

GREAT PLAINS REGIONAL MEDICAL CENTER EMERGENCY OPERATIONS PLAN

Reviewed/Revised: 01-08
12-09
04-10
11/13

Environment of Care Safety Policy # 6950-0066

TABLE OF CONTENTS

GENERAL INFORMATION

- I. [Overview](#)
- II. [Hospital Incident Command System \(HICS\)](#)
- III. [Incident Command \(Chain of Command\)](#)
- IV. [Organizational Chart](#)
- V. [All Hazards Plan](#)
 - A. [Activation of Hospital Incident Command Center and the Hospital Command Center](#) –
 - B. [Notification of General Command Staff](#)
 - D. [Notification of Medical Staff and Hospital Staff](#)
 - F. [Assignment of Personnel](#) –
- VI. Resources
 - A. [Emergency Operations Locations/Phone List](#)
 - B. [Emergency Codes List](#)
 - C. Job Action Sheets
 - [Incident Command](#)
 - [Operations Chief Section](#)
 - [Planning Chief Section](#)
 - [Logistics Chief Section](#)
 - [Finance Chief Section](#)
 - D. FORMS

ANNEX PLAN SECTIONS

- 1. Business/Facility Recovery Plan
- 2. Mass Casualty Plan – Level 1 or 2 (Patient/Staff/Equipment Tracking)
- 3. Evacuation/Alternate Care Site Procedures
- 4. Utility/Communication Failure in Facility
- 5. Fire Emergency - Internal
- 6. Security Plan including VIP
- 7. Severe Weather Conditions - Tornado
- 8. Ice Storm/Blizzard
- 9. Hazardous Spill/Decontamination/Radiation
- 10. Equipment Failure in Facility
- 11. Hostage Situation
- 12. Abduction
- 13. Internal Flood Response
- 14. Fire Emergency - External
- 15. Pandemic Disease
- 16. Mass Fatalities Plan
- 17. Civil Disturbance
- 18. Bomb Threat
- 19. Bioterrorism
- 20. Risk Communications
- 21. Communications Disaster Plan

GREAT PLAINS REGIONAL MEDICAL CENTER

DEPARTMENT: Environmental Safety Committee

POLICY: 6950 0066

SUBJECT: Emergency Operations Plan

EFFECTIVE DATE: 09/76

OWNER: Environmental Safety Committee

PAGE: 1 of 3

DATE REVIEWED:

11/13
09/13
04/10
12/09
02/08

APPROVED BY:

EOC Safety Committee
EOC Safety Committee
EOC Safety Committee
EOC Safety Committee
OC Safety Committee

POLICY STATEMENT:

It is hospital policy to provide an Emergency Operations Plan to address coordinated response to extraordinary events. These events may be natural disasters (floods, tornadoes, grass fires), man-made (arson, bombs, bioterrorist attacks, bus wrecks) or of a public health nature (pandemic flu, West Nile). The events may occur outside (external) the hospital, occur in such a way that they are inside (internal) the hospital, or both.

I. OVERVIEW

A. Introduction

This plan is not a substitute for thinking. It provides an organizational structure and guidelines for dealing with emergencies; however, it does not and is not intended to substitute for critical thinking and resulting actions in situations that will arise.

The hospital Emergency Operations Plan has been developed based on the Hospital Incident Command System (HICS) and includes an All Hazards Plan with Annexes that address specific responses to specific events or emergencies.

The first section of this plan (General Information) provides an overview of the Incident Command concept and instructional information needed for the effective response by staff. It is intended that this information be reviewed prior to an emergency event as part of the orientation and education process and used as reference material during an actual event.

The second section (Emergency Procedures) contains information needed by a specific department or function to effectively respond to an emergency. This section includes Incident Command Checklists needed by the department or function, Incident Command System Charts, and key operational information. It provides those staff placed in leadership roles with guidance needed to coordinate the emergency response activities.

In addition, Annex sections are provided for specific events or tasks when more detailed information is needed to supplement the general Incident Command System procedures.

The Emergency Operations Plan may be utilized when any significant event disrupts or overwhelms normal day-to-day operations.

The goal of the plan is:

- To facilitate and ensure predictable behavior by the majority of staff directly following an emergency situation
- To provide specific guidelines for staff to follow in an emergency
- To identify responsibilities of individuals using the Hospital Incident Command System or HICS

An emergency or a disaster may occur at any time of the day or night, weekend or holiday, with little or no warning.

The succession of events in an emergency are not predictable, hence, published support and operational plans will serve only as a guide and checklist, and will require modification during an event to meet the requirements of the emergency.

Disasters may affect the city and region; therefore, federal, state, county, and city emergency services may not be available for some time. The hospital will make every effort to participate and coordinate with a community or regional incident command center.

There are four phases of Emergency Management: mitigation, preparation, response, and recovery. They are defined as follows:

Mitigation is defined as activities a health care organization undertakes in attempting to lessen the severity and impact a potential disaster or emergency might have on its operation. Mitigation activities may reduce, or even eliminate, the possibility of disaster occurrence. Mitigation activities include a wide variety of efforts such as sturdier construction to withstand high winds or hurricanes, locating buildings outside of flood plains, installation of emergency generators and other redundant systems, and construction of firewalls. Mitigation begins with the development of the Hazard Vulnerability Assessment (see Appendix A), which is in itself a mitigation activity.

Implementation of mitigation activities take into consideration the cost, the benefit and the potential risk associated with the potential hazard or disaster.

Lichterman categorizes mitigation activities as “hard” or “soft”. Hard mitigation activities “harden” a facility or building to withstand a disaster with little active intervention at the time of the disaster. These activities include redundant utility systems, fire suppression systems and firewalls as noted above. Some of these mitigation efforts may be required by Life Safety Code or other building codes. Soft mitigation activities are those that reduce the effect of disasters that cannot be completely alleviated by hard mitigation. Examples include sandbagging against a flood, moving patients to interior hallways when high winds occur, or moving visitors to safe spaces during tornado warnings.

Preparedness is defined as those activities an organization undertakes to build capacity and identify resources that may be used should a disaster or emergency occur. Preparedness involves planning how to respond if a disaster occurs.

The Joint Commission suggests some important steps in preparedness:

- Creating an inventory of resources that may be needed in an emergency including prearranged agreements with vendors and health care networks;
- Maintaining an ongoing planning process;
- Holding staff orientation on basic response actions; and
- Implementing organization-wide drills.

The hospital's ongoing training, regular drills, both internal and community-wide, inter-agency agreements and transfer agreements, and adoption of the Hospital Incident Command System (HICS) are all part of the preparedness phase of emergency management planning.

Response refers to the actual management of an emergency. It involves treating victims, reducing secondary impact to the organization, and controlling the negative effects of emergency situations. At the hospital the response will include a decision to activate the Hospital Incident Command System, the actual

activation of an Incident Command Center, notification of the staff needed for the particular emergency, and providing treatment and services to victims of the emergency.

The response phase may last only a few hours or may last days or weeks. HICS terminology includes a breakdown of the response phase as: Immediate – 0 – 2 hours; Intermediate – 2 – 12 hours; and Extended – beyond 12 hours.

The **recovery** phase involves restoration of the organization's business following a disaster. It describes how the organization will get back to business as usual once the incident commander has judged the incident action plan complete. The plan depends on the nature of the incident, whether the emergency is ongoing, whether the facility itself is affected, and whether the local area or region is still affected. Financial, staffing and service implications need to be considered.

B. Hospital Incident Command System

It is important to understand that HICS is a management system—not an organizational chart. It is predicated on a number of principal tenets:

- Every incident or event requires that certain management functions be performed. The problem encountered is evaluated, a plan to remedy the problem identified and implemented, and the necessary resources assigned. Management by objective (MBO) is thus a critically important component to the successful implementation of an incident command system and involves the inclusion of both control and operational period objectives.
 - The HICS organization frequently does not correlate to the daily administrative structure of the hospital. This practice is purposeful and done to reduce role and title confusion. The **Incident Commander** is the only position always activated in an incident regardless of its nature. In addition to Command, which sets the objectives, devises strategies and priorities, and maintains overall responsibility for managing the incident, there are four other management functions.
 - **Operations** conducts the tactical operations (e.g., patient care, clean up) to carry out the plan using defined objectives and directing all needed resources.
 - **Planning** collects and evaluates information for decision support, maintains resource status information, prepares documents such as the Incident Action Plan, and maintains documentation for incident reports.
 - **Logistics** provides support, resources, and other essential services to meet the operational objectives set by Incident Command.
 - **Finance/Administration** monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses.

The Incident Commander may be able to accomplish all five management functions alone on small-scale incidents, but on larger incidents effective management may require that the Incident Commander establish one or more of the four other functions (Fig. 1) and appoint Section Chiefs.

Fig. 1. Distribution of Authority and Responsibility for Primary Incident Command System Management Functions within Hospital Incident Management Team Structure.

Each of the primary Sections (known as General Staff) can be subdivided as needed to meet the demands of the incident. Smaller-scale incidents will normally require fewer personnel to serve an Incident Command role; the type of incident and available personnel resources will also dictate the composition of the hospital incident management team. A Deputy position can be appointed for the Incident Commander, Section Chief, and Branch Director to allow for their absence or provide other delegated assistance. An Assistant is a subordinate to a command position who performs technical capabilities and responsibilities. He or she may also be assigned to a Unit Leader as situational needs dictate and resources allow.

Depending on the incident, the Incident Commander may choose to appoint Command Staff that include a:

- **Public Information Officer** to serve as a conduit for information to internal personnel and external stakeholders, including the media or other organizations.
- **Safety Officer** to monitor safety conditions and measures for assuring the safety of all assigned personnel.
- **Liaison Officer** to be the primary contact for supporting agencies assigned to the hospital. In some cases the Liaison Officer may be assigned to represent the hospital at the local Emergency Operations Center (EOC) or field Incident Command post.
- **Medical/Technical Specialist(s)** who may serve as a consultant, depending on the situation. Persons with specialized expertise may be asked to provide needed insight and recommendations to the Incident Commander during and/or after a response.

Incident Command System recognizes personnel “in charge” can delegate authority to others when necessary (chain of command). In addition, it is important that an effective “span of control” be maintained to ensure proper safety and accountability: proper practice will limit personnel management to a ratio of one supervisor to three to seven (1: 3–7) reporting elements. There can be exceptions for situations involving low-risk assignments or personnel working in close proximity to one another.

Distinct, standardized Incident Command System position titles serve three essential purposes:

- They reduce confusion within a hospital or with outside agencies or other healthcare facilities by providing a common standard for all users.
- They allow the position to be filled with the most qualified individual rather than by seniority.
- They facilitate requests for qualified personnel, especially if they come from outside the hospital.

To further assist in managing an incident, the Incident Command Center may be broken down into organizational components with a distinct title given to those in charge (Fig. 2).

- **Sections** are organizational levels with responsibility for a major functional area of the incident (e.g., Operations, Planning, Logistics, and Finance/Administration). The person in charge is called a Chief.
- **Branches** are used when the number of Divisions or Groups exceeds the recommended span of control. (e.g. Medical Care Branch, Service Branch). A Branch is led by a Director.
- **Divisions** are used to divide an incident geographically (e.g., first floor). A Division is led by a Supervisor. This command function is typically used more frequently among non-hospital response agencies, such as Fire and Law Enforcement authorities.
- **Groups** are established to divide the hospital incident management structure into functional areas of operation. They are composed of resources that have been assembled to perform a special function not necessarily within a single geographic division. A Supervisor leads a Group.
- **Units** are organizational elements that have functional responsibility for a specific incident planning, operations, logistics, or finance/administration activity (e.g., Inpatient Unit, Situation Unit, Supply Unit).
- **Single resources** are defined as an individual(s) or piece of equipment with its personnel complement (e.g., perfusionist) or a crew or team of individuals with an identified supervisor.

Organizational Level	Title	Support Position
Incident Command	Incident Commander	Deputy
Command Staff	Officer	Assistant
General Staff (Section)	Chief	Deputy
Branch	Director	Deputy
Division/Group	Supervisor	N/A
Unit	Leader	Assistant
Task Force/Strike Team	Leader	Single Resource Boss

Fig. 2. Command Support Position Titles.

The Incident Command System also recognizes that personnel initially assuming a command position may be relieved by someone with more experience or during a shift change. This “transfer of command” begins with a transition meeting in which the outgoing commander briefs the replacement on the situation (situation report), response needs, and available resources. Health, medical, and safety concerns are addressed when appropriate, and, if relevant, political sensitivities may also be discussed. After the transfer of command is completed, proper documentation is prepared and, where appropriate, broadly announced over the radio, overhead pager, e-mail, or other appropriate communication resources. It is important that the Incident Commander ensure that each appointed command officer is properly briefed on response issues and objectives.

C. Incident Command (Chain of Command)

The initial Incident Commander will normally be the first person available from the hospital’s leadership structure, typically, the House Supervisor if the event occurs at night or on weekends. The first person to take charge gathers all available information in an effort to make initial assumptions and determine to what extent the Incident Command System will need to be established. The House Supervisor will begin these activities until a member of senior management arrives to take over. The individual in charge, or the Incident Commander, takes whatever actions are necessary to begin stabilizing the event.

These actions will normally involve:

- Coordination of initial response actions (damage control, patient care)
- Activation of appropriate response plan
- Activation of emergency call back system
- Activation of command center, if needed

As other command personnel arrive, Command may be transferred and/or the other Incident Command System section duties may be assigned.

WHEREAS, response to and recovery from major emergencies and disasters requires integrated professional management and coordination; and

WHEREAS, the President directed the Secretary of the Department of Homeland Security to develop and administer a National Hospital Incident Management System (NIMS) to standardize and enhance hospital incident management procedures nationwide; and

WHEREAS, the National Hospital Incident Management system provides a structure and process to effectively coordinate responders from multiple disciplines and levels of government and to integrate them with resources from the private sector and non-governmental organizations; and

WHEREAS, use of the National Hospital Incident Management System, which has as a key component the Incident command System (Incident Command System), will improve the hospital's ability to manage major emergencies and disasters; and

WHEREAS, the State of Nebraska has adopted the use of NIMS;

WHEREAS, failure to adopt and use the National Hospital Incident Management System may preclude the hospital from receiving federal preparedness grants or reimbursement for costs expended during major emergency and disaster response and recovery operations;

THEREFORE, be it resolved that the hospital hereby adopts the National Hospital Incident Management System as the foundation for incident command, coordination and support activities. It shall further be the policy of the hospital to provide appropriate training on the National Hospital Incident Management system and its core components to personnel responsible for managing and/or support major emergency and disaster operations.

1202 review EOP.docx - Microsoft Word

Home Insert Page Layout References Mailings Review View Format

http://mdfsvr003/online_posting/policies_procedures/Hospital_Wide/Safety/6950-0066_Emergency%20Operations%20Plan.docx

WS-126[1].pdf - Adobe Reader

File Edit View Window Help

22 / 42 109%

Tools Sign Comment

2013 Hospital Incident Management Team

```
graph TD; IC[Incident Commander] --- LO[Liaison Officer]; IC --- SO[Safety Officer]; IC --- PIO[Public Information Officer]; IC --- MTS[Medical-Technical Specialists]; IC --- OSC[Operations Section Chief]; IC --- PSC[Planning Section Chief]; IC --- LSC[Logistics Section Chief]; IC --- FASC[Finance/Administration Section Chief]; OSC --- SM[Staging Manager]; OSC --- MC[Medical Care Branch]; OSC --- S[Security Branch]; OSC --- BC[Business Continuity Branch]; OSC --- IF[Infrastructure Branch]; OSC --- H[Hazmat Branch]; OSC --- PFA[Patient Family Assistance Branch]; PSC --- RU[Resources Unit]; PSC --- SU[Situation Unit]; PSC --- DU[Documentation Unit]; PSC --- DemU[Demobilization Unit]; LSC --- SB[Service Branch]; LSC --- S[Support Branch]; FASC --- TU[Time Unit]; FASC --- PU[Procurement Unit]; FASC --- CCU[Comp./Claims Unit]; FASC --- CU[Cost Unit];
```

Formatted: Font: (Default) Arial

22

HICS Revision 2012
HICS Forms User's Reference
 Grouped According to Function

All HICS assigned roles – Unit Leader and above		
HICS Form	Completed By	Notes
HICS 213 – General Message	All positions	<ul style="list-style-type: none"> To convey status information, assignments made, and make requisitions.
HICS 214 – Activity Log	All positions	<ul style="list-style-type: none"> To log information received, actions taken and decisions made.

For Completion of the Incident Action Plan		
HICS Form	Completed By	Notes
Incident Action Plan Cover Sheet	Planning Section	<ul style="list-style-type: none"> Cover Sheet for each Operational Period Incident Action Plan (optional).
HICS IAP Quick Start	Incident Commander/ Planning Section	<ul style="list-style-type: none"> Combination of forms 201, 201, 203, 204, 215A. Optional for smaller incidents, or to quickly begin documentation for any incident.
HICS 201 – Incident Briefing	Incident Commander	<ul style="list-style-type: none"> Summary of status of incident and initial assignments. Can be utilized for briefing of Hospital Incident Management Team and oncoming Incident Commander.
HICS 202 – Incident Objectives	Planning Section	<ul style="list-style-type: none"> Describes the basic strategy, objectives and safety considerations.
HICS 203 – Organization Assignment List	Resources Unit Leader	<ul style="list-style-type: none"> Documentation of assigned positions.
HICS 204 – Assignment List	Section Chiefs/Branch Directors	<ul style="list-style-type: none"> Documents the strategies of each Section/Branch and the resources needed to accomplish them and the composition of the Units.
HICS 215A – Incident Action Plan Safety Analysis	Safety Officer	<ul style="list-style-type: none"> Replaces HICS 261 Analyzes the hazards and risks involved in the incident, and the mitigation activities needed.

HICS Forms User's Reference

Forms Grouped by Function:

- 2 for General Use
- 7 for Incident Action Planning
- 5 for HCC Management
- 2 for Casualty/Victim Care
- 5 for Event Logistics & Finance
- 2 for Evacuation

San Diego Medical Center



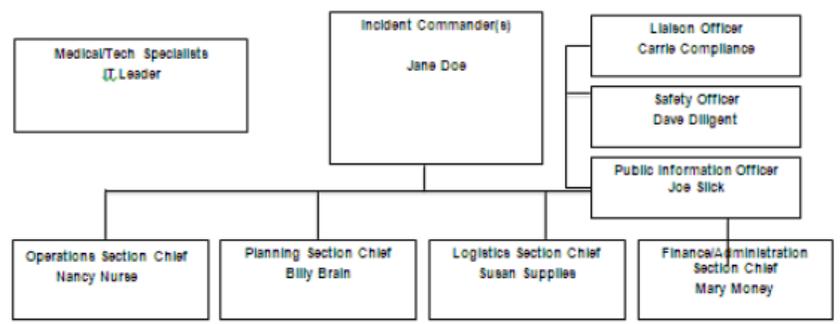
HICS INCIDENT ACTION PLAN — IAP — QUICK START
COMBINED HICS 201—202—203—204—215A

1. Incident Name Internal Telephone Switchboard Failure	2. Operational Period (# 1) DATE FROM ___/___/___ TO ___/___/___ TIME FROM ___:___ TO ___:___
---	---

3. Situation Summary — HICS 201 —
 At 1036 the building's internal telephone switchboard failed. Suspected due to system upgrade being performed by contractors. Diagnosis ongoing, no estimated time of repair. In worst case, can perform a system reset which is likely to be successful, but may take up to one hour to complete.

Near term plan – continue diagnosis until late afternoon. Engineering and IT requesting tech reps who will be onsite by about 1300. If repairs not successful plan to conduct system reset about 4:30.

4. Current Hospital Incident Management Team (fill in additional positions as appropriate) — HICS 201, 203 —



Quickstart Page 1

Name & Operational Period

Situation Summary

Initial HIMT Chart Staffing

San Diego Medical Center



HICS INCIDENT ACTION PLAN — IAP — QUICK START
COMBINED HICS 201—202—203—204—215A

5. Health and Safety Briefing Recognize potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. — HICS 202, 215A —

- #1 – Code Pagars work but cannot make overhead announcements Risk to uninformed staff if a code is called
- #2 – Infant Security systems functional
- #3 – Fire and Security systems functional
- #4 – Power transfer phones not activated as switchboard failure not due to power loss
- #5 – Electronic medical record & Internet access functional

6. Incident Objective — HICS 202, 204 —

6A OBJECTIVE	6B STRATEGIES/TACTICS	6C RESOURCES REQUIRED	6D ASSIGNED TO
Restore minimum internal communications	Distribute handheld radios to key areas per EOP	25 portable radios stored in HCC	Security staff
Diagnosis and repair to internal switchboard	Engineering and IT	Technical consultants en route ETA 1330	IT Leader
Set up alternate main hospital number	Designate telephone number in adjacent clinic as "temporary medical center number" Staff to call it for Codes, reports, etc.	Coordinate with clinic manager to clear phone of other business and provide adequate staff to answer	Clinic Manager and medical center communications manager coordinate. PIO and Liaison on communicate.
Inform staff of situation and actions to take	Redirect internal communications, advise staff of communications situation	PIO prepared internal communication with Chief Nursing officer and distribute	Nursing managers to round and inform staff overhead system is down and to use radios at nursing stations or cells to alternate hospital number
Advise rest of system of situation	Communicate to clinics and regional offices Communicate to providers	Liaison communicates to regulators, clinics, and regional leadership Medical Director advises Chiefs of Service	Liaison Officer Medical Director

4. Prepared by PRINT NAME _____ Jene Doe _____ SIGNATURE _____ JOE D O E _____
DATE/TIME _____ 9/10/13 _____ FACILITY _____ San Diego Medical Center _____

Quickstart Page 2

Health & Safety Analysis

Objectives, Strategy/Tactics, Resources, Responsible Person

Prepared by

I. All Hazards Plan

The All Hazards Plan includes directions and plans that applicable in any incident. The first three sections cover the activation of the Hospital Incident Command System and the Hospital Command Center, the notification of the General Command Staff and the notification of hospital staff and medical staff.

Section A. Activation of the Hospital Incident Command System (HICS) and the Hospital Command Center (HCC)

	Title/Person	Action	Location (if applicable)
	House Supervisor	Receive notification of actual or potential incident. An incident is an emergent event that disrupts or threatens to disrupt normal operations or a planned event in the hospital or community (e.g., presidential visit). Notification may come from Law Enforcement, EMS, National Weather Service, and West Central District Health Department, Lincoln County Emergency Services, Nebraska Emergency Services or other officials.	
	House Supervisor	Confirm incident with law enforcement, EMS, hospital personnel or others, as appropriate.	
	House Supervisor	Determine appropriate level of response using following Guidelines. <ul style="list-style-type: none"> • Level 1 - Resources and supplies already present within the hospital are ADEQUATE to handle a special incident. • Level 2 - Limited additional resources and supplies from outside the hospital or outside agencies will need to be mobilized in order to adequately manage an incident. • Level 3 - ALL available resources within the hospital and from outside agencies will be needed to manage an incident. The House Supervisor may use his or her discretion in activating the HICS and Hospital Command Center in response to a Level 1 incident.	
	House Supervisor	Notify the Administrator-on-call on all Level 2 and 3 incidents.	
	House Supervisor	Activate the Hospital Incident Command Center on all Level 2 and 3 incidents.	Hospital Incident Command Center/ Engineering Tech Room
	House Supervisor	Assume role as Incident Commander until Administrator-on-call arrives.	Hospital Command Center/ Engineering Tech Room
	Incident Commander	Open Engineering Tech Room as Hospital Command Center. Retrieve wire cart from the Computer Room that holds HICS supplies. Take this cart to the Engineering Tech Room, pull out all cartons, job action sheets, forms, etc. on the wire cart in the Engineering Tech Room	Hospital Command Center/ Engineering Tech Room.

II. All Hazards Plan

Section B. Notification of General Command Staff

Date/Time Completed	Title/Person	Action	Location (if applicable)
	Incident Commander	<p>Direct Communications Staff (PBX) to notify HICS General Command Staff, Staging Manager, Medical Branch Director and any additional specialists as needed for specific incidents. See below.</p> <ul style="list-style-type: none"> • Incident Commander –House Supervisor, Administrator on Call, any member of MAP Team. • Public Information Officer - VP of Marketing & Communications, Marketing Specialists, Director of Volunteer Services. Safety Officer - Director of Engineering, Maintenance Supervisor, Bio Med Supervisor • Liaison Officer – VP of Quality, Director of Diagnostic Imaging • Operations Section Chief - Chief Clinical Officer, Sr Director of Specialty Care Services, Staging Manager – Director of Pharmacy, Director Lab Services, Materials Management Supervisor/Buyer. • Medical Care Branch Director – Patient Access Service Center Director, Director of Women’s Services, Manager of Same Day Services. • Planning Section Chief – Chief Financial Officer, Sr. Director Business Development, and Director of Finance. • Logistics Section Chief - Director of Materials Management, Human Resources Director, Human Resources Business Partner. • Finance/Administration Section Chief – Sr Director of Business Development, Revenue Integrity Manager. • Medical Staff – Hospitalist representative • Medical-Technical Specialist – to be determined by event. 	Hospital Incident Command Center/ Engineering Tech Room
	General Command Staff	Report to the Incident Command Center as soon as possible.	Hospital Incident Command Center/Engineering Tech Room
	Communications	Notify Incident Commander if unable to reach any members of the General Command Staff, Staging Manager, Medical Branch Director and other specialists noted by Incident Commander.	Communications
	Incident Commander	Appoint others to General Command Staff, Staging Manager, Medical Branch Director and other specialty roles if regularly appointed staff is not available.	Hospital Incident Command Center/ Engineering Tech Room

II. All Hazards Plan

Section C. Notification of Medical Staff and Hospital Staff

Date/Time Completed	Title/Person	Action	Location (if applicable)
	Incident Commander	Direct Communications Staff (PBX) to announce, "Hospital Incident Command System is now activated. Level X Emergency" if appropriate. The incident may be of such a nature that it is not appropriate to announce overhead, such as a bomb threat.	Hospital Incident Command Center/ Engineering Tech Room
	Communications Staff	Announce three times, "Hospital Incident Command System is now activated. Level X Emergency" if directed by Incident Commander.	Communications
	Incident Commander	Direct runners to notify departments as appropriate if incident is of a sensitive nature.	Hospital Incident Command Center/ Engineering Tech Room
	Incident Commander	Direct runners to notify departments if overhead announcement is not possible.	Hospital Incident Command Center/ Engineering Tech Room
	Incident Commander	Will send out Mass Notification to all employees and physicians	Hospital Incident Command Center/ Engineering Tech Room
	Incident Commander	Direct Communications Staff (PBX) to contact all on-call hospital staff for departments that do not operate 24/7 if the incident is occurring outside normal business hours (prior to 0700 and after 1600). The incident may require a limited number or only special staff (e.g., bomb threat). The Incident Commander will use discretion in calling in staff in situations such as tornados, bomb threats, in-house fires, where additional staff may be in danger.	Hospital Incident Commander
	Communications Staff	Notify on-call staff as directed by the Incident Commander.	Communications
	Staff on duty	Report to the Labor Pool (Cafeteria) if you can be excused from your regular duties.	Labor Pool/Cafeteria
	Communications Staff	Upon directive of the Incident Commander send out Mass Notification.	All Staff and Physicians
	Incident Commander	Direct Communications Staff (PBX) to notify Department Directors of Departments that are not staffed at the time of the incident and notify the Directors to activate Department Call Lists as appropriate.	Hospital Incident Command Center/ Engineering Tech Room
	Department Directors	Sign in at Incident Command Center. If computers are operating. Need to log into the computer for follow up.	
	Department Directors	Report to your Department. Assign essential staff to continue hospital operations as needed. Assign all other staff to Labor Pool as appropriate.	
	Incident Commander	Review Job Action Sheet and begin duties on Job Action Sheet.	Hospital Incident Command Center/ Engineering Tech Room

II. All Hazards Plan

Section D. Assignment of Personnel

Medical Staff: All Hospitalists will continue providing in patient care. All Emergency Department Physicians and mid-levels, should report directly to the Emergency Department. The Medical Director of the Emergency Department will appoint ED physicians to work in Triage (Emergency Department Garage) and Immediate Care (Emergency Department). The Medical Director of ICU will report directly to the ICU. All Radiologists will report to Radiology. All Anesthesiologists and CRNAs and Surgeon's should report to the Surgery Department. The Medical Director of Anesthesia will confer with the Medical Director of the Emergency Department on the need for Anesthesia personnel in Immediate Care (Emergency Department). All other physicians, APRNs and PAs will report to the Labor Pool (Bradley Room) and sign in. They will be assigned from the Labor Pool to Inpatient, Dismissal, Triage, Immediate Care, Delayed Care, Minor Care, and Expectant Care as needed. One physician such as the Chief of Staff, Vice Chief of Staff or other member of the Credentials Committee will be assigned to the Credentialing Section of the labor pool to approve credentials for volunteer physicians, APRNs and PAs. Another physician may be assigned to the General Command Staff.

Surgery, Emergency, Cardiology, Laboratory, Materials Management, Sterile Processing, Diagnostic Imaging, Same Day Surgery, Pharmacy, and Respiratory/Pulmonary Department Employees: All employees in these departments should report to their department and receive assignments from the department manager or supervisor or designee. The department manager/supervisor/designee will assign staff to begin preparing for large numbers of patients as directed by the Operations Chief. Electively scheduled patients may be discharged or canceled as appropriate and as directed by the Outpatient Unit Leader.

All Other Departments: Any employee on duty at the time the Hospital Incident Command System is activated should stay on duty in his or her normal assignment. The charge nurse, department director or supervisor of each department should evaluate the staffing needs. Any non professional staff that can be released from normal duties should be sent to the Labor Pool (Cafeteria), any professional staff that can be released from normal duties should be sent to the Bradley Room. All off-duty staff reporting to work to assist with the Incident should report directly to the cafeteria or Bradley Room depending upon their role.

Off-site Departments: All off site departments should be closed and all personnel report to the labor pool when directed by the Logistics Section Chief, Support Branch Director, and Labor Pool/Credentialing Unit Leader.

Assignment of Hospital Incident Command Jobs (Including Operations, Planning, Logistics, and Finance/Administration Sections): Jobs within the Hospital Incident Command Structure will be assigned as required for the particular incident or emergency at hand. Suggested assignments are included in the following pages, and alternates are also named. Some or perhaps many of the people listed may be unavailable and the person making the assignment will have to use his or her best judgment in making the assignment to someone who can fulfill the duties of the job. All members of Senior Management should report to the Hospital Command Center as soon as possible.

JOINT COMMISSION STANDARDS FOR VOLUNTEER PRACTITIONERS

The volunteer practitioners that are addressed by the Joint Commission standard only include those practitioners that are required by law are regulation to have a license, certification, or registration to practice their profession. The usual process to determine the qualifications and competence of these practitioners would not allow a volunteer practitioner to provide immediate care, treatment, and services in the event of a disaster due to length of time it would take to complete the process. While the standard allows for a method to streamline the process for determining qualifications and competence, safeguards must be in place to assure that the volunteer practitioner(s) are competent to provide safe and adequate care, treatment, and services. Even in a disaster, the integrity of the following two parts of the usual process for determining qualifications and competence must be maintained:

1. Verification of licensure, certification, or registration required to practice a profession.
2. Oversight of the care, treatment, and services provided, all licensed practitioners will be accompanied by the hospital staff at all times.

This option to assign disaster responsibilities to volunteer practitioner is made on a case-by-case basis in accordance with the needs of the organization and its patient, and on the qualification of its volunteer practitioners.

There are a number of state and federal systems engaged in pre-event verification of qualifications that may facilitate the assigning of disaster responsibilities to volunteer practitioners at the time of a disaster. Examples of such systems include the Medical Reserve Corps (MRC) and the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). It is expected that additional programs will emerge and evolve.

Disaster responsibilities are assigned only when the following two conditions are present: the emergency management plan has been activated, and the hospital is unable to meet immediate patient needs.

The hospital has identified in writing the individual(s) responsible for assigning disaster responsibilities. The hospital has also described in writing a mechanism to oversee the professional performance of volunteer practitioners who are assigned disaster responsibilities and to identify volunteer practitioners that have been assigned disaster responsibilities.

Per the Joint Commission standard, any volunteer practitioners arriving at the hospital during a disaster will be escorted to the Manpower Pool. The volunteer practitioners will fill out and sign the HICS Volunteer Staff Registration/Credentialing Form. The volunteer practitioner must at a minimum present a valid government-issued photo identification issued by a state or federal agency (examples include a driver's license or passport) and at least one of the following:

- A current hospital picture identification card that clearly identifies professional designation.
- A current license, certification, or registration.
- Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession).
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), or MRC, ESAR-VHP, or other recognized state or federal organizations or groups.
- Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity).
- Identification by current organization member(s) who possesses personal knowledge regarding the Volunteer practitioner's qualifications.

Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the Volunteer practitioner presents to the organization.

In the extraordinary circumstances, that primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) cannot be completed in 72 hours (for example, no means of communication or lack of resources), it is expected that it be done as soon as possible. In this circumstance, there must be documentation of the following: why primary source verification could not be obtained in the required time frame; evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and an attempt to rectify the situation as soon as possible.

Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) would not be required if the volunteer practitioner has not provided care, treatment, and services under the disaster responsibilities.

The hospital will oversee the professional practice of volunteer practitioners and non-licensed volunteers, and will make a decision (based on information obtained regarding the professional practice of the volunteer practitioner) within 72 hours related to the continuation of the disaster responsibilities initially assigned.

Title	Job Summary	Hospital Staff Assignment	Alternate Assignment	Appoints
Incident Commander	<ul style="list-style-type: none"> ○ Every incident requires one! ○ Appoints other command personnel as needed/available ○ Sets operational period and approves incident action plan ○ "Facilitates crisis management success"- demeanor/ knowledge/decision making 	<p>House Supervisor, Administrator on Call</p> <p>Recorder: Administrative Assistant</p>	<p>Administrator on Call, Any member of Administrative Call List</p> <p>Recorder: Nursing Administrative Assistant</p>	<p>Public Information Officer; Liaison Officer, Safety Officer, Operations Section Chief, Planning Section Chief, Logistics Section Chief, Finance, Administration Section Chief, Medical/Technical Specialists</p>
Public Information Officer	<ul style="list-style-type: none"> ○ Handles media relations ○ Coordinates internal messaging ○ Utilizes social media for information gathering and dissemination 	<p>VP Marketing & Communication</p> <p>Recorder: Administrative Assistant Marketing and Communications</p>	<p>Marketing Specialist, Director of Volunteer Services</p> <p>Recorder: Gift Shop Coordinator</p>	
Liaison Officer	<ul style="list-style-type: none"> ○ Link to external partner (s) ○ Monitors external messages (radio/intranet etc.) ○ Shares appropriate facility information with others 	<p>VP Quality</p> <p>Recorder: Director of Performance and Clinical Outcomes</p>	<p>Director of Dialogist Imaging, Director of Case Management</p> <p>Recorder: HIM Coordinator</p>	
Safety Officer	<ul style="list-style-type: none"> ○ Everybody's job is safety ○ Beyond the Incident Commander, the only position that can bring the response actions to a halt ○ May need more than one person depending on situation. 	<p>Engineering Director</p> <p>Recorder: Engineering Office Coordinator</p>	<p>Maintenance Supervisor, Biomed Supervisor</p>	

Title	Job Summary	Hospital Staff Assignment	Alternate Assignment	Appoints
Medical Staff	Assign physicians to various departments to treat patients.	Chief of Staff	Assistant Chief of Staff	
Operations Section Chief	Develop and implement strategy and tactics to carry out the objectives established by the Incident commander. Organize, assign, and supervise: Staging, Medical Care, Infrastructure, Security, Hazardous Materials, and Business Continuity Branch, Patient Family Assistance Branch.	Chief Clinical Officer	Sr Director of Specialty Services	Staging Manager, Medical Care Branch Director, Infrastructure Branch Director, HazMat Branch Director, Security Branch Director, Business Continuity Branch Director
Staging Manager	Organize and manage the deployment of supplementary resources, including personnel, vehicles, equipment, supplies, and medications.	Director of Pharmacy	Director of Lab Services Materials Management Supervisor/Buyer	Personnel Staging Team Leader, Vehicle Staging Team Leader, Equipment/Supply Staging Team Leader, Medication Staging Team Leader
Personnel Staging Team Leader	Organize and manage the deployment of supplementary personnel resources.	Human Resources Business Partner Quality, Lead Medical Staff Coordinator	Human Resources Benefits/Compensation/HRIS Quality: Medical Staff Coordinator	Personnel Staging Team Members
Vehicle Staging Team Leader	Organize and manage the deployment of supplementary vehicle resources.	Maintenance - Staff	Maintenance Staff	Vehicle Staging Team Members
Equipment/Supply Staging Team Leader	Organize and manage the deployment of supplementary equipment and supplies.	Materials Management Supervisor	Materials Management Buyer	Equipment/Supply Staging Team Members
Medication Staging Team Leader	Organize and manage the deployment of supplementary medications.	Pharmacy Tech	Pharmacy Tech	Medication Staging Team Members
Medical Care Branch Director	Organize and manage the delivery of emergency, inpatient, outpatient, and casualty care, and clinical support services.	Director of Patient Access and Registration	Director of Women's Services Manager of Same Day Surgery	Inpatient Unit Leader, Outpatient Unit Leader, Casualty Care Unit Leader, Mental Health Unit Leader, Clinical Support Services Unit Leader, and Patient Registration Unit Leader

Title	Job Summary	Hospital Staff Assignment	Alternate Assignment	Appoints
Inpatient Unit Leader	Assure treatment of inpatients, manage the inpatient care area(s), and provide for a controlled patient discharge.	Nurse Manager	Nurse Manager	
Outpatient Unit Leader	Prepare outpatient service areas to meet the needs of in-house and newly admitted patients.	Cancer Center Manager	Nurse Coordinator Cardiopulmonary Rehab, Diagnostic Imaging, Outpatient Doctor's Clinic	
Casualty Care Unit Leader	Assure delivery of the emergency care to arriving patients	Emergency Department Director	ED Trauma Coordinator	Triage Unit Leader, Immediate Care Unit Leader, Delayed Care Unit Leader, Minor Care Unit Leader, Expectant Care Unit Leader
Triage Unit Leader	Organize and manage the delivery of triage care	Emergency Department Nurses	Emergency Department Nurses	
Immediate Care Unit Leader	Organize and manage the delivery of immediate care	Emergency Department Charge Nurse	Nurse Leader	
Delayed Care Unit Leader	Organize and manage the delivery of delayed care	Nurse Leader	Nurse Leader	
Minor Care Unit Leader	Organize and manage the delivery of minor care	Nurse Leader	Nurse Leader	

Title	Job Summary	Hospital Staff Assignment	Alternate Assignment	Appoints
Expectant Care Unit Leader	Organize and manage the delivery of expectant care (imminent death)	Nurse Leader	Nurse Leader	
Mental Health Unit Leader	Address issues related to mental health emergency response, manage the mental health care area, and coordinate mental health response activities.	Director BHS	BHS Coordinator	
Clinical Support Services Unit Leader	Organize and manage clinical support services. Assist in providing the optimal functioning of these services. Monitor the use and conservation of these resources.	Director Lab	Director Rehab Services	
Patient Registration Unit Leader	Coordinate inpatient and outpatient registration	Supervisor Patient Registration	Manager, Patient Financial Svc.	
Infrastructure Branch Director	Organize and manage the services required to sustain and repair the hospital's infrastructure operations, including: power/lighting, water/sewer, HVAC, buildings and grounds, medical gases, medical devices, structural integrity, environmental services, and food services.	Supervisor Maintenance	Supervisor Biomed	Power/Lighting Unit Leader, Water/Sewer Unit Leader, HVAC Unit Leader, Building/Grounds Unit Leader, Medical Gases Unit Leader, Medical Devices Unit Leader, Environmental Services Unit Leader, Food Services Unit Leader
Power/Lighting Unit Leader	Maintain power and lighting to the hospital and campus facilities. Ensure adequate generator fuel.	Engineering - Electrician	Engineering - Electrician	

Title	Job Summary	Hospital Staff Assignment	Alternate Assignment	Appoints
Water/Sewer Unit Leader	Evaluate and monitor the patency of existing water, sewage, and sanitation systems. Enact pre-established alternate methods of waste disposal if necessary.	Engineering-Plumber	Engineering - Plumber	
HVAC Unit Leader	Maintain heating and air conditioning to the facility and adjacent facilities.	Engineering-HVAC Tech	Engineering – HVAC Tech	
Buildings/Grounds Damage Unit Leader	Organize and manage the services required to sustain and repair the hospital's buildings and grounds.	Engineering Maintenance Tech	Engineering – Maintenance Tech	
Medical Gases Unit Leader	Organize and distribute medical gases to requesting clinical care areas.	Manager Cardio-Pulmonary	Home Medical Equipment RT	
Medical Devices Unit Leader	Organize and distribute medical devices to requesting clinical care areas.	Manager Sterile Processing	Central Sterile Team Leader	
Environmental Services Unit Leader	Ensure proper cleaning and disinfection of hospital environment.	Manager Environmental Services	Lead ES Tech	
Food Services Unit Leader	Organize and maintain food preparation and delivery services for patients, families and visitors.	Manager Nutrition Services	Coordinator Nutrition Services	
Hazardous Materials Branch Director	Organize and direct hazardous material incident response activities; detection and monitoring; spill response; victim, technical, and emergency decontamination; and facility and equipment decontamination.	Chemical Hygiene Officer	Radiology Safety Officer	

Title	Job Summary	Hospital Staff Assignment	Alternate Assignment	Appoints
Detection and Monitoring Unit Leader	Coordinate detection and monitoring activities related to hazardous material incident response.	Chemical Hygiene Officer	Radiation Safety Officer	
Spill Response Unit Leader	Coordinate on-site activities related to implementation of hospital's internal hazardous material spill response plan.	Chemical Hygiene Officer	Chemical Spill Response Team	
Victim Decontamination Unit Leader	Coordinate the on-site patient decontamination activities related to hazardous material incident response.	Decontamination Team Leader	Chemistry Supervisor	
Facility/Equipment Decontamination Unit Leader	Coordinate on-site facility and equipment decontamination activities related to hazardous material incident response.	Decontamination Team Leader	Chemistry Supervisor	
Security Branch Director	Coordinate all of the activities related to personnel and facility security such as access control, crowd and traffic control, and law enforcement interface.	Lead Security Guard	Security Staff	Access Control Unit Leader, Crowd Control Unit Leader, Traffic Control Unit Leader, Search Unit Leader, Law Enforcement Interface Unit Leader
Access Control Unit Leader	Ensure the security of the facility and personnel by monitoring individuals entering and exiting the building.	Lead Security Guard	Security Staff	
Crowd Control Unit Leader	Maintain scene safety and ensure crowd control.	Lead Security Guard	Security Staff	
Traffic Control Unit Leader	Organize and enforce vehicular traffic security for facility.	Lead Security Guard	Security Staff	

Title	Job Summary	Hospital Staff Assignment	Alternate Assignment	Appoints
Business Continuity Branch Director	Ensure business functions are maintained, restored or augmented to meet designated Recovery Time Objectives (RTO) and provide limited interruptions to continuity of essential business operations.	Director Accounting	Sr. Director Business Development,	Information Technology Unit Leader, Service Continuity Unit Leader, Records Preservation Unit Leader, Business Function Relocation Unit Leader
Information Technology Unit Leader	Ensure IT business functions are maintained, restored or augmented to meet designated Recovery Time Objectives (RTO's) and provide limited interruptions to continuity of essential business operations.	Chief Information Officer	Director, Technical Services Information System	
Service Continuity Unit Leader	Ensure business/clinical/ancillary service functions are maintained, restored or augmented to meet designated Recovery Time Objectives (RTO) and provide limited interruptions to continuity of essential business operations	Chief Operating Officer	Chief Financial Officer	
Records Preservation Unit Leader	Ensure vital business/medical records are maintained and preserved to meet designated Recovery Time Objectives (RTO) and provide limited interruptions to continuity of essential business operations.	Director Health Information Mgt.	Coordinator HIM Applications	
Business Function Relocation Unit Leader	Ensure business functions are moved to alternative work sites to maintain designated Recovery Time Objectives (RTO) and provide limited interruptions to continuity of essential business operations.	Director Patient Financial Services	Manager PFS	
Patient Family Assistance Branch	Will be posted in early 2014			

Title	Job Summary	Hospital Staff Assignment	Alternate Assignment	Appoints
Planning Section Chief	Oversee all incident-related data gathering and analysis regarding incident operations and assigned resources, develop alternatives for tactical operations, conduct planning meetings, and responsible for development of the Incident Action Plan, (IAP), for each operational period.	Chief Financial Officer	Sr. Director of Business Development	Resources Unit Leader, Situation Unit Leader, Documentation Unit Leader, Demobilization Unit Leader
Resources Unit Leader	Maintain information on the status, location, and availability of personnel, teams, facilities, supplies, and major equipment to ensure availability of use during the incident. Maintain a master list of all resources assigned to incident operations.	Director Human Resources	Human Resources Business Partner	Personnel Tracking Manager, Material Tracking Manager
Personnel Tracking Manager	Maintain information on the status, location, and availability of on-duty staff and volunteer personnel.	Human Resources Staff	Human Resources Staff	
Material Tracking Manager	Maintain information on the status, location, and availability of equipment and supplies within the hospital inventory and additional material received from outside agencies in support of the incident.	Materials Management Supervisor	Materials Management Buyers	

Title	Job Summary	Hospital Staff Assignment	Alternate Assignment	Appoints
Patient Tracking Manager	Monitor and document the location of patients at all times within the hospital's patient care system, and track the destination of all patients departing the facility.	Quality Management Office Staff	Quality Management Office Staff	
Bed Tracking Manager	Maintain information on the status, location, and availability of all patient beds, including disaster cots and stretchers.	Nurse Manager	Nurse Manager	
Documentation Leader	Maintain accurate and complete incident files, including a record of the Hospital Command Center's response and recovery actions and decisions; provide duplication services to incident personnel; and file, maintain, and store incident files for legal, analytical, and historical purposes.	Administrative Assistant	Engineering Department/EOC Safety Chair	
Demobilization Unit Leader	Develop and coordinate an Incident Demobilization Plan that includes specific instructions for all staff and resources that will require demobilization.	Director Home Medical Equipment	Home Medical Staff	
Logistics Section Chief	Organize and direct those operations associated with maintenance of the physical environment and with the provision of human resources, material, and services to support the incident activities. Participate in Incident Action Planning.	Director Materials Management	Director of Human Resources Human Resources Business Partner	Service Branch Director, Support Branch Director
Service Branch Director	Organize and manage the services required to maintain the hospital's communication system, food and water supply for staff, and information technology and systems.	Chief Operating Officer	Director of Information Systems Manager of Nutrition Services	Communications Unit Leader, Information Technology/Information Services Unit Leader, Staff Food & Water Leader
Communications Unit Leader	Organize and coordinate internal and external communications connectivity.	Biomed Supervisor	Biomed Staff	

Title	Job Summary	Hospital Staff Assignment	Alternate Assignment	Appoints
Information Technology/Information Services Unit Leader	Provide computer hardware, software and infrastructure support to staff.	IS Supervisor	IS Staff	
Support Branch Director	Organize and manage the services required to maintain the hospital's supplies, facilities, transportation, and labor pool and Credentialing. Support Employee Health and Well Being. Ensure the provision of logistical, psychological, and medical support of hospital staff and their dependents.	Manager, Case Management	Supervisor, Case Management	Staff Health & Well-being Unit Leader, Family Care Unit Leader, Supply Unit Leader, Facilities Unit Leader, Transportation Unit Leader, Labor Pool & Credentialing Unit Leader
Staff Food & Water Unit Leader	Organize food and water stores and prepare for rationing during periods of anticipated actual shortage. Address food/refreshment/snack needs for everyone.	Manager Nutrition Services	Production Manager	
Employee Family Assistance Unit Leader	Focus is on staff family support: lodging/meds, etc.	Case Management Staff	Case Management Staff	
Family Care Unit Leader	Ensure the availability of medical, logistic and mental health and day care for the families of staff members. Coordinate mass prophylaxis/vaccination/ immunization of family members if required.	Director Volunteer Services	Gift Shop Coordinator, Volunteers	
Supply Unit Leader	Acquire, inventory, maintain, and provide medical and non-medical care equipment, supplies and pharmaceuticals.	Materials Management Buyer	Materials Management Buyer	
Facilities Unit Leader	Organize, manage and support building systems, equipment and supplies. Ensure proper cleaning and disinfection of hospital environment.	Environmental Services Manager	ES Lead Tech	

Title	Job Summary	Hospital Staff Assignment	Alternate Assignment	Appoints
Labor Pool & Credentialing Unit Leader	Collect and inventory available staff and volunteers at a central point (Labor Pool) for assignment by the Staging Manager. Maintain adequate numbers of both medical and non-medical personnel. Assist in the maintenance of staff morale.	Manager, Human Resources, & Lead Medical Staff Coordinator	Workforce Planning Coordinator, Medical Staff Coordinator	
Finance/Administration Section Chief	<p>Monitor the utilization of financial assets and the accounting for financial expenditures. Supervise the documentation of expenditures and cost reimbursement activities. Activities remain focused on Time/Procurement/Compensation-Claims/Costs. Essential that cost accounting and forecasting starts early and is continued to the end.</p> <ul style="list-style-type: none"> FEMA reimbursements depends on documentation details and pictures 	Sr. Director of Business Development	Manager Revenue Integrity	Time Unit Leader, Procurement Unit Leader, Compensation/Claims Unit Leader, Cost Unit Leader
Time Unit Leader	Responsible for the documentation of personnel time records. Monitor and report on regular overtime hours worked/volunteered.	Human Resources Staff	Human Resources Staff	
Procurement Unit Leader	Responsibility for administering accounts receivable and payable to contract and non-contract vendors.	Accounting Department Staff	Accounting Department Staff	
Compensation/Claims Unit Leader	Responsible for receiving, investigating and documenting all claims reported to the hospital during the emergency incident, which are alleged to be the result of an accident or action on hospital property.	VP of Quality	Director of Performance and Clinical Outcomes	
Cost Unit Leader	Responsible for providing cost analysis for the declared emergency incident and maintenance of accurate records of incident cost.	Accounting Department Staff	Accounting Department Staff	

SECTION 1. EMERGENCY OPERATIONS LOCATIONS/PHONE LIST

Function	Location	Phone Extensions
Hospital Incident Command Center	Engineering Tech Room	7814 7815
Labor Pool	Cafeteria – Non Professional	7521
Media	Cancer Center Waiting Room	7386
Labor Pool	Bradley Room – Un Assigned Professional	
Operations Section Chief	Computer Lab	8828
Planning Section Chief	Engineering Office	7480
Logistic Chief	IS-PC Office (by Material management south side)	7138
Finance Chief	IS-Clinic Office (by Material Management north side)	8690
Triage	Emergency Department Garage	NO PHONE CURRENTLY
Immediate	Emergency Department	7106 7107
Delayed	Same Say Surgery	8100 8106, 8106 8151 (Recovery)
Minor	Outpatient Department	7455
Expectant	Morgue	2517 Morgue
Dismissal	Same Day Services Registration/Waiting Area	8106 8107
Temporary Child/Family Care	North Platte Community Day Care Center	534-9222
Security Command Post	Communications	2501
Victim Family Members	Case Management, Volunteer Office, Laboratory Waiting Area	7544, 7546, 7545, 7547 7475
Staging Area	Hall between Diagnostic Imaging Ultrasound – west corridor of DI	NO PHONE

CODE BLUE: ADULT/PEDIATRIC MEDICAL EMERGENCY/CARDIOPULMONARY ARREST (EXTENSION 5555)

“Code Blue” is the overhead announcement which activates a response to a suspected or imminent cardiopulmonary arrest for an adult or pediatric patient. The code is activated by dialing 5555 and announcing into the phone “Code Blue” in _____(location) or by pressing the Code Blue button.

CODE WHITE: INFANT MEDICAL EMERGENCY/CARDIOPULMONARY ARREST (EXTENSION 5555)

“Code White” is the overhead announcement which activates a response to a suspected or imminent cardiopulmonary arrest or medical emergency of an infant. The code is activated by dialing 5555 and announcing into the phone “Code White” in _____(location).

CODE PINK: INFANT/CHILD/ADULT ABDUCTION: (EXTENSION 6666 and 5555)

“Code Pink” is the overhead announcement which activates a response in the event of any abduction from the facility. When informed of a missing person Dial 6666 (overhead page) and state “Code Pink”, state brief description of missing person, age, sex, and clothing. Dial 5555 and repeat information to PBX Operators.

CODE RED: FIRE (EXTENSION 5555)

“Code Red is the overhead announcement which activates a response to an actual or suspected fire. Call Extension 5555 to report a fire and state type and exact location of fire. PBX will announce “Code Red” overhead.

CODE GREY: COMBATIVE INDIVIDUAL (EXTENSION 5555)

“Code Grey” is the overhead announcement which activates a response to a potentially or combative individual. The code is activated by dialing ‘5555’ and announcing “Code Grey” in _____(location).

CODE YELLOW: BOMB THREAT (EXTENSION 5555)

“Code Yellow” is the overhead announcement which activates a response in the event of a bomb threat or the discovery of a suspicious device. The code is activated by dialing 5555 and announcing into the phone “Code Yellow” in _____ (location).

CODE ORANGE: HAZARDOUS MATERIAL SPILL/RELEASE (EXTENSION 8500)

“Code Orange” is the overhead announcement which activates a response to an actual or suspected hazardous material spill or release. The code is activated by dialing 5555 and announcing into the phone “Code Orange” in _____(location).

CODE SILVER: PERSON WITH A WEAPON AND/OR ACTIVE SHOOTER (EXTENSION 6666 and 5555)

“Code Silver” is the overhead announcement which activates a response in the event of an incident involving a person with a weapon, an active shooter or a hostage. The code is activated by dialing 6666 and announcing “Code Silver” in _____(location) and a description of the shooter. Staffs will then call 5555 and repeat the same information to the PBX operator who will notify the police department, house supervisor and administrator on call.

INCIDENT COMMANDER

Mission: Organize and direct the Hospital Command Center (HCC). Give overall strategic direction for hospital incident management and support activities, including emergency response and recovery. Authorize total facility evacuation if warranted.

