Shasta-Tehama Health Care Coalition

Preparedness and Response Plan

June 30, 2025 - Revised

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Introduction

This plan describes the roles and responsibilities of the Shasta-Tehama Health Care Coalition in preparing and responding to a health care emergency within Shasta or Tehama counties.The process outlined below describes the basic flow of a response to disaster and emergency situations with the steps and activities that may need to be accomplished. The response plan is largely based on the California Public Health and Medical Emergency Operations Manual (CDPH EOM) and refers to the Medical Health Operational Area coordinator (MHOAC) Program Manual as well as the individual Emergency Operations Plans (EOPs) for Shasta and Tehama counties.

It is important to note that this is a joint coalition involving two different and distinct counties, and as such, certain responses will be county specific. While the response might be county specific, the coalition still serves to promote a common operating picture through shared information. It is also important to note that not all steps and activities will apply to all hazards.

History

On July 1, 2017, the Shasta County Hospital Preparedness Program (HPP) and the Tehama County Hospital Preparedness Program (HPP) transitioned to become the Shasta-Tehama Healthcare Coalition. Shasta and Tehama County's HPPs now work together to prepare their local health care delivery system to save lives through the development of the Shasta-Tehama Health Care Coalition (HCC). Each county retains a subcommittee or chapter of the greater common coalition. The HCC encourages diverse, and often competitive, health care organizations with differing priorities and objective to work together for the common good when disasters or unusual events occur.

Purpose

The purpose of the Shasta-Tehama Heath Care Coalition Response Plan is to provide general guidance for preparation, response, and recovery to all hazards events that threaten the health care system that result in illness or injury to the population within the Coalition's boundaries and the healthcare system.

The HCC is a group of individual health care facilities and partners and it has **no official authority** of any kind. Each entity is managed individually and develops their own preparedness plans; however, the HCC works collaboratively to discuss and share preparedness plans and to exercise those plans.

The preparedness portion of this plan outlines ways to collaborate and test all the capabilities within the Hospital Preparedness Program grant and how to adapt those capabilities to best prepare for any emergency that may arise in Shasta or Tehama County.

The response portion of this plan will focuses on the planning and exercising of the MHOAC program, information sharing, operational response and recovery and any corrective actions that may arise from training, exercises, or real events. It describes the basic flow of response to disasters and emergencies with the steps and activities that may need to be accomplished.

This response plan is primarily based on the California Public Health and Medical Emergency Operations Manual (CDPH EOM) and refers to the Medical Health Operational Area coordinator (MHOAC) program Manual, as well as the individual Emergency Operations Plans (EOPs) for Shasta and Tehama counties.

Scope

The Shasta-Tehama Health Care Coalition Preparedness and Response Plan is intended to help HCC members prepare for and respond to emergencies that impact the public health of Shasta and Tehama counties. It serves as a guidance document to enhance the collaboration in Shasta and Tehama, including emergency management organizations and public health agencies that provide key support to the local health care delivery system, which includes, but is not limited to, the following:

- Help patients receive the care they need at the right place, at the right time, and with the right resources, during disasters, emergencies or unusual events,
- Decrease deaths, injuries, and illnesses resulting from disasters, emergencies or unusual events,
- Promote health care delivery system resilience in the aftermath ofdisasters, emergencies, or unusual events.

This plan does not supersede existing processes established by the California Public Health and Medical Emergency Operations Manual (CDPH EOM) and the Medical Health Operational Area Coordinator Program Manual (MHOAC manual).

In California, the Medical Health Operational Area coordinator (MHOAC) program in each County provides for the managing of resources, tracking of patients and the overall integrity of the healthcare system infrastructure. This plan refers to and relies on the following existing processes established by the MHOAC program.

This plan **does not** dictate how HCC members or partner agencies will act, respond to an event or train their staff. There is no financial gain offered to any partner agency because of this plan.

This plan **does not** give any agency authority over another agency or organization.

This plan applies to all member organizations when an event occurs that is beyond the individual health care organization's ability to manage the response and is limited to those documents agreed to by the HCC members. This plan does not supersede or conflict with applicable law and statutes.

Situation and Assumptions

Coalition Background and Governance

The Shasta-Tehama Health Care Coalition is a cooperative effort to coordinate preparedness and response between two independent coalitions. Each county maintains its own funding and coalition with the other county with representatives attending their meetings and participating in planning, training, drills, and exercises. Each county HPP lead conducts the HPP meetings in their respective county and minutes are maintained by each county.

There is no monetary requirement for membership. All entities that are voluntarily part of the hospital preparedness program grant must follow requirements for membership as set out in the HPP grant and MOU with their respective County, as applicable. However, associated entities that wish to be a part of

this group are also welcome.

Annually, in July, each county has an "Intent to Participate" form that each member agency or facility is asked to sign. This signifies their commitment to the coalition and solidifies their willingness to participate in the activities for the coming fiscal year.

Summary of Risk/Vulnerability Assessment

The STHCC uses a common hazard vulnerability analysis (HVA) annually as the HVA is a systematic approach to identify hazards or risks that are most likely to impact the demand for healthcare services or the healthcare delivery system's ability to provide these services.

Refer to the Shasta-Tehama Health Care Coalition most recent HVAs located in Appendix B. Annually this is updated with a summary of top hazards for each county being identified.

Gaps

A comparison between available resources (plans and assets) and current risks will identify gaps and help to prioritize HCC activities.

The STHCC identified gaps, include, but are not limited to the following:

- Inadequate plans and procedures at the facility level
- Need for continued training and exercising of plans
- Staff turnover
- Lack of ICS training to all staff

Gaps will be addressed through coordination, planning, or training. Ultimately, the HCC will focus its time and resources on closing those gaps that affect the care of the acutely ill or injured patients. Certain response activities may require external support or intervention, as emergencies may exceed the preparedness thresholds that the HCC, its members, and the community have deemed reasonable.

Compliance Requirements/Legal Authorities

It is imperative that HCC members are aware of state and federal emergency management resources and support, as well as the authorities under which response operations may be conducted. It is critical that HCC members understand legislation and related programs that will allow them to respond during times of crisis knowing that certain liabilities have been waived, and much needed human and material resources will be more readily available to them.

HCC members will comply with pertinent local, state, and federal legal authorities, such as:

- Licensing and certification rules and regulations for all operations by provider type
- CDPH/EMSA Emergency Operations Manual
- Medical Health Operational Area Program
- Shasta and Tehama counties' Emergency Operations Plans
- CMS Emergency Preparedness Rule
- Mutual Aid Region III Medical Response Plans
- Sierra Sacramento Valley EMS Agency Policies and Procedures
- CA Health and Safety Codes that allow for Public Health Officer authority
- Facility accreditation board(s) requirements
- Individual HCF emergency operations plans

HCC members will assess and identify regulatory compliance requirements that are applicable to day to Day operations and may affect planning for, responding to, and recovering from emergencies.

Members

Refer to the Shasta-Tehama Health Care Coalition HCC member list in Appendix A.

Assumptions

1. The Shasta-Tehama Health Care Coalition in collaboration with the Shasta andTehama counties' Public Health (ESF-8) will respond to all health emergencies and disasters requiring a coordinated medical and health response via coordination through their respective MHOAC programs.
2. Emergency patient movement will be coordinated through the Control Facility per the California Mutual Aid Region 3 MCI Plan.
3. HCC hospitals are responsible for implementing their Hospital Emergency Operations Plan and will notify Shasta or Tehama County MHOAC program if resources are inadequate to provide a usual standard of care.
4. HCC members will complete Situational Status Reports (SITREPs) and submit to their respective OA MHOAC and, if after regular business hours, also submit to the Region 3 RDMHS.
5. This plan does not address normal day-to-day emergencies, or the well established and routine procedures used in coping with such emergencies. Instead, the operational concepts reflected in this plan focus on potential large-scale health or medical emergencies which can generate unique situations requiring response.
6. Individual organizations are responsible for assuring the preparation and maintenance of appropriate and current emergency operating procedures, resource lists and checklists. The checklists should detail how assigned responsibilities are performed to support SEMS implementation and to ensure asuccessful response during a major disaster. The HCC will serve as a resource to individual organizations in the preparation and maintenance of these procedures, list, and checklists.
7. All public employees, who have taken the oath in California Code 3100, are considered Disaster Service workers (DSW), therefore, they are expected to remain and fulfill their disaster responsibilities until the emergency is over, or they have been relieved of their responsibilities.
8. Access to emergency services shall not be denied on the grounds of race, color, national origin, religion, sexual orientation, gender identity, age, sex, or disability. The needs of special populations shall be identified and planned for in accordance with local, state and federal regulations and guidance.
9. Shasta County and Tehama County ESF-8 (Public Health) will follow and adhere to their respective Health and Medical Emergency Operations Plans and MHOAC Programs.
10. Shasta and Tehama County will include each other in all HCC situation status reports sent from the MHOAC to the Region 3 RDMHS.

Administrative Support

The Shasta-Tehama Healthcare Coalition will approve the initial Preparedness and Response Plan and Core HCC members will maintain involvement in regular annual reviews to be completed by June 30th of each year. The HCC will solicit input from HCC members following exercises and real-world events. The focus will be on identifying gaps in the response plan and working together to define strategies to address the gaps and/or develop the plan more fully.

Revisions will be based upon corrective actions listed in exercise and real event after action reports (AARs), legislative updates, updates of relevant operational procedures, a review of practical applications, and updates of informational materials to all staff at all sites. Updates to contact lists, resource lists and physical changes that affect the implementation of this plan will also be conducted.

HCC Response - Concept of Operations

The process outlined below describes the basic flow of a response to disaster and emergency situations with the steps and activities that may need to be accomplished. Not all steps and activities will apply to all hazards.

Role of the Coalition in Events

The HCC's role and responsibility is to provide guidance in preparing for and responding to a disaster in a timely, comprehensive and coordinated manner. The success of this is predicated on the participation of health care providers and partner agencies in Shasta and Tehama counties.

