

H E I C S

THE

HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

For the Johns Hopkins Bayview Medical Center

**Adopted from the State of California
Emergency Medical Services Authority**

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Hospital Emergency Incident Command Plan

I. INTRODUCTION:

- A. This is a plan to ensure that the hospital's response to a disaster situation is both timely and appropriate. During a disaster situation, the hospital's objectives shall be:
1. Provide emergency care within the capabilities of the hospital, which maintains a Level II Emergency Department.
 - a. Serve as a designated HAZMAT hospital and regional Burn Center.
 - b. Arrange transfer to specialty referral centers or neighboring hospitals after appropriate triaging and stabilization.
 2. Maintain inpatient care and support systems.
 3. Limit the exposure of patients, visitors and staff to hazardous conditions or acts to the greatest extent possible.
 4. Limit damage to the physical plant and its contents to the greatest extent possible.
- B. The hospital shall utilize an Emergency Incident Command System model when responding to disaster situations. This model provides for the following:
1. Responsibility oriented chain of command: This is an organizational structure that provides for the addressing of many facets of an emergency. It provides a manageable scope of supervision for all functions/positions.
 2. Prioritization of duties with the use of Job Action Sheets. The Job Action Sheets are position job descriptions, which have a prioritized list of emergency response tasks, in terms of immediate, intermediate and extended actions. The Job Action Sheets also serve as reminders of the lines of reporting and promote the documentation of activities. The Job Action sheets also suggest personnel positions that could function in each role. They are listed in desired priority.
 3. The Immediate actions are to be taken when assuming the role. Intermediate actions occur over the next few hours. Extended actions would occur if the disaster continues for 6-8 hours.
 4. The Job Action sheet also provides for the location of the command center you are assigned to. This is determined at the time of the event as the hospital makes evaluation of the best location. It also provides for the main contact phone number to use.
 5. Applicability to varying types and magnitudes of emergency events: The Hospital Emergency Incident Command System is flexible and can be expanded or scaled back to meet the particular needs of a specific crisis.
 6. Thorough documentation of actions taken in response to the emergency: The Job Action Sheets and associated forms promote vigorous documentation of both personnel and overall facility response to the crisis. The form for use is listed on the job action sheet.
 7. Flexibility in implementation of individual sections of the Emergency Incident Command System.
- C. The plan provides guidelines for the operation of the hospital during disaster type situations of both an internal and external nature, both of which can involve various scenarios. In broad terms, a disaster is defined as any situation that seriously overtaxes or

threatens to overtax the routine operations of the hospital. For the purpose of this plan these shall be defined as follows:

1. External Disasters:
 - a. Mass casualties: situations such as severe automobile or bus accidents, explosions, fires, etc., which would require that victims be transported to the hospital for treatment in a limited time frame that would overtax the routine capabilities of the Emergency Department and other ancillary services (e.g., Diagnostic Imaging).
 - b. Severe weather: includes severe weather conditions such as a tornado that could result in a mass casualty type of situation as noted above as well as conditions, such as severe snow storms, that could result in property damage to the physical plant or could hamper the staff's ability to access the hospital requiring that special measures be taken.
 - c. Hazardous materials incidents: situations in which victims requiring treatment have been exposed to hazardous materials, which require that special precautions be taken before, during and after treatment. These types of situations could involve one victim or numerous victims as in a mass casualty situation.
 - d. VIPs: include situations whereby the status of the victim(s) (e.g., prominent politician, athlete or entertainer) would result in a large influx of news media, security personnel, or the general public.
 - e. Response to Terrorism, NBC- (Nuclear, biological or chemical)-situations on campus or a local or national disaster, that requires massive medical response to victims.
2. Internal Disasters: This plan would apply to any of the situations listed below when the situation is such that staff and/or patients would have to be evacuated, normal operations would be disrupted for an extended period of time (i.e., two (2) or more hours) and when outside assistance is required to maintain hospital operations:
 - a. Fires
 - b. Bomb threats
 - c. Loss of critical resources (power/water/communications)
 - d. Security type incidents (e.g., infant abductions, hostage situations, etc.)
 - e. Hazardous materials, spills, leaks and exposures

II. DEFINITIONS

A. Mitigation:

Mitigation is *to cause or make something less severe*. In the JHBMC Emergency Incident Command Plan, the **Immediate Action** items for each position listed in the Plan represent mitigation. These action items are designed to bring about "immediate" relief and/or change to the emergency situation.

B. Preparedness:

Preparedness is *the quality or state of being prepared*. In the JHBMC Emergency

Incident Command Plan, preparedness is the plan itself, the specific job action sheets for each position, each sub-plan to the Emergency Incident Command Plan (e.g., Communication, Evacuation, etc.), and the training on the use of this Emergency Incident Command Plan.

C. Response:

Response is *the act of responding or something constituting a reply or reaction*. In the JHBMC Emergency Incident Command Plan, response is the staff's ability to implement this plan, their ability to implement all procedures within this plan, and their ability to follow-through on all of the actions (immediate, intermediate and extended) spelled out in this plan.

D. Recovery:

Recovery is *the act, process or instance of recovering*. In the JHBMC Emergency Incident Command Plan, recovery begins with the **Extended Action** items for each position listed in the JHBMC Emergency Incident Command Plan. Additionally, recovery continues with the summary and review of each instance where the Emergency Incident Command Plan is enacted, and the discussion of what occurred and how to prevent future situations of this type.

III. EMERGENCY INCIDENT COMMAND SYSTEM ORGANIZATIONAL STRUCTURE

- A. The Emergency Incident Command System Organizational Chart shows a chain of command that incorporates four sections under the overall leadership of an Emergency Incident Commander. Each of the four sections: Logistics, Planning Chief, Finance, and Operations has a Chief appointed by the Emergency Incident Commander (see Attachment #1).
- B. The Section Chiefs designate directors and unit leaders to sub-functions, with supervisors and others filling other crucial roles.
- C. Each of the positions found on the organizational chart has a prioritized Job Action Sheet written to describe the important duties of each particular role. Normally, these positions are filled by specific individuals (see Table #1). However, given the content of the Job Action Sheets, others in the hospital can fill in for these individuals¹ if they are not readily available. For example, during the off hours, the Nursing Supervisor or the most appropriate individual based on the problem would assume the role of Incident Commander until the Chief Operating Officer arrived.
- D. Every Job Action Sheet contains the following information:
 - 1. Job title
 - 2. Mission Statement to define the position responsibility
 - 3. Supervisor
 - 4. Suggested Personnel in order of desired priority.

¹In some cases, an individual may be designated to fill more than one position.

5. Direct reports if applicable
6. Applicable related plans (e.g., evacuation) and forms
7. Duties of the position in terms of "Immediate," "Intermediate," and "Extended"
8. Location of command center and phone number

IV. INITIAL NOTIFICATION OF A DISASTER SITUATION

- A. Upon initial notification of a disaster type situation, steps will be taken to verify the disaster and then to determine what the hospital's response to the situation will be.
- B. The individuals responsible for determining what the hospital's response to the situation will be are:²
 1. Chief Operating Officer
 2. Administrator on Call
 3. Vice President, Patient Services
 4. Emergency Department Physician in Charge, Charge Nurse or Director, Emergency Department
 5. Director of Safety or Security
- C. If applicable, the Director of Safety or Security shall contact Emergency Medical Response Command (EMRC) via the ER communication radio to determine the nature and location of the disaster, whether or not its been verified, approximate number of victims that the hospital could expect to receive, and how soon would they be arriving.
- D. The Emergency Department Physician In Charge and/or the Director, Emergency Department shall determine the current status of the emergency room. This would include the following:
 1. Number of patients currently registered in the Adult ED, Peds ED/FAST TRACK and ESU.
 2. Number of the aforementioned patients currently receiving treatment.
 3. Number of patients currently receiving treatment who will be discharged or admitted within the next 30 minutes.
 4. Number of personnel, by type, currently on duty in the aforementioned locations.
- E. The Vice President, Patient Services shall determine the current status of the hospital. This would include the following:
 1. Inpatient census by unit.
 2. Number of operating rooms currently in use, to include the Ambulatory Surgery Center.
 3. Number of PACU beds currently in use, to include the Ambulatory Surgery Center.
 4. Number of patients currently in Labor and Delivery.
 5. Number of nursing staff currently on duty.

²Depending on the nature of the disaster, the Chief Operating Officer may opt to have additional staff involved in the process (e.g., Director of Plant Operations if severe weather is involved).

- F. After reviewing the aforementioned information, the Chief Operation Officer will make a determination as to whether or not to implement a specific Disaster Plan and to what extent.³

V. ACTIVATION OF THE DISASTER PLAN AND EMERGENCY INCIDENT COMMAND SYSTEM:

- A. Based on the plan that is to be implemented the Chief Operating Officer shall contact the appropriate Section Chiefs and instruct them to report to the Emergency Operations Center (EOC) located in the Pavilion Conference Room (alternate location is the ASC conference room).
- B. The Incident Commander will contact the hospital operator and instruct them to implement the Communications Plan (see Appendix "A").
- C. Section Chiefs will be responsible for ensuring that the members of their respective Sections are contacted.
- D. The Director of Safety or Security shall be responsible for establishing the Emergency Operations Center.

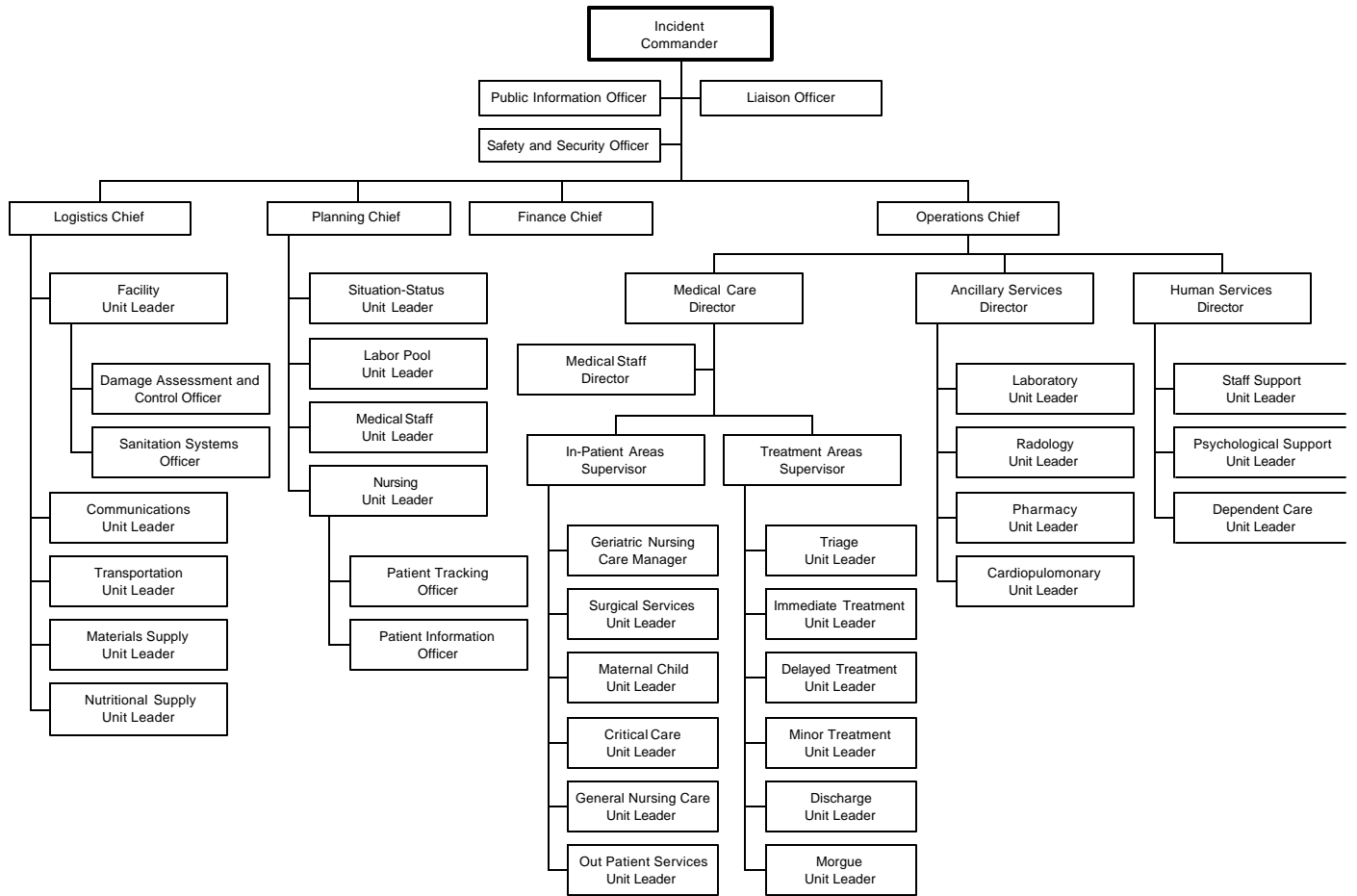
VI. EMERGENCY OPERATIONS CENTER (EOC)

- A. The Emergency Operations Center (EOC) shall be located in the Pavilion Conference Room.
- B. The EOC provides a central location for:
1. Organizing and directing hospital operations.
 2. Monitoring action plans for effectiveness and ensuring that plans are revised as needed.
 3. The distribution of disaster related information.
 4. Monitoring the utilization of hospital assets and resources.
 5. Maintaining a record of all disaster related activities.
- C. The EOC will be staffed by the following individuals⁴:
1. Incident Commander
 2. Safety and Security Officer
 3. Medical Staff Director
 4. Public Information Officer
 5. Liaison Officer
 6. Administrative Secretary

³It is not always necessary to fill all of the positions on the organizational chart. The number of positions will be determined by nature of the disaster, need for additional staff, etc. This is a decision that is reviewed as the disaster expands or is controlled.

⁴The Incident Commander may opt to add or delete individuals from this list based on the nature of the disaster.

- D. Upon activation of the EOC, the Safety and/or Security Officer shall ensure that the disaster kit containing the materials listed below is brought to the EOC:
1. Disaster kit containing Job Action Sheets, identification vests, and forms for:
 - a. Incident Command Section
 - b. Logistics Section
 - c. Operations Section
 - d. Planning Section
 - e. Finance Section
 2. Ten wireless devices to be distributed as follows:
 - a. Incident Commander
 - b. Safety and Security Officer
 - c. Medical Staff Director
 - d. Public Information Officer
 - e. Liaison Officer
 - f. Logistics Section Chief
 - g. Planning Section
 - h. Finance Section Chief
 - i. Operations Section Chief
 - j. Nursing Unit Leader
 3. Three telephones, one with conference call capabilities
 4. Patient Status Board
 5. Two easels with paper pads
 6. Map of Hospital campus
 7. Organizational Chart
- E. When the EOC is placed into operation, an e-mail will be sent (hospital-wide) advising that the EOC is now in operation.
- F. Once the EOC is placed into operation, all communications will flow through the EOC.



SECTION 2

JOB ACTION SHEETS

Job Action Sheet

EMERGENCY INCIDENT COMMANDER

Mission: Organize and direct Emergency Operations Center (EOC). Give overall direction for hospital operations throughout the emergency.

Suggested personnel: COO, VP Patient Services, AOC, ED Physician in Charge, Director of Nursing, Director Safety, Director Security. (Suggested personnel should be assigned based on the sequence above)

Your direct reports are:

- _____ (Logistics Section Chief)
- _____ (Operations Section Chief)
- _____ (Finance Section Chief)
- _____ (Liaison Officer)
- _____ (Safety and Security Officer)
- _____ (Public Information Officer)
- _____ (Planning Chief)

Immediate Actions⁵

- _____ Initiate the Hospital Emergency Incident Command System by assuming role of Emergency Incident Commander.
- _____ Read this entire action sheet.
- _____ Put on position identification vest.
- _____ Appoint all Section Chiefs and the Medical Staff Director position⁶; distribute the section packets, which contain:
 - _____ Job Action Sheets for each position
 - _____ Identification badges for each position
 - _____ Forms pertinent to Section and positions
- _____ Appoint Public Information Officer, Liaison Officer and Safety and Security Officer; distribute Job Action Sheets, etc.
- _____ Announce a status/action plan meeting of all Section Chiefs, Medical Staff Director, Public Information Officer, Liaison Officer, and Safety and Security Office. The meeting is to occur after the Section Chiefs have made initial contact with their direct reports as described in the plan and have made a brief assessment of the situation as it pertains to their area of responsibility. The meeting is to be held within 15 to 30 minutes of declaring that an emergency exists.
- _____ Receive wireless device from the Communications Unit Leader.
- _____ Assign an Administrative Secretary as Documentation Recorder/Aide, if deemed necessary.
- _____ Receive a status report and discuss an initial action plan with the aforementioned individuals. Determine appropriate level of service during immediate aftermath (e.g.,

⁵Normally immediate actions would be taken within the first hour of the emergency.

⁶Depending on the situation at hand, the Incident Commander may elect not to fill some of the positions.

Determine the appropriate level of service during immediate aftermath (e.g., place the Emergency Room on "by-pass" [fire and/or bomb threat], postpone elective surgical cases, etc.).

- _____ Receive initial facility damage survey report, if applicable, from Logistics Section Chief and/or Facility Unit Leader. Evaluate the need to implement the evacuation plan.
- _____ Obtain patient census and status reports from Operations Section Chief.
- _____ Authorize a patient prioritization assessment for the purpose designating patients for early discharge if additional beds are needed.
- _____ Assure that contact and resource information has been established with outside agencies (e.g., Fire and Rescue Services, other hospitals, etc.) through the Liaison Officer.
- _____ Communicate status of hospital's initial response to the Chief Executive Officer.

Intermediate Actions⁷

- _____ Authorize resources as needed or requested by the Section Chiefs.
- _____ Designate hourly briefings with Section Chiefs and the Medical Staff Director to receive status reports and update the action plan regarding the continuance and termination of the plan or parts thereof.
- _____ Approve media releases submitted by the Public Information Officer.
- _____ Communicate status to the Chief Executive Officer on a routine basis.

Extended Actions⁸

- _____ Meet with the Logistics Section Chief and/or Facility Unit Leader to discuss recovery and salvage efforts that may be required.
- _____ Meet with the Safety and Security Officer to discuss any special security requirements that may be indicated (i.e. locking down section of the physical plant for safety purposes and/or to facilitate recovery and salvage efforts).
- _____ Meet with the Section Chiefs as deemed necessary to update the action plan regarding continuance or termination of the plan. Said meeting should occur at least once every eight hours.
- _____ Observe staff assigned to the Emergency Operations Center for signs of stress and fatigue. Ensure that appropriate actions are taken to provide rest periods and relief.
- _____ Declare the end of the emergency and close down the EOC.
- _____ Instruct the Section Chiefs, Medical Staff Director, Public Information Officer, Liaison Officer, and Safety and Security Officer to submit a written summary of their activities during the emergency to the chairman of the Safety Committee within 72 hours.
- _____ Instruct the chairman of the Safety Committee to conduct a detailed review and evaluation of the Hospital's response to the emergency within two weeks.

⁷Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

⁸Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

Other Applicable Plans:

- ❑ Appendix A, *Communications Plan*
- ❑ Appendix C, *Evacuation Plan*
- ❑ Appendix D, *Access Control Plan*

Applicable Forms:

- ❑ Form #1, *Emergency Incident Activities Log*
- ❑ Form #2, *Initial Status Report - ED*

Job Action Sheet

PUBLIC INFORMATION OFFICER

Mission: Provide information to the news media.

You report to: _____ (Emergency Incident Commander)

Suggested Personnel: Director or Staff of Public Affairs (Suggested personnel should be assigned based on the sequence above)

Immediate Actions⁹

- _____ Receive appointment from Emergency Incident Commander.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Identify restrictions in contents of news release information from Emergency Incident Commander.
- _____ Attend the status/action plan meeting called by the Emergency Incident Commander.
- _____ Establish a Public Information area away from the Emergency Operations Center and patient care activity.¹⁰
- _____ Establish and maintain ongoing communications with the Liaison Officer.
- _____ Receive wireless device from Communications Unit Leader.
- _____ Establish and maintain ongoing communications with the Patient Information Officer for the purpose of passing on patient information in the event of inquiries from the news media.
- _____ In conjunction with the Safety and Security Officer, establish and implement access control pertaining to the news media.
- _____ Establish and maintain ongoing communications with the Public Information Officers from other agencies (e.g., Fire and Rescue) that are involved in the situation.
- _____ Draft an initial news release for the Emergency Incident Commander's review and approval that describes the Hospital's initial response to the situation.

Intermediate Actions¹¹

- _____ Ensure that all news releases are reviewed and approved by the Emergency Incident Commander.
- _____ Provide on-site media with incident information reports on a routine basis (i.e., hourly or when there are significant changes in the situation in terms of the disaster and the Hospital's response).
- _____ Establish and maintain communications with the Labor Pool Unit Leader with regard to the need to utilize the news media (e.g., television and radio) to solicit assistance from the

⁹Normally immediate actions would be taken within the first hour of the emergency

¹⁰In the event of an internal disaster (i.e., bomb threat or fire) the Public Information area will not be in the immediate vicinity of the area(s) in question.

¹¹Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

- _____ Obtain progress reports from the Section Chiefs as appropriate.
- _____ Obtain reports every thirty minutes from the Patient Information Officer on the status of any patients being treated as a result of the disaster.
- _____ Establish and maintain communications with the Patient Tracking Officer in the event questions from the news media arise about the Hospital's capacity to accept patients.
- _____ Receive patient related requests from the news media through the Patient Information Officer.
- _____ Follow-up with the news media for requests for outside assistance (e.g., the need for volunteer drivers during snowstorms).
- _____ Ensure that directives from the Emergency Incident Commander are carried out in a timely and appropriate manner.

Extended Actions¹²

- _____ Obtain hourly reports from the Patient Information Officer on patients who have been or are currently being treated as a result of the disaster.
- _____ Meet with the Emergency Incident Commander to discuss any special reports to the news media, especially at the point that the emergency is declared over with regard to the Hospital's participation.
- _____ Meet with the Section Chiefs as deemed necessary to update information being provided to the news media. Said meetings should occur at least once every eight hours.
- _____ Provide the chairman of the Safety Committee with a written summary of activities performed within 72 hours of the emergency being declared over.
- _____ Provide assistance as required in ensuring that staff and volunteers who provided assistance during the emergency receive appropriate and timely recognition for their efforts.

Other Applicable Plans:

- Appendix A, *Communications Plan*
- Appendix B, *Patient Tracking System*
- Appendix C, *Evacuation Plan*
- Appendix D, *Access Control Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #B-1, *Victim Log*
- Form #B-2, *Patient Tracking System*

¹²Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

Job Action Sheet

LIAISON OFFICER

Mission: Function as incident contact person for representatives from other agencies.