Date: _____ Start: _____ End: _____ Position Assigned to: _____		
Signature: _____		Initial: _____
Hospital Command Center (HCC) Location: _____		Telephone: _____
Fax: _____	Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Assume role of Incident Commander and activate the Hospital Incident Command System (HICS).		
Read this entire Job Action Sheet and put on position identification.		
Notify your usual supervisor and the hospital CEO, or designee, of the incident, activation of HICS and your HICS assignment.		
Initiate the Incident Briefing Form (HICS Form 201) and include the following information: <ul style="list-style-type: none"> • Nature of the problem (incident type, victim count, injury/illness type, etc.) • Safety of staff, patients and visitors • Risks to personnel and need for protective equipment • Risks to the facility • Need for decontamination • Estimated duration of incident • Need for modifying daily operations • HICS team required to manage the incident • Need to open up the Hospital Command Center • Overall community response actions being taken • Status of local, county, and state Emergency Operations Centers (EOC) 		
Contact hospital operator and initiate hospital's emergency operations plan.		

Determine need for and appropriately appoint Command Staff and Section Chiefs, or Branch/Unit/Team leaders and Medical/Technical Specialists as needed; distribute corresponding Job Action Sheets and position identification. Assign or complete the Branch Assignment List (HICS Form 204), as appropriate. This could include the following: <ul style="list-style-type: none"> • Public Information Officer • Safety Officer • Liaison Officer • Medical Staff Officer • Medical/Technical Specialist(s) • Operations Section Chief • Planning Section Chief • Logistics Section Chief 		
---	--	--

<ul style="list-style-type: none"> Finance/Administration Section Chief 		
Brief all appointed staff of the nature of the problem, immediate critical issues and initial plan of action. Designate time for next briefing.		
Assign one of more clerical personnel from current staffing (e.g. administrative assistant) or make a request for staff to the Labor Pool and Credentialing Unit Leader, if activated, to function as the Hospital Command Center recorder(s).		
Distribute the Section Personnel Time Sheet (HICS Form 252) to Command Staff and Medical/Technical Specialist assigned to Command, and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section's Time Unit Leader at the completion of a shift or at the end of each operational period.		
Initiate the Incident Action Plan Safety Analysis (HICS Form 261) to document hazards and define mitigation.		
<p>Receive status reports from and develop an Incident Action Plan with Section Chiefs and Command Staff to determine appropriate response and recovery levels. During initial briefing/status reports, discover the following:</p> <ul style="list-style-type: none"> If applicable, receive initial facility damage survey report from Logistics Section Chief and evaluate the need for evacuation. If applicable, obtain patient census and status from Planning Section Chief, and request a hospital-wide projection report for 4, 8, 12, 24 & 48 hours from time of incident onset. Adjust projections as necessary. Identify the operational period and Hospital Command Center shift change. If additional beds are needed, authorize a patient prioritization assessment for the purposes of designating appropriate early discharge. Ensure that appropriate contact with outside agencies has been established and facility status and resource information provided through the Liaison Officer. Seek information from Section Chiefs regarding current "on-hand" resources of medical equipment, supplies, medications, food, and water as indicated by the incident. Review security and facility surge capacity and capability plans as appropriate. 		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Authorize resources as needed or requested by Command Staff.		

<p>Designate regular briefings with Command Staff/Section Chiefs to identify and plan for:</p> <ul style="list-style-type: none"> Update of current situation/response and status of other area hospitals, emergency management/local emergency operation centers, and public health officials and other community response agencies 		
---	--	--

<ul style="list-style-type: none"> • Deploying a Liaison Officer to local Emergency Operations Center • Deploying a Public Information Officer to the local Joint Information Center • Critical facility and patient care issues • Hospital operational support issues • Risk communication and situation updates to staff • Implementation of hospital surge capacity and capability plans • Ensure patient tracking system established and linked with appropriate outside agencies and/or local Emergency Operations Center • Family Support Center operations • Public information, risk communication and education needs • Appropriate use and activation of safety practices and procedures • Enhanced staff protection measures as appropriate • Public information and education needs • Media relations and briefings • Staff and family support • Development, review, and/or revision of the Incident Action Plan, or elements of the Incident Action Plan 		
<p>Oversee and approve revision of the Incident Action Plan developed by the Planning Section Chief. Ensure that the approved plan is communicated to all Command Staff and Section Chiefs.</p>		
<p>Communicate facility and incident status and the Incident Action Plan to Chief Executive Officer or designee, or to other executives and/or Board of Directors members on a need-to-know basis.</p>		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
<p>Ensure staff, patient, and media briefings are being conducted regularly.</p>		
<p>Review and revise the Incident Action Plan Safety Analysis (HICS Form 261) and implement correction or mitigation strategies.</p>		
<p>Evaluate/re-evaluate need for deploying a Liaison Officer to the local Emergency Operations Center.</p>		
<p>Evaluate/re-evaluate need for deploying a Public Information Officer to the local Joint Information Center.</p>		
<p>Ensure incident action planning for each operational period and a reporting of the Incident Action Plan at each shift change and briefing.</p>		
<p>Evaluate overall hospital operational status, and ensure critical issues are addressed.</p>		
<p>Review/revise the Incident Action Plan with the Planning Section Chief for each operational period.</p>		
<p>Ensure continued communications with local, regional, and state response coordination centers and other Hospital Command Centers through the Liaison Officer and others.</p>		
<p>Ensure your physical readiness, and that of the Command Staff and Section Chiefs, through proper nutrition, water intake, rest periods and relief, and stress management techniques.</p>		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader.		
<p>Upon shift change, brief your replacement on the status of all ongoing operations, critical issues, relevant incident information and Incident Action Plan for the next operational period.</p> <p>After consulting with appropriate chiefs, managers and directors, evaluate capabilities to determine if facility can remain operational after 96 hours. Critical items to evaluate are communication, security, supplies/resources, appropriate staffing, utility systems, patient care & support. Plan for conservation and consolidation of resources. Plan for decreasing services and/or evacuation if necessary.</p>		

Demobilization/System Recovery	Time	Initial
<ul style="list-style-type: none"> • Assess the plan developed by the Demobilization Unit Leader and approved by the Planning Section Chief for the gradual demobilization of the Hospital Command Center and emergency operations according to the progression of the incident and facility/hospital status. 		
Make decision to terminate Hospital Incident Command System and Hospital Command Center. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
<p>Demobilize positions in the Hospital Command Center and return personnel to their normal jobs as appropriate.</p> <ul style="list-style-type: none"> • Brief staff, administration, and Board of Directors • Approve announcement of "ALL CLEAR" when incident is no longer a critical safety threat or can be managed using normal hospital operations • Ensure outside agencies are aware of status change • Declare hospital/facility safe 		
<p>Ensure demobilization of the Hospital Command Center and restocking of supplies, as appropriate including:</p> <ul style="list-style-type: none"> • Return of borrowed equipment to appropriate location • Replacement of broken or lost items • Cleaning of Hospital Command Center and facility • Restock of Hospital Command Center supplies and equipment • Environmental clean-up as warranted 		
<p>Ensure that after-action activities are coordinated and completed including:</p> <ul style="list-style-type: none"> • Collection of all Hospital Command Center documentation by the Planning Section Chief • Coordination and submission of response and recovery costs, and reimbursement documentation by the Finance/Administration and Planning Section Chiefs • Conduct of staff debriefings to identify accomplishments, response and improvement issues • Identify needed revisions to the Emergency Management Plan, Emergency Operations Plan, Job Action Sheets, operational procedures, records, and/or other related items • Writing the facility/hospital After Action Report and Improvement Plan 		

Demobilization/System Recovery	Time	Initial
<ul style="list-style-type: none"> • Participation in external (community and governmental) meetings and other post-incident discussion and after-action activities • Post-incident media briefings and facility/hospital status updates • Post-incident public education and information • Stress management activities and services for staff 		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 201 – Incident Briefing Form • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 252 – Section Personnel Time Sheet • HICS Form 258 – Hospital Resource Directory • HICS Form 261 – Incident Action Plan Safety Analysis • Hospital emergency operations plan and other plans as cited in the JAS • Hospital organization chart • Hospital telephone directory

PUBLIC INFORMATION OFFICER

Mission: Serve as the conduit for information to internal and external stakeholders, including staff, visitors and families, and the news media, as approved by the Incident Commander.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____ _____ Position Reports to: Incident Commander <u>Signature</u> : Hospital Command Center (HCC) Location: _____ Telephone: _____ Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your Hospital Incident Command System assignment.		
Activate the facility communications and risk communications plan, policies and procedures.		
Establish a designated media staging and media briefing area located in the Cancer Center waiting area away from the Hospital Command Center and patient care activity areas. Inform on-site media of the physical areas to which they have access and those which are restricted. Coordinate designation of such areas with the Safety Officer and the Security Branch Director.		
Contact external Public Information Officers from community and governmental agencies to ascertain and collaborate public information and media messages being developed by those entities to ensure consistent and collaborative messages from all entities.		
Consider need to deploy Public Information Officer to local Joint Information Center, if activated.		
Develop public information and media messages to be reviewed and approved by the Incident Commander before release to the news media and the public. Identify appropriate spokespersons to deliver the press briefings and public information announcements.		
Develop public information for current patients and families explaining the incident as appropriate. Share with the inpatient and outpatient unit leaders.		
Attend all command briefings and incident action planning meetings to gather and share incident and hospital information.		
Conduct or assign personnel to monitor and report to you incident and response information from sources such as the internet, radio, television and newspapers.		
Request one or more recorders and other support staff as needed from the Labor		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Pool & Credentialing Unit Leader, if activated, to perform all necessary activities and documentation.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue to attend all Command briefings and incident action planning meetings to gather and share incident and hospital information. Contribute media and public information activities and goals to the Incident Action Plan.		
Continue contact and dialogue with external Public Information Officers, in collaboration with the Liaison Officer, from community and governmental agencies to ascertain public information and media messages being developed by those entities to ensure consistent and collaborative messages from the hospital/facility. Coordinate translation of critical communications into multiple languages.		
Determine whether a local, regional or State Joint Information Center is activated; provide support as needed, and coordinate information dissemination.		
Continue to develop and revise public information and media messages to be reviewed and approved by the Incident Commander before release to the news media and the public.		
Ensure that media briefings are done in collaboration with the Joint Information Center, when appropriate.		
Develop regular information and status update messages to keep staff informed of the incident and community and hospital/facility status in collaboration with the Staff Health and Well-Being Unit Leader, the Family Care Unit Leader and the Mental Health Unit Leader.		
Utilize internal hospital communications systems (e.g., email, intranet, internal TV, written report postings, etc.) to disseminate current information and status update messages to staff.		
Issue regular and timely incident information reports to the news media in collaboration with the Situation Unit Leader and Liaison Officer, to be approved by the Incident Commander. Relay pertinent information received to the Situation Unit Leader and the Liaison Officer.		
Review the need for updates of critical information through way finding and signage for staff, visitors and media. Assist in the development and dissemination of signage.		

Coordinate with the Patient Tracking Manager regarding: <ul style="list-style-type: none"> • Receiving and screening inquiries regarding the status of individual patients. • Release of appropriate information to appropriate requesting entities. 		
--	--	--

Continue to document all actions and observations on the Operational Log (HICS Form 214) on a continual basis.		
--	--	--

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to receive regular progress reports from the Incident Commander, Section Chiefs and others, as appropriate.		
Coordinate with the Logistics Section Chief to determine requests for assistance to be released to the public via the media.		
With approval from Incident Commander and in collaboration with community and governmental Public Information Officers, conduct ongoing news conferences, providing updates on casualty information and hospital operational status to the news media. Facilitate staff and patient interviews as appropriate.		
Ensure ongoing information coordination with other agencies, hospitals, local Emergency Operations Center and the Joint Information Center.		
Prepare and maintain records and reports as indicated or requested.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Public Information team staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner.		
Coordinate release of final media briefings and reports.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, submit Operational Logs (HICS Form 214) and all completed documentation to the Planning Section Chief.		
Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report. Topics include: Accomplishments and issues Review of pertinent position descriptions and operational checklists Recommendations for procedure changes		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools

Documents/Tools

- Incident Action Plan
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- Hospital emergency operations plan
- Crisis and emergency risk communication plan (Facility, and if available, community plan)
- Hospital organization chart
- Hospital telephone directory
- Community and governmental Public Information Officer and Joint Information Center contact information
- Local media contact information

SAFETY OFFICER

Mission: Ensure safety of staff, patients, and visitors, monitor and correct hazardous conditions. Have authority to halt any operation that poses immediate threat to life and health.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____	
Position Reports to: Incident Commander Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Establish contact with the Communications Unit Leader and confirm your contact information.		
Appoint Safety team members and complete the Branch Assignment List (HICS Form 204).		
Brief team members on current situation and incident objectives; develop response strategy and tactics; outline action plan and designate time for next briefing.		
Determine safety risks of the incident to personnel, the hospital facility, and the environment. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.		
Communicate with the Logistics Chief to procure and post non-entry signs around unsafe areas.		
Ensure the following activities are initiated as indicated by the incident/situation: <ul style="list-style-type: none"> • Evaluate building or incident hazards and identify vulnerabilities • Specify type and level of Personal Protective Equipment to be utilized by staff to ensure their protection, based upon the incident or hazardous condition • Establish a Hazardous Materials Command Post, in collaboration with the Operations Section's Hazardous Materials Branch Director • Monitor operational safety of decontamination operations • Ensure that Safety staff identify and report all hazards and unsafe conditions to the Operations Section Chief • Determine if building lock down is necessary, refer to Building Lock Down safety policy • Determine if sheltering in place is necessary, refer to Shelter in Place safety policy 		
Assess hospital operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Initiate the Incident Action Plan Safety Analysis (HICS Form 261).		
Ensure implementation of all safety practices and procedures in the hospital.		
Initiate environmental monitoring as indicated by the incident or hazardous condition.		
Attend all command briefings and Incident Action Planning meetings to gather and share incident and hospital/facility safety requirements.		
Request one or more recorders as needed from the Labor Pool & Credentialing Unit Leader, if activated, to perform documentation and tracking.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Attend all command briefings and Incident Action Planning meetings to gather and share incident and hospital/facility information. Contribute safety issues, activities and goals to the Incident Action Plan.		
Continue to assess safety risks of the incident to personnel, the hospital facility, and the environment. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.		
Ensure proper equipment needs are met and equipment is operational prior to each operational period.		
Continue to document all actions and observations on the Operational Log (HICS Form 214) on a continual basis.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Re-assess the safety risks of the extended incident to personnel, the hospital facility, and the environment and report appropriately. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.		
Continue to update the Incident Action Plan Safety Analysis (HICS Form 261) for possible inclusion in the facility/hospital Incident Action Plan.		
Continue to assess hospital operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.		
Continue to attend all command briefings and incident action planning meetings to gather and share incident and hospital/facility information. Contribute safety issues, activities and goals to the Incident Action Plan.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Safety team staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, submit Operational Logs (HICS Form 214) and all completed documentation to the Planning Section Chief.		
Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report. Topics include: Accomplishments and issues Review of pertinent position descriptions and operational checklists Recommendations for procedure changes		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • Building Lock Down Policy – hospital wide safety policy • Shelter in Place – hospital wide safety policy • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 261 – Incident Action Plan Safety Analysis • GP Form 208 – Site Safety & Control Plan • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Material safety data sheets (MSDS) or other information regarding involved chemicals (ATSDR, CHEMTREC, NIOSH handbook)

LIAISON OFFICER

Mission: Function as the incident contact person in the Hospital Command Center for representatives from other agencies.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: Incident Commander			Signature: _____	Initial: _____
Hospital Command Center (HCC) Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Appoint Liaison team members and complete the Branch Assignment List (HICS Form 204).		
Brief Liaison team members on current situation and incident objectives; develop response strategy and tactics; outline action plan and designate time for next briefing.		
Establish contact with the Communications Unit Leader, and confirm your contact information.		
Establish contact with local, county and/or state emergency organization agencies to ascertain current status, appropriate contacts and message routing.		
Consider need to deploy a Liaison Officer to local Emergency Operations Center; make recommendation to the Incident Commander.		
Communicate information obtained and coordinate with Public Information Officer.		
Obtain initial status and information from the Planning Section Chief to provide as appropriate to the inter-hospital emergency communication network and local and/or county Emergency Operations Center, upon request: <ul style="list-style-type: none"> • Patient Care Capacity – The number of “immediate (red),” “delayed (yellow),” and “minor (green)” patients that can be received and treated immediately, and current census. • Hospital’s Overall Status – Current condition of hospital structure, security, and utilities. • Any current or anticipated shortage of critical resources including personnel, equipment, supplies, medications, etc. • Number of patients and mode of transportation for patients requiring transfer to other hospitals, if applicable. • Any resources that are requested by other facilities (e.g., personnel, equipment, supplies, medications, etc.). • Media relations efforts being initiated, in conjunction with the Public Information Officer. 		
Establish communication with other hospitals, local Emergency Operations Center		

Immediate (Operational Period 0-2 Hours)	Time	Initial
(EOC), and/or local response agencies (e.g., public health, West Central Medical Response System). Report current hospital status.		
Establish contact with liaison counterparts of each assisting and cooperating agency (e.g., local Emergency Operations Center, Red Cross), keeping governmental Liaison Officers updated on changes in facility/hospital status, initial hospital response to incident, critical issues and resource needs.		
Request one or more recorders as needed from the Labor Pool and Credentialing Unit Leader, if activated, to perform all necessary documentation.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Attend all command briefings and Incident Action Planning meetings to gather and share incident and hospital/facility information. Contribute inter-hospital information and community response activities and provide Liaison goals to the Incident Action Plan.		
Request assistance and information as needed through the inter-hospital emergency communication network or from the local and/or regional Emergency Operations Center.		
Consider need to deploy a Liaison Officer to the local Emergency Operations Center; make this recommendation to the Incident Commander.		
Obtain Hospital Casualty/Fatality Report (HICS Form 259) from the Public Information Officer and Planning Section Chief and report to appropriate authorities the following minimum data: <ul style="list-style-type: none"> • Number of casualties received and types of injuries treated. • Current patient capacity (census) • Number of patients hospitalized, discharged home, or transferred to other facilities. • Number dead. • Individual casualty data: name or physical description, sex, age, address, seriousness of injury or condition. 		
Respond to requests and issues from incident management team members regarding inter-organization (e.g., other hospitals, governmental entities, response partners) problems.		
Assist the Labor Pool & Credentialing Team Leader with problems encountered in the volunteer credentialing process.		
Report any special information obtained (e.g., identification of toxic chemical, decontamination or any special emergency condition) to appropriate personnel in the receiving area of the hospital (e.g., emergency department), Hospital Command Center and/or other receiving facilities.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue to document all actions and observations on the Operational Log (HICS Form 214) on a continual basis.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
In coordination with the Labor Pool & Credentialing Unit Leader and the local Emergency Operations Center, request physicians and other hospital staff willing to volunteer as Disaster Service Workers outside of the hospital, when appropriate.		
Communicate with Logistics Section Chief on status of supplies, equipment and other resources that could be mobilized to other facilities, if needed or requested.		
Consider need to deploy/maintain a Liaison Officer to local Emergency Operations Center; make the recommendation to the Incident Commander.		
Prepare and maintain records and reports as appropriate.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Liaison team staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, submit Operational Logs (HICS Form 214) and all completed documentation to the Planning Section Chief.		
Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report. Topics include: Accomplishments and issues Review of pertinent position descriptions and operational checklists Recommendations for procedure changes		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools

- Incident Action Plan
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- HICS Form 259 – Hospital Casualty/Fatality Report
- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory
- Municipal organization chart and contact numbers
- County organization chart and contact numbers

**MEDICAL/TECHNICAL SPECIALIST –
BIOLOGICAL/INFECTIOUS DISEASE**

Mission: Advise the Incident Commander and/or Operations Section Chief, as assigned, on issues related to biological/infectious disease emergency response.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: _____ Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Request staffing assistance from the Labor Pool and Credentialing Unit Leader to assist with rapid research as needed to determine hazard and safety information critical to treatment and decontamination concerns for the victims and personnel.		
Verify from the Emergency Department, infectious disease physicians and infection control staff and report the following information to the Incident Commander or Operations Section Chief and Medical Care Branch Director: <ul style="list-style-type: none"> • Number and condition of patients affected, including the non-symptomatic • Type of biological/infectious disease involved • Medical problems present in addition biological/infectious disease involved • Measures taken (e.g., cultures, supportive treatment) • Potential for industrial, chemical, or radiological material exposure expected in addition to biological/infectious disease exposure and scope of communicability 		
Collaborate with the Public Health Department in developing a case definition. Ensure that the case definition is communicated to the Medical Care Branch Director, Safety Officer and all patient care areas.		
Communicate with Operations Section Chief and Safety Officer regarding disease information and staff protection.		
Ensure that appropriate standard of isolation precautions are being used in all patient care areas. Arrange for just-in-time training regarding isolation precautions as required.		
Meet regularly with the Command staff, Operations Section Chief and Medical Care Branch Director to plan and project patient care needs.		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Participate in briefings and meetings and contribute to the Incident Action Plan, as requested.		
Recommend input for Public Information Officer press releases as requested.		
Contact the local Public Health Department, in collaboration with the Liaison Officer, as required, for notification, support, and investigation resources.		
Assist the Clinic Administration Medical/Technical Specialist and the Staff Health and Well-Being Unit in organizing Mass Dispensing Clinics or Point of Dispensing for antibiotic prophylaxis or mass vaccination, as indicated and if recommended by the Public Health Department.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Establish regular meeting schedule with the Incident Commander or Operations Section Chief for updates on the situation regarding hospital operation needs.		
Maintain communications with Medical Care Branch Director and other Command staff to co-monitor development of the incident and maintain information resource availability.		
Direct collection of samples for analysis or evidence.		
Monitor and Ensure all samples are correctly packaged for shipment to the most appropriate testing location/laboratory.		
Continue to recommend and maintain appropriate isolation precautions and staff protection as the incident evolves.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Meet regularly with the Incident Commander or Operations Section Chief to update current status and conditions.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure Staff Health and Well-Being Unit, Emergency Department physicians and infectious disease physicians and infection control staff is aware of any significant information resulting from exposure to biological/infectious agent.		
Ensure the Security Branch Director has custody of all suspected contaminated		

Demobilization/System Recovery	Time	Initial
evidence for release to proper (verified) authority in a proper container, properly sealed.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Incident Commander or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Operations Section Chief or Incident Commander, as appropriate.		
Submit comments to the Incident Commander or Operations Section Chief, as appropriate for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Local public health department reporting forms

MEDICAL/TECHNICAL SPECIALIST – CHEMICAL

Mission: Advise the Incident Commander or Operations Section Chief, as assigned, on issues related to specific chemical incidents and emergency response. In conjunction with the Medical Care Branch Director, and Hazmat Branch Director organize and prepare the Emergency Department to receive chemical exposure casualties in a manner consistent with hospital procedures and best practices to preserve the operational integrity of the Emergency Department and other areas in the hospital receiving patients.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: _____ Signature: _____	
Hospital Command Center (HCC) Location: _____ Telephone: _____	
Fax: _____ Other Contact Info: _____ Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Request staffing assistance from the Labor Pool and Credentialing Unit Leader to assist with rapid research as needed to determine hazard and safety information critical to treatment and decontamination concerns for the victims and personnel.		
Assess size and location of chemical exposure. Implement hospital decontamination and/or spill response plan. Coordinate activities with the Hazardous Materials Branch Director and the Medical Care Branch Director.		
Recommend decontamination procedures and staff personal protection, including respiratory protection.		
Verify from the Emergency Department Attending and report to the Incident Commander the following information from the scene: <ul style="list-style-type: none"> • Number and condition of both uncontaminated and contaminated patients • Type and amount of chemical involved • Type of chemical incident: <ul style="list-style-type: none"> ○ External chemical exposure only ○ External contamination only ○ External contamination with internal exposure • Time incident occurred • Medical problems present besides chemical contamination • Measures taken at the incident site (e.g., air monitors and skin contamination levels) 		

Verify with the Safety Officer and the Security Branch Director that all access to the Emergency Department has been secured to prevent media or other non-authorized people from entering into the treatment area during treatment or the decontamination process.		
Ensure the monitoring and surveying of hospital staff providing patient decontamination in conjunction with Hazmat Branch Director and care from the arrival of the patients through the decontamination and medical care process, and post-event monitoring of all personnel after care is provided.		
Participate in briefings and meetings and contribute to the Incident Action Plan, as requested.		
Coordinate activities with the Hazardous Materials Branch Director and the Medical Care Branch Director.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Regularly update the following on your actions and recommendations: <ul style="list-style-type: none"> • Industrial hygienist • Staff Health and Well-Being Unit • Safety Officer • Hazardous Materials Branch Director • Victim Decontamination Unit Leader • Facility/Equipment Decontamination Unit Leader 		
Respond to requests and concerns from incident personnel regarding chemical agents involved and treatment concerns for victims and personnel.		
Regularly meet with the Incident Commander and Operations Section Branch Directors for updates on the situation regarding chemical contamination/decontamination issues.		
Ensure staff use safe practices and procedures.		
Continue to communicate regularly with Command staff and the Medical Care Branch Director to co-monitor the delivery and quality of medical care in all patient areas.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to meet regularly with the Incident Commander or Operations Section Branch Directors to keep apprised of current conditions and monitor the quality of medical care.		
In collaboration with the Operations Section's HazMat Branch Director, oversee final personnel clearance checks and report clearance to the Emergency Department attending, Medical Care Branch Director, Staff Health and Well-Being Unit Leader and Operations Section Chief: <ul style="list-style-type: none"> • Ambulances and staff • Assisting law enforcement personnel 		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Direct monitoring of facility decontamination processes as needed, in collaboration with the HazMat Branch Director.		
In collaboration with Hazmat Branch Director and local law enforcement determine how contaminated personal vehicles used to bring patients to the hospital should be managed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Mental Health Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Operations Section Chief or Incident Commander, as appropriate.		
Upon deactivation of your position, brief the Incident Commander or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Incident Commander or Operations Section Chief, as appropriate, for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital decontamination plan • Hospital spill response plan • Hospital organization chart • Hospital telephone directory • Material safety data sheets • NIOSH Pocket Guide http://www.cdc.gov/niosh/npg/

Documents/Tools

- Emergency Response Guidebook <http://hazmat.dot.gov/pubs/erg/guidebook.htm>
- Managing Hazardous Materials Incidents, Volume II – Hospital Emergency Departments: A Planning Guide for the Management of Contaminated Patients
<http://wonder.cdc.gov/wonder/prevguid/p0000019/P0000019.asp>
- Managing Hazardous Materials Incidents, Volume III – Medical Management Guidelines (MMGs) for Acute Chemical Exposures

MEDICAL/TECHNICAL SPECIALIST – RADIOLOGICAL

Mission: Advise the Incident Commander or Operations Section Chief, as assigned, on issues related to specific radiological incidents and emergency response. In conjunction with the Medical Care Branch Director, organize and prepare the Emergency Department to receive radiation exposure casualties in a manner consistent with hospital procedures and best practices to preserve the operational integrity of the Emergency Department.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: _____ Signature: _____	
Hospital Command Center (HCC) Location: _____ Telephone: _____	
Fax: _____ Other Contact Info: _____ Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Request staffing assistance from the Labor Pool and Credentialing Unit Leader to assist with rapid research as needed to determine hazard and safety information critical to treatment and decontamination concerns for the victims and personnel.		
Verify from the Emergency Department Attending and report to the Incident Commander the following information from the scene: <ul style="list-style-type: none"> • Number and condition of both uncontaminated and contaminated patients • Type and amount of radioactive isotopes involved • Type of radiation incident: <ul style="list-style-type: none"> ○ External radiation exposure only ○ External contamination only ○ External contamination with internal exposure • Time incident occurred • Medical problems present besides radionuclide contamination • Measures taken at the incident site (e.g., air monitors, fixed radiation monitors, nasal smear counts, and skin contamination levels) • Potential for industrial, biological, or chemical material exposures expected in addition to radionuclide. 		
Direct the preparation of the emergency department for the arrival of victims using PPE dress-out for radiological decontamination response		
Designate a person with a survey meter at the entrance of the decontamination room to monitor personnel and equipment leaving the radiation decontamination room.		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Participate in briefings and meetings and contribute to the Incident Action Plan, as requested.		
Verify with the Safety Officer and the Security Branch Director that all access to the Emergency Department has been secured to prevent media or other non-authorized people from entering into the treatment area during treatment or the decontamination process.		
Ensure the monitoring and surveying of hospital staff providing patient decontamination and care from the arrival of the patient through the decontamination and care process, and post-event monitoring of all personnel after care is provided.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Incident Commander or Operations Section Chief and Branch Directors to update current situation and conditions.		
Continue to ensure appropriate decontamination processes including: <ul style="list-style-type: none"> • Monitoring patients and decontamination team during and after the care of the patient(s). • Surveying of the contaminated areas, patients and exposed personnel. • Collecting samples for subsequent analysis. • Collecting and managing any radioactive wastes (solid and liquid) generated during the decontamination process. • Evaluating staff dosimeters and ensuring proper follow-up if indicated. 		
Ensure use of all safety practices and procedures.		
Prepare and maintain records and reports.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
In collaboration with the Operations Section's HazMat Branch Director, oversee final personnel clearance checks and report clearance to the Emergency Department attending, Medical Care Branch Director, Staff Health and Well-Being Unit Leader and Operations Section Chief: <ul style="list-style-type: none"> • Ambulance and attendants • Route from ambulance entrance to radiation decontamination room • Radiation decontamination room • Patient(s) and staff 		
Direct monitoring of facility decontamination processes as needed, in collaboration with the HazMat Branch Director.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		

Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief replacement on the status of all ongoing operations, issues and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure analysis of all specimens taken from potentially contaminated items or water.		
Ensure staff and Staff Health and Well-Being Unit Leader is aware of any significant information resulting from exposure to radiation and recommendations for follow up care and monitoring.		
Ensure the Security Officer has custody of all suspected contaminated evidence for release to proper (verified) authority in a proper container, properly sealed.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Operations Section Chief or Incident Commander, as appropriate.		
Upon deactivation of your position, brief the Incident Commander or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Incident Commander or Operations Section Chief, as appropriate for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

MEDICAL/TECHNICAL SPECIALIST – MEDICAL STAFF

Mission: Advise the Incident Commander or Operations Section Chief, as assigned, on issues related to the medical staff.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: _____		Signature: _____		
Hospital Command Center (HCC) Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Request staffing assistance from the Labor Pool and Credentialing Unit Leader to assist with rapid research and clerical assistance as needed.		
Assist Labor Pool & Credentialing Unit Leader with medical staff credentialing issues.		
Assist the Support Branch Director with completion of the Medical Staff Plan (HICS Form 206)		
Meet regularly with Medical Care Branch Director and Support Branch Director to plan and project patient care needs.		
Participate in briefings and meetings and contribute to the Incident Action Plan, as requested.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Incident Commander or the Operations Section Chief, as appropriate, to brief on medical staff status and projected needs.		
Maintain regular communications with the Medical Care Branch Director to co-monitor the delivery and quality of medical care in all patient areas.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to ensure medical staff related response issues are identified and effectively managed. Report critical issues to the Medical Care Branch Director and Operations Section Chief, as appropriate.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to meet regularly with the Operations Section Chief or Incident Commander, as assigned, to update current conditions and status.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Operations Section Chief or Incident Commander, as appropriate.		
Upon deactivation of your position, brief the Operations Section Chief or Incident Commander, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Operations Section Chief or the Incident Commander, as appropriate, for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

OPERATIONS SECTION CHIEF

Mission: Develop and implement strategy and tactics to carry out the objectives established by the Incident Commander. Organize, assign, and supervise Staging, Medical Care, Infrastructure, Security, Hazardous Materials, and Business Continuity Branch resources.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Incident Commander Signature: _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander. Obtain packet containing Operations Section Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Determine need to appoint Staging Manager, Branch Directors, and Unit Leaders in Operations Section; distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204). Positions may include: Staging Manager, Medical Branch Director, Infrastructure Branch Director, HazMat Branch Director, Security Branch Director and Business Continuity Branch Director.		
Establish Operations Section Center in Nursing Administration offices.		
Brief Operations Section Branch Directors and Staging Manager on current situation and incident objectives; develop response strategy and tactics; outline Section action plan and designate time for next briefing.		
Participate in Incident Action Plan preparation, briefings, and meetings as needed; assist in identifying strategies; determine tactics, work assignments, and resource requirements.		
Obtain information and updates regularly from Operations Section Branch Directors and Staging Manager; maintain current status of all areas; inform Situation Unit Leader of status information.		
Maintain communications with Logistics Section Chief and Staging Manager to ensure the accurate movement and tracking of personnel and resources to Staging Area.		
Ensure Operations Section personnel comply with safety policies and procedures.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Communicate regularly with the Incident Commander, Public Information Officer and Liaison Officer; brief regularly on the status of the Operations Section.		
Designate time(s) for briefings and updates with Operations Section leadership to develop or update the Section action plan.		
Ensure the following are being addressed: <ul style="list-style-type: none"> • Section Staff health and safety • Patient tracking • Patient care • Patient family support • Interfacility transfers (into and from facility) • Fatality management • Information sharing with local Emergency Operations Center, public health, and law enforcement in coordination with the Liaison Officer • Personnel and resource movement through Staging Area • Documentation 		
Initiate the Resource Accounting Records (HICS Forms 257A & 257B) to track equipment used during the response.		
Schedule planning meetings with Branch Directors and Staging Manager to update the Section action plan and demobilization procedures.		
Coordinate patient care treatment standards and case definitions with public health officials, as appropriate.		
Ensure that the Operations Section is adequately staffed and supplied.		
Coordinate personnel needs with Labor Pool & Credentialing Unit Leader, supply and equipment needs with the Supply Unit Leader, projections and needs with the Planning Section, and financial matters with the Finance/Administration Section.		
Ensure coordination with any assisting or cooperating agency.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Operations Section personnel's ability to meet workload demands, staff health and safety, resource needs and documentation practices.		
Continue to maintain the Resource Accounting Records (HICS Forms 257A & 257B) to track equipment used during the response.		
Conduct regular situation briefings with Operations Section Branch Directors and Staging Manager.		
Address issues related to ongoing patient care: <ul style="list-style-type: none"> • Ongoing patient arrival • Bed availability • Patient transfers 		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
<ul style="list-style-type: none"> • Patient tracking • Staff health and safety • Mental health for patients, families, staff, incident management personnel • Fatality management • Staffing • Staff prophylaxis • Medications • Medical equipment and supplies • Personnel and resource movement through Staging Area • Linkages with the medical community, area hospitals, and other healthcare facilities • Documentation 		
<p>Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.</p>		
<p>Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit. Provide for staff rest periods and relief.</p>		
<p>Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.</p>		

Demobilization/System Recovery	Time	Initial
<p>As needs decrease, return Operations Section staff to their usual jobs and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.</p>		
<p>Coordinate patient care restoration to normal services.</p>		
<p>Coordinate final reporting of patient information with external agencies through Liaison Officer and Public Information Officer.</p>		
<p>Work with Planning and Finance/Administration Sections to complete cost data information.</p>		
<p>Debrief staff on lessons learned and procedural/equipment changes needed.</p>		
<p>Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.</p>		
<p>Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Documentation Unit.</p>		
<p>Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include:</p> <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
<p>Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.</p>		

Documents/Tools

- Incident Action Plan
- HICS Form 204 – Branch Assignment Sheet
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- HICS Form 257A – Internal Resource Accounting Record
- HICS Form 257B – External Resource Accounting Record
- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory

STAGING MANAGER

Mission: Organize and manage the deployment of supplementary resources, including personnel, vehicles, equipment, supplies, and medications.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Operations Section Chief Signature: _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Operations Section Chief. Obtain Staging Unit Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification (red vest).		
Notify your usual supervisor of your HICS assignment.		
Determine need for and appropriately appoint Staging Team Leaders (Personnel Staging Team Leader, Vehicle Staging Team Leader, Equipment Supply Staging Team Leader, and Medication Staging Team Leader), distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204).		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Brief the Staging Team Leaders on current situation; outline branch action plan and designate time for next briefing.		
Set up Staging Area in the Blue Mile/Central Sterile break area for the receipt and distribution of personnel and equipment resources.		
Coordinate delivery of needed resources to requesting area: <ul style="list-style-type: none"> • Personnel • Vehicles • Equipment and supplies • Medications 		
Regularly report Staging Area status to Operation Section Chief.		
Assess problems and needs; coordinate resource management.		
Instruct all Staging Team Leaders to evaluate on-hand equipment, supply, and medication inventories and staff needs in collaboration with Logistics Section Supply Unit Leader; report status to Operations Section Chief and Supply Unit.		
Meet with the Operations Section Chief and Logistics Section Chief, as appropriate to discuss plan of action and staffing in all activities.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Operations Section Chief for status reports, and relay important information to Staging Team staff.		
Continue coordinating delivery of needed personnel, equipment/supplies, medications, and facility support services, working with the Logistics Section and Operations Section Branch Directors, as needed.		
Ensure prioritization of problems when multiple issues are presented.		
Coordinate use of external resources.		
Develop and submit a Staging Area action plan to the Operations Section Chief when requested.		
Ensure documentation is completed correctly and collected.		
Advise the Operations Section Chief immediately of any operational issue you are not able to correct or resolve. Make notification of resource problems encountered to the Logistics Section Chief, as appropriate.		
Ensure staff health and safety issues being addressed; resolve with the Safety Officer.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Staging Team's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Coordinate assignment and orientation of external personnel sent to assist.		
Work with the Operations Section Chief and Logistics Section Chief, as appropriate on the assignment of external resources.		
Rotate staff on a regular basis.		
Document actions and decisions on a continual basis.		
Continue to provide the Operations Section Chief with periodic situation updates.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Staging Area decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		

Assist the Operations Section Chief and Branch Directors with restoring hospital resources to normal operating condition.		
Ensure the return/retrieval of equipment/supplies/personnel.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Staging Unit Operational Logs (HICS Form 214) are submitted to the Operations Section Chief.		
Submit comments to the Operations Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools

- Incident Action Plan
- HICS Form 204 – Branch Assignment List
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- GP Form 221 – Demobilization Checklist
- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory

PERSONNEL STAGING TEAM LEADER

Mission: Organize and manage the deployment of supplementary personnel resources.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Staging Manager Signature: _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from Staging Manager. Read the Job Action Sheet and put on position identification.		
Develop initial action plan with other Staging Team Leaders. Designate time for follow-up meeting.		
Notify your usual supervisor of your HICS assignment.		
Appoint Personnel Staging Team members and complete the Branch Assignment List (HICS Form 204).		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Coordinate delivery of needed personnel resources to requesting areas in coordination with Labor Pool & Credentialing Unit and Transportation Unit Leader.		
Brief Team on current situation. Designate time for follow-up meeting.		
Establish and maintain contact with Planning Section's Personnel Tracking Manager and Logistics Section's Labor Pool & Credentialing Unit Leader to share information and personnel status.		
Instruct all Team members to evaluate personnel needs; report status to Staging Manager and Labor Pool & Credentialing Unit Leader.		
Assess problems and needs in each unit area; coordinate resource management.		
Establish regular meetings with Staging Manager to discuss plan of action, critical issues and staffing.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue coordinating delivery of needed personnel, working with the Logistics Section.		
Ensure prioritization of problems when multiple issues are presented.		
Ensure documentation is done correctly and collected.		
Report resource problems and issues Logistics Section.		
Coordinate use of external resources.		
Continue to meet regularly with Staging Manager for status reports, and relay important information.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Advise Staging Manager immediately of any operational issue you are not able to correct or resolve.		
Ensure staff health and safety issues being addressed; resolve with Safety Officer, Staging Manager and Staff Health & Well-Being Unit, as appropriate.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Personnel Staging Team members' ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Coordinate assignment and orientation of external personnel assigned to Staging Team.		
Work with Staging Manager and Logistics Section on the assignment of external resources.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to Staging Manager and Staff Health & Well-Being Unit.		
Rotate staff on a regular basis.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and submit to the Staging Manager at assigned intervals and as needed.		
Continue to provide Staging Manager with periodic situation updates.		
Request mental health assistance for staff from Staff Health & Well-Being Unit as needed.		

Demobilization/System Recovery	Time	Initial
As needs for Personnel Staging Team staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Continue to participate in briefings and meetings as requested.		
Assist Staging Manager, Operations Section Chief and Team members with		

Demobilization/System Recovery	Time	Initial
restoring hospital resources to normal operating condition.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Staging Manager and Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to Staging Manager or Operations Section Chief, as appropriate.		
Submit comments to the Staging Manager for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management activities.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

VEHICLE STAGING TEAM LEADER

Mission: Organize and manage the deployment of supplementary vehicle resources.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Staging Manager Signature: _____

Hospital Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from Staging Manager. Read the Job Action Sheet and put on position identification.		
Obtain briefing from Staging Manager; develop initial action plan with other Staging Team Leaders. Designate time for follow-up meeting.		
Notify your usual supervisor of your HICS assignment.		
Identify vehicle-holding area within the Staging Area, as appropriate.		
Appoint Vehicle Staging Team members and complete the Branch Assignment List (HICS Form 204).		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Coordinate delivery and assignment of needed vehicles, working with the Logistics Section's Transportation Unit.		
Regularly report Team status to Staging Manager.		
Brief Team on current situation. Designate time for follow-up meeting.		
Instruct all Team members to evaluate vehicular needs; report status to Staging Manager and Logistics Section's Support Branch Units.		
Report vehicle resource inventories to Planning Section's Materiel Tracking Manager.		
Assess problems and needs in each unit area; coordinate resource management.		
Meet with Staging Manager to discuss plan of action and staffing in all activities.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue coordinating delivery and assignment of needed vehicles, working with the Logistics Section's Transportation Unit.		
Coordinate use of external resources.		
Ensure prioritization of problems when multiple issues are presented.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Ensure documentation is done correctly and collected.		
Make notification of resource problems encountered to Staging Manager and Logistics Section, as appropriate.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Advise Staging Manager immediately of any operational issue you are not able to correct or resolve.		
Meet regularly with Staging Manager for status reports, and relay important information.		
Ensure staff health and safety issues being addressed; resolve with Safety Officer/Operations Section Chief when appropriate.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Vehicles Staging Team members' ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Work with Staging Manager and Logistics Section's Units on the assignment of external resources.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to Staging Manager and Staff Health & Well-Being Unit.		
Rotate staff on a regular basis.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and submit to the Staging Manager at assigned intervals and as needed.		
Continue to provide Staging Manager with regular situation updates.		
Request mental health assistance for staff from the Staff Health & Well-Being Unit and report to Staging Manager.		

Demobilization/System Recovery	Time	Initial
As needs for Vehicle Staging Team staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Assist Operations Section Chief and Team members with restoring hospital resources to normal operating condition.		
Ensure appropriate final records are sent to Staging Manager or Operations Section Chief, as appropriate.		
Ensure return/retrieval of vehicles and assigned equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Staging Manager and Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		

Demobilization/System Recovery	Time	Initial
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to Staging Manager or Operations Section Chief, as appropriate.		
Submit comments to the Staging Manager for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in briefings and meetings as requested.		
Participate in stress management activities.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

EQUIPMENT/SUPPLY STAGING TEAM LEADER

Mission: Organize and manage the deployment of supplementary equipment and supplies.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Staging Manager	Signature: _____
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from Staging Manager. Read the Job Action Sheet (JAS) and put on position identification.		
Obtain briefing from Staging Manager; develop initial action plan with other Staging Team Leaders. Designate time for follow-up meeting.		
Notify your usual supervisor of your HICS assignment.		
Identify equipment-holding area within Staging Area, as appropriate.		
Coordinate, in collaboration with Transportation Unit Leader in Logistics Section, the delivery of needed equipment and supplies to requesting area.		
Appoint Equipment/Supply Staging Team members and complete the Branch Assignment List (HICS Form 204).		
Brief Team on current situation. Designate time for follow-up meeting.		
Ensure that the Materials Management Staff (or assign staff as needed) stocks and delivers carts, as needed, to Triage (Emergency Department Garage), Immediate Care (Emergency Department), Delayed Care (Same Day Surgery), Minor Care (Outpatient Department), and Expectant Care (Morgue)		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Instruct all Team members to evaluate equipment and resource needs; report status to Staging Manager and Logistics Section's Support Branch.		
Report equipment and supply resource inventories to Planning Section's Materiel Tracking Manager.		
Regularly report status to Staging Manager, discuss plan of action, critical issues and staffing. .		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue coordinating delivery of needed equipment and supplies, working with the Support Branch Director, Supply Unit Leader or others, as appropriate in the Logistics Section.		
Ensure prioritization of problems when multiple issues are presented.		
Ensure documentation is done correctly and collected.		
Report resource problems and issues to Staging Manager, Support Branch Director, Supply Unit Leader or Logistics Section Units, as appropriate.		
Coordinate use of external resources.		
Advise Staging Manager immediately of any operational issue you are not able to correct or resolve.		
Continue to meet regularly with Staging Manager for status reports, and relay important information.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Ensure staff health and safety issues being addressed; resolve with Safety Officer/Operations Section Chief when appropriate. Provide for staff rest periods and relief.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Equipment/Supplies Staging Team members' ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Work with Staging Manager and Logistics Section Branches and Units on the assignment of external resources.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to Staging Manager and Staff Health & Well-Being Unit.		
Rotate staff on a regular basis.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and submit to the Staging Manager at assigned intervals and as needed.		
Continue to provide Staging Manager with regular situation updates.		

Demobilization/System Recovery	Time	Initial
As needs for Equipment/Supplies Staging Team staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Assist Staging Manager and Operations Section Chief with restoring hospital resources to normal operating condition.		
Ensure return/retrieval of equipment and supplies and return all assigned		

Demobilization/System Recovery	Time	Initial
incident command equipment.		
Upon deactivation of your position, brief the Staging Manager and Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to Staging Manager or Operations Section Chief, as appropriate.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Submit comments to the Staging Manager for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in briefings and meetings as requested.		
Participate in stress management activities.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

MEDICATION STAGING TEAM LEADER

Mission: Organize and manage the deployment of supplementary medications.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: Staging Manager		Signature: _____		
Hospital Command Center (HCC) Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from Staging Manager. Read the Job Action Sheet (JAS) and put on identification.		
Obtain briefing from Staging Manager; develop initial action plan with other Staging Team Leaders. Designate time for follow-up meeting.		
Notify your usual supervisor of your HICS assignment.		
Identify medication and pharmaceutical holding area in Staging Area, as appropriate.		
Appoint Medication Staging Team members and complete the Branch Assignment List (HICS Form 204).		
Brief Team on current situation. Designate time for follow-up meeting.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Regularly report status to Staging Manager.		
Instruct all Team members to evaluate medication inventories and needs; report status to Staging Manager and Logistics Branch's Support Branch.		
Report medication inventories to Planning Section's Materiel Tracking Manager.		
Coordinate delivery of needed medication resources to requesting area.		
Assess problems and needs in each unit area; coordinate resource management.		
Meet with Staging Manager to discuss plan of action and staffing in all activities.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Ensure prioritization of problems when multiple issues are presented.		
Ensure medications are maintained at proper temperatures.		
Continue coordinating delivery of needed medications, working with the Logistics Section's Supply Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Ensure documentation is done correctly and collected.		
Report resource problems and issues to Staging Manager and Logistics Section Support Branch.		
Coordinate use of external resources.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Advise Staging Manager immediately of any operational issue you are not able to correct or resolve.		
Meet regularly with Staging Manager for status reports and relay important information.		
Ensure staff health and safety issues being addressed; resolve with Staging Manager/ Safety Officer when appropriate.		
Brief your shift replacement on the situation and actions being taken.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Medications Staging Team members' ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Work with Operations Section Chief and Logistics Support Branch on the assignment of external resources.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to Staging Manager.		
Rotate staff on a regular basis.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and submit to the Staging Manager at assigned intervals and as needed.		
Continue to provide Staging Manager with periodic situation updates.		

Demobilization/System Recovery	Time	Initial
As needs for Medication Staging Team staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Assist Staging Manager and Operations Section Chief with restoring hospital resources to normal operating condition.		
Ensure return/retrieval of unused medications.		
Return all equipment and supplies, including incident command equipment.		
Upon deactivation of your position, brief the Staging Manager and Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		

Demobilization/System Recovery	Time	Initial
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to Staging Manager or Operations Section Chief, as appropriate.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Submit comments to the Staging Manager for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in briefings and meetings as requested.		
Participate in stress management activities.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

MEDICAL CARE BRANCH DIRECTOR

Mission: Organize and manage the delivery of emergency, inpatient, outpatient, and casualty care, and clinical support services.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Operations Section Chief _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Operations Section Chief. Obtain packet containing Medical Care Branch Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Determine need for and appropriately appoint Medical Care Branch Unit Leaders, distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204). Positions may include: <ul style="list-style-type: none"> • Inpatient Unit Leader • Outpatient Unit Leader • Casualty Care Unit Leader • Mental Health Unit Leader • Clinical Support Service Unit Leader • Patient Registration Unit Leader 		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214).		
Collaborate with Medical/Technical Specialist(s) concerning medical care guidance.		
Brief the Medical Care Branch Unit Leaders on current situation, incident objectives and strategy; outline Branch action plan and designate time for next briefing.		
Evaluate Medical Care Branch capacity to perform: <ul style="list-style-type: none"> • Inpatient • Outpatient • Casualty Care • Mental Health • Clinical Support Services (lab, diagnostic radiology, pharmacy) • Patient Registration 		
Ensure new patients are being rapidly assessed and moved to definitive care locations (i.e., admission, surgery, discharge, transfer.)		
Ensure pre-existing patients receive needed care and reassurance.		

Assess problems and needs in Branch areas; coordinate resource management.		
Ensure Branch personnel comply with safety policies and procedures.		
Instruct all Unit Leaders to evaluate on-hand equipment, supply, and medication inventories and staff needs in collaboration with Logistics Section Branches; report status to the Operations Section Chief.		
Determine need for surge capacity plan implementation and/or modification of existing plan.		
Coordinate with Inpatient and Casualty Care Unit Leaders to prioritize patient transfer needs.		
Determine if communicable disease risk exists; implement appropriate response procedure(s). Collaborate with the appropriate Medical/Technical Specialist, if activated.		
Regularly meet with the Operations Section Chief to discuss plan of action and staffing in all service areas.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue to meet regularly with Operations Section Chief for status reports, and relay important information to Branch staff.		
Continue coordinating patient care, disposition of patients, and clinical services support.		
Ensure patient transfer coordination and tracking is being done according to the Emergency Operations Plan and hospital procedures.		
Ensure patient records are being done correctly and collected.		
Ensure patient care needs are being met and policy decisions to institute austere care (altered level of care) practices are determined and communicated effectively.		
Advise the Operations Section Chief immediately of any operational issue you are not able to correct or resolve.		
Assess environmental services (housekeeping) needs in all clinical care and clinical support areas; contact the Infrastructure Branch Leader or Environmental Services Unit Leader, as appropriate, with identified needs.		
Review personnel protection practices; revise as needed.		
Ensure patient safety issues are identified and addressed.		
Report equipment and supply needs to Operations and Logistics Section Chiefs.		
Continue to provide updated clinical information and situation reports to Unit Leaders and staff.		
Ensure patient data is collected and shared with appropriate internal and external officials, in collaboration with the Liaison Officer.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Ensure staff health and safety issues are being addressed; resolve with the Safety Officer and Staff Health & Well-Being Unit, as appropriate.		
Develop and submit a Branch action plan to the Operations Section Chief when requested.		
Communicate with Clinical Support Services Unit Leader to ensure accurate routing of test results.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Medical Care Branch's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Continue to ensure patient transfer coordination and tracking; mitigate identified issues.		
Rotate staff on a regular basis.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and submit to the Operations Section Chief at assigned intervals and as needed.		
Continue to provide the Operations Section Chief with regular situation updates.		
Provide Branch Unit Leaders with situation update information and revised patient care practice standards.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Medical Care Branch staff decrease, return staff to their usual jobs, and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Assist Operations Section Chief and Unit Leaders with restoring patient care and clinical support areas to normal operations. Notify the Operations Section Chief when restoration is complete.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational		

Demobilization/System Recovery	Time	Initial
Logs (HICS Form 214) are submitted to the Operations Section Chief.		
Submit comments to the Operations Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

INPATIENT UNIT LEADER

Mission: Assure treatment of inpatients, manage the inpatient care area(s), and provide for a controlled patient discharge.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Medical Care Branch Director Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and appropriate forms and materials from the Medical Care Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Inpatient Unit team members, including a Discharge Unit Leader, and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Assist with establishment of inpatient care areas in additional/new locations as necessary.		
Instruct Inpatient Unit team members to begin patient priority assessment and to designate those eligible for early discharge.		
Initiate discharges in the Discharge Unit (Same Day Surgery waiting area) at the direction of the Incident Commander and in coordination with the Medical Care Branch Director.		
Assess critical issues and treatment needs in inpatient care areas; coordinate the staffing and supplies between each area to meet needs.		
Regularly meet with Medical Care Branch Director to discuss medical care plan of action and staffing in all inpatient care areas.		
Coordinate with Situation Unit Leader/Bed Tracking Manager for bed availability and tracking, as appropriate.		
Brief current patients and family members of incident, as appropriate, using public information provided by Public Information Officer.		
Receive, coordinate, and forward requests for personnel and supplies to the Medical Care Branch Director.		
Document all communications (internal and external) on an Incident Message		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue coordination of rapid care and disposition of patients.		
Ensure patient records are being prepared correctly and collected.		
Ensure patient care is being prioritized effectively when austere conditions are present.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Advise Medical Care Branch Director immediately of any operational issue you are not able to correct or resolve.		
Assess environmental services (housekeeping) needs in all inpatient care areas; contact Environmental Services Unit Leader for assistance.		
Report equipment and supply needs to Medical Branch Director and Support Branch Director of Supply Unit Leader, as appropriate.		
Ensure staff health and safety issues are being addressed; resolve with Medical Care Branch Director and Staff Health and Well-Being Unit Leader, when appropriate.		
Develop and submit an action plan to Medical Care Branch Director when requested.		
Ensure that patient status and location information is being regularly submitted to the Patient Tracking Manager.		
In collaboration with the Medical Care Branch Director, prioritize and coordinate patient transfers to other hospitals with the Logistics Section's Support Branch Director or Transportation Unit Leader, as appropriate. Ensure medications, equipment, and appropriate staff accompany patients transferred to alternate care site.		
Upon shift change, brief your replacement on the situation, ongoing operations, issues and other relevant incident information.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue inpatient care supervision, including monitoring quality of care, document completion, and safety practices.		
Observe all staff, volunteers, and patients for signs of stress and inappropriate behavior. Report concerns to Medical Care Branch Director and Staff Health & Well-Being Unit.		
Rotate staff on a regular basis.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Medical Care Branch Director at assigned intervals and as needed.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to provide Medical Care Branch Director with regular situation updates.		
Provide staff with situation update information and revised patient care practice standards.		
Continue to ensure mental health needs of patient and family are being met.		
Report mental health needs of staff to Staff Health & Well-Being Unit.		