Member Roles & Responsibilities

An incident that exceeds the effective response capability of the impacted health care providers will almost always involve the following entities: Public Health Department; 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. These entities may be responsible for the following:

- Facilitating information sharing among participating health care organizations and with jurisdictional authorities to promote common situational awareness.
- Facilitating resource support by expediting the mutual aid process or other resource sharing arrangements among Coalition members, and supporting the request and receipt of assistance from local, State, and Federal authorities.
- Facilitating the coordination of incident response actions for the participating health care organizations so incident objectives, strategies, and tactics are consistent for the health care response.
- Facilitating the interface between the Shasta-Tehama Health Care Coalition and the MHOAC program to establish effective support for the health care system resiliency and medical surge.

HCC Members

HCC membership includes a diverse membership to ensure a successful whole community response. It consists of core and additional members.

Core HCC members will include, at a minimum, the following:

- Hospitals (2 acute care)
- Emergency Medical Services (EMS)
- Emergency Management Organizations at the OA level
- Public Health

Additional HCC members may include, but are not limited to, the following:

- Behavioral Health
- Dialysis centers

- Federal facilities (e.g. US Department of Veterans Affairs (VA) Medical Centers)
- Tribal Health facilities
- Home Health Agencies
- Infrastructure companies (e.g. utility and communication companies)
- Jurisdictional partners, including cities, counties, and tribes
- Local public safety agencies (e.g. law enforcement and fire services)
- Non-governmental organizations (e.g. American Red Cross and amateur radio operators)
- Outpatient health care delivery
- Primary care providers
- Skilled nursing, nursing, and long-term care facilities
- Support service providers (e.g. laboratories, pharmacies, radiology, etc.)
- Medical examiners/coroners
- Veterinarians
- Any of the above from neighboring counties (for regional planning purposes)

Coalition Response Organizational Structure

In a response to an unusual event, the Public Health department (ESF-8) in the county experiencing the unusual event will act as the lead agency for coordinating efforts of local resources. Refer to Appendix F for Organizational Structure/Governance.

Response Operations

The HCC will respond to unusual events and emergencies in accordance with the MHOAC program as authorized by California Health and Safety Code Section 1797.153 (Appendix G). Refer to the MHOAC Program Manual for detailed information on Incident Recognition, Activation, Notifications, Mobilization, Incident Operations, Initial Actions, Ongoing Actions, Information Sharing, Resource Coordination, Patient Tracking, Demobilization, and Recovery. Additionally, Shasta and Tehama County ESF-8 will refer to their respective Health & Medical Emergency Operations Plan, which closely aligns with, and refers to, the MHOAC Program Manual. A general outline is below:

- A member organization or the community as a whole can be affected by an internal or external emergency situation that has impacted operations up to and including the need for a facility to evacuate.
- Organizations will need to assess the situation, determine the impact or potential impact from the hazard/incident, and determine whether activation of emergency operations including the use of the Emergency Operations Plan (EOP), and/or activation of the Emergency Operations Center (EOC) or Department Operations Center (DOC) is necessary.
- Upon activation of internal emergency operations, the affected Health Care Facility (HCF) or other organization will follow the established Communication Flow during Unusual Events (Appendix D) and/or Communication Flow During an Emergency System Activation (Appendix E)
- Organizations will manage the incident in accordance with internal operations and response plans, policies, and procedures
- Organizations will coordinate with response partners and integrate into the overall emergency response structure in accordance with local policies and procedures. Refer to each respective county's individual EOP.

- Organizations will submit a Situation Status Report (Appendix C) to their respective Public Health/MHOAC which will contain Essential Elements of Information (EEIs)
- Organizations will submit the situation status reports every operational period to their respective Public Health/MHOAC
- Organizations will submit and receive other EEIs as needed which can include:
    - HavBed polls
    - RDMHS Flash Reports and SitReps
    - CAHAN alerts
- If needed, organizations will obtain resources through existing agreements or request resources from vendors within the HCC's existing supply chain, vendors beyond the normal supply chain, and associated facilities. Resource coordination will be accomplished via the use of the MHOAC program within the two county coalition. If the resources are not available within the two county coalition, the RDMHS program will be activated by the affected jurisdiction.
- Organizations will notify the MHOAC program of any resource needs/requests that cannot be met through the existing supply chain.
    - Submit a Medical & Health Resource Request form for any needed resources
- Organizations will notify the MHOAC Program of any status changes
- Organizations will respond to any alerts/requests from the MHOAC Program
- Organizations will confirm any/all CAHAN alerts.
- Organizations will track and document all decisions, actions, activities, and expenses related to the emergency operation

Misinformation

To effectively monitor updates during a disaster, emergency, or exercise, and to avoid the spread of Misinformation, disinformation, and mal-information, the healthcare coalition employs a range of Resources and strategies. These resources focus on information verification, coordinated communication, And situational awareness. The best practices used by our coalition are:

- Utilizing trusted official channels such as the CDC, FEMA, HHS, and ASPR as information sources for
  monitoring and verification.
- Training, exercising, and responding with coordination and communication tools such as the Incident Command System, EM Resources, and CA Health Alert Network (CAHAN).
- Responding using the best practice of verification and cross-referencing via mechanisms such as Joint Information Centers, Liaison Officers, and Public Information Officers to validate and disseminate information while actively countering false narratives.

To combat mis-, dis-, and mal-information during a disaster, the coalition relies on a multi-layered approach involving verified information sources, coordinated communication systems, cross-sector collaboration, and continuous training and improvement processes.

Continuity of Operations

During an emergency, disaster or unusual event, it is quite possible that the primary process/location/means of incident coordination will fail. The HCC, and each member organization, should have plans that include the following:

- Back-up of communication and coordination system;

  - Back-up communication platforms used by our coalition include CAHAN,email, satellite phones, HAM radio and BK radios.
- Orders of succession and delegations of authorities, including suitable number of personnel that is trained to carry out HCC coordination activities for extended periods of time
- Identification and support for meeting extended operational needs of the HCC members
- Evacuation, shelter-in-place, and relocation support—focusing on coalition support for an evacuating facility(s) but not dictating the individual facility evacuation processes
- Back-up locations to continue operations

Demobilization

Purpose

The purpose of demobilization from a response or activation is to plan for a smooth transition of the emergency response to normal daily operations and document and analyze actions that took place during the response.

The demobilization process is essential not only to ensure documentation of the response, but also to justify financial expenditures (especially staff time), request additional grant funding, meet current grant deliverables, and incorporate lessons learned into emergency plans and future emergency responses.

Goals for collection and collating information from this demobilization process are the following:

- Create a comprehensive and accurate After Action Report and Corrective Action Plan
- Recreate a timeline of key activities that occurred during the response
- Document when resources were needed most and when we had an abundance of resources (note: resources can mean people, things, and information)
- Track when critical decisions were made

Process

Demobilization will occur according to plans, policies, and procedures which may include the return of resources to vendors, suppliers, warehouses, or other originating sources. Personnel provided to the incident should be demobilized and follow checkout procedures according to local policies and procedures pursuant to the affect jurisdiction with in our local healthcare coalitions.

- Personnel may be reassigned to another mission, but the requesting jurisdiction/organization must submit a formal resource request for the reassignment and the providing agency and or organization must accept. The reassignment needs to be communicated throughout the emergency management system.
- Resource tracking systems should be updated and the supplied resources remain under the control of the requesting jurisdiction. When the personnel have returned to the point of origin, the providing agency or organization should notify their respective MHOAC program.
- Organizations will participate in the After Action Process including a debriefing or hotwash to be held at the conclusion of the event. Respective Public Health Dept. (ESF-*) will maintain documentation of the event and the response by HCC partners. An After Action Report will be generated for major events within 90 days of the conclusion of the incident.

Recovery/return to pre-disaster state

Recovery plan will be developed at a later date.

Resource Coordination/Management

The HCC bears the responsibility of furnishing strategic guidance to support the planning, preparedness, and execution of coordinated responses to disasters or public health emergencies. This function shall be carried out in a timely, comprehensive, and integrated manner. The efficacy of such efforts is contingent upon the active and sustained engagement of all participating healthcare providers and allied agencies operating within Shasta and Tehama Counties.

In the event of an incident that surpasses the response capabilities of the affected healthcare coalition jurisdictional boundaries, the response shall customarily necessitate the involvement of the following entities: the Public Health Department, the local Office of Emergency Services (OES), the local Emergency Medical Services (EMS) Agency, the Medical Health Operational Area Coordinator (MHOAC), and other relevant response partners within the operational area.

Outlined below is a summary of the procedures by which HCC member organizations may request and obtain supplemental medical supplies and resources.

Supplies

The Healthcare Coalition (HCC) does not independently procure, maintain, or store an inventory of disaster response supplies. In the context of a disaster response, the HCC may serve in a facilitative capacity to support the coordination and distribution of critical resources – such as medical supplies and personal protective equipment (PPE) – to member healthcare facilities.

Notwithstanding this coordination role, the primary and prescribed mechanism for HCC member entities to request supplemental resources remains the submission of a Situational Report (SitRep) and an accompanying Resource Request through their designated Medical Health Operational Area Coordinator (MHOAC). Reference is made to Appendix C for both forms.

The HCC's function in the direct management of disaster-related supplies shall be considered minimal and auxiliary in nature.

Stockpile Activation

In the event that the scope and impact of a disaster exceed the response capabilities of either Shasta County or Tehama County, the MHOAC for the affected jurisdiction shall initiate coordination with the Region 3 Regional Disaster Medical Health Specialist (RDMHS) to facilitate the procurement of additional medical resources.

Should the RDMHS be unable to fulfill the resource request through Region III assets, the request shall be escalated by the RDMHS to the California Department of Public Health (CDPH) for further action. It is expressly noted that the authority to request Medical Countermeasures (MCM) from the federal government is reserved exclusively to the Governor of the State of California or his/her duly authorized designee.

Both Shasta and Tehama counties have detailed procedures and protocols governing such action and

reference to their plans should be consulted if necessary.