You report to: _____ (Emergency Incident Commander)

Suggested personnel: Trauma Coordinator, Director Ancillary Services, Safety Director, and Patient Care Manager (Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹³

- _____ Receive appointment from Emergency Incident Commander.
- _____ Read the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Emergency Incident Commander.
- _____ Review County and state emergency organizational charts to determine appropriate contacts and message routing.
- _____ Attend the status/action plan meeting called by the Emergency Incident Commander.
- _____ Establish and maintain communications with the Public Information Officer.
- _____ Obtain information to provide other agencies (e.g., EMRC communication network, MEIMMS, etc.), as appropriate and applicable with the following information:
 - _____ The number of "Immediate" and "Delayed" patients that can be received and treated at the present time (Patient Care Capacity)
 - _____ Any current or anticipated shortage of personnel, supplies, etc.
 - _____ Current condition of physical plant and utilities critical resources (e.g., power and water)
 - _____ Number of patients requiring transfer to another hospital and mode of transportation required (e.g., ambulatory, wheelchair or stretcher)
 - _____ Any resources that have been requested by other agencies or facilities (e.g., staff, supplies and equipment)
- _____ With the assistance of the Communications Unit Leader establish and maintain communications with the EMRC communications network and MEIMMS. Relay current Hospital status as described above.
- _____ Work in conjunction with Safety and Security Officer to establish and maintain communications with the officer(s) in charge from other agencies who may be on the scene.
- _____ Establish contact with Liaison Officers of each assisting and cooperating agency. Keep Liaison Officers updated on the development and changes to the Hospital's response to the emergency.

¹³Normally immediate actions would be taken within the first hour of the emergency.

Intermediate Actions¹⁴

- _____ Obtain progress reports from Section Chiefs as appropriate.
- _____ Relay any special information from outside agencies to the applicable Section Chiefs.
- _____ Request assistance and information as needed through other agencies as needed.
- _____ Respond to requests and complaints from in-house staff (employees and physicians) as well as from those from outside agencies regarding inter-organizational problems.
- _____ Ensure that directives from the Emergency Incident Commander are carried out in a timely and appropriate manner.

Extended Actions¹⁵

- _____ Meet with the Section Chiefs as deemed necessary to update information being provided to other agencies involved in the emergency response. Said meetings should occur at least once every four hours.
- _____ Keep the Emergency Incident Commander advised of any changes in the response to the emergency by other agencies
- _____ Advise other agencies when the Incident Commander declares the Hospital's response to the emergency as being over.¹⁶
- _____ Meet with Safety and Security Officer if indicated, to discuss any long-term needs of the Hospital from other agencies (e.g., Police Department).
- _____ Provide the chairman of the Safety Committee with a written summary of activities performed within 72 hours of the emergency being declared over.
- _____ Attend evaluations conducted by other agencies regarding the overall response to the emergency as required.

Other Applicable Plans:

- Appendix A, *Communications Plan*
- Appendix C, *Evacuation Plan*
- Appendix D, *Access Control Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*

¹⁴Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

¹⁵Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

¹⁶In some cases the emergency may be declared over, however, recovery and/or salvage efforts may continue for period of time. This information is also to be passed on to other agencies involved.

Job Action Sheet

SAFETY AND SECURITY OFFICER

Mission: Organize and direct scene/facility safety and security measures.

You report to: _____ (Emergency Incident Commander)

Suggested Personnel: Senior Ranking Security Officer on campus (Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹⁷

- _____ Receive appointment from Emergency Incident Commander.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Emergency Incident Commander.
- _____ Receive wireless device from Communications Unit Leader.
- _____ Implement access control and personnel identification procedures as deemed necessary.¹⁸
- _____ Establish a Security Command Post if the situation warrants it (e.g., bomb threat situations and other security-related emergencies).
- _____ Attend the status/action plan meeting called by the Emergency Incident Commander.
- _____ Working in conjunction with the Liaison Officer, establish and maintain communications with the Officer(s) in charge from other agencies who may be on the scene.
- _____ Oversee the implementation of the Hospital's Evacuation Plan if directed to do so by the Emergency Incident Commander, with the assistance of the Facility Unit Leader and the Damage Assessment and Control Officer.
- _____ Establish ambulance entry and exit routes in conjunction with the Facility and Transportation Unit Leaders.
- _____ Implement Safety and Security Department call-in procedures if deemed necessary.

Intermediate Actions¹⁹

- _____ Establish and maintain communications with the Facility Unit Leader to identify unsafe areas within the physical plant and on Hospital grounds for the purpose of securing them.
- _____ Keep Safety and Security staff alert to identify and report all hazards and unsafe conditions to the Facility Unit Leader.
- _____ Secure areas that have been evacuated.
- _____ Advise the Emergency Incident Commander immediately of any unsafe, hazardous or security related conditions.

¹⁷Normally immediate actions would be taken within the first hour of the emergency.

¹⁸The extent of these procedures will depend on the type of emergency being addressed (i.e., in a mass casualty situation the implementation and enforcement of these procedures would be focused on the Emergency Room and other designated treatment areas).

¹⁹Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

- _____ Confer with the Public Information Officer to establish an area(s) for media personnel.
- _____ Establish and maintain communications with Treatment Areas Supervisor for any security needs, especially those pertaining to the control of access to the treatment areas.
- _____ Provide vehicular and pedestrian traffic control as deemed necessary.
- _____ Working in conjunction with the Facility Unit Leader identify and implement parking control procedures that may be required (e.g., blocking of sections of the parking lot to allow for snow removal).
- _____ Provide assistance to the Patient Information Officer with regard to crowd control should the need arise, or if family members become angry and/or upset.
- _____ Establish routine briefings with the Emergency Incident Commander. At a minimum, briefings should occur hourly.
- _____ Obtain progress reports from the Section Chiefs as necessary.
- _____ Ensure that directives from the Emergency Incident Commander are carried out in a timely and appropriate manner.
- _____ Observe Safety and Security Staff for signs of stress and fatigue. Provide relief and rest periods as necessary.

Extended Actions²⁰

- _____ Provide the Emergency Incident Commander with status reports on Safety and Security related activities as the situation warrants.
- _____ Meet with the Emergency Incident Commander, Logistics Section Chief and Facility Unit Leader to discuss any special security requirements that may be indicated (e.g., locking down sections of the physical plant for safety purposes and/or to facilitate recovery and salvage efforts).
- _____ Meet with the Liaison Officer if indicated to discuss any long-term²¹ needs of the Hospital from other agencies (e.g., Police Department).
- _____ Ensure that actions are taken to close down the Emergency Operations Center when the emergency has been declared over.
- _____ Provide the chairman of the Safety Committee with a written summary of activities performed by the Safety and Security Department within 72 hours of the emergency being declared over.
- _____ Attend evaluations conducted by other agencies regarding the overall response to the emergency as required.

²⁰Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

²¹Long term in this context would mean several days beyond the time the emergency is declared over.

Other Applicable Plans:

- ❑ Appendix A, *Communications Plan*
- ❑ Appendix C, *Evacuation Plan*
- ❑ Appendix D, *Access Control Plan*

Applicable Forms:

- ❑ Form #1, *Emergency Incident Activities Log*

Job Action Sheet

LOGISTICS SECTION CHIEF

Mission: Organize and direct those operations associated with maintenance of the physical environment, and adequate levels of supplies and food to support the medical objectives.

You report to: _____ (Emergency Incident Commander)

Suggested Personnel: Director of Ancillary Services, or of Housekeeping, or of Facilities, or of Nutrition (Suggested personnel should be assigned based on the sequence above)

Your direct reports are:

_____ (Facility Unit Leader)
_____ (Communications Unit Leader)
_____ (Transportation Unit Leader)
_____ (Materials/Supply Unit Leader)
_____ (Nutritional Supply Unit Leader)

Immediate Actions²²

- _____ Receive appointment from Emergency Incident Commander.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on Position identification vest.
- _____ Obtain briefing from Emergency Incident Commander.
- _____ Appoint direct reports²³, as noted above; distribute the Logistics Section packet which contain:
 - _____ Job Action Sheets for each position
 - _____ Identification vests for each position
 - _____ Forms pertinent to section and position
- _____ Brief unit leaders (direct reports) on current situation and instruct them to conduct an initial assessment of their area of responsibility.
- _____ Attend status/action plan meeting called for by the Emergency Incident Commander which is to occur 15 to 30 minutes after the emergency is declared. Initial assessments made by the unit leaders will be reported at this time.
- _____ Meet with unit leaders to outline the Section's action plan and designate time for next meeting.
- _____ In conjunction with the Facility Unit Leader provide the Emergency Incident Commander with the initial facility damage survey report, if applicable.
- _____ Ensure that directives from the Emergency Incident Commander are carried out in a timely and appropriate fashion.

²²Normally immediate actions would be taken within the first hour of the emergency.

²³Depending on the situation at hand the Logistics Section Chief may elect not to fill some of the positions.

Intermediate Actions²⁴

- _____ Make requests to the Emergency Incident Commander for resources needed by the unit leaders.
- _____ Obtain status reports from the other Section Chiefs and the Safety and Security Officer as appropriate.
- _____ Receive status reports from unit leaders on an hourly basis.
- _____ Attend hourly briefings with the Incident Commander and provide status reports and recommendations for updating actions plans regarding the continuance and termination of the plans or parts thereof.
- _____ Assure that unit leaders document actions and decisions on a continual basis.

Extended Actions²⁵

- _____ Obtain status reports on action plans from the unit leaders a minimum of every two hours.
- _____ Meet with the Emergency Incident Commander and the Facility Unit Leader to discuss recovery and salvage efforts that may be required.
- _____ Meet with the Emergency Incident Commander as deemed necessary to update the Section's action plan regarding continuance or termination of the plan. Said meeting should occur at least once every eight hours.
- _____ Observe unit leaders for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Ensure that actions are taken to return the Section to normal operations once the Emergency Incident Commander has declared the emergency over.
- _____ Assure that unit leaders provide the Finance Section Chief with a report on additional expenses incurred as a result of the emergency once the emergency has been declared over.²⁶
- _____ Provide the chairman of the Safety Committee with a written summary of activities performed by the Section within 72 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix A, *Communications Plan*
- Appendix C, *Evacuation Plan*

Applicable Forms:

²⁴Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

²⁵Normally extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

²⁶Additional expenses would include manpower costs (i.e., overtime) and costs associated with the rental of equipment or the purchase of additional supplies and/or materials.

- Form #1, *Emergency Incident Activities Log*
- Form #3, *Facility Status Report*

Job Action Sheet

FACILITY UNIT LEADER

Mission: Maintain the integrity of the physical plant and grounds to the best level possible. Provide adequate environmental controls to perform the medical mission.

You report to: _____ (Logistics Section Chief)

Suggested Personnel: Administrator on Call, Director of Facilities, Facilities on call Technician
(Suggested personnel should be assigned based on the sequence above)

Your direct reports are:

_____ (Damage Assessment and Control Officer)

_____ (Sanitation Systems Officer)

Immediate Actions²⁷

- _____ Receive appointment from Logistics Section Chief.
- _____ Review the entire Job Action Sheet and the organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Logistics Section Chief.
- _____ Appoint direct reports²⁸, as noted above; distribute the following materials:
 - _____ Job Action Sheets for each position
 - _____ Identification vest for each position
 - _____ Forms pertinent to section and position
- _____ Brief direct reports on current situation and instruct them to conduct an initial assessment of their area of responsibility.
- _____ Review the facility status report with the Damage Assessment and Control Officer.²⁹
- _____ Meet with Communications Unit Leader to discuss the status of the telephone overhead paging system.
- _____ Facilitate and participate in damage assessment meeting with the Emergency Incident Commander and the Logistics Section Chief.
- _____ Provide assistance to the Safety and Security Officer with the implementation of the Hospital's Evacuation Plan as needed.
- _____ Receive briefing from Transportation Unit Leader on transportation needs.
- _____ Maintain open communications with Transportation Unit Leader on transportation staffing needs.
- _____ Implement Facilities Operations Department call-in procedures if deemed necessary.
- _____ Ensure that directives from the Logistics Section Chief are carried out in a timely and appropriate manner.

²⁷Normally immediate actions would be taken within the first hour of the emergency.

²⁸Depending on the situation at hand the Facility Unit Leader may elect not to fill both of these positions.

²⁹This would include input from the Utility Systems Unit Leader pertaining to critical resources (power/water/communications).

Intermediate Actions³⁰

- _____ Receive and review continually (at least every half-hour) updated reports from the Damage Assessment and Control Officer and the Sanitation Systems Leader.
- _____ Prepare for the possibility of evacuation and/or the relocation of medical services outside of physical plant, if appropriate.
- _____ Ensure that actions are taken to secure areas within the physical plant and on Hospital grounds that have been deemed to be unsafe.
- _____ Receive updates on the operational status of the telephone system, to include the overhead paging system.
- _____ Ensure that all reports of hazards and unsafe conditions are followed-up.
- _____ Working in conjunction with the Safety and Security Officer identify and implement parking control procedures that may be required (e.g., blocking off sections of the parking lot to allow for snow removal).
- _____ Receive status reports on the activities of the Communications Unit at least once per hour.
- _____ Receive advisory from the Transportation Unit Leader on any issues regarding the transportation of personnel and supplies that might arise, to include being alerted when weather and road conditions are such that it isn't safe to transport personnel and materials.
- _____ Brief the Logistics Section Chief on an hourly basis.
- _____ Received updated reports from the Transportation Unit Leader on the progress of transporting personnel and materials to and from the facility.
- _____ Assure that drawings, etc., of the physical plan are readily available should they be needed by personnel from outside agencies (e.g., Police and Fire and Rescue Services).
- _____ Communicate staffing needs to the Labor Pool Unit Leader.

Extended Actions³¹

- _____ Meet with the Emergency Incident Commander and the Logistics Section Chief to discuss recovery and salvage efforts that may be required.
- _____ Receive status reports from the Damage Assessment and Control Officer and the Sanitation Systems Unit Leader every two hours and provide the Logistics Section Chief with a briefing.
- _____ Meet with the Logistics Section Chief as deemed necessary to update the action plan regarding continuance or termination of the plan. Said meeting should occur at least once every eight hours.
- _____ Receive updated reports on transportation efforts a minimum of once every two hours from the Transportation Unit Leader.
- _____ Observe the Damage Assessment and Control Officer, the Sanitation Systems Leader and Facilities Operations personnel for signs of stress and fatigue. Provide relief and rest

³⁰Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

³¹Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

periods as required.

- _____ Meet with the Emergency Incident Commander, Logistics Section Chief and Safety and Security Officer to discuss any special security requirements that may be indicated (e.g., locking down sections of the physical plant for safety purposes and/or to facilitate recovery and salvage efforts).
- _____ Ensure that actions are taken to return the Facility Operations Department to normal operations once the emergency has been declared over.
- _____ Receive information on any additional expenses incurred as a result of transportation efforts from the Transportation Unit Leader.
- _____ Receive a written summary of activities performed by the Transportation Unit within 72 hours of the emergency being declared over.
- _____ Establish and maintain communications with Nutritional Supply Unit Leader with regards to providing snacks, light meals, etc., to staff and contractors performing recovery and/or salvage activities.
- _____ Receive information from the Communications Unit Leader pertaining to additional costs incurred as a result of the emergency.
- _____ Receive a written summary from the Communications Unit Leader of activities performed within 48 hours of the emergency being declared over.
- _____ Provide the Finance Section Chief with a report on additional expenses incurred as a result of the emergency once the emergency has been declared over.³²
- _____ Provide the chairman of the Safety Committee with a written summary of activities performed by the unit within 72 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix A, *Communications Plan*
- Appendix C, *Evacuation Plan*
- Appendix D, *Access Control Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #3, *Facility Status Report*
- Form #5, *Staffing: Available/Needed*

³²Additional expenses would include manpower costs (i.e., overtime) and costs associated with the rental of equipment or the purchase of additional supplies and/or materials.

Job Action Sheet

DAMAGE ASSESSMENT AND CONTROL OFFICER

Mission: Provide sufficient information regarding the operational status of the facility for the purpose of decision-making, including those regarding full or partial evacuation. Identify safe areas where patients and staff can be moved to if needed. Manage fire suppression, search and damage mitigation (recovery and salvage) activities.

You report to: _____(Facility Unit Leader)

Suggested Personnel: AOC, Director of Security, Safety, or Facilities (Suggested personnel should be assigned based on the sequence above)

Immediate Actions³³

- _____ Receive appointment from Facility Unit Leader.
- _____ Review the entire Job Action Sheet and the organizational chart on the back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Facility Unit Leader.
- _____ Conduct an initial assessment of the area(s) in question and report findings back to the Facility Unit Leader within 15 minutes.³⁴
- _____ Check status of In-wall oxygen and other medical gasses with the Respiratory Unit Leader and the Sanitation Systems Officer.
- _____ In conjunction with the Facility Unit Leader and the Sanitation Unit Officer review the findings of the initial assessment and finalize the facility status report.
- _____ Identify areas within the physical plant where staff and patients could be moved to if the need arises.
- _____ Assist the Facility Unit Leader and the Safety and Security Officer with the implementation of the Hospital's Evacuation Plan.
- _____ In conjunction with the Sanitation Systems Officer identify areas where immediate repair efforts should be directed to restore critical services.
- _____ Assign staff to repair operations.
- _____ Communicate staffing needs to the Facility Unit Leader.
- _____ Ensure that directives from the Facility Unit Leader are carried out in a timely and appropriate manner.

Intermediate Actions³⁵

- _____ Keep the Facility Unit Leader advised of any unsafe areas within the physical plant and on Hospital grounds that may need to be secured.
- _____ Identify areas where immediate salvage efforts should be directed in order to preserve

³³Normally immediate actions would be taken within the first hour of the emergency.

³⁴Depending on the situation at hand the initial assessment may include the grounds (i.e., weather emergencies, such as snowstorms).

³⁵Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

critical areas and equipment.

- _____ Assign staff to salvage operations.
- _____ Provide the Facility Unit Leader with updated reports on the condition of the physical plant and grounds every half-hour.

Extended Actions³⁶

- _____ Provide the Facility Unit Leader with updated reports on the condition of the physical plant and grounds as well as repair and salvage efforts a minimum of every two hours.
- _____ Keep the Facility Unit Leader abreast of all salvage and recovery efforts taking place. This would include any additional expenses incurred as a result of these efforts.³⁷
- _____ Advise the Facility Unit Leader of any special requirements needed to assist with salvage and recovery efforts (e.g., security precautions such as locking down part of the physical plant).
- _____ Observe staff participating in salvage and recovery efforts for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Assist the Safety and Security Officer with the preparation of any documents that may be needed for the Hospital to file an insurance claim (e.g., photographic evidence of damage).
- _____ Oversee the work of any outside contractors that may be called in to assist with salvage and recovery efforts.
- _____ Provide the Facility Unit Leader with a written summary of activities performed within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix A, *Communications Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #3, *Facility Status Report*

³⁶Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

³⁷Additional expenses would include manpower costs (i.e., overtime, costs associated with the rental of equipment or the purchase of additional supplies and/or materials).

Job Action Sheet

SANITATION SYSTEMS OFFICER

Mission: Provide sufficient information regarding the operational status of critical resources (power/water/communications) for the purpose of decision-making, including those regarding full or partial evacuation. Continuously monitor the status of said resources and the readiness of backup sources (e.g., emergency generators).

You report to: _____(Facility Unit Leader)

Suggested personnel; Director of Safety or on call Facilities Technician (Suggested personnel should be assigned based on the sequence above)

Immediate Actions³⁸

- _____ Receive appointment from Facility Unit Leader.
- _____ Review the entire Job Action Sheet and organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Facility Unit Leader.
- _____ Conduct an initial assessment of critical resources (power/water/communications) and report findings back to the Facility Unit Leader within 15 minutes.³⁹
- _____ Check status of In-wall oxygen and other medical gasses with Respiratory Unit Leader and Damage Assessment and Control Officer.
- _____ Receive report on the status of the telephone overhead paging system from the Communications Unit Leader.
- _____ In conjunction with the Facility Unit Leader and the Damage Assessment and Control Officer review the findings of the initial assessment and finalize the facility status report.
- _____ If indicated advise the Nutritional Supply Unit Leader of the need for bottled water.
- _____ Assign staff as required to monitor the emergency generators.
- _____ If indicated distribute emergency electrical supplies to patient care areas.⁴⁰
- _____ Ensure that directives from the Facility Unit Leader are carried out in a timely and appropriate manner.
- _____ Communicate staffing needs to the Facility Unit Leader.

Intermediate Actions⁴¹

- _____ Keep the Facility Unit Leader advised of any changes in the operational status of critical resources (power/water/communications).
- _____ Receive updates from Communications Unit Leader on the operational status of the

³⁸Normally immediate actions would be taken within the first hour of the emergency.

³⁹The assessment of the communications system will be done in conjunction with the Communications Unit Leader.

⁴⁰Two carts containing flashlights, hand held spotlights and extension cords will be maintained by the Facilities Operations department.

⁴¹Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

telephone system to include the overhead paging system.

- _____ If applicable meet with the Director of Biomedical Engineering to discuss problems encountered with clinical equipment as the result of the loss of critical resources (e.g., loss of sterilizers due to loss of water to the hospital).
- _____ If applicable make arrangements to have portable toilets brought on site and positioned away from patient care and food preparation areas.
- _____ Consult with the Infection Control Nurse if problems are encountered with sanitation and/or waste disposal systems.
- _____ Alert the Facility Unit Leader to any problems with the HVAC system that may have a detrimental impact on the comfort of patients (e.g., loss of heat during the winter months).
- _____ Provide the Facility Unit Leader with updated reports on the operational status of critical resources (power/water/communications) every half-hour.

Extended Actions⁴²

- _____ Provide the Facility Unit Leader with updated reports on the operational status of critical resources (power/water/communications) as well as repair and recovery efforts a minimum of every two hours.
- _____ Keep the Facility Unit Leader advised of all repair and recovery efforts. This would include any additional expenses incurred as a result of these efforts.⁴³
- _____ Observe assigned staff for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Oversee the work of any outside contractors that may be called in to assist with repair and recovery efforts.
- _____ Provide the Facility Unit Leader with a written summary of activities performed within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix A, *Communications Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #3, *Facility Status Report*

⁴²Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

⁴³Additional expenses would include manpower costs (i.e., overtime) and costs associated with the rental of equipment or the purchase of additional supplies and/or materials.

Job Action Sheet

COMMUNICATIONS UNIT LEADER

Mission: Organize and coordinate internal and external communications.

You report to: _____(Logistics Section Chief)

Suggested Personnel: Communications Supervisor, Patient Care Coordinator (Suggested personnel should be assigned based on the sequence above)

Immediate Actions⁴⁴

- _____ Receive appointment from the Logistics Section Chief.
- _____ Review the entire Job Action Sheet and organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Logistics Section Chief.
- _____ Assure that appropriate overhead pages are made to notify staff of the implementation of the Emergency Incident Command System.
- _____ Meet with the Director of Telecommunications and determine the status of the telephone overhead paging system. Report findings to the Sanitation System Officer and/or Facility Unit Leader.
- _____ Assure that wireless communications devices with pre-assigned numbers are distributed to the positions noted below:
 - _____ Incident Commander
 - _____ Public Information Officer
 - _____ Liaison Officer
 - _____ Safety and Security Officer
 - _____ Logistics Section Chief
 - _____ Labor Pool Unit Leader
 - _____ Operations Section Chief
 - _____ Medical Care Director
 - _____ Ancillary Services Director
 - _____ Treatment Areas Supervisor
- _____ Assure that Emergency Incident telephone directories and instructions are posted on the Meditech system.
- _____ If applicable, establish and maintain communications with the Liaison Officer in reference to securing assistance from outside agencies
- _____ If applicable, establish a pool of runners in conjunction with the Labor Pool Unit Leader.
- _____ If applicable assure distribution of available 2-way radios. Distribution priority is as follows:
 - _____ Emergency Room
 - _____ CICU/MICU
 - _____ Labor and Delivery
 - _____ Surgical Services

⁴⁴Normally immediate actions would be taken within the first hour of the emergency.

