

Hospital Emergency Incident Command Plan

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Howard County General Hospital
Emergency Incident Command Plan

I. INTRODUCTION:

A. This is a plan to ensure that the hospital's response to a disaster/emergency situation is timely and appropriate. During a disaster/emergency situation, the hospital's objectives shall be:

1. Provide emergency care within the capabilities of the hospital, which maintains a Level II Emergency Department{ XE "**Emergency Department – Pediatric and Adult**" }:
 - a. Being the only hospital in the county in the division of emergency medical services network (Region III), serve as the communications center for the Maryland Institute for Emergency Medical Services Systems (MIEMSS){ XE "**Maryland Institute for Emergency Medical Services Systems (MIEMSS)**" } with regard to the hospital's status via Facility Resource Emergency Database{ XE "**Facility Resource Emergency Database (FRED)**" } (FRED)
 - b. Arrange transfer to specialty referral centers, neighboring hospital's (e.g., Montgomery General, Greater Laurel Beltsville, etc.), Johns Hopkins or Bayview Medical Center after appropriate triaging and stabilization
2. Maintain communications with the other members of Johns Hopkins Medicine via the Office of Critical Event Preparedness and Response

(CEPAR{ XE "**Office of Critical Event Preparedness and Response (CEPAR)" }**)¹

3. Maintain inpatient care and support systems
 4. Limit the exposure of patients, visitors and staff to hazardous conditions or acts to the greatest extent possible
 5. Limit damage to the physical plant and its contents to the greatest extent possible
- B. The hospital shall utilize an Emergency Incident Command System{ XE "**Emergency Incident Command System"** } when responding to a disaster/emergency situation. The system provides for the following:
1. A responsibility oriented chain of command: This is an organizational structure that provides for addressing all facets of a disaster/emergency. It provides a manageable scope of supervision for all functions/positions
 2. Prioritization of duties with the use of Job Action Sheets. Job Action Sheets are position job descriptions, which have a prioritized list of response tasks in terms of pre-event where applicable, immediate, intermediate and extended actions. The Job Actions Sheets also serve as reminders of the lines of reporting and promote the documentation of activities
 3. Applicable to varying types and magnitudes of disaster/emergency events: The Emergency Incident Command System{ XE "**Emergency Incident Command System"** } can be expanded or scaled back to meet the demands of a specific crisis

¹ The Office of Critical Event Preparedness and Response (CEPAR){ XE "**Office of Critical Event**

4. Flexibility in implementation of individual sections of the Emergency Incident Command structure
 5. Thorough documentation of actions taken in response to the disaster/emergency: The Job Action Sheets and associated forms promote vigorous documentation of both personnel and overall organizational response to the crisis
- C. The plan provides guidelines for the operation of the hospital during disaster/emergency type situations of both an internal and external nature, both of which can involve various situations. In broad terms, a disaster/emergency is defined as any situation that seriously overtaxes or threatens to overtax the routine operations of the hospital and/or other entities of Johns Hopkins Medicine. For the purpose of this plan, these shall be defined as follows:
1. External Disasters/Emergencies:
 - a. Weapons of Mass Destruction (WMD){ XE "**Weapons of Mass Destruction (WMD)**" }: May take several forms: explosives, chemicals, biological, or radiological agents that may cause a Mass Casualty Incident (MCI){ XE "**Mass Casualty Incident (MCI)**" }² that will be a community-wide disaster. A WMD may be caused by domestic terrorism or international terrorists. The purpose of such attacks is to disrupt, kill, inflict pain, and cause damage

Preparedness and Response (CEPAR)" } shall be utilized to monitor the situation on a system-wide basis and to provide support to those entities impacted by the disaster/emergency

² A Mass Casualty Incident (MCI){ XE "**Mass Casualty Incident (MCI)**" } is described by the Maryland Health and Medical WMD{ XE "**Weapons of Mass Destruction (WMD)**" } Response Plan as an incident involving casualties at one of three levels: Low Mass Casualty Incidents at 25 or fewer casualties, Mass Casualty events at 26 to the hundreds, and Catastrophic Mass Casualty Events at 1000 live casualties or greater