Staffing

All HCC partner agencies shall request supplemental staffing during a disaster in accordance with the procedures outlined in the California Health and Safety Code, Section 1797.153. Pursuant to this statute, and as articulated in the MHOAC Program Guidelines, the MHOAC is responsible as the Operational Area Coordinator in the coordination and deployment of medical and health disaster resources during a locally, state, or federally declared emergency.

This coordination encompasses, but is not limited to, the mobilization of inpatient and emergency care providers, as well as out-of-hospital medical care personnel and associated support services.

Volunteer Registration Programs & Federal Supplemental Staffing Resources

Both Shasta and Tehama Counties use the CA Disaster Healthcare Volunteers (DHV) system as the primary mechanism for augmenting healthcare staffing during disaster related shortages. In the event that an HCC partner agency requires additional personnel, requests should be submitted in accordance with the established MHOAC process.

The decision to implement or supplement staffing needs through alternative volunteer registration programs rests solely within the discretion of the respective County Public Health Department.

Alternate Care Sites

The authority to identify, establish, and operationalize alternate care site or systems resides with the respective Public Health Department or the individual healthcare facility, as applicable.

The HCC does not possess any decision making authority, nor does it participate in the planning, implementation, or management of alternate care sites.

Telemedicine

The HCC does not engage in the use, coordination, or administration of telemedicine platforms, services, or partnerships. Each participating healthcare facility shall be solely responsible for maintaining its own telemedicine capabilities, including any associated processes, technologies, and contractual agreements.

Appendix A—HCC Members

***Confidential contact information for members of the collation is maintained separately and updated on a regular basis by the MHOAC program in each county.**

Current HCC members include the following:

HCC Core Members (Type)	Entity Name
Hospitals	Mercy Medical Center Shasta Regional Medical Center Mayer's Memorial Hospital Vibra Hospital St. Elizabeth Community Hospital
Emergency Medical Services (EMS)	Sierra-Sacramento Valley EMS Dignity Health Mobile Life Support—Redding and Red Bluff offices American Medical Response-Redding
Emergency Management Organizations	Shasta County Sheriff, Office of Emergency Services Tehama County Sheriff, Office of Emergency Services Regional Disaster Medical Health Specialist (Region III)
Public Health	Shasta County Public HealthTehama County Public Health
HCC Additional Members (Type)	**Entity Name**
Dialysis Centers	Dialysis Clinic, Inc.—Redding DaVita Dialysis-Red Bluff
Federal facilities (e.g. US Department of Veterans Affairs (VA) Medical Centers)	California Department of Veterans Affairs
Tribal Health facilities	Northern Valley Indian Health—Red Bluff Rolling Hills Clinic—Red Bluff and Corning Greenville Rancheria—Red Bluff
Home Health Agencies	Dignity Health Home Health and Hospice Medical Home Care Professionals
Outpatient Health Care	Dignity Health Solano St. Medical Clinic-Corning Lassen Medical Clinic-Red Bluff Lassen Medical Clinic-Cottonwood Tehama County Medical Clinic-Red Bluff Adventist Health-Corning Health Center Hill Country Health and Wellness Mountain Valley Health Centers Shasta Community Health Center Shingletown Medical Center Churn Creek Healthcare

Primary care providers	Ampla Health-satellite clinic in Los Molinos
Skilled nursing, nursing, and long-term care facilities, assisted living	Red Bluff Healthcare Copper Ridge Care Center Crestwood Wellness and Recovery Center North Valley Developmental Services Redding Area Assisted Living Association (RALA)
Support service providers	Far Northern Regional Center-Redding North Valley Services-Red Bluff
Inpatient psychiatric facility	Restpadd Health Corp.-Red Bluff

Roles and Responsibilities by HCC Member Type

Hospitals	Role & Responsibilities
Healthcare System Preparedness	Primary: Participate in multi-agency coordination, planning, training, & exercising. Ability to connect with MHOAC program.
Healthcare System Recovery	Primary: Ability to maintain essential functions and recover from incident.
Emergency Operations Coordination	Primary: Implement and operate HICS structure. Coordinate with MHOAC, provide situational awareness, and request resources as needed.
Information Sharing	Primary: Maintain interoperable and redundant communication systems. Send and receive situational awareness with MHOAC program.
Fatality Management	Support: Coordinate with Coroner to quickly offload fatalities. Maintain a plan for temporary storage of bodies during a mass fatality event when coroner is unable to immediately remove bodies.
Medical Surge	Primary: Implement surge plan. Coordinate surge plan activation with OA HC Surge Plan. Implement surge strategies including rapid discharge, triage, and facility expansion to maintain ability to care for acute patients.
Responder Safety and Health	Primary: Provide appropriate PPE to protect staff. Maintain plans and protocols for use of PPE. Train staff on use of PPE.
Volunteer Management	Support: Ability to receive and use healthcare volunteers from OA sources including the DHV.

Emergency Medical Services	Role
Healthcare System Preparedness	Primary: Implement the Region III MCI plan, integrate EMS into the ICS structure.
Healthcare System Recovery	Primary: Expand structure to accommodate the needs of the incident. Request support to supplement incident to return system to normal responses.
Emergency Operations Coordination	Primary: Implement the Region III MCI plan, activating MCI plan. Insure notification of the LEMSA/RDMHS for incidents requiring mutual aid from other OA's.
Information Sharing	Primary: Maintain interoperable and redundant communication systems. Continuously update the Control Facility of incident status and patient counts.
Fatality Management	Primary: Per the Region III plan, establish morgue area for primary deceased patients. Coordinate with law enforcement/coroner to maintain crime scene integrity.
Medical Surge	Primary: Implement the Region III MCI plan, integrate EMS into the ICS structure. Control Facilities to notify area hospitals and request bed availability as per the Region III MCI Plan Manual 2.
Responder Safety and Health	Primary: Ensure responders utilize PPE as required by the incident.
Volunteer Management	Support: Recruit prehospital EMS personnel to register for the DHV.
Local Emergency Management	**Role**
Healthcare System Preparedness	Support: Participate in multi-agency coordination, planning, training, and exercising.
Healthcare System Recovery	Support: Support healthcare system recovery, continuity planning and ensure integration into overall OA plans.
Emergency Operations Coordination	Primary: Lead multi-agency coordination. Use of ICS in response. Incorporate MHOAC program in OA EOC and response operations.
Information Sharing	Support: Provide necessary intelligence and information to MHOAC program. Ensure integrated situational awareness sharing during an incident.

Fatality Management	Support: Support coroner activities. Coordinate with coroner in development and implementation of mass fatality management plans.
Medical Surge	Support: Assist MHOAC program with resource requests resulting from medical surge.
Responder Safety and Health	Support: Assist MHOAC program with resource requests for necessary PPE for healthcare staff response.
Volunteer Management	Support: Assist MHOAC program with obtaining and managing volunteer resources.
Local Health Department	**Role**
Healthcare System Preparedness	Primary: Act as MHOAC. Ensure partner access to MHOAC program. Lead/participate in multi-agency coordination, planning, training, and exercising.
Healthcare System Recovery	Support: Support healthcare system recovery, continuity planning and ensure integration into overall OA plans.
Emergency Operations Coordination	Primary: Lead for Health Department Operations Center. Perform MHOAC role. Ensure incorporation of med-health operations in the OA EOC. Use of ICS in response. Support: OA EOC and multi-agency coordination.
Information Sharing	Primary: MHOAC leads med-health information sharing during incident. Ensure communications with partners. Collect and assimilate situational awareness from HCFs and share information both horizontally (HCFs, partners) and vertically (region, state).
Fatality Management	Support: Coordinate with local emergency management and coroner in development and implementation of OA mass fatality management plans. Ensure integration of med-health needs and public health risks of mass fatality incidents.
Medical Surge	Support: Serve as MHOAC. Facilitate resource requests. Provide OA level med-health coordination for surge event. Activate OA Healthcare Surge Plan and implement strategies for surge. Implement Health Officer authorities to assist in surge event. Provide guidance on crisis care and scarce resource allocation. Activate and operate government authorized ACS when necessary.
Responder Safety and Health	Support: Ensure adequate PPE resources for healthcare facilities. Facilitate resources requests during incidents.

	Assist with respiratory fit testing of healthcare personnel as needed.
Volunteer Management	Primary: Program lead for Disaster Healthcare Volunteers. Administer DHV program. Maintain volunteer activation and deployment plan.
Skilled Nursing Facilities	**Role**
Healthcare System Preparedness	Support: Participate in multi-agency coordination, planning, training, & exercising. Ability to connect with MHOAC program.
Healthcare System Recovery	Support: Ability to maintain essential functions and recover from incident.
Emergency Operations Coordination	Support: Implement and operate NHICS structure. Coordinate with MHOAC, provide situational awareness, and request resources as needed.
Information Sharing	Support: Maintain interoperable and redundant communication systems. Send and receive situational awareness with MHOAC program.
Fatality Management	Support: Coordinate with Coroner to quickly offload fatalities. Maintain a plan for temporary storage of bodies during a mass fatality event when coroner is unable to immediately remove bodies.
Medical Surge	Support: Coordinate with MHOAC to assist with surge. Understand and perform role in OA Healthcare Surge Plan to assist with hospital decompression.
Responder Safety and Health	Support: Provide appropriate PPE to protect staff. Maintain plans and protocols for use of PPE. Train staff on use of PPE.
Volunteer Management	Support: Ability to receive and use healthcare volunteers from OA sources including the DHV.
Community Clinics	**Role**
Healthcare System Preparedness	Support: Participate in multi-agency coordination, planning, training, & exercising. Ability to connect with MHOAC program.
Healthcare System Recovery	Support: Ability to maintain essential functions and recover from incident.
Emergency Operations Coordination	Support: Implement and operate ICS structure. Coordinate with MHOAC, provide situational awareness, and request resources as needed.