Demobilization/System Recovery	Time	Initial
As needs for Inpatient Unit staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Assure treatment of inpatients, manage the inpatient care area(s), and provide for a controlled patient discharge.		
Assist Medical Care Branch Director and Unit Leaders with restoring inpatient care areas to normal operating condition.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to Medical Care Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Medical Care Branch Director and Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to Medical Care Branch Director for discussion and possible inclusion in after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Procedures for recommended changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 254 – Disaster Victim/Patient Tracking Form • HICS Form 255 – Master Patient Evacuation Tracking Form • HICS Form 260 – Patient Evacuation Tracking Form • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

OUTPATIENT UNIT LEADER

Mission: Prepare outpatient service areas to meet the needs of in-house and newly admitted patients.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Medical Care Branch Director Signature: _____
 Hospital Command Center (HCC) Location: _____ Telephone: _____
 Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Medical Care Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Outpatient Unit team members and complete the Branch Assignment List (HICS Form 204).		
Brief team members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Assess current capabilities. Project immediate and prolonged capacities to provide outpatient services based on current data.		
Conduct outpatient priority assessment; designate those eligible for immediate discharge (including patients in Cancer Center, Diagnostic Imaging, Outpatient/IV Therapy, Cardiac Rehabilitation, Pulmonary Rehabilitation, Rehab Services, Behavioral Health, Same Day Surgery, and any other outpatient departments; admit those patients unable to be discharged.		
Regularly report status to Medical Care Branch Director; ensure hospital staff are aware of available outpatient services.		
Brief Outpatient Unit team members on current status. Designate time for follow-up meeting.		
Brief current patients and family members of incident, as appropriate, using public information provided by Public Information Officer.		
Ensure that: <ul style="list-style-type: none"> • Outpatient service admissions and dispositions are tracked and documented. • Patients are triaged and prioritized to receive care. • All discharged patients receive written and verbal discharge instructions, including next physician follow up. 		
Ensure staff are using recommended PPE and following other safety		

Immediate (Operational Period 0-2 Hours)	Time	Initial
recommendations.		
Resolve problems and needs; coordinate resource management.		
Meet with Medical Care Branch Director to discuss plan of action and staffing in all outpatient service areas.		
Receive, coordinate, and submit requests for personnel to the Logistics Section's Support Branch Director or Labor Pool & Credentialing Unit Leader, and supplies to the Supply Unit Leader, as appropriate.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue coordinating discharge of patients to home or transfer to another facility.		
Advise Medical Care Branch Director immediately of any operational issue you are not able to correct or resolve.		
Ensure patient records and documentation are being prepared correctly and collected.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Meet regularly with team members for status reports, and report important information to Medical Care Branch Director.		
Assess environmental services (housekeeping) needs in all outpatient care areas; contact Infrastructure Branch Director or Environmental Services Unit Leader, as appropriate for assistance.		
Report equipment, supply, personnel and medication needs to Medical Branch Director.		
Ensure staff health and safety issues are being addressed; resolve with Medical Care Branch Director, Safety Officer and Staff Health & Well-Being Unit, as appropriate.		
Communicate with Patient Tracking Manager to ensure accurate routing of test results.		
Upon shift change, brief your replacement on the situation, ongoing operations, issues and other relevant incident information.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor outpatient services personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Observe all staff, volunteers, and patients for signs of stress and inappropriate behavior. Report concerns to the Medical Care Branch Director and the Staff Health & Well-Being Unit.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Rotate staff on a regular basis.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Medical Care Branch Director at assigned intervals and as needed.		
Continue to provide the Medical Care Branch Director with regular situation updates.		
Continue to provide staff with situation updates and revised patient care practice standards.		
Report mental health needs of staff to Staff Health & Well-Being Unit.		

Demobilization/System Recovery	Time	Initial
As needs for Outpatient Unit staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Assist Medical Care Branch Director and Unit Leaders with restoring outpatient areas to normal operating condition.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Medical Care Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Medical Care Branch Director or Operations Section Chief, as appropriate.		
Submit comments to Medical Care Branch Director for discussion and possible inclusion in after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Procedures for recommended changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory . Discharge instruction sheets (department specific)

CASUALTY CARE UNIT LEADER

Mission: Assure delivery of emergency care to arriving patients.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Medical Care Branch Director Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and appropriate materials from the Medical Care Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Identify patient receiving area and implement patient triage procedures with designated locations for patients with Immediate, Delayed, Minor and Expectant needs.		
Appoint Casualty Care Unit team members and complete the Branch Assignment List (HICS Form 204). Brief Casualty Care Unit team members on current status. Positions may include: <ul style="list-style-type: none"> • Triage – Emergency Department Garage • Immediate – Emergency Department • Delayed – Same Day Surgery • Minor – Outpatient Department • Expectant - Morgue or determined by the Casualty Care Unit Leader in collaboration with the Operations Section Chief 		
Assist with establishment of treatment areas in additional/new locations if necessary.		
Instruct all Casualty Care Unit team members to begin patient priority assessment and to designate those eligible for early discharge.		
Assess problems and treatment needs in each area; coordinate the staffing and supplies between each area to meet needs.		
Meet with Medical Care Branch Director to discuss medical care plan of action and staffing in all treatment areas.		
Receive, coordinate, and forward requests for personnel to the Labor Pool & Credentialing Unit and supplies to the Supply Unit. Report requests to the Medical Care Branch Director.		
Document all communications (internal and external) on an Incident Message		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with Operations Section Chief for status reports, and relay important information to team.		
Continue coordinating needed facility support services.		
Continue coordination of rapid care and disposition of patients.		
Ensure patient records and documentation are being prepared correctly and collected.		
Ensure patient care is being prioritized effectively when altered care (austere) standards of practice are implemented.		
Ensure that the mass fatality plan is being effectively implemented and the following is addressed: <ul style="list-style-type: none"> • Family notification (with law enforcement and coroner assistance) • Family support center • Safe and respectful storage • Security • Proper handling of personal effects • Evidence preservation/chain of custody • Documentation • Integration with coroner/law enforcement 		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Advise Medical Care Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue emergency care supervision, including monitoring quality of care, document completion, and safety practices.		
Observe all staff, volunteers, and patients for signs of stress and inappropriate behavior. Report concerns to Medical Care Branch Director and Staff Health & Well-Being Unit. Provide for staff rest periods and relief.		
Rotate staff on a regular basis.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Medical Care Director at assigned intervals and as needed.		
Continue to provide Medical Care Branch Director with regular situation updates.		
Continue to provide Unit staff with situation update information.		
Report mental health needs of patient and family to the Mental Health Unit Leader.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Report mental health needs of staff to the Staff Health & Well-Being Unit.		

Demobilization/System Recovery	Time	Initial
As needs for Casualty Care Unit staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Assist Medical Care Branch Director and Unit Leaders with restoring emergency treatment areas and the morgue to normal operations.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Medical Care Branch Director and Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to Medical Care Branch Director or Operations Section Chief, as appropriate.		
Submit comments to Medical Care Branch Director for discussion and possible inclusion in after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Procedures for recommended changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment Sheet • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 254 – Disaster Victim /Patient Tracking Form • HICS Form 259A – Disaster Fatality Report • HICS Form 260- Patient Evacuation Tracking Form • Great Plains Regional Medical Center Release of Body Form • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Mass Fatalities Plan (EOP) • Mass Casualty Plan (EOP)

MENTAL HEALTH UNIT LEADER

Mission: Address issues related to mental health emergency response, manage the mental health care area, and coordinate mental health response activities.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Medical Care Branch Director _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and appropriate forms and materials from the Medical Care Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Mental Health team members and complete the Branch Assignment List (HICS Form 204).		
Set up location for victim family members in Case Management offices, Volunteer Services Office, and Laboratory waiting area.		
Brief Unit team members on current situation, incident objectives and strategy; outline Unit action plan and designate time for next briefing.		
Meet with the Command staff and Staff Health & Well-Being Unit Leader to plan, project, and coordinate mental health care needs of patients, their family, and staff. The plan should include addressing the mental health needs of people who arrive at the hospital with concerns that they are or may be victims of the disaster.		
Participate in briefings and meetings, as requested.		
Communicate with the Medical Care Branch Director and obtain information, as follows: <ul style="list-style-type: none"> • Type and location of incident. • Number and condition of expected patients. • Estimated arrival time to facility. • Unusual or hazardous environmental exposure. • Location(s) of surge of people (who may or may not be victims of the disaster) who have arrived at the facility or who are calling to ask for assistance (e.g., facility phones, reception area, Emergency Department, decontamination area, isolation area, etc.). • Any special circumstances that must be addressed due to the nature of the incident, such as special languages, cultural needs, or security concerns. 		

Provide mental health guidance and recommendations to Medical Care Branch Director based on response needs and potential triggers of psychological effects (trauma exposure, perceived risk to staff and family, restrictions on movement, resource limitations, information unavailability).		
<p>Communicate and coordinate with Logistics Section Chief to determine</p> <ul style="list-style-type: none"> • Available staff (mental health, nursing, chaplains, experienced volunteers, etc.) that can be deployed to key areas of the facility to provide psychological support, and intervention. • Location and type of resources that can be used to assist with a mental health response, such as toys and coloring supplies for children, mental health disaster recovery brochures, fact sheets on specific hazards (e.g., information on chemical agents that include symptoms of exposure), private area in the facility where family members can wait for news regarding their loved ones, etc. • Availability of psychotropic medications (particularly anxiolytics). 		
<p>Communicate with Planning Section Chief to determine:</p> <ul style="list-style-type: none"> • Bed availability in inpatient psychiatry units, if applicable. • Additional short and long-range mental health response needs. • Need to provide mental health care guidance to medical community. 		
Establish an overall mental health treatment plan for the disaster including priorities for mental health response for patients, families, and staff; staffing recommendations; recommended mental health activities/interventions; resources available and needed; and problems to be addressed in the next operational period.		
Regularly meet with Medical Care Branch Director to discuss medical care plan of action and staffing in all mental health areas.		
Receive, coordinate, and forward requests for personnel and supplies to the Medical Care Branch Director.		
Request clerical support from the Labor Pool and Credentialing Unit Leader, if necessary.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
<p>Communicate and coordinate with Logistics Section Chief on the availability of:</p> <ul style="list-style-type: none"> • Mental health staff needed to deliver psychological support and intervention • Availability of psychotropic medications (particularly anxiolytics) 		
Coordinate with Logistics and Planning Section Chiefs to expand/create a recognized provisional Mental Health Patient Care Area, if necessary.		
Ensure that appropriate mental health standards of care are being followed and mental health needs are being met.		

Establish regular meeting schedule with mental health staff responding to the		
---	--	--

incident and the Medical Care Branch Director for updates on the situation regarding hospital operation needs.		
Maintain communication with Logistics and Planning Sections to monitor situation updates and maintain information resource availability.		
Communicate with local governmental mental health department, in collaboration with the Liaison Officer, to ascertain community mental health status and assess available resources.		
Participate in development of risk communication and public information that addresses mental health concerns.		
Ensure patient records are being prepared correctly and collected.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Advise Medical Care Branch Director immediately of any operational issue you are not able to correct or resolve.		
Assess environmental services (housekeeping) needs in all mental health care areas; contact the Environmental Services Unit Leader for assistance.		
Report equipment and supply needs to the Medical Care Branch Director and Supply Unit Leader.		
Ensure staff health and safety issues are being addressed; resolve with Medical Care Branch Director and Staff Health and Safety Unit Leader, when appropriate.		
Develop and submit an action plan to Medical Care Branch Director when requested.		
Ensure that patient status and location information is being regularly submitted to the Patient Tracking Officer.		
In collaboration with the Medical Care Branch Director, prioritize and coordinate patient transfers to other hospitals with Transportation Unit Leader.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue mental health care supervision, including monitoring quality of care, document completion, and safety practices.		
Continue to meet regularly with the mental health staff responding to the incident and the Medical Care Branch Director to keep apprised of current conditions.		
Continue to ensure the provision of resources for mental health and recovery, and education to children and families.		
Observe staff, volunteers, and patients for signs of stress and inappropriate behavior. Report concerns to the Medical Care Branch Director and the Staff Health and Well-Being Unit. Provide for staff rest periods and relief.		
Rotate staff on a regular basis.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Medical Care Branch Director at assigned intervals and as needed.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to provide Medical Care Branch Director with regular situation updates.		
Provide staff with situation update information and revised patient care practice standards.		
Continue to ensure mental health needs of patient and family are being met.		
Respond to reports or concerns from other staff regarding signs of staff stress and inappropriate behavior. Report mental health needs of staff to Staff Health and Well-Being Unit.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Mental Health Unit staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Coordinate a plan to address the ongoing mental health needs of patients, families, and staff, in conjunction with the Staff Health & Well-Being Unit.		
Assist Medical Care Branch Director and Unit Leaders with restoring mental health care areas to normal operating condition.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Medical Care Branch Director and Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to Medical Care Branch Director or Operations Section Chief, as appropriate.		
Submit comments to Medical Care Branch Director for discussion and possible inclusion in after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Procedures for recommended changes • Section accomplishments and issues 		
Coordinate stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Local public health department reporting forms

Documents/Tools

- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory

CLINICAL SUPPORT SERVICES UNIT LEADER

Mission: Organize and manage clinical support services. Assist in providing the optimal functioning of these services. Monitor the use and conservation of these resources.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Medical Care Branch Director _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Medical Care Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Clinical Support Services Unit team members and complete the Branch Assignment List (HICS Form 204).		
Brief team members on current situation, incident objectives and strategy; outline team action plan; and designate time for next briefing.		
Appoint teams for: <ul style="list-style-type: none"> • Pharmacy services • Diagnostic radiology services • Laboratory services • Morgue services • Patient mental health/social work • Vulnerable patient populations, (pediatric, geriatric, disabled, chronic conditions, addictions) 		
Brief Clinical Support Services Unit team members on current status. Designate time for follow-up meeting.		
Assist in maximizing capability of service areas to meet work demands.		
Instruct all Clinical Support Services Unit team members, in collaboration with the Logistic Section Units to evaluate on-hand equipment, supply, medication inventories and staff needs; report status to Medical Care Branch Director, Logistics Section's Supply Unit Leader and Planning Section's Materiel Tracking Manager.		
Assess critical issues and needs in each clinical support services areas; coordinate resource management.		
Meet with Medical Care Branch Director to discuss plan of action/cancellation of routine services and staffing in all clinical support areas.		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive, coordinate, and forward requests for personnel and supplies to the Medical Care Branch Director.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue coordination of rapid care and disposition of patients.		
Ensure patient records are being prepared correctly and collected.		
Ensure patient care is being prioritized effectively when austere conditions are implemented.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Advise Medical Care Branch Director immediately of any operational issue you are not able to correct or resolve.		
Meet regularly with Clinical Support Services Unit staff for status reports, and relay important information to Medical Care Branch Director.		
Assess environmental services (housekeeping) needs in all ancillary care areas; contact Environmental Services Unit Leader for assistance.		
Report equipment needs to Medical Branch Director.		
Ensure staff health and safety issues are being addressed; resolve with Medical Care Branch Director when appropriate.		
Upon shift change, brief your replacement on the situation, ongoing operations, issues and other relevant incident information.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Clinical Support Services Unit's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Observe all staff, volunteers, and patients for signs of stress and inappropriate behavior. Report concerns to the Medical Care Branch Director and the Staff Health and Well-Being Unit Leader.		
Rotate staff on a regular basis.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and submit to the Medical Care Branch Director at assigned intervals and as needed.		
Continue to provide Medical Care Branch Director with regular situation updates.		
Continue to provide staff with situation updates and revised patient care practice standards.		
Report mental health needs of staff to Staff Health & Well-Being Unit.		

Demobilization/System Recovery	Time	Initial
As needs for Clinical Support Services Unit staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Assist Medical Care Branch Director and Unit Leaders with restoring service areas to normal operations.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Medical Care Branch Director and Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to Medical Care Branch Director or Operations Section Chief, as appropriate.		
Submit comments to Medical Care Branch Director for discussion and possible inclusion in after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Procedures for recommended changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment Sheet • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

PATIENT REGISTRATION UNIT LEADER

Mission: Coordinate inpatient and outpatient registration.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Infrastructure Branch Director Signature: _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Medical Care Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Patient Registration Unit members and complete the Branch Assignment List (HICS Form 204).		
Implement patient registration procedures in Triage Unit (Emergency Department Garage).		
Brief Unit staff on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
In coordination with the Patient Tracking Manager, track inpatient and outpatient admissions and discharges.		
Work with the Situation Unit Leader to document, and track all incoming and outgoing patients.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Medical Care Branch Director for status reports, and relay important information to Unit members.		
Maintain regular communications and provide patient registration information and updates to the Planning Section's Patient Tracking Manager.		
Ensure all documentation and patient registration information is completed to ensure timely payment of patient bills.		
Identify need for assistance or equipment and report to the Medical Care Branch Director.		

Develop and submit an action plan to the Medical Care Branch Director when requested.		
Advise the Medical Care Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to update the Medical Care Branch Director regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and submit to the Medical Care Branch Director at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Staging Manager and Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to Medical Care Branch Director or Operations Section Chief, as appropriate.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Submit comments to Medical Care Branch Director for discussion and possible inclusion in after action report. Comments should include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools

- Incident Action Plan
- HICS Form 204 – Branch Assignment List
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- HICS Form 254 – Disaster Victim/Patient Tracking Form
- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory

INFRASTRUCTURE BRANCH DIRECTOR

Mission: Organize and manage the services required to sustain and repair the hospital's infrastructure operations, including: power/lighting, water/sewer, HVAC, buildings and grounds, medical gases, medical devices, structural integrity, environmental services, and food services.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Operations Section Chief Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Operations Section Chief. Obtain packet containing Infrastructure Branch Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Appoint Infrastructure Branch Unit Leaders and complete the Branch Assignment List (HICS Form 204). Positions may include: <ul style="list-style-type: none"> • Power/Lighting Unit Leader • Water/Sewer Unit Leader • HVAC Unit Leader • Building/Grounds Damage Unit Leader • Medical Gases Unit Leader • Medical Devices Unit Leader • Environmental Services Unit Leader • Food Services Unit Leader 		
Brief the Infrastructure Branch on current situation, incident objectives and strategy; outline Branch action plan and designate time for next briefing.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Assess Infrastructure Branch capacity to deliver needed: <ul style="list-style-type: none"> • Facility heating and air conditioning • Power • Telecommunications • Potable and non-potable water • Medical gas delivery • Sanitation • Road clearance • Damage assessment and repair • Facility cleanliness • Vertical transport • Facility access 		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Assess problems and needs in Branch area; coordinate resource management.		
Ensure Branch personnel comply with safety policies and procedures.		
Instruct all Unit Leaders to evaluate on-hand equipment, supply, and medication inventories and staff needs, in collaboration with Logistics Section's Service and Support Branches or Units, as appropriate; report status to the Operations Section Chief and the Support Branch or Supply Unit Leader, as appropriate.		
Meet regularly with the Operations Section Chief to discuss plan of action and staffing.		
Initiate facility damage assessment in collaboration with Logistics Section's Facilities Unit, if warranted; repair problems encountered, and update the Operations Section Chief of the situation. Assist in completion of the Facility System Status Report (HICS Form 251)		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue coordinating facility support services.		
Ensure prioritization of problems when multiple issues are presented.		
Ensure documentation records are completed correctly and collected.		
Coordinate use of external resources to assist with maintenance and repairs.		
Report equipment needs to the Supply Unit Leader.		
Supervise salvage operations with the Operations Section Chief, if indicated.		
Ensure staff health and safety issues are being addressed; resolve with Infrastructure Branch Director, Safety Officer and Staff Health and Well-Being Unit Leader.		
Develop and submit a Branch action plan to the Operations Section Chief when requested.		
Advise the Operations Section Chief immediately of any operational issue you are not able to correct or resolve.		
Meet regularly with Operations Section Chief for status reports, and relay important information to Branch staff.		
Continue coordinating facility support services.		
Ensure documentation and records are being completed correctly and collected.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Infrastructure Branch's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Operations Section Chief at assigned intervals and as needed.		
Continue to provide the Operations Section Chief with regular situation updates.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Infrastructure Branch staff decrease, return staff to their usual jobs, and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Assist the Operations Section Chief and Branch Directors with restoring hospital infrastructure services to normal operating condition.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Operations Section Chief.		
Debrief staff on lessons learned and procedural/equipment changes needed		
Submit comments to the Operations Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools

- Incident Action Plan
- HICS Form 204 – Branch Assignment List
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- HICS Form 251 – Facility System Status Report
- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory
- Facility maps and ancillary services schematics
- Vendor support and repair directory

POWER/LIGHTING UNIT LEADER

Mission: Maintain power and lighting to the hospital and campus facilities. Ensure adequate generator fuel.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Infrastructure Branch Director Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Infrastructure Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Power/Lighting Unit team members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit team members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Ensure security of power plant in conjunction with Security Branch.		
Evaluate and communicate the operational status of power/lighting to the Infrastructure Branch Director.		
Place emergency repair order(s) for power/lighting as indicated; advise Infrastructure Branch Director of issues.		
Coordinate supply needs with Logistics Section's Support Branch Director or Supply Unit Leader, as appropriate.		
Provide power/lighting support to patient care areas and alternate care sites, etc.		
Coordinate with Infrastructure Branch Director to request external resource assistance.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Infrastructure Branch Director for status reports, and relay important information to Unit members.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue to monitor and evaluate power/lighting usage and supply.		
Anticipate and react to recognized shortage/failure using appropriate emergency procedure(s).		
Advise Infrastructure Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to provide regular situation updates to Unit members.		
Continue effective power/lighting sustainment measures.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and submit to the Infrastructure Branch Director at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Power/Lighting Unit staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Notify Infrastructure Branch Director when clean-up/restoration is complete.		
Coordinate resupply ordering and restocking of used equipment.		
Repair/replace broken equipment.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Coordinate reimbursement issues with Finance/Administration Section Chief.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Infrastructure Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to Medical Care Branch Director or Operations Section Chief, as appropriate.		
Submit comments to the Infrastructure Branch Director for discussion and possible inclusion in the after-action report; topics include:		

Demobilization/System Recovery	Time	Initial
<ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes and mitigation efforts • Section accomplishments and issues 		
<p>Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.</p>		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • PC with internet access, as available • Power plan schematics • Inventory list and vendor supply list

WATER/SEWER UNIT LEADER

Mission: Evaluate and monitor the patency of existing water, sewage, and sanitation systems. Enact pre-established alternate methods of waste disposal if necessary.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Infrastructure Branch Director Signature: _____

Hospital Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Infrastructure Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Water/Sewer Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Coordinate the inspection of the hospital's water and sewer systems with Buildings/Grounds Damage Unit Leader and Facilities Unit Leader.		
Establish and communicate the operational status of the water/sewer systems to the Infrastructure Branch Director.		
Place emergency repair order(s) for the water and sewer systems as indicated; advise Infrastructure Branch Director of any issues encountered and all actions.		
Repair/correct hazards, leaks or contamination with the assistance of the Safety Officer and the Buildings/Grounds Damage Unit Leader and Facilities Unit Leader.		
Coordinate with Infrastructure Branch Director to request external resource assistance.		
Coordinate with Liaison Officer for contacting external authorities (e.g. public health, water or environmental services), as appropriate.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Infrastructure Branch Director for status reports, and relay important information to Unit members.		
Implement pre-established alternative waste disposal/collection plan, if necessary.		
Inform all Sections and areas of the hospital when implementing the alternative waste disposal/collection plan.		
Position portable toilets in accessible areas; away from patient care and food preparation, as needed.		
Ensure an adequate number of hand washing areas are operational near patient care/food preparation areas, and adjacent to portable toilet facilities.		
Inform hospital infection control personnel of actions and enlist assistance where necessary.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor levels of all supplies, equipment and needs relevant to all water and sanitation operations.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and submit to Infrastructure Branch Director at assigned intervals and as needed.		
Brief Infrastructure Branch Director regularly on current condition of all water/sewer operations; communicate needs in advance.		
Obtain support staff as necessary from Labor Pool & Credentialing Unit.		
Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Water/Sewer Unit staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Notify Infrastructure Branch Director when clean-up/restoration is complete.		
Coordinate resupply ordering and restocking of used equipment.		
Repair/replace broken equipment.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Coordinate reimbursement issues with Finance/Administration Section Chief.		
Debrief staff on lessons learned and procedural/equipment changes needed.		

Demobilization/System Recovery	Time	Initial
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Infrastructure Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation, brief the Infrastructure Branch Director or Operations Section Chief, as appropriate on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Infrastructure Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes and mitigation efforts • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • PC with internet access, as available • Inventory list and vendor supply list

HVAC UNIT LEADER

Mission: Maintain heating and air conditioning to the facility and adjacent facilities.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Infrastructure Branch Director Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Infrastructure Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint HVAC Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Ensure security of HVAC in conjunction with Security Branch.		
Establish and communicate the operational status of the HVAC to the Infrastructure Support Branch Director.		
Initiate emergency repair order(s) for the HVAC systems as indicated; advise Infrastructure Branch Director of issues.		
Provide HVAC support to patient care areas and alternate treatment sites, and other critical areas.		
Evaluate positive and negative pressure status of isolation rooms, in collaboration with the Facilities Unit Leader.		
Anticipate airflow response needs for internal and external environmental hazards (e.g., climate, air plume, spills, etc.) Implement Shelter in Place safety policy if needed.		
Coordinate with Infrastructure Branch Director to request external resource assistance.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Infrastructure Branch Director for status reports, and relay important information to Unit members.		
Continue to closely monitor HVAC operations.		
Respond to and correct HVAC shortage/failure using appropriate emergency procedure(s).		
Advise Infrastructure Branch Director immediately of any operational issue you are not able to correct or resolve.		
Maintain operability of isolation rooms in collaboration with the Facilities Unit Leader.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to provide regular situation briefings to Unit members.		
Continue effective HVAC management measures.		
Continue to maintain operational status of isolation rooms, in collaboration with Facilities Unit Leader.		
Ensure your physical readiness through proper nutrition, water intake, rest and stress management techniques.		
Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for HVAC Unit staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Notify Infrastructure Branch Director when clean-up/restoration is complete.		
Coordinate re-supply ordering and restocking of used equipment.		
Repair/replace broken equipment.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Coordinate reimbursement issues with Finance/Administration Section Chief.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Infrastructure Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Infrastructure Branch Director or		

Demobilization/System Recovery	Time	Initial
Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Infrastructure Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes and mitigation efforts • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Shelter In Place safety policy • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Laptop with internet access, as available • HVAC schematics • Inventory list and vendor supply list

BUILDINGS/GROUNDS DAMAGE UNIT LEADER

Mission: Organize and manage the services required to sustain and repair the hospital's buildings and grounds.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Infrastructure Branch Director Signature: _____	
Hospital Command Center (HCC) Location: _____ Telephone: _____	
Fax: _____ Other Contact Info: _____ Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Infrastructure Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Building/Grounds Damage Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Collect data from Buildings/Grounds Damage Unit and prepare a comprehensive report on the status of buildings, in conjunction with the Facilities Unit Leader. Report information to the Infrastructure Branch Director.		
Establish and communicate the status of the buildings and grounds to the Infrastructure Support Branch Director and Facilities Unit Leader.		
Anticipate immediate and short-term events and subsequent impacts to facility status (e.g., earthquake aftershocks).		
Implement facility emergency plan if appropriate.		
Coordinate with Infrastructure Branch Director to request external resource assistance.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Infrastructure Branch Director for status reports, and relay important information to Unit members.		
Prepare for the possibility of evacuation and/or the relocation/expansion of medical services outside of existing structure, if appropriate.		
Coordinate internal repair activities, consulting when needed with external experts.		
Provide updated reports to the Infrastructure Branch Director.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Advise Infrastructure Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continuously monitor facility operations and prepare damage reports and report to Infrastructure Branch Director.		
Continue to document actions and decisions on an Operational Log (HICS Form 214)		
Continue to provide periodic situation updates to Infrastructure Branch Director.		
Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Buildings/Grounds Damage Unit staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Notify Infrastructure Branch Director when clean-up/restoration is complete.		
Coordinate buildings and grounds repairs and restoration activities.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Coordinate reimbursement issues with Finance/Administration Section Chief.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Infrastructure Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Infrastructure Branch Director or		

Demobilization/System Recovery	Time	Initial
Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Infrastructure Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes and mitigation efforts • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment Sheet • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 251 – Facility Systems Status Report • HICS Form 258 – Hospital Resource Directory • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Facility drawings, diagrams, architectural plans

MEDICAL GASES UNIT LEADER

Mission: Organize and distribute medical gases to requesting clinical care areas.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Infrastructure Branch Director Signature _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Infrastructure Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Medical Gases Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Coordinate activities and inventories with Logistics Section's Supply Unit Leader.		
Dispatch pre-designated medical gases to casualty care areas. Enlist the assistance of the Transportation Unit Leader.		
Establish and communicate the operational status of medical gases to the Infrastructure Branch Director.		
Place emergency order(s) for the medical gases as indicated; advise Infrastructure Branch Director of any issues encountered.		
Regularly report inventories of medical gases to Material Tracking Manager.		
Check security of all medical gas depots in conjunction with Security Branch.		
Coordinate with Infrastructure Branch Director to request external resource assistance.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Infrastructure Branch Director for status reports, and relay important information to Unit members.		
Continue to closely monitor medical gases usage and supply.		
Continue to ensure medical gas depots are kept secure in conjunction with Security Branch.		
Ensure minimum of 3-day supply of medical gases available.		
Restock treatment areas per request and at least every 8 hours.		
Advise Infrastructure Branch Director immediately of any operational issue you are not able to correct.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to provide periodical situation updates to personnel.		
Continue effective inventory control and replacement measures.		
Ensure your physical readiness through proper nutrition, water intake, rest and stress management techniques.		
Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Medical Gases Unit staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Notify Infrastructure Branch Director when clean-up/restoration is complete.		
Coordinate re-supply ordering and restocking of used equipment.		
Repair/replace broken equipment.		
Return all borrowed equipment. Return all assigned incident command equipment.		
Coordinate reimbursement issues with Finance/Administration Section Chief.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Infrastructure Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Infrastructure Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		

Demobilization/System Recovery	Time	Initial
Submit comments to the Infrastructure Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes and mitigation efforts • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • PC with internet access, as available • Facility maps and ancillary services schematics • Inventory list and vendor supply list

MEDICAL DEVICES UNIT LEADER

Mission: Organize and distribute medical devices to requesting clinical care areas.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Infrastructure Branch Director _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Infrastructure Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Medical Devices Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Distribute pre-designated medical devices to casualty care areas. Enlist the assistance of the Transportation Unit Leader.		
Evaluate and communicate the operational status of the medical devices to the Infrastructure Branch Director.		
Initiate emergency order(s) for the medical devices as indicated; advise Infrastructure Branch Director of any issues encountered.		
Coordinate with Infrastructure Branch Director to request external resource assistance.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Infrastructure Branch Director for status reports, and relay important information to Unit members.		
Continue to closely monitor medical device usage and supply.		
Coordinate activities and inventories with the Logistics Section's Supply Unit Leader.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Regularly report medical device inventories to the Planning Section's Materiel Tracking Manager.		
Restock treatment areas per request at least every 8 hours.		
Advise Infrastructure Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to provide periodical situation updates to personnel.		
Continue effective inventory control and replacement measures. Coordinate receipt and distribution of medical devices obtained through external sources.		
Ensure your physical readiness through proper nutrition, water intake, rest and stress management techniques.		
Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization /System Recovery	Time	Initial
As needs for Medical Devices Unit staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Notify Infrastructure Branch Director when clean-up/restoration is complete.		
Coordinate re-supply ordering and restocking of used equipment.		
Repair/replace broken equipment.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Coordinate reimbursement issues with Finance/Administration Section Chief.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Infrastructure Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Infrastructure Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Infrastructure Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes and mitigation efforts 		

Demobilization /System Recovery	Time	Initial
<ul style="list-style-type: none"> • Section accomplishments and issues 		
<p>Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.</p>		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • PC with internet access, as available • Inventory list and vendor supply list

ENVIRONMENTAL SERVICES UNIT LEADER

Mission: Ensure proper cleaning and disinfection of hospital environment.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Infrastructure Branch Director Signature: _____
 Hospital Command Center (HCC) Location: _____ Telephone: _____
 Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Infrastructure Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Environmental Services Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Ensure the safety and health of environmental services personnel; provide personal protective equipment to appropriate staff and coordinate with Staff Health & Well-Being Unit for medical surveillance for exposed workers.		
In collaboration with hospital infection control personnel, ensure disinfection of reusable equipment, according to the appropriate method of equipment disinfection, per its intended use, manufacturer's recommendations, and existing hospital policies.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Infrastructure Branch Director for status reports, and relay important information to Unit members.		
Ensure prioritization of problems when multiple issues are presented.		
Determine need for additional staff and request additional staffing from the Labor Pool and Credentialing Unit Leader.		
Report resource issues and needs to the Logistics Section's Unit Leaders and		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Infrastructure Branch Director.		
Coordinate activities with other Operations Section Branches and Units.		
Coordinate use of external resources.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Advise Infrastructure Branch Director immediately of any operational issue you are not able to correct or resolve.		
Report situation and resource status, and resource needs to Infrastructure Branch Director and Logistics Section's Units.		
Report hazardous incidents and coordinate mediation efforts with Hazardous Materials Branch.		
Ensure staff health and safety issues being addressed; resolve with Safety Officer, Infrastructure Branch Director and Staff Health and Well-Being Unit when appropriate.		
Develop and submit an incident action plan to Infrastructure Branch Director when requested.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Unit personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Coordinate orientation of external personnel sent to assist.		
Work with Infrastructure Branch Director on the assignment of external resources.		
Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Rotate staff on a regular basis.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Infrastructure Branch Director at assigned intervals and as needed.		
Continue to regularly report submit situation and resource status updates to Infrastructure Branch Director.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Environmental Services Unit staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		

Demobilization/System Recovery	Time	Initial
Notify Infrastructure Branch Director when clean-up/restoration is complete.		
Assist with restoration of hospital resources to normal operating condition.		
Ensure all documentation and Operational Logs (HICS Form 214) are submitted to Infrastructure Branch Director or Operations Section Chief, as appropriate.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Infrastructure Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Infrastructure Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Infrastructure Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes and mitigation efforts • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

FOOD SERVICES UNIT LEADER

Mission: Organize and maintain food preparation and delivery services for patients, families and visitors.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Infrastructure Branch Director Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Infrastructure Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Food Services Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Coordinate all activities with the Logistics Section's Staff Food & Water Unit.		
Estimate the number of patient meals, which can be served utilizing existing food stores. In conjunction with Staff Food & Water Unit Leader, implement rationing if situation dictates.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Infrastructure Branch Director for status reports, and relay important information to Unit members.		
Coordinate with Labor Pool & Credentialing Unit Leader and Support Branch Director to position personnel refreshment and nutritional areas.		
Advise Infrastructure Branch Director immediately of any operational issue you are not able to correct or resolve.		
Communicate status and potential need for rapid restocking with vendors, as appropriate.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Maintain normal patient food service if possible.		
Coordinate external food service support.		
Continue to provide regular situation updates to the Infrastructure Branch Director.		
Coordinate with Logistics Section to provide food service support to Hospital Command Center, family support center, Labor Pool & Credentialing Unit, and other areas, as appropriate.		
Ensure your physical readiness through proper nutrition, water intake, rest and stress management techniques.		
Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Food Services Unit staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Notify Infrastructure Branch Director when clean-up/restoration is complete.		
Coordinate return to normal food service.		
Repair/replace used or broken items.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Infrastructure Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Infrastructure Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Infrastructure Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes and mitigation efforts • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools

- Incident Action Plan
- HICS Form 204 – Branch Assignment List
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory
- Food inventory

HAZARDOUS MATERIALS BRANCH DIRECTOR

Mission: Organize and direct hazardous material incident response activities: detection and monitoring; spill response; victim, technical, and emergency decontamination; and facility and equipment decontamination.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Operations Section Chief Signature: _____
 Hospital Command Center (HCC) Location: _____ Telephone: _____
 Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Operations Section Chief. Obtain packet containing Hazardous Materials Branch Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Determine need for and appropriately appoint Hazardous Materials Branch Unit Leaders; distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204). Positions may include: <ul style="list-style-type: none"> • Detection and Monitoring Unit • Spill Response Unit • Victim Decontamination Unit • Facility/Equipment Decontamination Unit 		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Brief the Hazardous Materials Branch on current situation, incident objectives and strategy; outline Branch action plan and designate time for next briefing.		
Ensure Branch personnel comply with safety policies and procedures.		
Obtain hazardous materials agent information and notify Hazardous Materials Branch Unit Leaders, hospital emergency department, and other treatment areas.		
Evaluate special response needs to include: <ul style="list-style-type: none"> • coordination with local or area external hazardous materials teams • level and type of decontamination needed (e.g., dry, radiological, technical, gross) • Implement shelter in place when necessary, refer to Shelter in Place safety policy 		
Ensure hazard monitoring in open and enclosed spaces; coordinate with the Safety Officer.		
Ensure hospital's internal spill response plan is activated, as appropriate.		
Ensure the set-up and staffing of decontamination areas, as appropriate to		

Immediate (Operational Period 0-2 Hours)	Time	Initial
incident.		
Ensure mass decontamination system is functional and meets decontamination needs.		
Ensure appropriate antidote supplies are delivered to the decontamination area. Coordinate with the Supply Unit Leader and Clinical Support Services Unit.		
Review antidote administration procedure(s) with decontamination personnel, if needed.		
Establish medical monitoring of decontamination team members; coordinate with the Staff Health & Well-Being Unit Leader.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		
Ensure patient valuables are collected and secured; coordinate with the Security Branch Director.		
Determine special equipment and supply needs; request from the Supply Unit Leader and report of Operations Section Chief.		
Notify local water authority of situation, as appropriate, and determine if containment of any run-off is required.		
Ensure proper wastewater collection and disposal, in compliance with recommendations from water authority, emergency management, and/or local hazardous material team/fire department.		
Make requests for external assistance as needed, in coordination with the Liaison Officer.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with Operations Section Chief for status reports, and relay important information to Branch staff.		
Ensure staff are rotated and replaced as needed.		
Track results of medical monitoring of staff, in collaboration with the Staff Health and Well-Being Unit Leader.		
Activate supplemental staffing plan as indicated.		
Ensure hazard monitoring continues and issues are addressed; coordinate with the Safety Officer.		
Continue to maintain chain of custody of all patient valuables and contaminated clothing in coordination with the Security Branch Director.		
Ensure decontamination supplies and PPE are replaced as needed.		
Ensure contaminated materials are disposed of properly.		
Prepare for the possibility of evacuation and/or the relocation of the decontamination area as needed.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Receive regularly updated reports from Hazardous Materials Branch Team Leaders.		
Consult with Medical/Technical Specialist as needed to provide updated clinical management information to appropriate areas as available.		
Communicate status with external authorities, as appropriate, in coordination with the Liaison Officer.		
Coordinate internal repair activities, consulting when needed with Infrastructure Branch Director.		
Develop and submit a Branch action plan to the Operations Section Chief when requested.		
Advise Operations Section Chief immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Monitor levels of all supplies, equipment, and needs relevant to all hazardous material incident response operations, in collaboration with Supply Unit Leader.		
Address patient valuables issues; coordinate with the Security Branch Director.		
Brief the Operations Section Chief regularly on current condition; communicate needs in advance.		
Continue to monitor facility operations and personnel reports impacting Branch status.		
Continue communication with appropriate external authorities; coordinate with the Liaison Officer.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Hazardous Material Branch staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Manage and secure patient belongings and valuables according to hospital policy; consult with Safety officer, Security Branch Director and local fire and law enforcement, as appropriate.		
Ensure the Hazardous Materials Branch Units are notified to terminate operations.		

Demobilization/System Recovery	Time	Initial
Ensure the decontamination equipment is cleaned, repaired, and replaced as needed.		
Ensure proper disposal of waste material; coordinate cost issues with the Finance/Administration Section.		
Ensure disposable materials and waste are properly managed.		
Address the return of patient valuables with the Security Branch Director, local law enforcement, fire department, and hazardous materials teams.		
Ensure the decontamination areas are decontaminated, commensurate with agent and regulatory guidelines.		
Ensure medical monitoring data is collected and submitted to Staff Health & Well-Being Unit for review and entry into personnel health files.		
Ensure medical surveillance of staff is initiated as needed and/or per recommendations of internal/external experts, in collaboration with Staff Health & Well-Being Unit.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Notify Operations Section Chief when clean-up/restoration is complete.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Operations Section Chief.		
Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Operations Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		
Documents/Tools		
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment Sheet • HICS Form 207 – Incident Management Team Chart • GP Form 208 – Site Safety & Control Plan • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Shelter in Place safety policy • Hospital organization chart • Hospital telephone directory • OSHA First Receiver’s Checklist http://www.osha.gov/dts/osta/bestpractices/html/docs/appi_example1.pdf		

Demobilization/System Recovery	Time	Initial
<ul style="list-style-type: none">• Decontamination area drawings, procedures, and documentation logs		

DETECTION AND MONITORING UNIT LEADER

Mission: Coordinate detection and monitoring activities related to hazardous material incident response.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: HazMat Branch Director Signature: _____

Hospital Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Hazardous Materials Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Detection and Monitoring Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures, including the use of personal protective equipment.		
Ensure the set-up and functioning of detection and monitoring equipment, appropriate to identified agent.		
Ensure ongoing staff rotation.		
Ensure hazard monitoring in open and enclosed spaces; coordinate with the Safety Officer.		
Coordinate any requests for external resources with Hazardous Materials Branch Director and Support Branch Director or Supply Unit Leader, as appropriate.		
Attend briefings and meetings as appropriate.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Hazardous Materials Branch Director for status reports, and relay important information to Unit members.		
Ensure staff are rotated and replaced as needed.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Track results of medical monitoring of staff; coordinate with the Staff Health & Well-Being Unit Leader.		
Activate supplemental staffing plan as needed; coordinate with the Labor Pool & Credentialing Unit Leader.		
Ensure hazard monitoring continues and issues are addressed; coordinate with the Safety Officer.		
Communicate status with external authorities, as appropriate through Hazardous Materials Branch Director and in coordination with the Liaison Officer.		
Develop and submit an action plan to the Hazardous Materials Branch Director when requested		
Advise Hazardous Materials Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Monitor levels of all supplies, equipment, and needs relevant to all detection and monitoring operations.		
Brief Hazardous Materials Branch Director regularly on current condition of all operations; communicate needs in advance.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and submit to the Hazardous Materials Branch Director at assigned intervals and as needed.		
Continue communication with appropriate external authorities; coordinate with the Liaison Officer.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure equipment is cleaned, repaired, and replaced as warranted.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Ensure disposable materials and waste are properly managed.		
Notify Hazardous Materials Branch Director when clean-up/restoration is		

Demobilization/System Recovery	Time	Initial
complete.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Hazardous Materials Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation, brief the Hazardous Materials Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Hazardous Materials Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Hazmat agent reference materials • External resource directory (e.g., poison control center, ASTDR, Chemtrac, etc.)

SPILL RESPONSE UNIT LEADER

Mission: Coordinate on-site activities related to implementation of hospital's internal hazardous material spill response plan.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: HazMat Branch Director	Signature: _____
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Hazardous Materials Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Spill Response Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Ensure spill response plan is activated, as appropriate, including: <ul style="list-style-type: none"> • Establish a safe perimeter • Contain the spill, if safe to do so • Contact spill response contract agency, if appropriate • Ensure decontamination team, if activated, is briefed on the situation 		
Coordinate any requests for external resources with Hazardous Materials Branch Director and Liaison Officer.		
Attend briefings and meetings as needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Hazardous Materials Branch Director for status reports, and relay important information to Unit Members.		
Ensure staff are rotated and replaced as needed.		
Ensure hazard monitoring continues and issues are addressed; coordinate with Safety Officer.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Prepare for the possibility of evacuation and/or the relocation of personnel as needed.		
Communicate status with external authorities, as appropriate through Hazardous Materials Branch Director and in coordination with the Liaison Officer.		
Develop and submit an action plan to the Hazardous Materials Branch Director when requested.		
Advise Hazardous Materials Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Coordinate with Detection and Monitoring Unit Leader to monitor levels of all supplies, equipment, and needs relevant to all decontamination operations.		
Brief Hazardous Materials Branch Director regularly on current condition of all decontamination operations; communicate needs in advance.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Hazardous Materials Branch Director at assigned intervals and as needed.		
Continue communication with appropriate external authorities; coordinate with the Liaison Officer.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure disposable materials and waste are properly managed.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Notify Hazardous Materials Branch Director when clean-up/restoration is complete.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Hazardous Materials Branch Director or Operations Section Chief, as appropriate.		

Demobilization/System Recovery	Time	Initial
Upon deactivation of your position, brief the Hazardous Materials Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Hazardous Materials Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital spill response plan • Material Safety Data Sheets (MSDS) • Hospital organization chart • Hospital telephone directory

VICTIM DECONTAMINATION UNIT LEADER

Mission: Coordinate the on-site patient decontamination activities related to hazardous material incident response.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: HazMat Branch Director Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Hazardous Materials Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Victim Decontamination Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures and use appropriate personal protective equipment.		
Oversee the set-up of decontamination area to perform patient, technical, and emergency decontamination for all ambulatory and non-ambulatory patients.		
Ensure medical monitoring of decontamination team members through Staff Health & Well-Being Unit.		
Collect and secure patient valuables; coordinate with Security Branch Director.		
Ensure timely processing of patients through decontamination (consider 3-5 minutes for non-persistent viscous agent and 5-8 minutes for persistent/viscous or unknown agent).		
Ensure appropriate antidote supplies are delivered, coordinate with Clinical Support Services.		
Ensure proper wastewater collection and disposal, in compliance with recommendations from water authority, emergency management, and local hazardous material team/fire department.		
Ensure mass decontamination system meets event needs.		
Ensure ongoing staff rotation.		
Coordinate any requests for external resources with Hazardous Materials Branch Director and Liaison Officer.		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Attend briefings and meetings as needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Hazardous Materials Branch Director for status reports, and relay important information to Unit Members.		
Ensure staff are rotated and replaced as needed.		
Track results of medical monitoring of staff; coordinate with the Staff Health & Well-Being Unit Leader.		
Ensure hazard monitoring continues and issues are addressed; coordinate with the Safety Officer.		
Ensure chain of custody of personal valuables in coordination with the Security Branch.		
Ensure decontamination supplies are replaced as needed.		
Prepare for the possibility of evacuation and/or the relocation of the decontamination area, if needed.		
Communicate status with external authorities, as appropriate through Hazardous Materials Branch Director and in coordination with the Liaison Officer.		
Develop and submit an action plan to the Hazardous Materials Branch Director when requested.		
Advise Hazardous Materials Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Victim Decontamination Unit personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Monitor levels of all supplies, equipment, and needs relevant to all decontamination operations, in coordination with Supply Unit.		
Address patient valuables issues; coordinate with the Security Branch Director.		
Brief Hazardous Materials Branch Director regularly on current condition of all decontamination operations; communicate needs in advance.		
Obtain support staff as necessary from Labor Pool & Credentialing Unit Leader.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Hazardous Materials Branch Director at assigned intervals and as needed.		
Continue communication with appropriate external authorities; coordinate with the Liaison Officer.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure Victim Decontamination Unit members are notified to terminate operations.		
Ensure decontamination equipment is cleaned, repaired, and replaced as warranted.		
Ensure disposable materials and waste are properly managed.		
Address return of patient valuables with the Security Branch Director, law enforcement, fire department, and hazardous material team.		
Ensure the decontamination area is decontaminated, commensurate with agent risks.		
Ensure medical monitoring data on decontamination staff is collected and submitted to Staff Health & Well-Being Unit for review and entry into personnel health files.		
Ensure medical surveillance of decontamination staff is initiated as needed and/or per recommendations of internal/external experts, in collaboration with Staff Health & Well-Being Unit.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Notify Hazardous Materials Branch Director when clean-up/restoration is complete.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Hazardous Materials Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Hazardous Materials Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		

<p>Submit comments to the Hazardous Materials Branch Director for discussion and possible inclusion in the after-action report; topics include:</p> <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
<p>Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.</p>		

<p>Documents/Tools</p>
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • ED Decontamination Plan (e.g., decontamination area drawings, procedures, and documentation logs) • Material Safety Data Sheets (MSDS) • Hospital organization chart • Hospital telephone directory

FACILITY/EQUIPMENT DECONTAMINATION UNIT LEADER

Mission: Coordinate on-site facility and equipment decontamination activities related to hazardous material incident response.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: HazMat Branch Director _____

Hospital Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Hazardous Materials Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Facility/Equipment Decontamination Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Identify areas and equipment requiring decontamination, and ensure appropriate resources are available to perform required tasks.		
Oversee the set-up of decontamination area to handle equipment and facility decontamination.		
Ensure Unit members utilize proper personal protective equipment.		
Ensure medical monitoring of decontamination team members through Staff Health & Well-Being Unit.		
Ensure ongoing staff rotation.		
Ensure proper wastewater collection and disposal, in compliance with recommendations from water authority, emergency management, and local hazardous material team/fire department.		
Coordinate any requests for external resources with Hazardous Materials Branch Director and Liaison Officer.		
Attend briefings and meetings as needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Hazardous Materials Branch Director for status reports, and relay important information to Team Members.		
Ensure staff are rotated and replaced as needed.		
Track results of medical monitoring of staff; coordinate with the Staff Health & Well-Being Unit Leader.		
Ensure hazard monitoring continues and issues are addressed; coordinate with Safety Officer.		
Ensure decontamination supplies are replaced as needed.		
Communicate status with external authorities, as appropriate through Hazardous Materials Branch Director and in coordination with the Liaison Officer.		
Coordinate internal repair activities, consulting when needed with external experts.		
Develop and submit an action plan to the Hazardous Materials Branch Director when requested		
Advise Hazardous Materials Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Facility/Equipment Decontamination Unit personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Continue to monitor levels of all supplies, equipment, and needs relevant to all decontamination operations.		
Continue to brief Hazardous Materials Branch Director regularly on current condition of all decontamination operations; communicate needs in advance.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Hazardous Materials Branch Director at assigned intervals and as needed.		
Continue communication with appropriate external authorities; coordinate with the Liaison Officer.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure decontamination equipment is cleaned, repaired, and replaced as warranted.		
Ensure disposable materials and waste are properly managed.		
Ensure the decontamination area is decontaminated, commensurate with agent risks.		
Ensure medical monitoring data on decontamination staff is collected and submitted to Staff Health & Well-Being for review and entry into personnel health files.		
Ensure medical surveillance of decontamination staff is initiated as needed and/or per recommendations of internal/external experts, in collaboration with Staff Health & Well-Being.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Notify Hazardous Materials Branch Director when clean-up/restoration is complete.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Hazardous Materials Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Hazardous Materials Branch Director or Operations Section Chief, as appropriate on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Hazardous Materials Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart . Hospital telephone directory • ED Decontamination Plan(decontamination area drawings, procedures, documentation logs)

SECURITY BRANCH DIRECTOR

Mission: Coordinate all of the activities related to personnel and facility security such as access control, crowd and traffic control, and law enforcement interface.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Operations Section Chief _____

Hospital Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Operations Section Chief. Obtain packet containing Security Branch Job Action Sheets and other materials.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Determine need for and appropriately appoint Security Branch Unit Leaders, distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204). Positions may include: <ul style="list-style-type: none"> • Access Control Unit Leader • Crowd Control Unit Leader • Traffic Control Unit Leader • Search Unit Leader • Law Enforcement Interface Unit 		
Establish Security Command Post in Communications.		
Identify and secure all facility pedestrian and traffic points of entry, as appropriate.		
Consider need for the following, and report findings to the Operations Section Chief: <ul style="list-style-type: none"> • Emergency lockdown, refer to Building Lock Down safety policy • Security/bomb sweep of designated areas • Providing urgent security-related information to all personnel • Need for security personnel to use personal protective equipment • Removing unauthorized persons from restricted areas • Security of the Hospital Command Center, triage, patient care, morgue, and other sensitive or strategic areas from unauthorized access • Rerouting of ambulance entry and exit • Security posts in any operational decontamination area • Patrol of parking and shipping areas for suspicious activity • Traffic Control 		
Brief the Security Branch on current situation, incident objectives and strategy;		

Immediate (Operational Period 0-2 Hours)	Time	Initial
outline Branch action plan and designate time for next briefing.		
Ensure Branch personnel comply with safety policies and procedures and proper use of personal protective equipment, if applicable.		
Coordinate immediate security personnel needs from current staff, surrounding resources (police, sheriff, or other security forces), and communicate need for additional external resources through Operations Section Chief to the Liaison Officer.		
Assist in maximizing capability of the Branch to meet work demands. Assess problems and needs in Branch area; coordinate resource management.		
Participate in briefings and meetings as requested.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		
Develop Traffic Plan, coordinate with Traffic Control Unit leader and Transportation Unit Leader (GP Form 209)		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with Operations Section Chief for status reports, and relay important information to Branch staff.		
Communicate the need and take actions to secure unsafe areas; post non-entry signs.		
Ensure Security Branch staff identify and report all hazards and unsafe conditions.		
Ensure patient valuables are secure; initiate chain of custody procedures as necessary.		
Coordinate activities with local, state, and federal law enforcement, as appropriate; coordinate with the Liaison Officer and the Law Enforcement Interface Unit Leader.		
Confer with Public Information Officer to establish areas for the media.		
Ensure vehicular and pedestrian traffic control measures are working effectively.		
Consider security protection for the following, as indicated based on the nature/severity of the incident: <ul style="list-style-type: none"> • Food • Water • Medical resources • Blood resources • Pharmaceutical resources • Personnel and visitors 		
Ensure proper equipment needs are met and equipment is operational prior to each operational period.		
Develop and submit a Branch action plan to the Operations Section Chief when		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
requested.		
Advise the Operations Section Chief immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Security Branch personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Continue coordination with law enforcement officials.		
Prepare and maintain records and reports, as appropriate.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Security Branch staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Determine when to resume normal security procedures; ensure removal of special signage after "all clear" is announced.		
Determine with the Hazardous Materials Branch Director and other appropriate authorities the final disposition of patient valuables.		
Coordinate completion of work with law enforcement and Liaison Officer.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Ensure personal protective equipment used by Security is cleaned, repaired, and/or replaced.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Operations Section Chief.		
Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Operations Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		

Demobilization/System Recovery	Time	Initial
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment Sheet • HICS Form 207 – Incident Management Team Chart • GP Form 208 – Site Safety & Control Plan • GP Form 209 – Traffic Plan • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Building Lock Down safety policy • Hospital organization chart • Hospital telephone directory • Facility blueprints and maps

ACCESS CONTROL UNIT LEADER

Mission: Ensure the security of the facility and personnel by monitoring individuals entering and exiting the building.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Security Branch Director _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Security Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Access Control Unit members and complete the Branch Assignment List (HICS Form 204). Twenty-two people will be required for Access Control Unit if facility is to be locked down.		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures including appropriate use of personal protective equipment.		
Implement the facility's emergency lockdown and personnel identification policies, as appropriate including identifying and securing all facility pedestrian and traffic points of entry.		
Obtain 2 master keys located in lock boxes in President's office (closet) and Engineering. Must get a key from House Supervisor, Engineering Director (Tom Didier), any member of Senior Management, or Security Guard to get keys to access these lock boxes.		
Assign two Access Control Unit members to lock entrances. Give each a master key, door locking maps and other keys to lock entrances indicated on maps. ENSURE ALL KEYS ARE RETURNED TO HOSPITAL COMMAND CENTER AFTER ENTRANCES ARE LOCKED. Use Security tote in Incident Command closet. Distribute security staff clipboards and vests to hospital entrance locations indicated on clipboards. Automated doors will be locked and unlocked via the computer system. They will be noted on the door locking maps.		
Assign 20 Access Control Unit members to the following locations: <ul style="list-style-type: none"> • South Atrium entrance – 4 • East Physician Entrance (next to Cafeteria Entrance) – 2 		

Immediate (Operational Period 0-2 Hours)	Time	Initial
<ul style="list-style-type: none"> • East Employee Entrance – 4 • Emergency Department Waiting Area Entrance – 6 • Emergency Department Garage – 2 Provide each of these Access Control Unit members with Clipboards, maps, instructions and recording log sheets		
Secure the HCC, triage, patient care, morgue, and other sensitive or strategic areas from unauthorized access.		
Identify and remove unauthorized persons from restricted areas.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Security Branch Director for status reports, and relay important information to Unit Members.		
Regularly obtain information about progress on assigned tasks from Unit members and report important information to Security Branch Director.		
Communicate with the Infrastructure Branch Director to secure and post non-entry signs around secure and unsafe areas.		
Secure evacuation areas to limit unauthorized personnel access.		
Monitor use of personal protective equipment and any potential adverse impacts.		
Assist in verification of press credentials and ensure only authorized media representatives are allowed inside facility.		
Identify need for assistance or equipment and report to the Security Branch Director and Logistics Section Branches.		
Develop and submit an action plan to the Security Branch Director when requested.		
Advise Security Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Unit's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis.		
Document actions and decisions on a continual basis and send to Security Branch Director at assigned intervals and sooner when appropriate.		
Continue to provide the Security Branch Director with periodic situation updates.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs, and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment. Gather keys, clipboards, vests, return to Incident Command closet.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Security Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Security Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Security Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Security Tote from Incident Command closet in Engineering Tech Room

CROWD CONTROL UNIT LEADER

Mission: Maintain scene safety and ensure crowd control.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Security Branch Director _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Security Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Crowd Control Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures including the appropriate use of personal protective equipment.		
In coordination with the Access Control Unit Leader, implement the facility's disaster plan emergency lockdown policy and personnel identification policy.		
In coordination with the Access Control Unit Leader, identify and remove unauthorized persons from restricted areas.		
Coordinate with local law enforcement, in collaboration with the Law Enforcement Interface Unit Leader and Liaison Officer, as necessary.		
Prepare to manage large numbers of victims and uninjured/asymptomatic arriving on scene.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Security Branch Director for status reports, and relay important information to Unit Members.		
Regularly obtain information about progress on assigned tasks from Unit members and report important information to Security Branch Director.		
Prepare to manage families arriving at the facility.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Monitor use of personal protective equipment and any potential adverse impacts		
Identify need for assistance or equipment and report to the Security Branch Director and Logistic Section Units.		
Develop and submit an action plan to the Security Branch Director when requested.		
Advise Security Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Unit's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Security Branch Director at assigned intervals and as needed.		
Continue to provide the Security Branch Director with periodic situation updates.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs, and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Security Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Security Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Security Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes 		

Demobilization/System Recovery	Time	Initial
<ul style="list-style-type: none"> • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

TRAFFIC CONTROL UNIT LEADER

Mission: Organize and enforce vehicular traffic security for facility.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Security Branch Director	Signature: _____
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Security Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Traffic Control Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures including the appropriate use of personal protective equipment.		
Establish patient drop-off in Emergency Department Garage and Emergency Department Main entrance in cooperation with the Triage Unit Leader.		
Establish emergency ingress and egress for emergency traffic.		
Establish vehicle-holding area for unloaded ambulances, private vehicles, etc. in the Physician Office Building parking lot.		
Establish ambulance-loading area for discharged patients in cooperation with the Discharge Unit Leader at Same Day Surgery entrance.		
Establish supply and equipment delivery at Loading Dock.		
Provide traffic control of damaged areas and any appropriate patient care area.		
Consider the need for: <ul style="list-style-type: none"> • Controlling access to campus • Coordination with local and regional traffic control and law enforcement • Potential use of personal protective equipment (PPE) • Potential triage at campus entrance 		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Develop Traffic Plan, coordinate with Transportation Unit leader and Security Branch director (GP Form 209)		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Security Branch Director for status reports, and relay important information to Team members.		
Regularly obtain information about progress on assigned tasks from Unit members and report important information to Security Branch Director.		
Provide vehicular traffic control.		
Monitor use of personal protective equipment and any adverse impacts.		
Establish ingress and egress traffic patterns.		
Identify need for assistance or equipment and report to the Security Branch Director.		
Develop and submit an action plan to the Security Branch Director when requested.		
Advise Security Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Unit's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis.		
Document actions and decisions on a continual basis and send to Security Branch Director at assigned intervals and sooner when appropriate.		
Continue to provide the Security Branch Director with periodic situation updates.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs, and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		

Demobilization/System Recovery	Time	Initial
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Security Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation, brief the Security Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Security Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • GP Form 209 - Traffic Plan • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

SEARCH UNIT LEADER

Mission: Coordinate the search and rescue of missing staff, patients, and family members.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Security Branch Director _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Security Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Search Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Coordinate search activities with Building/Grounds Damage Unit Leader and Facilities Unit Leader.		
Ensure Unit members comply with safety policies and procedures including appropriate use of personal protective equipment.		
Assign tasks to Unit members by providing time requirements and specific geographic references.		
Determine if persons sustained injuries, and identify areas of damage to the Infrastructure Branch Director.		
In coordination with the Safety Officer and Security Branch Director, coordinate search efforts of missing patients, families, or staff.		
Maintain a log of any reported missing persons; provide information to Resources Unit, Situation Unit and Claims/Compensation Unit.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Security Branch Director for status reports, and relay important information to Unit members.		