- _____ If indicated instruct the Director of Telecommunications to implement the call in plan for the department.
- _____ Keep the Logistics Section Chief of any problems encountered.
- _____ Ensure that directives from the Facility Unit Leader are carried out in a timely and appropriate manner.

Intermediate Actions⁴⁵

- _____ If applicable assure that phones are distributed to the Transportation Unit
- _____ Assure that calls from individuals offering to provide assistance (e.g., individuals with 4-wheel drive vehicles) are routed to the appropriate location.
- _____ Keep the Sanitation Systems Officer and the Facility Unit Leader advised of the operational status of the phone system to include the overhead paging system.
- _____ If applicable oversee repair and/or recovery efforts pertaining to the telephone system.
- _____ Provide the Facility Unit Leader with status reports on the activities of the Communications Unit at least once per hour.

Extended Actions⁴⁶

- _____ Provide the Facility Unit Leader with updated reports on the activities of the Unit a minimum of once every two hours.
- _____ Observe Telecommunications and Information Services Staff for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Provide the Facility Unit Leader with information pertaining to additional costs incurred as a result of the emergency.⁴⁷
- _____ Provide the Facility Unit Leader with a written summary of activities performed within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix A, *Communications Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #6, *Call Back Log*

⁴⁵Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

⁴⁶Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

⁴⁷Additional expenses would include manpower costs (i.e., overtime) and costs associated with the rental of equipment or the purchase of additional supplies and/or materials.

Job Action Sheet

TRANSPORTATION UNIT LEADER

Mission: Organize and coordinate the transportation of staff (Hospital and Professional) as well as materials/supplies to and from the facility. Assist with efforts to transfer patients to other facilities.

You report to: _____ (Logistics Section Chief)

Suggested Personnel: Patient Care Coordinators, Social Work Director (Suggested personnel should be assigned based on the sequence above)

Immediate Actions⁴⁸

- _____ Receive appointment from the Logistics Section Chief.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Logistics Section Chief.
- _____ Establish ambulance entry and exit routes in conjunction with the Facility Unit Leader and Safety and Security Officer.
- _____ Meet with the Triage Unit Leader and determine the needs for patient transportation equipment (e.g., wheelchairs, stretchers, etc.). Once the needs are determined, assure that the Supervisor of Central Transport assembles them in the ambulance off-loading area and triage area.
- _____ Meet with the individuals listed below and assess the transportation requirements and needs for personnel and materials:
 - _____ Medical Care Director
 - _____ Ancillary Services Director
 - _____ Medical Staff Unit Leader
- _____ Brief the Facility Unit Leader on transportation needs.
- _____ Communicate staffing needs to the Facility Unit Leader.
- _____ Ensure that directives from the Facility Unit Leader are carried out in a timely and appropriate manner. This would include the implementation of transportation plans.

Intermediate Actions⁴⁹

- _____ Keep the Facility Unit Leader advised of any issues regarding the transportation of personnel and supplies that may arise. This would include alerting him/her when weather and road conditions were such that it would not be safe to transport personnel and materials.
- _____ Establish and maintain communications with the Liaison Officer in the event assistance is required to transport personnel and supplies as they become available.
- _____ Establish and maintain communications with the Materials Supply Unit Leader should

⁴⁸Normally immediate actions would be taken within the first hour of the emergency.

⁴⁹Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

the need to pick-up materials and/or supplies arise.

- _____ Establish and maintain communications with the Public Information Officer in reference to making media announcements (e.g., via radio and TV stations) with regard to the need for 4-wheeled vehicles and drivers.
- _____ Secure nutritional and water inventories with the assistance of the Materials Management and Nutritional Supply Unit Leaders.
- _____ Establish and maintain communications with the Labor Pool Unit Leader in the event available staff need to be transported to the hospital (e.g., during a weather emergency).
- _____ Establish and maintain communications with the Medical Staff Unit Leader in the event available members of the Professional Staff need to be transported to the hospital (e.g., during a weather emergency).
- _____ Establish and maintain communications with the Discharge Unit Leader should the need arise to transfer large numbers of patients to other facilities.
- _____ Provide the Facility Unit Leader with updated reports on the progress of transporting personnel and materials to and from the facility.

Extended Actions⁵⁰

- _____ Provide the Facility Unit Leader with updated reports on transportation efforts a minimum of once every two hours.
- _____ Keep the Facility Unit Leader abreast of any additional expenses incurred as the result of transportation efforts.⁵¹
- _____ Observe staff and volunteers participating in transportation efforts for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Maintain a list of all volunteer drivers for future reference.
- _____ Provide the Public Information Officer with a list of volunteer drivers within 72 hours of the emergency being declared over, so that letters of appreciation are sent to them in a timely fashion.
- _____ Provide the Facility Unit Leader with a written summary of the activities performed by the Transportation Unit within 72 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix C, *Evacuation Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*

⁵⁰Normally extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

⁵¹Additional expenses would include manpower costs (i.e., overtime) and costs associated with the rental of equipment or the purchase of additional supplies and/or materials – such as purchasing gasoline for volunteer drivers.

Job Action Sheet

MATERIAL SUPPLY UNIT LEADER

Mission: Organize and distribute medical and non-medical supplies and equipment.

You report to: _____ (Logistics Section Chief)

Suggested Personnel: Patient Care Coordinators, Charge Nurse of Affected area, Unit Services Coordinator (Suggested personnel should be assigned based on the sequence above)

Immediate Actions⁵²

- _____ Receive appointment from the Logistics Section Chief.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Logistics Section Chief.
- _____ Receive advice from the Minor Treatment Unit Leader of the location of the minor treatment area so that the supplies can be delivered there.
- _____ Establish and maintain communications with the Treatment Areas Supervisor to determine if any additional supplies and/or equipment is needed to respond to the emergency at hand.
- _____ Conduct an initial inventory of essential medical supplies on hand and take the necessary actions to secure additional supplies if indicated. The initial inventory is to include, but not necessarily be limited to the following:
 - ___ Bandages, dressings, compresses, and suture material
 - ___ Sterile scrub brushes, normal saline, anti-microbial skin cleanser
 - ___ Waterless hand cleaner and gloves
 - ___ Fracture immobilization, splinting and casting materials
 - ___ Oxygen-ventilation-suction devices
 - ___ Advance life support equipment (chest tube, airway, major suture trays)
- _____ Assure that actions are taken to see that par levels in the following areas are appropriate given the impact the emergency could have on said areas:
 - ___ Surgical Services
 - ___ Critical Care
 - ___ Maternal/Child to include Labor and Delivery and NICU
- _____ If deemed necessary implement the Materials Management call in plan.
- _____ Ensure that directives from the Facility Unit Leader are carried out in a timely and appropriate fashion.
- _____ Communicate staffing needs to the Logistics Section Chief.

Intermediate Actions⁵³

- _____ Keep the Logistics Section Chief advised of any actual or potential problems with existing inventories and the actions being taken to correct them.
- _____ Establish and maintain communications with the Transportation Unit Leader should the need to pick-up materials and/or supplies arise.

⁵²Normally immediate actions would be taken within the first hour of the emergency.

⁵³Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

- _____ Secure nutritional and water inventories with the assistance of the Nutritional Supply and Transportation Unit Leaders.
- _____ Establish and maintain communications with the following unit leaders with regards to equipment, materials and supply needs:
 - _____ Surgical Services Unit Leader
 - _____ Critical Care Unit Leader
 - _____ Maternal/Child (to include Labor & Delivery and NICU) Unit Leaders
 - _____ General Nursing Care Unit Leader
- _____ Ensure that an inventory of linens on hand is conducted and actions are taken to secure additional items if indicated.
- _____ Working in conjunction with the Treatment and In-Patient Areas Supervisors, identify additional equipment and supply needs.
- _____ Collect and coordinate essential medical equipment and supplies in the event patients have to be relocated to another area within the hospital.
- _____ Assist with equipment recovery and salvage efforts if indicated.
- _____ Provide the Logistics Section with updated status reports every half-hour.
- _____ Provide documentation to the Logistics Chief of the rental of equipment and the purchase of supplies and materials as a result of the emergency.

Extended Actions⁵⁴

- _____ Provide the Logistics Sections Chief with updated reports on the status of materials, supply and equipment issues at least once every two hours.
- _____ Keep the Logistics Section Chief advised of additional expenses incurred as a result of the emergency.⁵⁵
- _____ Observe Materials Management Staff for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Ensure that appropriate actions are taken to restore inventories to normal levels as soon as the emergency is declared over.
- _____ Provide the Logistics Section Chief with a written summary of activities performed within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix C, *Evacuation Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*

⁵⁴Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

⁵⁵Additional expenses would include manpower costs (i.e., overtime) and costs associated with the rental of equipment or the purchase of additional supplies and/or materials.

Job Action Sheet

NUTRITIONAL SUPPLY UNIT LEADER

Mission: Organize food stores for preparation and distribution under emergency conditions.

You report to: _____(Logistics Section Chief)

Suggested Personnel: Unit Services Coordinator, Dietary or Nutrition Supervisor (Suggested personnel should be assigned based on the sequence above)

Immediate Actions⁵⁶

- _____ Receive appointment from the Logistics Section Chief.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Logistics Section Chief.
- _____ Conduct an initial inventory of existing food stores and take the necessary actions to secure additional items if indicated.
- _____ Estimate the number of meals which can be served utilizing existing food stores; implement rationing of non-patient meals if indicated.
- _____ If deemed necessary implement the Food/Nutrition Services call in plan.
- _____ Ensure that directives from the Logistics Section Chief are carried out in a timely and appropriate fashion.
- _____ Communicate staffing needs to the Logistics Section Chief.

Intermediate Actions⁵⁷

- _____ Keep the Logistics Section Chief advised of any actual or potential problems related to preparing and distributing meals and the actions being taken to correct them.
- _____ Establish and maintain communications with the Sanitation System Officer in reference to any actual or potential problems related to critical resources that are essential to preparing meals (e.g., electrical power, gas and water).
- _____ Secure nutritional and water inventories with the assistance of the Material Supply and Transportation Unit Leaders.
- _____ Meet with the Logistics Section Chief to discuss providing snacks and light meals for:
 - _____ Staff working extended hours
 - _____ Emergency Services personnel (e.g., Fire and Rescue)
 - _____ Volunteers (e.g., drivers of 4-wheeled vehicles)
- _____ Make arrangements with Patient Information Officer to have snacks, etc. brought to the main lobby for the family members of patients.
- _____ Provide the Logistics Section Chief with updated status reports every half-hour.

⁵⁶Normally immediate actions would be taken within the first hour of the emergency.

⁵⁷Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

Extended Actions⁵⁸

- _____ Provide the Logistics Section Chief with updated reports on the status of food stores at least once every two hours.
- _____ Establish and maintain communications with the Facility Unit Leader with regard to providing snacks, light meals, etc., to staff and contractors performing recovery and/or salvage activities.
- _____ Make arrangements with the Labor Pool Unit Leader to provide light snacks and meals (if applicable) to those volunteering to assist with the hospital's emergency response.
- _____ Keep the Logistics Section Chief advised of additional expenses incurred as a result of the emergency.⁵⁹
- _____ Observe Food/Nutrition Services staff for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Ensure that appropriate actions are taken to restore inventories to normal levels as soon as the emergency is declared over.
- _____ Provide the Logistics Section Chief with a written summary of activities performed by the unit within 48 hours of the emergency being declared over.

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*

⁵⁸Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

⁵⁹Additional expenses would include manpower costs (i.e., overtime) and costs associated with the rental of equipment or the purchase of additional supplies and/or materials.

Job Action Sheet

OPERATIONS SECTION CHIEF

Mission: Organize and direct those operations associated with the care and treatment of patients, to include the coordination of the Section's activities with those of the Professional Staff.

You report to: _____ (Emergency Incident Commander)

Suggested Personnel: COO, AOC (Suggested personnel should be assigned based on the sequence above)

Your direct reports are:

_____ (Medical Care Director)
_____ (Ancillary Services Director)
_____ (Human Services Director)

Immediate Actions⁶⁰

- _____ Receive appointment from Emergency Incident Commander.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Emergency Incident Commander.
- _____ Obtain wireless telephone from Communications Unit Leader.
- _____ Appoint direct reports as noted above; distribute the Operations Section packet which contains:
 - _____ Job Action Sheets for each position
 - _____ Identification vest for each position
 - _____ Forms pertinent to section and position
- _____ Brief direct reports on current situation and instruct them to conduct an initial assessment of their area of responsibility.⁶¹
- _____ Attend status/action plan meeting called for by the Emergency Incident Commander which is to occur 15 to 30 minutes after the emergency is declared. Initial assessments made by the aforementioned individuals will be reported at this time.
- _____ Meet with the Medical Staff, Medical Care and Ancillary Services and Human Services Directors to outline the Section's action plan and to assure that functions and activities are coordinated. Designate time for next meeting.
- _____ Ensure that directives from the Emergency Incident Commander are carried out in a timely and appropriate fashion.
- _____ Establish and maintain communications with the Human Services Director if the emergency at hand results in-patients, staff and or others (e.g., visitors) being injured.

Intermediate Actions⁶²

⁶⁰Normally immediate actions would be taken within the first hour of the emergency

⁶¹The initial assessment would include information such as number of patients currently receiving care in-house (i.e., number of inpatients by unit, number of patients in surgery, etc.), and the number of staff currently on duty by position (i.e., Registered Nurses, Respiratory Therapists, etc). If indicated the assessment would also address issues such as the need to relocate patients (i.e., in a fire or bomb threat situation).

- _____ Attend hourly briefings with the Emergency Incident Commander and provide status and recommendations for updating action plans regarding the continuance or termination of the plans or parts thereof.
- _____ Receive status reports from the Medical Care and Ancillary Services, & Human Services Directors on an hourly basis.
- _____ Obtain status reports from the other Sections Chiefs as appropriate.
- _____ Keep the Medical Care and Ancillary & Human Services Directors abreast of any issues that may impact their areas of responsibility (e.g., need to relocate patients due to damage to the physical plant and/or the impending loss of critical resources [e.g., water]).
- _____ Keep the Medical Staff Director advised of the need for additional support from the Professional Staff.

Extended Actions⁶³

- _____ Obtain status reports on action plans from the Medical Care and Ancillary & Human Services Directors a minimum of once every two hours.
- _____ Meet with the Medical Staff Director to discuss ongoing needs for support from the Professional Staff.
- _____ Meet with the Emergency Incident Commander as deemed necessary to update the Section's plan regarding continuance or termination of the plan.
- _____ Assure that the Medical Care and Ancillary & Human Services Directors instruct their respective Unit Leaders to keep them abreast of additional expenses incurred as a result of the emergency.⁶⁴
- _____ Participate in any meeting and/or discussions pertaining to the temporary closure of any patient care areas due to recovery and/or salvage efforts.
- _____ Observe Directors for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Ensure that actions are taken to return the Section to normal operations once the Emergency Incident Commander has declared the emergency over.
- _____ Provide the chairman of the Safety Committee with a written summary of activities performed by the Section within 72 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix A, *Communications Plan*
- Appendix C, *Evacuation Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #2, *Initial Status Report – ED*
- Form #4, *Departmental Status Report*

⁶²Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

⁶³Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

⁶⁴Additional expenses would include manpower costs (i.e., overtime) and costs associated with the rental of equipment or the purchase of additional supplies and materials.

Job Action Sheet

MEDICAL CARE DIRECTOR

Mission: Organize and direct the overall delivery of patient care in all areas of the hospital.

Your report to: _____ (Operations Sections Chief)

Suggested Personnel: Operational Director of Nursing (Suggested personnel should be assigned based on the sequence above)

Your direct reports are:

_____ (In-Patient Areas Supervisor)

_____ (Treatment Areas Supervisor)

Immediate Actions⁶⁵

- _____ Receive appointment from Operations Section Chief.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Operations Section Chief.
- _____ Obtain wireless telephone from the Communications Unit Leader.
- _____ Appoint direct reports as noted above; distribute the In-patient Areas and Treatment Areas packets which contains:⁶⁶
 - _____ Job Action Sheets for each position
 - _____ Identification vest for each position
 - _____ Forms pertinent to section and position
- _____ Brief direct reports on current situation and instruct them to conduct an initial assessment of their area of responsibility⁶⁷
- _____ Meet with Transportation Unit Leader to assess the transportation requirements and needs for personnel and materials.
- _____ Provide the Operations Section Chief with the initial assessment of the In-Patient Areas and the Treatment Areas as quickly as possible. The assessment would include the number of nursing personnel by position, needed to staff affected areas (e.g., Immediate Care Area) in the Emergency Room.
- _____ Meet with the Operations Section Chief, Medical Staff Director and the Ancillary Services Director to outline the Section's action plan and to assure that functions and activities are coordinated.
- _____ Ensure that directives from the Operations Section Chief are carried out in a timely and

⁶⁵Normally immediate actions would be taken within the first hour of the emergency

⁶⁶Depending on the situation at hand the decision may be made, in conjunction with the Operations Section Chief, not to fully activate both of these areas at the time.

⁶⁷The initial assessment would include information such as number of patients currently receiving care in-house (i.e., number of inpatients by unit, number of patients in surgery, etc.) and the number of nursing personnel currently on duty, by position. If indicated the assessment would also address issues such as the need to relocate patients (i.e., in a fire or a bomb threat situation).

appropriate fashion.

Intermediate Actions⁶⁸

- _____ Provide the Operations Section Chief with status reports on an hourly basis.
- _____ Keep the Operations Section advised of any needs with regard to support from the Professional Staff
- _____ Receive report from the Pharmacy Unit Leader on the capabilities of the pharmacy.
- _____ Receive report from the Respiratory Unit Leader on the capabilities of cardiopulmonary services.
- _____ Meet with the In-Patient and Treatment Areas Supervisors as deemed necessary to discuss the continuance or termination of their respective action plans. Keep the Operations Section Chief advised of the same.
- _____ Meet with the Ancillary Services Director as needed, to discuss any needs with regard to support from Ancillary Services.

Extended Actions⁶⁹

- _____ Provide the Operations Section Chief with a status report on action plans a minimum of once every two hours.
- _____ Receive status reports from the In-Patient and Treatment Areas Supervisors every two hours and provide the Operations Section Chief with a briefing.
- _____ Participate in any meetings and/or discussions pertaining to the temporary closure of any patient care areas due to recovery and/or salvage efforts.
- _____ Ensure that the In-Patient and Treatment Areas Supervisors instruct their respective Unit Leaders to keep them abreast of any additional expenses incurred as a result of the emergency.⁷⁰
- _____ Observe supervisors for signs of stress and fatigue. Provide relief and rest periods. Assure that they are doing the same with respect to their direct reports.
- _____ Ensure that actions are taken to return the area(s) to normal operations once the Emergency Incident Commander has declared the emergency over.
- _____ Provide the Operations Section Chief with a written summary of the In-Patient and Treatment Areas' activities within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix A, *Communications Plan*
- Appendix C, *Evacuation Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*

⁶⁸Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

⁶⁹Extended actions would occur if the emergency last longer than eight hours and/or when the emergency is declared over.

⁷⁰Additional expenses would include manpower costs (i.e., overtime, agency personnel) and costs associated with the rental of equipment or the purchase of additional supplies and materials.

- Form #4, *Departmental Status Report*

Job Action Sheet

IN-PATIENT AREAS SUPERVISOR

Mission: Assure care and treatment of inpatients and manage the inpatient.

You report to: _____(Medical Care Director)

Suggested Personnel: Patient Care Coordinators (Suggested personnel should be assigned based on the sequence above)

Your direct reports are:

_____ (Surgical Services Unit Leader)
_____ (Maternal Child Unit Leader)
_____ (Critical Care Unit leader)
_____ (General Nursing Care Unit Leader)
_____ (Geriatric Nursing Care Manager)
_____ (Outpatient Services Unit Leader)

Immediate Actions⁷¹

- _____ Receive appointment from Medical Care Director.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Medical Care Director.
- _____ Appoint direct reports as noted above; distribute the In-Patient Areas packet which contains:
 - _____ Job Action Sheets for each position
 - _____ Identification vest for each position
 - _____ Forms pertinent to section and position
- _____ Brief direct reports on current situation and instruct them to conduct an initial assessment of their area of responsibility.⁷²
- _____ Discuss with Treatment Areas Supervisor all In-Patient capabilities, especially surgical services and critical care services.
- _____ Establish and maintain communications with the Radiology Unit Leader with regard to the availability of diagnostic imaging services.
- _____ Provide the Medical Care Director with a summary of the initial assessment of the In-Patient Areas.
- _____ Assist with the establishment of inpatient care areas in new locations if necessary.
- _____ Instruct all Unit Leaders to begin patient priority assessment; determine which patients may be eligible for discharge over the next twelve hours. Remind all Unit Leaders that all discharges are to be routed to the Discharge Unit Leader.
- _____ Assess problems and care and treatment needs in each area; coordinate the staffing and

⁷¹Normally immediate actions would be taken within the first hour of the emergency.

⁷²The initial assessment would include information such as number of patients currently receiving care in-house (i.e., number of inpatients by unit, number of patients in surgery, etc.), and the number of staff currently on duty by position (i.e., Registered Nurses, Patient Care Technicians, etc.). If indicated, the assessment would also address such issues as the need to relocate patients (i.e., fire or bomb threat situation).

supplies between each area to meet needs.

- _____ Meet with the Medical Care Director to discuss staffing in all In-Patient Areas. This would include the needs of each area as well as staff that could be reassigned to the Treatment Areas.
- _____ Ensure that directives from the Medical Care Director are carried out in a timely and appropriate fashion.

Intermediate Actions⁷³

- _____ Receive status reports from direct reports on an hourly basis.
- _____ Provide the Medical Care Director with hourly status reports.
- _____ Receive, coordinate and forward requests for personnel (non-nursing) to the Labor Pool Unit Leader.
- _____ Receive, coordinate and forward requests for supplies and/or equipment to the Materials Supply Unit Leader.
- _____ Assist Patient Tracking Officer and Patient Information Officer in obtaining information.
- _____ Request authorization from the Medical Care Director to implement In-Patient Areas call-in plans if deemed necessary.
- _____ Establish and maintain communications with the Laboratory Unit Leader and the Treatment Areas Supervisor in the event that the laboratory's on-site capabilities are lost and everything has to be sent to the main laboratory.
- _____ Meet with the Medical Care Director to discuss the continuance or termination of the action plan for the In-Patient Areas.
- _____ Meet with the Triage Unit Leader to discuss the continuance or termination of the action plan for the Triage Area.