Information Sharing	Support: Maintain interoperable and redundant communication systems. Send and receive situational awareness with MHOAC program.
Fatality Management	Support: Coordinate with Coroner to quickly offload fatalities. Maintain a plan for temporary storage of bodies during a mass fatality event when coroner is unable to immediately remove bodies.
Medical Surge	Support: Coordinate with MHOAC to assist with surge. Understand and perform role in OA Healthcare Surge Plan to assist with hospital decompression, triage and treatment.
Responder Safety and Health	Support Provide appropriate PPE to protect staff. Maintain plans and protocols for use of PPE. Train staff on use of PPE.
Volunteer Management	Support: Ability to receive and use healthcare volunteers from OA sources including the DHV.
Home Health	**Role**
Healthcare System Preparedness	Support: Participate in multi-agency coordination, planning, training, & exercising. Ability to connect with MHOAC program.
Healthcare System Recovery	Support: Ability to maintain essential functions and recover from incident.
Emergency Operations Coordination	Support: Implement and operate ICS structure. Coordinate with MHOAC, provide situational awareness, and request resources as needed.
Information Sharing	Support: Maintain interoperable and redundant communication systems. Send and receive situational awareness with MHOAC program.
Fatality Management	Support: Coordinate with Coroner to quickly offload fatalities. Maintain a plan for temporary storage of bodies during a mass fatality event when coroner is unable to immediately remove bodies.
Medical Surge	Support: Coordinate with MHOAC to assist with surge. Understand and perform role in OA Healthcare Surge Plan to assist with hospital decompression, triage and treatment.
Responder Safety and Health	Support: Provide appropriate PPE to protect staff. Maintain plans and protocols for use of PPE. Train staff on use of PPE.
Volunteer Management	Support: Ability to receive and use healthcare volunteers from OA sources including the DHV.

Behavioral Health	Role
Healthcare System Preparedness	Support: Participate in multi-agency coordination, planning, training, and exercising. Ability to connect with MHOAC program.
Healthcare System Recovery	Support: Ability to maintain essential functions and recover from incident.
Emergency Operations Coordination	Support: Participate in multi-agency coordination and use of ICS.
Information Sharing	Support: Provide necessary intelligence and information to MHOAC program during an incident.
Fatality Management	Support: Provide mental health support as needed/identified by MHOAC program.
Medical Surge	Support: Provide mental health support as needed/identified by MHOAC program.
Assisted Living Facilities	**Role**
Healthcare System Preparedness	Support: Participate in multi-agency coordination, planning, training, & exercising. Ability to connect with MHOAC program.
Healthcare System Recovery	Support: Ability to maintain essential functions and recover from incident.
Emergency Operations Coordination	Support: Implement and operate ICS structure. Coordinate with MHOAC, provide situational awareness, and request resources as needed.
Information Sharing	Support: Maintain interoperable and redundant communication systems. Send and receive situational awareness with MHOAC program.
Fatality Management	Support: Coordinate with Coroner to quickly offload fatalities. Maintain a plan for temporary storage of bodies during a mass fatality event when coroner is unable to immediately remove bodies.
Medical Surge	Support: Coordinate with MHOAC to assist with surge. Understand and perform role in OA Healthcare Surge Plan to assist with hospital decompression. Act as a medical surge site/ACS with assistance of PH.
Responder Safety and Health	Support Provide appropriate PPE to protect staff. Maintain plans and protocols for use of PPE. Train staff on use of PPE.
Volunteer Management	Support: Ability to receive and use healthcare volunteers from OA sources including the DHV.

Local Fire	Role
Healthcare System Preparedness	Support: Participate in multi-agency coordination, planning, training, and exercising.
Emergency Operations Coordination	Support: Participate in multi-agency coordination and use of ICS.
Information Sharing	Support: Provide necessary intelligence and information to medical health entities and MHOAC program during an incident.
Medical Surge	Support: Assist with EMS surge, triage, and transport.
Responder Safety and Health	Support: Provide appropriate PPE to protect staff.
Local Law Enforcement	**Role**
Healthcare System Preparedness	Support: Participate in multi-agency coordination, planning, training, and exercising.
Emergency Operations Coordination	Support: Participate in multi-agency coordination and use of ICS.
Information Sharing	Support: Provide necessary intelligence and information to medical health entities and MHOAC program during an incident.
Fatality Management	Primary: Sheriff/Coroner is lead for fatality management. Planning and coordination for mass fatality incidents.
Responder Safety and Health	Support: Provide appropriate PPE to protect staff. Provide appropriate security support to medical countermeasure storage and dispensing sites for healthcare.

Appendix B: Detailed information on HVAs

Shasta County Health Care Coalition
Hazard and Vulnerability Analysis 2024-25

1/24/2025

TOP HAZARDS

Rank	Risk	Hazard	Type
1	67%	Wildfire	Natural
2	61%	Severe Thunderstorm	Natural
3	50%	Drought	Natural
4	48%	Active Shooter	Human
5	48%	Cyberattack (Internal)	Technological
6	44%	Dam Inundation	Natural
7	44%	Earthquake	Natural
8	44%	Flood	Natural
9	44%	Ice Storm	Natural
10	44%	Mass Casualty Incident (trauma)	Human
11	44%	Snow Fall	Natural

PROCESS

The Hazard Vulnerability Analysis (HVA) for the Shasta Healthcare Coalition (HCC) is updated annually by the Shasta Hospital Preparedness Program (HPP) Coordinator, to meet the requirements of the HPP grant.

The 2024-25 Hazard Vulnerability Analysis (HVA) for the Shasta Healthcare Coalition (HCC) was developed from the Previous HVA report, completed in June 2024. The previous report included 21 unique response from Shasta HCC members, including two from Tribal Health Services, at least three from East County, and a cap of four responses (<20%) from Public Health.

The previous report was edited to include “Cyberattack (Internal)” as a new event, added to the “Technological Hazards” page. The drafted report was emailed to Shasta HCC members and feedback was solicited for significant changes. The only significant change made was the correction of Average Score percentages.

On January 24, 2025, this HVA report was finalized by the Shasta HPP Coordinator and emailed to Shasta HCC members on January 27, 2025. The HVA report has been presented at a general Shasta HCC meeting.

Shasta-Tehama Health Care Coalition

SHASTA HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Wild Fire	3	2	3	3	1	1	2	**67%**
Severe Thunderstorm	3	1	2	2	2	2	2	**61%**
Drought	3	1	1	1	2	2	2	**50%**
Snow Fall	2	2	2	2	2	2	2	**44%**
Ice Storm	2	2	2	2	2	2	2	**44%**
Earthquake	2	2	2	2	2	2	2	**44%**
Flood	2	2	2	2	2	2	2	**44%**
Dam Inundation	2	2	2	2	2	2	2	**44%**
Cyclone/Atmospheric Rivers	2	1	2	2	2	2	2	**41%**
Air Quality Issue	2	2	1	1	2	2	2	**37%**
Temperature Extremes	2	2	1	1	2	2	2	**37%**
Epidemic	2	2	1	2	1	1	2	**33%**
Blizzard	1	2	2	2	2	2	2	**22%**
Volcano	1	2	2	2	2	2	2	**22%**
Landslide	1	1	2	2	2	2	2	**20%**
Tornado	1	1	1	1	3	2	2	**19%**
AVERAGE SCORE	**1.94**	**1.69**	**1.75**	**1.81**	**1.94**	**1.88**	**2.00**	**40%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.40	**0.65**	**0.61**

Shasta-Tehama Health Care Coalition

SHASTA HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGICAL EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low ornone*	*0 = N/A 1 = High 2 = Moderate 3 = Low ornone*	*0 - 100%*
Electrical Failure-OA	2	1	1	2	1	1	2	**30%**
Transportation Failure-OA	1	1	1	2	2	2	2	**19%**
Fuel Shortage-OA	1	1	1	2	2	2	2	**19%**
Natural Gas Failure-OA	1	1	1	2	2	2	2	**19%**
Water Failure-OA	2	1	1	2	2	2	2	**37%**
Sewer Failure-OA	1	1	2	2	2	2	2	**20%**
Communications Failure-OA	2	1	1	2	2	2	2	**37%**
Information Systems Failure	2	1	1	3	2	2	2	**41%**
Supply Shortage	2	2	1	2	2	2	2	**41%**
Cyberattack (Internal)	2	2	2	3	2	2	2	**48%**
AVERAGE SCORE	**1.60**	**1.20**	**1.20**	**2.20**	**1.90**	**1.90**	**2.00**	**31%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.31	**0.53**	**0.58**

Shasta-Tehama Health Care Coalition

SHASTA HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Mass Casualty Incident (trauma)	2	2	2	2	2	2	2	**44%**
Active Shooter	2	3	2	2	2	2	2	**48%**
Mass Casualty Incident (medical/infectious)	2	2	1	2	2	2	2	**41%**
Patient Surge	2	2	1	2	2	2	2	**41%**
Terrorism, Biological	1	2	1	2	2	2	2	**20%**
VIP Situation	1	1	1	2	2	2	2	**19%**
Civil Disturbance	1	2	2	2	2	2	2	**22%**
Labor Action	1	1	1	2	2	3	3	**22%**
Bomb or Bomb Threat	1	2	2	2	2	2	2	**22%**
AVERAGE	**1.44**	**1.89**	**1.44**	**2.00**	**2.00**	**2.11**	**2.11**	**31%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.31	**0.48**	**0.64**

Shasta-Tehama Health Care Coalition

SHASTA HAZARD AND VULNERABILITY ASSESSMENT TOOL
EVENTS INVOLVING HAZARDOUS MATERIALS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low ornone*	*0 = N/A 1 = High 2 = Moderate 3 = Low ornone*	*0 - 100%*
Mass Casualty Hazmat Incident *(From historic events at your MC with >= 5 victims)*	1	2	1	2	2	2	2	**20%**
Small Casualty Hazmat Incident *(From historic events at your MC with < 5 victims)*	2	2	1	2	2	2	2	**41%**
Terrorism, Chemical	1	2	1	2	2	2	2	**20%**
Radiologic Exposure, External	1	2	1	2	2	2	2	**20%**
Terrorism, Radiologic	1	2	2	2	2	2	2	**22%**
AVERAGE	**1.20**	**2.00**	**1.20**	**2.00**	**2.00**	**2.00**	**2.00**	**25%**

