type="checkbox"/>		OTHER <input type="checkbox"/>
6. ORDER SUPPLY/EQUIPMENT/PERSONNEL REQUEST DETAILS							
I T E M #	P r i o r i t y (See Below) ³	DETAILED SPECIFIC ITEM DESCRIPTION: Supplies/Equipment (Rx: Drug Name, Dosage Form, UNIT OF USE PACK or Quantity, Prod Info Sheet, In-House PO, etc. Medical Supplies: Item name, Size, Brand, etc. General Supplies/Equipment: Food, Water, Generators) Personnel (Be specific: List Probable Duties, Required License, Specific Experience (ED/ICU/OR, Hospital/Clinical, etc.) Other (Mobile Field Hospital; Ambulance Strike Team; Alternate Care Supply Cache; Facility-Tent, Trailer, Size, etc.)				Q u a n t i t y R e q u e s t e d	E x p e c t e d E q u i p m e n t/ S t a f f D u r a t i o n o f U s e:
R E V I E W	7. Requesting entity must confirm that these 3 requirements have been met prior to submission of request						
	<input type="checkbox"/> Is the resource(s) being requested nearly exhausted or exhausted?						
	<input type="checkbox"/> Entity is unable to obtain resources within a reasonable time frame (based upon priority level indicated) from vendors, contractors, MOU/MOA's, department, or corporate office providers?						
	<input type="checkbox"/> Entity is unable to obtain resource from other non-traditional sources?						
	8. COMMAND/MANAGEMENT REVIEW AND VERIFICATION (SIGNATURE INDICATES VERIFICATION OF NEED AND REQUEST'S APPROVAL)						
NAME:		POSITION:		SIGNATURE or equivalent			

² HCF = Health Care Facility³ Priority: (E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment

Resource Request Medical and Health (RRMH) Completion Instructions

11AUG11

Note: Within any large cell you can move to a new line within the cell by holding down the "Alt" Key and pressing the "Enter" Key once for each new line needed.

1. Incident Name:	Name assigned by Incident Commander/ Jurisdictional Emergency Management: Be as general as possible, i.e.; March 2011 EQ or IED at Covention Center.
2 a. Date:	Use mm/dd/yyyy format
b. Time:	Military Time is preferred, i.e. 1900 = 7:00pm. If unable to use Military Time indicate am or pm.
c. Requestor Tracking Number:	This is a requestor generated number. Consider using a 3 letter entity identifier (fire department, etc.), county identifier (Cal EMA county code), or hospital code; a dash "-"; and, a 3 digit number (number of this request - in sequential order). Example CSM-001 is Cedars Sinai Medical Center and their first RRMH request.
3. Requestor Name:	To be completed by whomever is filling this form.
4 a. Describe Mission/Tasks:	Give a brief description of reason for request or duties to be performed.
b. Delivery/Reporting/Staging Info:	Provide Name, Title, Location, Telephone #, E-mail, Radio Call Sign/#, and Deployment information to who will be receiving the requested items and where they should be delivered or whom will receive the items or meet the personnel, where they should arrive or stage, and what they should bring or have available to them.
5. Order Sheets:	Check each box that applies to your order, if additional sheets are attached. If additional Line Item are needed, fill out the appropriate RRMH sheet for each type of request and attach to the cover sheet.
6. Order - Detailed Specific Item Description:	
Item #:	Each NEW line item is numbered.
Priority:	(E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment. If completing form electronically there is a drop down menu.
Detailed Description:	Specifically describe the requested item by using brand, sizes, model #, dose, form (tabs vs caps vs suspension), strength, quantities,etc. Example: 3M N-95 Mask, Model #1234 size Medium or Penicillin 500mg tablets - 100 tablet/bottle, or Normal Saline1000ml IV fluid. RN w/ICU Experience, PharmD, MD w/OR Experience. Ambulance Strike Team (AST); Generator - Gas, 6000 KW; Drinking Water - 16oz bottles, etc.
Quantity Requested:	Quantity wanted based upon each, this is to simplify the ordering process. Example: Penicillin 500mg Tabs - 100 Tabs/bottle - Quantity Requested 50 = hospital will receive 5000 tablets; N-95 3M 1860 1 Case = 120/case; IV fluid 1 Case = 12 Bags; AST 1 = 5 Ambulances with 1 Strike Team Leader; Water 1 Case = 24 bottles.
Expected duration of use:	This only applies to equipment and personnel. Supplies will normally be considered expendible and will not be returned.
7. Confirm Requirements:	These questions must be considered and answered to show the requestor's efforts to fill the need from the closest available source at local or regularly used public agencies and/or private companies.
8. Command Review & Verification:	Authorized management staff review and approve. Printed name, position, and signature are required.
17. Order Sheet Fulfillment	To be completed by Logistics Section filling the request.

ORDER SHEET

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6a. ORDER GENERAL: SUPPLY/EQUIPMENT REQUEST DETAILS							17. Logistics Section: Fulfillment NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).					
Item #	Priority ³	Detailed Specific Item Description: Vital characteristics, brand, specs, diagrams, and other info (Type of Equipment, name, capabilities, output, capacity, Type of Supplies, name, size, capacity, etc.)	Product Class (Ea, Box, Cs, Pack)	Items per Product Class	Quantity ² Requested	Expected Duration of Use:	Quantity			Tracking #	Estimated Time of Arrival (Date & Time)	COST
							Approved	Filled	Back-Ordered			
Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):							Deliver to/Report to POC (Name/Title/Location/Te#/#Email/Radio#)					

² QUANTITY: Number of individual pieces of equipment or boxes, cases, or packages of supplies needed .

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³ PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

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6b. ORDER PERSONNEL REQUEST DETAILS								<input type="checkbox"/> PAID <input type="checkbox"/> NON-PAID		17. Logistics Section:Fulfillment	
ITEM #	Priority ³	Personnel Type & Probable Duties Indicate required license types (see list below) RN, MD, EMT-I, Pharmacist, LVN, EMT-P, NP, DVM, PA, RCP, MFT, DDS, LCSW, etc.	Number Needed	<u>Minimum</u> Required Clinical Experience (1=current hospital, 2=current clinical, 3=current license, 4=clinical education)	<u>Required</u> Skills, Training, Certs (e.g., PALS, Current ICU experience, Languages, ICS training, Addt'l Lic. i.e., PHN, etc.)	<u>Preferred</u> Skills, Training, Certs	Date/Time Required Indicate anticipated mobilization or duty date.	Anticipated Length of Service Indicate days or hours.	Quantity		Tracking # or DHV Mission Number
									Approved	Filled	
Additional Instructions:							Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)				
Staging & Deployment Details (Parking/staging location? Food/water provided? Housing Provided? Items personnel should bring? Etc.) Provide Additional on Separate Page, if needed.											

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6c. ORDER						OTHER REQUEST DETAILS						
						17. Logistics Section: Fulfillment						
						NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).						
Item #	Priority ³	Detailed Specific Description <small>(Facility: Type, Tent, Trailer Size etc.) (Mobile Resources: Alternate Care Supply Cache, Mobile Field Hospital, Ambulance Strike Team)</small>	Product <small>(Ea, Cache, Team)</small>	Quantity ² Requested	Expected Duration of Use:	Quantity			Tracking #	Estimated Time of Arrival <small>(Date & Time)</small>	COST	
						Approved	Filled	Back-Ordered				

Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):	Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)

² QUANTITY: Number of individual items, caches, strike teams, or resources needed .

³ PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