Extended Actions⁷⁴

- _____ Provide the Medical Care Director with a status report on action plans a minimum of once every two hours.
- _____ Receive status reports from direct reports every two hours and provide the Medical Care Director with a briefing.
- _____ Participate in any meetings and/or discussions pertaining to the temporary closure of any In-Patient Areas due to recovery and/or salvage efforts.
- _____ Ensure that direct reports keep account of any additional expenses incurred as a result of the emergency.⁷⁵
- _____ Observe direct reports for signs of stress and fatigue. Provide relief and rest periods. Assure that they are doing the same with their staff.

- _____ Ensure that actions are taken to return each area to normal operations once the emergency

⁷³Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

⁷⁴Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

⁷⁵Additional expenses would include manpower costs (i.e., overtime, agency personnel) and costs associated with the rental of equipment or the Purchase of additional supplies and materials.

has been declared over.

_____ Provide the Medical Care Director with a written summary of the In-Patient Areas' activities within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix C, *Evacuation Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #4, *Departmental Status Report*
- Form #5, *Staffing: Available/Needed*

Job Action Sheet

GERIATRIC SERVICES UNIT LEADER



Mission: Supervise and maintain the geriatric capabilities to the best possible level in respect to current conditions in order to meet the needs of in-house and newly admitted patients.

You report to _____ (Inpatient Areas Supervisor)

Suggested Personnel: Geriatric Nursing Care Manager, Geriatric Administrator, DON Geriatrics
(Suggested personnel should be assigned based on the sequence above)

Immediate

- _____ Receive appointment from In-Patient Areas Supervisor.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Receive briefing from In-Patient Areas Supervisor with other In-Patient Area unit leaders.
- _____ Begin patient priority assessment; designate those eligible for early discharge. Remind all staff that all in-patient discharges are routed through the Discharge Unit.
- _____ Develop action plan in cooperation with other In-Patient Area unit leaders and the In-Patient Areas Supervisor
- _____ Request needed resources from the In-Patient Areas Supervisor.

Intermediate

- _____ Identify location of Immediate and Delayed Treatment areas; inform patient transportation personnel.
- _____ Contact Safety & Security Officer of security and traffic flow needs in the Geriatric Services area. Inform In-Patient Areas Supervisor of action.
- _____ Report equipment/material needs to Materials Supply Unit Leader. Inform In-Patient Areas Supervisor of action.

Extended

- _____ Ensure that all area and individual documentation is current and accurate. Request documentation/clerical personnel from Labor Pool if necessary.
- _____ Keep In-Patient Areas Supervisor, Immediate Treatment and Delayed Treatment Unit Leader apprised of status, capabilities and projected services.
- _____ Observe and assist any staff whom exhibit signs of stress and fatigue. Report concerns to In-Patient Areas Supervisor. Provide for staff rest periods and relief.
- _____ Review and approve the area documentation aide's recordings of actions/decisions in the Geriatric Services Area. Send copy to the In-Patient Areas Supervisor.
- _____ Direct non-utilized personnel to Labor Pool.

Applicable Plans

Geriatric Evacuation Plan, Geriatric Center Disaster Manual

Job Action Sheet

SURGICAL SERVICES UNIT LEADER

Mission: Supervise and maintain the surgical capabilities of the hospital to the best possible levels in respect to current conditions in order to meet the needs of in-house and newly admitted patients.

You report to: _____ (In-Patient Areas Supervisor)

Suggested Personnel: Director Of Surgical Services, Patient Care Manager of PACU, OR, 6
Surgery, Neurosurgery (Suggested personnel should be assigned based on the sequence above)

Immediate Actions⁷⁶

- _____ Receive appointment from In-Patient Areas Supervisor.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from In-Patient Areas Supervisor.
- _____ Conduct an initial assessment of Surgical Services and report findings to the In-Patient Areas Supervisor. The initial assessment shall include⁷⁷:
 - _____ Number of patients currently undergoing surgery
 - _____ Number of patients in PACU
 - _____ Number of patients awaiting surgery (in the surgical services area) as well as the
 - _____ Number of patients currently on the surgical schedule for the remainder of the day
 - _____ The number of staff currently on duty, by position
 - _____ The number of physicians currently in the area, by specialty, to include Anesthesiologists
 - _____ The number of operating rooms currently available
 - _____ The estimated amount of time that it would take to evacuate patients from the operating rooms should the need arise (e.g., fire or bomb threat situation)
- _____ Establish and maintain communications with the Laboratory Unit Leader with regards to the blood and blood products supply on hand.
- _____ Establish and maintain communications with the Medical Staff Unit Leader of the need for additional surgeons, by specialty, if indicated.⁷⁸
- _____ Establish and maintain communications with the Radiology Unit Leader with regards to the current and anticipated need for a radiology technician(s) in Surgical Services.
- _____ Ensure that all directives from the In-Patient Areas Supervisor are carried out in a timely and appropriate manner.

⁷⁶Normally immediate actions would be taken within the first hour of the emergency.

⁷⁷The initial assessment as well as all subsequent assessments will include information for inpatient surgical services as well as outpatients (Ambulatory Surgery Center).

⁷⁸As an example if the emergency at hand is a severe bus accident, consideration should be given to having several orthopedic and general surgeons on hand.

Intermediate Actions⁷⁹

- _____ Update the initial surgical services status report on an hourly basis and provide the In-Patient Areas Supervisor with a status report.
- _____ Establish and maintain communications with the Material Supply Unit Leader with regard to equipment, materials and supply needs.
- _____ Establish and maintain communications with the Immediate Treatment Unit Leader to assure the efficient flow of patients to surgery.
- _____ Keep the In-Patient Areas Supervisor abreast of the capabilities of surgical services (e.g., availability of operating rooms).
- _____ Assign and schedule O.R. teams as necessary, to include on-call teams.
- _____ If the operating room schedules (inpatients and outpatients) are canceled and/or altered due to the emergency assure that the necessary actions are taken to inform patients and surgeons of the same.
- _____ Advise the In-Patient Areas Supervisor of any non-nursing staffing needs
- _____ Provide the In-patient Areas Supervisor with information on patients that have undergone emergency surgery as it becomes available.

Extended⁸⁰

- _____ Provide the In-patient Areas Supervisor with a status report on action plans a minimum of once every two hours.
- _____ Assist surgeons with the scheduling of cases at our facilities should the need arise.⁸¹
- _____ Participate in any meetings or discussions pertaining to the temporary closure of the surgical services areas due to recovery and/or salvage efforts.
- _____ Keep account of any additional expenses as a result of the emergency.⁸²
- _____ Observe staff for signs of stress and fatigue. Provide relief and rest periods as needed.
- _____ Ensure that actions are taken to return surgical services to normal operations once the emergency has been declared over.
- _____ Provide the In-Patient Areas Supervisor with a written summary of surgical services activities within 48 hours of the emergency being declared over.

Other Applicable Plans:

⁷⁹Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

⁸⁰Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

⁸¹This would occur if the surgical services areas (inpatient and outpatient) had to be closed down and evacuated as a result of the emergency or if the volume of emergency cases due to the situation at hand was such that elective cases could not be done for a minimum of two days.

⁸²Additional expenses would include manpower costs (i.e., overtime, agency personnel) and costs associated with the rental of equipment or the purchase of additional supplies and materials.

- Appendix A, *Communications Plan*
- Appendix C, *Evacuation Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #4, *Departmental Status Report*

Job Action Sheet

MATERNAL - CHILD UNIT LEADER

Mission: Supervise and maintain the obstetrical, labor and delivery, postpartum, nursery and NICU capabilities of the hospital to the best possible level in respect to current conditions in order to meet the needs of in-house and newly admitted patients.

You report to: _____ (In-Patient Areas Supervisor)

Suggested Personnel: Director of Maternal Child Nursing, Patient Care Manager of OB/L&D, Pediatrics, NICU (Suggested personnel should be assigned based on the sequence above)

Immediate Actions⁸³

- _____ Receive appointment from the In-Patient Areas Supervisor.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from In-Patient Areas Supervisor.
- _____ Conduct an initial assessment of Maternal - Child Services and report findings to the In-Patient Areas Supervisor. The initial assessment shall include:
 - _____ Number of patients currently in labor and delivery
 - _____ Number of patients currently in active labor
 - _____ Number of patients currently in labor and delivery who are undergoing or who will undergo a C-section
 - _____ Number of patients currently in departments
 - _____ Number of infants in the nursery
 - _____ Number of infants in NICU
 - _____ The number of OB/GYN physicians currently in labor and delivery
 - _____ The number of Neonatologists currently in NICU
 - _____ Number of staff currently on duty, by position and area
 - _____ The estimated amount of time that it would take to evacuate patients from each of the aforementioned areas should the need arise (e.g., fire or bomb threat situation)
- _____ Establish and maintain communications with the Medical Staff Unit Leader in reference to the need for additional physicians, by specialty, if indicated.
- _____ Ensure that all directives from the In-Patient Areas Supervisor are carried out in a timely and appropriate manner.

Intermediate Actions⁸⁴

- _____ Update the initial maternal - child services status report on an hourly basis and provide the In-Patient Areas Supervisor with a status report.
- _____ Establish and maintain communications with the Material Supply Unit Leader with

⁸³Normally immediate actions would be taken within the first hour of the emergency.

⁸⁴Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

regard to equipment, materials, and supply needs.

- _____ Keep the In-Patient Areas Supervisor abreast of the capabilities of maternal – child services (e.g., availability of labor and delivery rooms).
- _____ Assign maternal - child services staff as required, to include on-call personnel.
- _____ Advise the In-Patient Areas Supervisor of any non-nursing staffing needs.
- _____ Provide the In-Patient Areas Supervisor with information on patients that have been provided care as a result of the emergency at hand as it becomes available.

Extended⁸⁵

- _____ Provide the In-Patient Areas Supervisor with a status report on action plans a minimum of once every two hours.
- _____ Assist physicians with the transferring of patients to other facilities should the need arise.⁸⁶
- _____ Participate in any meetings or discussions pertaining to the temporary closure of any of the maternal - child services areas due to recovery and/or salvage efforts.
- _____ Keep account of any additional expenses as a result of the emergency.⁸⁷
- _____ Observe staff for signs of stress and fatigue. Provide relief and rest periods.
- _____ Ensure that actions are taken to return maternal - child services to normal operations once the emergency has been declared over.
- _____ Provide the In-Patient Areas Supervisor with a written summary of maternal - child services activities within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix A, *Communications Plan*
- Appendix C, *Evacuation Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #4, *Departmental Status Report*

⁸⁵Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

⁸⁶This would occur if any of the maternal - child services areas had to be closed down and evacuated as a result of the emergency or if the volume of emergency cases due to the situation at hand was such that scheduled admissions could not be honored for a minimum of two days.

⁸⁷Additional expenses would include manpower costs (i.e., overtime, agency personnel) and costs associated with the rental of equipment or the purchase of additional supplies and materials.

Job Action Sheet

CRITICAL CARE UNIT LEADER

Mission: Supervise and maintain the critical care capabilities of the hospital to the best possible level in respect to current conditions in order to meet the needs of in-house and newly admitted patients.

You report to: _____ (In-Patient Areas Supervisor)

Suggested Personnel: Director of Medical Critical Care, Patient Care Manager of MICU/CICU or PCU (Suggested personnel should be assigned based on the sequence above)

Immediate Actions⁸⁸

- _____ Receive appointment from In-Patient Areas Supervisor.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from In-Patient Areas Supervisor.
- _____ Conduct an initial assessment of CICU/MICU/PCU and report findings to the In-Patient Areas Supervisor. The initial assessment shall include:
 - _____ Number of patients currently in CICU/MICU/PCU
 - _____ Number of patients currently on a ventilator
 - _____ Number of patients that could be transferred to another inpatient unit within 1 hour
 - _____ Number of staff currently on duty, by position
 - _____ The estimated amount of time that it would take to evacuate patients from CICU/MICU/PCU should the need arise (e.g., fire or bomb threat situation)
- _____ Establish and maintain communications with the Medical Staff Unit Leader in reference to the need for additional physicians, by specialty, if indicated.
- _____ Ensure that all directives from the In-Patient Areas Supervisor are carried out in a timely and appropriate manner.

Intermediate Actions⁸⁹

- _____ Update the initial CICU/MICU/PCU status report on an hourly basis and provide the In-Patient Areas Supervisor with a status report.
- _____ Establish and maintain communications with the Material Supply Unit Leader with regard to equipment, materials and supply needs.
- _____ Keep the In-Patient Areas Supervisor abreast of the capabilities of all ICU's (e.g., availability of beds).
- _____ Request authorization from the In-Patient Areas Supervisor to implement the ICU/PCU call-in plan, if indicated.

⁸⁸Normally immediate actions would be taken within the first hour of the emergency.

⁸⁹Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

- _____ Advise the In-Patient Areas Supervisor of any non-nursing staffing needs (e.g., Respiratory Therapists).
- _____ Establish and maintain communications with the Discharge Unit Leader with regard to the need for assistance from the Case Management staff in reference to discharge planning.

Extended Actions⁹⁰

- _____ Provide the In-Patient Areas Supervisor with a status report on action plans a minimum of once every two hours.
- _____ Participate in any discussions pertaining to the temporary closure of ICU's due to recovery and/or salvage efforts.
- _____ Keep account of any additional expenses as a result of the emergency.⁹¹
- _____ Observe staff for signs of stress and fatigue. Provide relief and rest periods.
- _____ Ensure that actions are taken to return all units to normal operations once the emergency has been declared over.
- _____ Provide the In-Patient Areas Supervisor with a written summary of ICU activities within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix A, *Communications Plan*
- Appendix C, *Evacuation Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #4, *Departmental Status Report*

⁹⁰Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

⁹¹Additional expenses would include manpower costs (i.e., overtime, agency personnel) and costs associated with the rental of equipment or the purchase of additional supplies and materials.

Job Action Sheet

GENERAL NURSING CARE UNIT LEADER

Mission: Supervise and maintain the inpatient medical/surgical capabilities of the hospital to the best possible levels in respect to current conditions in order to meet the needs of the in-house and newly admitted patients.⁹²

You report to: _____ (In-Patient Areas Supervisor)

Suggested Personnel: Director of Medical Nursing, Patient Care Manager, Charge Nurse (Suggested personnel should be assigned based on the sequence above)

Immediate Actions⁹³

- _____ Receive appointment from In-Patient Areas Supervisor.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from In-Patient Areas Supervisor.
- _____ Conduct an initial assessment of inpatient medical/surgical services and report findings to In-Patient Areas Supervisor. The initial assessment shall include:
 - _____ Number of patients currently on each of the units (Fourth and Fifth Floors)
 - _____ Number of patients by unit currently scheduled for discharge within the next 12 hours
 - _____ The number of staff currently on by position, by unit
 - _____ The number of staff, by position and unit that could be reassigned immediately to the designated treatment areas should the need arise
 - _____ The estimated amount of time that it would take to evacuate patients from each of the units should the need arise (e.g., fire or bomb threat situation)
- _____ Ensure that all directives from the In-Patient Areas Supervisor are carried out in a timely and appropriate manner.

Intermediate Actions⁹⁴

- _____ Up-date the initial inpatient medical/surgical services status report on an hourly basis and provide the In-Patient Areas Supervisor with a status report.
- _____ Establish and maintain communications with the Material Supply Unit Leader with regard to equipment, materials and supply needs.
- _____ Keep the In-Patient Areas Supervisor abreast of the capabilities of the inpatient medical/surgical units (e.g., availability of beds).
- _____ Advise the In-Patient Areas Supervisor of any non-nursing staffing needs (e.g., Respiratory Therapist).

⁹³Normally immediate actions would be taken within the first hour of the emergency.

⁹⁴Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

- _____ Establish and maintain communications with the Discharge Unit Leader with regard to the need for assistance from the Case Management staff in reference to discharge planning.
- _____ Provide the In-Patient Areas Supervisor with information on patients that have been admitted as a result of the emergency as it becomes available.

Extended Actions⁹⁵

- _____ Provide the In-Patient Areas Supervisor with a status report on action plans a minimum of once every two hours.
- _____ Participate in any meetings or discussions pertaining to the temporary closure due to recovery and/or salvage efforts.
- _____ Keep account of additional expenses incurred as a result of the emergency.⁹⁶
- _____ Observe staff for signs of stress and fatigue. Provide relief and rest periods.
- _____ Ensure that actions are taken to return the inpatient medical/surgical units to normal operations once the emergency has been declared over.
- _____ Provide the In-patient Areas Supervisor with a written summary of inpatient medical/surgical activities within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix A, *Communications Plan*
- Appendix C, *Evacuation Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #4, *Departmental Status Report*

⁹⁵Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

⁹⁶Additional expenses would include manpower costs (i.e., overtime, agency personnel) and costs associated with the rental of equipment or the purchase of additional supplies and materials.

Job Action Sheet

OUT PATIENT SERVICES UNIT LEADER

(Bayview Medical Offices)



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

You report to _____ InPatient Area Supervisor

Suggested Personnel: Director of Ambulatory Services, Designated Ambulatory PCM (Suggested personnel should be assigned based on the sequence above)

Immediate

- _____ Receive appointment from In-Patient Areas Supervisor.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Receive briefing from In-Patient Areas Supervisor with other In-Patient Area unit leaders.
- _____ Assess current capabilities. Project immediate and prolonged capacities to provide nursing services based on current data.
- _____ Begin out patient priority assessment; designate those eligible for immediate discharge; Reschedule appt as needed.
- _____ Develop action plan in cooperation with other In-Patient Area unit leaders and the In-Patient Areas Supervisor.
- _____ Request needed resources from the In-Patient Areas Supervisor.
- _____ Assign patient care teams in configurations to meet the specific specialty of the Out Patient clinics; obtain additional personnel as necessary from Labor Pool.
- _____ Assess space and resources to accommodate patient overflow.

Intermediate

- _____ Contact Safety & Security Officer of security and traffic flow needs. Inform In-Patient Areas Supervisor of action.
- _____ Report equipment/material needs to Materials Supply Unit Leader. Inform In-Patient Areas Supervisor of action.

Extended

- _____ Ensure that all area and individual documentation is current and accurate. Request documentation/clerical personnel from Labor Pool if necessary.
- _____ Keep In-Patient Areas Supervisor apprised of status, capabilities and projected services.
- _____ Observe and assist any staff whom exhibit signs of stress and fatigue. Report concerns to In-Patient Areas Supervisor. Provide for staff rest periods and relief.
- _____ Print 7 days ahead of schedules in order to plan rescheduling as necessary.
- _____ Review and approve the area documenter's recordings of actions/decisions in the Surgical Services Area. Send copy to the In-Patient Areas Supervisor.
- _____ Direct non-utilized personnel to Labor Pool.
- _____ Other concerns:

Job Action Sheet

TREATMENT AREAS SUPERVISOR

Mission: Initiate and supervise the patient triage process. Assume treatment of casualties according to triage categories and manage the treatment areas(s). Provide for a controlled patient discharge.

You report to: _____(Medical Care Director)

Suggested Personnel: Director of Nursing, Administrator, Patient Care Coordinator, Patient Care Manager (Suggested personnel should be assigned based on the sequence above)

Your direct reports are:

_____ (Triage Unit Leader)
_____ (Immediate Treatment Unit Leader)
_____ (Delayed Treatment Unit Leader)
_____ (Minor Treatment Unit Leader)
_____ (Discharge Unit Leader)
_____ (Morgue Unit Leader)

Immediate Actions⁹⁷

- _____ Receive appointment from Medical Care Director.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Medical Care Director.
- _____ Appoint direct reports as noted above; distribute the Treatment Areas packet which contains:⁹⁸
 - ___ Job Action Sheets for each position
 - ___ Identification vest for each position
 - ___ Forms pertinent to area and position
- _____ Brief direct reports on current situation and instruct them to conduct an initial assessment of their area of responsibility.⁹⁹
- _____ Provide the Medical Care Director with a summary of the initial assessments of the

⁹⁷Normally immediate actions would be taken within the first hour of the emergency.

⁹⁸Depending on the situation at hand the decision may be made, in conjunction with the Medical Care Director and the Emergency Room Physician in charge, not to activate all treatment areas at the time.

⁹⁹The initial assessments would include information such as number of patients currently receiving care in the Emergency Room (Adult and Fast Track) and the Extended Stay Unit, number of staff currently on duty by position, to include physicians, etc. If indicated an assessment would also address such issues as the need to relocate patients, place the emergency room on by-pass, etc. (i.e., fire or bomb threat situation).

Treatment Areas.

- _____ Assist with the establishment of treatment areas in locations different than the Emergency Room (Adult and FastTrack) and the Extended Stay Unit if necessary.¹⁰⁰
- _____ Meet with the Medical Care Director to discuss staffing in the Treatment Areas.
- _____ Establish and maintain communications with the Medical Staff Unit Leader in reference to the need for additional physicians, particularly the need for specialists.
- _____ Maintain awareness of all inpatient capabilities, especially surgical services and critical care services via the In-Patient Areas Supervisor.
- _____ Establish and maintain communications with the Radiology Unit Leader with regard to the availability of diagnostic imaging services.
- _____ Establish and maintain communications with the Material Supply Unit Leader with regard to equipment, supply and material needs.
- _____ Establish and maintain communications with the Ancillary Services Director with regard to any needs pertaining to the:
 - ___ Laboratory
 - ___ Radiology
 - ___ Pharmacy
 - ___ Respiratory Services
- _____ Request authorization from the Medical Care Director to implement the call-in plans for the Emergency Room if indicated.
- _____ Ensure that directives from the Medical Care Director are carried out in a timely and appropriate fashion.

Intermediate Actions¹⁰¹

- _____ Receive status reports from direct reports on an hourly basis.
- _____ Provide the Medical Care Director with hourly status reports.
- _____ Receive, coordinate and forward requests for personnel (non-nursing) to the Labor Pool Unit Leader.
- _____ Establish and maintain communications with the Laboratory Unit Leader in the event that the laboratory's on-site capabilities are lost and everything has to be sent to the main laboratory.
- _____ Establish and maintain communications with the Safety and Security Officer for any security needs, especially those pertaining to the control of access to the treatment areas.
- _____ Assess Environmental Services needs for all treatment areas. Contact the Facility Unit Leader for assistance.
- _____ Assist Patient Tracking Officer and Patient Information Officer in obtaining information.
- _____ Meet with the Medical Care Director and the Emergency Room Physician in charge to discuss the continuance or termination of the action plan for the treatment areas as required.

Extended Actions¹⁰²

¹⁰⁰This would include establishing a Triage Area in the vicinity of an internal disaster such as a fire or explosion.