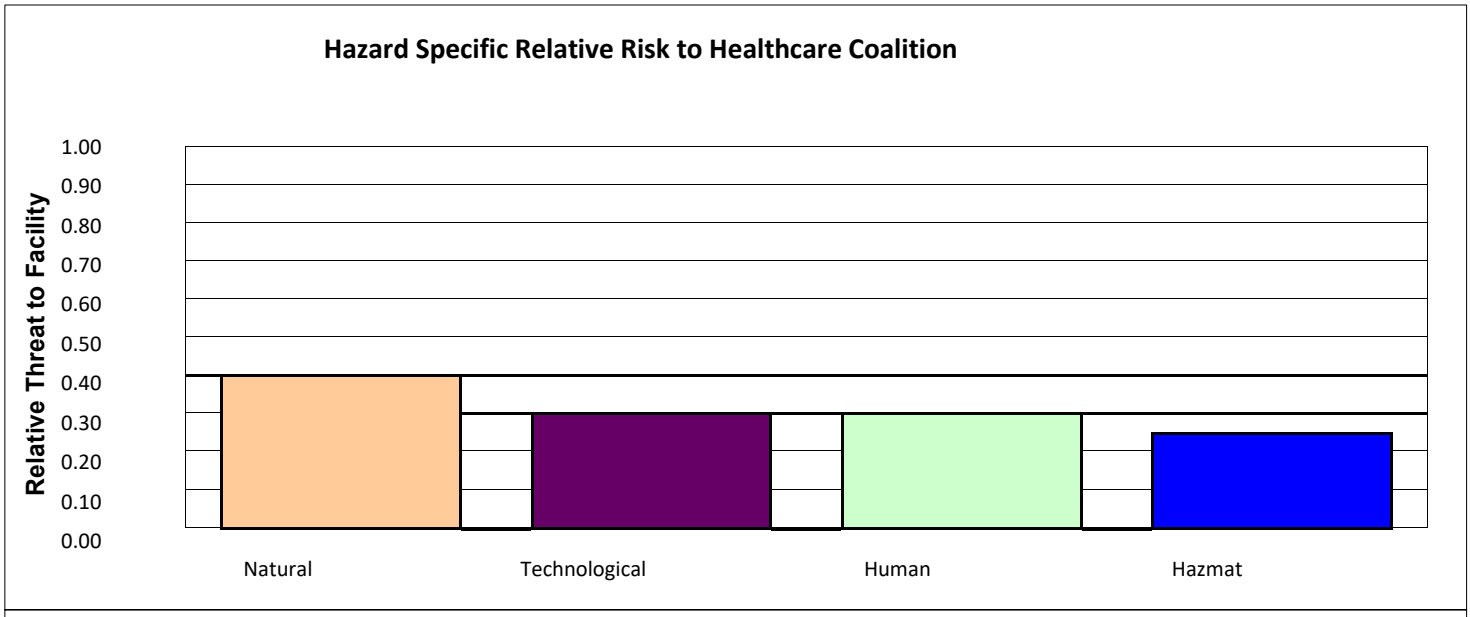
**Threat increases with percentage.*

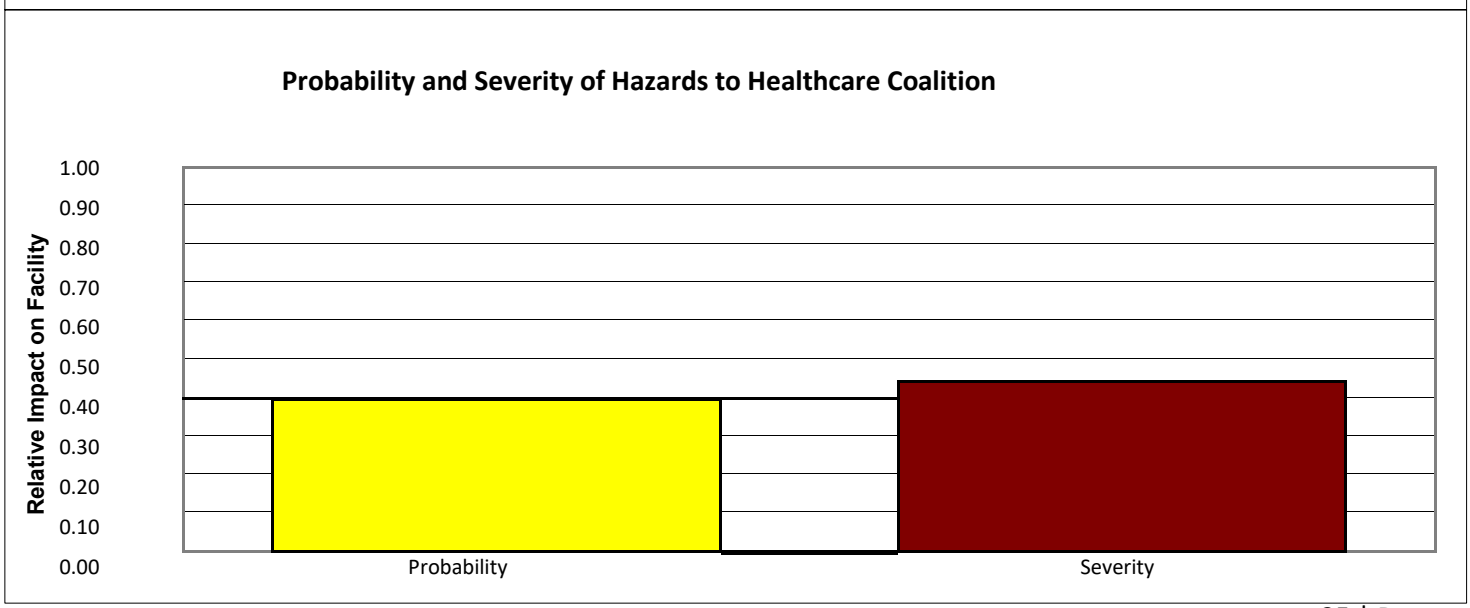
RISK = PROBABILITY * SEVERITY		
0.25	**0.40**	**0.62**

Shasta-Tehama Health Care Coalition

SUMMARY OF SHASTA HEALTH CARE COALITION HAZARDS ANALYSIS

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.65	0.53	0.48	0.40	0.40
Severity	0.61	0.58	0.64	0.62	0.44
Hazard Specific Relative Risk:	0.40	0.31	0.31	0.25	0.17





Tehama Operational Area
Summary of HCC (Med-Health) HVA
Completed 1-15-25

Event	Relative Threat (Risk)
Wildfire	67%
Electrical Failure	56%
Highly Infectious Disease	50%
Mass Casualty Incident (Trauma)	50%
Temperature Extremes	50%
Flood, External	50%
Civil Disturbance	48%
Drought	44%
Supply Shortage	41%
Work Place Violence/Hostage/Active Assailant	37%
Epidemic	37%
Water Failure	37%
Severe Thunderstorm	33%
Snow Fall	33%
HVAC Failure	33%
IT Failure	30%
Communications Failure	30%

Shasta-Tehama Health Care Coalition

TEHAMA COUNTY HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Hurricane	0							**0%**
Tornado	1	1	1	1	3	2	2	**19%**
Severe Thunderstorm	2	1	1	1	2	2	2	**33%**
Snow Fall	2	2	1	2	2	1	1	**33%**
Blizzard	0							**0%**
Ice Storm	0							**0%**
Earthquake	1	1	1	1	1	1	1	**11%**
Tidal Wave	0							**0%**
Temperature Extremes	3	3	1	2	1	1	1	**50%**
Drought	3	2	1	2	1	1	1	**44%**
Flood, External	3	1	2	3	1	1	1	**50%**
Wild Fire	3	3	3	3	1	1	1	**67%**
Landslide	1	1	1	1	3	1	1	**15%**
Dam Inundation	1	2	1	3	1	1	1	**17%**
Volcano	1	2	2	2	1	1	1	**17%**
Epidemic (localized)	2	3	1	3	1	1	1	**37%**
AVERAGE SCORE	**1.44**	**1.38**	**1.00**	**1.50**	**1.13**	**0.88**	**0.88**	**18%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY
0.18 0.48 0.38

Shasta-Tehama Health Care Coalition

TEHAMA COUNTY HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGIC EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness,*	*Community/ Mutual Aid staff*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low ornone*	*0 = N/A 1 = High 2 = Moderate 3 = Low ornone*	*0 = N/A 1 = High 2 = Moderate 3 = Low ornone*	*0 - 100%*
Electrical Failure	3	2	2	3	1	1	1	**56%**
Generator Failure	2	1	1	3	1	1	1	**30%**
Transportation Failure	1	1	1	1	3	3	3	**22%**
Fuel Shortage	1	1	1	3	3	3	3	**26%**
Natural Gas Failure	1	1	1	1	3	3	3	**22%**
Water Failure	2	2	1	3	2	1	1	**37%**
Sewer Failure	1	1	1	3	3	1	1	**19%**
Steam Failure	0	0	0	0	0	0	0	**0%**
Fire Alarm Failure	1	1	1	1	1	1	1	**11%**
Communications Failure	2	1	1	3	1	1	1	**30%**
Medical Gas Failure	1	1	1	1	1	1	1	**11%**
Medical Vacuum Failure	1	1	1	2	1	1	1	**13%**
HVAC Failure	2	2	1	3	1	1	1	**33%**
Information Systems Failure	2	1	1	3	1	1	1	**30%**
Fire, Internal	1	2	3	2	1	1	1	**19%**
Flood, Internal	2	1	2	2	1	1	1	**30%**
Hazmat Exposure, Internal	1	1	1	1	2	2	3	**19%**
Supply Shortage	2	1	1	3	2	2	2	**41%**
Structural Damage	1	1	2	2	2	1	1	**17%**
AVERAGE SCORE	**1.42**	**1.16**	**1.21**	**2.11**	**1.58**	**1.37**	**1.42**	**23%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY
0.23 0.47 0.49

