OES Regional HAvBED Polling and S-SV EMS LEMSA Polling Guidelines

I. OES Regional Bed Polling-Capturing S-SV EMS Counties (Region III & IV)

A. The Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) or their designee is the only person authorized to conduct a regional hospital inpatient bed polling in OES Region III and OES Region IV.

B. Regional polling is more expedient and efficient over individual Operational Area (OA) Coordinator polling and reporting results to the RDMHC/S. The RDMHC/S or designee will notify affected Medical Health Operational Area Coordinators (MHOAC) whenever a regional inpatient bed poll is conducted.

C. Regional polling will be conducted when requested by:

1. A MHOAC in support of operations at the OA level;

2. An RDMHC/S or designee in support of operations in an adjacent region; or

3. The Emergency Medical Services Authority (EMSA) Duty Officer or the California Department of Public Health (CDPH) Duty Officer in support of operations on a state or national level. During a HAvBED exercise, drill or real-world event, a California Health Alert Network (CAHAN) message is sent out to all LEMSAs, MHOACs, RDMHCs and RDMHSs notifying them of a HAvBED data request.

D. Hospital inpatient bed polling will be conducting using the HAvBED standard categories.

E. The HAvBED polling process will follow the Standardized Emergency Management System (SEMS) process:

1. The RDMHC/S or their designee will create a HAvBED bed polling event in EMResource.

2. Each hospital ED Charge Nurse, or designee, will request the House or Nursing Supervisor to provide the availability for each of the HAvBED categories using EMResource within 30 minutes of request.

3. The RDMHC/S or their designee will tabulate the results from each hospital and OA.

4. As appropriate, the RDMHC/S or designee will forward the results of the inpatient bed poll to the requesting party and the Joint Emergency Operation Center (JEOC).

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5. EMResource has automated a reporting system for dissemination of HAvBED reports for Region III and Region IV direct to CDPH. This will be effective 11-21-2013. After this date there will not be a need to export or complete any spreadsheets, since data will be consolidated and reported directly by EMResource. Item 5 will supersede Item 3 and Item 4 as EMResource capability in this area becomes fully functional.

II. **S-SV EMS LEMSA Polling (Region III & IV S-SV EMS Counties Only)**

A. The LEMSA Administrator or their designee is the only person authorized to conduct an S-SV EMS region (9 county) hospital inpatient bed poll.

B. S-SV EMS region LEMSA polling is more expedient and efficient over individual OA Coordinator polling and reporting results to the RDMHC/S or CDPH. The LEMSA Administrator or designee will notify affected MHOAC whenever an S-SV EMS region inpatient bed poll is conducted.

C. S-SV EMS regional polling will be conducted when requested by:

1. A MHOAC in support of operations at the operational area level; or

2. The RDMHC/S or designee, EMSA Duty Officer, or the CDPH Duty Officer in support of operations or during drills.

D. Hospital inpatient bed polling will be conducting using the HAvBED standard categories.

E. The HAvBED polling process will follow SEMS process:

1. The LEMSA Administrator or his/her designee will create a HAvBED bed polling event on EMResource through the S-SV EMS regional control facility (Sutter Roseville Medical Center) for the S-SV EMS multi-county region.

2. Each hospital ED Charge Nurse, or designee, will request the House or Nursing Supervisor to provide the availability for each of the HAvBED categories using EMResource within 30 minutes of request.

3. The LEMSA Administrator or their designee will tabulate the results from each hospital by creating an event snapshot.

4. As appropriate, the LEMSA Administrator will forward the results of the inpatient bed poll to the requesting party and the JEOC.

5. EMResource will be automating a reporting system for dissemination of the S-SV EMS LEMSA County HAvBED reports direct to S-SV EMS. This will be developed after 11-21-2013. Once this is implemented there will not be a need to utilize an event snapshot, since data will be consolidated and reported directly by EMResource to S-SV EMS. Item 5 will supersede Item 3 and Item 4 as EMResource capability in this area becomes fully functional.