¹⁰¹Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

¹⁰²Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

- _____ Provide the Medical Care Director with a status report on action plans a minimum of once every two hours.
- _____ Receive status reports from direct reports every two hours and provide the Medical Care Director with a briefing.
- _____ Participate in any meetings and/or discussions pertaining to the temporary closure of any of the treatment areas due to recovery and/or salvage efforts.
- _____ Observe direct reports for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Ensure that direct reports keep account of any additional expenses incurred as a result of the emergency.¹⁰³
- _____ Ensure that actions are taken to return the treatment areas to normal operations once the emergency has been declared over.
- _____ Provide the Medical Care Director with a written summary of treatment areas activities within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix A, *Communications Plan*
- Appendix B, *Patient Tracking System*
- Appendix C, *Evacuation Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #2, *Initial Status Report - ED*
- Form #4, *Departmental Status Report*
- Form #5, *Staffing: Available/Needed*
- Form #B-1, *Victims Log*
- Form #B-2, *Patient Tracking System*

¹⁰³ Additional expenses would include manpower costs (i.e., overtime, agency personnel) and costs associated with the rental of equipment or purchase of additional supplies and materials.

Job Action Sheet

TRIAGE UNIT LEADER

Mission: Oversee the sorting of casualties according to priority of injuries, and assure disposition to the proper treatment area.

You report to: _____(Treatment Areas Supervisor)

Suggested Personnel: ED DON, PCM, MD, PA, Nurse Practitioner (Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹⁰⁴

- _____ Receive appointment from Treatment Areas Supervisor.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest
- _____ Obtain briefing from Treatment Areas Supervisor.
- _____ Conduct an initial assessment of patients in the Emergency Room, waiting rooms and report findings to the Treatment Areas Supervisor. The initial assessment shall include:
 - ___ Number of patients currently in each of the waiting rooms by category:
 - ___ Main ER
 - ___ Fast Track
- _____ Assess problem, triage treatment needs relative to specific incident (e.g., a hazardous materials incident) that may require victims to be decontaminated, with the Treatment Areas Supervisor.
- _____ Establish patient triage area; consult with Treatment Areas Supervisor to designate an alternate ambulance off-loading area, if indicated.
- _____ Establish a secondary triage area for Pediatrics patients, if indicated.
- _____ Establish and maintain communications with the Emergency Room physician in charge should there be a need for an Emergency Room Physician or Physician's Assistant to assist with the triage process.
- _____ Meet with Transportation Unit Leader and determine the needs for patient transportation equipment (e.g., wheelchairs, stretchers, etc.).
- _____ Assure that sufficient transport equipment is readily available to the Triage Area.
- _____ Establish and maintain communications with the Immediate Treatment, Delayed Treatment, and Minor Treatment Unit Leaders to assure the efficient flow of patients.
- _____ Assist with the triage of internal hospital patients (e.g., fire situation) if requested by the Treatment Areas Supervisor.
- _____ Ensure that all directives from the Treatment Areas Supervisor are carried out in a timely and appropriate manner.

Intermediate Actions¹⁰⁵

¹⁰⁴Normally immediate actions would be taken within the first hour of the emergency.

¹⁰⁵Normally intermediate actions would be taken after the first hour of an emergency and over the next four to six hours.

- _____ Provide the Treatment Areas Supervisor with an hourly status report.
- _____ Advise the Treatment Areas Supervisor of any security needs (e.g., assistance with access control in the triage area, etc.)
- _____ Meet with the Inpatient Areas Supervisor to discuss the continuance or termination of the action plan for the Triage Area as required.

Extended Actions¹⁰⁶

- _____ Provide the Treatment Areas Supervisor with a status report a minimum of once every two hours.
- _____ Ensure that actions are taken to return the triage process to normal operations once the emergency has been declared over.
- _____ Provide the Treatment Areas Supervisor with a written summary of triage activities within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix B, *Patient Tracking System*

Applicable Forms:

- Form #B-2, *Patient Tracking System*

¹⁰⁶Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

Job Action Sheet

IMMEDIATE TREATMENT UNIT LEADER

Mission: Coordinate the care given to patients received from the Triage Area; assure adequate staffing and supplies in the Immediate treatment Area; facilitate the treatment and disposition of patients in the Immediate Treatment Area.

You report to: _____ (Treatment Areas Supervisor)

Suggested Personnel: Case Manager, Clinical Nurse Specialist, Utilization Review RN (Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹⁰⁷

- _____ Receive appointment from Treatment Areas Supervisor.
- _____ Review entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest
- _____ Obtain briefing from Treatment Areas Supervisor.
- _____ Conduct an initial assessment of patients in the Emergency Room and report findings to the Treatment Areas Supervisor. The initial assessment shall include:
 - _____ Number of patients currently being treated in each of the Emergency Rooms
 - _____ Number of patients who will be discharged within the next 30 minutes in each of the Emergency Rooms
 - _____ Number of beds in each Emergency Room currently available
 - _____ Number of staff currently on duty in each Emergency Room by position, to include physicians
 - _____ The estimated amount of time it would take to evacuate patients from the two Emergency Rooms should the need arise (e.g., fire or bomb threat situation)
- _____ Establish and maintain communications with the Triage Unit Leader to ensure the efficient flow of patients.
- _____ Receive information on the location of the Minor Treatment Area from the Minor Treatment Unit Leader.
- _____ Assess the Immediate Treatment Areas for equipment, supply and staffing needs to include emergency room physicians and specialists and advise the Treatment Areas Supervisor of the same.
- _____ Assist the Treatment Areas Supervisor with the establishment of Immediate Treatment Areas in locations other than the Adult and Pediatric Emergency Rooms should the need arise.¹⁰⁸
- _____ Advise the Treatment Areas Supervisor of the need to implement call-in plans if indicated.
- _____ Ensure that all directives from the Treatment Areas Supervisor are carried out in a timely

¹⁰⁷Normally immediate actions would be taken within the first hour of the emergency.

¹⁰⁸This would include establishing a treatment area in the vicinity of an internal disaster such as a fire or explosion for the purpose of initiating treatment of life threatening injuries.

and appropriate manner.

Intermediate Actions¹⁰⁹

- _____ Provide the Treatment Areas Supervisor with an hourly status report.
- _____ Establish and maintain communications with the Discharge Unit Leader to assure the timely disposition of patients, particularly those that are being admitted to the hospital.
- _____ Discuss the continuance or termination of the Immediate Treatment Areas with the Treatment Areas Supervisor and the Emergency Room Physician in charge as required.
- _____ Establish and maintain communications with the Surgical Services Unit Leader to assure the efficient flow of patients to Surgery.
- _____ Establish and maintain communications with the Minor Treatment Unit Leader should the need to transfer patients to the Immediate Treatment Area arise due to changes in the patients' conditions.
- _____ Establish and maintain communications with the Delayed Treatment Unit Leader to assure the efficient flow of patients to the Immediate Treatment Area when required.

Extended Actions¹¹⁰

- _____ Provide the Treatment Areas Supervisor with a status report a minimum of once every two hours.
- _____ Participate in any meetings or discussions pertaining to the temporary closure of the Immediate Treatment Areas due to recovery and/or salvage efforts.
- _____ Observe staff assigned to the Immediate Treatment Areas for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Keep account of any additional expenses incurred as a result of the emergency.¹¹¹
- _____ Ensure that actions are taken to return the Immediate Treatment Areas to normal operations once the emergency has been declared over.
- _____ Provide the Treatment Areas Supervisor with a written summary of activities in the Immediate Treatment Areas within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix B, *Patient Tracking System*

Applicable Forms:

- Form #B-2, *Patient Tracking System*

¹⁰⁹Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

¹¹⁰Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

¹¹¹Additional expenses would include manpower costs (i.e., overtime, agency personnel) and costs associated with the rental of equipment or purchase of additional supplies and materials.

Job Action Sheet

DELAYED TREATMENT UNIT LEADER

Mission: Coordinate the care and treatment given to patients received from the Triage Area; assure adequate staffing and supplies in the Delayed Treatment Area; facilitate the treatment and disposition of patients in the Delayed Treatment Area.

You report to: _____(Treatment Areas Supervisor)

Suggested Personnel: ED Administrative Charge Nurse, Sr. or Advanced Clinical Nurse (Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹¹²

- _____ Receive appointment from Treatment Areas Supervisor.
- _____ Review entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Treatment Areas Supervisor.
- _____ Establish and maintain communications with the Triage Unit Leader to ensure the efficient flow of patients
- _____ Assess the Delayed Treatment Area for equipment, supply and staffing needs to include physicians and advise the Treatment Areas Supervisor of the same.
- _____ Assist the Treatment Areas Supervisor with the establishment of a Delayed Treatment Area in a location.
- _____ Advise the Treatment Areas Supervisor of the need to implement call-in plans if indicated.
- _____ Ensure that all directives from the Treatment Areas Supervisor are carried out in a timely and appropriate manner.

¹¹²Normally immediate actions would be taken within the first hour of the emergency.

Intermediate Actions¹¹³

- _____ Provide the Treatment Areas Supervisor with an hourly status report.
- _____ Establish and maintain communications with the Immediate Treatment Unit Leader to assure the efficient flow of patients to the Immediate Treatment Area when required.
- _____ Establish and maintain communications with the Discharge Unit Leader to assure the timely disposition of patients, particularly those that are being admitted to the hospital.
- _____ Discuss the continuance or termination of the Delayed Treatment area with the Treatment Areas Supervisor and the Emergency Room Physician in Charge as required.

Extended Actions¹¹⁴

- _____ Provide the Treatment Areas Supervisor with a status report a minimum of once every two hours.
- _____ Participate in any meetings or discussions pertaining to the temporary closure of the Delayed Treatment Area due to recovery and/or salvage efforts.
- _____ Observe staff assigned to the Delayed Treatment Areas for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Keep account of any additional expenses incurred as a result of the emergency.¹¹⁵
- _____ Ensure that actions are taken to return the Delayed Treatment Area to normal operations once the emergency has been declared over.
- _____ Provide the Treatment Areas Supervisor with a written summary of activities in the Delayed Treatment Area within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix B, *Patient Tracking System*

Applicable Forms:

- Form #B-2, *Patient Tracking System*

¹¹³Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

¹¹⁴Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

¹¹⁵Additional expenses would include manpower costs (i.e., overtime, agency personnel) and costs associated with the rental of equipment or purchase of additional supplies and materials.

Job Action Sheet

MINOR TREATMENT UNIT LEADER

Mission: Coordinate the care and treatment given to patients received from the Triage Area; assure adequate staffing and supplies in the Minor Treatment Area; facilitate the treatment and disposition of patients in the Minor Treatment Area.

You report to: _____ (Treatment Areas Supervisor)

Suggested Personnel: Fast Track RN, ED RN (Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹¹⁶

- _____ Receive appointment from Treatment Areas Supervisor.
- _____ Review entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Treatment Areas Supervisor.
- _____ Conduct an initial assessment of patients currently in the Fast Track area of the Emergency Room as well as Rehabilitation Services.¹¹⁷ The initial assessment shall include:
 - _____ Number of patients currently in the Fast Track area
 - _____ Number of patients in the Fast Track area that could be expected to be discharged within the next 30 minutes
 - _____ Number of patients currently in Rehabilitation Services by category:
 - _____ inpatients
 - _____ outpatients
 - _____ Estimated amount of time it would take to return all inpatients to their rooms
 - _____ Estimated amount of time it would take to complete treatments in progress for all outpatients
- _____ In conjunction with the Treatment Areas Supervisor determine which area will be utilized as the Minor Treatment Area and advise the Triage, Immediate Treatment, and Delayed Treatment Areas Unit Leaders of the same.
- _____ Establish and maintain communications with the Triage Unit Leader to assure the efficient flow of patients.
- _____ Assess the Minor Treatment Area for equipment, supply and staffing needs to include physicians and advise the Treatment Areas Supervisor of the same.
- _____ Ensure that all directives from the Treatment Areas Supervisor are carried out in a timely and appropriate manner

Intermediate Actions¹¹⁸

¹¹⁶Normally immediate actions would be taken within the first hour of the emergency.

¹¹⁷Depending on the nature of the emergency and the expected number of minor treatment patients the Hospital could expect to receive and over what time frame either of these areas could be designated as the Minor Treatment Area.

¹¹⁸Normally intermediate actions would be taken after the first hour of the emergency and

- _____ Provide the Treatment Areas Supervisor with an hourly status report.
- _____ Establish and maintain communications with the Immediate Treatment Unit Leader should the need to transfer patients to the Immediate Treatment Area arise due to changes in patients' conditions.
- _____ Discuss the continuance or termination of the Minor Treatment Area with the Treatment Areas Supervisor
- _____ Provide the Patient Information Officer with patient information as it becomes available.

Extended Actions¹¹⁹

- _____ Provide the Treatment Areas Supervisor with a status report a minimum of once every two hours.
- _____ Participate in any meetings or discussions pertaining to the relocation and/or temporary closure of the Minor Treatment Area due to changing patient care needs or recovery and/or salvage efforts.
- _____ Observe staff assigned to the Minor Treatment Area for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Keep account of any additional expenses incurred as a result of the emergency.¹²⁰
- _____ Ensure that actions are taken to return the Minor Treatment Area to normal operations once the emergency is declared over.
- _____ Provide the Treatment Areas Supervisor with a written summary of activities in the Minor Treatment Area within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix B, *Patient Tracking System*

Applicable Forms:

- Form #B-2, *Patient Tracking System*

over the next four to six hours.

¹¹⁹Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency declared over.

¹²⁰Additional expenses would include manpower costs (i.e., overtime, agency personnel) and costs associated with the rental of equipment or purchase of additional supplies and materials.

Job Action Sheet

DISCHARGE UNIT LEADER

Mission: Coordinate the controlled discharge of patients from the Immediate and Delayed Treatment Areas as well as from the Hospital's inpatient units.¹²¹

You report to: _____(Treatment Areas Supervisor)

Suggested Personnel: Utilization Review RN, Case Manager, Patient Care Coordinator (Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹²²

- _____ Receive appointment from the Treatment Areas Supervisor.
- _____ Review entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain a briefing from the Treatment Areas Supervisor.
- _____ Conduct an initial assessment of the discharge planning function and report findings to the Treatment Areas Supervisor. The assessment shall include:
 - _____ The number of Case Managers currently on duty
 - _____ The number of inpatients by unit that the Case Management department is aware of that are scheduled for discharge within the next twelve hours
- _____ Establish and maintain communications with the Immediate and Delayed Treatment Areas' Unit Leaders to assure the timely disposition of patients once treatment has been rendered.
- _____ Establish and maintain communications with the In-Patient Areas Supervisor with regard to the discharge planning needs of the inpatient units as well as the timely admission of patients to the hospital from the Immediate and Delayed Treatment areas.
- _____ Advise the Treatment Areas Supervisor of the need to implement the Case Management call-in plan if indicated.
- _____ Ensure that all directives from the Treatment Areas Supervisor are carried out in a timely and appropriate manner.

Intermediate Actions¹²³

- _____ Provide the In-Patient and Treatment Areas Supervisors with an hourly status report.
- _____ Establish and maintain communications with the Medical Staff Unit Leader with regard to assisting with contacting physicians in reference to discharging their patients (inpatients).
- _____ Establish and maintain communications with the Transportation Unit Leader should the

¹²¹This would include assisting with the transfer of patients to other facilities as well as assisting the Immediate and Delayed Treatment Areas with the admission of patients to the hospital.

¹²²Normally immediate actions would be taken within the first hour of the emergency.

¹²³Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

need arise to transport large numbers of patients to other facilities.

- _____ Establish and maintain communications with the chair of the Utilization Management Committee in the event discharge planning issues pertaining to members of the Professional Staff should arise.
- _____ Establish and maintain communications with the Critical Care Unit Leader with regard to the need for assistance from the Case Management staff in reference to discharge planning.
- _____ Establish and maintain communications with the General Nursing Care Unit Leader with regard to the need for assistance from Case Management staff in reference to discharge planning.
- _____ Discuss the continuance or termination of the Discharge Unit function with the In-Patient and Treatment Areas Supervisor as required.

Extended Actions¹²⁴

- _____ Provide the Treatment and In-Patient Areas Supervisors with a status report a minimum of once every two hours.
- _____ Participate in any meetings and or discussions in reference to the evacuation of the hospital or parts thereof that would require the transfer of inpatients to other facilities.
- _____ Observe the Case Management Staff for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Keep account of any additional expenses incurred as a result of the emergency.¹²⁵
- _____ Ensure that actions are taken to return the Case Management department to normal operations once the emergency has been declared over.
- _____ Provide the Treatment Areas Supervisor with a written summary of the Discharge Unit's activities within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix C, *Evacuation Plan*

¹²⁴Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

¹²⁵Additional expenses would include manpower costs (i.e., overtime, agency personnel) and costs associated with the rental of equipment or purchase of additional supplies and materials.

Job Action Sheet

MORGUE UNIT LEADER

Mission: Collect, protect and identify deceased patients. Assist Discharge Area Unit Leader in appropriate patient discharge.

You report to _____ (Treatment Area Supervisor)

Suggested Personnel: Laboratory Personnel/ Pathology Supervisor/ Morgue Personnel (Suggested personnel should be assigned based on the sequence above)

Immediate

- _____ Receive appointment from the Treatment Areas Supervisor.
- _____ Read this entire Job Action Sheet and review the organizational chart on back.
- _____ Put on position identification vest.
- _____ Receive briefing from Treatment Areas Supervisor with other Treatment Area unit leaders.
- _____ Establish Morgue Area; coordinate with Treatment Areas Supervisor and Medical Care Director.
- _____ Request an on-call physician from the Treatment Areas Supervisor to confirm any potential survivable casualties in Morgue Area.
- _____ Obtain assistance from the Transportation Unit Leader for transporting deceased patients.
- _____ Assure all transporting devices are removed from under deceased patients and returned to the Triage Area.

Extended

- _____ Maintain master list of deceased patients with time of arrival for Patient Tracking Officer and Patient Information Officer.
- _____ Assure all personal belongings are kept with deceased patients and are secured.
- _____ Assure all deceased patients in Morgue Areas are covered, tagged and identified where possible.
- _____ Keep Treatment Areas unit leaders apprised of number of deceased.
- _____ Contact the Safety & Security Officer for any morgue security needs.
- _____ Arrange for frequent rest and recovery periods, as well as relief for staff.
- _____ Schedule meetings with the Psychological Support Unit Leader to allow for staff debriefing.
- _____ Observe and assist any staff whom exhibits signs of stress or fatigue. Report any concerns to the Treatment Areas Supervisor.
- _____ Review and approve the area documenter's recording of action/decisions in the Morgue Area. Send copy to the Treatment Areas Supervisor.
- _____ Direct non-utilized personnel to Labor Pool.
- _____ Other concerns:

Job Action Sheet

ANCILLARY SERVICES DIRECTOR

Mission: Organize and manage ancillary medical services in all areas of the hospital.

You report to: _____ (Operations Section Chief)

Suggested Personnel: Hospital Divisional Administrator, DON, Ancillary Director (Suggested personnel should be assigned based on the sequence above)

Your Direct Reports are:

- _____ (Laboratory Unit Leader)
- _____ (Radiology Unit Leader)
- _____ (Pharmacy Unit Leader)
- _____ (Respiratory Unit Leader)

Immediate Actions¹²⁶

- _____ Receive appointment from Operations Section Chief.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Operations Section Chief.
- _____ Receive wireless telephone from Communications Unit Leader.
- _____ Appoint direct reports as noted above; distribute the Ancillary Services packets which contains:¹²⁷
 - ___ Job Action Sheet for Each position
 - ___ Identification vest for each position
 - ___ Forms pertinent to units and positions
- _____ Brief direct reports on current situation and instruct them to conduct an initial assessment of their area of responsibility.¹²⁸
- _____ Provide the Operations Section Chief with the initial assessment of the units as quickly as possible.
- _____ Meet with the Operations Section Chief, Medical Staff Director and the Medical Care Director to outline the Section's action plan and to assure that functions and activities are coordinated.
- _____ Meet with Transportation Unit Leader to assess transportation requirements and needs for personnel and materials.
- _____ If indicated ensure that Unit Leaders are taking the necessary actions to assure that their Units are in a position in terms of staffing, equipment, materials and supplies to respond to the situation at hand.

¹²⁶Normally immediate actions would be taken within the first hour of the emergency.

¹²⁷Depending on the situation at hand the decision may be made, in conjunction with the Operations Section Chief, not to fully activate all of the units at the time.

¹²⁸The initial assessment would include information such as the number of personnel currently on duty by unit and position. If indicated the assessment would also address issues such as the need to relocate or discontinue functions performed by the units (i.e., fire or bomb threat situation).

- _____ Establish and maintain communication with the Treatment Areas Supervisor with regard to any needs pertaining to the laboratory, radiology, pharmacy, and respiratory services.
- _____ Ensure that all directives from the Operations Section Chief are carried out in a timely and appropriate manner.

Intermediate Actions¹²⁹

- _____ Provide the Operations Section Chief with status reports on an hourly basis.
- _____ Meet with the Medical Care Director as needed to discuss any needs of the In-Patient Areas and Treatment Areas with regard to support from Ancillary Services.
- _____ Meet with the Unit Leaders as deemed necessary to discuss the continuance or termination of their respective action plans. Keep the Operations Section Chief advised of the same.
- _____ Establish and maintain communications with the Labor Pool Unit Leader with regard to the manpower needs of the Units as they related to non-clinical personnel (e.g., individuals to assist with delivering supplies and equipment).

Extended Actions¹³⁰

- _____ Provide the Operations Section Chief with a status report on action plans a minimum of once every two hours.
- _____ Receive status reports from the Unit Leaders every two hours and provide the Operations Section Chief with a briefing.
- _____ Participate in any meeting and/or discussions pertaining to the relocation of patients and/or the temporary closure of In-Patient Areas and Treatment Areas due to recovery and/or salvage efforts.
- _____ Ensure that the Unit Leaders keep the Finance Section abreast of any additional expenses incurred as a result of the emergency.¹³¹
- _____ Observe Unit Leaders for signs of stress and fatigue. Provide rest periods and relief as required. Assure that they are doing the same with regard to their staff.
- _____ Ensure that actions are taken to return the Units to normal operations once the emergency is declared over.
- _____ Provide the Operations Section Chief with a written summary of Ancillary Services' activities within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix A, *Communications Plan*
- Appendix C, *Evacuation Plan*

Applicable Forms:

¹²⁹Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

¹³⁰Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

¹³¹Additional expenses would include manpower costs (i.e., overtime) and costs associated with the rental of equipment or the purchase of additional supplies and materials.

- Form #1, *Emergency Incident Activities Log*
- Form #4, *Departmental Status Report*
- Form #5, *Staffing: Needed/Available*

Job Action Sheet

LABORATORY UNIT LEADER

Mission: Maintain Laboratory services, and blood and blood products at appropriate levels. Prioritize the activity of the laboratory staff.

You report to: _____ (Ancillary Services Director)

Suggested Personnel: Director of Lab Services, Supervisor, or Divisional Administrator (Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹³²

- _____ Receive appointment from Ancillary Services Director.
- _____ Review the entire Job Action Sheet and organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Ancillary Services Director.
- _____ Conduct an initial assessment of the laboratory and report findings to the Ancillary Services Director. The initial assessment shall include:
 - _____ The amount of blood and blood products, by type currently on hand
 - _____ The number of staff currently on duty, by position to include physicians
 - _____ The estimated turn around time for blood work at the present time
- _____ Establish and maintain communications with the Treatment Areas Supervisor and the Surgical Services Unit Leader with regard to the blood and blood products supply on hand.
- _____ Establish and maintain communications with the American Red Cross with regard to maintaining an adequate supply of blood and blood products throughout the emergency.¹³³
- _____ Establish and maintain communications with the main laboratory with regard to securing assistance (e.g., processing specimens at the main laboratory in the event electrical power and/or water is lost or if the laboratory has to be evacuated as the result of a fire or bomb threat).
- _____ If available and if indicated assist the Treatment Areas with the collection of specimens.
- _____ Ensure that any directives from the Ancillary Services Director are carried out in a timely and appropriate manner.