Shasta-Tehama Health Care Coalition

TEHAMA COUNTY HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low ornone*	*0 = N/A 1 = High 2 = Moderate 3 = Low ornone*	*0 = N/A 1 = High 2 = Moderate 3 = Low ornone*	*0 - 100%*
Mass Casualty Incident -trauma	3	3	1	2	1	1	1	**50%**
Highly Infectious Disease	3	2	1	3	1	1	1	**50%**
Terrorism, Biological	1	3	1	3	2	1	1	**20%**
VIP Situation	1	1	1	1	3	1	1	**15%**
Infant Abduction	1	1	1	3	1	1	1	**15%**
WPV/Hostage/Active Assailant Situation	2	3	1	3	1	1	1	**37%**
Civil Disturbance	2	2	3	3	2	2	1	**48%**
Labor Action	1	1	1	2	2	1	1	**15%**
Forensic Admission	1	1	1	1	1	1	1	**11%**
Bomb Threat	1	1	1	3	1	1	1	**15%**
AVERAGE	**1.60**	**1.80**	**1.20**	**2.40**	**1.50**	**1.10**	**1.00**	**27%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.27	**0.53**	**0.50**

Shasta-Tehama Health Care Coalition

TEHAMA COUNTY HAZARD AND VULNERABILITY ASSESSMENT TOOL
EVENTS INVOLVING HAZARDOUS MATERIALS

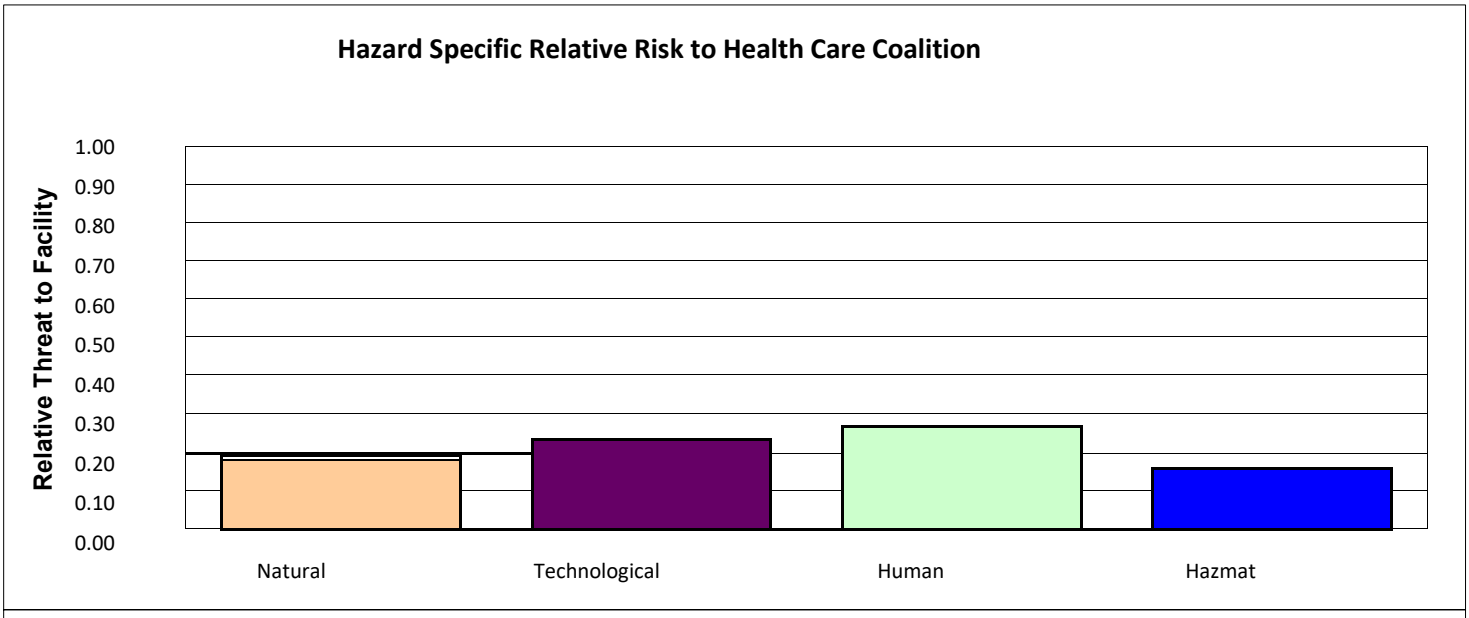
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low ornone*	*0 = N/A 1 = High 2 = Moderate 3 = Low ornone*	*0 = N/A 1 = High 2 = Moderate 3 = Low ornone*	*0 - 100%*
Mass Casualty Hazmat Incident *(From historic events at your MC with >= 5 victims)*	1	3	2	3	1	1	1	**20%**
Small Casualty Hazmat Incident *(From historic events at your MC with < 5 victims)*	1	2	1	1	1	1	1	**13%**
Chemical Exposure, External	1	2	1	1	1	1	1	**13%**
Small-Medium Sized Internal Spill	1	1	1	1	1	1	1	**11%**
Large Internal Spill	1	1	1	1	1	1	1	**11%**
Terrorism, Chemical	1	3	1	3	1	1	1	**19%**
Radiologic Exposure, Internal	1	1	1	1	1	1	1	**11%**
Radiologic Exposure, External	1	3	1	3	3	1	1	**22%**
Terrorism, Radiologic	1	3	1	3	3	1	1	**22%**
AVERAGE	**1.00**	**2.11**	**1.11**	**1.89**	**1.44**	**1.00**	**1.00**	**16%**

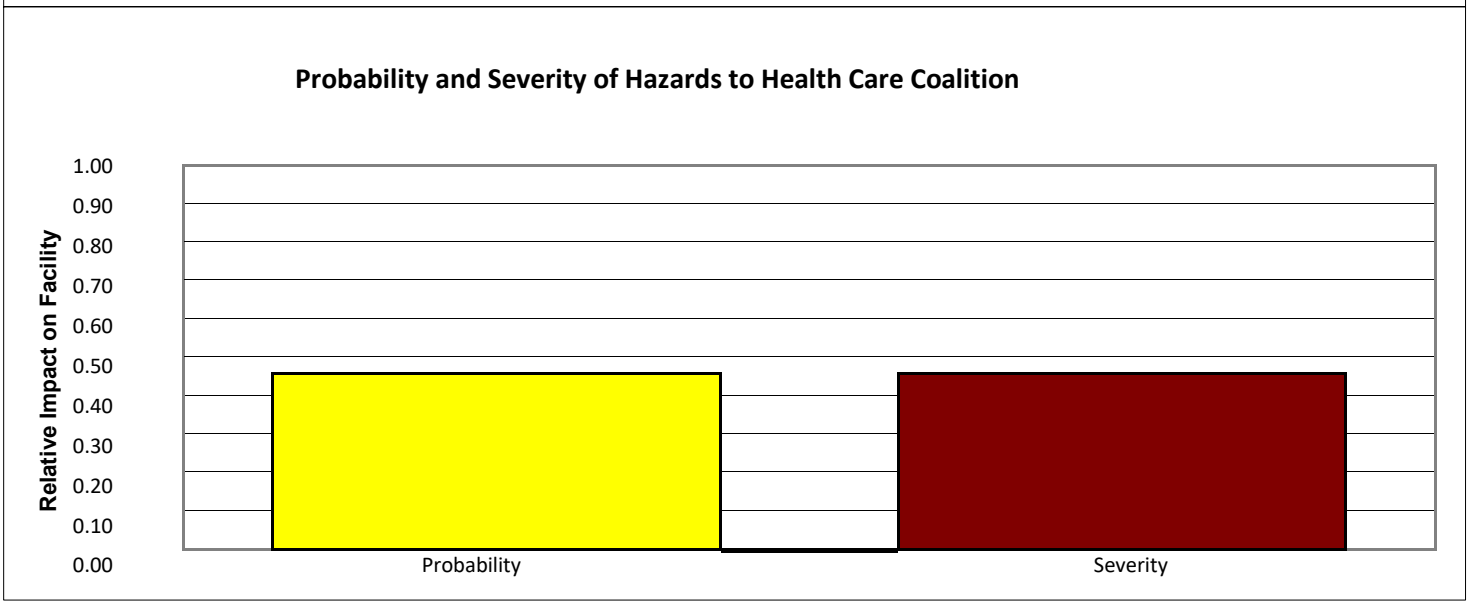
**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.16	**0.33**	**0.48**

SUMMARY OF TEHAMA HEALTH CARE COALITION HAZARDS ANALYSIS

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	**0.48**	**0.47**	**0.53**	**0.33**	**0.46**
Severity	**0.38**	**0.49**	**0.50**	**0.48**	**0.46**
Hazard Specific Relative Risk:	**0.18**	**0.23**	**0.27**	**0.16**	**0.21**





Shasta-Tehama Health Care Coalition

Appendix C-Situation Status Report and Resource Request forms (PDFfillable available)

HEALTHCARE FACILITY & HPP PARTNER
SITUATION STATUS REPORT

1. Date: _____ 2. Time: _____ 3. Report: ☐ Initial ☐ Revised

4. Prognosis: ☐ Worsening ☐ No Change ☐ Improving

HEALTHCARE FACILITY INFORMATION		
5. NAME OF FACILITY:		
6. STREET ADDRESS:		
7. CITY:	8. STATE: CA	9. ZIP:
10. CONTACT PERSON:	11. HICS/ICS POSITION:	
12. TELEPHONE NUMBER:	13. FAX NUMBER:	
14.CELL/PAGER NUMBER:	15.RADIO FREQUENCY:	
16.EMAIL ADDRESS:	17. COMMAND CENTER ACTIVATED (HCC/ICP): ☐ Yes ☐ No	

18. ESTIMATED CASUALTIES (HICS-259)

A. PTS SEEN	B. WAITING	C. ADMITTED	D. DISCHARGED	E. TRANSFERRED	F. EXPIRED

19. PATIENTS AWAITING ADMISSION (EMERGENCY DEPARTMENTS ONLY)

A. ICU	B. BURN	C. M/S	D. ISO	E. NICU	F. NEURO	G. OB/GYN	H. PEDS	I. PICU	J. PSYCH	K. TELE

20. OVERALL FACILITY STATUS

☐ **Fully Functional:** Minor reductions in patient services; able to carry out majority of normal operating functions
☐ **Partially Functional:** Moderate to significant reductions in patient services*
☐ **Non- Functional:** Not suitable for continued occupancy; critically damaged or affected; unable to continue any services*

21. Briefly describe the impact on services, treatment capacity, standard operating procedures and facility:

22. MORGUE CAPACITY: A. Used _____, **B. Available** _____ **C. N/A** ☐

EVACUATION

23. Is your facility planning Evacuation? ☐ Yes ☐ No ☐ Already Completed ☐ Partial Evacuation to: _____ ☐ Full Evacuation to: _____	24. Patients evacuated/ to be evacuated: A. # Ambulatory _____ B. # Non-ambulatory

HAZARD MITIGATION (HICS-261)

Briefly describe the Potential/Actual hazards: (biohazards, structural, utility, traffic, etc)	List the resources needed to mitigate the Potential/Actual hazard:		
	Personnel	Supplies	Transportation
25.	26.	27.	28.