- b. Multiple casualties{ XE "**Multiple casualties**" }: Situations such as severe automobile or bus accidents, fires, etc., which would require that victims be transported to the hospital for treatment within a limited timeframe that would overtax the routine capabilities of the Emergency Department{ XE "**Emergency Department – Pediatric and Adult**" } and other ancillary services (e.g., Diagnostic Imaging{ XE "**Diagnostic Imaging**" })
 - c. Severe weather{ XE "**Severe weather**" }: Includes severe weather conditions, such as a tornado, that could result in a multiple casualty type of situation as noted above; conditions, such as severe snowstorms that could result in damage to the physical plant or could hamper the staff's ability to access the hospital requiring that special measures be taken
 - d. Hazardous Materials Incidents (HAZMATS){ XE "**Hazardous Materials Incidents (HAZMATS)**" }: Situations where victims exposed to hazardous materials require special precautions be taken before, during and after treatment. These types of situations could involve one victim or numerous victims as in a multiple casualty situation
 - e. VIPS{ XE "**VIPS**" }: Includes 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
2. Internal Disasters/Emergencies: This plan applies to any of the situations listed below when normal operations would be disrupted for an extended period of time (e.g., two or more hours), when outside assistance is required

to maintain order and/or hospital operations, and when staff and/or patients would have to be evacuated

- a. Fires{ XE "**Fires**" }
- b. Bomb Threats{ XE "**Bomb Threats**" }
- c. Loss of Critical Resources{ XE "**Loss of Critical Resources (power, water, communications, etc.)**" } (power/water/communications, etc)
- d. Security Type Incidents (e.g., infant abductions, hostage situations, etc.){ XE "**Security Type Incidents (e.g., infant abductions, hostage situations, etc.)**" }
- e. Hazardous Materials, spills, leaks and exposures

II. EMERGENCY INCIDENT COMMAND SYSTEM ORGANIZATIONAL COMMAND STRUCTURE

- A. The Emergency Incident Command System{ XE "**Emergency Incident Command System**" } Organizational chart shows a chain of command that incorporates four sections under the overall direction of an Emergency Incident Commander{ XE "**Emergency Incident Commander**" } and command staff. Each of the four sections: Logistics, Administrative Support, Finance and Operations has a Chief appointed by the Emergency Incident Commander (see Chart #1)
- B. The Section Chiefs designate directors and unit leaders to sub-functions (e.g., Facilities) with officers (e.g., Damage Assessment and Control) and Supervisors (e.g., Treatment Areas) filling other critical roles

C. Each of the positions on the organizational chart has a prioritized Job Action Sheet describing the important responsibilities and duties of the position. Normally, these positions are filled by designated individuals (see Table #1). However, given the content of the Job Action Sheets, others in the hospital can fill in for these individuals³, if they are not readily available. For example, during off hours, the Nursing Supervisor would assume the role of Emergency Incident Commander{ XE "**Emergency Incident Commander**" } until a designated Emergency Incident Commander arrived⁴

D. Every Job Action Sheet contains the following information:

1. Job title
2. Mission Statement that defines the position's responsibility
3. Who the individual assigned to the position reports to
4. Direct reports, if applicable
5. Duties of the position in terms of "Pre-event", if applicable, "Immediate," "Intermediate," and "Extended" actions
6. Other applicable plans (e.g., Evacuation)
7. Applicable forms (e.g., Emergency Incident Activities Log)

III. INITIAL NOTIFICATION OF A DISASTER/EMERGENCY TYPE

SITUATION:

A. The hospital shall utilize the Maryland Terrorism Forum Threat Condition System{ XE "**Maryland Terrorism Forum Threat Condition System**" } (see

³ In some cases, an individual may be designated to fill more than one position.