Regularly obtain information about progress on assigned tasks from Unit members and report important information to Security Branch Director.		
Assign security personnel to appropriate department to assist in search of missing person.		
Monitor the use of personal protective equipment and any adverse impacts.		
Identify need for assistance or equipment and report to the Security Branch Director and Logistics Branch Units.		
Develop and submit an action plan to the Security Branch Director when requested.		
Advise Security Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Unit's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis.		
Document actions and decisions on a continual basis and send to Security Branch Director at assigned intervals and sooner when appropriate.		
Continue to provide the Security Branch Director with regular situation updates.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs, and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Security Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Security Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Security Branch Director for discussion and possible		

Demobilization/System Recovery	Time	Initial
inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

LAW ENFORCEMENT INTERFACE UNIT LEADER

Mission: Coordinate security of facility with outside law enforcement agencies.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Security Branch Director _____

Hospital Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Security Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Law Enforcement Interface Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Serve as point of contact to outside law enforcement agencies; coordinate with the Liaison Officer.		
Coordinate and assure that information being given to outside law enforcement agencies regarding the facility and patient care status has been approved by the Incident Commander and Liaison Officer.		
Attend briefings and meetings as needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Security Branch Director for status reports, and relay important information to Unit Members.		
Regularly obtain information about progress on assigned tasks from Unit members and report important information to Security Branch Director.		
Initiate contact with fire and police agencies, if necessary; coordinate through Security Branch Director with Liaison Officer.		
Provide regular updates to Security Branch Director.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Identify need for assistance or equipment and report to the Security Branch Director.		
Develop and submit an action plan to the Security Branch Director when requested.		
Advise Security Branch Director immediately of any operational issues you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Unit's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Security Branch Director at assigned intervals and as needed.		
Continue to provide the Security Branch Director with regular situation updates.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs, and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Security Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation, brief the Security Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Security Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		

Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		
---	--	--

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

BUSINESS CONTINUITY BRANCH DIRECTOR

Mission: Ensure business functions are maintained, restored or augmented to meet designated Recovery Time Objectives (RTO) and provide limited interruptions to continuity of essential business operations.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Operations Section Chief _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Operations Section Chief. Obtain packet containing Business Continuity Branch Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Unit Leaders, as appropriate; distribute corresponding Job Action Sheets and identification. Positions may include: <ul style="list-style-type: none"> • Information Technology Unit Leader • Service Continuity Unit Leader • Records Preservation Unit Leader • Business Function Relocation Unit Leader 		
Brief the Business Continuity Branch on current situation, incident objectives and strategy; outline Branch action plan and designate time for next briefing.		
Evaluate Business Continuity Branch capacity to: <ul style="list-style-type: none"> • Perform department and facility business continuity plan activation • Determine ability to meet RTO for all impacted business functions • Ascertain continuity of business functions including assessment of impacted areas • Acquire access to essential business records (e.g., patient medical records, purchasing contracts, etc.) • Support needed movement or relocation to alternate business operation sites 		
Assess problems and needs in Branch area; coordinate resource management with Support Branch Director, as appropriate.		
Instruct Unit Leaders to evaluate business capabilities, recovery plan actions, and progress in meeting RTOs; report status to the Operations Section Chief.		
Participate in briefings and meetings as requested.		
Regularly meet with the Operations Section Chief to discuss plan of action and staffing.		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive, coordinate, and forward requests for IT and communications support to the Communications Unit Leader and IT/IS Unit Leader.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with Operations Section Chief for status reports, and relay important information to Branch staff.		
Continue coordinating the Business Continuity Branch's ability to maintain or recover impacted business functions.		
Evaluate all activated business continuity plans and modify as necessary any predicted unmet RTOs.		
Identify specific activities or resources needed to ensure timely resumption of business functions.		
Coordinate with the Infrastructure Branch Director for access to critical power needs or building assessments.		
Coordinate with the Security Branch Director for building access and staff safety		
Coordinate with the Service Branch Director or Communications Unit Leader and the IT/IS Unit Leader to ensure shared strategies for business resumption.		
Advise the Operations Section Chief immediately of any recovery issue you are not able to correct or resolve.		
Develop and submit a Branch action plan to the Operations Section Chief when requested.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Business Continuity Branch's ability to maintain or recover impacted business functions		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Business Continuity Branch staff decrease, return staff to their usual jobs, and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		

Demobilization/System Recovery	Time	Initial
Assist Operations Section Chief and Branch Directors with restoring all business functions to normal operating condition. Notify the Operations Section Chief when restoration is complete.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Operations Section Chief.		
Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Operations Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment Sheet • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Facility blueprints and maps • PC with internet access, as available • Business continuity plans with contact information – Business Continuity Plan Annex • Business Recovery Plan Policy – located in hospital-wide-safety-on-lines policies

INFORMATION TECHNOLOGY UNIT LEADER

Mission: Ensure IT business functions are maintained, restored or augmented to meet designated Recovery Time Objectives (RTOs) and provide limited interruptions to continuity of essential business operations.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Business Continuity Branch Director	Signature: _____
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Business Continuity Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Unit members, as appropriate; distribute any appropriate forms or information to the Unit.		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Evaluate business capabilities, systems still on-line, recovery plan actions, projected minimum and maximum duration of disruption, and progress in meeting RTOs; report status to the Business Continuity Branch Director.		
With Unit members, identify priorities for system restoration for service maintenance/resumption. Initiate migration to secondary or replacement systems, if available, in cooperation with other Business Continuity Branch Unit Leaders.		
Meet with the Business Continuity Branch Director to discuss plan of action and staffing in all alternate business sites.		
Receive, coordinate and forward requests for IT and Communications support to the Communications Unit Leader and IT/IS Unit Leader. Coordinate efforts with the IT Unit.		
Confirm off-site data backups are secure and available for system restoration.		
Participate in briefings and meetings as requested.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue coordinating the Unit's ability to maintain or recover impacted IT business functions.		
Evaluate all activated IT business continuity plans and modify as necessary any predicted unmet RTOs.		
Identify specific activities or resources needed to ensure timely resumption of IT business functions.		
Coordinate with Infrastructure Branch Director for access to critical power needs or building assessments. Report status to Business Continuity Branch Director.		
Coordinate with Service Branch Director/Communications Unit Leader/IT Unit Leader and/or Business Function Relocation Unit Leader to ensure shared strategies for business resumption.		
Develop and submit an action plan to the Business Continuity Branch Director when requested.		
Advise the Business Continuity Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Business Continuity Branch ability to maintain or recover impacted IT business functions.		
Brief the Business Continuity Branch Director regularly on current condition of all operations.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Business Continuity Branch Director at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs, and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Notify the Business Continuity Branch Director when restoration is complete.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Business Continuity Branch Director or Operations Section Chief, as appropriate.		

Demobilization/System Recovery	Time	Initial
Upon deactivation of your position, brief the Business Continuity Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Business Continuity Branch Director for discussion and possible inclusion in the After-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • PC with internet access, as available • Business continuity plans with contact information – Business Continuity Plan Annex • Business Recovery Plan Policy – located in hospital-wide-safety-on-lines policies

SERVICE CONTINUITY UNIT LEADER

Mission: Ensure business/clinical/ancillary service functions are maintained, restored or augmented to meet designated Recovery Time Objectives (RTO) and provide limited interruptions to continuity of essential business operations.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Business Continuity Branch Director	Signature: _____
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Business Continuity Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Unit members, as appropriate; distribute any appropriate forms or information to the Unit.		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Evaluate business capabilities, recovery plan actions, projected minimum and maximum duration of disruption, and progress in meeting RTOs; report status to the Business Continuity Branch Director.		
With Unit members, identify priorities for system restoration for service maintenance/resumption. Initiate migration to secondary or replacement systems, if available, in cooperation with other Business Continuity Branch Unit Leaders.		
Regularly meet with the Business Continuity Branch Director to discuss plan of action and staffing in all alternate business sites.		
Participate in briefings and meetings as requested.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Evaluate all activated business continuity plans and modify, as necessary any predicted unmet RTOs.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Identify specific activities or resources needed to ensure timely resumption of business services.		
Through Business Continuity Branch Director, coordinate with Infrastructure Branch Director for access to critical power needs or building assessments.		
Develop and submit an action plan to the Business Continuity Branch Director when requested.		
Advise the Business Continuity Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Brief the Business Continuity Branch Director regularly on current condition of all operations; communicate needs in advance.		
Prepare and maintain records and reports, as appropriate.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs, and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Notify the Business Continuity Branch Director when restoration is complete.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Business Continuity Branch Director.		
Upon deactivation of your position, brief the Business Continuity Branch Director on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Business Continuity Branch Director for discussion and possible inclusion in the After-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools

- Incident Action Plan
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory

RECORDS PRESERVATION UNIT LEADER

Mission: Ensure vital business/medical records are maintained and preserved to meet designated Recovery Time Objectives (RTO) and provide limited interruptions to continuity of essential business operations.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Business Continuity Branch Director Signature: _____

Hospital Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Business Continuity Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Unit members, as appropriate; distribute any appropriate forms or information to the Unit.		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Evaluate status of: <ul style="list-style-type: none"> • Hospital records • Business/financial records • Billing records • Medical Records 		
Initiate protection or move/relocate records, as appropriate; activate off-site storage plans.		
Contact external contractors for record protection or recovery, as appropriate.		
Evaluate business capabilities, recovery plan actions, and progress in meeting RTOs; report status to the Business Continuity Branch Director.		
Meet with the Business Continuity Branch Director to discuss plan of action and staffing in all alternate business sites.		
Participate in briefings and meetings as requested.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Evaluate all activated business continuity plans and modify, as necessary any predicted unmet RTOs.		
Identify specific activities or resources needed to ensure ongoing preservation of hospital records.		
Through Business Continuity Branch Director, coordinate with Infrastructure Branch Director for access to critical power needs or building assessments.		
Initiate restoration of records, as appropriate.		
Develop and submit an action plan to the Business Continuity Branch Director when requested.		
Advise the Business Continuity Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue coordination of records preservation activities.		
Continue restoration of records, as appropriate		
Brief the Business Continuity Branch Director regularly on current condition of all operations.		
Prepare and maintain records and reports, as appropriate.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs, and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Notify the Business Continuity Branch Director when restoration is complete.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Business Continuity Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Business Continuity Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Security Branch Director for discussion and possible inclusion in the after-action report; topics include:		

Demobilization/System Recovery	Time	Initial
<ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
<p>Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.</p>		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • PC with internet access, as available

BUSINESS FUNCTION RELOCATION UNIT LEADER

Mission: Ensure business functions are moved to alternative work sites to maintain designated Recovery Time Objectives (RTO) and provide limited interruptions to continuity of essential business operations.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Business Continuity Branch Director Signature: _____	
Hospital Command Center (HCC) Location: _____ Telephone: _____	
Fax: _____ Other Contact Info: _____ Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Business Continuity Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Unit members, as appropriate; distribute any appropriate forms or information to the Unit.		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Evaluate business capabilities, systems still on-line, recovery plan actions, projected minimum and maximum duration of disruption, and progress in meeting RTOs; report status to the Business Continuity Branch Director.		
Identify appropriate alternative work sites for business operational needs. Coordinate with Service and Support Branch Directors and Unit Leaders, as appropriate.		
With Unit members, identify priorities for system restoration for service maintenance/resumption. Initiate migration to secondary or replacement systems, if available, in cooperation with other Business Continuity Branch Unit Leaders.		
Meet with the Business Continuity Branch Director to discuss plan of action and staffing in all alternate business sites.		
Participate in briefings and meetings as requested.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Evaluate all activated business continuity plans and modify, as necessary any predicted unmet RTOs.		
Identify specific activities or resources needed to ensure timely relocation of business functions.		
Through Business Continuity Branch Director, coordinate with Infrastructure Branch Director for access to critical power needs or building assessments.		
Coordinate with the Security Branch Director of building access and staff safety.		
Develop and submit an action plan to the Business Continuity Branch Director when requested.		
Advise the Business Continuity Branch Director immediately of any operational issue you are not able to correct or resolve.		
Coordinate with IT Unit Leader to bring alternate site(s) up (e.g., install additional hardware, connect to network, etc.).		
Coordinate with Logistics Section's Transportation Unit Leader to arrange transportation of staff to alternate site(s) as necessary.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Brief the Business Continuity Branch Director regularly on current condition of all operations; communicate needs in advance.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs and job sites. Combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Notify the Business Continuity Branch Director when restoration is complete.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Business Continuity Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Business Continuity Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding		

Demobilization/System Recovery	Time	Initial
issues, and follow-up requirements.		
Submit comments to the Business Continuity Branch Director for discussion and possible inclusion in the After-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

PLANNING SECTION CHIEF

Mission: Oversee all incident-related data gathering and analysis regarding incident operations and assigned resources, develop alternatives for tactical operations, conduct planning meetings, and prepare the Incident Action Plan (IAP) for each operational period.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Incident Commander Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander. Obtain packet containing Planning Section Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Determine need for and appropriately appoint Unit Leaders, distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204). Positions may include: <ul style="list-style-type: none"> • Resources Unit Leader • Situation Unit Leader • Documentation Unit Leader • Demobilization Unit Leader 		
Brief Planning Section Unit Leaders and Managers on current situation and incident objectives; develop response strategy and tactics; outline Section action plan and designate time for next briefing.		
Distribute the Section Personnel Time Sheet (HICS Form 252) to Planning Section personnel and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section's Time Unit Leader at the completion of a shift or at the end of each operational period.		
In consultation with the Incident Commander, establish the incident objectives and operational period. Initiate the Incident Objectives Form (HICS Form 202) and distribute to all activated HOSPITAL COMMAND CENTER positions.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Establish and maintain communications with Logistics Section Chief and Staging Manager to ensure the accurate tracking of personnel and resources by the Personal Tracking and Materiel Tracking Managers.		
Facilitate and conduct incident action planning meetings with Command Staff, Section Chiefs and other key positions to plan for the next operational period. Coordinate preparation and documentation of the Incident Action Plan and distribute copies to the Incident Commander and all Section Chiefs.		

Ensure the Situation Unit Leader and staff regularly update and document status reports from all Section Chiefs and Unit Leaders.		
Ensure Planning Section personnel comply with safety policies and procedures.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Incident Commander to brief on the status of the Planning Section and the Incident Action Plan.		
Initiate the Resource Accounting Records (HICS Forms 257A & 257B) to track equipment used during the response.		
Attend command briefings and meetings.		
Continue to conduct regular planning meetings with Planning Section Unit Leaders, Section Chiefs, Command Staff, and the Incident Commander for continued update and development of the Incident Action Plan.		
Ensure that the Planning Section is adequately staffed and supplied.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Planning Section personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Conduct regular situation briefings with Planning Section.		
Continue to receive projected activity reports from Section Chiefs and Planning Section Unit Leaders at designated intervals to prepare Hospital Command Center status reports and update the Incident Action Plan.		
Continue to maintain the Resource Accounting Records (HICS Forms 257A & 257B) to track equipment used during the response.		
Ensure the Demobilization Unit Leader assesses ability to deactivate positions, as appropriate, in collaboration with Section Chiefs and develops and implements a demobilization plan.		
Ensure the Documentation Unit Leader is receiving and organizing all Hospital Command Center documentation, including Operational Logs (HICS Form 214) and Incident Message Forms (HICS Form 213).		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs decrease, return Planning Section staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Continue to meet with Command Staff, Section Chiefs and Planning Section Unit Leaders to evaluate facility and personnel, review the demobilization plan and update the Incident Action Plan.		
Ensure collection of all Hospital Command Center documentation and Operational logs from Command and Sections as positions are deactivated and sections demobilized.		
Assist Section Chiefs in restoring hospital to normal operations.		
Coordinate final reporting of patient information with external agencies through Liaison Officer and Public Information Officer.		
Work with Planning and Finance/Administration Sections to complete cost data information.		
Begin development of the Incident After-Action Report and Improvement Plan and assign staff to complete portions/sections of the report.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Documentation Unit.		
Upon deactivation, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Hospital Emergency Operations Plan • Incident Action Plan • HICS Form 202 – Incident Objectives Form • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 257A – Internal Resource Accounting Record • HICS Form 257B – External Resource Accounting Record • HICS Form 254 – Disaster Victim/Patient Tracking Form • HICS Form 252 – Section Personnel Time Sheet • Hospital organization chart • Hospital telephone directory

RESOURCES UNIT LEADER

Mission: Maintain information on the status, location, and availability of personnel, teams, facilities, supplies, and major equipment to ensure availability of use during the incident. Maintain a master list of all resources assigned to incident operations.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Planning Section Chief _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Planning Section Chief. Obtain packet containing Resources Unit Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Appoint Managers as appropriate; distribute corresponding Job Action Sheets and position identification. Complete Branch Assignment Sheet (HICS Form 204) <ul style="list-style-type: none"> • Personnel Tracking Manager • Material Tracking Manager 		
Brief Resources Unit Managers on current situation; outline team action plan and designate time for next briefing.		
Complete the Organization Assignment List (HICS Form 203) and distribute to all Hospital Command Center staff. Consider posting a large size copy of the List in the Hospital Command Center for reference and information.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214).		
Establish contact with the Situation Unit Leader and hospital department heads to account for on-duty personnel, and equipment and supplies on hand.		
Coordinate activities and inventories with Logistics Section's Supply Unit Leader.		
Maintain contact and share information with Labor Pool & Credentialing Unit Leader and Personnel Staging Team Leader.		
Initiate Resource Accounting Records (HICS Forms 257A & 257B).		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Planning Section Chief for status reports, and relay important information to Team Members.		
Meet with the Public Information Officer, Liaison Officer, Situation Unit Leader, Service Branch Director, and Support Branch Director as necessary to update and maintain resources tracking.		
Maintain and continually update the Resource Accounting Records (HICS Forms 257A & 257B) and normal resource tracking systems (if available).		
Develop and submit an action plan to the Planning Section Chief when requested.		
Advise the Planning Chief immediately of any operational issue you are not able to correct or resolve.		
Coordinate personnel resource needs with the Labor Pool & Credentialing Unit Leader, Staging Manager.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Unit's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Planning Section Chief at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Resources Unit staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
If IT systems were offline during the response, assure appropriate information from HICS Resource Accounting Records is transferred into the normal tracking systems.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Planning Section Chief or Documentation Unit, as appropriate.		
Upon deactivation of your position, brief the Planning Section Chief on current		

Demobilization/System Recovery	Time	Initial
problems, outstanding issues, and follow-up requirements.		
Submit comments to the Planning Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 257A – Internal Resource Accounting Record • HICS Form 257B – External Resource Accounting Record • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • IT systems, specialty personnel, equipment, and supply tracking systems

PERSONNEL TRACKING MANAGER

Mission: Maintain information on the status, location, and availability of on-duty staff and volunteer personnel.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Resources Unit Leader _____

Hospital Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Resources Unit Leader.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint team members as needed and complete the Branch Assignment List (HICS Form 204).		
Brief team members on current situation; outline team action plan and designate time for next briefing.		
Initiate the Disaster Victim/Patient Tracking Form (HICS Form 254) to track the number of victims received at the facility, basic information and location.		
If patient evacuation is planned or in progress, initiate the Master Patient Evacuation Tracking Form (HICS Form 255) to track patient information and evacuation location.		
Establish contact with Hospital Staffing Office/Coordinator and hospital department directors to obtain an accounting of all staff personnel on-duty or expected.		
Establish access to personnel tracking system. Compare the available information with that obtained from department and division directors. Reconcile variations.		
Assist the Labor Pool and Credentialing Unit to establish solicited and unsolicited volunteer credentialing process per the hospital's standard operating procedures.		
Initiate the Volunteer Staff Registration Form (HICS Form 253), in conjunction with the Labor Pool and Credentialing Unit Leader.		
Maintain regular contact with the Labor Pool & Credentialing Unit Leader and Personnel Staging Team Leader to share information and personnel status.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Resources Unit Leader for status reports, and relay important information to Team Members.		
Maintain and continually update the Disaster Victim/Patient Tracking Form (HICS Form 254) to track the number of victims received at the facility, basic information and location.		
Request additional staffing resources to assist from the Labor Pool and Credentialing Unit, notify the Resource Unit Leader.		
Communicate regularly with the Labor Pool & Credentialing Unit to identify critical staff or skills in demand.		
Maintain a current census and accounting of on-duty and available off-duty staff, physicians and volunteers, in collaboration with the Labor Pool and Credentialing Unit Leader.		
Meet with Public Information Officer, Liaison Officer, Situation Unit Leader, and Labor Pool & Credentialing Unit Leader to update information about staffing needs, personnel on duty/available for assignment and project future staffing needs.		
Centralize the receipt and posting of information about shift assignments.		
Provide personnel tracking information to the Finance/Administration Section's Time Unit Leader to assist in reconciliation of time and attendance.		
Develop and submit an action plan to the Resources Unit Leader when requested.		
Advise the Resources Unit Leader immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to maintain accounting of on-duty staff, labor pool members awaiting assignment, identifying each person and tracking assignments, verifying arrival at assigned duty station, and confirming release from assignment, return to labor pool, and readiness for another assignment.		
Continue to communicate with Labor Pool & Credentialing Unit to monitor the emergency credentialing standard operating procedure; assist in resolving problems as necessary.		
Continue to monitor the team's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to appropriate Staff Health and Well Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Personnel Tracking staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Compile and submit final reports to the Planning Section Chief.		
If IT systems were offline due to the incident, ensure appropriate information from the Volunteer Registration Form (HICS Form 253) is transferred into the normal staff tracking systems.		
Finalize the Disaster Victim/Patient Tracking Form (HICS Form 254) and report to the Resources Unit Leader.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Resources Unit Leader or Planning Section Chief, as appropriate.		
Upon deactivation of your position, brief the Resources Unit Leader or the Planning Section Chief, as appropriate on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Resources Unit Leader for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 253 – Volunteer Staff Registration • HICS Form 254 – Disaster Victim/Patient Tracking Form • HICS Form 255 – Master Patient Evacuation Tracking Form • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Access to IT systems, specialty staff tracking systems

MATERIAL TRACKING MANAGER

Mission: Maintain information on the status, location, and availability of equipment and supplies within the hospital inventory and additional materiel received from outside agencies in support of the incident.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Resources Unit Leader	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Resources Unit Leader.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Team members as needed and complete the Branch Assignment List (HICS Form 204).		
Brief team members on current situation; outline team action plan and designate time for next briefing.		
Establish initial inventory of equipment and supplies on hand, including materiel that has been received or ordered in support of the incident, in collaboration with: <ul style="list-style-type: none"> • Operations Section <ul style="list-style-type: none"> ○ Staging Manager ○ Vehicle Unit Leader ○ Equipment Supply Unit Leader ○ Medication Unit Leader ○ Clinical Support Services ○ Medical Gases Unit Leader ○ Medical Devices Unit Leader • Logistics Section – Supply Unit Leader 		
Develop a consolidated list of all necessary material or alternatives that are not already on hand in the hospital supply system, in collaboration with the above Units. Contact local representative from West Central Medical Response System, or Local Emergency Management agency for sharing of resources. View Evacuation Plan Annex for contact information.		
Establish a contact list with just-in-time supply vendors/contractors, in coordination with Finance/Administration's Procurement Unit.		
Document all communications (internal and external) on an Incident Message		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Resources Unit Leader for status reports, and relay important information to team members.		
In conjunction with the Finance/Administration Section's Procurement Unit Leader, complete Procurement Summary Report (HICS Form 256) for newly obtained materiel.		
Maintain regular contact with all Sections to ensure necessary materials are provided in a timely manner and returned when no longer needed.		
Monitor and report to the Resources Unit Leader, projected shortages of critical supplies or equipment that may affect response capacity or strategy.		
Monitor incident status factors such as early discharge, evacuation, or contamination that may alter assumptions about materiel needs and impact supplies.		
Develop and submit an action plan to the Resources Unit Leader when requested.		
Advise the Resources Unit Leader immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Materiel Tracking team's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to appropriate Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization /System Recovery	Time	Initial
As needs for the Materiel Tracking team's staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational		

Demobilization /System Recovery	Time	Initial
Logs (HICS Form 214) are submitted to the Resources Unit Leader or Planning Section Chief, as appropriate.		
Upon deactivation of your position, brief the Resources Unit Leader or Planning Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Resources Unit Leader for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 256 – Procurement Summary Report • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Access to IT systems, specialty materiel tracking systems • List of vendors and phone numbers • Evacuation Plan Annex • Lincoln County Emergency Management Plan

SITUATION UNIT LEADER

Mission: Collect, process, and organize ongoing situation information; prepare situation summaries; and develop projections and forecasts of future events related to the incident. Prepare maps and gather and disseminate information and intelligence for use in the Incident Action Plan (IAP).

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Planning Section Chief _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Planning Section Chief. Obtain packet containing Situation Unit Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Appoint Managers as appropriate and complete the Branch Assignment List (HICS Form 204); distribute corresponding Job Action Sheets and identification. <ul style="list-style-type: none"> • Patient Tracking Manager • Bed Tracking Manager 		
Obtain status report on Information Technology/Information systems.		
Establish a Planning information center in the Hospital Command Center with a status/condition board and post information as it is received. Assign a recorder/documentation aide to keep the board updated with current information.		
Receive and record status reports as they are received.		
Assign a recorder to monitor, document and organize all communications sent and received via the inter-hospital emergency communication network or other external communication.		
Assure the status updates and information provided to Command Staff and Section Chiefs is accurate, complete, and current.		
Report bed status to Planning Section Chief.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214).		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Planning Section Chief, Section Chiefs and Branch		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Directors to obtain situation and status reports, and relay important information to team Members.		
Ensure that an adequate number of recorders are assigned to perform Situation Unit activities. Coordinate personnel requests with Labor Pool & Credentialing Unit Leader.		
Ensure backup and protection of existing data for main and support computer systems, in coordination with Logistics Section's IT/IS Unit and Business Continuity Branch's Information Technology Unit.		
Publish an internal incident situation status report for employee information at least every 4 hours as indicated. Collaborate with the Public Information Officer, Support Branch Director, and Labor Pool & Credentialing Unit Leader to develop and distribute the internal incident situation report.		
Ensure the security and prevent the loss of written and electronic Hospital Command Center response documentation. Collaborate with the Security Officer and IT/IS Unit Leader as appropriate.		
Ensure development of a demobilization plan by the Demobilization Unit Leader, in collaboration with Section Chiefs and Command Staff.		
Assist the Planning Section Chief to develop the Incident Action Plan at designated intervals.		
Advise the Planning Section Chief immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Situation Unit staff's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to appropriate Employee Health & Well Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Situation Unit staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Continue to revise and implement demobilization plan for all Sections.		
Compile incident summary data and reports, organize all Hospital Command Center documentation and submit to Planning Section Chief.		
Assist with development of the incident After-Action Report and improvement		

Demobilization/System Recovery	Time	Initial
plan.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Planning Section Chief.		
Submit comments to the Planning Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Access to IT systems (e-mail, internet, telecommunications, printers) • Chart-size facility plans and local area maps

PATIENT TRACKING MANAGER

Mission: Monitor and document the location of patients at all times within the hospital's patient care system, and track the destination of all patients departing the facility.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Situation Unit Leader Signature: _____

Hospital Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Situation Unit Leader.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Patient Tracking team members and complete the Branch Assignment List (HICS Form 204).		
Brief team members on current situation; outline team action plan and designate time for next briefing.		
Obtain current in-patient census from Admitting personnel and/or other sources.		
Implement a system, using the Disaster/Victim Patient Tracking Form (HICS Form 254) to track and display patient arrivals, discharges, transfers, locations and dispositions.		
Initiate the Hospital Casualty/Fatality Report (HICS Form 259), in conjunction with Operations Section's Patient Registration Unit Leader.		
Determine patient/victim-tracking mechanism utilized by field providers and establish method to ensure integration and continuity with hospital patient tracking systems.		
If evacuation of the facility is required or is in progress, initiate the Master Patient Evacuation Tracking Sheet (HICS Form 255).		
Contact the Situation Unit Leader and Labor Pool & Credentialing Unit Leader for additional staffing.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with Public Information Officer, Liaison Officer and Patient Registration Unit Leader to update and exchange patient tracking information (within HIPAA and local guidelines) and census data.		
Track patient movement outside of the facility with local authorities and other health systems through Liaison Officer and Staging Manager.		
Continue to track and display patient location and time of arrival for all patients; regularly report status to the Situation Unit Leader.		
Develop and submit an action plan to the Situation Unit Leader when requested.		
Advise the Situation Unit Leader immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Patient Tracking team's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to appropriate Employee Health & Well Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Patient Tracking staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Compile and finalize the Disaster/Victim Patient Tracking Form (HICS Form 254) and submit copies to the Finance/Administration Section Chief for patient billing/collections.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
If IT systems were offline due to the incident, assure appropriate information from Disaster/Victim Patient Tracking Form (HICS Form 254) is transferred into the normal patient tracking systems.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Situation Unit Leader or Planning Section Chief, as appropriate.		
Upon deactivation of your position, brief the Situation Unit Leader or Planning Section Chief, as appropriate, on current problems, outstanding issues, and		

Demobilization/System Recovery	Time	Initial
follow-up requirements.		
Submit comments to the Situation Unit Leader for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 254 – Disaster/Victim Patient Tracking Form • HICS Form 255 – Master Patient Evacuation Tracking Form • HICS Form 259 -- Hospital Casualty/Fatality Report • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Access to IT systems, including hospital admissions/tracking systems

BED TRACKING MANAGER

Mission: Maintain information on the status, location, and availability of all patient beds, including disaster cots and stretchers.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Situation Unit Leader

Hospital Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Situation Unit Leader.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint team members as needed and complete the Branch Assignment List (HICS Form 204).		
Brief team members on current situation; outline team action plan and designate time for next briefing.		
Obtain current census and bed status from Admitting personnel and other hospital sources.		
Establish contact with all patient treatment areas, Environmental Services and others to inform them of activation of your position and contact information. Develop a report of current bed status and report bed status to Situation Unit Leader.		
Initiate a Bed Tracking Log for disaster victims, using normal paper or electronic system		
Determine if improvised bed-tracking protocols are required for mass casualty incidents due to additional beds and cots that may be added to the normal hospital census.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet with Public Information Officer, Liaison Officer, Patient Registration Manager and Patient Tracking Manager on a routine basis to update bed and census data.		
Continue to maintain a current Bed Tracking log/system to document the location and status of all beds, including cots and stretchers.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Monitor incident status factors such as early discharge, evacuation, or contamination that may alter bed availability.		
Develop and submit an action plan to the Situation Unit Leader when requested.		
Advise the Situation Unit Leader immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Bed Tracking staff's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to appropriate Employee Health & Well Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Bed Tracking staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
If IT systems were offline due to the incident, assure appropriate information from the hospital's Bed Tracking Log is transferred into the normal bed tracking systems.		
Compile and finalize Bed Tracking Log and submit to Situation Unit Team Leader or Planning Section Chief, as appropriate.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Situation Unit Leader or Planning Section Chief, as appropriate.		
Upon deactivation of your position, brief the Situation Unit Leader or Planning Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools

- Incident Action Plan
- HICS Form 204 – Branch Assignment List
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory
- Hospital Bed Tracking Log/System
- Access to IT systems, specialty bed tracking or cleaning status tracking systems

DOCUMENTATION UNIT LEADER

Mission: Maintain accurate and complete incident files, including a record of the hospital's/ Hospital Command Center's response and recovery actions and decisions; provide duplication services to incident personnel; and file, maintain, and store incident files for legal, analytical, and historical purposes.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Planning Section Chief _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Planning Section Chief.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Establish initial contact with all Section Chiefs to obtain status and history of all major events and actions that have occurred to date, critical issues, and concepts of operations and steps to be taken within the next operational period.		
Appoint team members as needed and complete the Branch Assignment List (HICS Form 204).		
Coordinate with IT/IS Unit to ensure access to IT systems with e-mail/intranet communication to increase communication and document sharing with all Sections (if available).		
Prepare a system to receive documentation and completed forms from all Sections over the course of the Hospital Command Center activation.		
Provide duplicates of forms and reports to authorized Hospital Command Center requestors.		
Prepare incident documentation for the Planning Section Chief when requested.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214).		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Regularly meet with all Section Chiefs regarding incident and Section status, steps taken to resolve critical issues, and projected actions and needs for the next operational period.		
Continue to accept and organize all documentation and forms submitted to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Check the accuracy and completeness of records submitted. Correct errors or omissions by contacting appropriate Hospital Command Center Section staff.		
Maintain all historical information and record consolidated plans.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to meet regularly with the Planning Section Chief for status reports.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to appropriate Employee Health & Well Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Documentation Unit staff decrease, return staff to usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure all documentation from Hospital Command Center Command Staff and Sections is received and compiled.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Planning Section Chief.		
Upon deactivation of your position, brief the Planning Chief on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Planning Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • GP Form 208 – Site Safety & Control Plan • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart

Documents/Tools

- | |
|--|
| <ul style="list-style-type: none">• Hospital telephone directory• Access to appropriate IT system |
|--|

DEMOBILIZATION UNIT LEADER

Mission: Develop and coordinate an Incident Demobilization Plan that includes specific instructions for all staff and resources that will require demobilization.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Planning Section Chief	Signature: _____
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Planning Section Chief.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Establish initial contact with all Section Chiefs to obtain status of events and begin discussions about resources and personnel can be demobilized and when.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Monitor incident response activities and needs. Regularly meet with all Section Chiefs and staff to maintain information regarding changes in their resource needs.		
Attend Incident Action Planning meetings and briefings.		
Continually update a consolidated Incident demobilization plan until a final version is prepared for approval.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to meet regularly with the Planning Section Chief for status reports.		
Continue to assess the status of the incident and recommend deactivation of positions and personnel as the magnitude of the incident decreases.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to appropriate Employee Health & Well Being Unit Leader.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Continue to assess the status of the incident and recommend to Section Chiefs and Command the deactivation of positions and personnel as the magnitude of the incident decreases. Ensure Form GP 221 is completed for each assigned employee and/or volunteer, and for their equipment, as they are demobilized through the Labor Pool. Collect forms from Labor Pool.		
Submit incident demobilization plan(s) to the Planning Section Chief for approval. Upon approval, distribute copies to all Section Chiefs.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Planning Section Chief.		
Upon deactivation, brief the Planning Section Chief on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Planning Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • GP Form 221 – Demobilization Checklist • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

LOGISTICS SECTION CHIEF

Mission: Organize and direct those operations associated with maintenance of the physical environment and with the provision of human resources, materiel, and services to support the incident activities. Participate in Incident Action Planning.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Incident Commander Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander. Obtain packet containing Logistics Section Job Action Sheets.		
Notify your usual supervisor of your HICS assignment.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Determine need to appoint Branch Directors and Unit Leaders in Logistics Section; distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204). Positions may include: <ul style="list-style-type: none"> • Labor Pool & Credentialing Unit Leader • Service Branch Director • Support Branch Director 		
Brief Logistics Section Branch Directors on current situation, incident objectives and strategy; outline Section action plan and designate time for next briefing.		
Distribute the Section Personnel Time Sheet (HICS Form 252) to Logistic Section personnel and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section's Time Unit Leader at the completion of a shift or at the end of each operational period.		
Participate in Incident Action Plan preparation, briefings, and meetings as needed; assist in identifying strategies; determine tactics, work assignments, and resource requirements.		
Maintain communications with Operations Section Chief, Staging Manager and Branch Directors to assess critical issues and resource needs.		
Ensure resource ordering procedures are communicated to appropriate Sections and requests are timely and accurately processed.		
Ensure Logistics Section personnel comply with safety policies and procedures.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Incident Commander, Command Staff and other Section Chiefs to update status of the response and relay important information to Logistics Section's Staff.		
Ensure the following are being addressed: <ul style="list-style-type: none"> • Communications • Information technology/information services • Provision of food and water for staff • Staff Health and well-being • Family care • Provision of supplies • Facility maintenance • Transportation services • Establishment of Labor Pool • Credentialing of staff and volunteers • Documentation 		
Initiate the Resource Accounting Records (HICS Forms 257A & 257B) to track equipment used during the response.		
Obtain needed materiel and fulfill resource requests with the assistance of the Finance/Administration Section Chief and Liaison Officer.		
Ensure that the Logistics Section is adequately staffed and supplied.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Logistics Section staff's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Continue to conduct regular situation briefings with Logistics Section.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and on an Incident Message Form (HICS Form 213).		
Continue to maintain the Resource Accounting Records (HICS Forms 257A & 257B) to track equipment used during the response.		
Continue to meet regularly with Logistics Section Branch Directors to update the Section action plan and implement demobilization procedures, in coordination with Planning Section's Demobilization Unit Leader.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs decrease, return Logistics Section staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Coordinate return of all assigned equipment to appropriate locations and restock Hospital Command Center supplies.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Coordinate replacement of broken or misplaced items.		
Work with Planning and Finance/Administration Sections to complete cost data information.		
Debrief Section staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Incident Commander.		
Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Planning Section Chief for discussion and possible inclusion in an after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment Sheet • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 252 – Section Personnel Time Sheet • HICS Form 257A – Internal Resource Tracking Record • HICS Form 257B – External Resource Tracking Record • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Master inventory control lists

SERVICE BRANCH DIRECTOR

Mission: Organize and manage the services required to maintain the hospital's communication system, food and water supply for staff, and information technology and systems.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Logistics Section Chief _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Logistics Section Chief. Obtain packet containing Service Branch Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214).		
Determine need for and appropriately appoint Logistics Section Service Branch Unit Leaders; distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204). Positions may include: <ul style="list-style-type: none"> • Communications Unit Leader • Information Systems (IS) Unit Leader • Staff Food & Water Unit Leader 		
Brief the Service Branch Unit Leaders on current situation and incident objectives; outline Branch action plan and designate time for next briefing.		
Assess the Service Branch's capacity to deliver needed: <ul style="list-style-type: none"> • Internal and external communication capability • Information technology hardware, software and support • Food and water for staff (Patient feeding is under Operations Section Infrastructure Branch) 		
Meet regularly with the Logistics Section Chief to discuss status, plan of action, critical issues and staffing in Service Branch.		
Instruct Unit Leaders to: <ul style="list-style-type: none"> • Immediately set-up the Hospital Command Center communications and IT systems to ensure connectivity • Evaluate on-hand communications equipment required for response and project need for repair and expanded inventory • Inventory on-hand food and water supply • Assess and evaluate IT/IS capability, and determine need for repair or expansion of service and support • Inventory and assessment of communications equipment and project need for repair and expanded inventory 		

Immediate (Operational Period 0-2 Hours)	Time	Initial
<ul style="list-style-type: none"> Report inventories and needs to Logistics Section's Support Branch Supply Unit Leader 		
Assess problems and needs in each Service Branch area; coordinate resource management.		
Ensure Service Branch personnel comply with safety policies and procedures.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Ensure prioritization of problems when multiple issues are presented.		
Continue coordinating the Service Branch's ability to provide needed communication and IT/IS support services.		
Coordinate use of external resources to assist with equipment, software and hardware maintenance and repairs.		
Advise Logistics Section Chief immediately of any operational issue you are not able to correct or resolve.		
Continue to meet regularly with the Logistics Section Chief for status reports and relay important information to Unit Leaders.		
Report equipment needs to Supply Unit Leader.		
Ensure staff health and safety issues are being addressed; resolve with the Logistics Section Chief, Safety Officer and Staff Health and Well-Being, as appropriate.		
Develop and submit a Branch action plan to Logistics Section Chief when requested.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Service Branch staff's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Conduct regular situation briefings with the Service Branch Unit Leaders and update operational action plan as needed.		
Continue to meet with the Logistics Section Chief to update the Service Branch action plan and implement demobilization procedures.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Logistics Section Chief at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Service Branch staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Assist the Logistics Section Chief and Unit Leaders with restoring hospital infrastructure services to normal operations.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Logistics Section Chief.		
Upon deactivation of your position, brief the Logistics Section Chief on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Logistics Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Facility maps and ancillary services schematics • Vendor support and repair directory

COMMUNICATIONS UNIT LEADER

Mission: Organize and coordinate internal and external communications connectivity.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Service Branch Director Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Service Branch Director. Obtain packet containing the Unit's Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Communications Unit team members and in collaboration with the Service Branch Director, complete the Branch Assignment List (HICS Form 204).		
Brief Communications Unit team members on current situation; outline Unit action plan and designate time for next briefing.		
Set up and maintain communication equipment (15 radios) and provide ongoing support for the Hospital Command Center.		
Initiate the Incident Communications Log (HICS Form 205) and distribute to all Hospital Command Center positions.		
Inventory and assess all available on-hand radios and report to the Service Branch Director and Support Branch's Supply Unit Leader.		
Determine radio channels for response and make radio assignments. Distribute two-way radios to pre-designated areas.		
Prepare for radio checks from personnel that are assigned hand-held radios and other portable communications equipment.		
Assess status of all on-site communications equipment, including two-way pagers, satellite phones, public address systems, data message boards, and inter and intra-net connectivity. Initiate repairs per the standard operating procedures.		
Evaluate status of internal and external telephone/fax systems and report to Service Branch Director.		
Request the response of assigned amateur radio personnel to the facility, if indicated.		
Establish contact with the Liaison Officer.		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Expand communication network capability and equipment as required to meet the needs of the hospital response.		
Ensure communication equipment maintains proper functioning.		
If primary communications systems fail, establish mechanism to alert Code team and fire suppression team to respond to internal patient and/or physical emergencies (e.g., cardiac arrest, fire, etc.)		
Develop and submit an action plan to the Service Branch Director when requested.		
Receive and archive all documentation related to internal and external facility communication systems.		
Advise Service Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Communications Unit staff's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Review and update the Incident Communications Log (HICS Form 205) and distribute to all Hospital Command Center positions.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Service Branch Director at assigned intervals and as needed.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Communications Unit staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		

Demobilization/System Recovery	Time	Initial
Ensure that all radios and battery operated equipment is serviced and recharged.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Service Branch Director or Logistics Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure that Operational Logs (HICS Form 214) and all documentation are submitted to the Service Branch Director or Logistics Section Chief, as appropriate.		
Submit comments to the Service Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 205 – Incident Communications Log (Internal and External) • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan, including the Communications Plan • Hospital organization chart • Hospital telephone directory • PC with internet access, as available



INFORMATION TECHNOLOGY/INFORMATION SERVICES UNIT LEADER

Mission: Provide computer hardware, software and infrastructure support to staff.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Service Branch Director Signature: _____
 Hospital Command Center (HCC) Location: _____ Telephone: _____
 Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Service Branch Director. Obtain packet containing the Unit's Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint IT/IS Unit team members and in collaboration with the Service Branch Director, complete the Branch Assignment List (HICS Form 204).		
Brief team members on current situation; outline Unit action plan and designate time for next briefing.		
Assign staff to the Hospital Command Center to provide IT/IS support and maintain system. Respond immediately to requests for assistance from the Hospital Command Center.		
Establish priorities for use of available IT/IS systems, as needed.		
Coordinate IT/IS activities with the Operations Section's IT Unit Leader.		
Inventory IT systems, hardware and software; identify potential needs and work with the Supply Unit Leader to obtain equipment and supplies.		
Expand IT capability to pre-designated or additional/new areas per the hospitals Emergency Operations Plan.		
Make external requests for assistance in collaboration with the Supply Unit Leader, as needed; notify the Service Branch Director of all critical issues and requests.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet routinely with the Service Branch Director for status reports, and relay important information to Unit members.		
Continue to evaluate IT system performance; troubleshoot issues as indicated.		
Maintain internal IT/IS and /LAN connectivity, consulting with external experts when needed.		
Assess status and integrity of data back-up systems. For restoration activities see Operations Section Business Continuity Branch.		
Develop and submit an action plan to the Service Branch Director when requested.		
Advise the Service Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the IT/IS Unit staff's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Coordinate information technology system support; expand and contract as warranted.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Service Branch Director at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the IT/IS Unit's staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Reorder supplies and equipment to restore normal inventory.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Service Branch Director or Logistics Section Chief, as appropriate.		

Demobilization/System Recovery	Time	Initial
Upon deactivation of your position, brief the Service Branch Director or Logistics Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Service Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Computer hardware/software inventory



STAFF FOOD & WATER UNIT LEADER

Mission: Organize food and water stores and prepare for rationing during periods of anticipated or actual shortage.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Service Branch Director	Signature: _____
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Service Branch Director. Obtain packet containing the Unit's Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Staff Food and Water Unit team members and in collaboration with the Service Branch Director, complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation; outline Unit action plan and designate time for next briefing.		
Inventory and estimate the number of meals that can be served utilizing existing food stores and report to the Service Branch Director. Implement rationing if situation dictates.		
Inventory the current emergency drinking water supply and estimate time when re-supply will be necessary and report to the Service Branch Director. Implement rationing if situation dictates.		
Participate in damage assessment meeting between the Incident Commander and Logistics Chief to ascertain water supply status, if situation warrants.		
Make external requests for assistance as needed, coordinating with the Liaison Officer and the Supply Unit Leader.		
Coordinate Unit activities with the Operations Section's Food Services Unit Leader to insure appropriate monitoring and allocation of patient and staff food and water needs.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet with the Labor Pool & Credentialing Unit Leader and Support Branch		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Director to discuss location of personnel refreshment and nutritional break areas for the Hospital Command Center, Labor Pool and all staff.		
Notify the Service Branch Director of incoming food deliveries; coordinate supply arrivals with the Staging Manager.		
Communicate facility status with food and water vendors as appropriate, to alert them to a possible need for supplies.		
Prepare to receive donated food items from vendors, restaurants, and others. Consider appointment of a Unit staff member to manage donations.		
Secure nutritional and water inventories with the assistance of the Security Branch Director.		
Advise the Service Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Staff Food and Water Unit's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Maintain normal food service if possible for staff and implement rationing if indicated.		
Continue to coordinate external food service support and supplies and communicate with external vendors and suppliers, as necessary.		
Continue to project food and water needs and coordinate requests and procurement with the Service Branch Director.		
Continue to provide regular situation updates to the Service Branch Director.		
Continue food service support to the Hospital Command Center, family support center, Labor Pool, and staff as appropriate.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Service Branch Director at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Staff Food and Water Unit staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		

Demobilization/System Recovery	Time	Initial
Coordinate return to normal food and water service and operations.		
Reorder food and supplies to restore normal inventory.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Repair/replace used or broken items.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Service Branch Director or Logistics Section Chief, as appropriate.		
Upon deactivation of your position, brief the Service Branch Director or Logistics Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Service Branch for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Food inventory



SUPPORT BRANCH DIRECTOR

Mission: Organize and manage the services required to maintain the hospital’s supplies, facilities, transportation, and labor pool. Ensure the provision of logistical, psychological, and medical support of hospital staff and their dependents.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Logistics Section Chief _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Logistics Section Chief. Obtain packet containing Support Branch Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions and decisions in an Operational Log (HICS Form 214).		
Determine need for and appropriately appoint Unit Leaders; distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204). Positions may include: <ul style="list-style-type: none"> • Staff Health & Well-being Unit Leader • Family Care Unit Leader • Supply Unit Leader • Facilities Unit Leader • Transportation Unit Leader • Labor Pool & Credentialing Unit Leader 		
Brief the Support Branch Unit Leaders on current situation and incident objectives; outline Branch action plan and designate time for next briefing.		
Assess Support Branch areas capacity to deliver needed: <ul style="list-style-type: none"> • Staff Health care • Mental health support to staff • Family support to staff • Medical equipment and supplies • Facility cleanliness • Internal and external transportation support • Supplemental personnel management 		
Complete the Staff Medical Plan (HICS Form 206) and distribute to Command Staff, Section Chiefs and Documentation Unit Leader.		
In collaboration with the Safety Officer and the Operations Section’s HazMat Branch Director, determine need for staff personal protective equipment; implement protective actions as required.		
Regularly report Service Branch status to the Logistics Section Chief.		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Instruct all Unit Leaders to evaluate on-hand equipment, supply, and medication inventories and staff needs; report status to the Supply Unit Leader.		
Assess mental health status concerns and; determine need for expanded support. Coordinate activities with the Operations Section's Mental Health Unit Leader.		
Assess problems and needs in each Unit area; coordinate resource management.		
Meet with the Logistics Section Chief to discuss plan of action and staffing in all Support Branch activities.		
Receive, coordinate and forward requests for personnel to the Labor Pool and Credentialing Unit Leader and supplies to the Supply Unit Leader.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue assessing and coordinating Support Branch's ability to provide needed personnel and support services.		
Ensure prioritization of problems when multiple issues are presented		
Continue to evaluate the need for staff personal protection measures, in coordination with the Safety Officer and Operations Section's HazMat Branch Director and implement actions as indicated.		
Update and revise the Staff Medical Plan (HICS Form 206) and distribute to Command Staff, Section Chiefs and Documentation Unit Leader.		
Assign mental health personnel to visit patient care areas and evaluate staff needs; in coordination with the Operations Section's Mental Health Unit Leader and report issues to the Logistics Section Chief.		
Implement dependent care service support per the Emergency Operations Plan.		
Coordinate use of external resources to assist with service delivery.		
Advise the Logistics Section Chief immediately of any operational issue you are not able to correct or resolve.		
Meet routinely with the Logistics Section Chief for status reports, and relay important information to staff.		
Assess environmental services (housekeeping) needs in all staff activity areas.		
Report equipment needs to the Supply Unit Leader.		
Supervise salvage operations with the Operations Section Chief when indicated.		