DAMAGED INFRASTRUCTURE (HICS-251)

Briefly describe the damage (electricity, gas, water, sewer, HVAC, communications systems, etc)	List the resources needed to mitigate the Damaged Infrastructure:		
	Personnel	Supplies	Transportation
29.	30.	31.	32.

AVAILABLE RESOURCES

33. List critical resources available at your facility and deployable to other health facilities (e.g. Personnel, meds, equipment)

Only Complete if Requesting Resources

Page _____ of _____

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

REQUESTOR TO COMPLETE

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	☐ SUPPLY/EQUIPMENT	☐ PERSONNEL	☐ OTHER

6. Requesting entity must confirm that all 3 requirements below have been met prior to submission of request

- ☐ Is the resource(s) being requested nearly exhausted or exhausted?
- ☐ 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)?
- ☐ Entity is unable to obtain resource from other non-traditional sources?

7. SUPPLY/EQUIPMENT/PERSONNEL REQUEST DETAILS

ITEM #	Priority (see Below)[1]	DETAILED SPECIFIC ITEM DESCRIPTION: Supplies/Equipment (Be Specific) (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 - Item name, Size) Personnel (Be Specific) (List probable Duties, Required License, Specific Experience i.e. ED/ICU/OR, Hospital/Clinical, etc.) Other (Be Specific) (Mobile Field Hospital; Ambulance Strike Team; Alternate Care Supply Cache; Facility-Tent, Trailer, Size, etc.)	Quantity Requested	Expected Equipment/ Staff Duration of Use:

REVIEW

8. COMMAND/MANAGEMENT REVIEW AND VERIFICATION (Signature Indicates Verification of Need and Request's Approval)

NAME:	POSITION:	SIGNATURE or equivalent

[1]Priority: (E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment

Complete this form and click on the "SUBMIT" button on the top. It will be emailed to the Tehama County MHOAC at EPcoordinator@tchsa.net. Or you can print and fax to Tehama County Public Health (530) 527-0362

Shasta-Tehama Health Care Coalition

Health and Human Services Agency

HEALTHCARE FACILITY & HPP PARTNER
SITUATION STATUS REPORT

1. Date: _____ 2. Time: _____ 3. Report: ☐ Initial ☐ Update #

4. Prognosis: ☐ Worsening ☐ No Change ☐ Improving

HEALTHCARE FACILITY INFORMATION		
5. NAME OF FACILITY:		
6. STREET ADDRESS:		
7. CITY:	8. STATE: CA	9. ZIP:
10. CONTACT PERSON:	11. HICS/ICS POSITION:	
12. TELEPHONE NUMBER:	13. FAX NUMBER:	
14.CELL/PAGER NUMBER:	15.RADIO FREQUENCY: ☐ ☐	
16.EMAIL ADDRESS:	17. COMMAND CENTER ACTIVATED (HCC/ICP): Yes No	

18. ESTIMATED CASUALTIES (HICS-259)

A. PTS SEEN	B. WAITING	C. ADMITTED	D. DISCHARGED	E. TRANSFERRED	F. EXPIRED

19. PATIENTS AWAITING ADMISSION (EMERGENCY DEPARTMENTS ONLY)

A. ICU	B. BURN	C. M/S	D. ISO	E. NICU	F. NEURO	G. OB/GYN	H. PEDS	I. PICU	J. PSYCH	K. TELE

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21. Briefly describe the impact on services, treatment capacity, standard operating procedures and facility:

☐

22. MORGUE CAPACITY: A. Used_____, **B. Available** _____**C. N/A**

EVACUATION

23. Is your facility planning Evacuation? ☐ Yes ☐ No ☐ Already Completed

☐ **Partial Evacuation to:**_____
Full Evacuation to:_____

24. Patients evacuated/ to be evacuated:
A. # Ambulatory _____
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HAZARD MITIGATION (HICS-261)

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33. List critical resources available at your facility and deployable to other health facilities (e.g. Personnel, meds, equipment)

Shasta-Tehama Health Care Coalition

Health and Human Services Agency

Only Complete if Requesting Resources

Page____of_____

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

REQUESTOR TO COMPLETE				
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	☐ SUPPLY/EQUIPMENT	☐ PERSONNEL	☐ OTHER	
6. Requesting entity must confirm that all 3 requirements below have been met prior to submission of request				
☐ Is the resource(s) being requested nearly exhausted or exhausted?				
☐ 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)?				
☐ Entity is unable to obtain resource from other non-traditional sources?				

7. SUPPLY/EQUIPMENT/PERSONNEL REQUEST DETAILS

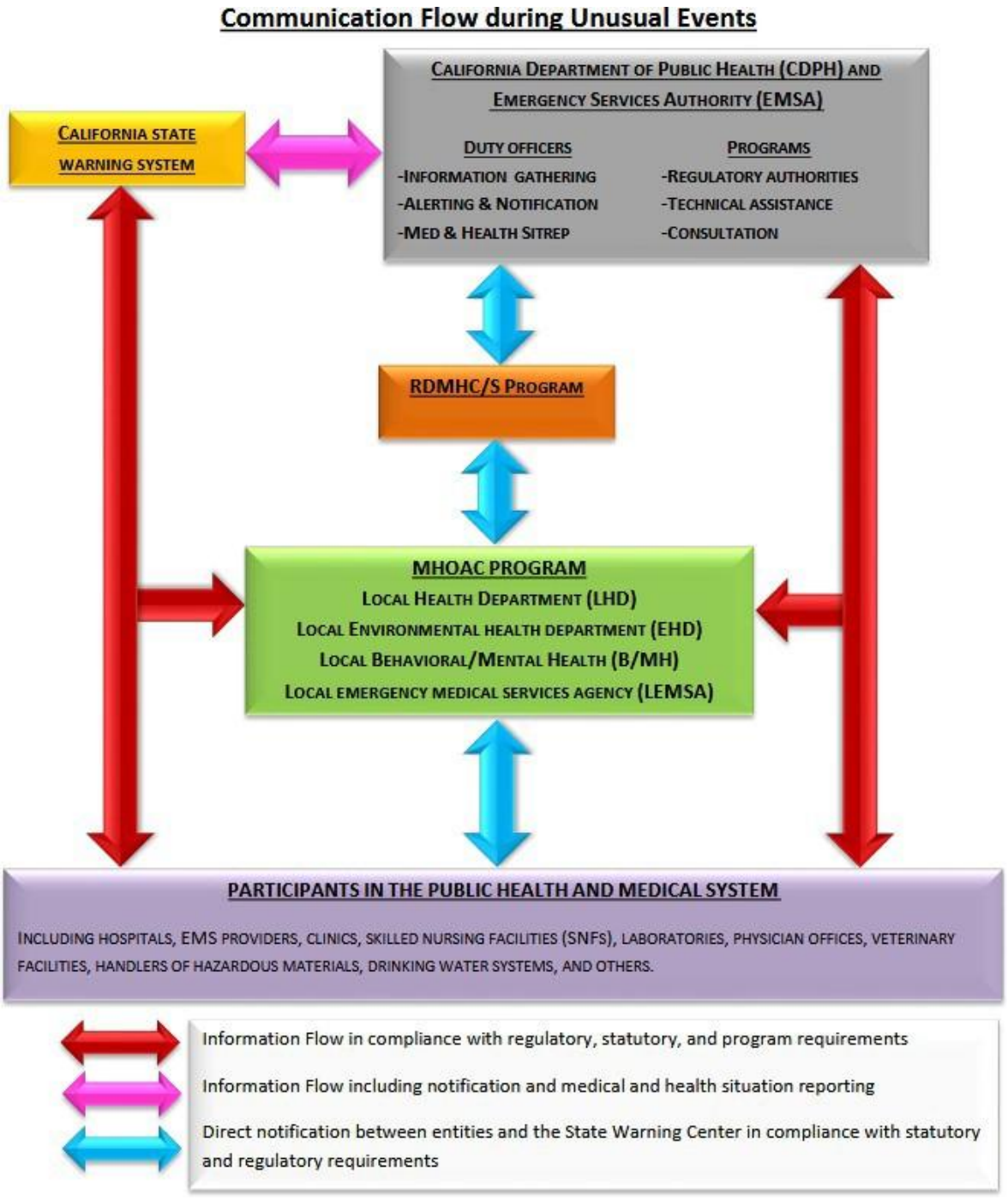
ITEM #	Priority (see Below)[1]	DETAILED SPECIFIC ITEM DESCRIPTION: Supplies/Equipment (Be Specific) (Drug Name, Dosage Form, Unit of Use Pack or quantity, Prod Info Sheet, In-House PO, etc., Medical supplies - Item name, Size, Brand, etc. General - Item name, Size) Personnel (Be Specific) (List probable Duties, Required License, Specific Experience i.e. ED/ICU/OR, Hospital/Clinical, etc.) Other (Be Specific) (Mobile Field Hospital; Ambulance Strike Team; Alternate Care Supply Cache; Facility-Tent, Trailer, Size, etc.)	Quantity Requested	Expected Equipment/ Staff Duration of Use:

REVIEW	8. COMMAND/MANAGEMENT REVIEW AND VERIFICATION (Signature Indicates Verification of Need and Request's Approval)		
	NAME:	POSITION:	SIGNATURE or equivalent

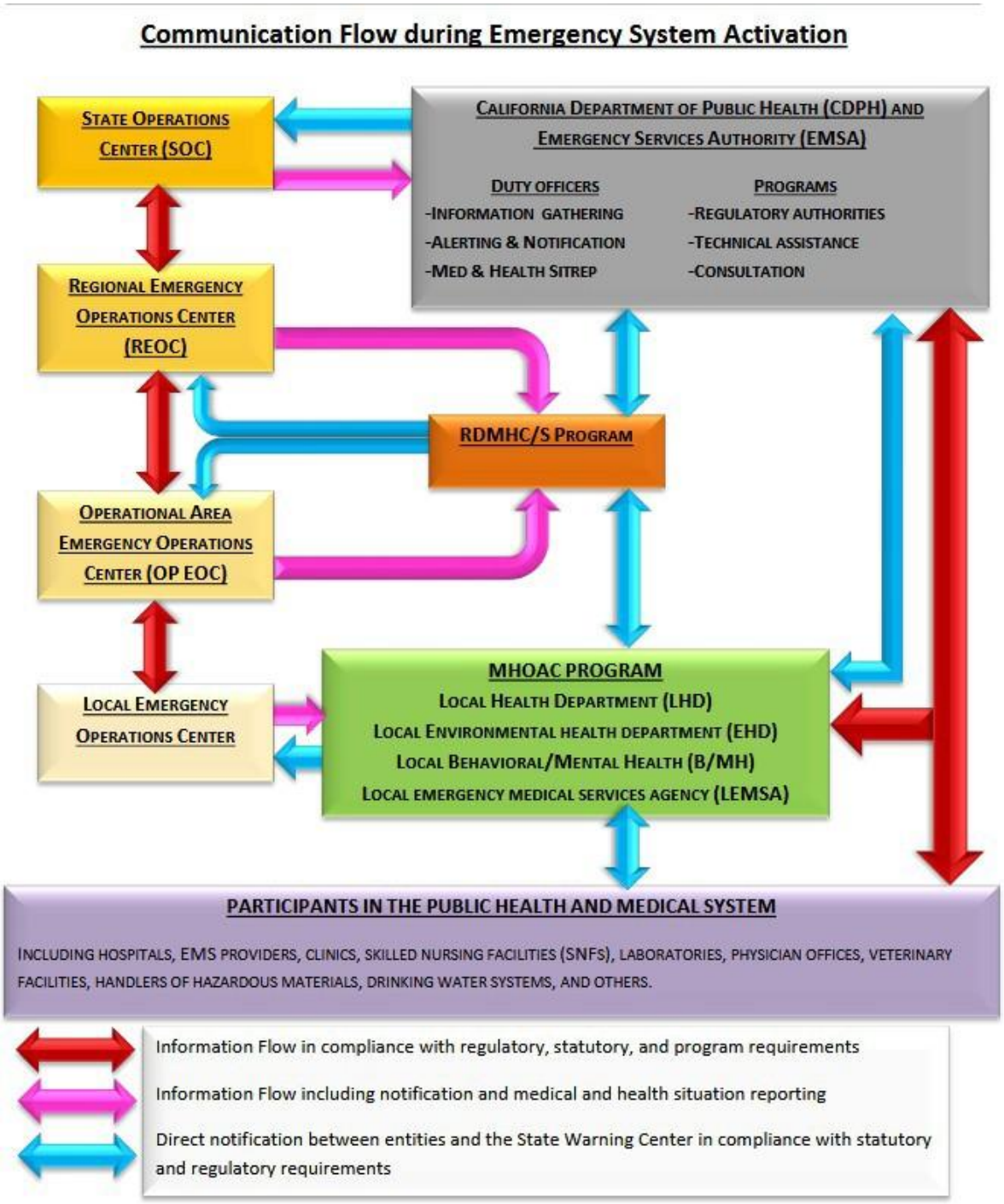
[1]Priority: (E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment

Complete this form and click on the "SUBMIT" button on the top. It will be emailed to the Shasta County MHOAC Program at DOC45@co.shasta.ca.us.

Appendix D—Information Flow during an Unusual Event

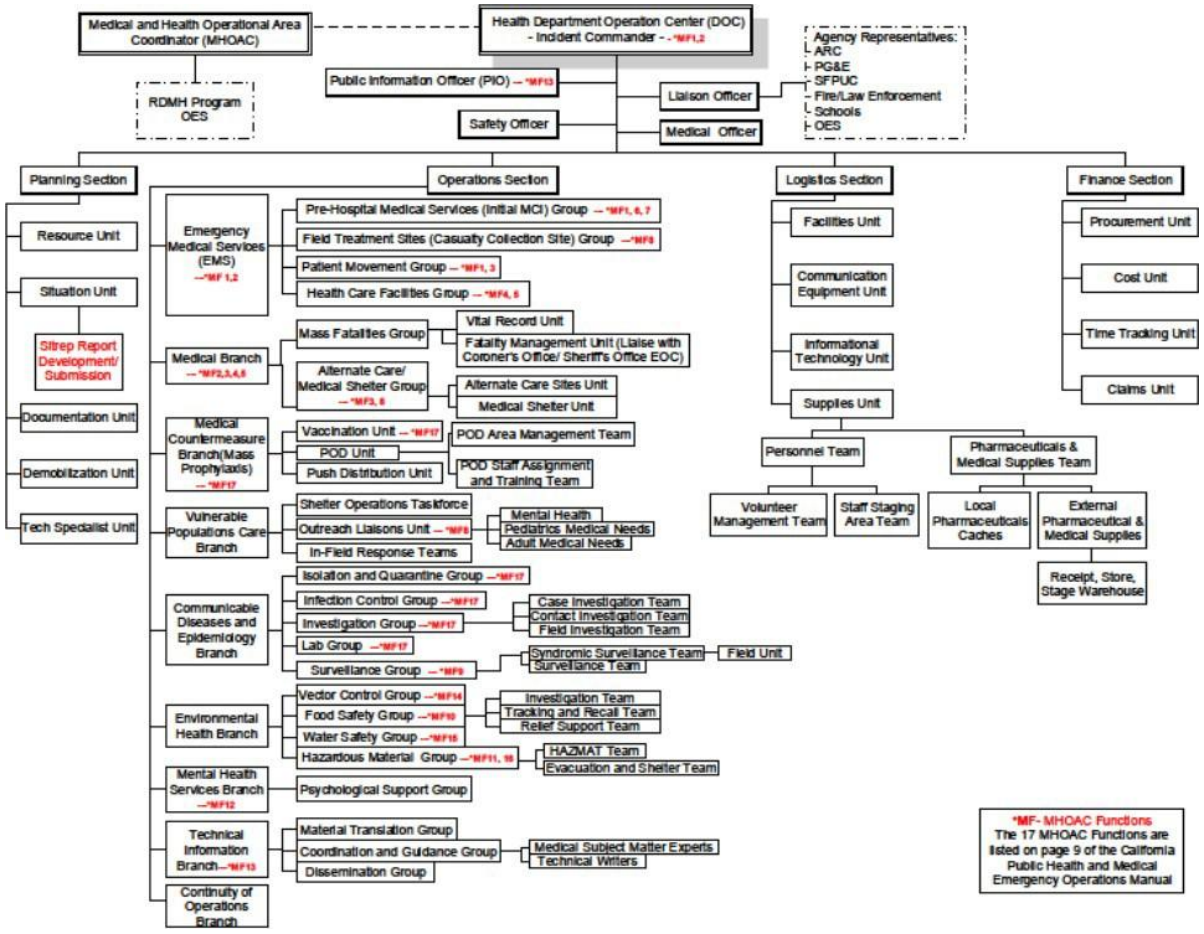


Appendix E-Communication Flow during Emergency System Activation



Shasta-Tehama Health Care Coalition

Appendix F—Incident Command Structure During a Response



Appendix G: California Health and Safety Code Section 1797.150-1797.143

https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=2.5.&title=&part=&chapter=3.&article=4.

References

1. **California Public Health and Medical Emergency Operations Manual (CDPHEOM)**

   https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/EOM712011_DMS.pdf

2. **Medical and Health Operational Area Coordination (MHOAC) Program manual**

   https://www.cdph.ca.gov/Programs/CCLHO/CDPH%20Document%20Library/MedicalandHealthOperationalAreaCoordinationManual.pdf

3. **California Disaster Medical Response Plan**

   https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/emsa218a-1.pdf

4. **California Medical Mutual Aid Plan**

   https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/emsa218b-1.pdf

5. **California Mutual Aid Region III MCI PlanField**

   Operations Plan (Manual 1)

   https://www.ssvems.com/wp-content/uploads/2018/06/RIII_MCI-Manual_1_Field-Ops_06-11-18.pdf

   Patient Distribution Plan (Manual 2)

   https://www.ssvems.com/wp-content/uploads/2016/06/RIII_Patient_Distr_Manual2_04_2016_Final.pdf

6. **California Disaster and Civil Defense Master Mutual Aid Agreement**

   https://www.caloes.ca.gov/PlanningPreparednessSite/Documents/CAMasterMutAidAgreement.pdf

7. **Authority and Responsibility of Local Health Officers in Emergencies and Disasters**

   https://www.cdph.ca.gov/Programs/CCLHO/CDPH%20Document%20Library/HORespInEmergencies1998.pdf

8. **California Patient Movement Plan**

   https://emsa.ca.gov/wp-content/uploads/sites/71/2019/03/Patient-Movement-Plan_Final-3-6-19.pdf