Intermediate Actions¹³⁴

¹³²Normally immediate actions would be taken within the first hour of an emergency.

¹³³This would mainly apply to external disasters whereby the hospital could expect to see a large number of patients requiring surgical intervention. It would also apply to those situations in which having the blood and blood products delivered or picked-up would be difficult (i.e., severe snowstorms).

¹³⁴Normally intermediate actions would be taken after the first hour of the emergency and

- _____ Provide the Ancillary Services Director with a status report on an hourly basis.
- _____ Request authorization to implement the department's call-in plan, if deemed necessary.
- _____ Establish and maintain communications with the In-Patient and Treatment Areas Supervisors in the event the Laboratory's on-site capabilities are lost and everything has to be sent to another Laboratory.
- _____ Establish and maintain communications with the Patient Tracking Officer to ensure the accurate routing of test results.
- _____ Prepare for the possibility of assisting with or initiating blood donor services should the need arise.
- _____ Keep the Ancillary Services Director abreast of the capabilities of the laboratory (i.e., ability to perform testing on site).

Extended Actions¹³⁵

- _____ Provide the Ancillary Services Director with a status report a minimum of once every two hours.
- _____ Participate in any meetings and/or discussions pertaining to the temporary closure of the Laboratory due to recovery and/or salvage efforts.
- _____ Observe staff for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Keep account of any additional expenses incurred as a result of the emergency.¹³⁶
- _____ Ensure that actions are taken to return the Laboratory to normal operations once the emergency is declared over.
- _____ Provide the Ancillary Services Director with a written summary of the Laboratory's activities within 48 hours of the emergency being declared over.

over the next four to six hours.

¹³⁵Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

¹³⁶Additional expenses would include manpower costs (i.e., overtime) and costs associated with the rental of equipment or purchase of additional supplies and materials.

Job Action Sheet

RADIOLOGY UNIT LEADER

Mission: Maintain Radiology and other Diagnostic Imaging Services at appropriate levels. Ensure the highest quality of services under the conditions at hand.

Your report to: _____ (Ancillary Services Director)

Suggested Personnel: Director of Radiology, Supervisor of Radiology, Divisional Administrator
(Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹³⁷

- _____ Receive appointment from Ancillary Services Director.
- _____ Review entire Job Action Sheet and organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Ancillary Services Director.
- _____ Conduct an initial assessment of Radiology and report findings to the Ancillary Services Director. The initial assessment shall include:
 - _____ Number of patients currently undergoing Imaging studies¹³⁸
 - _____ Number of patients scheduled for studies over the next two hours
 - _____ Number of staff currently on duty by modality and position to include Radiologists
- _____ If indicated and currently available provide a radiology technician and portable x-ray unit the Immediate and Delayed Treatment Areas.
- _____ If applicable discuss the possibility of canceling scheduled studies with the Department Head of Imaging and the Ancillary Services Director.
- _____ Establish and maintain communications with the Surgical Services Unit Leader with regard to the current and anticipated need for a radiology technician(s) in Surgical Services.
- _____ Establish and maintain communications with the Medical Staff Unit Leader with regard to the need for additional Radiologists.
- _____ Request authorization from the Ancillary Services Director to implement the department's call-in plan, if deemed necessary.
- _____ Establish and maintain communications with the In-Patient and Treatment Areas Supervisors with regard to the availability of Diagnostic Imaging Services.
- _____ Ensure that all directives from the Ancillary Services Director are carried out in a timely and appropriate manner.

Intermediate Actions¹³⁹

- _____ Provide the Ancillary Services Director with a status report on an hourly basis.

¹³⁷Normally immediate actions would be taken within the first hour of the emergency.

¹³⁸Includes all modalities.

¹³⁹Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

- _____ Establish and maintain communications with the Patient Tracking Officer to ensure the accurate routing of tests results.
- _____ Keep the Ancillary Services Director advised of the Unit's staffing, equipment and supply needs.
- _____ Keep the Ancillary Services Director and the Medical Care Director abreast of the capabilities of Imaging Services.

Extended Actions¹⁴⁰

- _____ Provide the Ancillary Services Director with a status report a minimum of once every two hours.
- _____ Participate in any meetings and/or discussions pertaining to the temporary closure of any Imaging modalities due to recovery and/or salvage efforts.
- _____ Observe staff for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Keep account of any additional expenses incurred as a result of the emergency.¹⁴¹
- _____ Ensure that actions are taken to return Imaging to normal operations once the emergency is declared over.
- _____ Provide the Ancillary Services Director with a written summary of the Imaging's activities within 48 hours of the emergency being declared over.

¹⁴⁰Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

¹⁴¹Additional expenses would include manpower costs (i.e., overtime, agency personnel) and costs associated with the rental of equipment or purchase of additional supplies and materials.

Job Action Sheet

PHARMACY UNIT LEADER

Mission: Ensure the availability of emergency, incident specific, pharmaceutical and Pharmacy Services.

You report to: _____ (Ancillary Services Director)

Suggested Personnel: Director or Asst. Director of Pharmacy, Divisional Administrator (Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹⁴²

- _____ Receive appoint from Ancillary Services Director.
- _____ Review entire Job Action Sheet and organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Ancillary Services Director.
- _____ Conduct an initial assessment of Pharmacy Services and report findings to the Ancillary Services Director. The assessment shall include:
 - ___ Any know or anticipated shortages of medications at the present time¹⁴³
 - ___ Number of staff currently on-duty
 - ___ Any problems with Pharmacy operations as a result of the emergency (e.g., loss of computers)
- _____ If indicated and currently available assign a Pharmacist and a Pharmacy Technician to the Immediate Treatment Area.
- _____ Assign staff to respond to calls for assistance in the event that problems with the PYXIS system arise.
- _____ If indicated assign staff to deliver medications and supplies to the Immediate, Delayed and Minor Treatment Areas.
- _____ If indicated contact vendors as well as other area hospital's to obtain incident specific medications.
- _____ Request authorization from the Ancillary Services Director to implement the department's call-in plan, if deemed necessary.
- _____ Ensure that all directives from the Ancillary Services director are carried out in a timely and appropriate manner.

Intermediate Actions¹⁴⁴

- _____ Provide the Ancillary Services Director with a status report on an hourly basis.

¹⁴²Normally immediate actions would be taken within the first hour of the emergency.

¹⁴³When analyzing this component of the assessment the type of emergency and the number of anticipated casualties must be taken into consideration (i.e., medications, etc.) needed to treat burn victims for example.

¹⁴⁴Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

- _____ If indicated, make arrangements with applicable vendors to ensure that an adequate supply of pharmaceuticals are on hand throughout the emergency.¹⁴⁵
- _____ If deemed necessary, establish and maintain communications with the Transportation Unit Leader regarding the pick-up of pharmaceuticals off-site.
- _____ In the event that areas of the hospital have to be evacuated see to it that medications are removed from the area in question and that actions are taken to ensure that the required medications are delivered to the area where the patients are relocated.
- _____ Keep the Ancillary Services Director and the Medical Care Director abreast of the capabilities of the Pharmacy.

Extended Actions¹⁴⁶

- _____ Provide the Ancillary Services Director with a status report a minimum of once every two hours.
- _____ Participate in any meeting and/or discussions pertaining to the temporary closure of the Pharmacy due to recovery and/or salvage efforts.
- _____ Observe staff for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Keep account of any additional expenses incurred as a result of the emergency.¹⁴⁷
- _____ Ensure that actions are taken to return the Pharmacy to normal operations once the emergency is declared over.
- _____ Provide the Ancillary Services Director with a written summary of the Pharmacy's activities within 48 hours of the emergency being declared over.

¹⁴⁵This would apply to situations in which the ability to have items delivered to the hospital in a timely fashion may be hampered (i.e., severe weather)

¹⁴⁶Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

¹⁴⁷Additional expenses would include manpower costs (i.e., overtime) and costs associated with the rental of equipment and purchase of additional supplies and materials.

Job Action Sheet

RESPIRATORY UNIT LEADER

Mission: Provide the highest level of Cardiopulmonary Services at levels sufficient to meet the needs resulting from the emergency at hand as well as all other on-going needs.

You report to: _____ (Ancillary Services Director)

Suggested Personnel: Director of Respiratory Care, RT Supervisor, Divisional Administrator
(Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹⁴⁸

- _____ Receive appointment from the Ancillary Services Director.
- _____ Read the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Ancillary Services Director.
- _____ Conduct an initial assessment of Respiratory Services and report findings to the Ancillary Services Director. The assessment shall include:
 - _____ Current inventory of oxygen and other medical gas cylinders by size and type
 - _____ Status of In-wall oxygen and other medical gases¹⁴⁹
 - _____ Number of patients by location currently on ventilators
 - _____ Operational ventilation equipment currently available
 - _____ If applicable, number of patients currently attending (on-site) Cardiopulmonary Rehabilitation Program
 - _____ Number of staff currently on duty by department (e.g., Respiratory Therapy,) and position (e.g., Respiratory Therapist, etc.)
- _____ If indicated and currently available assign a Respiratory Therapist and an EKG Technician to the Immediate Treatment Area.
- _____ If indicated, advise the Material Supply Unit Leader to deliver oxygen cylinders to the Immediate and Delayed Treatment Areas as well as any other areas where a need has been identified.
- _____ If applicable, discuss the possibility of sending cardiopulmonary outpatients home to free up space and staff.
- _____ Request authorization from the Ancillary Services Director to implement the Respiratory Services' call-in plan
- _____ If indicated (e.g., fire situation) oversee the control of the in-wall oxygen shut off valves.
- _____ Ensure that all directives from the Ancillary Services Director are carried out in a timely and appropriate manner.

¹⁴⁸Normally immediate actions would be taken within the first hour of the emergency.

¹⁴⁹This would be done in conjunction with the Damage Assessment and Control Officer and the Utility Systems Unit Leader if the emergency at hand has the potential for creating problems with these systems (i.e., fire and/or explosion).

Intermediate Actions¹⁵⁰

- _____ Provide the Ancillary Services Director with a status report on an hourly basis.
- _____ Establish and maintain communications with the Material Supply Unit Leader with regard to obtaining additional oxygen and other medical gas cylinders as well as the rental of additional equipment (e.g., ventilators).
- _____ If indicated and available, assign a Respiratory Therapist to the Delayed Treatment Area as well as an additional Therapist to the Immediate Treatment Area.
- _____ Establish and maintain communications with the Patient Tracking Officer to ensure the accurate routing of test results (e.g., blood gases).
- _____ Keep the Ancillary Service and the Medical Care Directors abreast of the capabilities of Respiratory Services.

Extended Actions¹⁵¹

- _____ Provide the Ancillary Services Director with a status report a minimum of once every two hours.
- _____ Ensure that levels of all medical gases is monitored. This would include cylinders as well
- _____ Participate in any meeting and/or discussions pertaining to the temporary disruption of in-wall oxygen and other medical gases due to recovery and/or salvage efforts.
- _____ Observe Respiratory Services staff for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Keep account of all additional expenses incurred as a result of the emergency.¹⁵²
- _____ Ensure that actions are taken to return Respiratory Services to normal operations once the emergency has been declared over.
- _____ Provide the Ancillary Services Director with a written summary of Respiratory Services' activities within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix C, *Evacuation Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #4, *Departmental Status Report*

¹⁵⁰Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

¹⁵¹Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

¹⁵²Additional expenses would include manpower costs (i.e., overtime, agency personnel) and costs associated with the rental of additional equipment and supplies.

Job Action Sheet

HUMAN SERVICES DIRECTOR

Mission: Organize, direct and supervise those services associated with the social and psychological needs of the patients, staff and their respective families. Assist with discharge planning.



You report to: _____ Operations Section Chief

Suggested Personnel: Human Resources VP or Director, Social Worker, Director of Psychiatry or Psychiatric Social Worker, Psychiatric Nurse (Suggested personnel should be assigned based on the sequence above)

Immediate

- _____ Receive appointment from Operations Section Chief. Obtain packet containing subsection Job Action Sheets.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Operations Section Chief with other section directors and assist with development of the Operations Section's action plan. Designate time for follow up meeting.
- _____ Appoint Psychological Support Unit Leader and Dependent Care Unit Leader. Distribute corresponding Job Action Sheets and identification vests.
- _____ Brief unit leaders on current situation; outline action plan for subsection and designate time for next briefing.
- _____ Establish Human Services Center near Discharge Area or near staff rest/rehabilitation area.
- _____ Assist with establishment of Discharge Area. Lend support personnel to assist with patient discharge process.
- _____ Assist in the implementation of patient early discharge protocol on the direction of Operations Section Chief. Secure the aid of Nursing Unit Leader.

Intermediate

- _____ Assist Psychological Support Unit Leader in securing a debriefing area.
- _____ Meet regularly with unit leaders to receive updates and requests.
- _____ Communicate frequently with Operations Section Chief.

Extended

- _____ Document action and decisions on a continual basis.
- _____ Observe and assist anyone who exhibits signs of stress and fatigue. Provide for staff rest and relief.
- _____ Other concerns:

Job Action Sheet

PSYCHOLOGICAL SUPPORT UNIT LEADER

Mission: Assure the provision of psychological, spiritual and emotional support to the hospital staff, patients, dependents and guests. Initiate and organize the Critical Stress Debriefing process.



You report to _____ Human Services Director

Suggested Personnel: Patient Care Manager for Psychiatry, Psychiatric Nurse Practitioner or Physician Assist (Suggested personnel should be assigned based on the sequence above)

- Immediate**
- _____ Receive appointment from Human Services Director.
 - _____ Read this entire Job Action Sheet and review the organizational chart on back.
 - _____ Put on position identification vest.
 - _____ Receive briefing from Human Services Director and other subsection unit leaders; assist in development of subsection action plan. Designate time for follow up meeting.
 - _____ Anticipate staff needs as they might relate to the specific disaster.
 - _____ Establish teams composed of staff, clergy and other mental health professionals to support the psychosocial needs of the staff, patients and guests.
- Intermediate**
- _____ Designate a secluded debriefing area where individual and group intervention may take place. Designate a staff rest and nutritional area in a low traffic area
 - _____ Appoint psychological support staff to visit patient care and non-patient care areas on a routine schedule.
 - _____ Meet regularly with all members of the Human Services Subsection.
 - _____ Establish a staff information/status board (situation, disaster update, and hospital activities).
 - _____ Provide for support and sleeping arrangements.
- Extended**
- _____ Advise psychological support staff to document all contacts.
 - _____ Observe psychological support staff for signs of stress and fatigue. Arrange for frequent, mandatory rest periods and debriefing sessions.
 - _____ Schedule and post the dates and times for critical stress debriefing sessions during and after the immediate disaster period.
 - _____ Report routinely to Human Services Director
 - _____ Document all actions, decisions and interventions.
 - _____ Other concerns:

Job Action Sheet

DEPENDENT CARE UNIT LEADER

Mission: Initiate and direct the sheltering and feeding of staff and volunteer dependents.



You report to _____ Human Services Director

Suggested Personnel: Social Worker, Clerical Assistant, HR Staff (Suggested personnel should be assigned based on the sequence above)

Immediate

- _____ Receive appointment from Human Services Director.
- _____ Read this entire Job Action Sheet and review the organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Human Services Director; participate in development of subsection action plan. Designate time for follow up meeting.
- _____ Establish a controlled, comfortable area where patients and visitors may wait for disposition home.

Intermediate

- _____ Establish a Dependent Care Area removed from any patient care areas.
- _____ Obtain volunteers from the Labor Pool to assist with child and/or adult care.
- _____ Make tentative plans for extended care.
- _____ Monitor the area continuously for safety and dependant needs with a minimum of two hospital employees.
- _____ Implement a positive I.D. system for all children cared for under age of 13 years of age. Provide matching I.D. for retrieving guardian to show upon release of child.
- _____ Document care and all personnel in the area.
- _____ Contact the Safety & Security Officer for assistance.
- _____ Contact Materials Supply Unit Leader and Nutritional Supply Unit Leader for supplies and food; advise Situation - Status Unit Leader and Labor Pool Unit Leader of any extended plans.

Extended

- _____ Assure that those dependents taking medications have sufficient supply for estimated length of stay.
- _____ Arrange for the Psychological Support Unit Leader to make routine contact with dependents in the shelter, as well as responding when necessary.
- _____ Observe staff and dependents for signs of stress and fatigue. Provide for staff rest periods and relief.
- _____ Report routinely to Human Services Director. Document all actions/decisions.

Job Action Sheet

MEDICAL STAFF DIRECTOR

Mission: Organize, prioritize and assign physicians to areas where medical care is being delivered. Advise the Incident Commander and the Operations Section Chief on issues related to the medical staff.

You report to: _____ (Medical Care Director)

Suggested Personnel: Physician-in-Chief, MD Divisional Chairman (Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹⁵³

- _____ Receive Job Action Sheet from Emergency Incident Commander and review the same.
- _____ Put on position identification vest.
- _____ Obtain briefing from Emergency Incident Commander.
- _____ Attend status/action plan meeting called for by the Emergency Incident Commander which is to occur within 15 - 30 minutes after the emergency has been declared.
- _____ Meet with the Operations Section Chief and the Medical Care and Ancillary Services Directors to plan and project patient care needs as they pertain to the medical staff.¹⁵⁴
- _____ Meet with the Medical Staff Unit Leader to facilitate the staffing of the Immediate and Delayed Treatment Areas by specialists (e.g., Plastic Surgeons) as well as providing medical staff support to other areas of the hospital (e.g., Surgical Services) as deemed necessary.
- _____ Ensure medical staff support, if deemed necessary, for patient priority assessment to designate patients for early discharge.
- _____ Ensure that directives from the Emergency Incident Commander are carried out in a timely and appropriate manner.

Intermediate Actions¹⁵⁵

- _____ Attend hourly briefings with the Emergency Incident Commander and provide status and recommendations for updating action plans regarding the continuance and termination of the plans or parts thereof.
- _____ Receive status reports from the Medical Staff Unit Leader on the ability of the medical staff to meet patient care needs.

¹⁵³Normally immediate actions would be taken within the first hour of the emergency.

¹⁵⁴Needs will be based on the initial assessments conducted by the individuals reporting to the Medical Care and Ancillary Services Directors (i.e., assessment of designated treatment areas – Immediate, Delayed and Minor).

¹⁵⁵Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

Extended Actions¹⁵⁶

- _____ Meet with the Operations Section Chief to discuss ongoing needs for support from the medical staff.
- _____ Meet with the Emergency Incident Commander as deemed necessary to update the medical staff's plan regarding continuance or termination of the plan.
- _____ Observe members of the medical staff for signs of stress and fatigue. Provide relief and rest periods as required.

Other Applicable Plans:

- Appendix A, *Communications Plan*
- Appendix C, *Evacuation Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #7, *Physicians: Needed/Available*

¹⁵⁶Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

Job Action Sheet

PLANNING SECTION CHIEF

Mission: Organize and direct all aspects of administrative support operations. Compile critical information/data that is essential to the decision making process.

You report to: _____ (Emergency Incident Commander)

Suggested Personnel: Director Of Ancillary Services, Director of Nursing, Director of Admitting, Director or VP of Human Resources (Suggested personnel should be assigned based on the sequence above)

Your direct reports are:

_____ (Situation Status Leader)
_____ (Labor Pool Unit Leader)
_____ (Medical Staff Unit Leader)
_____ (Nursing Unit Leader)
_____ (Patient Tracking Officer)
_____ (Patient Information Officer)

Immediate Actions¹⁵⁷

- _____ Receive appoint from Emergency Incident Commander.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Emergency Incident Commander.
- _____ Receive wireless telephone from the Communications Unit Leader.
- _____ Appoint direct reports,¹⁵⁸ as noted above; distribute the Planning Section packet which contains:
 - _____ Job Action Sheets for each position
 - _____ Identification vests for each position
 - _____ Forms pertinent to section and position
- _____ Brief Unit Leaders (direct reports) on current situation.
- _____ Attend status/action plan meeting called for by the Emergency Incident Commander which is to occur 15 to 30 minutes after the emergency is declared.
- _____ Meet with Unit Leaders to outline the Section's action plan and establish time for next meeting.
- _____ If applicable instruct the Labor Pool Unit Leader to establish a location for the labor pool.¹⁵⁹
- _____ Ensure that directives from the Emergency Incident Commander are carried out in a timely and appropriate fashion.

¹⁵⁷ Normally immediate actions would be taken within the first hour of the emergency.

¹⁵⁸ Depending on the situation at hand the Planning Section Chief may elect not to fill some of the positions.

Intermediate Actions¹⁶⁰

- _____ Make requests for resources made by the Unit Leaders to the Emergency Incident Commander.
- _____ Receive status reports from the Patient Tracking Officer every half-hour.
- _____ Receive status reports from the Labor Pool and Medical Staff Unit Leaders every hour.
- _____ Obtain status reports from the other Section Chiefs, the Safety and Security, Public Information and Liaison Officers on an hourly basis.
- _____ Attend hourly briefings with the Incident Commander and provide status reports pertaining to the following:¹⁶¹
 - _____ Number of patients treated to include disposition (e.g., discharged, admitted, transferred, number of patients still being treated, number of patients waiting to be treated to include those that have not being transported to the hospital as of yet [estimate])
 - _____ Number of staff currently on-duty
 - _____ Number of staff still needed to respond to the emergency
 - _____ Number of physicians by specialty that have be called in to respond to the emergency
 - _____ Number of physicians by specialty still needed to respond to the emergency

Extended Actions¹⁶²

- _____ Obtain status reports on action plans from Unit Leaders a minimum of once every two hours.
- _____ Meet with the Patient Tracking Officer every hour until all patients (victims) have been transported to the hospital.
- _____ Meet with the Emergency Incident Commander as deemed necessary to update the Section's action plan regarding continuance or termination of the plan or parts thereof. Said meetings should occur at least once every eight hours.
- _____ Observe Unit Leaders and the Patient Tracking Officer for signs of stress and fatigue. Provide relief and rest periods as required.
- _____ Ensure that actions are taken to return the Section to normal operations once the emergency is declared over.
- _____ Assure that Unit Leaders and the Patient Tracking Officer provide the Finance Section Chief with a report on additional expenses incurred as a result of the emergency once the emergency is declared over.¹⁶³
- _____ Provide the chairman of the Safety Committee with a written summary of activities

¹⁶⁰Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

¹⁶¹The Planning Section Chief will be responsible for documenting all discussions and/or decisions in reference to the continuance and termination of action plans or parts thereof, made during the hourly briefing sessions.

¹⁶²Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

¹⁶³Additional expenses would include manpower costs (i.e., overtime) and costs associated with the rental of equipment, the purchase of additional supplies or materials.

performed by the Section within 72 hours of the emergency being declared over.

