



# Central California Health Care Coalition (CCHCC)

## Medical Health Flash Report



**Report Type\***

Initial                       Update                       Final                       Drill/Exercise

**Report Status\***

Advisory: No Action Required                       Alert: Action Required- See Below

**Date\***

**Time\***

**Name / Position\***

**Agency\***

**E-mail**

**Phone Number\***

**Prognosis\***

No Change                       Improving                       Worsening

**Current Situation\***

**Current Priorities/ Critical Issues\***

**Actions Taken**

If resources are being requested, a resource request form must be submitted with this report.

Submit completed report to: [KC.MHOAC@co.kings.ca.us](mailto:KC.MHOAC@co.kings.ca.us)

Central California Healthcare Coalition  
Medical Health Situation Report (SitRep) Instructions

All healthcare facilities should submit a Situation Report (SitRep) to their appropriate MHOAC Program, for any unusual (an event that is not day-to-day/routine) or emergency event and when requested by the MHOAC. It is expected that you submit a report within one (1) hour of a MHOAC request.

**Report Type**

Check the box on the type of report you are submitting:

**Initial:** The first report

**Update:** Any changes to your situation/status and when requested by the MHOAC.  
Depending on the event you might submit several updates.

**Final:** The last report to be submitted. The event is resolved and you have returned to normal operations. Depending on the event, your initial could also be your final, you would then check both boxes

**Drill/Exercise:** In addition to the other boxes checked, use this box when submitting reports during a drill or exercise

**Report Status**

**Advisory:** Situational Awareness Only. You are able to manage the event with your own resources/contracts/MOU's/vendors. You are not currently asking for any actions or resources from the MHOAC.

**Alert:** Critical Issues exist. You are unable to manage the event with your own resources, assistance/resources are needed from the MHOAC. If resources are needed a resource request must be submitted with this report.

**Date:** Date of Report

**Time:** Time of Report

**Name / Position:** Name and Position of person submitting the Report

**Agency:** Your agency/facility name

**E-mail / Phone Number:** Contact information of person submitting the Report

**Prognosis**

**No Change:** No changes to situation since last report

**Improving:** Situation is improving.

**Worsening:** Situation is getting worse.

**Current Situation:** Describe in detail your current situation. What happened? What do we know? What systems are operational/non-operational? This is a free text area, it will expand to as large as you need.

**Current Priorities/ Critical Issues:** What are your current priorities? What needs to be done? Are there Critical Issues? This is a free text area, it will expand to as large as you need.

**Actions Taken:** What steps/actions have you already taken? What were the outcomes? This is a free text area, it will expand to as large as you need.

**If resources are being requested, a resource request form must be submitted with this Report**

**Please submit to:** Submit the Report to your MHOAC Program.