Ensure staff health and safety issues being addressed; resolve with the Safety		
--	--	--



Officer when appropriate.		
Develop and submit a branch action plan to the Logistics Section Chief when requested.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Support Branch staff's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Support Branch Director at assigned intervals and as needed.		
Coordinate support to sick/injured staff. Collaborate and communicate with the Finance/Administration Section Compensation/Claims Unit Leader.		
Coordinate staff "line of duty death" response plan.		
Expand dependent care capacity as situation warrants and resources allow.		
Continue to provide Logistics Section Chief with periodic situational updates.		
Assess staff medical health status regularly; note absenteeism trends and investigate; report findings and recommendations to the Logistics Section Chief and Staff Health and Well-Being Unit.		
Provide continuing mental health information and assistance for staff as needed; coordinate pastoral care and solicited volunteer's assistance, in coordination with Operations Section's Mental Health Unit Leader; update the Logistics Section Chief.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Support Branch staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Assist the Logistics Section Chief and Unit Leaders with addressing staff health and medical concerns.		
Assist the Logistics Section Chief and Unit Leaders with returning Support Branch operations to normal.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		



Demobilization/System Recovery	Time	Initial
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Logistics Section Chief.		
Upon deactivation of your position, brief the Logistics Section Chief on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Logistics Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 206 – Staff Medical Plan • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Facility maps and ancillary services schematics • Vendor support and repair directory



EMPLOYEE HEALTH & WELL-BEING UNIT LEADER

Mission: Ensure the availability of medical care for injured or ill staff. Ensure the availability of behavioral and psychological support services to meet staff needs during and following an incident. Coordinate mass prophylaxis/vaccination/immunization of staff, if required. Coordinate medical surveillance program for employees.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Support Branch Director Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Support Branch Director. Obtain packet containing the Unit’s Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Staff Health and Well-Being Unit team members and in collaboration with the Support Branch Director, complete the Branch Assignment List (HICS Form 204).		
Brief Unit team members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Assess current capability to provide medical care and mental health support to staff members. Project immediate and prolonged capacities to provide services based on current information and situation.		
Ensure staff are using recommended Personal Protective Equipment and following other safety recommendations.		
Implement staff prophylaxis plan if indicated. Steps to include: <ul style="list-style-type: none"> • Determine medication, dosage and quantity • Prioritization of staff to receive medication or immunization • Point of Distribution (POD) location preparation • Acquire/distribute medication • Documentation • Educational materials for distribution • Track side effects and efficacy • Augmentation of Unit staffing to provide services 		
Prepare for the possibility that a staff member or their family member may be a victim and anticipate a need for psychological support.		
Ensure prioritization of problems when multiple issues are presented.		

Anticipate increased Staff Health and Well Being service needs created by additional patients, longer staff work hours, exposure to sick persons, and concerns about family welfare and initiate actions to meet the needs.		
Meet with Support Branch Director to discuss plan of action and staffing patient care areas requiring assistance.		
Notify Safety Officer of any health risks or other clinical problems related to staff.		
Receive, coordinate, and forward requests for personnel to the Labor Pool & Credentialing Unit Leader and supplies to the Supply Unit Leader.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Coordinate continuing support to staff members; strategically place personnel to assess staff in cafeteria, emergency department, staff lounges, and Hospital Command Center.		
Assign mental health personnel to visit patient care areas and evaluate staff needs.		
Coordinate external request for resources with the Liaison Officer and Support Branch Director; follow community plan if available; develop plan for using outside mental and Staff Health resources.		
Notify Supply Unit Leader and Operations Section's Clinical Support Services Unit Leader of special medication needs.		
Continue to plan for a marked increase in Staff Health and wellness service needs for staff/family; announce options and program to staff.		
Coordinate staff "line of duty death" response plan.		
Monitor exposed staff for signs of illness or injury including infectious disease and exposure to other physical agents such as chemicals or radiation.		
Assign staff to support personnel in Hospital Command Center and provide mental health intervention/advice; contact the Labor Pool & Credentialing Unit Leader for additional personnel, if needed.		
Ensure medical records of staff receiving services are prepared correctly and maintain confidentiality of records.		
Meet routinely with Unit Members for status reports, and relay important information to Support Branch Director.		
Address security issues as needed with the Security Branch Director; notify Support Branch Director.		
Report equipment and supply needs to the Supply Unit Leader.		
Ensure staff health and safety issues being addressed; resolve with Safety Officer and Support Branch Director as needed.		
Assess need to assign additional Unit staff to support Staff Health and wellness		

needs to high-risk areas such as emergency department, critical care areas and Family Support Center. Request additional staffing from the Labor Pool and Credentialing Unit.		
Develop and submit an action plan to the Support Branch Director when requested.		
Advise the Support Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Unit staff's ability to meet workload demands, staff health and safety, security and resource needs, and documentation practices.		
Continue to monitor exposed staff for signs of illness or injury including infectious disease and exposure to other physical agents such as chemicals or radiation.		
Investigate causes related to increased absenteeism; report concerns to the Support Branch Director.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Support Branch Director at assigned intervals and as needed.		
Continue to provide the Support Branch Director with periodic updates.		
Continue to provide Unit staff with regular situation briefings		
Coordinate support to sick and injured staff and report information to the Compensation/Claims Unit Leader.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to Support Branch Director. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Anticipate need to provide service to staff and family for an extended period.		
Assist the Support Branch Director and Unit Leaders with restoring Staff Health to normal operations.		
Coordinate long term support needs with external resources including local, state and federal mental health officials.		
Provide education on normal stress reaction information sheets/education to staff.		

Demobilization/System Recovery	Time	Initial
Identify staff at high risk for post-incident traumatic stress reactions and provide debriefing/stress management programs and activities.		
Plan to conduct stress debriefings for staff periodically for an extended period.		
Compile and finalize employee patient information and records and report to the Support and the Finance/Administration's Compensation/Claims Unit Leader. Ensure confidentiality of mental health interactions and related records.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Support Branch Director or Logistics Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Unit Operational Logs (HICS Form 214) are submitted to the Support Branch Director or Logistics Section Chief, as appropriate.		
Submit comments to the Support Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • PC with internet access, as available • Staff prophylaxis plan

FAMILY CARE UNIT LEADER

Mission: Ensure the availability of medical, logistic and mental health and day care for the families of staff members. Coordinate mass prophylaxis/vaccination/immunization of family members if required.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Support Branch Director Signature: _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Support Branch Director. Obtain packet containing the Unit's Job Action Sheets and other materials.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Family Care Unit team members and in collaboration with Support Branch Director, complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident and strategy; outline Unit action plan; and designate time for next briefing.		
Coordinate activities with Operations Section's Clinical Support Services Unit.		
Assess current capability to provide medical logistical, mental health care and day care to staff member's families. Project immediate and prolonged capacities to provide services based on current information and situation.		
Activate and manage the staff member family support center to be located at one or all of the following locations: <ul style="list-style-type: none"> • Hospital House at 902 S. Ash • Hospital House at 1221 S. Ash • North Platte Community Day Care Center 		
Implement staff prophylaxis plan if indicated. Steps to include: <ul style="list-style-type: none"> • Determine medication, dosage and quantity • Prioritization of staff to receive medication or immunization • Point of Distribution (POD) location preparation • Acquire/distribute medication • Documentation • Educational materials for distribution • Track side effects and efficacy • Augmentation of Unit staffing to provide services 		
Ensure prioritization of problems when multiple issues are presented.		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Anticipate increased family care needs created by longer staff work hours, exposure to sick persons, and concerns about family welfare.		
Meet with the Support Branch Director to discuss plan of action and staffing patient care areas requiring assistance;		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Coordinate provision of needed support to family members (physical, emotional, refreshment, food and water).		
Coordinate external request for resources with the Liaison Officer; per the community plan if available; develop plan for how outside expertise will be utilized.		
Notify Supply Unit Leader and Clinical Support Services Unit Leader of special medication needs.		
Continue to plan for provision for marked increase in family/dependent care services; announce options to staff.		
Advise the Support Branch Director immediately of any operational issue you are not able to correct or resolve.		
Meet routinely with Unit members for status reports, and relay important information to the Support Branch Director.		
Address security issues as needed with the Security Branch Director; notify Support Branch Director.		
Evaluate family members of hospital staff for medical needs, including medications, medical care and nutrition. Notify the Support Branch Director of needs.		
Report equipment and supply needs to the Supply Unit Leader.		
Ensure staff health and safety issues being addressed; resolve with the Support Branch Director, Safety Officer and Staff Health and Well-Being Unit, as appropriate.		
Develop and submit an action plan to the Support Branch Director when requested.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Unit's ability to meet workload demands, staff health and safety, security and resource needs, and documentation practices.		
Anticipate and assess for possible illness outbreak of family members/dependents in your care; consult with the Support Branch Director.		
Provide regular situation briefings to Unit Staff and family/dependents under your care.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Support Branch Director at assigned intervals and as needed.		
Ensure mental health support available; coordinate with Staff Health & Well-Being Unit Leader.		
Provide spiritual support when needed with assistance of the Staff Health & Well-Being Unit Leader.		
Continue to provide Support Branch Director with periodic situational updates.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Anticipate need to provide service to staff /family for an extended period.		
Coordinate long term support needs with local/state and federal mental health officials.		
Provide normal stress reaction information sheets/incident specific education to families/dependents, in coordination with Staff Health and Well-Being Unit and Operations Section's Mental Health Unit Leader.		
Compile Unit activity report and submit to the Support Branch Director.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Support Branch Director or Logistics Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Support Branch Director or Logistics Section Chief, as appropriate.		
Submit comments to the Support Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		

Demobilization/System Recovery	Time	Initial
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • PC with internet access, as available • Staff prophylaxis plan

SUPPLY UNIT LEADER

Mission: Acquire, inventory, maintain, and provide medical and non-medical care equipment, supplies, and pharmaceuticals.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Support Branch Director Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Support Branch Director. Obtain packet containing the Unit's Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Personnel Staging Team members and in collaboration with Support Branch Director, complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Meet with and brief the hospital's Materials Management, Procurement and Central/Sterile Supply Personnel, as appropriate.		
Dispatch pre-designated supply carts to activated triage and treatment areas. Request transportation assistance from the Transportation Unit Leader.		
Establish and communicate the operational status of the Supply Unit to the Support Branch Director and Procurement Unit Leader.		
Determine on hand inventory of the following, based on the type of event. May include, but is not limited to: <ul style="list-style-type: none"> • Airway equipment • Dressings/bandages • Chest tubes • Burn kits • Suture material • IV equipment and supplies • Sterile scrub brushes, normal saline, anti-microbial skin cleanser • Waterless hand cleaner and gloves • Fracture immobilization, splinting and casting materials • Backboard, rigid stretchers • Non-rigid transporting devices (litters) • Oxygen, administration masks, ventilators and suction devices • Personal protective clothing/equipment/masks/respirators. 		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Place emergency order(s) for the critical supplies, equipment and pharmaceuticals needed to the Supply Unit Leader and notify the Support Branch Director.		
Prepare to receive additional equipment, supplies, and pharmaceuticals. Collaborate with Staging Manager to track arriving supplies.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Work through the Support Branch Director, Logistics Section Chief and Liaison Officer to request external resource acquisition assistance.		
Closely monitor equipment, supply, and pharmaceutical usage.		
Notify Security Branch Director to insure control of medications, equipment and supplies, as needed.		
Restock carts and treatment areas per request and at least every 8 hours.		
Advise the Support Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Unit personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Continue to provide regular situation briefings to Unit staff.		
Anticipate equipment, supplies, and pharmaceuticals that will be needed for the next operational periods, in consultation with the Medical Care Branch Director. Place orders in collaboration with the Procurement Unit Leader and notify the Support Branch Director.		
Continue effective inventory control and replacement measures.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Support Branch Director at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Coordinate re-supply ordering and restocking for the hospital.		
Repair/replace broken equipment.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Coordinate reimbursement issues with the Finance Section Chief.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Support Branch Director or Logistics Section Chief, as appropriate on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Support Branch Director or Logistics Section Chief, as appropriate.		
Submit comments to the Support Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 256 – Procurement Summary Report • HICS Form 257A – Internal Resource Accounting Record • HICS Form 257B – External Resource Accounting Record • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • PC with internet access, as available • Inventory list and vendor supply list



FACILITIES UNIT LEADER

Mission: Organize, manage and support building systems, equipment and supplies. Ensure proper cleaning and disinfection of hospital environment.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Support Branch Director Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Support Branch Director. Obtain packet containing the Unit's Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Facilities Unit team members and in collaboration with the Support Branch Director, complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Receive a comprehensive facility status report as soon as possible from the Infrastructure Branch Director and obtain a copy of the Facility System Status Report (HICS Form 251).		
Ensure monitoring and evaluation of isolation rooms/areas, including filter inspections, airflow rate checks, and room pressurization monitoring, if indicated, in coordination with the Operations Section's HVAC Unit Leader.		
Determine on hand inventory of the following: <ul style="list-style-type: none"> • Gasoline and other fuels • Medical gases • Power generators • Water (non-potable) 		
Coordinate activities and inventories with the Operations Section's Unit Leaders including Power/Lighting, HVAC, Medical Gases and Environmental Services.		
Place emergency orders for the above items, or other critical supplies and equipment with the Supply Unit Leader, as needed. Notify the Support Branch Director.		
Meet regularly with and brief the Materiel Tracking Manager and Supply Unit Leader.		

Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		
---	--	--

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Work through the Support Branch Director, Logistics Section Chief and Liaison Officer to request assistance with external resource acquisition.		
Closely monitor building system status, equipment and supply usage.		
Restock facility management and support areas per request and at least every 8 hours.		
Receive updated reports from the Infrastructure Branch Director.		
Advise the Support Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Unit personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Continue to monitor facility operations data and reports on hospital functional status.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Support Branch Director at assigned intervals and as needed.		
Continue to provide periodical situational updates to the Support Branch Director.		
Continue communication with appropriate external vendors, suppliers and agencies.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Facilities Unit staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Coordinate orders for supply and restocking for hospital building systems and equipment.		
Repair/replace broken facility equipment.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Support Branch Director or Logistics Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Support Branch Director or Logistics Section Chief, as appropriate.		
Submit comments to the Support Branch Director for discussion and possible inclusion in the After-Action Report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 251 – Facility System Status Report • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • PC with internet access, as available • Facility equipment inventory



TRANSPORTATION UNIT LEADER

Mission: Organize and coordinate the transportation of all ambulatory and non-ambulatory patients. Arrange for the transportation of human and material resources within or outside the facility.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Support Branch Director Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Support Branch Director. Obtain packet containing the Unit’s Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Transportation Unit team members and in collaboration with the Support Branch Director, complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Assess transportation requirements and needs for patients, personnel and materials; request patient transporters from the Labor Pool & Credentialing Unit Leader to assist in the gathering of patient transport equipment.		
Inventory and assemble gurneys, litters, wheelchairs and stretchers in proximity to ambulance off-loading area and triage area.		
Establish ambulance-loading area in cooperation with the Security Branch Director and Operations Section’s Staging Manager and Vehicle Staging Team Leader. Advise EMS of location.		
Inventory available out of hospital transportation resources (buses, shuttles, ambulances)		
Receive requests for air lift medical evacuation from patient care areas and coordinate requests with Liaison Officer for use of outside air medical access resources for MEDEVAC with the local Emergency Operations Center (EOC) or directly with vendor per the plan.		
Coordinate request for public/private sector ambulance transportation with the Liaison Officer to the local Emergency Operations Center or directly with provider per existing response plans and agreements.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Develop Traffic Plan, coordinate with Traffic Control Unit leader and Security Branch director (GP Form 209)		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue coordination of transportation for patient transfers with: <ul style="list-style-type: none"> • Personnel and Vehicle Staging Team Leaders • Discharge area • EMS (public and private providers) • Other hospitals • Local Emergency Operations Center • Military 		
In the event of a hospital evacuation and/or the relocation of medical services outside of existing structure, anticipate and prepare for transportation needs.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Unit personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Maintain a transportation record in the Triage Area, Discharge Area, and Material Supply Pool.		
Continue communication on situation with appropriate external authorities, in coordination with the Liaison Officer.		
Request special transport equipment needs from the Supply Unit Leader.		
Address health and safety issues related to volume/location of transport vehicles with the Safety Officer.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Support Branch Director at assigned intervals and as needed.		
Continue to provide regular status updates to the Support Branch Director.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff &		

Demobilization/System Recovery	Time	Initial
volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Coordinate cancellation of transport vehicles.		
Via the Liaison Officer, notify the local Emergency Operations Center that there is no further need for additional assistance.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Support Branch Director or Logistics Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Support Branch Director or Logistics Section Chief, as appropriate.		
Submit comments to the Support Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • GP Form 209 – Traffic Plan • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 257A – Internal Resource Accounting Record • HICS Form 257B – External Resource Accounting Record • HICS Form 258 -- Hospital Resource Directory • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory

LABOR POOL & CREDENTIALING UNIT LEADER

Mission: Collect and inventory available staff and volunteers at a central point (Labor Pool) for assignment by the Staging Officer. Maintain adequate numbers of both medical and non-medical personnel. Assist in the maintenance of staff morale.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Support Branch Director Signature: _____	
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Support Branch Director. Obtain packet containing the Unit's Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Labor Pool and Credentialing Unit team members including a qualified physician to assist in credentialing volunteer practitioners and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Establish Labor Pool area in the cafeteria and communicate location and status to the Support Branch Director and Section Chiefs.		
Inventory the number and classify staff presently available by category: MEDICAL PERSONNEL <ul style="list-style-type: none"> • Physician (In coordination with the Medical Staff Technical Specialist) <ul style="list-style-type: none"> ○ Critical care ○ General care • Residents • Students • Physician Assistants • Nurses <ul style="list-style-type: none"> ○ Critical care ○ General care • Fellows • Students • Nurse Practitioners • Medical technicians/specialists • Patient care (aides, technicians, EMTs, paramedics, etc.) • Diagnostics 		

Immediate (Operational Period 0-2 Hours)	Time	Initial
<ul style="list-style-type: none"> Respiratory Therapists <p>NON-MEDICAL PERSONNEL</p> <ul style="list-style-type: none"> Engineering/maintenance/materiel management Environmental services/housekeeping/nutritional services Business/financial Volunteers Others 		
Establish a registration desk to obtain Labor Pool personnel information including area normally assigned, licensure, specialty and contact information.		
Direct personnel to designated work assignment areas recording the information on Labor Pool log.		
<p>Anticipate need for and implement the facility's emergency credentialing standard operating procedure (MSO Policy 002) when volunteers present.</p> <ul style="list-style-type: none"> Establish a credentialing desk in the Labor Pool Area. Initiate intake and processing procedures for solicited and unsolicited volunteers presenting to the facility, record information on the Volunteer Staff Registration form (HICS Form 253). Obtain assistance from the Security Branch Director in the screening and identification of volunteer staff. All licensed and non-licensed volunteers who provide medical care must be accompanied and observed at all times by GPRMC staff. 		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue to prepare and maintain records and reports, as appropriate.		
Maintain a message center in Labor Pool area to inform staff and volunteers of the current situation in coordination with the Support Branch Director, Situation Unit Leader, and IT/IS Unit Leader.		
Maintain contact with Operations Section's Personnel Staging Team Leader and Planning Section's Personnel Tracking Manager to share information and personnel status.		
Assist the Situation Unit Leader in publishing an informational sheet to be distributed at frequent intervals to update the hospital staff.		
Monitor and evaluate the effectiveness of the emergency credentialing standard operating procedure; record and resolve problems as necessary.		
Advise the Support Branch Director immediately of any operational issue you are not able to correct or resolve.		
Contact the Staff Food & Water Unit Leader to arrange for nutrition and hydration for the Labor Pool area.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Unit personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Support Branch Director at assigned intervals and as needed.		
Brief Planning Section Chief regularly on the status of labor pool numbers and composition.		
Provide regular situation briefings to Unit staff and to labor pool staff and volunteers waiting assignment.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. Complete Form GP 221 in packet for each assigned employee and volunteer. Complete form section regarding equipment they bring to assist with incident. Submit copies as directed at bottom of form .		
Ensure complete documentation of volunteer information on the Volunteer Staff Registration Form (HICS Form 253)		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Support Branch Director or Logistics Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Support Branch Director or Logistics Section Chief, as appropriate.		
Submit comments to the Support Branch Director for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in		

Demobilization/System Recovery	Time	Initial
other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment Sheet • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • GP Form 221 – Demobilization Checklist • HICS Form 253 – Volunteer Staff Registration • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • PC with internet access, as available

FINANCE/ADMINISTRATION SECTION CHIEF

Mission: Monitor the utilization of financial assets and the accounting for financial expenditures. Supervise the documentation of expenditures and cost reimbursement activities.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Incident Commander Signature: _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander. Obtain packet containing Finance/Administration Section Job Action Sheets.		
Notify your usual supervisor of your HICS assignment.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Determine need for and appropriately appoint Finance/Administration Unit Leaders, distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204). Positions may include: <ul style="list-style-type: none"> • Time Unit Leader • Procurement Unit Leader • Compensation/Claims Unit Leader • Cost Unit Leader 		
Brief Finance/Administration Section Unit Leaders on current situation, incident objectives, and strategy; outline Section action plan; and designate time for next briefing.		
Participate in Incident Action Plan preparation, briefings, and meetings as needed and, <ul style="list-style-type: none"> • Provide cost implications of incident objectives • Determine if any special contractual arrangements/agreements are needed. 		
Obtain information and updates regularly from Finance/Administration Section Unit Leaders; maintain knowledge of current status of all Units; inform Situation Unit Leader of status information.		
Distribute the Section Personnel Time Sheet (HICS Form 252) to Finance/Administration Section staff and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section's Time Unit Leader at the completion of a shift or at the end of each operational period.		
Ensure Finance/Administration Section personnel comply with safety policies and procedures.		
Document all key activities, actions, and decisions on an Operational Log (HICS Form 214) on a continual basis.		

Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		
---	--	--

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Communicate frequently with the Incident Commander; brief routinely on the status of the Finance/Administration Section.		
Initiate the Resource Accounting Records (HICS Forms 257A & 257B) to track equipment used during the response.		
Designate times for briefings and updates with Finance/Administration Section Unit Leaders to develop or update the Section action plan.		
Approve a "cost-to-date" incident financial status report submitted by the Cost Unit Leader every eight hours summarizing financial data relative to personnel, supplies and other expenditures and expenses.		
Work with the Incident Commander and other Section Chiefs to identify short and long term issues with financial implications; establish needed policies and procedures		
Ensure that the Finance/Administration Section is adequately staffed and supplied.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Finance/Administration Section staff's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Conduct regular situation update briefings with Finance/Administration Section.		
Continue to maintain the Resource Accounting Records (HICS Forms 257A & 257B) to track equipment used during the response.		
Schedule planning meetings with Finance/Administration Section staff to update the Section action plan and demobilization procedures.		
Ensure that required financial and administrative documentation is properly prepared. Collate and process invoices received.		
Present financial updates to the Incident Commander and Command Staff every 8 hours and as requested.		
Ensure that routine, non-incident related administrative oversight of hospital financial operations is maintained.		
Continue to document actions and decisions on an Operational Log (HICS Form 214).		
Coordinate emergency procurement requests with Supply Unit Leader.		
Maintain reports of cash reserves on hand.		
Ensure automated teller machines (ATMs) located in the hospital (whether hospital- or other-owned are maintained and available to staff.		
Consult with local, state, and federal officials regarding reimbursement regulations and requirements; ensure required documentation is prepared according to		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
guidance received.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs in the Finance/Administration Section decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Collect and analyze all financial related data from Finance/Administration Section Units.		
Ensure processing and payment of invoiced costs.		
Submit required reimbursement paperwork and track payments.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Planning Section Chief.		
Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools

- Incident Action Plan
- HICS Form 204 – Branch Assignment List
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- HICS Form 252 – Section Personnel Time Sheet
- HICS Form 257A – Internal Resource Accounting Record
- HICS Form 257B – External Resource Accounting Record
- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory
- Hospital inventory
- Hospital financial data forms
- State and DHS/FEMA reimbursement forms

TIME UNIT LEADER

Mission: Responsible for the documentation of personnel time records. Monitor and report on regular and overtime hours worked/volunteered.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____
Position Reports to: Finance/Administration Section Chief Signature: _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Finance/Administration Section Chief.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214).		
Appoint Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives, and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Ensure the documentation of personnel hours worked and volunteer hours worked in all areas relevant to the hospital's emergency incident response. Confirm the utilization of the Section Personnel Time Sheet (HICS Form 252) by all Section Chiefs and/or Unit Leaders. Coordinate with Labor Pool & Credentialing Unit Leader.		
Assist Personnel Tracking Manager in accounting for facility staff.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet routinely with the Finance/Administration Section Chief for status reports, and relay important information to Unit members.		
Collect all Section Personnel Time Sheets (HICS Form 252) from each work area for recording and tabulation every eight hours, or as specified by the Finance/Administration Section Chief.		
Forward tabulated Section Personnel Time Sheets (HICS Form 252) to the Cost Unit Leader every eight hours or as requested.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Develop and submit an action plan to the Finance/Administration Section Chief when requested.		
Advise the Finance/Administration Section Chief immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to provide a summary of staff and volunteer personnel hours worked during the incident every 8 hours and as requested. Forward tabulated Section Personnel Time Sheets (HICS Form 252) to the Cost Unit Leader every eight hours or as requested.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Finance/Administration Section Chief at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Time Unit decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Submit all Section Personnel Time Sheets to the Cost Unit Leader.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Finance/Administration Section Chief.		
Upon deactivation of your position, brief the Finance/Administration Section Chief on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Finance/Administration Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools

- Incident Action Plan
- HICS Form 204 – Branch Assignment Sheet
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- HICS Form 252 – Section Personnel Time Sheet
- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory
- Standard timekeeping/payroll procedures

PROCUREMENT UNIT LEADER

Mission: Responsible for administering accounts receivable and payable to contract and non-contract vendors.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____
Position Reports to: Finance/Administration Section Chief Signature: _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Finance/Administration Section Chief.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214).		
Appoint Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives, and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Ensure the separate accounting of all contracts specifically related to the emergency incident and of all purchases within the enactment of the emergency incident management plan.		
Establish a line of communication with the Supply Unit Leader to insure resource coordination.		
Obtain authorization to initiate and finalize purchases from the Finance/Administration Section Chief, or authorized representative.		
Interpret and initiate contracts/agreements to minimize costs (when possible) and resolve disputes.		
Establish and document emergency agreements for the sharing, transfer of material, supplies, etc., to other entities.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet routinely with the Finance/Administration Section Chief for status reports, and relay important information to Unit members.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Maintain log of all purchases related to the incident and initiate the Procurement Summary Report (HICS Form 256).		
Collect invoices and other records to reconcile them with the procurement agreements before forwarding them to the Cost Unit Leader.		
Forward a summary accounting of purchases on the Procurement Summary Report (HICS Form 256) to the Cost Unit Leader every eight hours, or as determined by the Cost Unit Leader.		
Coordinate with the Supply Unit Leader to ensure that procurements meet the needs of the requestors.		
Develop and submit an action plan to the Finance/Administration Section Chief when requested.		
Advise the Finance/Administration Section Chief immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to maintain the Procurement Summary Report (HICS Form 256), identifying all contracts initiated during the incident.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Finance/Administration Section Chief at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Procurement Unit staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Ensure complete closure of contracts, agreements, purchases, etc, relating to the emergency incident.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Finance/Administration Section Chief.		
Upon deactivation of your position, brief the Finance/Administration Section Chief on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Finance/Administration Section Chief for discussion		

Demobilization/System Recovery	Time	Initial
and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 256 – Procurement Summary Report • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Standard procurement protocol, including coding information • Contract and non-contract vendor lists

COMPENSATION/CLAIMS UNIT LEADER

Mission: Responsible for receiving, investigating and documenting all claims reported to the hospital during the emergency incident, which are alleged to be the result of an accident or action on hospital property.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____
Position Reports to: Finance/Administration Section Chief Signature: _____
Hospital Command Center (HCC) Location: _____ Telephone: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Finance/Administration Section Chief.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214).		
Appoint Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives, and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Receive, investigate and document claims issued by employees and non-employees. Use photographs or video documentation when appropriate.		
Obtain statements as quickly as possible from all claimants and witnesses.		
Enlist the assistance of the Safety Officer, Security Branch Director and Staff Health and Well-Being Unit Leader, as needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet routinely with the Finance/Administration Section Chief for status reports, and relay important information to Unit members.		
Inform the Finance/Administration Section Chief of all claims as they are reported.		
Document claims on hospital risk/loss forms. Coordinate with hospital Risk Management.		

Ensure that records required by insurers, government and other agencies for loss recovery are accurately compiled, maintained, and available.		
Develop and submit an action plan to the Finance/Administration Section Chief when requested.		
Advise the Finance/Administration Section Chief immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Report any cost incurred as a result of a claim to the Cost Unit Leader as soon as possible.		
Prepare a summary of all claims reported during the incident every 8 hours and as requested.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Finance/Administration Section Chief at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Compensation/Claims Unit staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Compile final claims report(s) and submit to Finance/Administration Section Chief.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Finance/Administration Section Chief.		
Upon deactivation of your position, brief the Finance/Administration Section Chief on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Finance/Administration Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools

- Incident Action Plan
- HICS Form 204 – Branch Assignment List
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory
- Standard claims protocol/procedure
- Insurer information
- Claims log form

COST UNIT LEADER

Mission: Responsible for providing cost analysis data for the declared emergency incident and maintenance of accurate records of incident cost.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Finance/Administration Section Chief	Signature: _____
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Finance/Administration Section Chief.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214).		
Appoint Unit members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit members on current situation, incident objectives, and strategy; outline Unit action plan; and designate time for next briefing.		
Ensure Unit members comply with safety policies and procedures.		
Establish cost reporting procedures, including proper coding.		
Implement third-party billing procedures.		
Implement procedures for receiving and depositing funds.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet routinely with the Finance/Administration Section Chief for status reports, and relay important information to Unit members.		
Maintain cost tracking and analysis.		
Collect copies, summaries, or original documentation of costs from all cost centers.		
Prepare a cost-to-date summary report for submission to the Finance/Administration Section Chief every eight hours and as requested.		
Inform Section Chiefs of pertinent cost data at the direction of the Finance/Administration Section Chief or Incident Commander.		
Develop and submit an action plan to the Finance/Administration Section Chief when requested.		
Advise the Finance/Administration Section Chief immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to prepare a summary of all costs incurred during the incident every 8 hours and as requested.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Finance/Administration Section Chief at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Staff Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Cost Unit staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. All assigned staff & volunteers from Labor Pool need to report to and be released from the Labor Pool.		
Compile final cost accounting report(s) to Finance/Administration Section Chief.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Complete all cost records and prepare a report/summary of incident costs.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Finance/Administration Section Chief.		
Upon deactivation of your position, brief the Finance/Administration Section Chief on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Finance/Administration Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Hospital organization chart • Hospital telephone directory • Cost-to-date summary report form

ANNEX

SECTIONS

1. [Business/Facility Recovery Plan](#)
2. [Mass Casualty Plan – Level 1 or 2 \(Patient/Staff/Equipment Tracking\)](#)
3. [Evacuation/Alternate Care Site Procedures](#)
4. [Utility/Communication Failure in Facility](#)
5. [Fire Emergency - Internal](#)
6. [Security Plan including VIP](#)
7. [Severe Weather Conditions - Tornado](#)
8. [Ice Storm/Blizzard](#)
9. [Hazardous Spill/Decontamination/Radiation](#)
10. [Equipment Failure in Facility](#)
11. [Hostage Situation](#)
12. [Abduction](#)
13. [Internal Flood Response](#)
14. [Fire Emergency - External](#)
15. [Pandemic Disease](#)
16. [Mass Fatalities Plan](#)
17. [Civil Disturbance](#)
18. [Bomb Threat](#)
19. [Bioterrorism](#)
20. [Risk Communications](#)
21. [Communications Disaster Plan](#)

GPRMC BUSINESS CONTINUITY PLAN

Great Plains Regional Medical Center plans for an interactive process that is designed to identify mission critical business functions and enact policies, processes, plans and procedures to ensure the continuation of these functions in the event of an unforeseen event.

Business Impact Analysis:

A business impact analysis will be conducted to determine which GRPMC activities are crucial to running the business, dependent upon situation.

1. Mission Critical Activities:
Assess the operations are crucial to the running of business:
 - a. Employees
 - b. Services provided
 - c. Location
 - d. Main supplier(s)
 - e. Specialist equipment/supplies
2. Internal Factors:
Consider factors which will influence the impact of the incident on the business. Questions to consider regarding staff:
 - a. Which department/setoff are most vital (consider time scales – a few hours, 24 hours, 5 days)
 - b. Can certain duties be conducted at GPRMC off-site facilities
 - c. What if staff cannot get to work
 - d. Can we continue to pay staff and bills
 - e. How long can business be disrupted before being severely affected
 - f. What do we need to remain operational
3. External Factors:
Consider factors which will influence the impact of the incident on the business. Questions to consider:
 - a. Does incident affect not only GPRMC but parts of or entire community
 - b. Is local, State, or Federal government agencies involved in this incident
 - c. Will transportation issues affect this incident (short and long distance travel by staff, suppliers, patients, etc.)
 - d. Consult Annex Plans of the Emergency Operations Plan for guidance on specific incidents (tornado, communication loss, flood, pandemic flu, etc.)
 - e. Establish how long GPRMC can remain functioning at reduced capacity and what level that is.
4. Work Area Recovery:
 - a. Work from other hospital sites
 - b. Can some staff work from home temporarily
 - c. Consult MOU's to set up operations in another building
5. Technology Recovery:
 - a. Inventory lists of software and hardware materials, & suppliers
 - b. Can telephone system be accessible from another site
 - c. Telephone lists, staff personal and hospital numbers
6. Utilities:
 - a. List of utility providers, and back up providers
7. Public Relations
 - a. Keep staff and public informed of situation
 - b. Keep information accurate and consistent

USE THE FOLLOWING CHECKLIST AS AN ASSESSMENT TOOL TO DETERMINE NEEDS AND LIMITATIONS DURING AN EMERGENT SITUATION, AND ITEMS TO BE IN PLACE BEFORE BUILDING BECOMES FUNCTIONAL:

Checklist for Hospitals Planning to Reopen

Page 1

DEPARTMEN	REQUIREMENTS	YES/NO/INI
	ENVIRONMENT OF CARE	
Senior Leadership	Management staff are on site to ensure the health and safety of patients and s	
	Adequate resources, personnel, and supplies are on site to meet the needs of patients (inpatients and/or outpatients) for the services offered.	
	Adequate arrangements for care and services of individuals whose condition exceeds the capability of the hospital have been established	
	All initial services and each expansion of services is approved by hospital leadership and applicable government authorities prior to the location being used and initiation of services.	
BUILDINGS-ENGINEERING	Buildings are cleared for occupancy by the appropriate government agency.	
	Building(s) or parts of building in use have been declared safe for their intended use by appropriate government agencies for fire; environment (water and quality, pest control, mold abatement); engineering (LSC, structural and electrical integrity, environmental controls, medical gas system); etc., as appropriate, prior to their use.	
	Community fire-fighting services are available	
	Appropriate plan for pest control and/or containment in place.	
	Adequate staff and resources in place to maintain facilities (buildings and facility equipment) that are in use.	
	Adequate environmental control systems in place.	
	Approval given by licensing authority to operate.	
	Needed utilities are available (electricity, gas, water, sewage).	
	Needed cooling and heating plants and distribution system in place.	
	Buildings decontaminated of mold/fungi.	
EMERGENCY PREPAREDNESS	Emergency generators, backup batteries, and fuel are available for any location where patients are incapable of self-preservation.	
	Disaster plan in place for timely evacuation of patients to a safe location for internal or external disasters.	
	Disaster plan is adequate to address the safety of patients and/or staff.	
	Mechanisms in place to assure that safe patient evacuation can be conducted	
	Functional command structure in place.	
Waste Management	System in place for trash removal.	
	System in place for medical and biohazardous waste storage and removal.	
	Storage, inventory, and disposal systems in place for radioactive source and pharmaceuticals, and chemicals.	
Food,Drugs, Biologicals	Food, drugs, and biologicals located inside damaged buildings, are approved for reuse by appropriate government agency prior to use.	
	Adequate inventories on site & available for planned services.	
	Potable water available for drinking, bathing, dietary purposes, and all planned patient services.	2
Patient Equipment Supplies	. Equipment and supplies located inside damaged buildings, are approved for use by appropriate government agency prior to use.	
	Adequate equipment and supplies are on site for planned services.	
	Equipment is inspected, properly decontaminated, and cleared prior to patient use.	
	Mechanism is in place for replenishing supplies.	
	Able to maintain patient care equipment that is in use.	
	Able to provide medical gases in a safe manner.	

Building Access	Safe access to buildings is assured for people and supply deliveries.	
Morgue	Adequate arrangements made for storage and management of deceased individuals.	
Personnel	Adequate types and numbers of personnel are on site for planned services.	
	Adequate retention plan in place to maintain personnel (e.g., transportation, meals and lodging, laundry).	
	Health care staff comply with state licensure requirements	
Communication Systems - Internal	Adequate call system enables patients to summon staff assistance.	
	Functional system in place for internal communication with all operational areas of the hospital.	
	Emergency call system functional to summon assistance to a specific area (e.g., code blue).	
Communication Systems- External	Communication system functional to summon outside assistance for police, fire department, and other community resources.	
	Communication system functional to coordinate patient care services with other health care facilities (i.e., transfers, diagnostic testing, and receipt of x-ray laboratory results).	
	Functional communication system in place for timely receipt of test results for laboratory testing conducted off site.	
	Community aware of facility's capabilities.	
Security	System of security in place to ensure the safety of patients, visitors, and staff.	
	Able to summon outside law enforcement personnel.	
	Sensitive areas within the hospital are secure.	
	BASIC HOSPITAL SERVICES	
Nutrition Services	Adequate facilities, personnel, and supplies are on site or arrangements are made to meet the nutritional needs of patients (and personnel, as necessary).	
	Adequate equipment and facilities, including refrigeration, available for storage of foods and dietary supplies.	
	Adequate storage available for all prepared food to ensure appropriate temperature and sanitation.	
Pharmacy	Adequate facilities, equipment, supplies, and appropriate staff in place to meet pharmaceutical needs of patients.	
	Adequate equipment and facilities, including refrigeration, in place for storage of drugs and biologicals.	
Laboratory	Can perform emergency laboratory tests on site.	
	Laboratory services available on site or by arrangement to meet the needs of patients.	Part
Diagnostic Imaging	Radiology services available on site or by arrangement to meet the needs of patients.	
Emergency Dept.	On-site functional and staffed inpatient services (inpatient nursing care units, laboratory services, x-ray services) and appropriate and adequate supplies and staff in place prior to opening a hospital emergency department.	
	Urgent care or clinic services may be offered as outpatient services (i.e. no inpatient services available).	
Surgery	Surgical services offered meet surgical and anesthesia services CoPs.	
Infection Control	Procedures in place to prevent, identify, and contain infections and communicable diseases.	
	Procedures and mechanisms in place to isolate and prevent contamination from any unused portions of hospital.	
	Adequate personnel and resources in place to maintain a sanitary environment.	

	Process in place to discard previously contaminated supplies, medications, et prior to reopening.	
Health Inform Management	System in place to maintain a medical record for each patient served.	
	Storage space available to ensure security and maintain integrity of medical records (e.g., protection from fire, environmental hazards, unauthorized access).	
	System in place to ensure that medical records are readily accessible and pro retrievable when needed.	

Comments:

ATTACHED ARE DEPARTMENT SPECIFIC BUSINESS CONTINUITY NEEDS AND LIMITATIONS:

ACCOUNTS PAYABLE/ACCOUNTING/FINANCE DEPARTMENT

1. Accounts Payable –Accounting-Finance staff are responsible for paying vendors, paying hospital operational bills, and transferring money for payroll direct deposit accounts.
2. Accounts Payable is the most critical function to remain operational.
3. The Lawson system is vital to continued operations for this department, for data gathering, check writing, and electronic money transfers.
4. Critical equipment to continue operations includes: computers, internet access, Lawson system access, Lawson system back up information, check printer, specific micro-tone for writing checks, and check paper stock.
5. One of four key staff is necessary to continue operations. Staff from Labor Pool could be quickly trained to conduct some key operational functions of the department to continue operations.
6. This department could operate from a GPRMC off-site department if necessary, with IS helping in Lawson applications.
7. This department could operate from any off site location (someone's home), if internet access is available, and IS can restore backed up Lawson system information to be accessible.
8. Hand written checks could be used if acquired from banks.
9. Staff payroll can continue if payroll account is paid, and payroll taxes are paid via internet transfer.
10. Vendors will be contacted to negotiate late payments and other means of payment if regular payment process is non-operational or delayed. Some vendors will be cooperative and others will discontinue service until payment is made.
11. If GPRMC computer system is totally lost, including loss of the Lawson System and back up to this system, loss of trained staff, this department could not operate.

ADMINISTRATION/COMPLIANCE/MARKETING/NURSING ADMINISTRATION

1. Administrative staff are vital for continued hospital operations.
2. Administrative staff serve as Incident Command staff. The House Supervisor will serve as Incident Commander until Administrative staff arrive, or are directed to retain this role as directed by Administration.
3. Administration can operate from a GPRMC off-site facility if necessary.
4. Internal and external communications, and computer access to hospital applications would be optimal for Administration to remain functional.
5. The Compliance Department falls under the heading of administration and will be directed by Senior Administration as to what role to fill, as well as location to perform duties.
6. The Marketing Director will serve as Public Information Officer and will be responsible for obtaining information from the Joint Information Center during community incidents. This person is also responsible for incident information to staff, public and media. A telephone and computer with internet access is necessary for the Marketing Director. These duties could be conducted from off-site facilities or from home.

NURSING ADMINISTRATION

1. The Directors of Nursing (5), and Advanced Practice RN's (4), will support the Emergency Operations Plan by assuming positions of Managers and Unit Leaders as defined by the plan.
2. The House Supervisor will assist in coordinating the Labor Pool.
3. Nursing Administration roles will include Operations Chief, Managers, Branch Directors, Unit Leaders and Equipment/Supply Staging.
4. Nursing Managers and coordinators will remain in their departments or report directly to their department.

BEHAVIORAL HEALTH UNIT & BHS DAY PROGRAM

1. The BHS Unit is a critical patient care area which will require special needs in case of hospital evacuation to another location within the hospital, or to an off-site location.
2. BHS patients may become very agitated and/or anxious if evacuation is necessary, additional staff will be needed to accommodate the patients.
3. If the BHS Department had to close or move location, as many patients as possible would be dismissed.
4. Acute and/or EPC (emergency protective custody) patients will be evaluated on an individual basis and will most likely be transferred to Kearney or Scottsbluff. Obtaining beds at other mental health hospitals will be difficult as most units are full.
5. For committed patients, the County Attorney and physician will be involved as a legal process may be necessary to move and secure the patient. If patient is an Emergency Protective Custody patient and evaluated as stable, he/she could be returned to the jail facility.
6. Critical needs to remain operational include: adequate and appropriate back ground staff, safe and secured area for patients, medications and food. Computer downtime procedures can be used if computer system is non-operational.
7. Non-critical patients could be transferred to another location with adequate staff in attendance.
8. GPRMC Case Management staff will be necessary to assist in patient transfers to other hospitals.
9. In cases when insufficient staff are available, RN's and techs can be used from the Labor Pool, preferably staff who have BHS background. Just-in-time training will be provided for staff from Labor Pool.
10. Lutheran Family Services and other local psychiatrist and counseling offices will be contacted to provide staff to assist in staff shortages.
11. Region II Administrative offices will be contacted for assistance in locating other facilities to transfer acute patients to.
12. This department will be deemed inoperable if insufficient staff, a safe and secure patient location, medications and food are not available.

BEHAVIORAL HEALTH SERVICES DAY PROGRAM

1. This program will cease operation in case of an emergency at GPRMC.
2. Patients will be evaluated for care needs and dismissed.
3. The BHS Day Program area may be used as an alternate patient care site for BHS Unit patients.

CARDIO-PULMONARY

(Incident Command and the Emergency Operations Plan will be implemented; annex plans pertinent to situation will also be implemented)

List duties and needs for your department to remain operational during the following:

1. Continuing patient care/duties during loss of electrical power (no generation power)
 - a. All outpatient services will be discontinued. (EEG, Cardiac Rehab, Pulmonary Rehab, Sleep lab)
 - b. Determine the number of patients needing invasive and non-invasive ventilator support.
 1. Battery backup on all ventilators up to 2 hours.
 2. Switch to pneumatic ventilators run by 50 psi. May use oxygen or medical air.
 3. When 50 psi source is not available- use ambu bags to ventilate patients. Would need to alternate providers delivering breaths. Bleed in oxygen if necessary. Would only be able to sustain life up to 24 to 48 hours due to staff being physically exhausted from manually delivering breaths.
 - c. Determine the number of patients requiring oxygen.
 1. Provide oxygen "E" cylinders for patients requiring oxygen.
 - a. Enough O2 cylinders in house to provide oxygen to patients at 2L NC for hours
 - b. Enough O2 cylinders in house to -
 - c. Contact GPRMC for liquid oxygen supply and "E" cylinder supply
 - d. Contact other DME companies for supply
 - e. Contact Grand Island Supply for O2 needs- (308)-382-3680
 2. Oxygen will be needed during the transport of patients.
 3. Locate additional "E" cylinders and regulators from outpatient areas (SDS, SURG, etc.)
 - d. Locate Airway and Crash Carts, AED
 - e. EKG- battery lasts for 16-20 hours when fully charged
 - f. Limitations: Unable able to operate when
 1. 50 psi source runs out
 2. Oxygen supply is not available
 3. Staff is unable to continue manual ventilation.
2. Continuing patient care/duties during without adequate supplies
 - a. Follow Materials Management contingency plan
 - b. Use reusable items where possible- sterilize in- between patient uses.
 - c. Only dispose of single patient use items when soiled. Try to clean if possible.
 - d. Continue to use supplies when only necessary.
 - e. According to material management- if supplies are not restocked with 6 days, patients would need to be transferred. If unable to transfer due to weather or road conditions then we would need to make the best of what is available.
3. Continuing patient care/duties during building damage, loss of other utilities – heating/cooling, water, steam – need to move to another area of building
 - a. Determine essential equipment to transfer to another location or building
 1. Ventilators
 2. BiPap-CPAP
 3. Oxygen "E" cylinders
 - a. Contact GPRMC for liquid oxygen supply and "E" cylinder supply
 - b. Contact other DME companies for supply
 - c. Contact Grand Island Supply for O2 needs- (308)-382-3680
 4. Airway Cart & Crash Carts- all airway supplies

5. Oxygen delivery devices
 - a. Masks, NC, etc.
 - b. Regulators, flow meters
 - c. Blenders
6. Patient monitoring devices- ECG, BP, SPO2, RR
7. EKG

- b. Discontinue all Outpatient Services and utilize staff to assist with transferring of patients and equipment.
- c. Call In additional staff if necessary. Place staff on alert for extra duties.
- d. If there is power at the other location then we would be able to operate. Extra manpower would be needed to help accommodate the transfer of equipment and supplies.

4. Continuing patient care/duties during staff shortages
 - a. Stop services to outpatient areas. Utilize outpatient staff to work inpatient areas.
 - b. Work shorter shifts with rest in between- such as 6-8 on – 6-8 off. 6-8 hours on-
Four to six staff members would only be able to sustain this rotation for about 4 to 6 days.
 - c. Call other facilities for staffing

CASE MANAGEMENT

1. Case Management staffs are responsible for patient transfer/discharges, Utilization Review-insurance pre-certification/continued stay reviews, assistance to patient, families, and staff. Case Management staff and House Supervisors are able to complete the transfers to a higher level of care facility. They ensure proper paper work and processes are completed in the above duties.
2. Case Management Department will require forms of in-house, local, and long distance communication methods, and access to patient charts and in-house nursing staff in order to continue Case Management services. This department is required to operate if patient care is continued in the facility for insurance precertification/continued stay reviews and patient transfer/discharge processes.
3. BHS and Home Health Social Workers and Quality Department staff are preferred to assist in this department. Office staff from the Labor Pool could be trained to perform some of the Case Management duties.
4. It will be most beneficial for Case Management to continue operations in the hospital facility rather than from off-site locations or from home. Access to patient charts and clinical staff is vital to Case Management operations.

CENTRAL STERILE PROCESSING DEPARTMENT (CS)

The key items needed to keep the Central Sterile Processing department operational are:

1. 2.0 – 3.0 CS trained staff to support OR rooms running for reprocessing of instrumentation and also to provide support to the other areas of the hospital in regards to patient care equipment, crash carts, Broselow carts, etc. The number of staff needed in CS will depend on the number of OR rooms running simultaneously.
2. 1.0 Endo CS trained staff required for Endo room running and reprocessing of scopes.
3. Support from:
 - a. Environmental Services
 - b. Laundry Services
 - c. Materials Management
 - d. Pharmacy
 - e. Biomed & Engineering
4. The following services:
 - a. Electrical power
 - b. Water – hot and cold
 - c. Sterilizer steam
 - d. Air
5. The following equipment and supplies:
 - a. Instrumentation
 - b. Instrument reprocessing supplies, i.e., peel pouches, indicator strips, autoclave tape, wrap
 - c. Sterilizers – steam, Sterrad, System I
 - d. Personal Protective Equipment, i.e., gowns, gloves, masks, show covers
 - e. Scrubs
6. The following is available in the CS department:
 - a. Two steam sterilizers and four small SFPP sterilizers in OR sub sterile rooms
 - b. Two Sterrad sterilizers – NX and Sterrad 100
 - c. System I – two in OR sub sterile rooms, two in CS, two in Endo
 - d. Two washer/decontamination units
 - e. One cart washer
 - f. Patient care equipment
 - g. Crash carts, Broselow carts, Isolation Carts
7. Loss of electrical power would render the Central Sterile Processing department no longer operational.

CHAPLAIN/PASTORAL CARE DEPARTMENT

1. The Chaplain/Pastoral Care is a one-person department; however on-call pastors cover call at GPRMC. On-call Chaplains would be the best to be called upon for assistance as they know GPRMC building and processes.
2. In case of emergent situations, the Chaplain would activate on-call clergy in the North Platte area, which total over 200. The clergy group would provide counseling and spiritual support to GPRMC staff, patients, and family members.
3. The Chaplain can operate from any place within the building. Electrical power and/or telephone communication is not necessary to complete duties. A phone would be desirable to make contacts.
4. The Chaplain Department would be deemed inoperable due to lack of Chaplain or on-call Chaplains.

COMMUNICATIONS-PBX

1. The Communications Department of Information Systems is responsible for answering and directing in-coming phone calls, staff/physician paging, monitoring alarm systems for medical gas, Laboratory and Pharmacy refrigeration systems, and the fire alarm system. This area is manned 24/7 with two operators present during weekday and daytime hours.
2. Communications staff is responsible for numerous paging and code teams notifications. In case of phone system loss, the Communications Annex Plan should be consulted and alternate code team notification methods be used (i.e. hand held radio use, cell phone use, etc.) The overhead paging and beeper paging systems are not operable if the telephone system is not operable.
3. The west locked entrance door into the Communications room is an alternate entrance for law enforcement in cases of building lock down and/or quarantine, when all hospital entrances are inaccessible.
4. If the telephone system is inoperable, the Communication Annex Plan of the Emergency Operations Plan will be activated for alternate communication options. These options include hand held radios for communication within the building and to law enforcement, and a satellite telephone. The radios and satellite phone are located in the Communications Room.

DIAGNOSTIC IMAGING & IMAGING CENTER

1. Diagnostic Imaging Department is vital to remain operational for patient care, especially Surgery. CT is the most needed diagnostic imaging procedure in emergency situations. GPRMC has three CT machines, 2 located in Diagnostic Imaging Department, and one in the off-site Imaging Center. No other CT machines are located in off-site physician offices in North Platte. The off-site Imaging Center has MRI, CT, mammography, and ultra-sound capabilities, but no x-ray. Limited x-ray, C-Arm and MRI equipment are located in physician offices and Surgery Center in North Platte.
2. Vital to continue Diagnostic Imaging functions include: electrical power, water, staff, IV contrast, supplies, IS Computer systems, and medications.
 - A. Utilities – electrical power and water are vital for equipment operation and water to cool MRI equipment.
 - B. Supplies – IV tubing, contrast, saline, and other medications are needed to continue patient procedures. If Pharmacy and Materials Management Departments are not operational, DI Department cannot sustain services.
 - C. Staff – licensed radiology technicians are required to conduct diagnostic imaging procedures. Licensed radiology technician staff from other facilities and physician offices can be utilized in our facility if inadequate GPRMC staff is available.
 - D. Information Systems – the PACS System, other IS applications and printers are vital for physician orders, transmitting of images, and procedure scheduling. Down-time procedures can be used, but will be considerably slower in turn-around time.