⁴ Several individuals will be designated by the Chief Executive Officer/President{ XE "**President/Chief Executive Officer**" } as Emergency Incident Commander{ XE "**Emergency Incident Commander**" }s. These

Table #2) as one means of monitoring outside activities, especially those related to WMD{ XE "**Weapons of Mass Destruction (WMD)**" } events that may require a response from the hospital. The Director of Quality/Risk Services, who shall function as the hospital's Disaster Control Administrator{ XE "**Disaster Control Administrator (DCA)**" }, is the hospital's authorized representative to receive communications regarding threat conditions from the Maryland State Emergency Operations Center{ XE "**Maryland State Emergency Operations Center**" }{ XE "**Emergency Operations Center (EOC)**" }. In addition to the Maryland State Emergency Operation Center, communications regarding threat conditions may also be received from the Maryland Institute for Emergency Medical Services Systems (MIEMSS){ XE "**Maryland Institute for Emergency Medical Services Systems (MIEMSS)**" } via the alert function of the Facility Resource Emergency Database{ XE "**Facility Resource Emergency Database (FRED)**" } (FRED) and the Johns Hopkins Medicine Center for Emergency Preparedness and Response (CEPAR){ XE "**Office of Critical Event Preparedness and Response (CEPAR)**" }. The threat conditions outlined in the Maryland Terrorism Forum Threat Condition System and the hospital's response to each condition (level) are as follows (see Table #2: Maryland Terrorism Forum Threat Condition System for specific preparation activities that would be taken by the hospital for Levels #3, #2, #1):

individuals shall receive training in disaster/emergency operations to ensure they have a strong working knowledge of the Hospital's Emergency Incident Command Plan

1. **Level #5 No Known Threat:** There are no currently known threats or activities that would indicate any actions are needed other than normal and routine actions

Hospital's Response: Stand-by, no response required

2. **Level #4 Minimal Threat:** Received threats do not warrant actions above normal operating levels of preparedness

Hospital's Response: Monitor readiness

3. **Level #3 Potential Threat:** Information from intelligence (e.g., law enforcement) or methods of traditional or non-traditional surveillance (e.g., public health indicators, other information exchanges), or an articulated threat indicates a potential for a terrorist incident, but without the threat having been assessed as credible

Hospital's Response: Pre-emptive actions such as increasing presence of security personnel, increased surveillance of patients being seen in the Emergency for the purpose of identifying disease patterns and trends.

Ongoing communications with CEPAR{ XE "Office of Critical Event Preparedness and Response (CEPAR)" } may also be implemented at this threat level

4. **Level #2 Credible Threat:** A threat assessment indicates that the potential threat is credible and confirms the involvement of WMD{ XE "Weapons of Mass Destruction (WMD)" } in the developing terrorist incident. The actions taken by government authorities are focused on law enforcement actions taken in the interests of public safety and welfare and are

predominantly focused on preventing and resolving the threat. Other government agencies and departments are focused on contingency planning and pre-positioning of tailored resources, as required

Hospital's Response: Coordination of Plans, The President/Chief Executive Officer{ XE "President/Chief Executive Officer" } shall instruct the DCA{ XE "Disaster Control Administrator (DCA)" } to activate the Emergency Operations Center{ XE "Emergency Operations Center (EOC)" } on a standby mode and begin to implement certain aspects of the Emergency Incident Command Plan, as deemed appropriate. Lines of communication between the hospital's Emergency Operations Center and local agencies, if applicable (e.g., health department), and CEPAR{ XE "Office of Critical Event Preparedness and Response (CEPAR)" } would be activated

5. **Level #1 WMD{ XE "Weapons of Mass Destruction (WMD)" } Incident:**

It has been determined that a WMD incident has occurred. Actions by government authorities are directed toward public safety and welfare and the preservation of human life

Hospital's Response: Maximum coordination: The Emergency Incident Command Plan would be fully activated and pre-established lines of communications with local agencies (e.g., health department, fire/rescue, etc.) and CEPAR{ XE "Office of Critical Event Preparedness and Response (CEPAR)" } would be implemented

- B. Upon initial notification of a disaster/emergency type situation either via the aforementioned system or by some other means (e.g., communication from

Howard County Fire/Rescue{ XE "**Howard County Fire/Rescue**" } Central Communications), steps will be taken to verify the disaster/emergency (e.g., alert function of (FRED{ XE "**Facility Resource Emergency Database (FRED)**" }) and determine what the hospital's response to the situation will be

