Default Question Block

Please indicate your health jurisdiction? EMS Agency Administrators may select all that apply.

☐ Alameda County	☐ Imperial County	☐ Modoc County	☐ San Diego County	☐ Sonoma County
☐ Alpine County	☐ Inyo County	☐ Mono County	☐ San Francisco County	☐ Stanislaus
☐ Amador County	☐ Kern County	☐ Monterey County	☐ San Joaquin County	☐ Sutter County
☐ Butte County	☐ Kings County	☐ Napa County	☐ San Luis Obispo County	☐ Tehama County
☐ Calaveras County	☐ Lake	☐ Nevada County	☐ San Mateo County	☐ Trinity County
☐ Colusa County	☐ Lassen County	☐ Orange County	☐ Santa Barbara County	☐ Tulare County
☐ Contra Costa County	☐ Los Angelos County	☐ Placer County	☐ Santa Clara County	☐ Tuolumne County
☐ Del Norte	☐ Madera County	☐ Plumas County	☐ Santa Cruz County	☐ Ventura County
☐ El Dorado County	☐ Marin County	☐ Riverside County	☐ Shasta County	☐ Yolo County
☐ Fresno County	☐ Mariposa County	☐ Sacramento County	☐ Sierra County	☐ Yuba County
☐ Glenn County	☐ Mendecino County	☐ San Benito County	☐ Siskiyou County	☐ Other Jurisdiction
☐ Humbolt	☐ Merced County	☐ San Bernadino County	☐ Solano County	

During a public health emergency or any event exceeding your jurisdiction's public health capacity, has your county/agency/city requested or provided resources (e.g. personnel, services, equipment) from or to another local California health department/agency?

Please consider epidemiology and surveillance, emergency response (e.g. hazmat, ambulances), medical supplies, laboratory services, vector control, immunizations and other public health resources.

○ Yes

○ No

○ Unknown

Was aid provided to or by your county/agency/city?

○ Provided Aid

○ Received Aid

Describe the event. Please include the date and describe the process by which aid was requested and agreed to.

Was the providing jurisdiction reimbursed for the aid?

○ Yes

○ No

○ Unknown

Describe any obstacles to receiving or providing aid (e.g. did not know what aid was available, cost of aid was hard to determine, terms for providing aid had to be discussed prior to providing aid)

Is there an after action or other summary report of the event? If available, please provide a URL to a website, upload report files here or email files to Michelle.Kirian@sfdph.org.

○ URL

○ Upload

○ Email to Michelle.Kirian@sfdph.org

○ Unknown/ Not Available

Upload After Action/Event Summary Report

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Upload After Action/Event Summary Report

[   ] Browse...

Does your county/agency/city have formal memoranda of understanding with any other California county/city which includes terms for sharing public health resources or health care mutual aid (e.g. personnel, equipment, services) during an emergency or any event which may exceed your jurisdictions's capacity?

Please consider epidemiology and surveillance, emergency response (e.g. hazmat, ambulances), medical supplies, laboratory services, vector control, immunizations and other public health resources.

○ Yes

○ No

○ Unknown

Describe the memorandum(a) (e.g. aid provided; terms of reimbursement, duration).

[   ]

If available, please provide a URL to a website, upload memorandum(a) of understanding/ Mutual Aid Agreement(s) files here or email files to Michelle.Kirian@sfdph.org.

○ URL

○ Upload

○ Email to Michelle.Kirian@sfdph.org

○ Not Available

Upload Memorandum of Understanding/Mutual Aid Agreement

[   ] Browse...

Upload Memorandum of Understanding/Mutual Aid Agreement

[   ] Browse...

Has your agency/county/city ever requested or provided aid under any of the agreements?

○ Yes

○ Yes. I have already described this event

○ No

○ Unknown

Was aid provided to or by your county/agency/city?

○ Provided Aid

○ Received Aid

Describe the event. Include the date and describe the process by which aid was requested and agreed to.

Is there an after action or other summary report of the event? If available, please provide a URL to a website, upload report files here or email files to Michelle.Kirian@sfdph.org.

○ URL

○ Upload

○ Email to Michelle.Kirian@sfdph.org

○ Unknown/Not Available

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Describe any lessons learned in implementing the agreement (e.g. terms were too general or not general enough, accounting of aid was difficult during the event, requests for aid were not specific enough, speed of response was inadequate) which may be helpful to other counties interested in developing mutual aid agreements.

Is your county/agency/city working on or planning on developing any NEW public health mutual aid agreements with other local California health departments/agencies?

Please consider epidemiology and surveillance, emergency response (e.g. hazmat, ambulances), medical supplies, laboratory services, vector control, immunizations and other public health resources.

○ Yes

○ No

○ Unknown

Please describe any in-progress or planned mutual aid agreements.

If available, please provide a URL, upload or email draft mutual aid agreements for any in progress.

○ URL

○ Upload

○ Email to Michelle.Kirian@sfdph.org

○ Not Available

Upload Draft Memorandum(a) of Understanding/Mutual Aid Agreement

[   ] Browse...

Upload Draft Memorandum(a) of Understanding/Mutual Aid Agreement

[   ] Browse...

Describe your position on mutual aid agreements with other local California health departments/agencies (e.g. no benefit—needs already met by other agreements, insufficient resources to develop agreements, more area specific agreements needed)

In case we need to contact you for further information, please provide your name, title, email and phone number.

Name	[ ]
Title	[ ]
Email	[ ]
Phone Number	[ ]

Thank you for taking the California County Public Health Mutual Aid Survey.

If you would like to return to the survey at a later date simply close your browser and use the original link to re-access the survey. The survey will expire in two weeks.

When you are finished and no longer require access select the forward button. If after selecting the final forward button you require access to the survey please contact Michelle.Kirian@sfdph.org.

If you have any additional comments or suggestions or would like to extend this survey to additional persons at your agency or elsewhere, please let us know here or by email to Michelle.Kirian@sfdph.org