EDUCATION

1. The Education Department is responsible for managing and documenting employee/physician education. Employee education records are maintained electronically, as well as staff ACLS, PALS, CPR, BLS certification records.
2. It may be vital for staff education documentation and certification records to be accessible in case of an emergent situation, to verify certification for licensure of staff.
3. The American Heart Association website can be accessed from an alternate location to obtain Life Support certification documentation if necessary. Internet access is required.
4. If electrical power is not available at the off-site Education Department, Education staff can access staff education records and complete other department tasks at the main hospital building, or other off-site facilities.
5. The NetLearning computer system which maintains staff education records is hosted in two locations out of state.
6. Managers have access to their staff education records in each department.
7. Staff from the Labor Pool can be utilized in the Education Department. Just-in-time training will be provided by Education staff for duty knowledge.
8. Micro Medex patient education program is hosted off-site for patient education. This site can be accessed from any computer with internet accessibility. Micro Medex is vital to patient dismissal process for patient education regarding condition, symptoms, and/or medications.
9. To remain operational, the Education Department requires minimal staff and at least one computer with internet access.
10. Several Education staff would be available to assist with an emergent situation at the main hospital facility, dependent upon incident.

EMERGENCY DEPARTMENT

1. Staff and patient supplies will be needed to maintain emergency care operations.
2. Re-location to identified alternate care site would be necessary with the loss of departmental location. Limited patient care may be necessary.
3. Downtime procedures for IS systems would be implemented, with potential delays in patient care delivery, progress and reporting methods.
4. Large influx of patients will quickly exhaust department staff, patient supplies, food/water supplies, pharmaceuticals, and equipment.
5. Loss of electrical power and emergency generator power will mandate potential loss of services and would require relocation to alternate care site with limited services provided.
6. Medications would need to be delivered to ensure safe patient care and appropriate treatment.
7. Fresh water and food supplies will need to be maintained for staff and patients.
8. Transport and portable vents with oxygen supply and portable suction devices will be needed for critical care patients.
9. Designated care areas, along with isolation supplies, will need to be allotted for all patients requiring isolation precautions.
10. Transport monitors/portable cardiac monitors would need to be established for those patients requiring cardiac monitoring.

ENGINEERING DEPARTMENT

Facility Operational Needs for two days or longer in a disaster situation:

Generator for electrical power:

1. Diesel fuel for generator operation
2. Engineering techs to operate and maintain generators

Boilers for heating, hot water, and steam for kitchen & sterilizers

1. Natural gas fuel
2. Engineering techs to operate and maintain boilers

Chillers for cooling and humidity control

1. Engineering techs to operate and maintain chillers

Telephone system – nurse call, overhead paging, paging system

1. Consult Communication Failure annex plan of Emergency Operations Plan for other communication options available
2. Batteries and chargers for hand held radios
3. Will need power, do have UPS, which will operate for only a few hours
4. IS Communications tech to operate and maintain telephone system
5. Contact with telephone provider company representative

Medical Gas, Nitrous, Oxygen, other med gas systems:

1. Replenish of stored oxygen and portable cylinders available from vendor in GI.
2. Engineering techs to operate and maintain med gas systems

Medical Equipment

1. Use MRS system, MOU's to borrow and share equipment
2. Contact vendors for additional equipment delivery
3. Biomed techs to acquire, repair and maintain patient equipment

Security

1. Card reader system operational
2. Securing of doors for entry and exit of facility
3. Engineering & Security staff available – radio communication

Staff Needs:

1. Will need appropriate Engineering staff to operate and maintain building utilities
2. Will need appropriate Biomed staff to acquire, repair, and maintain patient equipment

ENVIRONMENTAL SERVICES

1. Continuing patient care/duties during loss of electrical power (no generation power). ES staff can continue cleaning if lighting, staff, and cleaning supplies /equipment are present. Portable generators could be used to keep floor scrubbers and wet vacs operational. Surgery suites require wet vac cleaning every 24 hours. The OR's could be cleaned by mopping with a germicidal agent on a temporary basis.
2. Pre-packaged germicidal wipes can be used to clean patient equipment and beds if water is not available.
3. ES will use cleaning products/equipment located at offsite locations (school, nursing home, hotel) if irretrievable from GPRMC.
4. ES staff, cleaning products, equipment, and lighting are necessary components to maintain cleaning service at GPRMC.

GREAT PLAINS HOME CARE EQUIPMENT

1. Great Plains Home Care Equipment provides in-home oxygen supplies and service, as well as home medical equipment sales.
2. Loss of power in the community will greatly affect GPHCE as many clients will need back-up power supply needs for oxygen home use.
3. GPHCE uses the hospital computer system for patient records and billing. If the GPHCE building is non-operational, staff can continue computer operations from any hospital site with hospital computer system accessibility. UPS are present and will provide back-up battery power to the computer and phone system in the GPHCE Department, and will last approximately 30 minutes.
4. GPHCE maintains 8 portable ventilators which are used for home patients and maintained by family. One vent is usually available in the department as a back-up.
5. GPHCE maintains an average of 60 E-cylinders, 40 M-6 cylinders, 10 K-cylinders, and 20 liquid oxygen reservoirs.
6. GPHCE averages 120 home care patients which they provide service to in the North Platte area.
7. GPHCE maintains a stock of respiratory supplies – tubing, nebulizer kits, CPAP supplies, and oxygen concentrators, which could be utilized by the hospital in an emergent situation. Approximately 20 wheelchairs, 12 commodes, 2 portable suction, and 2 hospital beds are maintained in inventory.
8. In order for GPHCE to remain operational, the following items are necessary: staff (one Respiratory Therapist), vehicles to transport oxygen supplies to home patients, lap top computer with hospital system accessibility, portable oxygen and supplies for critical need home patients.
9. Labor Pool staff can be utilized at GPHCE and receive just-in-line training for in-home patient care, telephone calls and paper/computer duties. One Respiratory Therapist is needed.
10. Loss of portable oxygen, supplies, staff, vehicles, fuel, and hospital computer system accessibility will render GPHCE Department inoperable.
11. In the event that a Pandemic situation is declared causing the possibility of increased numbers of infectious patients; GPHE Clinical Respiratory Services will not accept new patients from within the designated Pandemic area. GPHE will make every effort to service existing patients within the Pandemic area but if necessary for the safety of patients and GPHE employees may transfer care of the patients to an emergency care facility within the Pandemic area.

HEALTH INFORMATION SYSTEM

1. All Computer Systems information is currently stored on in-house servers.
2. 3 months of paper medical records are stored in-house following patient discharge.
3. All ChartMaxx and Affinity IS systems will need to be operational to access previous patient history.
4. Downtime procedures are in place to manually document current patient treatment.
5. Transcription services require access to DVI, Fusion, and McKesson HRM servers.
6. IS Dept continuity plans require nightly backup of all information stored off-site and additional portable computer servers can be brought to the facility in case of equipment failure.
7. Eclipsys system will replace Affinity later this year in 2009 and information storage for this system will be maintained at another site with backup capability.
8. HIM Department currently has eight transcriptionists and one coder who work from home and have access to the GPRMC systems include e-mail.
9. IS has capabilities to set up HIM staff to work out of home for Release of Information services if necessary. Home requirements would be reliable power and DSL or Cable Internet access.
10. HIM would need staff, electric power, IS systems – (ChartMaxx, Affinity, Eclipsys, DVI, Fusion, McKesson HRM) access to remain fully functional within the hospital.

HOME HEALTH & HOSPICE

1. Home Health/Hospice Department provides in-home medical care and support.
2. Home Health receives a daily report from the main hospital with patient census from the hospital computer system.
3. Home Health staff use portable lap top computers to record activities and patient information, then transfer the information in the main hospital computer system for patient records and billing.
4. Hard copy patient files are maintained in the Home Health off-site office to use if computer system is unavailable. Paper documentation process is available for billing purposes.
5. In case of emergent situation and reduction of staff, Home Health patients would be prioritized for continued care. 20% of Home Health patients are priority critical needs.
6. Hospice program utilizes the GPRMC Pharmacy, but could acquire medications from local pharmacies.
7. Wound care supplies are obtained from Materials Management. Minimal supplies are obtained from Materials Management by Home Health. The Home Health Department maintains a large inventory of patient supplies.
8. Home Health averages 48 patients with 19 staff providing service.
9. In case of emergent situation at the hospital, Home Health patients would be prioritized, but Home Health staff may not be available to assist at the hospital due to their patient load. Home Health service needs will most likely increase in the event of a community emergent situation.
10. Labor Pool RN's may receive just-in-time training to assist the Home Health Department.
11. For communication loss, Home Health staff will rely on local media and door-to-door notification to patients. Hospital runners will provide information to and from the hospital to the Home Health off-site office.
12. In order for Home Health Department to remain operational, the following items are necessary: staff (RN's), lap top computers or paper patient records, vehicles and fuel.
13. Home Health Services will not accept new patients during a time of an increased number of potentially infectious patients.

HUMAN RESOURCES

1. Human Resources Department will be a key element in business continuity for GPRMC.
2. Items to be addressed and considered during an emergent situation will include:
 - a. Payroll of staff to continue – in downtime procedures
 - b. Continuation of staff benefits
 - c. Lay-off of staff due to reduced services
 - d. Continued reporting and payment of FICA and other employer taxes
3. Human Resources Department can remain operational with use of a working pc, staff, printer, and availability of check stock to write checks.
4. The Accounts Payable and IS Department operation are key to continued HR Department operation.
5. Downtime procedures are in place in case of IS computer systems loss. Hard copies of the last payroll period are available on cd and can operated from any pc.
6. A downtime process is in place for payroll checks to be hand-written and signed. In extreme situations, GPRMC can acquire cash for staff payroll if local banking systems are inoperable due to a community-wide emergent situation (tornado, flooding, etc.)
7. Human Resources Department can operate at GPRMC off-site facilities and from home, with pc accessibility.
8. GPRMC provides “Hazard Pay” which is defined in HR policies. This type of pay includes supplemental pay for staff working in hazardous conditions, (damaged building.)
9. A Lay-Off Plan is available in HR if reduction in work force measures are implemented.
10. Labor Pool staff can receive just-in-time training to work in HR due to loss of HR staff.
11. Lawson System HR specialists can work in HR on a temporary basis to assist in payroll processes.
12. Loss of all HR staff, and loss of payroll records will deem Human Resources Department as inoperable.
13. The Human Resources detailed Business Continuity Plan is attached and follows this page.

INTENSIVE CARE UNIT

1. Staff and patient supplies will be needed to maintain critical care operations.
2. Re-location to identified alternate care site would be necessary with the loss of departmental location. Limited patient care may be necessary.
3. Downtime procedures for IS systems would be implemented, with potential delays in patient care delivery, progress and reporting methods.
4. Large influx of patients will quickly exhaust department staff, patient supplies, food/water supplies, pharmaceuticals, and equipment.
5. Loss of electrical power and emergency generator power will mandate potential loss of services and would require relocation to alternate care site with limited services provided.
6. Medications would need to be delivered to ensure safe patient care and appropriate treatment.
7. Fresh water and food supplies will need to be maintained for staff and patients.
8. Transport and portable vents with oxygen supply and portable suction devices will be needed for critical care patients.
9. Designated care areas, along with isolation supplies, will need to be allotted for all patients requiring isolation precautions.
10. Transport monitors/portable cardiac monitors would need to be established for those patients requiring cardiac monitoring.

LABORATORY

1. **Loss of electrical power:** Due to the highly automated nature of Laboratory testing, loss of electrical power would effectively shut down the Laboratory for in-house testing. Testing for blood glucose could continue with the use of bedside glucose monitors as long as the batteries lasted. If the electrical power loss affected only the GPRMC building, testing could be packaged and sent to Pathology Services.
2. **Inadequate Supplies:** The Laboratory maintains a 1-3 month supply of critical reagents and supplies. In-house testing could continue until those supplies are exhausted. In some instances instrument manufacturer's representatives could be accessed to obtain additional supplies from other area healthcare organizations that have similar instrumentation.
3. **Building damages, loss of utilities:** Building damage and loss of utilities effectively shut down the Laboratory for in-house testing. Most Laboratory instrumentation is temperature sensitive or requires large amounts of reagent grade water in order to function. Re-location to another location in the building would be limited by our ability to access the proper electrical voltage and connections in addition to the need to create reagent grade water in the new location.
4. **Staff Shortage:** For limited periods, the Laboratory would be able to function with as few as three technical individuals. Due to the technical nature of testing, utilizing individuals from the labor pool would not be appropriate.
5. **Circumstances rendering the department inoperable:** Loss of electrical power, loss of reagent grade water, excessive heat or cold.
6. **Needed for continued operation:** Electrical power, water, reagent supply, staff

LAUNDRY

1. GPRMC laundry services are vital to remain operational for continued patient care.
2. Items necessary to continue laundry operations within the facility include: water, electrical power, proper disinfecting soap, steam for dryers, and staff.
3. Hot water is not necessary to wash linens. The germicidal soap disinfects laundry without hot water being used.
4. Dryer temperature heat can be raised to disinfect linens as well.
5. GPRMC has Memorandums Of Understanding agreements with Ideal Linen and Colonial Inn of North Platte to assist in washing and drying hospital linen.
6. If Laundry staffs are not available, Labor Pool staff can receive just- in- time- training for laundry operations. Duties will include pick-up of soiled linen from hospital areas four times a day, washing, drying, and folding of linen. Pack delivery carts with needed linen items for each hospital area, laundry delivery to the area, and place clean linen in designated area.
7. The Materials Management/Laundry Director, and Maintenance staff (Vern Gustason) are knowledgeable of washing machine and dryer operations. The washing machine and dryer vendors can be contacted to provide equipment operation training as well.
8. Laundry soap is available from Cash-Wa local wholesale distribution.
9. Manuals are present in Laundry which provides daily clean linen amount needs for each area.
10. Normally, GPRMC has three days of clean linen on hand. Each department maintains a 24-hour supply of clean linen.

Loss of water, steam, electrical power and staff will deem GPRMC laundry department inoperable.

II. MATERIALS MANAGEMENT

III. Section 1: Power and Phone Outages

Problem: Hospital's computer system cannot transmit orders

Plan:

Determine length of time before power is to be restored. If possible, delay order placement until power is restored. If orders must be shipped immediately or power is going to be out for more than four hours place order by cell phone and use manual procedures for PO process.

Problem: Vendor's computer system and phones cannot transmit orders

Plan:

If vendor has not replied or is down after four hours and the supplies are an emergency to have go to alternate vendor.

IV. Section 2: Snow, Ice or Roads are out

Problem: Vendors are not able to ship product due to road conditions and air travel

Plan:

If roads are out and supply shipments are needed check other warehouses in different parts of the country to see if their roads are open for shipments. If they are place orders with those warehouses. If roads and air travel our out in all parts of the country check with local vendors, surgery center, and hospitals that are close. If supplies cannot be obtained from these sources start using supplies from West Central Medical Response System. If roads and air travel cannot be cleared for traffic we must transfer patients within six days due to lack of supplies.

V. Section 3: Damage to building

Problem: Damage causes materials to evacuate

Plan:

If materials cannot operate in the main hospital building they will first relocate to one of the off sight locations and place orders from that sight.

Materials Management will need to change ship to locations accordingly and plan deliveries based on damage to building.

If materials cannot locate in on off sight location they will order supplies from home over the phone and the materials director will coordinate this plan. Materials will need to change the ship to location accordingly and plan deliveries based on damage to building.

VI. Section 4: Employees not able to work

Problem: Employees are not able to come to work

If employees are not able to come to work, but are not ill, materials will work with information systems to connect the employees to the material system to place orders. If this cannot be done the orders will be placed by phone. The receiving and delivery of the supplies will be coordinated by the materials director with the house superior.

If employees are too ill to work at the hospital and at home the materials director will work with the administrator on call to train available employees to place orders. If there is no one available to train the hospital will start use of West Central Medical Response System supplies and plan to transfer patients within six days.

NUTRITION SERVICES

1. Nutrition Service staff are responsible for preparing food and beverages for patients, family, and staff. They are a vital service for business continuity if the hospital remains operational with staff and patients present.
2. The Nutrition Services Department maintains a Nutrition Services Disaster Plan which provides alternate vendors and off-site food providers and kitchen sites. This plan is available in on-line policies and in the Nutrition Services Department.
3. Vital to food preparation continuation are: food, supplies, electrical power, water, and staff.
 - A. Food – Nutrition Services maintains an approximate two week food supply. Patient menus and staff meals can be reduce to minimal food requirements as needed. As long as food supplies can be replenished, meals can be provided. Ready-made meals will be utilized to reduce manpower, electricity, and water needs.
 - B. Utilities – electrical power is vital to continue operations. Gas is not necessary. A convection oven in the kitchen can be moved to other locations as long as 280v power is present. Steam power is needed to properly sanitize dishes. Paper products can be used as much as possible. Cold water can be used to wash dishes with a sanitizing agent added to the water. GPRMC can utilize a law sprinkler well located at the northwest corner of property. This water can be sanitized in the Nutrition Services Department using the Culligan sanitizing system. This water can be used for potable and non-potable needs.
 - C. Staff – a minimum of four staff for a 12-hour shift are needed to maintain operations. Staff from the Labor Pool can be used with “just-in-time” training for food preparation, deliveries, and cleaning.
 - D. Off-site services – the North Platte school systems can be called upon to prepare food to be delivered to GPRMC for patient and staff meals. North Platte School system staff could also be recruited to work in GPRMC Nutrition Services Department if other hospital staffs are not available.

OBSERVATION UNIT

1. Staff and patient supplies are needed to continue 3W operations if relocated to another site. Equipment needed would include blood pressure monitors, bedside glucose monitors, IV pumps and poles, thermometers, wheelchairs, walkers, crutches, commodes, patient beds, cots or stretchers, crash cart with battery operated defibrillator, suction equipment, portable oxygen supplies, portable cardiac monitors for patients on telemetry and bells to use as call lights. Patient supplies such as IV tubing, and supplies, syringes, dressings, gloves, masks, gowns, basic hygiene supplies, water pitchers, emesis basins, ice packs and laundry supplies such as blankets, pillow, wash cloths, towels would be needed. Downtime procedure forms for documentation would also be needed. Medications as well as narcotic analgesics would be necessary to continue care and to provide pain relief. In relocating, food service would be necessary for patients and staff. Isolation supplies such as masks, gloves, gowns would be needed also for isolation patients. Pediatric supplies such as baby formula, food, pediatric laundry, monitoring equipment, Broselow tape, and pediatric crash cart would be needed for the pediatric patient population.
2. In the event of loss of power without back-up generator power, it would be optimal to move to another site.
If moving to another site is not an option, equipment needed would include manual blood pressure cuffs, downtime procedure forms for documentation, bells for patients to use instead of call lights and a communication system such as hand held radios to use within the hospital, flash lights, and battery operated radios.
3. To continue patient care/duties during building damage, loss of other utilities such heating/cooling and loss of water supplies would need to move to another building . Until patient could be relocated, it would be desirable to have additional blankets for patients in the event of cold weather. During hot weather, bottle water would be necessary to prevent dehydration until patients could be relocated.
4. In the event of a large influx of patients to the unit or during staff shortages, additional staff would be needed to provide care and to relieve staff. Staff could consist of a prn pool of staff or any RN or LPN who works in any other department in the hospital such as IS, employee health, infection control, or nursing administration, or patient education. Nurse managers could assist with care of patients also.

Loss of electrical power without back-up generator would make the department non-operational. The department would not be operational if there was severe damage to the structure of the area also such as from fire, tornado or severe water damage.

OUTPATIENT SERVICES
WOUND CARE, DOCTOR CLINIC, IV THERAPY, DIABETIC EDUCATION

1. Outpatient Services is a department that may not be critical to remain operational during emergent situations at GPRMC. Outpatient staff could be assigned to the Labor Pool to assist in other areas.
2. In an emergent situation, the Doctor Clinic and Diabetic Education services would be closed and patients would be notified of cancelled appointments. IV Therapy and Wound Care patients who require continued care for anti-biotic and anti-coagulant procedures will be rescheduled for urgent and time sensitive treatments.
3. IV patient treatments generally last from 15 minutes to several hours.
4. Items necessary to continue Outpatient services are: RN staff, medications, IV poles, thermometers, blood pressure cuffs, stethoscopes, patient carts and/or chairs.

PATIENT FINANCE DEPARTMENT

12. Patient Finance staff are responsible for gathering patient charges and billing insurance. To maintain operations, the Health Information Management Department must be operational to code patient diagnosis. The Affinity and Chart Maxx systems must be operational to gather patient charges.
13. Patient Finance Department can be nonoperational for up to five days, and staff can catch up work back load. This department may not be deemed critical for operation for five days.
14. Staff may be able to operate at GPRMC off site facilities where Affinity and internet capabilities are present.
15. Patient Finance staff are vital to this operation. It will take a significant amount of time to train other staff for these duties. Collection agencies and other hospital Patient Finance staff may be summoned to assist in this department as they are familiar with this same process, they could be quickly trained.

PHARMACY

1. Pharmacy operations are vital for continued patient care at GPRMC.
2. While electrical power is necessary to operate Pxysis automated medication dispensing equipment, the secured machines can be manually opened by Pharmacy staff only.
3. A large quantity of floor stock medication is available and not contained in Pxysis machines.
4. GPRMC Pharmacy averages a week supply of various medications.
5. Medications are supplied five days per week to GPRMC Pharmacy by Cardinal Health drug vendor.
6. Surgery, Emergency Department, and Cancer Center Departments maintain a large quantity of medications.
7. If all GPRMC pharmacists are not available, a hospital pharmacist assume Pharmacist role. A retail pharmacist would not be appropriate in this role.
8. GPRMC staff from the Labor Pool could receive just-in-time training to serve as Pharmacy techs in staff shortages. One GPRMC Pharmacist would need to be on site (or available on-call) to maintain Pharmacy Department operations.
9. Downtime procedures are in place for physician orders, patient information and charges, in case computer system is down.
10. Oral medications may be obtainable from local physician offices and retail pharmacies, but IV medications will be difficult to obtain if drug vendor is unable to make deliveries to GPRMC.
11. Cardinal Health is Pharmacy medication vendor, and has a 24-hour emergency delivery service and phone number _____.
12. Automated dispensing machine (ADM) vendor emergency phone number is _____
13. Pharmacy Department medication shelves are modular and mobile units, which can be removed from the department and set up in another hospital location and/or off site location.
14. Complete destruction of the Pharmacy Department area and loss of all staff, will deem the Pharmacy Department inoperable.

QUALITY DEPARTMENT
MEDICAL STAFF/EMPLOYEE HEALTH/INFECTION CONTROL/RISK MANAGEMENT

1. The Quality Department is responsible for Risk Management, Clinical Performance & Outcomes, Medical Staff, Infection Control, Employee Health, and Patient Advocate services at GPRMC. Four RN's are members of this department.
2. Emergent situations involving employee health, infection control and liability insurance issues will be managed by this department. GPRMC carries business recovery insurance. Other operations of this department are not vital in an emergent situation.
3. Quality Department staff could be assigned to clerical duties, and other duties assigned from the Labor Pool.

Medical staff credentialing of volunteer licensed physicians in a disaster situation are managed by this department, but could be conducted by other staff. Instructions are listed in Medical Staff policy MSO-002 "Credentialing Physicians in the Event of a Disaster", which includes verifying volunteer physician credentials within 72 hours of assignment at GPRMC. This process could be conducted off-site and internet access is necessary.

REGISTRATION DEPARTMENT

1. Patient Registration services are a vital service which will need to be operational as long as patients are cared for at GPRMC. Processes are in place and staff is trained for paper down time patient registration.
2. Electrical power is necessary to operation arm band and label printer, however, staff may be able to hand write labels to place on patient documentation for tracking.
3. There is currently a patient registration down time kit in the Emergency Department to register approximately 150 patients.

REHABILITATION SERVICES, INPATIENT & SPORTS REHAB

1. In-patient rehabilitation joint-camp surgical patient care will need to continue in emergent situations at GPRMC. Swallow studies and dysphagia treatment would also need to be completed on an inpatient basis. Licensed therapists and assistants are necessary for billable patient care, which would include physical therapy, occupational therapy, and speech language pathology services.
2. Outpatient rehabilitation services located at off-site Sports Rehab building, can discontinue in emergent situations. This building could be used as an off-site hospital service if the main hospital building is rendered damaged. Outpatients can be rescheduled, or patents directed to other local or regional offices.
3. The Sports Rehab building does not have back up generation power.
4. Labor pool staff may assist with inpatient physical therapy patients in a limited capacity.
5. Sports Rehab staff can be utilized in the hospital Labor Pool to assist in other areas of an emergent situation.
6. Loss of staff and location will render Rehabilitation Services inoperable.

ACUTE HEMODIALYSIS UNIT

1. Staff and patient supplies will be needed to maintain acute dialysis operations.
2. Re-location to identified alternate care site would be necessary with the loss of departmental location. Limited dialysis service may be necessary.
3. Downtime procedures for IS systems would be implemented, with potential delays in dialysis treatment, patient care delivery, progress and reporting methods.
4. Large influx of dialysis treatment/service needs will quickly exhaust department staff, patient supplies, food/water and equipment.
5. Loss of electrical power and emergency generator power will mandate potential loss of services and would require relocation to alternate care site with limited services provided.
6. Medications would need to be delivered to ensure safe patient care and appropriate treatment.
7. Fresh water and food supplies will need to be maintained for staff and patients.
8. Designated care areas, along with isolation supplies, will need to be allotted for all patients requiring isolation precautions.
9. Transport monitors/portable cardiac monitors would need to be established for those patients requiring cardiac monitoring during dialysis treatment, along with manual equipment to monitor patient vital signs as needed.

In the instance of a drastic loss of staff, additional nurses would need to be obtained for replacement. The replacement staff would need to have training in acute hemodialysis treatment. If all recruitment attempts have been exhausted, agency nurses may need to be recruited for temporary assignment. Nurses without acute hemodialysis training from the labor pool may be utilized within their scope of practice to assist the dialysis nurses. The nursing staff from the labor pool would not be given a patient assignment, however would be utilized in a team nursing approach during dialysis treatments. Non-licensed staff may be utilized as assistive staff in patient care during dialysis treatments within their scope of practice and supervised by the acute hemodialysis RN.

SAME DAY SERVICES DEPARTMENT
SDS/PRE-ADMISSION/PRE-OP/SPECIAL PROCEDURES-ENDO/PACU/EXTENDED
RECOVERY/DISMISSALS

1. The Same Day Services Department provides numerous areas of service including: Pre-Admission, Pre-Op, special Procedures (Endo), PACU, Extended Recovery/Dismissals. All staff are trained to cover all these duties.
2. If the Surgery Department remains operational, then SDS must remain operational as well for surgical patient care.
3. Electrical power, water, patient monitors, oxygen, suction, medical air for ventilators, and additional supplies from Materials Management are required for this department to remain functional. Anesthesia staff and functions must also be operational in order for surgical cases to be conducted.
4. Emergency Department and ICU RN's could fulfill duties due to staff shortages in this department for PACU patients. Labor Pool RN's could work in other areas of SDS after receiving just-in-time training.
5. If the Surgery Department is non-operational, SDS staff could be reassigned to other nursing duties from the Labor Pool. A few SDS staff would need to remain in the department for emergency surgery cases and on-call.

Lack of staff, electrical power, water, patient monitors, oxygen, medical gases, and patient supplies will deem SDS Department as inoperable.

SURGERY DEPARTMENT

1. 3.0 staff per OR is required for appropriate patient care.
2. This department cannot operate without support from:
 - . surgeons
 - . Sterile Processing
 - . Environmental Services
 - . Electrical power, water, medical gases, sterilizer steam
 - . HVAC adequate air flow and room air exchanges
 - . Medical supplies and medications
 - . Pre-Op and PACU service and staff
 - . Anesthesia services and staff
 - . OR trained staff
 - . Biomed for equipment repair serviceLack of any one of the above services will render surgery operations ceased
3. Five OR's and one Cysto room are available, the C-Section OR in Women Services could also be used.
4. An MOU is in place with North Platte Surgery Center to take limited surgery cases in case of emergency. Their staff must be present for use of this facility.

VOLUNTEER DEPARTMENT

1. The Volunteer Services Department provides a variety of services at GPRMC, including greeters providing information and direction, patient transport/escort, gift/food/paper deliveries, and clerical duties. Volunteers are valuable assets as they know hospital operations and processes.
2. In the event of an emergent situation, volunteers would most likely be sent home and not be called upon to assist at GPRMC. Most volunteers are retired individuals and an emergent situation would not provide a safe working environment for them. GPRMC volunteers are covered under GPRMC worker compensation process.
3. In an emergent situation, the Gift Shop would be locked to secure money and inventory. The Volunteers Office could be used as a counseling area if the Emergency Operations Plan were activated. Two computers, two phones and a restroom are available in this office.
4. The Volunteer Department has three employees who would report to the Labor Pool for assignment if volunteer services were not needed.
5. Volunteer Department staff are familiar with staff child/adult day care provider process of the Emergency Operations Plan.
6. Loss of staff, computer and phone systems would render the Volunteer Department inoperable.

WOMEN'S SERVICES

1. Department Staffing requirements are as follows:

<u>Registered Nurse/ Patient Ratio</u>	<u>Care Provided</u>
1:2	Patients in Labor
1:1	Patients in second stage of labor
1:1	Patients with medical or obstetric complications
1:2	Oxytocin induction or augmentation of labor
1:1	Coverage for initiating epidural anesthesia
1:1	Circulation for cesarean delivery
<u>Ante partum-Postpartum</u>	
1:6	Ante partum and postpartum patients without complications
1:2	Patients in postoperative recovery
1:3	Ante partum and postpartum patients with complications but
in stable condition	
1:4	Newborns and those requiring close observation
<u>Newborns</u>	
1:6-8*	Newborns requiring only routine care
1:3-4	Normal mother-newborn couple care or breastfeeding care
1:3-4	Newborns requiring continuing care
1:2-3	Newborns requiring intermediate care
1:1-2	Newborns requiring intensive care
1:1	Newborns requiring multisystem support
1:1 or greater	Unstable newborns requiring complex critical care

* This ratio reflects traditional nursery care. If it is necessary to separate the well mother and newborn couple and return the newborn to a central nursery, the mother-newborn registered nurse is still responsible for the mother-newborn couple. Another registered nurse should provide care for the newborn in the central nursery. At least one RN should be available at all times in each occupied basic care nursery when newborns physically are present in the nursery. In special care and subspecialty care nurseries, a minimum of two registered nurses, with training and expertise in neonatal nursing, should be in immediate attendance. (National Association of Neonatal Nurses) Direct care of newborns in the nursery may be provided by ancillary personnel under the RN's direct supervision. Adequate staff is needed to respond to acute and emergency situations at all times.

2. This department cannot operate without support from:

- Physicians (Obstetricians, Pediatricians, Anesthesiologists)
- Respiratory Therapy
- Dietary
- Environmental Services
- Pharmacy
- Sterile Processing
- Electrical power, water, oxygen, suction
- Medical supplies
- OR trained staff

Lack of any of the above services would require us to transport patients to another facility.

3. There are 6 LDRP's, 6 private rooms and 5 NICU beds available.

2 EAST – MEDICAL SURGICAL/PEDIATRIC UNIT

1. Staff and patient supplies are needed to continue 2 East operations. Patient monitors, IV pumps & IV poles, Crash Cart, and Broselow Cart are required to address adult and pediatric emergencies. Baby formula and other pediatric supplies are required for pediatric care.
2. Loss of department location, with possible re-location to another site would be optional; continuation of care would be conducted with some limitations due to equipment and supplies.
3. Medications would need to be delivered to ensure safe patient care and appropriate treatment.
4. Fresh water and food supplies will need to be maintained for staff and patients.
5. Down time procedures for IS systems can be conducted, but will slow reporting methods, progress with treatment of the patient.
6. A large amount of admissions to the unit will exhaust department staff, patient supplies, and equipment. Medical Surgical pool RN's would be optimal to work if regular staff are not available.
7. Loss of generator emergency electrical power will mandate either loss of services, or relocation to another site with limited services provided.
8. Designated care areas, along with isolation supplies, will need to be allotted for all patients requiring isolation precautions.

3 WEST UNIT

1. Staff and patient supplies are needed to continue 3W operations if relocated to another site. Equipment needed would include blood pressure monitors, bedside glucose monitors, IV pumps and poles, thermometers, wheelchairs, walkers, crutches, commodes, patient beds, cots or stretchers, crash cart with battery operated defibrillator, suction equipment, portable oxygen supplies, portable cardiac monitors for patients on telemetry and bells to use as call lights. Patient supplies such as IV tubing and supplies, syringes dressings, gloves, masks, gowns, basic hygiene supplies, water pitchers, emesis basins, ice packs and laundry supplies such as blankets, pillow, wash cloths, towels would be needed. Downtime procedure forms for documentation would also be needed. Most medications including narcotic analgesics would be necessary to continue care and to provide pain relief. In relocating, food service would be necessary for patients and staff. Isolation supplies such as masks, gloves, gowns would be needed also for isolation patients.
2. In the event of loss of power without back-up generator power, it would be optimal to move to another site.
If moving to another site is not an option, equipment needed would include manual blood pressure cuffs, downtime procedure forms for documentation, bells for patients to use instead of call lights and a communication system such as hand held radios to use within the hospital, flash lights, and battery operated radios.
3. To continue patient care/duties during building damage, loss of other utilities such heating/cooling and loss of water supplies would need to move to another building. Until patient could be relocated, it would be desirable to have additional blankets for patients in the event of cold weather. During hot weather, bottle water would be necessary to prevent dehydration until patients could be relocated.
4. In the event of a large influx of patients to the unit or during staff shortages, additional staff would be needed to provide care and to relieve staff. Staff could consist of a prn pool of staff or any RN or LPN who works in any other department in the hospital such as IS, employee health, infection control, or nursing administration, or patient education. Nurse managers could assist with care of patients also.

Loss of electrical power without back-up generator would make the department non-operational. The department would not be operational if there was severe damage to the structure of the area also such as from fire, tornado or severe water damage.

2. MASS CASUALTY PLAN

INCIDENT RESPONSE GUIDE

Read this entire response guide and review incident management team chart

Mission: To facilitate the timely admission of patients, and minimize holding time in the emergency department (ED) in the event of a mass casualty/illness presentation.

Obtaining and Relaying Information:

Any employee who learns of an occurrence that might constitute a disaster should attempt to obtain the following information:

- What was the occurrence?
- What is the location of the occurrence?
- Estimated casualties
- Types of injuries

Upon learning of the occurrence the employee should notify the House Supervisor (ext.8500, 696-8500). The House Supervisor will then verify the validity of the report. Upon confirmation the House Supervisor will contact the Administrator on Call (530-4832). They will decide if the occurrence requires activation of portions or all of the emergency operations plan.

OBJECTIVES

Maintain current census of ED and inpatients, number waiting to be seen, waiting for admission and pending discharges

Activate alternate care sites

Provide safe and appropriate patient care

Communicate situation status regularly to patients, families, staff, and local officials

Immediate Actions

COMMAND

(Incident Commander)

- Activate Hospital Command Center, Command Staff and Section Chiefs, as appropriate
- Activate the Medical/Technical Specialists – Hospital Administration, Medical Staff and Pediatric Care as appropriate
- Establish the operational period, incident objectives and initial Incident Action Plan

(PIO)

- Provide information to visitors and families regarding situation status and hospital measures to meet the demand

Activate the media staging area and provide regular briefings and updates

2. MASS CASUALTY PLAN

(Liaison Officer)

Establish communications with the local Emergency Operations Center to report the activation of the Emergency Operations Plan/HCC, situation status and critical issues/needs

- ❑ Contact licensing authorities for potential need to alter staff/patient ratio's, as necessary
- ❑ Communicate with local EOC, West Central Medical Response System, and specialty hospitals for, regional and state bed availability
- ❑ Communicate with other healthcare facilities to determine:
 - Situation status
 - Surge capacity and capability
 - Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.

(Safety Officer)

- ❑ Ensure safety practices are being used

Ensure that non-traditional areas used for patient care and other services are safe and hazard free

OPERATIONS

- ❑ Activate Branch Directors and Unit Leaders and brief on the current situation
 - ❑ Activate the hospital's surge capacity plan as appropriate
 - ❑ Activate alternate care sites, as appropriate
 - ❑ Review all surgeries and outpatient appointments and procedures for cancellation and/or rescheduling
 - ❑ Identify inpatients for early discharge or transfer to other facilities and direct staff to expedite discharges
 - ❑ Establish a discharge area to free beds until patient can be transported
 - ❑ Assess current staffing and project staffing needs/shortages for the next operational period and 24-48 hours
 - ❑ Ensure the rapid cleaning and turn-over of patient care beds and areas to expedite discharge and admission
 - ❑ Ensure the use of appropriate personal protective equipment by staff and volunteers
- Consider extending outpatient hours to accommodate additional patient visits

PLANNING

- ❑ Establish operational periods, incident objectives and develop Incident Action Plan, in collaboration with the Incident Commander

Institute patient, bed, personnel and materiel tracking and project needs for the next 24-48 hours

LOGISTICS

- ❑ Anticipate an increased need for supplies, equipment, medications and personnel and obtain resources as appropriate
- ❑ Consider establishment of dependent care facility.
- ❑ Ensure the operations of communication systems and IT/IS
- ❑ Assist the Operations Section with the establishment of alternate care sites

Manage solicited and unsolicited volunteers

2. MASS CASUALTY PLAN

Intermediate and Extended (Operational Period 2 Hours to Great than 12 Hours)

COMMAND

(Incident Commander)

- ❑ Communicate current hospital status to CEO, Board of Directors and other appropriate internal and external officials
- ❑ Regularly update and revise initial Incident Action Plan, in collaboration with Planning Section
- ❑ Consider deploying a Liaison Officer to the local EOC

(PIO)

- ❑ Continue to provide information to visitors and families regarding situation status and hospital measures to meet the demand
- ❑ Provide regular staff situation status updates and information
- ❑ Continue to provide regular briefings and updates to the media
- ❑ Establish the patient information center, if appropriate, in conjunction with the Liaison Officer

(Liaison Officer)

- ❑ Continue regular communications with the local Emergency Operations Center to report the hospital's situation status and critical issues/needs
- ❑ Continue to communicate with local EOC and Regional Hospital Coordination Center for local, regional and state bed availability
- ❑ Continue to communicate with and update other healthcare facilities regarding:
 - Situation status
 - Surge capacity and capability
 - Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.

(Safety Officer)

Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

OPERATIONS

- ❑ Continue patient care and management activities
- ❑ Assist with transportation of discharged/transferred patients to residences, skilled nursing facilities, alternate care sites, etc.
- ❑ Expedite discharge medication processing and dispensing
- ❑ Regularly reassess and reevaluate patients waiting for admission
- ❑ Continue to review scheduled/elective procedures and surgeries for cancellation or rescheduling
- ❑ Ensure the re-triage and observation of all patients waiting to be seen
- ❑ Continue or implement alternate care sites

Consider need for and provision of alternate standards of care (austere care) and prioritization of resources

2. MASS CASUALTY PLAN

PLANNING

- ❑ Update and revise the Incident Action Plan and distribute to Command Staff and Section Chiefs
Continue patient, bed, personnel and materiel tracking and reporting
- ❑ Ensure complete documentation of actions, decisions and activities
Begin planning for demobilization and system recovery

LOGISTICS

- ❑ Continue to call in additional staff to supplement operations
- ❑ Continue to coordinate solicited and unsolicited volunteers
- ❑ Obtain needed supplies, equipment and medications to support patient care activities for a 96 hour period
- ❑ Provide for food, water and rest periods for staff
- ❑ Establish a dependent care area, as appropriate

Ensure the rapid investigation and documentation of injuries or employees exposed to illness and provide appropriate follow up

FINANCE/ADMINISTRATION

- ❑ Facilitate procurement of needed supplies, equipment, medications and contractors to meet patient care and facility needs
- ❑ Track all costs and expenditures of the response and estimate lost revenues due to cancelled procedures/surgeries and other services

Ensure the rapid investigation and documentation of injuries or employees exposed to illness and provide appropriate follow up

Demobilization/System Recovery

COMMAND

(Incident Commander)

- ❑ Establish priorities for restoring normal operations using the hospital's continuity of operations and business plans
- ❑ Approve the demobilization plan and finalize the Incident Action Plan
- ❑ Provide appreciation and recognition to solicited and non-solicited volunteers, staff, state, and federal personnel that helped during the incident

(Public Information Officer)

- ❑ Conduct final briefings for media, in cooperation with the JIC
- ❑ Close the patient information center, if activated

(Liaison Officer)

- ❑ Communicate hospital status and final patient condition and location information to appropriate authorities (i.e., local and state public health, local EOC)

(Safety Officer) Oversee the safe and effective restoration of normal services

2. MASS CASUALTY PLAN

OPERATIONS

- ❑ Restore normal facility operations and visitation

Provide mental health and information about community services for patients and families

PLANNING

- ❑ Compile all documentation and forms for archiving
- ❑ Write after-action report and improvement plan, including the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
 - Recommendations for correction actions

LOGISTICS

- ❑ Conduct stress management and after-action debriefings and meetings for staff
- ❑ Monitor health status of staff exposed to infectious patients and provide appropriate medical and mental health follow up, as needed
- ❑ Restock all supplies and medications
- ❑ Restore/repair/replace broken equipment
- ❑ Return borrowed equipment after proper cleaning/disinfection

Restore normal non-essential services (i.e., gift shop, etc.)

FINANCE

Compile final response expense reports, submit to IC for approval and to appropriate authorities for reimbursement

Documents/Tools

Emergency Operations Plan, including:

Infectious Patient Surge Plan and Alternate Care Site Plan

Mass Prophylaxis Plan

Risk Communication Plan

Hospital Security Plan

Patient/staff/equipment tracking procedures

Behavioral health support for staff/patients procedures

Mass Fatalities Plan

Infection Control Plan

Staff Health Monitoring/Treatment Plan

All other relevant protocols/guidelines relating to biological/infectious disease/mass casualty incidents

Hospital Organization Chart

Television/radio/internet to monitor news

3. EVACUATION PLAN

INCIDENT RESPONSE GUIDE

Mission: GPRMC will provide a method to evacuate the facility safely. To ensure patients, patient records, medications, and equipment, and staff re evacuated effectively.

Directions

Read this entire response guide and review incident management team chart.

1. All hospital exits will be used to evacuate the facility. Elevators and stairwells will be used if appropriate for 2nd and 3rd floor evacuation.
2. Four methods of evacuation will be used in the event evacuation is necessary:
 - a. Horizontal - evacuate entire floors.
 - b. Vertical - evacuate area of hospital (west end of building, all floors).
 - c. Total - entire building is evacuated.
 - d. Local - specific area are evacuated only. (such as Laboratory).
3. Horizontal egress and evacuation routes will be posted in all areas of the hospital.
4. Patients, visitors, staff will be immediately evacuated when so directed. Patient charts and equipment will be evacuated per department specific policies if safe to do so. Sequencing of patient evacuation will be determined dependent upon severity of patient condition, location, and situation needs.
5. Staff will be notified to evacuate by overhead announcements or runners from Incident Command if overhead paging is not available.
6. Incident Commander, or Fire Marshall can order evacuation of the facility, dependent upon situation.
7. Evacuation methods are reviewed in annual mandatory safety training in which staff are required to participate. These methods will include safe patient lifting and removal methods.
8. Each department will have a specific evacuation policy and procedure for their staff. A primary and secondary evacuation route will be established and documented. A gathering point outside the building will be established to ensure all staff, patients, and visitors are accounted for.
9. Departments will use red EVACUATED labels and place across door and doorframe to indicate a room/area has been evacuated. Staff needs to notice if labels are torn or removed, which may indicate a patient/staff/visitor has re-entered a room/area. Additional Evacuated labels are available in the Incident Command closet in the engineering office.
10. Evacuation route maps will be posted in the departments, and staff will be annually in-serviced on evacuation procedures. Each department manager will be responsible for the annual in-service.
12. If evacuation of patients to an alternate location is necessary, patients will be evacuated dependent upon priority of acuity. Ambulance and air flight services will be contacted to move acute patients to alternate locations or hospitals which have agreed to accept our patients. Ambulatory and other patients will be evacuated by family, or in hospital vehicles. GPRMC will attempt to gather as much equipment and supplies as possible during a total evacuation as the situation deems necessary. GPRMC will use hospital vehicles, Great Plains Home Medical Equipment vans, and trucks from Brown Transfer (532-1808) and Cohagen Transfer (532-1265), as available, to transport patients, staff, equipment and supplies. Contact

Lincoln County Emergency Management (532-7383) for transportation needs. Use HICS Form 258 – Hospital Resource Directory, for additional local resources.

13. Transportation, removal, and/or storage of patient and financial records, medications, equipment, and hazardous products and waste issues regarding evacuation should be addressed by the Operations Chief Section.
14. Agreements are in place for alternate locations to transport patients:
15. Utility shut-downs will be coordinated by the Infrastructure Branch Director dependent upon evacuation and/or building situation.

EVACUATION RELOCATION RESOURCES:

- Lincoln County Emergency Management Agency 532-7383
- West Central Medical Response System (WCMRS) to assist with coordinating movement of patients to other hospitals in the region and resources available.
- North Platte Public School District – Stuart Simpson, 308-539-3418, MOU electronically in MediTrack
- North Platte Surgery Center, 621 West Francis Street, 308-534-8800

OUT OF TOWN SITES: GPRMC HAS AGREEMENTS WITH THE FOLLOWING FACILITIES.

- Cherry County Hospital - Box 410, Valentine, NE, (402) 376-2525
- Callaway District Hospital - 211 Kimball, Callaway, NE, (308) 836-2228

HOWEVER, PLEASE ACTIVATE THE WEST CENTRAL MEDICAL RESPONSE SYSTEM (WCMRS) TO ASSIST IN COORDINATING PATIENT TRANSFER TO THE FOLLOWING AREA FACILITIES, SEE INFORMATION ABOVE.

Contact:

- WCMRS Response Coordinator, Southwest Nebraska Public Health Department, 308-345-4223 or fax 308-345-4289, Imperial office: 308-882-4289.
- McCook Community Hospital - 1301 East H Street, McCook, NE , (308) 345-2650
- Ogallala Community Hospital, 300 East 10th Street, Ogallala, NE, (308) 284-4011
- Chase County Community Hospital, 600 West 12th Street, Imperial, NE. (308) 882-7111
- Dundy County Hospital, 1313 North Cheyenne, Benkelman, NE (308) 423-2204
- Perkins County Health Services, 900 Lincoln Avenue, Grant, NE. (308) 352-7200
- Cambridge Memorial Hospital, West Highway 6 & 34, Cambridge, NE 308-697-3329

3. EVACUATION PLAN

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander)

Determine need to evacuate facility

Establish evacuation objectives and time lines

(Liaison Officer)

Notify, or await information from, local emergency management for hospital situation status regarding evacuation efforts.

(PIO)

Inform staff, patients, and families of situation status and provide regular updated

Prepare media briefs, in collaboration with local emergency management as appropriate

(Safety Officer)

Evaluate safety of patients, family, staff and facility, and recommend protective and corrective actions to minimize hazards and risks

(Liaison Officer)

Coordinate with local or out of town facilities to transfer patients too. Coordinate information with Operations Chief. Use Memorandums of Understanding (MOU) in place. (Located in Engineering office Emergency Response Manual).

Request assistance from Local Emergency Operations Manager for evacuation and transportation assistance.

OPERATIONS

Assess patients requiring transfer and availability of air and ground transportation, ensure patient records, medications, and applicable equipment are transported with patient.

Secure the facility

Intermediate and Extended (Operational Period 2 hours to greater than 12 hours)

COMMAND

(Incident Commander)

Determine and declare hospital status.

3. EVACUATION PLAN

(Liaison Officer)

Communicate final hospital status and termination of the incident to local Emergency Operations Center, and officials

(PIO)

Conduct final media briefing and assist with updating staff, patients, families and others of the termination of the event.

PLANNING

Finalize the Incident Action Plan and demobilization plan

Compile a final report of the incident and hospital response and recovery operations

LOGISTICS

Prepare the facility for restoration of services.

Restock supplies, equipment, medications, food and water.

FINANCE/ADMINISTRATION

Compile final report of response costs and expenditures and lost revenue for approval by the Incident Commander

Contact insurance carriers to assist in documentation of incident, and initiate reimbursement and claims procedures

Document/Tools

Hospital Emergency Operations Management Plan

Hospital Evacuation policy

Local Emergency Operations Plan for Lincoln County

4. UTILITY/COMMUNICATION FAILURE IN FACILITY

INCIDENT RESPONSE GUIDE

Mission: To provide for the safety of patients, visitors, and staff during utility and communication failures.

Read this entire response guide and review incident management team chart.

Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- Initiate facility hardening
- Protect patients, visitors, staff and facility
- Maintain patient care and medical management
- Restore normal operations as soon as feasible

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander)

Activate the facility Emergency Operations Plan and Utility Management Plan

Notify Engineering staff, Director of Engineering, Maintenance Supervisor, and Biomed Supervisor immediately to address utility loss situation and activate Utility Management Plan

Activate Command Staff and Section Chiefs, as appropriate

Establish incident objectives and operational period

(Liaison Officer)

Notify local emergency management of hospital situation status, critical issues and resource requests

Notify local EMS and ambulance providers about the situation.

Monitor weather conditions, structural integrity, and facility security

COMMAND

(Public Information Officer)

Inform staff, patients and families of situation status and provide regular updates

Prepare media staging area

4. UTILITY/COMMUNICATION FAILURE IN FACILITY

Conduct regular media briefings, in collaboration local emergency management, as appropriate

(Safety Officer)

Evaluate safety of patients, family, staff and facility and recommend protective and corrective actions to minimize hazards and risks

OPERATIONS

Assess patients requiring transfer and availability of air and ground transportation

Secure the facility and implement limited visitation policy

Ensure continuation of patient care and essential services

Prepare to implement emergency plans and procedures as needed (i.e., loss of power, water, HVAC, communications, etc.)

Initiate facility hardening activities such as de-activating automatic doors, and insulating pipes and equipment if applicable.

Designate an area(s) to accommodate community boarders including those who may be electrically dependent or have medical needs

Distribute appropriate equipment throughout the facility (i.e. portable lights), as needed. Have departments access flashlights available in their areas

Determine timeline and criteria for discontinuation of non-essential services and procedures

PLANNING

Establish operational periods, incident objective and develop the Incident Action Plan, in collaboration with the Incident Commander

Conduct a hospital census and identify potential discharges, in coordination with Operations Section

LOGISTICS

Maintain utilities and communications and activate alternate systems, as needed using Utility Management Plan

Obtain supplies, equipment, medications, food and water to sustain operations, refer to Utility Management Plan

Obtain supplemental staffing, as needed

Prepare for transportation of discharged patients, if needed

Contact directors of essential services and identify staffing needs

4. UTILITY/COMMUNICATION FAILURE IN FACILITY

Intermediate and Extended (Operational Period 2 hours to Greater than 12 Hours)

COMMAND

(Incident Commander)

Update and revise the Incident Action Plan and prepare for demobilization

Continue to update internal officials on the situation status

Monitor evacuation, if activated

(Public Information Officer)

Continue with briefings and situation updates with staff, patients and families

Continue patient information center operations, in collaboration with Liaison Officer

Assist with notification of patient's families about situation and evacuation, if needed

(Liaison Officer)

Continue to notify local Emergency Operations Center of situation status, critical issues and request assistance, as needed

Continue patient information center operations, in collaboration with Public Information Officer
Continue communications with area hospitals and facilitate patient transfers, if needed

(Safety Officer)

Continue to evaluate facility operations for safety and hazards and take immediate corrective actions

OPERATIONS

Continue evaluation of patients and maintain patient care

Cancel elective surgeries and procedures if necessary

Regularly perform facility and utility damage assessments and initiate appropriate repairs

Ensure the functioning of emergency generators and alternative power/light resources

Initiate ambulance diversion procedures, if possible

Ensure the transfer of patient's belongings, medications and records upon discharge or transfer

Maintain facility security and restricted visitation

Continue to maintain utilities and communications

4. UTILITY/COMMUNICATION FAILURE IN FACILITY

Monitor patients for adverse effects of health and psychological stress

Prepare for demobilization and system recovery

PLANNING

Continue patient, bed and personnel tracking

Update and revise the Incident Action Plan

Prepare the demobilization and system recovery plans

Plan for repatriation of patients

Ensure documentation of actions, decisions and activities

LOGISTICS

Continue evaluation of facility for damage and initiate repairs

Continue to obtain needed supplies, equipment, medications, food and water

Continue to provide staff for patient care

Monitor staff for adverse effects of health and psychological stress

Monitor, report, follow up on and document staff or patient injuries

FINANCE/ADMINISTRATION

Continue to track costs and expenditures and lost revenue

Continue to facilitate contracting for emergency repairs and other services

Demobilization/System Recovery

COMMAND

(Incident Commander)

Determine hospital status and declare restoration of normal water and other utility services and termination of the incident.

Provide appreciation and recognition to solicited and non-solicited volunteers and to state and federal personnel sent to help

(Liaison Officer)

Communicate final hospital status and termination of the incident to local Emergency Operations Center, area hospital and officials

4. UTILITY/COMMUNICATION FAILURE IN FACILITY

Assist with the repatriation of patients transferred

Demobilization/Recovery

(Public Information Officer)

Conduct final media briefing and assist with updating staff, patients, families and others of the termination of the event

(Safety Officer)

Ensure facility safety and restoration of normal operations

OPERATIONS

Restore normal patient care operations

Ensure integrity of and/or restoration of utilities and communications

Discontinue ambulance diversion and visitor limitations

PLANNING

Finalize the Incident Action Plan and demobilization plan

Compile a final report of the incident and hospital response and recovery operations

Ensure appropriate archiving of incident documentation

Conduct after-action reviews and debriefing

Write after-action report and corrective action plan for approval by the Incident Commander to include the following:

- Summary of actions taken
- Summary of the incident
- Actions that went well
- Area for improvement
- Recommendations for future response actions

LOGISTICS

Ensure facility repairs and restoration of utilities

Restock supplies, equipment, medications, food and water

Ensure communications and IT/IS operations return to normal

Conduct stress management and after-action debriefings and meetings, as necessary

4. UTILITY/COMMUNICATION FAILURE IN FACILITY

FINANCE/ADMINISTRATION

Compile a final report of response costs and expenditures and lost revenue for approval by the Incident Commander

Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures

Documents and Tools

- Hospital Emergency Manage Plan, Utility Management Plan
- Telephone/cell phone/intranet for communication

5. FIRE EMERGENCY - INTERNAL

INCIDENT RESPONSE GUIDE

Mission: To provide for the safety of patients, visitors, and staff during utility and communication failures.