C. The individuals responsible for determining what the hospital's initial response to the situation are⁵:

1. President/Chief Executive Officer{ XE "**President/Chief Executive Officer**" }
}
2. Disaster Control Administrator (DCA{ XE "**Disaster Control Administrator (DCA)**" })
3. Senior Vice President for Operations{ XE "**Senior Vice President for Operations**" }
4. Senior Vice President for Nursing{ XE "**Senior Vice President for Nursing**" }
}
5. Emergency Department{ XE "**Emergency Department – Pediatric and Adult**" } physician{ XE "**Physician**" } in charge{ XE "**Emergency Department physician: in charge**" } and/or Administrative Director of the Emergency Department
6. Designated Emergency Incident Commander{ XE "**Emergency Incident Commander**" }, if other than the Disaster Control Administrator{ XE "**Disaster Control Administrator (DCA)**" }

⁵ Depending on the nature of the disaster/emergency the Disaster Control Administrator{ XE "**Disaster Control Administrator (DCA)**" } and/or the President/Chief Executive Officer{ XE "**President/Chief Executive Officer**" } may opt to have additional staff involved in the process (e.g., Chairman of the Infection Control Committee and/or Infection Control Manager, if a biological agent is involved)

7. Director of Safety and Security{ XE "**Director of Safety and Security**" }
- D. If applicable, the Director of Safety and Security{ XE "**Director of Safety and Security**" } shall contact Central Communications for Howard County to determine the nature and location of the disaster/emergency, whether or not its been verified, approximate number of victims that the hospital could expect to receive, and how soon they would be arriving. Information on any special precautions that may need to be taken (e.g., victims may have been exposed to a chemical or radiation) should also be obtained at this time
 - E. If indicated, the Disaster Control Administrator{ XE "**Disaster Control Administrator (DCA)**" } will access the alert function of (FRED{ XE "**Facility Resource Emergency Database (FRED)**" }) to obtain additional information related to the disaster/emergency and contact CEPAR{ XE "**Office of Critical Event Preparedness and Response (CEPAR)**" }⁶
 - F. The Emergency Department{ XE "**Emergency Department – Pediatric and Adult**" } physician{ XE "**Physician**" } in charge{ XE "**Emergency Department physician: in charge**" } and/or the Administrative Director of the 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{ XE "**Adult ED**" }{ XE "**Emergency Department – Pediatric and Adult**" }, Peds ED{ XE "**Peds ED**" }, and SSU{ XE "**SSU**" }
 2. Number of aforementioned patients currently receiving treatment

3. Number of patients currently being treated who will be discharged, admitted or transferred within the next 30 minutes
 4. Number of personnel, by type, currently on-duty in the aforementioned areas
- G. The Senior Vice President for Nursing{ XE "**Senior Vice President for Nursing**" } 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{ XE "**Ambulatory Surgery Center (TCAS)**" }
 3. Number of PACU{ XE "**PACU**" } beds{ XE "**Beds**" } currently in use to include the Ambulatory Surgery Center{ XE "**Ambulatory Surgery Center (TCAS)**" }
 4. Number of patients currently in Labor and Delivery{ XE "**Labor and Delivery**" }
 5. Number of nursing staff to include RNs, LPNs, PCTs, and PCAs currently on-duty
- H. If applicable, the Senior Vice President for Operations{ XE "**Senior Vice President for Operations**" } shall determine the current status of the physical plant and what, if any, adverse impact it would have on the routine operation of the hospital and for how long (e.g., loss of critical resources{ XE "**Loss of Critical Resources (power, water, communications, etc.)**" }, such as water)

⁶ This would occur in situations involving weapons of mass destruction or disaster/emergency type situations that are global in nature (e.g., severe weather).

- I. After reviewing all of the aforementioned information, the President/Chief Executive Officer{ XE "**President/Chief Executive Officer**" } or his designated alternate, the administrator on-call, in conjunction with the DCA{ XE "**Disaster Control Administrator (DCA)**" } and/or designated Emergency Incident Commander{ XE "**Emergency Incident Commander**" } will make the determination as to whether or not to implement the Emergency Incident Command Plan and to what extent⁷

IV. **ACTIVATION OF THE EMERGENCY INCIDENT COMMAND PLAN**

- A. The Disaster Control Administrator{ XE "**Disaster Control Administrator (DCA)**" }, the President/Chief Executive Officer{ XE "**President/Chief Executive Officer**" } or his designated alternate (administrator on-call) shall contact the Telecommunications Department{ XE "**Telecommunications Department**" } and instruct them to implement the appropriate communications plan by taking the following actions:

1. Make the following overhead page every 30 seconds, for 5 minutes (total of 10 pages) "**ATTENTION ALL PERSONNEL, ATTENTION ALL PERSONNEL, THE CODE YELLOW PLAN HAS BEEN IMPLEMENTED PLEASE REPORT TO YOUR DEPARTMENT AND STANDBY FOR FURTHER INSTRUCTIONS**"
2. Upon hearing the overhead page those members of the management staff who are pre-designated to play a specific role (e.g., unit leader, supervisor, etc., see

⁷ It should be noted that in some situations other emergency plans would have already been implemented. For example, the fire pan may have been implemented without implementing the Hospital Emergency Incident Command Plan; however, if it is necessary to evacuate patients the Hospital Emergency Incident Command Plan would be implemented to oversee the evacuation

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Table #1) shall report to the locations listed below to receive assignments and instructions from their Section Chief:

- a. Logistics Section: Administrative Offices
 - b. Administrative Support: Medical Staff Library
 - c. Finance Section: Senior Vice President for Finance/CFO's office
 - d. Operations Section: Nursing Administration
3. During non-business hours (Monday through Friday from 5:30 p.m. through 8:00 a.m., Saturdays, Sundays and Holidays), the Telecommunications Department{ XE "**Telecommunications Department**" } shall implement the appropriate call-in{ XE "**Call-in Plan**" } plan (see Table #3)⁸
- B. Section Chiefs will be responsible for meeting with the individuals assigned to their section for the purpose of:
1. Advising them as to why the Emergency Incident Command plan has been implemented
 2. Distributing the position packets which include: Job Action Sheet, identification badge and forms pertinent to the position
 3. Establishing a time and location for the section's next meeting
- C. The Director of Safety and Security{ XE "**Director of Safety and Security**" } shall be responsible for setting up the Emergency Operations Center{ XE

⁸ It shall be the responsibility of the individual who advises the Telecommunications Department{ XE "**Telecommunications Department**" } to make the necessary overhead page to also advise them as to which call in plan to initiate.

"Emergency Operations Center (EOC)" } which shall be located in the
Administrative Board Room⁹

- D. Once the Emergency Operations Center{ XE **"Emergency Operations Center (EOC)" }** is activated, the Disaster Control Administrator{ XE **"Disaster Control Administrator (DCA)" }** or designated Emergency Incident Commander{ XE **"Emergency Incident Commander" }** will advise CEPAR{ XE **"Office of Critical Event Preparedness and Response (CEPAR)" }** of the same

V. EMERGENCY OPERATIONS CENTER (EOC{ XE "Emergency Operations Center (EOC)" })

- A. The Emergency Operations Center{ XE **"Emergency Operations Center (EOC)" }** (EOC) shall be located in the Administrative Board Room
- B. The EOC{ XE **"Emergency Operations Center (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 collection and distribution of disaster/emergency related information that is to be reported to MIEMSS{ XE **"Maryland Institute for Emergency Medical Services Systems (MIEMSS)" }** via FRED{ XE **"Facility Resource Emergency Database (FRED)" }**. The specific

⁹ If for some reason the Administrative Board Room can not be utilized (e.g., the area is in the immediate vicinity of the disaster/emergency, such as a fire or bomb threat) the Disaster Control Administrator{ XE **"Disaster Control Administrator (DCA)" }** shall select a back-up location

information to be reported will be determined by MIEMSS and could include all or any of the following categories:

- a. Inpatient status
 - b. Medication information{ XE "**Medication information**" } (medications available)
 - c. Ventilator information{ XE "**Ventilator information**" } (ventilators available)
 - d. Psychiatric bed availability{ XE "**Psychiatric bed availability**" }
 - e. Pediatrics bed availability{ XE "**Pediatrics bed availability**" }
 - f. ED{ XE "**Emergency Department – Pediatric and Adult**" } bed availability by priority (e.g., priority 1 beds{ XE "**Beds**" }){ XE "**ED bed availability by priority (e.g., priority 1 beds)**" }
4. Monitoring the utilization of assets and resources
 5. Maintaining a record of all disaster related activities
 6. Communicating with external institutions and agencies (e.g., CEPAR{ XE "**Office of Critical Event Preparedness and Response (CEPAR)**" }, the Howard County Government{ XE "**Howard County Government**" } EOC{ XE "**Emergency Operations Center (EOC)**" }, and MIEMSS{ XE "**Maryland Institute for Emergency Medical Services Systems (MIEMSS)**" } via FRED{ XE "**Facility Resource Emergency Database (FRED)**" }