Other Applicable Plans:

- ❑ Appendix A, *Communications Plan*
- ❑ Appendix C, *Evacuation Plan*

Applicable Forms:

- ❑ Form #1, *Emergency Incident Activities Log*
- ❑ Form #5, *Staffing: Available/Needed*

Job Action Sheet

SITUATION-STATUS (SIT-STAT) UNIT LEADER



Mission: Maintain current information regarding the incident status for all hospital staff. Ensure a written record of the hospital's emergency planning and response. Develop the hospital's internal information network. Monitor the maintenance and preservation of the computer system.

You Report to _____ (Planning Section Chief)

Suggested Personnel: Director of Information Services or designee (Suggested personnel should be assigned based on the sequence above)

Immediate

- _____ Receive appointment from Planning Section Chief.
- _____ Read this entire Job Action Sheet and review organizational chart back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Planning Section Chief.
- _____ Obtain status report on computer information system.
- _____ Assign recorder to document decisions, actions and attendance in Emergency Operations Center
- _____ Establish a status/condition board in Emergency Operations Center with a documentation aide. Ensure that this board is kept current.
- _____ Assign recorder to Communications Unit Leader to document telephone, radio and memo traffic.

Intermediate

- _____ Ensure that an adequate number of recorders are available to assist areas as needed. Coordinate personnel with Labor Pool.
- _____ Supervise backup and protection of existing data for main and support computer systems.
- _____ Publish an internal incident informational sheet for employee information at least every 4-6 hours. Enlist the assistance of the Public Information Officer, Staff Support Unit Leader and Labor Pool Unit Leader.
- _____ Ensure the security and prevent the loss of medical record hard copies.

Extended

- _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns:

Job Action Sheet

LABOR POOL UNIT LEADER

Mission: Receive requests for staffing assistance and assign available staff as needed.

You report to: _____ (Planning Section Chief)

Suggested Personnel: Patient Care Coordinator (Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹⁶⁴

- _____ Receive appointment from Planning Section Chief.
- _____ Review the Entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Planning Section Chief.
- _____ Receive wireless device from the Communications Unit Leader.
- _____ If applicable, establish a pool of runners with the Communications Unit Leader.
- _____ Establish a labor pool area and communicate operational status to:
 - _____ Emergency Incident Command Center
 - _____ Communications Department¹⁶⁵
 - _____ Nursing Administration
- _____ Solicit support (clerical) for the Labor Pool area from the Volunteers Office and/or the Human Resources Department.
- _____ Establish and maintain communications with the following individuals to determine their current staffing needs as well as their ability to reassign staff to the Labor Pool:
 - _____ Facility Unit Leader
 - _____ In-Patient Areas Supervisor
 - _____ Treatment Areas Supervisor
 - _____ Ancillary Services Director
- _____ Provide the Planning Section Chief with a status report on staffing needs once the initial assessment has been completed.
- _____ Maintain a record of all staffing assignments made by the Labor Pool.
- _____ Assure that any directives from the Planning Section Chief are carried out in a timely and appropriate fashion.

Intermediate Actions¹⁶⁶

- _____ Provide the Planning Section Chief with hourly status reports on efforts to meet the hospital's staffing needs with regard to the emergency.

¹⁶⁴Normally immediate actions would be taken within the first hour of an emergency.

¹⁶⁵Advise Communications to make the following overhead page, three times at five minute intervals "Your attention please, your attention please, the Labor Pool is located in the _____. All staffing requests are to be directed there."

¹⁶⁶Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

- _____ Establish and maintain communications with the Transportation Unit Leader in the event available staff need to be transported to the Hospital (e.g., during weather emergencies).
- _____ Assist Medical Staff Unit Leader in contacting physicians, if asked to do so.
- _____ Provide clerical assistance to the Patient Tracking Officer if necessary.
- _____ Provide assistance to Patient Information Officer if necessary.
- _____ Working in conjunction with the Director of Volunteers assign Hospital volunteers to meet staffing needs if indicated.
- _____ Screen, process and assign volunteers from outside of the Hospital who are willing to provide assistance during the emergency.
- _____ Establish and maintain communications with the Public Information Officer with regard to the need to utilize the news media (e.g., television and radio) to solicit assistance from the community.

Extended Actions¹⁶⁷

- _____ Provide the Planning Section Chief with hourly status reports to include recommendations for the continuance or termination of action plans or parts thereof as they relate to the Labor Pool.
- _____ Make arrangements with the Nutritional Supply Unit Leader to provide light snacks and meals if applicable to those volunteering to assist with the Hospital's emergency response.
- _____ Observe staff assigned to the Labor Pool for signs of stress and fatigue. Provide rest and relief periods as required.
- _____ Assure that all staff reassignments are reported to the Time Unit Leader.
- _____ Provide the Finance Section Chief with a report on additional expenses incurred by the Labor Pool as a result of the emergency.¹⁶⁸
- _____ Provide the Administrative Support Section Chief with a written summary of Labor Pool activities within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix D, *Access Control Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #5, *Staffing: Available/Needed*
- Form #6, *Call Back Log*
- Form #8, *Staff Reassignment Log*

¹⁶⁷Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

¹⁶⁸Additional expenses would include manpower costs (i.e., overtime) and costs associated with the rental of equipment or the purchase of additional supplies and materials.

Job Action Sheet

MEDICAL STAFF UNIT LEADER

Mission: Contact members of the Professional Staff as required to meet the needs of the designated treatment areas as well as specialty areas (e.g., Surgical Services). Assist in the assignment of available Professional Staff as needed.

You report to: _____ (Planning Section Chief)

Suggested Personnel: VP of Medical Affairs, Medical Departmental Chair (Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹⁶⁹

- _____ Receive appointment from Planning Section Chief.
- _____ Review the entire Job Action Sheet and organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Planning Section Chief.
- _____ Establish a central point to facilitate communications with the members of the Professional Staff in the Medical Staff Office area.
- _____ Inventory the number of and types of physicians currently on-site and provide the Planning Section Chief and Medical Staff Director with findings.
- _____ Establish and maintain communications with the Treatment Areas Supervisor and the Maternal Child, Surgical Services and Critical Care Unit Leaders to determine their physician needs.
- _____ Establish and maintain communications with the Radiology Unit Leader with regard to the need for additional radiologists.
- _____ Assure that any directives from the Planning Section Chief and/or the Medical Staff Director are carried out in a timely and appropriate fashion.

Intermediate Actions¹⁷⁰

- _____ Provide the Planning Section Chief with an hourly status report on efforts to meet Professional Staff staffing needs.
- _____ Establish and maintain communications with the Transportation Unit Leader in the event available members of the Professional Staff need to be transported to the Hospital (e.g., during weather emergencies).
- _____ If applicable, contact other hospitals to obtain temporary privileges for physicians.¹⁷¹
- _____ Establish and maintain communications with the Discharge Unit Leader with regard to receiving assistance in contacting physicians in reference to discharging their patients (inpatients).

¹⁶⁹Normally immediate actions would be taken within the first hour of the emergency.

¹⁷⁰Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

¹⁷¹For example if current inpatients had to be transferred to other facilities where their physicians do not have privileges.

_____ If necessary contact the Labor Pool Unit Leader for assistance with contacting physicians.

Extended Actions¹⁷²

_____ Provide the Planning Section Chief and the Medical Staff Director with hourly status reports to include recommendations for the continuance or termination of actions plans or parts thereof that pertain to securing assistance from the Professional Staff.

_____ Provide the Finance Section Chief with a report on additional expenses incurred by the Unit as a result of the emergency.¹⁷³

_____ Provide the Planning Section Chief with a written summary of the Unit's activities within 48 hours of the emergency being declared over.

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #6, *Call Back Log*
- Form #7, *Physicians: Needed/Available*

¹⁷²Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

¹⁷³Additional expenses would include manpower costs (i.e., overtime) and costs associated with the rental of equipment or the purchase of additional supplies and equipment.

Job Action Sheet

NURSING UNIT LEADER

Mission: Organize and coordinate nursing and direct patient care services.



You report to _____ Planning Section Chief

Your Direct Reports are:

_____ Patient Tracking Officer

_____ Patient Information Officer

Suggested Personnel: VP Nursing, Director of Nursing (Suggested personnel should be assigned based on the sequence above)

Immediate

- _____ Receive appointment from Planning Section Chief.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain a briefing from Emergency Incident Commander or Planning Section Chief.
- _____ Appoint Patient Tracking Officer and Patient Information Officer and distribute the corresponding Job Action Sheets. Ensure the implementation of a patient tracking system.
- _____ Obtain current in-patient census and request a prioritization assessment (triage) of all in-house patients from the Medical Care Director.
- _____ Meet with Operations Chief, Medical Staff Director and Medical Care Director to assess and project nursing staff and unit support personnel and patient care supply needs.
- _____ Recall staff as appropriate; assist the Labor Pool in meeting the nursing staff needs of the Medical Care Director.

Intermediate

- _____ Implement emergency patient discharge plan at the direction of the Emergency Incident Commander with support of the Medical Staff Director.
- _____ Meet regularly with the Patient Tracking Officer and Patient Information Officer.
- _____ Meet with Labor Pool Unit Leader, Medical Care Director and Operations Section Chief to coordinate long term staffing needs.
- _____ Coordinate with the Labor Pool staff the number of nursing personnel which may be released for future staffing or staffing at another facility.

Extended

- _____ Establish a staff rest and nutritional area in cooperation with Labor Pool Unit Leader and Staff Support Unit Leader.
- _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns:

Job Action Sheet

PATIENT TRACKING OFFICER

Mission: Maintain the location of all patients related to the emergency at hand at all times throughout the Hospital.

You report to: _____(Nursing Unit Leader)

Suggested Personnel: Public Affairs, Patient Relations, Patient Representative (Suggested personnel should be assigned based on the sequence above)

Your direct report is as follows:

_____ (Patient Information Officer)

Immediate Actions¹⁷⁴

- _____ Review the entire Job Action Sheet and review the organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Nursing Unit Leader.
- _____ Appoint Patient Information Officer; distribute Planning Section packet which contains:
 - _____ Job Action Sheet
 - _____ Position identification vest
 - _____ Forms pertinent to position
- _____ Brief Patient Information Officer.
- _____ Establish and maintain communications with the In-Patient Areas Supervisor for the purpose of determining the current inpatient census by unit to include specialty areas (e.g., Labor and Delivery, Surgical Services, etc.).
- _____ Establish and maintain communications with the Treatment Areas Supervisor to determine the current census in the Emergency Room
- _____ Maintain the Patient Tracking Board located in the Incident Command Center.
- _____ Ensure that directives from the Planning Section Chief are carried out in a timely and appropriate fashion.

Intermediate Actions¹⁷⁵

- _____ Assure that the Patient Information Officer reports the movement of all patients related to the emergency as they occur.¹⁷⁶

¹⁷⁴Normally immediate actions are taken within the first hour of the emergency.

¹⁷⁵Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

¹⁷⁶This would include, admissions, discharges, DOAs, deaths, in-house transfers (i.e., from Emergency Room to Surgery) and transfers to other facilities.

- _____ Establish and maintain communication with the Laboratory, Respiratory & Radiology Unit Leaders to ensure the accurate routing of test results.
- _____ Provide the Planning Section Chief with hourly status reports on the care and treatment of patients related to the emergency as well as any changes to the inpatient census.
- _____ Establish and maintain communications with the Public Information Officer in the event questions from the news media arise about the Hospital's capacity to accept patients.
- _____ If necessary contact the Labor Pool Unit Leader with regard to securing clerical assistance.

Extended Actions¹⁷⁷

- _____ Provide the Nursing Unit Leader with hourly status reports on the patients being treated as a result of the emergency as well as the current inpatient census. The status report would also include any recommendations for the continuance or termination of action plans or parts thereof that pertain to tracking patients.
- _____ Ensure that the Patient Tracking Board is updated on an hourly basis.
- _____ Provide the Nursing Unit Leader with a written summary of activities performed within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix B, *Patient Tracking System*
- Appendix C, *Evacuation Plan*

Applicable Forms:

- Form #B-1, *Victims Log*
- Form #B-2, *Patient Tracking System*

¹⁷⁷Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

Job Action Sheet

PATIENT INFORMATION OFFICER

Mission: Provide information regarding status and location of patients being treated as a result of the emergency.

You report to: _____ (Patient Tracking Officer)

Suggested Personnel: Public Affairs, Patient Relations, Patient Representative (Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹⁷⁸

- _____ Receive appointment from Patient Tracking Officer.
- _____ Review the entire Job Action Sheet and review the organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Patient Tracking Officer.
- _____ Establish a Patient Information Area .
- _____ Establish and maintain communications with the Treatment Areas Supervisor to ensure that information related to patients being treated as a result of the emergency is passed along as soon as it is available.¹⁷⁹
- _____ Establish and maintain communications with the In-Patient Areas Supervisor to ensure that information on patients who are admitted to the hospital is passed along as soon as possible.
- _____ Establish and maintain communications with the Public Information Officer for the purpose of passing on patient information in the event of inquiries from the news media.
- _____ Ensure that directives from the Patient Tracking Officer are carried out in a timely and appropriate fashion.

Intermediate Actions¹⁸⁰

- _____ Report the movement of all patients related to the emergency to the Patient Tracking Officer they occur.¹⁸¹
- _____ Receive and screen requests about the status of individual patients. Obtain appropriate information and relay to the appropriate requesting party.
- _____ Receive patient information from the Minor Treatment Unit Leader as it becomes available.
- _____ Direct patient related requests from the news media to the Public Information Officer.

¹⁷⁸Normally immediate actions would be taken with the first hour of the emergency.

¹⁷⁹This would include the names of patients, the area where they are being treated (i.e., Delayed, Immediate or Minor Treatment Areas) as well as any changes to their status, (i.e., transferred from Immediate Care Area to Surgical Services).

¹⁸⁰Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

¹⁸¹This would include admissions, discharges, DOAs, deaths, in-house transfers (i.e., from Emergency Room to Surgery) and transfers to other facilities.

- _____ Provide the Patient Tracking Officer with hourly status reports.
- _____ If necessary request assistance from the Labor Pool Unit Leader.
- _____ Make arrangements with the Food/Nutrition Unit Leader to have snacks, etc., brought to main lobby for the family members of patients.
- _____ Request assistance from the Safety and Security Officer with regard to crowd control should the need arise or if family members become angry and/or upset.

Extended Actions¹⁸²

- _____ Provide the Patient Tracking Office with an hourly status report on patients related to the emergency. The status report would include recommendations for continuance or termination of the plan or parts thereof as it relates to the patient information function.
- _____ Provide the Patient Tracking Officer with a written summary of activities performed within 48 hours of the emergency being declared over.

Other Applicable Plans:

- Appendix B, *Patient Tracking System*

Applicable Forms:

- Form #B-1, *Victims Log*
- Form #B-2, *Patient Tracking System*

¹⁸²Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

Job Action Sheet

FINANCE SECTION CHIEF

Mission: Monitor the utilization of financial assets. Supervise the documentation of expenditures relevant to the Hospital's response to the emergency.

You report to: _____ (Emergency Incident Commander)

Suggested Personnel: AOC, CFO, Director of Finance (Suggested personnel should be assigned based on the sequence above)

Immediate Actions¹⁸³

- _____ Receive appoint from Emergency Incident Commander.
- _____ Review the entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Emergency Incident Commander.
- _____ Attend status/action plan meeting called for by the Emergency Incident Commander which is to occur 15 to 30 minutes after the emergency is declared.
- _____ Meet with Unit Leaders after meeting with Emergency Incident Commander and other Section Chiefs and develop an action plan for the Finance Section.
- _____ Ensure that directives from the Emergency Incident Commander are carried out in a timely and appropriate fashion.

Intermediate Actions¹⁸⁴

- _____ Attend hourly briefings with the Emergency Incident Commander
- _____ Partake in any meetings pertaining to damages to the physical plant and/or the closure of nursing units etc. to determine what the financial impact on the Hospital would be.

Extended Actions¹⁸⁵

- _____ Obtain status reports from the Unit Leaders a minimum of every two hours.
- _____ Meet with the Emergency Incident Commander and the Logistics Section Chief to discuss the financial implications of salvage and/or recovery efforts.
- _____ Meet with the representatives from the insurance carrier to ensure that insurance claims made by the Hospital are processed in an efficient and timely manner.¹⁸⁶
- _____ Receive reports from the Facility, Labor Pool and Medical Staff Unit Leaders on additional expenses that were incurred by each unit as a result of the emergency.
- _____ Receive assurance and assistance from the Planning Section Chief in obtaining reports

¹⁸³Normally immediate actions would be taken within the first hour of the emergency.

¹⁸⁴Normally intermediate actions would be taken after the first hour of the emergency and over the next four to six hours.

¹⁸⁵Extended actions would occur if the emergency lasts longer than eight hours and/or when the emergency is declared over.

¹⁸⁶If necessary meetings of this nature may include the Time and Cost Unit Leaders (i.e., if the claim involves potential reimbursement for manpower as well as the rental or

from the Unit Leaders and the Patient Tracking Officer on additional expenses incurred as a result of the emergency, once the emergency has been declared over.

_____ Approve an interim "cost-to-date" financial report and submit to the Executive Management Team within five days of the emergency being declared over.

_____ Approve a final "cost" report once all additional expenses have been determined and any reimbursement via the Hospital's insurance carrier has been finalized.

Other Applicable Plans:

- Appendix A, *Communications Plan*

Applicable Forms:

- Form #1, *Emergency Incident Activities Log*
- Form #5, *Staffing: Available/Needed*

Section 3

HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

EMERGENCY INCIDENT ACTIVITIES LOG - FORM #1

This form is intended for use by individuals as an accounting of the activities they and/or the section or unit performed in response to the emergency. This form will also be included with the individual's written summary of their and/or the sections or units role in the emergency.

Date: ____ / ____ / ____

Position Title: _____ **Section:** _____

Individual's Name: _____

<u>#</u>	<u>Time</u>	<u>Problem/Issue</u>	<u>Action Taken</u>
1			
2			
3			
4			
5			

<u>#</u>	<u>Time</u>	<u>Problem/Issue</u>	<u>Action Taken</u>
6			
7			
8			
9			
10			
11			
12			
13			

<u>#</u>	<u>Time</u>	<u>Problem/Issue</u>	<u>Action Taken</u>
14			
15			
16			
17			
18			
19			
20			
21			

<u>#</u>	<u>Time</u>	<u>Problem/Issue</u>	<u>Action Taken</u>
22			
23			
24			
25			
26			
27			
28			
29			

<u>#</u>	<u>Time</u>	<u>Problem/Issue</u>	<u>Action Taken</u>
30			

<u>#</u>	<u>Time</u>	<u>Problem/Issue</u>	<u>Action Taken</u>

INITIAL STATUS REPORT ED - FORM #2

This form is to be utilized to document the evaluation of the status of the Emergency Department at the time the Hospital receives word of the emergency. This information will be used to determine the extent to which the ED can participate (types and numbers of victims it can handle) during the first hour of the emergency.

- I. Main ED:
____ Number of patients currently receiving treatment
____ Number of patients currently waiting to be treated
____ Number of patients that can be discharged or admitted within 30 minutes
Staff currently on-duty: MDs____ RNs____ PAs____ PCTs____ PCAs____
Other____
- II. Peds /Fast Track:
____ Number of patients currently receiving treatment
____ Number of patients currently waiting to be treated
____ Number of patients that can be discharged or admitted within 30 minutes
Staff currently on duty: MDs____ RNs____ PCTs____ PCAs____ Other____
- III. Extended Stay Unit:
____ Current number of patients
____ Number of patients that could be discharged or admitted within 30 minutes

Patient Care Capacity During 1st Hour

Number of "Immediate Care"¹⁸⁷ victims that can be received and treated:
____ Main ED, ____ Fast Track ED, ____ Total

Number of "Delayed Care"¹⁸⁸ victims that can be received and treated
____ Extended Stay Unit, ____ Main ED, ____ Fast Track ED, ____ Total

¹⁸⁷"Immediate Care" victims - Priority One patients - treatable, life threatening injuries

¹⁸⁸"Delayed Care" victims - Priority Two patients - serious but not immediate life-threatening injuries

FACILITY STATUS REPORT - FORM #3

This form is to be utilized to document the status of the physical plant and critical resources, i.e., power, water and communications as well as actions taken to correct any problems that are noted. The form will be up-dated as conditions change.

<u>System</u>	<u>Operational Status</u>	<u>Comments</u> <u>(If Non-Operational, Give Reason and Estimate Time to Correct)</u>
1. Structural Components		
2. Electrical Power - Primary Service		
3. Electrical Power - Backup Generators		
4. Water		
5. Natural Gas		
6. Oxygen		

<u>System</u>	<u>Operational Status</u>	<u>Comments</u> <u>(If Non-Operational, Give Reason and Estimate Time to Correct)</u>
7. Other Medical Gases		
8. Air Compressors		
9. Vacuum (for patient care use)		
10. Fire Alarm/Suppression Equipment		
11. Boilers		
12. Heating - Air Conditioning		
13. Telephones		

<u>System</u>	<u>Operational Status</u>	<u>Comments</u> <u>(If Non-Operational, Give Reason and Estimate Time to Correct)</u>
14. Overhead Paging		
15. Nurse Call		
16. Access Control		
17. Elevators		
18. Other		

<u>System</u>	<u>Operational Status</u>	<u>Comments</u> <u>(If Non-Operational, Give Reason and Estimate Time to Correct)</u>

DEPARTMENTAL STATUS REPORT - FORM #4

This form is to utilized to document the status of departments in terms of current activity, i.e., number of patients on a unit, staff on hand, and issues that are relevant to the situation at hand, i.e., supply shortages. The form is to be up-dated as conditions change.

Department: _____

I. Activity:

_____Number of inpatients on unit

_____Number of inpatients on unit scheduled for discharged within 12 hours

_____Number of patients that can be transferred to another floor (CCU and NICU only)

_____Number of patients currently in the operating room (Surgical Services only)

_____Number of patients currently in PACU (Surgical Services)

_____Number of physicians currently in the department (Surgery [Surgical Services] Labor and Delivery and Diagnostic Imaging)

_____Number of patients currently in department (Diagnostic Imaging to include CT and MRI)

II. Staffing

_____Total number of staff currently on duty

_____RNs

_____LPNs

_____PCTs

_____PCAs

_____Technologists

_____Therapists

_____Pharmacists

_____Clerical

_____Case Managers

_____Social Workers

_____Others (List by type and number):

III. Other Information:

Any current or anticipated shortage of supplies (specify):

Any current or anticipated shortage of equipment (specify):

Any current or anticipated issues that the Incident Command Center needs to be aware of (specify):

STAFF AVAILABLE/NEEDED REPORT - FORM #5

This form is to be utilized to document the types and numbers of staff members available for reassignment in an emergency situation. It is also to be utilized to document requests for additional staff that may be required for a department to appropriately respond to an emergency situation. Complete forms are to be forwarded to the Labor Pool Unit Leader.