Read this entire response guide and review incident management team chart.

Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- Initiate facility hardening, extinguish fire, evacuate as necessary
- Protect patients, visitors, staff and facility
- Maintain patient care and medical management
- Restore normal operations as soon as feasible

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander)

Activate the facility Emergency Operations Plan and Fire Plan, overhead announcement Code Red

Notify Engineering staff, Director of Engineering, Maintenance Supervisor, and Security Guards immediately to address fire situation, coordinate evacuation procedures as necessary

Activate Command Staff and Section Chiefs, as appropriate

Establish incident objectives and operational period

(Liaison Officer)

Notify local emergency management of hospital situation status, critical issues and resource requests

Notify local EMS and ambulance providers about the situation.

Monitor structural integrity, and facility security

5. FIRE EMERGENCY INTERNAL

COMMAND

(Public Information Officer)

Inform staff, patients and families of situation status and provide regular updates

Prepare media staging area

Conduct regular media briefings, in collaboration local emergency management, as appropriate

(Safety Officer)

Evaluate safety of patients, family, staff and facility and recommend protective and corrective actions to minimize hazards and risks

OPERATIONS

Assess patients requiring transfer and availability of air and ground transportation

Secure the facility and implement limited visitation policy

Ensure continuation of patient care and essential services

Prepare to implement emergency plans and procedures as needed (i.e., loss of power, water, HVAC, communications, etc.)

Initiate facility hardening activities

Distribute appropriate equipment throughout the facility (i.e. portable lights), as needed. Have departments access flashlights available in their areas

Determine timeline and criteria for discontinuation of non-essential services and procedures

PLANNING

Establish operational periods, incident objective and develop the Incident Action Plan, in collaboration with the Incident Commander

Conduct a hospital census and identify potential discharges, in coordination with Operations Section

LOGISTICS

Maintain utilities and communications and activate alternate systems using Fire Plan and evacuation policy. Coordinate evacuation of staff and patients as necessary

Obtain supplies, equipment, medications, food and water to sustain operations

Obtain supplemental staffing, as needed

Prepare for transportation of discharged patients, if needed. Contact directors of essential services and identify staffing needs

5. FIRE EMERGENCY INTERNAL

Intermediate and Extended (Operational Period 2 hours to Greater than 12 Hours)

COMMAND

(Incident Commander)

Update and revise the Incident Action Plan and prepare for demobilization

Continue to update internal officials on the situation status

Monitor evacuation, if activated

(Public Information Officer)

Continue with briefings and situation updates with staff, patients and families

Continue patient information center operations, in collaboration with Liaison Officer

Assist with notification of patient's families about situation and evacuation, if needed

(Liaison Officer)

Continue to notify local Emergency Operations Center of situation status, critical issues and request assistance, as needed

Continue patient information center operations, in collaboration with PIO

Continue communications with area hospitals and facilitate patient transfers, if needed

(Safety Officer)

Continue to evaluate facility operations for safety and hazards and take immediate corrective actions

OPERATIONS

Continue evaluation of patients and maintain patient care

Cancel elective surgeries and procedures if necessary

Regularly perform facility and utility damage assessments and initiate appropriate repairs

Ensure the functioning of emergency generators and alternative power/light resources

Initiate ambulance diversion procedures, if possible

Ensure the transfer of patient's belongings, medications and records upon discharge or transfer

Maintain facility security and restricted visitation

Continue to maintain utilities and communications

5. FIRE EMERGENCY INTERNAL

Monitor patients for adverse effects of health and psychological stress

Prepare for demobilization and system recovery

PLANNING

Continue patient, bed and personnel tracking

Update and revise the Incident Action Plan

Prepare the demobilization and system recovery plans

Plan for repatriation of patients

Ensure documentation of actions, decisions and activities

LOGISTICS

Continue evaluation of facility for damage and initiate repairs

Continue to obtain needed supplies, equipment, medications, food and water

Continue to provide staff for patient care

Monitor staff for adverse effects of health and psychological stress

Monitor, report, follow up on and document staff or patient injuries

FINANCE/ADMINISTRATION

Continue to track costs and expenditures and lost revenue

Continue to facilitate contracting for emergency repairs and other services

Demobilization/System Recovery

COMMAND

(Incident Commander)

Determine hospital status and declare restoration of normal water and other utility services and termination of the incident

Provide appreciation and recognition to solicited and non-solicited volunteers and to state and federal personnel sent to help

(Liaison Officer)

Communicate final hospital status and termination of the incident to local Emergency Operations Center, area hospital and officials

Assist with the repatriation of patients transferred

5. FIRE EMERGENCY INTERNAL

(Public Information Officer)

Conduct final media briefing and assist with updating staff, patients, families and others of the termination of the event

(Safety Officer)

Ensure facility safety and restoration of normal operations

OPERATIONS

Restore normal patient care operations

Ensure integrity of and/or restoration of utilities and communications

Discontinue ambulance diversion and visitor limitations

PLANNING

Finalize the Incident Action Plan and demobilization plan

Compile a final report of the incident and hospital response and recovery operations

Ensure appropriate archiving of incident documentation

Conduct after-action reviews and debriefing

Write after-action report and corrective action plan for approval by the Incident Commander to include the following:

- Summary of actions taken
- Summary of the incident
- Actions that went well
- Area for improvement
- Recommendations for future response actions

LOGISTICS

Ensure facility repairs and restoration of utilities

Restock supplies, equipment, medications, food and water

Ensure communications and IT/IS operations return to normal

Conduct stress management and after-action debriefings and meetings, as necessary

5. FIRE EMERGENCY INTERNAL

FINANCE/ADMINISTRATION

Compile a final report of response costs and expenditures and lost revenue for approval by the Incident Commander

Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures

Documents and Tools

- Hospital Emergency Management Plan, Fire Plan

6. SECURITY EMERGENCY & VIP IN FACILITY

INCIDENT RESPONSE GUIDE

Mission: To provide for the safety of patients, visitors, and staff during a security emergency and/or the presence of a VIP in the facility.

Read this entire response guide and review incident management team chart.

Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- Protect patients, visitors, staff and facility
- Maintain patient care and medical management
- Restore normal operations as soon as feasible

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander)

Activate the facility Emergency Operations Plan, Security Plan, Hostage Policy as applicable

Notify Security Guards, Director of Engineering, Engineering staff, Maintenance Supervisor, as quickly as possible.

Activate Command Staff and Section Chiefs, as appropriate

Establish incident objectives and operational period

- Determine need for special measures to ensure that the needs of the VIP are met without compromising the overall function of the hospital

(Liaison Officer)

Notify local emergency management of hospital situation status, critical issues and resource requests

Notify local EMS and ambulance providers about the situation.

Monitor structural integrity, and facility security

COMMAND

(Public Information Officer)

Inform staff, patients and families of situation status and provide regular updates

6. SECURITY EMERGENCY & VIP IN FACILITY

Prepare media staging area

- Ensure privacy of the VIP. Receive permission from the VIP and the Incident Commander before releasing information regarding the VIP to the media

Conduct regular media briefings, in collaboration with local emergency management, as appropriate

(Safety Officer)

Evaluate safety of patients, family, staff and facility and recommend protective and corrective actions to minimize hazards and risks

- Assess the need for special security measures and/or restrictions

OPERATIONS

Assess patients requiring transfer and availability of air and ground transportation

Secure the facility and implement limited visitation policy

Ensure continuation of patient care and essential services

Prepare to implement emergency plans and procedures as needed for building security lock down, refer to hospital-wide safety policy – Building Lock Down

Initiate facility hardening activities such as de-activating automatic doors, and insulating pipes and equipment if applicable.

- Determine need for the activation of the Law Enforcement Interface Unit Leader position

Determine timeline and criteria for discontinuation of non-essential services and procedures

PLANNING

Establish operational periods, incident objective and develop the Incident Action Plan, in collaboration with the Incident Commander

LOGISTICS

Maintain utilities and communications and activate alternate systems, as needed using Utility Management Plan

Obtain supplemental staffing, as needed

Prepare for safe transportation of discharged patients, if needed

6. SECURITY EMERGENCY & VIP IN FACILITY

Intermediate and Extended (Operational Period 2 hours to Greater than 12 Hours)

COMMAND

(Incident Commander)

Update and revise the Incident Action Plan and prepare for demobilization

Continue to update internal officials on the situation status

Monitor evacuation, if activated

(Public Information Officer)

Continue with briefings and situation updates with staff, patients and families

Continue patient information center operations, in collaboration with Liaison Officer

Assist with notification of patient's families about situation and evacuation, if needed

(Liaison Officer)

Continue to notify local Emergency Operations Center of situation status, critical issues and request assistance, as needed

Continue patient information center operations, in collaboration with Public Information Officer

Continue communications with area hospitals and facilitate patient transfers, if needed

(Safety Officer)

Continue to evaluate facility operations for safety and hazards and take immediate corrective actions

OPERATIONS

Continue evaluation of patients and maintain patient care

Cancel elective surgeries and procedures if necessary

Regularly perform facility and utility assessments and initiate appropriate repairs

Initiate ambulance diversion procedures, if possible

Ensure the transfer of patient's belongings, medications and records upon discharge or transfer

Maintain facility security and restricted visitation

Continue to maintain utilities and communications

6. SECURITY EMERGENCY & VIP IN FACILITY

Monitor patients for adverse effects of health and psychological stress

Prepare for demobilization and system recovery

PLANNING

Continue patient, bed and personnel tracking

Update and revise the Incident Action Plan

Prepare the demobilization and system recovery plans

Plan for repatriation of patients

Ensure documentation of actions, decisions and activities

LOGISTICS

Continue evaluation of facility for damage and initiate repairs

Continue to obtain needed supplies, equipment, medications, food and water

Continue to provide staff for patient care

Monitor staff for adverse effects of health and psychological stress

Monitor, report, follow up on and document staff or patient injuries

FINANCE/ADMINISTRATION

Continue to track costs and expenditures and lost revenue

Demobilization/System Recovery

COMMAND

(Incident Commander)

Provide appreciation and recognition to solicited and non-solicited volunteers and to state and federal personnel sent to help

(Liaison Officer)

Emergency Operations Center

Communicate final hospital status and termination of the incident to local Emergency Operations Center, area hospital and officials

Assist with the repatriation of patients transferred

6. SECURITY EMERGENCY & VIP IN FACILITY

(Public Information Officer)

Conduct final media briefing and assist with updating staff, patients, families and others of the termination of the event

(Safety Officer)

Ensure facility safety and restoration of normal operations

- In the event of discharge, special consideration should be given to the exit location of the VIP

OPERATIONS

Restore normal patient care operations

Discontinue ambulance diversion and visitor limitations

PLANNING

Finalize the Incident Action Plan and demobilization plan

Compile a final report of the incident and hospital response and recovery operations

Ensure appropriate archiving of incident documentation

Conduct after-action reviews and debriefing

Write after-action report and corrective action plan for approval by the Incident Commander to include the following:

- Summary of actions taken
- Summary of the incident
- Actions that went well
- Area for improvement
- Recommendations for future response actions

6. SECURITY EMERGENCY & VIP IN FACILITY

LOGISTICS

Conduct stress management and after-action debriefings and meetings, as necessary

FINANCE/ADMINISTRATION

Compile a final report of response costs and expenditures and lost revenue for approval by the Incident Commander

Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures

Documents and Tools

- Security Plan, Hostage Policy, Abduction Plan, Building Lock Down, other applicable policies
- Telephone/cell phone/intranet for communication

7. SEVERE WEATHER - TORNADO

INCIDENT RESPONSE GUIDE

Mission: To provide a safe place for employees, patients, visitors, during a severe weather situation. To continue operations if building/facilities is compromised.

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander)

Instruct PBX to overhead announce "Weather Watch Now in Effect" for tornado watch, and/or "Activate Tornado Precautions" for tornado warning. (Patients staff and visitors move to designated tornado safe areas.)

(Public Information Officer)

Inform staff, patients and families of situation status and provide regular updates

Prepare media staging area

Conduct regular media briefings, in collaboration local emergency management, as appropriate

(Safety Officer)

Evaluate safety of patients, family, staff and facility and recommend protective and corrective actions to minimize hazards and risks

OPERATIONS

Assess patients requiring transfer and availability of air and ground transportation

Secure the facility and implement limited visitation policy

Ensure continuation of patient care and essential services

Prepare to implement emergency plans and procedures as needed (i.e., loss of power, water, HVAC, communications, etc.)

Initiate facility hardening activities such as de-activating automatic doors, and insulating pipes and equipment

Designate an area(s) to accommodate community boarders including those who may be electrically dependent or have medical needs

Distribute appropriate equipment throughout the facility (i.e. portable lights), as needed

Determine timeline and criteria for discontinuation of non-essential services and procedures

7. SEVERE WEATHER - TORNADO

PLANNING

Establish operational periods, incident objective and develop the Incident Action Plan, in collaboration with the Incident Commander

Conduct a hospital census and identify potential discharges, in coordination with Operations Section

Initiate tracking system for patients and arriving community boarders and visitors that will remain in the facility during the storm

LOGISTICS

Maintain utilities and communications and activate alternate systems as needed

Obtain supplies, equipment, medications, food and water to sustain operations

Obtain supplemental staffing, as needed

Prepare for transportation of discharged patients, if needed

Contact directors of essential services and identify staffing needs

Intermediate and Extended (Operational Period 2 hours to Greater than 12 Hours)

COMMAND

(Incident Commander)

Update and revise the Incident Action Plan and prepare for demobilization

Continue to update internal officials on the situation status

Monitor evacuation, if activated

(Public Information Officer)

Continue to monitor weather reports and conditions

Continue with briefings and situation updates with staff, patients and families

Continue patient information center operations, in collaboration with Liaison Officer

Assist with notification of patient's families about situation and evacuation, if needed

(Liaison Officer)

Continue to notify local Emergency Operations Center of situation status, critical issues and request assistance, as needed

Continue patient information center operations, in collaboration with Public Information Officer

7. SEVERE WEATHER - TORNADO

Continue communications with area hospitals and facilitate patient transfers, if needed

(Safety Officer)

Continue to evaluate facility operations for safety and hazards and take immediate corrective actions

OPERATIONS

Continue evaluation of patients and maintain patient care

Cancel elective surgeries and procedures

Regularly perform facility damage assessments and initiate appropriate repairs

Ensure the functioning of emergency generators and alternative power/light resources, if needed

Initiate ambulance diversion procedures, if possible

Ensure the transfer of patient's belongings, medications and records upon discharge or transfer

Maintain facility security and restricted visitation

Continue to maintain utilities and communications

Monitor patients for adverse effects of heat and psychological stress

Prepare for demobilization and system recovery

PLANNING

Continue patient, bed and personnel tracking

Update and revise the Incident Action Plan

Prepare the demobilization and system recovery plans

Plan for repatriation of patients

Ensure documentation of actions, decisions and activities

LOGISTICS

Continue evaluation of facility for damage and initiate repairs

Continue to obtain needed supplies, equipment, medications, food and water

Continue to provide staff for patient care

7. SEVERE WEATHER - TORNADO

Make arrangements for staff that cannot return home and require sleeping quarters, food, and clothing

Monitor staff for adverse effects of health and psychological stress

Monitor, report, follow up on and document staff or patient injuries

Continue to provide transportation services for internal operations and staffing

FINANCE/ADMINISTRATION

Continue to track costs and expenditures and lost revenue

Continue to facilitate contracting for emergency repairs and other services

Demobilization/System Recovery

COMMAND

(Incident Commander)

Determine hospital status and declare restoration of normal water and other utility services and termination of the incident

Provide appreciation and recognition to solicited and non-solicited volunteers and to state and federal personnel sent to help

(Liaison Officer)

Communicate final hospital status and termination of the incident to local Emergency Operations Center, area hospital and officials

Assist with the repatriation of patients transferred

(Public Information Officer)

Conduct final media briefing and assist with updating staff, patients, families and others of the termination of the event

(Safety Officer)

Ensure facility safety and restoration of normal operations

OPERATIONS

Restore normal patient care operations

Ensure integrity of and/or restoration of utilities and communications

Discontinue ambulance diversion and visitor limitations

7. SEVERE WEATHER - TORNADO

PLANNING

Finalize the Incident Action Plan and demobilization plan

Compile a final report of the incident and hospital response and recovery operations

Ensure appropriate archiving of incident documentation

Conduct after-action reviews and debriefing

Write after-action report and corrective action plan for approval by the Incident Commander to include the following:

- Summary of actions taken
- Summary of the incident
- Actions that went well
- Area for improvement
- Recommendations for future response actions

LOGISTICS

Ensure facility repairs and restoration of utilities

Restock supplies, equipment, medications, food and water

Ensure communications and IT/IS operations return to normal

Conduct stress management and after-action debriefings and meetings, as necessary

FINANCE/ADMINISTRATION

Compile a final report of response costs and expenditures and lost revenue for approval by the Incident Commander

Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures

Documents and Tools

- Tornado Plan
- Hospital Emergency Management Plan
- Facility and Departmental Business Staffing Plans
- Television/radio to monitor weather
- Telephone/cell phone/intranet for communication

8. ICE STORM/BLIZZARD

INCIDENT RESPONSE GUIDE

Mission: To provide for the safety of patients, visitors, and staff during ice storms and/or blizzards.

- Read this entire response guide and review incident management team chart.
- Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- Initiate facility hardening
- Protect patients, visitors, staff and facility
- Maintain patient care and medical management
- Restore normal operations as soon as feasible

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander)

(Public Information Officer)

Instruct PBX to overhead announce “Snow Plan Now In Effect”.

Inform staff, patients and families of situation status and provide regular updates

Prepare media staging area if applicable

Conduct regular media briefings, in collaboration local emergency management, as appropriate

(Safety Officer)

Evaluate safety of patients, family, staff and facility and recommend protective and corrective actions to minimize hazards and risks

OPERATIONS

Assess patients requiring transfer and availability of air and ground transportation

Secure the facility and implement limited visitation policy

Ensure continuation of patient care and essential services

Prepare to implement emergency plans and procedures as needed (i.e., loss of power, water, HVAC, communications, etc.)

8. ICE STORM/BLIZZARD

Initiate facility hardening activities such as de-activating automatic doors, and insulating pipes and equipment

Designate an area(s) to accommodate community boarders including those who may be electrically dependent or have medical needs

Distribute appropriate equipment throughout the facility (i.e. portable lights), as needed

Determine timeline and criteria for discontinuation of non-essential services and procedures

PLANNING

Establish operational periods, incident objective and develop the Incident Action Plan, in collaboration with the Incident Commander

Conduct a hospital census and identify potential discharges, in coordination with Operations Section

Initiate tracking system for patients and arriving community boarders and visitors that will remain in the facility during the storm

LOGISTICS

Coordinate volunteer drivers and staff needing transportation to and from work.

Coordinate patients, visitors, and physicians needing transportation.

Coordinate snow removal efforts, continuous vehicle access to ambulance garage and Emergency Department.

Coordinate moving of employee vehicles for snow removal in parking lots. Refer to Snow Emergency Plan policy in Safety policies.

Maintain utilities and communications and activate alternate systems as needed

Obtain supplies, equipment, medications, food and water to sustain operations

Obtain supplemental staffing, as needed

Prepare for transportation of discharged patients, if needed

Contact directors of essential services and identify staffing needs

8. ICE STORM/BLIZZARD

Intermediate and Extended (Operational Period 2 hours to Greater than 12 Hours)

COMMAND

(Incident Commander)

Update and revise the Incident Action Plan and prepare for demobilization

Continue to update internal officials on the situation status

Monitor evacuation, if activated

(Public Information Officer)

Continue to monitor weather reports and conditions

Continue with briefings and situation updates with staff, patients and families

Continue patient information center operations, in collaboration with Liaison Officer

Assist with notification of patient's families about situation and evacuation, if needed

(Liaison Officer)

Continue to notify local Emergency Operations Center of situation status, critical issues and request assistance, as needed

Continue patient information center operations, in collaboration with Public Information Officer

Continue communications with area hospitals and facilitate patient transfers, if needed

(Safety Officer)

Continue to evaluate facility operations for safety and hazards and take immediate corrective actions

OPERATIONS

Continue evaluation of patients and maintain patient care

Cancel elective surgeries and procedures

Regularly perform facility damage assessments and initiate appropriate repairs

Ensure the functioning of emergency generators and alternative power/light resources, if needed

Initiate ambulance diversion procedures, if possible

8. ICE STORM/BLIZZARD

Ensure the transfer of patient's belongings, medications and records upon discharge or transfer

Maintain facility security and restricted visitation

Continue to maintain utilities and communications

Monitor patients for adverse effects of health and psychological stress

Prepare for demobilization and system recovery

PLANNING

Continue patient, bed and personnel tracking

Update and revise the Incident Action Plan

Prepare the demobilization and system recovery plans

Plan for repatriation of patients

Ensure documentation of actions, decisions and activities

LOGISTICS

Continue transports efforts for staff, physicians, patients, and visitors as necessary.

Continue evaluation of facility for damage and initiate repairs

Continue to obtain needed supplies, equipment, medications, food and water

Continue to provide staff for patient care

Make arrangements for staff who cannot return home and require sleeping quarters, food, and clothing

Monitor staff for adverse effects of health and psychological stress

Monitor, report, follow up on and document staff or patient injuries

Continue to provide transportation services for internal operations and staffing

FINANCE/ADMINISTRATION

Continue to track costs and expenditures and lost revenue

Continue to facilitate contracting for emergency repairs and other services

8. ICE STORM/BLIZZARD

Demobilization/System Recovery

COMMAND

(Incident Commander)

Determine hospital status and declare restoration of normal water and other utility services and termination of the incident

Provide appreciation and recognition to solicited and non-solicited volunteers and to state and federal personnel sent to help

(Liaison Officer):

Communicate final hospital status and termination of the incident to local Emergency Operations Center, area hospital and officials

Assist with the repatriation of patients transferred

(Public Information Officer):

Conduct final media briefing and assist with updating staff, patients, families and others of the termination of the event.

(Safety Officer):

Ensure facility safety and restoration of normal operations

OPERATIONS

Restore normal patient care operations

Ensure integrity of and/or restoration of utilities and communications

Discontinue ambulance diversion and visitor limitations

PLANNING

Finalize the Incident Action Plan and demobilization plan

Compile a final report of the incident and hospital response and recovery operations

Ensure appropriate archiving of incident documentation

Conduct after-action reviews and debriefing

8. ICE STORM/BLIZZARD

Write after-action report and corrective action plan for approval by the Incident Commander to include the following:

- Summary of actions taken
- Summary of the incident
- Actions that went well
- Area for improvement
- Recommendations for future response actions

LOGISTICS

Ensure facility repairs and restoration of utilities

Restock supplies, equipment, medications, food and water

Ensure communications and IT/IS operations return to normal

Conduct stress management and after-action debriefings and meetings, as necessary

FINANCE/ADMINISTRATION

Compile a final report of response costs and expenditures and lost revenue for approval by the Incident Commander

Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures

Documents and Tools

- Snow Emergency Plan
- Hospital Emergency Management Plan
- Facility and Departmental Business Staffing Plans
- Television/radio to monitor weather
- Telephone/cell phone/intranet for communication

9. HAZARDOUS MATERIAL SPILL/EXPOSURE

INCIDENT RESPONSE GUIDE

Mission: To effectively and efficiently manage a spill or leak involving hazardous material within the hospital.

Directions

- Read this entire response guide and review incident management team chart.
- Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- Communicate with the local Emergency Operations Center and emergency response partners
- Cooperate with and assist law enforcement with investigative activities
- Implement shelter-in-place
- Isolate the contaminated area
- Identify the hazardous material
- Patient triage and medical management
- Accurately track patients through the healthcare system
- Protection of facility, patients, staff and visitors
- Provide decontamination of patients and facility
- Restore normal operations

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander)

If outside the facility, receive notification from local officials

Establish Incident Command and activate Public Information Officer, Safety Officer, Liaison Officer and Operations and Logistics Section Chiefs

Ensure all personnel have evacuated the immediate area if applicable.

Activate and implement the Hospital Spill Response Team (refer to Policy #6950- 0047 Hazardous Spill Procedure)

Activate the Emergency Operations Plan and any other needed plans specific to incident

9. HAZARDOUS MATERIAL SPILL/EXPOSURE

Establish Incident Command Center (ICC) and assemble the incident management team

Activate Section Chiefs and Branch Directors as appropriate

Notify the emergency department of possible incoming casualties that have been exposed to numerous chemicals, may have blast injuries, fire burns, and other possible trauma

Activate the Medical/Technical Specialist as appropriate

Determine the need for shelter-in-place

Determine the need to activate and implement the decontamination plan

Determine the need to activate and implement surge capacity plans

Establish operational periods and operational objectives

(Public Information Officer)

Establish a patient information center; coordinate with the Liaison Officer and local Emergency Management/Public Health/EMS

Establish a media staging area and prepare media briefings in collaboration with the Joint Information Center and other area hospitals if applicable

Monitor media outlets for updates on the incident and possible impacts on the hospital

(Liaison)

Establish contact with alternate local Emergency Operations Center, other response partners and area hospitals to determine incident details, community status and estimates of casualties

Communicate with other healthcare facilities to determine:

- Situation status
- Surge capacity
- Patient transfer/bed availability
- Ability to loan needed equipment, supplies, medications, personnel, etc.

Contact appropriate authorities and experts for support and recommendations for radiological contamination if applicable

Notify appropriate external official of internal incident (e.g., water authority, emergency management, fire department, etc.)

(Safety Officer)

- Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address
- Implement decontamination operations and safety measures including staff, patient and facility protection as appropriate

9. HAZARDOUS MATERIAL SPILL/EXPOSURE

- ❑ Ensure the safe and consistent use of appropriate personal protective equipment by staff
- ❑ Ensure activation of the radiological decontamination plan if appropriate

(Medical/Technical Specialist)

- ❑ Investigate agent identification and disseminate clinical management information
- ❑ Assist in obtaining specific information regarding radiological agent such as antidotes, treatment, decontamination procedures, etc.

OPERATIONS

- ❑ Activate appropriate Branch Directors as needed
- ❑ Communicate with local emergency management to identify toxic chemicals
- ❑ Notify the emergency department of possible incoming casualties
- ❑ Identify the hazardous material
- ❑ Coordinate with the Security Officer, as necessary, to isolate the spill area
- ❑ Isolate the contaminated area
- ❑ Ensure proper triage of symptomatic and non-symptomatic patients, staff, volunteers and others with possible exposure
- ❑ Secure the facility and establish access and egress routes and crowd control protocols
- ❑ Initiate and maintain patient care and management activities
- ❑ Establish and secure area(s) for collection of contaminated belongings and valuables
- ❑ Set up decontamination area and implement decontamination plan and procedures for adults, pediatrics, and patients with special needs
- ❑ Secure/lockdown the facility as appropriate to prevent contaminated individuals from entering or leaving, and establish a clear perimeter with directions to the Decontamination Area
- ❑ Protect environment/facility from contamination
- ❑ Isolate HVAC systems in treatment areas, if possible
- ❑ Direct implementation of procedures for technical and emergency decontamination and ensure proper use of PPE
- ❑ Implement staff monitoring in and rotation through the decontamination area as appropriate
- ❑ Relocate medications/antidotes to clinical care and decontamination areas and prepare specific patient antidote dose amounts (e.g., pediatric, geriatric)

9. HAZARDOUS MATERIAL SPILL/EXPOSURE

- ❑ Consult with Medical/Technical Specialist – Chemical and internal and external consultants, including Poison Control Center, Agency for Toxic Substances and Disease Registry (ATSDR) of the CDC to ascertain treatment protocols
- ❑ Activate surge capacity plan and patient registration emergency procedures
- ❑ Conduct a census of inpatients and clinic patients and prioritize for discharge or cancellation of appointment/procedures to accommodate any incoming surge of patients
- ❑ Implement shelter-in-place or evacuation plan, as determined by the Incident Commander and at the direction of local officials
- ❑ Provide information and instructions to staff, visitors, and patients regarding sheltering-in-place
- ❑ Activate the radiological decontamination plan as appropriate
- ❑ Prepare for fatalities, including contaminated remains, in conjunction with local law enforcement, coroner/medical examiner and Emergency Operations Center
- ❑ Provide mental health support for staff, visitors, families and volunteers, in collaboration with Logistics Section
- ❑ Provide situation report to IC including
 - Substance description and damage inflicted
 - Response / clean-up plan including potential notification and activation of contracted Hazardous Materials spill response provider

PLANNING

- ❑ Establish operational periods and develop Incident Action Plan, in collaboration with the IC:
 - Engage other hospital departments
 - Share Incident Action Plan through Incident Commander with these areas
 - Provide instructions on needed documentation including completion detail and deadlines
- ❑ Prepare and implement patient tracking protocols
- ❑ Initiate patient, bed, personnel and material tracking

LOGISTICS

- ❑ Monitor the health status staff who participated in decontamination activities and actively provide rehabilitation as necessary
- ❑ Anticipate an increased need for medical/surgical supplies, personal protective equipment, transporters, and personnel
- ❑ Inventory medications and supplies (e.g., antidotes, ventilators, blood products, burn supplies, etc.), and bed availability

9. HAZARDOUS MATERIAL SPILL/EXPOSURE

- ❑ Determine medication, equipment, supply, and personnel needs and implement procedure to request and receive and allocate external resources into the hospital response
- ❑ Ensure internal and external communications and IT/IS systems are operational
- ❑ Initiate staff call-in systems to increase hospital staffing as needed
- ❑ Provide mental health support for patients/family/staff/command personnel
- ❑ Manage Labor Pool and solicited and unsolicited volunteers
- ❑ Prepare for receipt, distribution and tracking of external pharmaceutical resources from local, regional, state and federal resources
- ❑ Initiate staff radiation monitoring if appropriate

FINANCE/ADMINISTRATION

- ❑ Track response costs and procurement

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander)

- ❑ Review the overall impact of the ongoing incident on the facility with Command Staff and Section Chiefs
- ❑ Re-evaluate the need to shelter-in-place
- ❑ Consider deploying a Liaison Officer to the alternate local Emergency Operations Center
- ❑ Ensure communications and decision making are coordinated with external agencies and healthcare facilities
- ❑ Direct implementation of surge capacity plan as appropriate

(Public Information Officer)

- ❑ Establish a patient information center, coordinate with the Liaison Officer
- ❑ Establish a media center and conduct regular media briefings
- ❑ Coordinate messages with the Joint Information Center
- ❑ Manage media relations/public information/risk communication and integrate public relations activities with the Joint Information Center

9. HAZARDOUS MATERIAL SPILL/EXPOSURE

(Liaison)

- ❑ Contact area hospitals and healthcare partners through local emergency management to assess their capabilities
- ❑ Maintain communication with the local Emergency Operations Center to relay hospital status and requests and obtain current situation status information

(Safety Officer)

- ❑ Continue to monitor and ensure proper use of personal protective equipment and decontamination procedures
- ❑ Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

(Medical/Technical Specialist)

- ❑ Support Operations Section as needed. Continue to provide expert input into Incident Action Planning process

OPERATIONS

- ❑ Activate Staging Manager
- ❑ Activate fatalities management plan and management of contaminated remains
- ❑ Ensure the victim decontamination is in compliance with established decontamination practices
- ❑ Implement procedures for patient valuables management, evidence collection and security
- ❑ Evaluate and update staff scheduling to accommodate decontamination team supplementation
- ❑ Implement family notification procedures in conjunction with family assistance center operations
- ❑ Ensure proper waste water and expendable materials disposal
- ❑ Continue patient management and facility monitoring activities
- ❑ Monitor the air quality in the facility and evaluate effectiveness of shelter-in-place measures

PLANNING

- ❑ Update and revise the incident objectives and the Incident Action Plan and, if appropriate, initiate demobilization assessment and processes
- ❑ Continue patient, bed, personnel and material tracking

9. HAZARDOUS MATERIAL SPILL/EXPOSURE

LOGISTICS

- ❑ Establish family care area, if needed
- ❑ Continue to inventory supplies, equipment, blood products, medications and obtain additional supplies as needed
- ❑ Inventory medications and supplies (e.g., antidotes, ventilators, blood products, burn supplies, etc.), and bed availability
- ❑ Determine medication, equipment, supply, and personnel needs and implement procedure to request and receive and allocate external resources into the hospital response
- ❑ Ensure safety of the facility and provide essential services
- ❑ Initiate staff call-in and provide additional staff to impacted areas
- ❑ Monitor the health status of staff who participated, supported or assisted in decontamination activities, provide appropriate medical care and follow up
- ❑ Provide mental health support for patients/family/staff/command personnel
- ❑ Manage Labor Pool and solicited and unsolicited volunteers
- ❑ Facilitate procurement of supplies, equipment and medications for response and patient care
- ❑ Continue to monitor the air quality in the hospital
- ❑ Continue employee monitoring for radiation and provide appropriate follow up

FINANCE/ADMINISTRATION

- ❑ Track response expenses and expenditures and report to the Incident Commander
- ❑ Investigate staff or patient exposures or injuries and implement risk management/claims procedures, report to the Incident Commander

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander)

- ❑ Reassess incident objectives and Incident Action Plan, revise as indicated by the response priorities and mission
- ❑ Continue regular briefing of Command Staff/Section Chiefs. Address issues identified

9. HAZARDOUS MATERIAL SPILL/EXPOSURE

(Public Information Officer)

- ❑ Continue patient information center, as necessary
- ❑ Provide briefings and situation updates for staff, patients, visitors and families
- ❑ Continue to conduct regular media briefings in coordination with the JIC
- ❑ Coordinate efforts with local/state public health resources/JIC

(Liaison)

- ❑ Continue to ensure integrated response with local Emergency Operations Center
- ❑ Continue to communicate personnel/equipment/supply needs to local Emergency Operations Center
- ❑ Continue to update local public health of any health problems/trends identified
- ❑ Obtain a summary of the status and location of all incident patients from the Patient Tracking Officer. Disseminate to public health/EMS, local Emergency Operations Center, local Fire/HazMat Teams, or others as appropriate

(Safety Officer)

- ❑ Continue to monitor decontamination operations and begin facility decontamination as appropriate
- ❑ Continue to oversee safety measures and use of personal protective equipment for staff, patients and visitors
- ❑ Monitor radiation exposures and decontamination operations as appropriate

(Medical/Technical Specialist)

- ❑ Continue to support Operations Section as needed. Continue to provide expert input into Incident Action Planning process

OPERATIONS

- ❑ Maintain infrastructure support and services
- ❑ Continue spill cleanup and decontamination of the laboratory
- ❑ Continue patient care and management activities
- ❑ Continue security measures and control of traffic and crowds
- ❑ Ensure enforcement of hospital policies and provide liaison with local, state and federal law enforcement agencies when interviewing patients and collecting evidence
- ❑ Facilitate law enforcement requests for patient/staff interviewing

9. HAZARDOUS MATERIAL SPILL/EXPOSURE

- ❑ Provide for facility decontamination
- ❑ Monitor air quality and environmental conditions/fumes and continue to control HVAC operations to limit or prevent spread
- ❑ If applicable, once the plume has passed and local officials advise it is safe to do so, discontinue sheltering-in-place and conduct a external inspection of the facility for damage from chlorine and need for decontamination of the external facility
- ❑ Initiate return to normal activities of the hospital, as appropriate

LOGISTICS

- ❑ Implement medical surveillance of response personnel
- ❑ Provide for staff food and water
- ❑ Ensure adequate supplies, equipment, personnel and facilities to support extended response operations
- ❑ If applicable, once the plume has passed and local officials advise it is safe to do so, discontinue sheltering-in-place
- ❑ Continue to monitor the health status of staff who were exposed to the fumes or who participated in decontamination activities
- ❑ Monitor, in collaboration with the Medical Care Branch Director, all patients who were exposed or may have been exposed to the fumes/chemical
- ❑ Ensure restoration or relocation of laboratory services

PLANNING

- ❑ Continue patient, bed, material and personnel tracking
- ❑ Update and revise the Incident Action Plan, in collaboration with the Incident Commander
- ❑ Plan for demobilization and system recovery
- ❑ Ensure documentation is being completed by all Sections

FINANCE/ADMINISTRATION

- ❑ Monitor and track all personnel time and response costs
- ❑ Track costs for outside resources assisting in response
- ❑ Prepare summary reports for the Incident Commander every 8 hours and as requested
- ❑ Facilitate procurement of needed supplies, equipment and contractors

Track any claims/injuries and complete appropriate documentation, compile report

9. HAZARDOUS MATERIAL SPILL/EXPOSURE

Demobilization/System Recovery

COMMAND

(Incident Commander)

- ❑ Ensure demobilization and recovery is in progress
- ❑ Once notified of complete clean up and decontamination of the affected area(s), declare the emergency terminated and demobilize the ICC

(Public Information Officer)

- ❑ Conduct final media briefing, notifying the media of the termination of the event, outcomes and other pertinent information
- ❑ Conduct final briefings as needed to patients/visitors/staff, in cooperation with the JIC patient information center
- ❑ Communicate final status to the JIC

(Safety Officer)

- ❑ Ensure safety of impacted area(s) and notify the IC of status
- ❑ Ensure safe return of hospital to normal operations
- ❑ Oversee facility decontamination and declare facility safe to conduct normal operations

(Liaison)

- ❑ Notify the local Emergency Operations Center, local officials, Fire/HazMat teams and other hospitals of "all clear" status
- ❑ Prepare a summary of the status of the hospital and disseminate to Command Staff/Section Chiefs and to Public Health/EMS as appropriate

OPERATIONS

- ❑ Complete cleanup operations and assess decontamination
- ❑ Implement local hazmat protocols to follow up with the local/state/federal agencies as appropriate (e.g., EPA)
- ❑ Ensure decontamination of facility
- ❑ Ensure proper disposal of contaminated waste and waste water
- ❑ Provide mental health support services for patients and their families

9. HAZARDOUS MATERIAL SPILL/EXPOSURE

PLANNING

- ❑ Finalize the Incident Action Plan and demobilization plan
- ❑ Compile a final report of the incident and hospital response and recovery operations
- ❑ Ensure appropriate archiving of incident documentation
- ❑ Conduct after-action review with the following:
 - Command personnel and Section Chiefs
 - Laboratory Staff

 - Spill Team Response Members
 - Staff, patients and volunteers
 -
- ❑ Write after-action report and corrective action plan to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
 - Recommendations for correction actions
 -

LOGISTICS

- ❑ Monitor the health status staff who participated in decontamination activities for an extended period
- ❑ Conduct stress management and after-action debriefings and meetings as necessary
- ❑ Inventory all ICC and hospital supplies, equipment and medications and replenish as necessary and appropriate
- ❑ Provide for equipment and supply repair or replacement
- ❑ Initiate long term monitoring of employees exposed to radiation and/or participating in decontamination or patient care activities
- ❑ Assist in restoring hospital services to normal operations
- ❑ Provide ongoing support to injured staff or family of deceased staff
- ❑ Provide mental health (acute and long term) services for staff and patients, in collaboration with Operations Section's Mental Health Unit Leader

FINANCE/ADMINISTRATION

- ❑ Compile expense reports and submit to Incident Commander and proper authorities for reimbursement

9. HAZARDOUS MATERIAL SPILL/EXPOSURE

Documents and Tools

Hospital Emergency Operations Plan
Hospital Spill Response Plan
Hospital Decontamination Plan
Hospital Decontamination Protocol
Hospital Mass Casualty Incident Plan
Patient Tracking Form
Disaster Plan Call List
Hospital Damage Assessment Procedures
HICS Forms
Hospital Hazardous Materials Plan
HICS
Emergency Management Plan
Hazard and Terrorism/WMD Annexes of local Emergency Operations Plan
CDC Medical Management Guidelines for Chlorine
Isolation Protocols
Patient Tracking Form

10. EQUIPMENT FAILURE IN FACILITY

INCIDENT RESPONSE GUIDE

Mission: To provide for the safety of patients, visitors, and staff during equipment failures.

Directions

Read this entire response guide and review incident management team chart.

Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- Initiate facility hardening
- Protect patients, visitors, staff and facility
- Maintain patient care and medical management
- Restore normal operations as soon as feasible

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander)

Activate the facility Emergency Operations Plan and Equipment Management Plan

Notify Engineering staff, Director of Engineering, Maintenance Supervisor, and Biomed Supervisor immediately to address equipment loss situation and activate Equipment Management Plan.

Activate Command Staff and Section Chiefs, as appropriate

Establish incident objectives and operational period

(Liaison Officer)

Notify local emergency management of hospital situation status, critical issues and resource requests

Monitor structural integrity, and facility security

COMMAND

(Public Information Officer)

Inform staff, patients and families of situation status and provide regular updates

Prepare media staging area

Conduct regular media briefings, in collaboration local emergency management, as appropriate

10. EQUIPMENT FAILURE IN FACILITY

(Safety Officer)

Evaluate safety of patients, family, staff and facility and recommend protective and corrective actions to minimize hazards and risks

OPERATIONS

Assess patients requiring transfer and availability of air and ground transportation

Secure the facility and implement limited visitation policy

Ensure continuation of patient care and essential services

Prepare to implement emergency plans and procedures as needed (i.e., loss of power, water, HVAC, communications, etc.)

Designate an area(s) to accommodate community boarders including those who may be electrically dependent or have medical needs

Determine timeline and criteria for discontinuation of non-essential services and procedures

PLANNING

Establish operational periods, incident objective and develop the Incident Action Plan, in collaboration with the Incident Commander

Conduct a hospital census and identify potential discharges, in coordination with Operations Section

LOGISTICS

Maintain utilities and communications and activate alternate systems as needed using Utility Management Plan and Equipment Management Plan

Obtain supplies, equipment, medications, food and water to sustain operations, refer to Equipment Management Plan

Obtain supplemental staffing, as needed

Prepare for transportation of discharged patients, if needed

Contact directors of essential services and identify staffing needs

10. EQUIPMENT FAILURE IN FACILITY

Intermediate and Extended (Operational Period 2 hours to Greater than 12 Hours)

COMMAND (Incident Commander)

Update and revise the Incident Action Plan and prepare for demobilization

Continue to update internal officials on the situation status

Monitor evacuation, if activated

(Public Information Officer)

Continue with briefings and situation updates with staff, patients and families

Continue patient information center operations, in collaboration with Liaison Officer

Assist with notification of patient's families about situation and evacuation, if needed

(Liaison Officer)

Continue to notify local Emergency Operations Center of situation status, critical issues and request assistance, as needed

Continue patient information center operations, in collaboration with Public Information Officer

Continue communications with area hospitals and facilitate patient transfers, if needed

(Safety Officer)

Continue to evaluate facility operations for safety hazards and take immediate corrective actions

OPERATIONS

Continue evaluation of patients and maintain patient care

Cancel elective surgeries and procedures if necessary

Regularly perform facility and equipment damage assessments and initiate appropriate repairs

Ensure the functioning of emergency generators and alternative power/light resources, if needed

Initiate ambulance diversion procedures, if possible

Ensure the transfer of patient's belongings, medications and records upon discharge or transfer

Maintain facility security and restricted visitation

Continue to maintain utilities and communications

Monitor patients for adverse effects of health and psychological stress

Prepare for demobilization and system recovery

10. EQUIPMENT FAILURE IN FACILITY

PLANNING

- Continue patient, bed and personnel tracking
- Update and revise the Incident Action Plan
- Prepare the demobilization and system recovery plans
- Plan for repatriation of patients
- Ensure documentation of actions, decisions and activities

LOGISTICS

- Continue evaluation of facility for damage and initiate repairs
- Continue to obtain needed supplies, equipment, medications, food and water
- Continue to provide staff for patient care
- Monitor staff for adverse effects of health and psychological stress
- Monitor, report, follow up on and document staff or patient injuries

FINANCE/ADMINISTRATION

- Continue to track costs and expenditures and lost revenue
- Continue to facilitate contracting for emergency repairs and other services

Demobilization/System Recovery

COMMAND

(Incident Commander)

- Determine hospital status and declare restoration of normal equipment use

(Liaison Officer)

- Communicate final hospital status and termination of the incident to local Emergency Operations Center, area hospital and officials
- Assist with the repatriation of patients transferred

(Public Information Officer)

- Conduct final media briefing and assist with updating staff, patients, families and others of the termination of the event

(Safety Officer)

- Ensure facility safety and restoration of normal operations

10. EQUIPMENT FAILURE IN FACILITY

OPERATIONS

Restore normal patient care operations

Ensure integrity of and/or restoration of utilities, equipment, and communications

Discontinue ambulance diversion and visitor limitations

PLANNING

Finalize the Incident Action Plan and demobilization plan

Compile a final report of the incident and hospital response and recovery operations

Ensure appropriate archiving of incident documentation

Conduct after-action reviews and debriefing

Write after-action report and corrective action plan for approval by the Incident Commander to include the following:

- Summary of actions taken
- Summary of the incident
- Actions that went well
- Area for improvement
- Recommendations for future response actions

LOGISTICS

Ensure facility repairs and restoration of utilities and equipment

Restock supplies, equipment, medications, food and water

Ensure communications and IT/IS operations return to normal

Conduct stress management and after-action debriefings and meetings, as necessary

FINANCE/ADMINISTRATION

Compile a final report of response costs and expenditures and lost revenue for approval by the Incident Commander

Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures

Documents and Tools

- Hospital Emergency Manage Plan, Utility Management Plan, Equipment Management Plan
- Telephone/cell phone/intranet for communication

11. HOSTAGE / BARRICADE

INCIDENT RESPONSE GUIDE

Mission: To safely manage a hostage or barricade situation.

Directions

- Read this entire response guide and review incident management team chart.
- Use this response guide as a checklist to ensure all tasks are addressed and completed

Objectives

- Protect safety of staff, patients, and visitors
- Manage the media
- Coordinate with law enforcement and other external response agencies
- Provide for mental health support and stress debriefing/management services to patients, staff and families.

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander)

Notify law enforcement agencies of incident immediately (House Supervisor may do this prior to initiating Incident Command Center.)

Establish a unified command with law enforcement, upon arrival

Safely evacuate the immediate area surrounding the unit, if possible or provide security to the nearby areas

Determine need to activate Medical/Technical Specialist – Risk Management, as appropriate

(Public Information Officer)

Establish a media staging area in a safe and secluded location

Provide regular media briefings and situation status updates

(Liaison Officer):

Establish communication with area hospitals to notify of the incident and potential need for evacuation of patients

(Safety Officer)

Establish and maintain communication with law enforcement command center if not on-site.

Ensure the safety of patients, families, visitors and staff in non-impacted areas of the hospital

11. HOSTAGE / BARRICADE

Collaborate with law enforcement and hospital security staff on safe evacuation of nearby areas

OPERATIONS

Suspend non-essential services

Secure the facility and do not allow entrance or exit of people except essential personnel

Evacuate the immediate area around the critical hostage site, if safe to do so

Consider and prepare for additional gunman or perpetrators

Liaison with law enforcement and provide facility and utility drawings/schematics upon arrival

Provide space and communications systems near the unit for law enforcement operations including negotiations

Be prepared to maintain or shut off selective utility or HVAC systems upon the request of law enforcement

Ensure continuation of patient care management activities in the hospital

Institute ambulance diversion status; notify local EMS and ambulance providers

Notify family members of hostages of the situation, including staff, families and visitors

Prepare to render care to injured hostages and/or the perpetrator

PLANNING

Establish operational periods, incident objectives and develop Incident Action Plan, in collaboration with the Incident Commander and law enforcement, including plans for evacuation of patients, and tracking of visitors, vendors, staff, and others in the building

Implement patient tracking

Identify list of names of employees who are expected to report to work in the next 3 hours

LOGISTICS

Prepare for mental health support needs of hostages

Provide mental health support for staff, patients and visitors, patients, family and staff

Intermediate and Extended (Operational Period 2 to Greater than 12 Hours)

COMMAND

(Incident Commander)

Assess the impact of the situation and response on the hospital

11. HOSTAGE / BARRICADE COMMAND

Update and revise the Incident Action Plan in conjunction with law enforcement and Planning Section Chief

Establish a procedure, in conjunction with local law enforcement, to provide care for hostages, when released

(Public Information Officer)

Continue to conduct regular media briefings as the incident evolves

Establish a patient information center, if needed, in collaboration with Liaison Officer

Continue to provide staff, patients and visitors with situation status updates and information

(Liaison Officer)

Continue to communicate with local officials to provide situation updates and hospital critical issues/needs

(Safety Officer)

Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

OPERATIONS

Reassess evacuations and need for further evacuation

Continue hospital/facility security and restriction of entry and exit except for essential personnel

Continue to liaison with law enforcement and provide requested supplies and services

Continue patient care and management operations

Ensure documentation of actions, decisions and activities

Provide ongoing victim family support

PLANNING

Update and revise the Incident Action Plan

Continue patient tracking, if needed

Plan for demobilization and system recover

LOGISTICS

Continue to supply hostage support needs (water, medications, etc.) as directed by law enforcement

11. HOSTAGE / BARRICADE

Assess impact of ongoing incident on services

FINANCE

Track costs and expenditures of response, including lost revenues

Demobilization/System Recovery

COMMAND

(Incident Commander)

Ensure local law enforcement issues an “all clear” for the facility

Oversee restoration of normal hospital operations

Conduct immediate debriefing with law enforcement

(Public Information Officer):

Conduct final media briefing providing situation status, appropriate patient information and termination of the incident

(Liaison Officer)

Notify local emergency management, fire and EMS of termination of the incident

(Safety Officer)

Oversee the safe return to normal operations and repatriation/relocation of patients

OPERATIONS

Restore normal patient care operations

Restore normal visitation and non-essential services

Facilitate clean up and repair of the critical care unit and reopening

Provide mental health support services to patients and patient’s families

Restore utilities to the unit, if needed

Reunite hostages with family

Immediately debrief staff hostages, as directed by law enforcement

PLANNING

Finalize the Incident Action Plan and demobilization plan

Compile a final report of the incident and hospital response and recovery operations

11. HOSTAGE / BARRICADE

Ensure appropriate archiving of incident documentation

Write after-action report and corrective action plan to include the following:

- Summary of actions taken
- Summary of the incident
- Actions that went well
- Area for improvement
- Recommendations for future response actions
- Recommendations for correction actions

LOGISTICS

Provide staff debriefing, mental health support and stress management services

Continue providing support to hostages, as needed

FINANCE/ADMINISTRATION

Compile final response and recovery cost and expenditure summary and submit to the Incident Commander for approval

Complete documentation and follow up of personnel injury and/or line of duty death as appropriate

Documents and Tools

- Hospital Emergency Operations Plan
- Hospital Evacuation Plan
- Hospital Building and Utilities Plans
- Fatality Management Plan

12. ABDUCTION PLAN

INCIDENT RESPONSE GUIDE

Mission: To provide immediate response to an abduction situation. To stop the abduction or assist in recovery of the person abducted.

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander)

Activate the Abduction Plan (If not already done by initiator of call)

Notify local law enforcement agency (North Platte Police Dept) of incident and provide details, as able

Establish a unified command with law enforcement, upon arrival

Activate appropriate Command Staff and Section Chiefs

Establish a media staging area

Provide regular media briefings and situation status updates, releasing only information that has been approved by the hospital Incident Commander and law enforcement

Provide informational bulletin for current patients to notify them of the incident and the measures initiated, as appropriate

(Safety Officer)

Ensure the safety of patients, families, visitors and staff during hospital search procedures

OPERATIONS

Secure the facility and deny access or exit. Search any persons exiting the facility, as appropriate

Assign staff to conduct a floor-by-floor, door-by-door search of the facility

Assign a liaison to coordinate with law enforcement □ Conduct staff and mother/family interviews to gather information and evidence, in conjunction with law enforcement

Provide law enforcement with photos, footprints of abductee, etc., if available

Provide additional information to staff and security about the abductor as information is available to facilitate internal search

Provide mental health support to the patient and other family members

PLANNING

Establish operational periods, incident objectives and develop the Incident Action Plan, in collaboration with the Incident Commander

13. ABDUCTION PLAN

Intermediate and Extended (Operational Period 2- Greater than 12 Hours)

COMMAND

(Incident Commander)

Update and revise the Incident Action Plan

Ensure the continuation of normal hospital operations

Activate Medical/Technical Specialist – Risk Management to assist with response and documentation of incident

Continue to brief key senior management on the situation

Appropriately report incident to state, JCAHO and other regulatory agencies as a sentinel event

(Public Information Officer)

Continue regular media briefings and updates, in conjunction with law enforcement

Provide situation status updates to hospital staff and patients

(Liaison Officer)

Update local officials and other agencies, as appropriate

OPERATIONS

If it is determined that abductor has left facility, consider releasing staff posted at doors to normal duties

Continue to provide mental health support and physical care to the family members

Provide assurance and support to other new mothers or parents of children in the facility, regarding the safety of their infant/child

Consider maintaining a visible security presence in the impacted department

Ensure the continuation of normal patient care services and hospital operations

Continue communications and collaboration with law enforcement

Provide appropriate medical exam of infant/child, and unification with parents

PLANNING

Revise and/or complete Incident Action Plan

LOGISTICS

Provide mental health support and stress management services to department staff

12. ABDUCTION PLAN

FINANCE/ADMINISTRATION

Track costs and expenditures of response

Demobilization/System Recovery

COMMAND

(Incident Commander)

Oversee the hospital's return to normal operations

Ensure continued liaison and communication with law enforcement

(Public Information Officer)

Conduct final media briefing providing situation status, appropriate patient information and termination of the incident

(Liaison Officer)

Notify appropriate local officials of the termination of the incident

OPERATIONS

Restore normal operations and patient care services

Restore normal visitation and non-essential services

PLANNING

Finalize the Incident Action Plan and demobilization plan

Compile a final report of the incident and hospital response and recovery operations

Ensure appropriate archiving of incident documentation

Write after-action report and corrective action plan to include the following:

- Summary of actions taken
- Summary of the incident
- Actions that went well
- Area for improvement
- Recommendations for future response actions
- Recommendations for correction actions

LOGISTICS

Provide ongoing mental health support and stress management services for involved employees, as needed

FINANCE/ADMINISTRATION

Compile final response and recovery cost and expenditure summary and submit to the Incident Commander for approval

12. ABDUCTION PLAN

Documents and Tools

- Emergency Operations Plan
- Hospital's Abduction Response Plan
- Secure surveillance media (tapes or other video)

13. INTERNAL FLOOD RESPONSE

INCIDENT RESPONSE GUIDE

Mission: To safely manage an internal flooding incident within a hospital.

