

LA COUNTY OPERATIONAL AREA
Medical Health Operational Area Coordination
Mutual Aid Region 1

FLASH REPORT

Event of Interest ☐ Significant Event ☐ Evolving Incident ☐ Emergency ☐

INCIDENT NOTIFICATION				
INCIDENT NAME:		TYPE OF INCIDENT:		DATE: TIME:
PREPARED BY:		EMAIL:		PHONE NUMBER:
TITLE:		REPORTING AGENCY:		REPORT STATUS: Initial: <input type="checkbox"/> Update: <input type="checkbox"/> Final: <input type="checkbox"/>
REPORT TYPE:				
ADVISORY: NO ACTION REQUIRED <input type="checkbox"/>	ALERT: ACTION REQUIRED <input type="checkbox"/>	DRILL: NO ACTION REQUIRED <input type="checkbox"/>	DRILL: ACTION REQUIRED <input type="checkbox"/>	
Summary – Describe the current situation, critical issues/priorities, and emergency public health or medical operations specific to the incident. Provide any projected impacts to the healthcare system:				
<input type="checkbox"/> FOR SITUATIONAL AWARENESS – NO ACTION REQUIRED				
REPORT SUBMISSION TO MHOAC				
Name: Justin Manntai and Michael Armenta		Telephone: (213) 298-1921 and (213) 590-3357		Email: JManntai@dhs.lacounty.gov MArmenta@dhs.lacounty.gov
After Hours / Weekends / Holidays: Los Angeles County Medical Alert Center (MAC) Request Administrator on Duty (AOD) – Phone: (866) 940-4401 Emergency Line: (562) 378-1789 LA County EMS Agency Duty Officer - laemsadutyofficer@dhs.lacounty.gov				
REPORT DISTRIBUTION				
RDMHS: <input type="checkbox"/>	STATE: <input type="checkbox"/>	OA PARTNERS: <input type="checkbox"/>	IN-REGION OAs: <input type="checkbox"/>	MUTUAL AID OAs: <input type="checkbox"/>

This flash report provides initial and sometimes limited information. It does not fulfill the spectrum of a complete Situation Report. It is intended as an advisory to partners that a potential incident or situation has or is occurring within the operational area. An assessment of the situation is ongoing and may require additional documentation to support a full situation report.

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Definitions

Event of Interest: Newsworthy event not impacting medical health system
Significant Event: Newsworthy event which may impact medical health system
Evolving Event: Event that is developing, changing and/or progressing
Emergency: Event impacting medical health system

Completion Instructions

Incident Name: Name assigned by Field Operations, Department Operations of Office of Emergency Management.

Incident Type: Select from the following: Chem/Bio/Rad/Nuclear (CBRN); Civil Unrest; Disease Outbreak; Earthquake; Evacuation; Explosion/Fire; Flood; Food/Drinking Water; MCI-Mass Casualty Incident; Patient Surge; Power Outage/Generator Failure; Wildfire; OTHER

Date/Time: Use military time, i.e. 1900 = 7:00pm. If unable to use military time, indicate AM or PM.

Prepared By: Provide the name of the person completing and submitting the flash report.

Email: Provide the email of the person who prepared the flash report.

Phone: Provide the phone number of the person who prepared the flash report.

Title: Provide the title of the person who prepared the flash report

Reporting Agency: Provide the name of the partner Agency submitting the flash report

Report Status: Select Initial if it is the first notification being made, Update or Final

Report Type: Select from the following: Advisory: No Action Required / Alert: Action Required
Drill: No Action Required / Drill: Action Required

Incident Notes/Details: Briefly provide a description of the incident, critical issues and priorities pertaining to the impact on the medical and health system.

Report Submission: Submit flash report to the MHOAC/MHOAC Designee. The MHOAC will distribute as indicated in the next section.

Report Distribution: Select entities to which the report should be distributed. OA Partners should always be included in the distribution. Distribute report to other OAs or Mutual Aid Regions if the incident can potentially impact them, i.e. fires, earthquake, etc.

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