Date: ___/___/___ **Time:** _____ **Department:** _____

<u>Staff Available for Reassignment (Name)</u>	<u>Job Title of Available Staff</u>	<u>Staff Needed (List by Job Title or Type of Duties to be Performed)</u>	<u>Number of Staff Needed for Each Job Title or Type of Duties to be Performed</u>
1			
2			
3			
4			
5			
6			
7			

<u>Staff Available for Reassignment (Name)</u>	<u>Job Title of Available Staff</u>	<u>Staff Needed (List by Job Title or Type of Duties to be Performed)</u>	<u>Number of Staff Needed for Each Job Title or Type of Duties to be Performed</u>
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

<u>Staff Available for Reassignment (Name)</u>	<u>Job Title of Available Staff</u>	<u>Staff Needed (List by Job Title or Type of Duties to be Performed)</u>	<u>Number of Staff Needed for Each Job Title or Type of Duties to be Performed</u>
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			

<u>Staff Available for Reassignment (Name)</u>	<u>Job Title of Available Staff</u>	<u>Staff Needed (List by Job Title or Type of Duties to be Performed)</u>	<u>Number of Staff Needed for Each Job Title or Type of Duties to be Performed</u>
28			
29			
30			

<u>Staff Available for Reassignment (Name)</u>	<u>Job Title of Available Staff</u>	<u>Staff Needed (List by Job Title or Type of Duties to be Performed)</u>	<u>Number of Staff Needed for Each Job Title or Type of Duties to be Performed</u>

SECTION 4

HEICS SECTION COLORS AND EMERGENCY CODE NOMENCLATURE STANDARDIZATION

Standardization of HEICS Section Color Designation And Hospital “Code” Nomenclature

When it was announced that a project was being undertaken to revise the Hospital Emergency Incident Command System, many people asked if it would include some standardization of hospital emergency codes. At that time there were no plans to delve into this topic. It was planned that there would be some recommendations pertaining to the color coding of the various sections or branches within the hospital ICS program. However, the requests for guidelines regarding standardization of emergency codes did not cease.

Contained in here are those recommendations for both the HEICS section colors and hospital code designation. The members of Hospital Emergency Incident Command System Revision Task Force deserve recognition for contributing to the list compiled in this chapter. While it may look very simple and straightforward, much discussion and negotiation surrounded this product. Hospitals from all over California were polled on the subject of hospital code nomenclature. A special thanks goes to Wendee Riegner, RN, of the Hospital Council of Southern California, Barbara Goodhart of the Hospital Council of Northern and Central California, and Judy Scott, RN, of the San Joaquin General Hospital. These individuals lead the effort to distribute the surveys and gather results.

The suggestions made in this chapter are recommendations. Some individuals may look at this material and dismiss it as it varies from the comfort found in the already familiar codes established at their own facilities. However, this does not account or explain why so many individuals requested that this material be developed. Could it be that because hospital staff frequently moves from one facility to another they realize a safety issue exists? Is there validity in the argument that the more hospitals are standardized in these areas of crisis management the more interchangeable personnel become.

Members of the Task Force visualized the benefit in this standardization and devoted the time to establish these recommendations. All facilities are asked to look at the recommendations closely and if at all possible adopt those found in this chapter. This will require compromise, adaptation and the recognition that change is difficult. Perhaps hospital managers should ask who would benefit most from this standardization? Is it the hospital employee who works at more than one hospital within his/her community? OR, is it the hospital and disaster patient who will be unaware of the unity within the medical community in addressing issues of facility emergency management.

Hospital Emergency Incident Command System Section Color Designation and Identification Vest Standards

HEICS Section Color Designation

<u>Section</u>	<u>Color Designation</u>
I.C. / Administrative	White w/ lettering and cross outlined in black
Operations	Red
Finance	Green
Planning	Blue
Logistics	Yellow

Identification Vests

A vest should identify all officers. The color of all vests used by hospital personnel is to be white. This color vest was selected so as not to be confused with officers from other agencies working on hospital property, such as fire or police. A colored, light reflective cross should be placed on the front of the vest, and a large colored cross should be placed in the center on the back of the vest. The job title of the officer is to be placed on the back of the vest and, if possible, on the front of the vest. The crosses and lettering are to be solid colored with the colors prescribed for each I.C.S. branch. The exception to this will be the I.C./Administrative section, which will utilize solid black lettering and a cross-outlined in 1/2 to 3/4 inch black borders.

These colors were selected in accordance with the national movement to standard the designation for ease of personnel identification in emergency incident management.

Standardization of Emergency Code Nomenclature

<u>Code Designation</u>	<u>Code or Event</u>
Red	Fire
Blue	Adult Medical Emergency
White	Pediatric Medical Emergency
Yellow	Bomb Threat
Gray	A Combative Person
Silver	A Person With Weapon and/or Hostage Situation
Pink	Infant Abduction
Purple	Child Abduction
Triage - Internal	Internal Disaster
Triage - External	External Disaster
Orange	Hazardous/Bio-Hazardous Material

SECTION 5

**RESOURCE
DIRECTORY**

**The Hospital Emergency Incident Command System
Resource Directory**

(updated October 2001)

**The HOSPITAL PREPAREDNESS RESOURCE CENTERS
KEY CONTACT INFORMATION**

Building Seismic Safety Council

1201 L Street, NW Suite 400
Washington, DC 20005
James Smith
(202) 289-7800

Bayview Disaster Control Numbers

(410) 550-1985
(410) 550-1986
(410) 550-1987

Maryland Emergency Contact Information

Early Point of contact for any unusual event:

Systems Communication Center (**SYSCOM**), a part of Maryland Emergency Management System,

Operator	410-706-7814
Director, Andy Pilarski	410-706-3092
Maryland Institute for Emergency Medical Services Systems	
Ken Young, Asso. Director ALS Prog	410-706-3666

Maryland Department of the Environment Oil Control	410-631-3386 ext-3430
Sheila Dean (who deals w/registrations) and Norvie Emanuel	
Oils Spills-All Times	410-974-3551
Maryland State Training Officer for Emergency Management	410-486-4422

Baltimore City

Baltimore City Fire Department

Local Emergency Planning Coordinator (LEPC)

Ron Addison, Hazardous Materials Coordinator	410-354-0386
Clinton George, Information Coordinator	410-396-3597
Fire Marshall, William E. Martin	410-396-7546
Emergency	911
Non Emergency	410-396-5684

Baltimore County

Emergency Preparedness	410-821-9733
Chris Hawley, Hazardous Materials Coordinator	410-887-5996

JHBMC Hospital Emergency Incident Command Contacts

Notify the following in the order specified

Chair, Andrew Bushnell,	work	410-550-0359
	home	410-472-9244
	pager	410-283-8596
	cell	443-474-6546
Co-Chair, Lisa Nummi	work	410-550-0188
	home	410-766-8629
	pager	410-283-2465
	cell	443-474-6557

Trauma Coordinator, Rob Dice

work 410-550-0479
home 410-880-4293
pager 410-283-1544

Campus Contacts

Asthma and Allergy Center

Manager, Donald P. Caplan

work 410-550-2422
home 410-486-2098
pager 410-283-5679

Maintenance Work Leader, Scott Andrews

work 410-550-2421

School of Medicine Customer Services Desk for Emergencies
(after normal duty hours and holidays/weekends

410-955-3323

Federal Contacts

Dave Strappelli, Dir. Federal Contracts Administration

work 410-550-1926
home 410-683-2224
pager 410-283-1765

National Institute of Drug Abuse (NIDA)
Safety Officer

work 410-550-1675
home 410-381-0915
pager 410-283-6575

Larry Koenig

work 410-550-1678,1847
home 410-551-48-69
pager 410-283-6029

Michael Duclos

work 410-550-1678, 1847
home 410-740-5891
pager 410-283-6641

JHBMC ADMINISTRATIVE STAFF

<u>NAME</u>	<u>TITLE</u>	<u>EXT</u>	<u>HOME/PAGER</u>	<u>FAX</u>	<u>ASST/SECRETARY</u>
Gregory F. Schaffer	President	0-0123	(h) 410-296-9161 (b) 1-800-901-6380 (c) 410-207-7706	0-7996	Terrie O'Sullivan (0-1118)
David P. McQuaid	Executive Vice President/Chief Operating Officer	0-0375	(b) 410-283-6023	0-7996	Terrie O'Sullivan (0-1118)
Craig R. Brodian	Vice President, Human Resources	0-0444	(h) 410-418-9237	0-0640	Linda Koppelman (0-4006)
L. Kenneth Grabill, II	Vice President, Finance	0-0908	(h) 410-988-9537 (b) 410-283-0532 (c) 410-207-5867	0-1063	Tammy Watkins (0-1342)
Mark T. Hopkins	Vice President, Administration	0-4978	(h) 410-542-1378 (b) 410-283-4011	0-7996	Paula Beck
Maria V. Koszalka, Ed.D., R.N.	Vice President, Patient Care Services	0-0424	(h) 410-757-2309 (b) 410-283-2466	0-7996	Theresa Jenkins (0-3662)
Anita M. Langford	Vice President, Continuing Care	0-7520	(h) 410-560-3595 (b) 410-283-1816	0-7996	Terrie O'Sullivan (0-1118)
Philip D. Zieve, M.D.	Vice President, Medical Affairs	0-0122	(h) 410-486-7196 (b) 410-283-4938	0-7996	Carole Messman
Gayle Johnson Adams	Director, Community Relations	0-0289	(h) 410-254-8448 (c) 410-615-2917	0-3492	Bonnie Krizek
Karen Armacost	Director, ElderPlus	0-7124	(h) 410-893-8591 (b) 410-283-1824	0-7045	Susan Schaub (0-5883)
Allen, Juliet, RN	PCM Ambulatory Services, OB/GYN, cMP	0-3965	(h) 410-638-8329 (b) 410-434-5000	0-7840	
Andrew Arthurton	Assistant Director, Security	0-7544	(h) 410-962-8834 (b) 410-283-3492	0-5544	Myra Camper (0-3179)
Carol E. Ball	Senior Director, Nursing & Administration	0-0150	(h) 410-732-8539 (b) 410-283-1531	0-0118	Antionette Tubman (0-0151)
Myra Jo Beach	Director of Nursing, Surgical Services	0-0356	(h) 410-272-9975 (b) 410-283-2451	0-0118	Temp
Paul Becker	Director, Facilities Maintenance & Construction	0-0258	(h) 410-661-4606 (b) 410-283-1392	0-1096	Claire Leonard (0-0267)
Allen Bennett	Director, Safety & Environmental Health Services	0-0228	(h) 410-296-2106 (b) 410-283-3804	0-3049	Vacant
Suzanne Berman ,RN , MSN	PCM-Acute Psych, CDU, OP Detox	0-0082	(h) 410-283-1752 (b) 410 823-2622	0-2671	
Jeri Blithe, RN	PCM NICU/PEDS	0-0387	(b) 283-6193 (h) 410-884-6122		
Michael Bloom	Manager, Respiratory Therapy	0-0560	(h) 410-526-0727 (b) 410-283-1503	0-1682	Lisa Hamilton
Brenda Boggs	Director, Employee Health	0-3602	(h) 410-363-8108 (b) 410-283-1470	0-0732	Kim Bortell
Harold Brooks	Director, Clinical Engineering	0-0264	(h) 410-363-4541 (b) 410-283-7070	0-2678	Mary Eckhardt
Kenneth I. Brown	Director, Employee & Labor Relations	0-0433	(h) 410-740-2073 (b) 410-283-7797	0-0640	Linda Koppelman (0-4006)
Bertha Buchanan	Assistant Administrator, Pathology	0-0655	(b) 410-283-6011	0-2109	Dina Smith (0-0648)
Sharon Caplan	Chief, Speech/Language Pathology	0-0416	(h) 410-356-0615	0-1390	N/A

<u>NAME</u>	<u>TITLE</u>	<u>EXT</u>	<u>HOME/PAGER</u>	<u>FAX</u>	<u>ASST/SECRETARY</u>
Ginny Carman	Chief, Occupational Therapy	0-0537	(b) 410-283-1712 (h) 410-557-0107 (b) 410-283-5932	0-1390	N/A
Ellen Cascio-Purcell	Director, Redevelopment/Construction Services	0-4118	(h) 410-529-0460 (b) 410-434-4682	0-4119	Colleen Dillon
Jim Clauter	Director, General Accounting	0-0702	(h) 410-893-0489 (b) 410-283-8954	0-7280	Lee Gierczak (0-7265)
J. Timothy Connolly	Director, Security	4-3614	(h) 410-647-2582 (b) 410-283-6626	4-3907	Myra Camper (0-3179)
Joseph Coppola	Vice President, Corporate Security	4-3473	(h) 410-647-0299 (b) 1-800-601-2523	4-3907	Veronica Williams (4-3681)
P. Susan Davis	Director, Office of Communications & Public Affairs	0-0128	(h) 410-444-8011 (b) 410-283-1468	0-1855	Mary Evans
Kathy Deruggerio, RN,BSN	PCM Surgical, NSU, NSCCU	0-0788	(b) 283-8867	0-5543	
Ella Durant, CD	Unit Service Supervisor	0-7558	(b) 283-1329 (h) 410-342-0713		
Jeannette M. Falbo	Administrator, Patient Relations/Volunteers	0-0626	(h) 410-592-5092 (b) 410-283-1683	0-7068	Beth Six
Barbara Feege	Director, Finance – JHGC & Administrator, BTCU	0-5894	(h) 410-431-5161 (b) 410-283-2101	0-1190	Kalli Moniodis (0-0758)
Melissa Feld	Administrator, Medicine	0-0852	(h) 410-358-0152 (b) 410-283-1825	0-1094	Carolyn Banks (0-1113)
Kelly Finney	Director, Office of Development	2-2912	(h) 410-661-7434 (c) 410-371-2994	2-3827	Lisa Scott (2-3550)
Michael Forthman	Director, Clinical Services	0-7608	(h) 410-638-1071 (b) 410-283-0554	0-8133	Brandy Whaling (0-5993)
Carl Francioli	Senior Director, Finance	0-0909	(h) 410-464-6335 (b) 410-283-0541 (c) 410-916-6540	0-1063	Tammy Watkins (0-1342)
Donna Gavin, RN	PCM Amb Services, Onc, Renal, Medical, Neuro	0-7931	(h) 410 817 4388 (b) 283-5564	0-35.33	
Betty Gibula	Director, Corporate Purchasing	0-3324	(h) 410-766-9492 (b) 410-283-0666	0-3332	Diane Hamilton
Elaine Gittings RN	PCM PCU	0-0882	(h) 410 (b) 283-6635	0-1400	
Linda Gorman	Director, Library Services	0-0679	(h) 410-661-3987	0-2465	Oona Richardson
Stephanie Haynes, RN	PCM MICU/CICU	0-1376	(h) 410 484-4999 (b) 410-434 0742		
Antonia Hughes,RN	PCM _OR	0-7615	(h) 410-757-6081 (b) 283-6163	0-2680	
Carol Hurtt	Director, Materials Management	0-0243	(h) 301-927-2772 (b) 410-283-0081	0-0541	Kay Lall (0-0815)
Cheryl Koch	Director, Clinical Nutrition	0-1319	(h) 410-526-2604 (b) 410-283-1442	0-0650	Tiffini Mason-Johnson (0-1549)
Matt Kossman	Director, Support Services	0-3663	(h) 410-539-8191 (b) 410-283-6412	0-7996	Paula Beck
David Kurniawan	Director, Media Services	0-0677	(i) 410-667-6718 (b) 410-283-1481	0-2825	Keishia Pratt

<u>NAME</u>	<u>TITLE</u>	<u>EXT</u>	<u>HOME/PAGER</u>	<u>FAX</u>	<u>ASST/SECRETARY</u>
Jeanne Leclair	Epidemiologist	0-0515	(c) 410-499-3280 (h) 410-327-2677 (b) 410-283-6797	0-1169	Lin McGrogan
Robin Levy	Interim Director, Ambulatory Services	0-7721	(h) 410-581-0581 (b) 410-283-1525 (c) 410-336-3332	0-3533	Karen Terzigni (0-1142)
Lisa Liberto	Administrator, JHGC	0-3376	(h) 410-665-3668 (b) 410-283-8245	0-1190	Nanette Bell
Pat Maher	Director, Evaluation & Research	0-0193	(h) 1-717-581-8885 (b) 410-283-5746	0-0118	Darlene Dorsey
Bob Marshall	Administrator, Emergency Medicine	0-7014	(h) 410-515-1022 (b) 410-283-2380	0-0178	Susan Rush
Cathy Mazzotta	Director, Training & Development	0-7881	(h) 410-335-2904	0-0640	Sylvia Davis (0-1175)
Janet McIntyre	Director, Quality Management	0-7674	(h) 410-420-2686 (b) 410-283-1783	0-7946	Vacant (0-7784)
Gladys McNemar	Director, Environmental Services	0-5576	(h) 410-942-1294 (b) 410-283-5884	0-2699	Kate Stretmater (0-1449)
Jill Mikros	Director, Financial Analysis & Special Projects	0-0705	(h) 410-256-7780 (b) 410-283-0547	0-1063	Kathe Williams (0-1335)
Jim Miller	Director, Compensation & Benefits	0-0954	(h) 410-529-7403	0-2498	Sylvia Davis (0-1175)
Maggie Miller	Director, Risk Management	0-7678	(h) 410-859-0488 (b) 410-283-5252	0-7602	Gloria Merzbacher (0-7604)
Lisa Nummi	Director of Nursing, Emergency Services	0-5931	(h) 410-766-8629 (b) 410-283-2465 (c) 443-474-6557	0-0178	Shanta Edmonds
Tim Peglow	Vice President, Campus Support Services	0-5482	(h) 410-832-5531 (b) 410-460-5880	0-1729	Claire Leonard (0-0267)
Debbie Prince	Director, Information Services	0-7928	(h) 410-489-2471 (b) 410-283-7423	0-7148	Linda Davis (0-2508)
Grace Pryor	Director, Personnel Services	0-0952	(h) 410-828-1932 (b) 410-283-7030	0-2498	Barbara Reich
Robin Reid RN	PCM Med A	0-0596	(b) 283-6222		
Margaret Richards	Director, Nursing – JHGC	0-0841	(h) 410-757-5904 (b) 410-283-7096	0-1190	Valerie Dukes (0-0757)
Regina A. Ritenour	Director, Social Work	0-0290	(h) 301-662-1777 (b) 410-283-1870	0-3095	Catinna Osborn
Paula Rudikoff	Director, Health Information Management	0-0696	(h) 410-484-8530 (b) 410-283-3306	0-4819	Barbara Jones (0-0683)
Richard Rzczkowski	Director, Admitting Services	0-2338	(h) 410-633-8371 (b) 410-283-6624	0-2700	N/A
Linda Schroeder	Administrator, CAP Program	0-5408	(h) 410-296-4269 (b) 410-283-1615	0-2713	Burnett Pringle (0-3020)
Joann Shelly, RN, MS	PCM- ER	0-0279	(h) 410-360-7934 (b) 283-1417	0-7657	
David Strappelli	Director, Federal Contracts Administration	0-1926	(h) 410-638-2224 (b) 410-283-1765	0-1752	Nancy Schammel (0-1471)
Wayne Swartz	Administrative Director, Community Psychiatry	0-0070	(h) 410-357-8124 (b) 410-283-9100	0-1061	Vacant (0-0116)

<u>NAME</u>	<u>TITLE</u>	<u>EXT</u>	<u>HOME/PAGER</u>	<u>FAX</u>	<u>ASST/SECRETARY</u>
Carole Sylvester	Director, Care Management & Outcomes Evaluation LTC - JHGC	0-5009	(h) 410-437-4951 (b) 410-283-4551	0-1190	Nanette Bell (0-0756)
Christine Umstot	Director, Business Development	0-3011	(h) 410-823-5960 (b) 410-283-5963 (c) 410-733-0342 (vm) 410-550-1944	0-7996	Tina Petrus
Cindy Walters	Director of Nursing, Maternal Child Health	0-0183	(h) 410-879-1979 (b) 410-283-0566	0-0118	Debbie Taylor
Debbie Winn	Director, Employment Services	0-0475	(h) 410-415-0115 (b) 410-283-3297	0-0184	Donna Wells (0-0470)
Arlene Wongus RN	PCM L&D	0-0331	(h) 410 521 1824 (b) 410 283-1728	0-1098	

Updated 11/9/01

SECTION 6

HEICS

GLOSSARY

Hospital Emergency Incident Command System

GLOSSARY

Action Plan - Documented outline of specific projected activities to be accomplished within a specified period of time to meet a defined need, goal or objective.

ALS (Advanced Life Support) - Procedures and techniques utilized by EMT-P, EMT-II, nursing and physician personnel to stabilize critically sick and injured patients which exceed Basic Life Support procedures.

ALS Responder/Personnel - Certified EMT-P, EMT-II, nursing or physician personnel

BLS (Basic Life Support) - Basic non-invasive first-aid procedures and techniques utilized by most all trained medical personnel, including First Responder, to stabilize critically sick and injured people.

BLS Responder - Certified EMT-I or First Responder.

Delayed Treatment - These people require aid, but injuries are less severe. A hospitalized patient may be categorized from "guarded" to "serious"; a patient requiring at least minimal hospital services.

EMT (Emergency Medical Technician) - An individual trained in Basic Life Support according to the standards prescribed by the Health and Safety Code and who has a current and valid EMT-I certificate in the State of Maryland. This definition includes EMT-I(NA) and EMT-FS and EMT-IA.

EMT-II (Emergency Medical Technician II) - An individual with additional training in limited Advanced Life Support according to the standards prescribed by the Health and Safety Code and who has a current and valid certificate.

EMT-P - An individual EMT-I or EMT-II who has received additional training in Advanced Life Support according to the Health and Safety Code and who is licensed by the State of Maryland Emergency Medical Services Authority.

First Responder - Personnel who have responsibility to initially respond to emergencies such as fire fighters, police officers, Maryland State Police, lifeguards, forestry personnel, ambulance attendants, and other public service personnel. Maryland law requires such persons to have completed a first-aid course and to be trained in cardiopulmonary resuscitation.

Hospital Emergency Incident Command System (HEICS) - A generic crisis management plan expressly for comprehensive medical facilities which is modeled closely after the Fire Service Incident Command System.

Incident Command System (ICS) - A flexible organizational structure which provides a basic expandable system developed by Fire Services to mitigate any size emergency situation.

Incident Commander (IC) - The individual who holds overall responsibility for incident response and management.

Immediate Treatment - A patient who requires rapid assessment and medical intervention in order to increase chances of survival. A hospitalized patient who may be classified from "serious" to "critical" condition; requiring constant nursing care.

Minor Treatment - A patient requiring only simple, rudimentary first-aid. These patients are considered ambulatory. A hospitalized patient may be considered minor if they are in "stable" condition and capable of being treated and discharged.

Triage - The process of screening and classification of sick, wounded, or injured persons to determine priority needs in order to ensure the efficient use of medical manpower, equipment and facilities.

Triage Personnel - Trained individuals responsible for triaging patients and assigning them to appropriate transportation or treatment areas.

Triage Tag - A tag used by triage personnel to identify and document the classification, or level, of a patient's medical condition.