Read this entire response guide and review incident management team chart

Objectives:

Prevent facility flooding

Protect patients, staff and facility

Ensure safe patient care and medical management

Evacuate the facility (partial or complete) as needed

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander)

- Activate the facility Emergency Operations Plan
- Activate Command Staff and Section Chiefs, as appropriate

(Liaison Officer)

- Notify local emergency management of situation and immediate actions
- Communicate with other healthcare facilities to determine:
 - Situation status
 - Surge capacity
 - Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.

(Public Information Officer)

- Inform staff, patients and families of situation and actions underway to prevent/limit flooding
- Prepare media staging area in a safe locations
- Conduct regular media briefings, in collaboration with the local EOC/Joint Information Center

(Safety Officer)

Conduct safety assessment of low lying flooded areas and assess risks and impacts to patients, staff and facility

OPERATIONS

- Activate the hospital's Emergency Operations Plan
- Ensure continuation of patient care and essential services
- Consider partial or complete evacuation of the facility, or relocation of patients and services into safe areas of the facility
- Ensure the operations of alternate power supplies (i.e., backup generators)
- Maintain communications systems, activate alternate communications systems, as needed

13. INTERNAL FLOOD RESPONSE

- Evaluate the flooded area(s) and identifying safety issues
- Institute measures to prevent flooding and protect facility resources, as appropriate
- Secure the facility and limit access and egress
- Implement business continuity planning and protection of patient records

PLANNING

- Establish operational periods, incident objectives and develop the Incident Action Plan, in collaboration with the Incident Commander
- Implement patient and staff tracking, as appropriate

LOGISTICS

- Assess facility damage and project impacts of rising flood waters on the facility
- Maintain utilities and activate alternate systems as needed

Intermediate (Operational Period 2-12 Hours)

COMMAND

(PIO)

- Establish a patient information center in coordination with the Liaison Officer to notify patient families of situation and patient locations

(Liaison Officer)

- Notify local emergency management and EOC of situation status, critical needs and plans for evacuation, if appropriate

OPERATIONS

- Continue essential patient care management and services
- Initiate cleanup operations, as appropriate
- Reassess need for or prepare for evacuation
- Continue to maintain utilities
- Provide mental health support to patients and families, as needed
- Continue to secure the facility, including unsafe areas
- Activate business continuity plans, including protection of records and possible relocation of business functions

PLANNING

- Continue patient and personnel tracking, as needed
- Update and revise the Incident Action Plan and distribute to Command Staff and Section Chiefs

LOGISTICS

- Continue to evaluate facility integrity and safety of flooded areas
- Initiate clean up as appropriate

14. INTERNAL FLOOD RESPONSE

FINANCE/ADMINISTRATION

- Track costs and expenditures and estimate cost of facility damage and lost revenue
- Initiate documentation of any injuries or facility damage
- Facilitate the procurement of supplies, equipment and medications and contracting for facility clean up or repair

Extended (Operations/EOC Activation Beyond 12 Hours)

COMMAND

(Incident Commander)

- Update and revise the Incident Action Plan and prepare for demobilization
- Continue to update internal leaders on the situation status

(PIO)

- Continue with briefings and situation updates with staff, patients and families
- Continue patient information center operations, in collaboration with Liaison Officer

(Liaison Officer)

- Continue to notify local EOC of situation status
- Continue patient information center operations, in collaboration with PIO

(Safety)

Continue to evaluate flooded areas and facility integrity for safety and take immediate corrective actions

OPERATIONS

- Continue essential patient care management and services
- Continue repair and cleanup operations, as appropriate
- Continue evacuation of the facility, if implemented
- Ensure the transfer of patient's belongings, medications and records, when evacuated
- Continue to maintain utilities
- Continue to secure the facility, including unsafe areas
- Continue business continuity activities and relocation of business services, if appropriate
- Prepare for demobilization and system recovery

PLANNING

- Revise and update the incident action plan
- Initiate demobilization plan and plan for system recovery

LOGISTICS

- Provide supplemental staffing as needed
- Continue to evaluate facility damage and integrity and initiate clean up and repair activities

13. INTERNAL FLOOD RESPONSE

FINANCE/ADMINISTRATION

- Continue to track costs and expenditures
- Continue to facilitate contracting for facility repair and clean up

Demobilization/System Recovery

COMMAND

(Incident Commander)

- Determine hospital status and declare termination of the incident

(Liaison Officer)

- Communicate final hospital status and termination of the incident to local EOC, area hospital and officials
- Assist with the repatriation of patients transferred

(PIO)

- Conduct final media briefing and assist with updating staff, patients, families and others of the termination of the event

(Safety Officer)

- Ensure facility safety and restoration of normal operations
- Ensure facility repairs are completed, in conjunction with the Operations and Logistics Sections

OPERATIONS

- Restore normal patient care operations
- Ensure restoration of utilities and communications
- Complete a facility damage report, progress of repairs and estimated timelines for restoration of facility to pre-event condition

PLANNING

- Complete a summary of operations, status, and current census
- Conduct after-action reviews and debriefings
- Develop the after-action report and improvement plan for approval by the Incident Commander

LOGISTICS

- Restock supplies, equipment, medications, food and water
- Ensure communication and IT/IS operations return to normal
- Provide stress management and mental health support to staff

13. INTERNAL FLOOD RESPONSE

FINANCE/ADMINISTRATION

- Compile a final report of response and facility repair costs for approval by the Incident Commander
- Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event
- Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures

Documents and Tools

Hospital Emergency Operations Plan

Hospital Evacuation Plan

Utility Failure Plans

Facility and Departmental Business Continuity Plans

14. FIRE EMERGENCY - EXTERNAL

INCIDENT RESPONSE GUIDE

Mission: To provide for the safety of patients, visitors, and staff during an external fire situation.

Directions

Read this entire response guide and review incident management team chart.

Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- Initiate facility hardening (e.g. turn on lawn sprinklers)
- Protect patients, visitors, staff and facility
- Maintain patient care and medical management
- Restore normal operations as soon as feasible
- Prepare for evacuation, coordinate with Local Emergency Management regarding necessity of routes, etc.

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander)

Verify that fire hazard is actual, and activate the facility Emergency Operations Plan

Activate Command Staff and Section Chiefs, as appropriate

Establish incident objectives and operational period

(Liaison Officer)

Notify, or await information from, local emergency management for hospital situation status regarding external fire.

Notify Emergency Management to notify local EMS and ambulance providers about the situation.

Monitor structural integrity, and facility security

COMMAND

(Public Information Officer)

Inform staff, patients and families of situation status and provide regular updates

Prepare media staging area

Conduct regular media briefings, in collaboration local emergency management and or 911 Center, as appropriate

15. FIRE EMERGENCY – EXTERNAL

(Safety Officer)

Evaluate safety of patients, family, staff and facility and recommend protective and corrective actions to minimize hazards and risks

OPERATIONS

Assess patients requiring transfer and availability of air and ground transportation

Secure the facility and implement limited visitation policy

Ensure continuation of patient care and essential services

Prepare to implement emergency plans and procedures as needed (i.e., loss of power, water, HVAC, communications, etc.)

Initiate facility hardening activities (e.g. turn on lawn sprinklers), institute Shelter in Place procedures as necessary, shut off or decrease outdoor air intake. Limit facility access to limit door openings.

Distribute appropriate equipment throughout the facility (i.e. portable lights), as needed. Have departments access flashlights available in their areas

Determine timeline and criteria for discontinuation of non-essential services and procedures

PLANNING

Establish operational periods, incident objective and develop the Incident Action Plan, in collaboration with the Incident Commander

Conduct a hospital census and identify potential discharges, in coordination with Operations Section

LOGISTICS

Maintain utilities and communications and activate alternate systems using evacuation policy. Coordinate evacuation of staff and patients as necessary

Obtain supplies, equipment, medications, food and water to sustain operations

Obtain supplemental staffing, as needed

Prepare for transportation of discharged patients, if needed. Contact directors of essential services and identify staffing needs

Intermediate and Extended (Operational Period 2 hours to Greater than 12 Hours)

(Incident Commander)

Update and revise the Incident Action Plan and prepare for demobilization

Continue to update internal officials on the situation status

Monitor evacuation, if activated

14. FIRE EMERGENCY – EXTERNAL

(Public Information Officer)

- Continue with briefings and situation updates with staff, patients and families
- Continue patient information center operations, in collaboration with Liaison Officer
- Assist with notification of patient's families about situation and evacuation, if needed

(Liaison Officer)

- Continue to notify local Emergency Management Center of situation status, critical issues and request assistance, as needed
- Continue patient information center operations, in collaboration with Public Information Officer
- Continue communications with area hospitals and facilitate patient transfers, if needed

(Safety Officer)

- Continue to evaluate facility operations for safety and hazards and take immediate corrective actions

OPERATIONS

- Continue evaluation of patients and maintain patient care
- Cancel elective surgeries and procedures if necessary
- Ensure the functioning of emergency generators and alternative power/light resources, if needed
- Initiate ambulance diversion procedures, if possible
- Ensure the transfer of patient's belongings, medications and records upon discharge or transfer
- Maintain facility security and restricted visitation, institute
- Continue to maintain utilities and communications
- Monitor patients for adverse effects of heat and psychological stress
- Prepare for demobilization and system recovery

PLANNING

- Continue patient, bed and personnel tracking
- Update and revise the Incident Action Plan

Demobilization/System Recovery

- Prepare the demobilization and system recovery plans
- Plan for repatriation of patients

14. FIRE EMERGENCY – EXTERNAL

Ensure documentation of actions, decisions and activities

LOGISTICS

Continue evaluation of facility for damage and initiate repairs

Continue to obtain needed supplies, equipment, medications, food and water

Continue to provide staff for patient care

Monitor staff for adverse effects of health and psychological stress

Monitor, report, follow up on and document staff or patient injuries

FINANCE/ADMINISTRATION

Continue to track costs and expenditures and lost revenue

Continue to facilitate contracting for emergency repairs and other services

Demobilization/System Recovery

COMMAND

(Incident Commander)

Determine and declare hospital status.

Provide appreciation and recognition to solicited and non-solicited volunteers and to state and federal personnel sent to help

(Liaison Officer)

Communicate final hospital status and termination of the incident to local Emergency Operations Center, area hospital and officials

Assist with the repatriation of patients transferred

(Public Information Officer)

Conduct final media briefing and assist with updating staff, patients, families and others of the termination of the event

(Safety Officer)

Ensure facility safety and restoration of normal operations

OPERATIONS

Restore normal patient care operations

Ensure integrity of and/or restoration of utilities and communications

Discontinue ambulance diversion and visitor limitations

14. FIRE EMERGENCY - EXTERNAL

PLANNING

Finalize the Incident Action Plan and demobilization plan

Compile a final report of the incident and hospital response and recovery operations

Ensure appropriate archiving of incident documentation

Conduct after-action reviews and debriefing

Write after-action report and corrective action plan for approval by the Incident Commander to include the following:

- Summary of actions taken
- Summary of the incident
- Actions that went well
- Area for improvement
- Recommendations for future response actions

LOGISTICS

Ensure facility repairs and restoration of utilities

Restock supplies, equipment, medications, food and water

Ensure communications and IT/IS operations return to normal

Conduct stress management and after-action debriefings and meetings, as necessary

FINANCE/ADMINISTRATION

Compile a final report of response costs and expenditures and lost revenue for approval by the Incident Commander

Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures

Documents and Tools

Hospital Operations Management Plan

Hospital Evacuation Policy

Hospital Shelter in Place – safety policy

Local Emergency Operations Plan for Lincoln County

15. PANDEMIC INFLUENZA RESPONSE

INCIDENT RESPONSE GUIDE

Mission: To effectively and efficiently identify, triage, isolate, treat, and track a surge of potentially infectious patients and staff; and manage the uninjured/asymptomatic persons, family members, and the media.

Directions

- ❑ Read this entire incident response guide and incident management team chart.
- ❑ Use this incident response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- ❑ Identify, triage, isolate and treat infectious patients.
- ❑ Admit a large number of infectious patients while protecting other (non-infected) inpatients.
- ❑ Accurately track patients throughout the healthcare system.
- ❑ Assure safety and security of the staff, patients, visitors, and facility.
- ❑ Address issues related to infectious patient surge capacity.

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander)

- ❑ Activate the appropriate Medical/Technical Specialists to assess the incident
- ❑ Activate Command Staff and Section Chiefs
- ❑ Implement regular briefing schedule for Command staff and Section Chiefs
- ❑ Implement emergency management plans as needed
- ❑ Cancel elective surgeries and outpatient clinics/testing, if required

(Medical/Technical Specialist – Biological)

Verify from the ED attending physician and other affected clinics, in collaboration with Public Health officials, and report the following information to the Incident Commander:

- Number and condition of patients affected, including the worried well
- Type of biological/infectious disease involved (case definition)
- Medical problems present besides biological/infectious disease involved
- Measures taken (e.g., cultures, supportive treatment)
- Potential for and scope of communicability
- Implement appropriate PPE and isolation precautions

15. PANDEMIC INFLUENZA RESPONSE

(Liaison Officer)

Communicate with local Emergency Management and other external agencies (e.g., Health Department) to identify infectious agent

Communicate with EMS/Public Health to determine the possible number of possible infectious patients

Communicate regularly with Incident Commander and Section Chiefs regarding operational needs and integration of hospital function with local EOC

(Public Information Officer)

- Monitor media outlets for updates on the pandemic and possible impacts on the hospital

(Safety Officer)

- Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

(Medical/Technical Specialist – Biological/Infectious Disease)

- Coordinate with the Operations Section Chief to verify from the ED attending physician and other affected physicians' offices, in collaboration with regional officials, and report the following information to the Incident Commander and Section Chiefs:
 - Number and condition of patients affected, including the asymptomatic
 - Medical problems present besides infectious disease involved
 - Measures taken (e.g., cultures, supportive treatment)
 - Potential for and scope of communicability

OPERATIONS

- Provide just-in-time training for both clinical and non-clinical staff regarding the status of the event, precautions they should take, and rumor control
- Notify the ED of possible numbers of incoming infectious patients, in consultation with the Liaison Officer who is in communication with external authorities (e.g., Health Department)
- Ensure proper implementation of infectious patients surge plan, including:
 - Location for off-site triage, as appropriate
 - Proper rapid triage of people presenting requesting evaluation. Coordinate with Security, if necessary
 - Staff implementation of infection precautions, and higher level precautions for high risk procedures (e.g., suctioning bronchoscopy, etc.) as per current CDC guidelines
 - Proper monitoring of isolation rooms and isolation procedures
 - Limit patient transportation within the facility for essential purposes only
 - Restrict number of clinicians and ancillary staff providing care to infectious patients
- Evaluate and determine health status of all persons prior to hospital entry
- Ensure safe collection, transport, and processing of laboratory specimens
- Report actions/information to Command Staff/Section Chiefs/Incident Commander regularly, according to schedule

15. PANDEMIC INFLUENZA RESPONSE

- ❑ Conduct hospital census and determine if discharges and appointment cancellations are required

(Security)

- ❑ Implement facility lockdown to prevent infectious patients from entering the facility, except through designated route. Report regularly to Operations Section Chief, refer to Building Lock Down safety policy.

PLANNING

- ❑ Establish operational periods and develop the Incident Action Plan:
 - Engage other hospital departments
 - Share the Incident Action Plan through the Incident Commander with these areas
 - Provide instructions on needed documentation including completion detail and deadlines
- ❑ Implement patient/staff/equipment tracking protocols
- ❑ Report actions/information to Incident Commander, Command Staff, Section Chiefs regularly

LOGISTICS

- ❑ Implement distribution plans for mass prophylaxis/immunizations for employees, their families, and others as warranted.
- ❑ Anticipate an increased need for medical supplies, antivirals, IV fluids and pharmaceuticals, oxygen, ventilators, suction equipment, respiratory protection/PPE, and respiratory therapists, transporters and other personnel
- ❑ Prepare for receipt of external pharmaceutical cache(s)/Strategic National Stockpile. Track dispersal of external pharmaceutical cache(s)/Strategic National Stockpile
- ❑ Determine staff supplementation needs and communicate to Liaison Officer
- ❑ Report actions/information to Command Staff/Section Chiefs/Incident Commander regularly, according to schedule

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander)

- ❑ Activate and implement emergency management plans, as indicated.
- ❑ Continue regular briefing of Command Staff/Section Chiefs

(PIO)

- ❑ Establish a patient information center; coordinate with the Liaison Officer and local emergency management/public health/EMS. Regularly brief local EOC, hospital staff, patients, and media

(Liaison Officer)

- ❑ Ensure integrated response with local EOC, JIC

15. PANDEMIC INFLUENZA RESPONSE

- ❑ Communicate personnel/equipment/supply needs identified by Operations to local EOC
- ❑ Keep public health advised of any health problems/trends identified, in cooperation with infection control
- ❑ Integrate outside personnel assistance into Hospital Command Center and hospital operations
- ❑ Discuss operational status with other area hospitals
- ❑ Brief Command Staff/Section Chiefs regularly with information from outside sources

OPERATIONS

- ❑ Conduct disease surveillance, including number of affected patients/personnel
- ❑ Continue isolation activities as needed
- ❑ Consult with infection control for disinfection requirements for equipment and facility
- ❑ Continue patient management activities, including patient cohorting, patient/staff/visitor medical care issues
- ❑ Coordinate with Logistics implementation of mass vaccination/mass prophylaxis plan
- ❑ Determine scope and volume of supplies/equipment/personnel required and report to Logistics
- ❑ Implement local mass fatality plan (including temporary morgue sites) in cooperation with local/state public health, emergency management, and medical examiners. Assess capacity for refrigeration/security of deceased patients

PLANNING

- ❑ Continue patient tracking
- ❑ Document Incident Action Plan, as developed by Incident Command and Section Chiefs and distribute appropriately
- ❑ Collect information regarding situation status and report to Incident Commander/Command Staff/Section Chiefs regularly
- ❑ Plan for termination of incident
- ❑ Revise security plan and family visitation policy, as needed

LOGISTICS

- ❑ Coordinate activation of staff vaccination/prophylaxis plan with Operations
- ❑ Monitor the health status of staff who are exposed to infectious patients
- ❑ Consider reassigning staff recovering from flu to care for flu patients; reassign staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (e.g., no flu patient care or administrative duties only)

15. PANDEMIC INFLUENZA RESPONSE

- ❑ Establish Family Care Unit under Support Branch Director to address family/dependent care issues to maximize employee numbers at work

FINANCE

- ❑ Track response expenses and report regularly to Command Staff and Section Chiefs
- ❑ Track and follow up with employee illnesses and absenteeism issues

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander)

- ❑ Continue regular briefing of Command staff/Section Chiefs. Address issues identified

(PIO)

- ❑ Continue patient and family information center, as necessary. Coordinate efforts with local/state public health resources/JIC

(Liaison)

- ❑ Continue to ensure integrated response with local EOC/JIC
- ❑ Continue to communicate personnel/equipment/supply needs to local EOC
- ❑ Continue to keep public health advised of any health problems/trends identified

OPERATIONS

- ❑ Continue patient management and facility monitoring activities. Communicate personnel/equipment/supply needs to local EOC
- ❑ Ensure proper disposal of infectious waste, including disposable supplies/equipment

PLANNING

- ❑ Revise and update the Incident Action Plan and distribute to Incident Commander, Command Staff and Section Chiefs

LOGISTICS

- ❑ Continue monitoring the health status of staff exposed to infectious patients
- ❑ Continue addressing behavioral health support needs for patients/visitors/staff
- ❑ Continue providing equipment/supply/personnel needs

FINANCE

- ❑ Continue to track response expenses and employee injury/illness and absenteeism

15. PANDEMIC INFLUENZA RESPONSE

Demobilization/System Recovery

COMMAND

(Incident Commander)

- ❑ Provide appreciation and recognition to solicited and non-solicited volunteers, staff, state and federal personnel that helped during the incident

(PIO)

- ❑ Provide briefings as needed to patients/visitors/staff/media, in cooperation with JIC

(Liaison)

- ❑ Prepare a summary of the status and location of infectious patients. Disseminate to Command Staff/Section Chiefs and to public health/EMS as appropriate

OPERATIONS

- ❑ Restore normal facility operations and visitation

LOGISTICS

- ❑ Conduct stress management and after-action debriefings and meetings as necessary
- ❑ Monitor health status of staff
- ❑ Inventory all HCC and hospital supplies and replenish as necessary
- ❑ Restore/repair/replace broken equipment
- ❑ Return borrowed equipment after proper cleaning/disinfection
- ❑ Restore normal non-essential services (i.e., gift shop, etc.)

PLANNING

- ❑ Conduct after action review with HCC Command Staff and Section Chiefs and general staff immediately upon demobilization or deactivation of positions
- ❑ Conduct after action debriefing with all staff, physicians and volunteers
- ❑ Prepare the after action report and improvement plan for review and approval
- ❑ Write after-action report and corrective action plan to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
 - Recommendations for corrective actions

15 PANDEMIC INFLUENZA RESPONSE

FINANCE

- ❑ Compile time, expense and claims reports and submit to Incident Commander for approval
- ❑ Distribute approved reports to appropriate authorities for reimbursement

Documents and Tools

Emergency Operations Plan, including:

- ❑ Infectious Patient Surge Plan
- ❑ Mass Vaccination/Mass Prophylaxis Plan
- ❑ Building Lock Down safety policy
- ❑ Risk Communication Plan
- ❑ Hospital Security Plan
- ❑ Patient/Staff/Equipment tracking procedure
- ❑ Behavioral Health Support for Staff/Patients Plan
- ❑ Mass Fatalities Plan
- ❑ Staff Health Monitoring/Treatment Plan
- ❑ Local Emergency Operations Plan – Lincoln County
Infection Control Plan

All other relevant protocols/guidelines relating to biological/infectious disease/mass casualty incidents

HICS Forms

Job Action Sheets

Hospital Organization Chart

Television/Radio/Internet to monitor news

Telephone/Cell Phone/Radio/Satellite Phone/Internet for communication

16. MASS FATALITIES

INCIDENT RESPONSE GUIDE

Mission: To provide for the management of disaster fatalities and mass fatality incident at Great Plains Regional Medical Center.

Mass Fatality-Any incident that exceeds the normal capabilities of Great Plains Regional Medical Center for holding remains.

Disaster Fatality- a fatality that occurs as the result of a disaster. The remains may be identified or unidentified.

Directions

Read this entire response guide and review incident management team chart

Use this response guide as a checklist to ensure all tasks are addressed and completed.

In the event of an incident such as a fire or explosion that occurs on Great Plains Regional Medical Center Property and produces fatalities the remains become the responsibility of the responding agency and their Mass Fatalities Response Plans.

Immediate, Intermediate and Extended (Operational Period Immediate to greater than 12 hours)

COMMAND

In the event that the number of fatalities exceeds the number of remains that Great Plains Regional Medical Center can hold and care for, the Lincoln County Emergency Manager should be notified and asked for assistance as documented in the local emergency operations plan.

OPERATIONS

For the management of mass fatalities, the Casualty Care Unit Leader will assign a position to manage expectant and fatalities. Form 259A and Great Plains Regional Medical Center Release of Body form to be completed for fatalities. Personal affects remain with body or given to family at hospital.

Patient identification bracelets – Typnax and/or GPRMC ID bands should remain on the body and all paper work ID'd with the same.

- . Casualty Care Unit Leader contacts family members, and requests assistance from law enforcement and morticians as necessary.
- . Casualty Care Unit Leader coordinates with Liaison Officer to contact Emergency Management to establish a family support center.

LOGISTICS

Assist in transport of bodies as directed by Incident Command.

Demobilization/System Recovery

(Incident Commander)

Coordinate with Casualty Care Unit Leader and Emergency Management to ensure all remains are properly identified, transported, stored, and secured with respect to the deceased.

16. MASS FATALITIES

LOGISTICS

- Additional employees required shall be called via the disaster call list.
- Provide stress management and mental health support to staff.

PLANNING

- Documentation of events will be maintained in chronological order by the Incident Command.
- A report of the disturbance shall be completed at the termination for documentation.

FINANCE/ADMINISTRATION

- Track costs and expenditures and estimate cost of facility damage and lost revenue
- Initiate documentation of any injuries or facility damage
- Facilitate the procurement of supplies, equipment and medications and contracting for facility clean up or repair

17. CIVIL DISTURBANCE

INCIDENT RESPONSE GUIDE

Mission: To provide for the safety of patients, visitors, staff, building and grounds during civil disturbance situation.

Immediate (Operational Period 0-2 Hours)

COMMAND

- Dependent upon the effect of the civil disturbance on the operation of the hospital, this plan in whole or part may be activated by the Incident Command in the following phases:

Phase I - Civil Disturbance near the hospital, which does not involve the hospital grounds. Any employee learning of a disturbance will report this to his/her immediate supervisor. This report shall then be communicated to the President/designee. This report should include the source of the information, the location of the disturbance, and any pertinent information.

Phase II - Civil disturbance on the hospital property. In the event of a civil disturbance on hospital property the hospital employee witnessing the disturbance or organization of such, shall immediately inform his/her supervisor, who will immediately report to the President/designee. A variance report will be completed and should include the source of the information, the location of the disturbance and any additional information as required.

- Upon notification/verification of any potential influx of patients, activate the Mass Casualty Plan Annex.
- Negotiations between the leaders of the disturbance and the hospital shall be authorized through the Incident Command.

(PIO)

- The Public Information Officer shall notify all local television and radio stations that visiting hours have been canceled for the day.

(Safety Officer)

- Time and circumstances permitting, dispatch a non-uniform employee to the scene to verify and secure additional information.
- All floors and departments shall be notified by the Incident Command to limit all Visitor, patient, and employee traffic until further notice.
- Identification of the leaders of the disturbance or groups involved shall be attempted.

OPERATIONS

- Upon direction from the Incident Command, the Security Branch Director will verify the disturbance with the local Police authority receiving most up-to-date information.
- Security Branch Director shall notify local civil authorities as required. All outside entrances to the facility shall be secured, and ground floor windows shall be locked and draped. An inspection of the entire facility shall be made to ensure that no unauthorized individuals are in the facility

17. CIVIL DISTURBANCE

- Transportation of employees to and from the facility will be coordinated by the Security Branch director.

LOGISTICS

- Additional employees required shall be called via the disaster call list.
- Provide stress management and mental health support to staff.

PLANNING

- Documentation of events will be maintained in chronological order by the Incident Command.
- A report of the disturbance shall be completed at the termination for documentation.

FINANCE/ADMINISTRATION

- Track costs and expenditures and estimate cost of facility damage and lost revenue
- Initiate documentation of any injuries or facility damage
- Facilitate the procurement of supplies, equipment and medications and contracting for facility clean up or repair

Documents/Tools

- Security Plan Annex

18. BOMB THREAT

INCIDENT RESPONSE GUIDE

Mission: GPRMC provides guidance for all personnel in the reporting and in the expeditious handling of a bomb threat to the hospital.

Directions for all staff to follow when a phone call bomb threat is received:

1. Questions to ask: - use form attached to this annex or Bomb Threat safety flipchart page..
2. Note if caller indicates what time the bomb will explode during his/her introductory comments.
3. Prolong the conversation as long as possible.
4. Be alert for distinguishing back-ground noises such as music, voices, aircraft, traffic, church bells & etc.
5. Note distinguishing voice characteristics.
6. Note if caller indicates knowledge of the hospital by his/her description of locations.
7. Person receiving call to complete form as shown in first page of this plan or safety flip chart. (Complete at conclusion of call - form is intended to prompt recall of important information). Person receiving call will immediately ask for assistance to contact the House Supervisor and PBX Operator concerning the threat.
8. The House Supervisor will contact PBX operator to further contact key personnel (President, Administrative Representative, Police Department - 911, Safety Officer/Director of Engineering).
9. The person who receives the bomb threat must be present to talk with police when they arrive. A person will be provided to relieve duties of employee who will visit with police. The House Supervisor will assist with replacement of this staff member.

DECISION FOR SEARCH PROCEDURE - PHONE & MAIL

1. After the basic details are provided by the person receiving the bomb threat, Administrative on-call representative, or House Supervisor will have the code words announced, "CODE YELLOW". At this signal the Department Head and/or charge person/designee in each department open for operation at the time, will report to the Incident Command, Engineering Tech Room, for orientation where an Incident Command Center will be established by House Supervisor and/or Administrative staff. Staff will report to their departments to await further instructions. Phone calls relative to the bomb threat should be routed to the Incident Command Center. Keep a log of all incoming calls pertaining to the bomb threat.

Several details should be accomplished at this time:

- A. Determine the number of master keys available.
 - B. Secure copies of the floor plans with fire wall information located in the Engineering Department Office.
 - C. A representative from the police department will be in charge of a review of the situation and development of a plan of action with the assistance of Administration and Safety Officer.
2. General factors to be considered at this point:
 - A. Areas to be searched. Conduct searching in this order:
 - . Have staff remove all items they brought into the building that day (purse, coat, food containers, etc.)

18. BOMB THREAT

- . Search public areas, and public accessible areas
- . Search areas where public do not normally have access

B. If patients are to be moved or evacuated.

C. Evacuation of visitors and unessential persons:

- To be determined by Incident Command and/or law enforcement
- GPRMC staff will conduct evacuation of patients, staff & visitors
- Law enforcement/EMS agencies will not enter building until one hour after bomb device is noted to explode
- Evacuation to alternate areas of the facility will be determined by Incident Command dependent upon situation and recommendations from contact with law enforcement.
- Evacuation within the building will consist of moving staff/patients to areas which are directly above, below, and laterally away from the bomb site, and on the other side fire wall protection.
- Total building evacuation will consist of moving staff/patients to alternate locations outside the facility, at least 1000 ft. from the hospital. Arrangements must be made for ambulance and air flight transfer of critical patients.

D. Locking of external entrances to channel traffic to one entrance for control.

E. Notifying the ambulance company.

3. If a complete search of the hospital is indicated, each department will search its own premises on the theory that the personnel in each department will be more aware of any unusual packages or parcels that are not ordinarily there. The maintenance and housekeeping department will be responsible to search areas that are not assigned and all unlocked public areas. Red stickers will be attached to the areas which have been inspected and determined to be secure. These stickers can be obtained from the engineering office.

(Note: this general plan may be altered as circumstances indicate.)

4. It may be necessary to activate the Fire Plan in connection with the bomb threat. If so, the normal plan will be instituted. i.e. "CODE RED", at which time a normal response should be given.
5. Generally, personnel should remain quiet and alert so that the patients will not become alarmed. They should notify the President promptly of significant developments and should not divulge to the patients that a bomb threat has been received. In the event the patients do learn what is taking place, they should be reassured that all is well.
6. If what appears to be a bomb or flammable materials is found DO NOT TOUCH IT. Clear the immediate area and call for professional assistance. Also, try to isolate the object as much as possible by closing doors. Secure area by placing orange emergency cones and tape to rope off area and control traffic.
7. Shut off pagers and cellular telephones. Use regular telephone for communication. Do not use pagers, tow-way radios, or cell phones in bomb location area. Use runners for communication if necessary.
8. Staff will be assigned as security to be posted at entrances to control incoming traffic until the situation is 'All Cleared'.

18. BOMB THREAT

9. Should it be necessary to move patients, or to evacuate the hospital, this effort will be supervised directly by the Incident Command, House Supervisor, and the senior police official present.
10. SEARCH REPORTING:

Each department manager should report to the Incident Command immediately after a thorough search of his/her area has been completed. They will also report at the end of the threat period for a critique. The Engineering Tech Room will serve as incident command for this emergency.
11. A Variance report will be completed by the person receiving the bomb threat call.

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander)

- Establish Incident Command post following notification and activation of plan.
- Instruct PBX to overhead announce "Mr. Gallagher Report to the Incident Command".
- Contact Police immediately.

(Safety Officer)

- Secure building
- Work with law enforcement to determine validity of threat
- Begin implementation to evacuate facility if necessary

OPERATIONS

- Secure building to stop incoming traffic
- Coordinate with law enforcement in search efforts if determined to conduct.

Intermediate and Extended (Operation Period 2 hours to greater than 12 hours)

PIO

- Prepare press release as instructed by Incident Command

LOGISTICS

- Provide support to staff, patients, visitors who show signs of stress

18.BOMB THREAT

Demobilization /System Recovery

COMMAND

- Determine and declare hospital status.

Extended and Demobilization/System Recovery

(Liaison Officer)

- Communicate final hospital status and termination of the incident to local Emergency Operations Center and officials

(PIO)

- Conduct final media briefing and assist with updating staff, patients, families, and other of the termination of the event.

(Safety Officer)

- Ensure facility safety and restoration of normal operations

PLANNING

- Compile final report of the incident and hospital responds and recovery operations

FINANCE/ADMINISTRATION

- Compile a final report of response costs and expenditures and lost revenue for approval by the Incident Commander

Documents/Tools

Emergency Operations Plan

Hospital Evacuation Plan

Local Emergency Operations Plan for Lincoln County

19. BIOTERRORISM

INCIDENT RESPONSE GUIDE

Mission: To effectively and efficiently identify, triage, isolate, treat, and track a surge of potentially infectious patients; manage uninjured/asymptomatic patients, family members, and the media; and ensure proper chain of custody (evidence collection) procedures.

Directions

- Read this entire response guide and review incident management team chart.
- Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- Early identification, triage, isolation and treatment of infectious patients.
- Patient tracking
- Safety and security of the facility
- Surge capacity and capability

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander)

Activate Command Staff and Operations and Logistics Section Chiefs

Activate the Medical/Technical Specialist – Biological/Infectious Disease to evaluate the incident and assist with the hospital's biological/infectious disease response.

Notify appropriate internal and external contacts (refer to Policy #8010-0004 Bioterrorism Plan)

(Medical/Technical Specialist)

Verify from the ED attending physician and other affected physician's offices, in collaboration with regional offices, and report the following information to the Incident Commander and Section Chiefs.

- Number and condition of patients affected, including the uninjured/asymptomatic
- Type of biological/infectious disease involved
- Medical problems present besides biological/infectious disease involved
- Measures taken (e.g., cultures, supportive treatment)
- Potential for and scope of communicability

(Liaison Officer)

Communicate with local Emergency Management and other external agencies (e.g., Health Departments) to identify infectious agent

Communicate with EMS/Public Health to determine the possible number of possible infectious patients

19. BIOTERRORISM

Communicate with and ascertain status of area hospitals and clinics

(Safety Officer)

- Activate appropriate personal protective equipment (PPE) and isolation procedures
- Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

(Public Information Officer)

- Monitor media outlets for updates on the outbreak and possible impacts on the hospital
- Anticipate an increase in public inquiries about the agent, and implement information hotline, as appropriate

OPERATIONS

(Medical Care Branch Director)

Regularly monitor ED and clinic activity and inpatient census data for trends

Collaborate with local and state Public Health Departments in developing a case definition

Ensure proper rapid screening (e.g., temperature checks) and triage of potentially infectious patients, uninjured/asymptomatic patients, media, family members, staff, etc. Coordinate with Security, as necessary

Ensure staff “just-in-time” training on infection precautions and PPE use

Ensure safe collection, transport, and processing of laboratory specimens

Evaluate the need for and implement as appropriate the cancellation of elective surgeries and outpatient clinics/testing

(Security)

Lockdown of facility/limit access and egress into the facility to prevent contaminated patients from entering the facility without screening

Coordinate appropriate information with law enforcement, to include: clinical information, valuables management/disposition, and victim/staff interviews

PLANNING

Establish operational periods and develop the Incident Action Plan

Conduct a hospital census count and determine if discharges and appointment cancellations are required, in collaboration with Operations Section Branches/Units

Prepare and implement patient tracking protocols

LOGISTICS

Review the pre-event prepared list of essential personnel (including medical, nursing, environmental services, facilities, nutrition and food services, administrative, ancillary clinical staff – e.g., respiratory therapy, radiology technicians, medical records, information technology and laboratory, etc.) that are priorities to receive prophylaxis and PPE, protecting those staff most at risk and ensuring the continuation of essential services.

20. BIOTERRORISM

Implement distribution plans for mass prophylaxis/immunizations for employees, their families, and others

Anticipate an increased need for medical supplies, antibiotics, IV fluids, oxygen, ventilators, suction equipment, respiratory protection/PPE, and respiratory therapists/transporters/other personnel

Prepare for receipt of external pharmaceutical cache supplies from local, regional, state, or federal resources

Track distribution of external pharmaceutical cache supplies received by the hospital

Adjust staff schedules, and monitor absenteeism

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander)

Continue regular briefing of Command Staff/Section Chiefs

(PIO)

Establish a patient information center; coordinate with the Liaison Officer and local emergency management/public health/EMS

Regularly brief local EOC, hospital staff, patients, and media

(Liaison Officer)

Communicate personnel/equipment/supply needs identified by Operations and Logistics to local EOC

Keep public health advised of any health problems/trends identified, in cooperation with infection control

Communicate with area hospitals to update status and share information

Brief Command Staff/Section Chiefs regularly with information from outside sources

OPERATIONS

Conduct disease surveillance, including number of affected patients/personnel

Continue patient management and isolation/co-horting activities

Consult with infection control for disinfection requirements for equipment and facility

Coordinate with Logistics implementation of mass vaccination/mass prophylaxis plan

Determine scope and volume of supplies/equipment/personnel required and report to Logistics Section

Implement local mass fatality plan (including temporary morgue sites) in cooperation with local/state public health, emergency management, and medical examiners. Access capacity for refrigeration/security of deceased patients

Revise security plan as needed to maintain security of the hospital

19. BIOTERRORISM

Review plan to assure business continuity for the hospital

PLANNING

Continue tracking of patients, beds, material and personnel

Review and update the Incident Action Plan

LOGISTICS

Monitor the physical and mental health status of staff who are exposed to infectious patients

Activate plan for rapidly vaccinating or providing prophylaxis to staff, families and patients as appropriate

FINANCE/ADMINISTRATION

Track response expenses and report regularly to Command Staff and Section Chiefs

Track and follow up with employee illnesses and absenteeism issues

Extended (Operational Period beyond 12 Hours)

COMMAND

(Incident Commander)

Continue regular briefing of Command staff/Section Chiefs. Address issues identified

(PIO)

Continue patient and family information center, as necessary. Coordinate efforts with local/state public health resources/JIC

(Liaison)

Continue to ensure integrated response with local EOC/JIC

Continue to communicate personnel/equipment/supply needs to local EOC

Continue to update local public health of any health problems/trends identified

OPERATIONS

Continue patient management and facility monitoring activities

Ensure proper disposal of infectious waste, including disposable supplies/equipment

19. BIOTERRORISM

Demobilization/System Recovery

COMMAND

(Incident Commander)

Provide appreciation and recognition to solicited and non-solicited volunteers, staff, state and federal personnel that helped during the incident

(PIO)

Provide briefings as needed to patients/visitors/staff/media, in cooperation with JIC

(Liaison)

Prepare a summary of the status and location of infectious patients. Disseminate to Command Staff/Section Chiefs and to public health/EMS as appropriate

LOGISTICS

Conduct stress management and after-action debriefings and meetings as necessary

Monitor the physical and behavioral health status of staff that are exposed to infectious patients

Inventory all HCC and hospital supplies and replenish as necessary

Restore/repair/replace broken equipment

Return borrowed equipment after proper cleaning/disinfection

Restore non-essential services (i.e., gift shop, etc.)

PLANNING

Write after-action report and corrective action plan to include the following:

- Summary of actions taken
- Summary of the incident
- Actions that went well
- Area for improvement
- Recommendations for future response actions
- Recommendations for corrective actions

Documents/Tools

Hospital Emergency Operations Plan

Bioterrorism Plan

Patient Tracking Form

Disaster Plan Call List

HICS Forms

Hazard and Terrorism/WMD Annexes of local Emergency Operations Plan

Isolation Protocols

20. RISK COMMUNICATIONS

INCIDENT RESPONSE GUIDE

Mission: Rapid communication and dissemination of critical information is crucial to ensure a prompt and coordinated response and to allay public fear. Effective education and communication aided by clear and concise information will help assure the public that the situation is being addressed competently and quickly. Communication to the persons affected must be accurate but also delivered in a timely manner.

Objectives

Communication priorities during and after an event:

Information, updates, guidelines and recommendations needed by hospitals, health care professionals and others responding to the emergency.

Information to the public and the media:

Pertinent information may include:

- a. Description of the incident;
- b. Current magnitude of the incident;
- c. Recommendations for action;
- d. Information about how updates will be communicated (i.e. information hotlines, fax, Web, etc.)

Immediate (Operational period 0-2 Hours)

COMMAND

The hospital will receive information from NHHSS via HAN, the NHHSS web site, emails and phone calls.

(PIO)

The hospital has the responsibility of providing information to the general public and the media regarding incident status.

Locally, the dissemination of public information will be done through multi-media approaches including radio, print, and television broadcast. Printed information may be made available.

Organization of Media spokesperson, Public Information Officer, (PIO) and Media Site Locations

If the EOC is activated, follow procedures outlined in the County LEOP. Briefing assignments for media spokespersons and those involved in communications response will be determined by the Incident Commander.

News releases and general public information disseminated may include:

- a) A description of the incident;
- b) Current magnitude of the incident;
- c) Recommendations for action;
- d) Hospital contact information;
- e) Information about how updates will be communicated (i.e. fax, web, etc.)

20. RISK COMMUNICATIONS

Communication needs of special populations including non-English speaking, hearing impaired, visually impaired, mentally and physically disabled and those who cannot read will be addressed by:

- a. Community action agencies
- b. Parents or legal guardians of disabled individuals
- c. Translators requested through the volunteer network
- d. Service providers

21. COMMUNICATIONS EMERGENCY RESPONSE PLAN

RESPONSE GUIDE

Mission: To maintain continuous and quick communication when telephone, overhead paging, and/or beeper systems are inoperable.

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Command)

Contact house supervisor when problem with communication mode is identified.

Establish Incident Command in the Engineering Tech Room. Consider activating Communications Unit Leader/ Information systems Unit Leader

Available staff is briefed of the communication loss situation.

Other staff are gathered and assigned as runners to areas to deliver information to, including off-site facilities.

Runners report back to Incident Command.

OPERATIONS

Direct Infrastructure Branch Director to implement Utility Management Failure Plan and use emergency communications procedures to maintain communication within and outside the facility.

Other options for communication (dependent upon modes of communication that inoperable):

- . Hand held radios – have Security or Engineering gather radios and deliver to Incident Command.
- . Use hospital tube system to deliver and receive information.
- . Staff-owned cell phones (some cell phones do not work well inside facility).
- . Contact Emergency Management via 911 Center for assistance with communication.
- . Request satellite phone/tack pack (has wireless fax and internet) from Health Department.
- . State Patrol has communication trailer that may be accessible.
- . Contact Biomed department for updated phone/pager list.
- . Consider intranet/internet communication
- . In the event that communications are intact but, an increased number of phones are needed contact Chris Beel, Telecommunications specialist/ of the biomed department for an updated list. The Communications Unit Leader should then call the possessors of the black cordless phones and have the phones brought to the staging area. After hours or on weekends, a security guard may be utilized to obtain phones from offices.

.Refer to attached list below for GPRMC wireless phone numbers and location of phones.

2123	WT	Not Working
6500	WT	Not Working
6501	WT	Not Working
6502	WT	Not Working
6505	WT	Not Working
6506	WT	Not Working
6507	WT	Not Working
6508	WT	Not Working
6509	WT	Not Working
6510	WT	Not Working
6511	WT	Not Working
6513	WT	Not Working
6516	WT	Not Working
6518	WT	Not Working
6520	WT	Not Working
6521	WT	Not Working
6522	WT	Not Working
6523	WT	Not Working
6524	WT	Not Working
6525	WT	Not Working
6526	WT	Not Working
6527	WT	Not Working
6528	WT	Not Working
6529	WT	Not Working
6530	WT	Not Working
6531	WT	Not Working
6532	WT	Not Working
6533	WT	Not Working
6534	WT	Not Working
6535	WT	Not Working
6536	WT	Not Working
6537	WT	Not Working
6538	WT	Not Working
6540	WT	Not Working
6541	WT	Not Working
6542	WT	Not Working
6543	WT	Not Working
6544	WT	Not Working
6545	WT	Not Working
6546	WT	Not Working
6547	WT	Not Working
6550	WT	Not Working
6552	WT	Not Working
6554	WT	Not Working
6555	WT	Not Working
6556	WT	Not Working
6557	WT	Not Working
6558	WT	Not Working
6559	WT	Not Working
6562	WT	Not Working
6564	WT	Not Working

6565	WT	Not Working
6566	WT	Not Working
6567	WT	Not Working
6568	WT	Not Working
6569	WT	Not Working
6570	WT	Not Working
6572	WT	Not Working
6573	WT	Not Working
6574	WT	Not Working
6575	WT	Not Working
6576	WT	Not Working
6577	WT	Not Working
6578	WT	Not Working
6579	WT	Not Working
6580	WT	Not Working
6581	WT	Not Working
6582	WT	Not Working
6583	WT	Not Working
6584	WT	Not Working
6585	WT	Not Working
6848	WT	Not Working
7203	WT	HIM transcription
7462	WT	Renal Dialysis
7493	WT	Not working
7494	WT	Nor working
7676	WT	SDS
7677	WT	Not working
8016	WT	Not working
8017	WT	Not working
8146	WT	Not working
8147	WT	Not working
8148	WT	Not working
8149	WT	Not working
8473	WT	Not working
8500	WT	House Supervisor
8501	WT	Not working
8514	WT	GPHE Megan
8515	WT	GPHE Front Desk
8550	WT	Not working
8551	WT	Not working
8552	WT	Not working
8553	WT	Not working
8554	WT	Not working
8555	WT	Not working
8557	WT	Not working
8558	WT	Not working
8559	WT	Not working
8723	WT	ER dictation
8787	WT	Not working
8809	WT	Not working
8811	WT	Not working
8812	WT	Not working

Emergency Telephone Service Company Contact Numbers:

Cell phone

Viaero

888-867-6766

Neal White

(970) 768-3698

Neal.White@viaero.com

Long distance and 1FB's

Qwest

Repair- 800-223-7508

Vender- SpectraCorp

Craig Lane

(800) 375-7945 ext. 303

fax (972) 671-1701

klippold@spectracorp.com

Local T1 service

Windstream

Repair- 696-4444

Account Rep- Mike Atchity

(877) 220-8420

fax (877) 220-8425

cell (402) 469-9360

mike.atchity@windstream.com

Intermediate (Operational Period 2-12 Hours)

LOGISTICS

Continue evaluation of facility for communication needs

Demobilization/System Recovery

FINANCE/ADMINISTRATION

Continue to track costs and expenditures and lost revenue

Documents/Tools

Emergency Operations Management Plan

Utility Management Plan (Includes Communication emergency response)

FORMS

HICS 202 – INCIDENT OBJECTIVES		
1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. OPERATIONAL PERIOD DATE/TIME		
5. GENERAL COMMAND AND CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES)		
6. WEATHER / ENVIRONMENTAL IMPLICATIONS FOR PERIOD (include as appropriate: forecast, wind speed/direction, daylight)		
7. GENERAL SAFETY / STAFF MESSAGES TO BE GIVEN (Examples: Personal Protective Equipment (PPE), Precautions, Case Definitions (refer to HICS 261 Incident Action Plan Safety Analysis))		
8. ATTACHMENTS (mark if attached)		
<input type="checkbox"/> Organization Assignment List - HICS 203	<input type="checkbox"/> Medical Plan - HICS 206	<input type="checkbox"/> Traffic Plan
<input type="checkbox"/> Branch Assignment List - HICS 204	<input type="checkbox"/> Facility System Status Report – HICS 251	<input type="checkbox"/> Incident Map
<input type="checkbox"/> Incident Communications Plan - HICS 205	<input type="checkbox"/> Incident Action Plan Safety Analysis –HICS 261	<input type="checkbox"/> Other _____
9. PREPARED BY (PLANNING SECTION CHIEF):	10. APPROVED BY (INCIDENT COMMANDER):	
11. FACILITY NAME		

HICS 202 – INCIDENT OBJECTIVES

PURPOSE: DEFINE OBJECTIVES AND ISSUES FOR OPERATIONAL PERIOD.

ORIGINATION: PLANNING SECTION CHIEF.

COPIES TO: COMMAND STAFF, GENERAL STAFF, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
2. **DATE PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
3. **TIME PREPARED** Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
4. **OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
5. **GENERAL COMMAND AND CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)** Use input from Section Chiefs and from affected leadership and/or organizations involved. Key questions to consider include: What is the problem? What are the obstacles? What resources are needed to address the objectives? What are considerations for the next operational period?
6. **WEATHER / ENVIRONMENTAL IMPLICATIONS FOR PERIOD (INCLUDE AS APPROPRIATE: FORECAST, WIND SPEED/DIRECTION, DAYLIGHT)** Document weather and environmental factors that could affect operations.
7. **GENERAL SAFETY / STAFF MESSAGES TO BE GIVEN** Summarize decisions made during Command meetings to convey to staff. Refer to HICS 261, Incident Action Plan Safety Analysis, to identify safety messages.
8. **ATTACHMENTS (MARK IF ATTACHED)** Check boxes that correspond with the attachments to this form.
9. **PREPARED BY (PLANNING SECTION CHIEF)** Use proper name.
10. **APPROVED BY (INCIDENT COMMANDER)** The signature of the Incident Commander indicates approval of the objectives.
11. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Prior to briefing in the current operational period.

HELPFUL TIPS: This document serves as a roadmap to incident management. Use this form during the initial operational period, and use updated versions prior to the beginning of subsequent operational periods. Refer to this form during briefings and debriefings.

HICS 202 – INCIDENT OBJECTIVES		
1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. OPERATIONAL PERIOD DATE/TIME		
5. GENERAL COMMAND AND CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES)		
6. WEATHER / ENVIRONMENTAL IMPLICATIONS FOR PERIOD (include as appropriate: forecast, wind speed/direction, daylight)		
7. GENERAL SAFETY / STAFF MESSAGES TO BE GIVEN (Examples: Personal Protective Equipment (PPE), Precautions, Case Definitions (refer to HICS 261 Incident Action Plan Safety Analysis))		
8. ATTACHMENTS (mark if attached)		
<input type="checkbox"/> Organization Assignment List - HICS 203 <input type="checkbox"/> Medical Plan - HICS 206 <input type="checkbox"/> Traffic Plan <input type="checkbox"/> Branch Assignment List - HICS 204 <input type="checkbox"/> Facility System Status Report – HICS 251 <input type="checkbox"/> Incident Map <input type="checkbox"/> Incident Communications Plan - HICS 205 <input type="checkbox"/> Incident Action Plan Safety Analysis –HICS 261 <input type="checkbox"/> Other _____		
9. PREPARED BY (PLANNING SECTION CHIEF):	10. APPROVED BY (INCIDENT COMMANDER):	
11. FACILITY NAME		

HICS 203 – ORGANIZATION ASSIGNMENT LIST			
1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD DATE/TIME
POSITION	NAME / AGENCY		
5. Incident Commander and Staff			
Incident Commander			
Public Information Officer			
Liaison Officer			
Safety Officer			
Medical/Technical Specialist (Type)			
6. Operations Section			
Chief			
Staging Manager			
Medical Care Branch			
Infrastructure Branch			
Security Branch			
Business Continuity Branch			
HazMat Branch			
Other Branch:			
7. Planning Section			
Chief			
Resources Unit			
Situation Unit			
Documentation Unit			
Demobilization Unit			
Other Branch:			
8. Logistics Section			
Chief			
Service Branch			
Support Branch			
Other Branch:			
9. Finance/Administration Section			
Chief			
Time Unit			
Procurement Unit			
Compensation/Claims Unit			
Cost Unit			
Other Branch:			
10. Agency Representative (in Hospital Command Center)			
Agency			
11. Hospital Representative (in External EOC)			
External Location			
12. PREPARED BY (RESOURCES UNIT LEADER)			
13. FACILITY NAME			

HICS 203 – ORGANIZATION ASSIGNMENT LIST

PURPOSE: DOCUMENT STAFFING.

ORIGINATION: RESOURCES UNIT LEADER.

COPIES TO: COMMAND STAFF, GENERAL STAFF, AGENCY STAFF, BRANCH DIRECTORS, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

- 1. INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
- 2. DATE PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
- 3. TIME PREPARED** Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
- 4. OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
- 5. INCIDENT COMMANDER AND STAFF** Use proper names to identify personnel assigned to positions, and include agency name if personnel is external.
- 6. OPERATIONS SECTION** Use proper names to identify personnel assigned to positions, and include agency name if personnel is external.
- 7. PLANNING SECTION** Use proper names to identify personnel assigned to positions, and include agency name if personnel is external.
- 8. LOGISTICS SECTION** Use proper names to identify personnel assigned to positions, and include agency name if personnel is external.
- 9. FINANCE/ADMINISTRATION SECTION** Use proper names to identify personnel assigned to positions, and include agency name if personnel is external.
- 10. AGENCY REPRESENTATIVE (IN HOSPITAL COMMAND CENTER)** Use proper name to identify personnel representing external agency, and include agency name.
- 11. HOSPITAL REPRESENTATIVE (IN EXTERNAL EOC)** Use proper name to identify hospital personnel assigned to an external EOC, and identify location of external EOC.
- 12. PREPARED BY (RESOURCES UNIT LEADER)** Use proper name.
- 13. FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: At the start of the first operational period, prior to each subsequent operational period, and as additional positions are staffed.

HELPFUL TIPS: Use this form as a reminder of positions to consider when organizing personnel to manage an incident, as indicated by the situation. Retain this form for reference during the incident. Cross-reference information on this form and on HICS 201, Incident Briefing. Post this form in the Hospital Command Center, and make copies available to Branch Directors. Share copies with other agencies (e.g., the local EOC, other hospitals in the area or healthcare system, etc.), as appropriate.