C. The EOC{ XE '**Emergency Operations Center (EOC)**' } will be staffed by the following individuals¹⁰:

1. Emergency Incident Commander{ XE '**Emergency Incident Commander**' } and/or the DCA{ XE '**Disaster Control Administrator (DCA)**' }
2. Safety and Security Officer{ XE '**Safety and Security Officer**' }
3. Medical Staff Director{ XE '**Medical Staff Director**' }
4. Public Information Officer{ XE '**Public Information Officer**' }
5. Liaison Officer{ XE '**Liaison Officer**' }
6. Administrative Secretary

D. Upon activation of the Emergency Incident Command Plan, the Safety and Security Officer{ XE '**Safety and Security Officer**' } shall take the necessary action to ensure that the EOC{ XE '**Emergency Operations Center (EOC)**' } cart containing the following materials is brought to the EOC:

1. Disaster/emergency kit containing Job Action Sheets, identification badges and forms for the Incident Command Section
2. Communications equipment that is to be distributed as follows:
 - a. Emergency Incident Commander{ XE '**Emergency Incident Commander**' }
 - b. Public Information Officer{ XE '**Public Information Officer**' }
 - c. Liaison Officer{ XE '**Liaison Officer**' }
 - d. Logistics Section Chief{ XE '**Logistics Section Chief**' }

¹⁰ The Emergency Incident Commander{ XE '**Incident Commander**' }{ XE '**Emergency Incident**

- e. Operations Section Chief{ XE "**Operations Section Chief**" }
 - f. Administrative Support Section Chief{ XE "**Administrative Support Section Chief**" }
 - g. Facility Unit Leader{ XE "**Facility Unit Leader**" }
 - h. Material Supply Unit Leader{ XE "**Material Supply Unit Leader**" }
 - i. Labor Pool Unit Leader{ XE "**Labor Pool Unit Leader**" }
 - j. Patient Tracking Officer{ XE "**Patient Tracking Officer**" }
 - k. Medical Care Director{ XE "**Medical Care Director**" }
 - l. Ancillary Services Director{ XE "**Ancillary Services Director**" }
 - m. Patient Areas Supervisor{ XE "**Patient Areas Supervisor**" }
 - n. Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" }
 - o. Discharge Unit Leader{ XE "**Discharge Unit Leader**" }
- 3. Telephone with conference call capability
 - 4. Patient Status Board{ XE "**Patient Status Board**" }
 - 5. Emergency Incident Command System{ XE "**Emergency Incident Command System**" } Position Board
 - 6. Set of drawings for parking lots and entrance areas
 - 7. Two copies of the Emergency Incident Command Plan
- E. When the EOC{ XE "**Emergency Operations Center (EOC)**" } is placed into operation, an e-mail will be sent (hospital-wide) advising that the EOC is now in operation

Commander" } may opt to add or delete individuals from this list based on the nature of the disaster.

- F. Once the EOC{ XE '**Emergency Operations Center (EOC)**' } is placed into operation, all communications will flow through the EOC
- G. The Emergency Incident Commander{ XE '**Emergency Incident Commander**' } shall take the necessary actions to ensure that the individuals assigned to the EOC{ XE '**Emergency Operations Center (EOC)**' } as well as all of the Section Chiefs meet on a routine basis throughout the disaster/emergency. As a rule of thumb, two meetings should take place within the first hour and then at least once every hour for the next four hours. In the event the EOC remains in operation for longer than four hours, the Emergency Incident Commander shall determine what the meeting schedule should be

Job Action Sheet
EMERGENCY INCIDENT COMMANDER

Mission: Organize and facilitate emergency response efforts via the Emergency Operations Center (EOC{ XE "Emergency Operations Center (EOC)" }) throughout the duration of the disaster/emergency

Reports to:

- President/Chief Executive Officer{ XE "President/Chief Executive Officer" }

Direct reports are:

- Liaison Officer{ XE "Liaison Officer" }
- Public Information Officer{ XE "Public Information Officer" }
- Safety and Security Officer{ XE "Safety and Security Officer" }
- Logistics Section Chief{ XE "Logistics Section Chief" }
- Administrative Support Section Chief{ XE "Administrative Support Section Chief" }
- Finance Section Chief{ XE "Finance Section Chief" }
- Operations Section Chief{ XE "Operations Section Chief" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Emergency Incident Commander{ XE "Emergency Incident Commander" }{ XE "Incident Commander" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to the EOC{ XE "Emergency Operations Center (EOC)" } (Administrative Board Room) and meet with the Liaison Officer{ XE "Liaison Officer" }, Public Information Officer{ XE "Public Information Officer" } and the Safety and Security Officer{ XE "Safety and Security Officer" } for the purpose of:

1. Advising them as to why the Emergency Incident Command Plan has been implemented
 2. Assigning any special duties, as deemed necessary, at this time (e.g., instruct the Public Information Officer{ XE "**Public Information Officer**" } to make a request of the news media to make a public information announcement with regard to the need for volunteer drivers)
- ❑ Brief the President of the Professional Staff{ XE "**Professional Staff**" } or his designated alternate on the situation at hand
 - ❑ Assign an administrative secretary to the EOC{ XE "**Emergency Operations Center (EOC)**" } who will be responsible for maintaining the EOC Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" } (see Form #1: Disaster/Emergency Log) and providing secretarial support to the EOC staff
 - ❑ Conduct a briefing with the Liaison, Public Information and Safety and Security Officer{ XE "**Safety and Security Officer**" }s, the Section Chiefs and the Medical Staff Director{ XE "**Medical Staff Director**" } once they have done an initial assessment of their areas of responsibility. The briefings should take place within 30 - 45 minutes of the activation of the plan. The purpose of the briefing is to:
 1. Determine if the hospital's initial response to the disaster/emergency is adequate and, if not, what additional actions need to be taken
 2. Determine if there has been or whether or not there could be damage to the physical plant or a disruption of critical utilities such as electrical power, communications, water, etc., due to the disaster/emergency
 3. Determine if any additional disaster/emergency plans need to be implemented at this

time or within the next hour (e.g., evacuation plan)

4. Determine if additional resources (staff/equipment/supplies) are needed at this point in the situation
 5. Make an estimate as to how long routine hospital operations may be disrupted as a result of the disaster/emergency
- ❑ Establish a time for the next briefing. As a rule of thumb, briefings should occur every 30 - 45 minutes unless the individuals assigned to the EOC{ XE "**Emergency Operations Center (EOC)**" } determine otherwise
 - ❑ At the conclusion of the briefing, inform the President/Chief Executive Officer{ XE "**President/Chief Executive Officer**" } of the EOC{ XE "**Emergency Operations Center (EOC)**" } staff's initial assessment of the situation and the hospital's response to it
 - ❑ At the conclusion of the briefing, inform CEPAR{ XE "**Office of Critical Event Preparedness and Response (CEPAR)**" } of the situation at hand and whether or not any assistance from other Johns Hopkins Medicine entities is needed at this time
- Intermediate Actions:** (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):
- ❑ Conduct briefings with the EOC{ XE "**Emergency Operations Center (EOC)**" } staff, as noted above, for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary. As noted above, these sessions should be conducted every 30 - 45 minutes unless the individuals assigned to the EOC determine otherwise
 - ❑ At the conclusion of each briefing session, inform the President/Chief Executive Officer{

XE "**President/Chief Executive Officer**" } and CEPAR{ XE "**Office of Critical Event Preparedness and Response (CEPAR)**" } of any significant changes in the situation at hand and the hospital's response to it

- ❑ If indicated, meet with the Medical Staff Director{ XE "**Medical Staff Director**" }, Operations Section Chief{ XE "**Operations Section Chief**" } and the Medical Staff Unit Leader{ XE "**Medical Staff Unit Leader**" } to make a determination as to whether or not there is a need to grant emergency privileges to licensed independent practitioners (LIPs{ XE "**Licensed Independent Practitioners (LIPs)**" }) who are not members of the Professional Staff{ XE "**Professional Staff**" } to assist with the handling of immediate patient-care needs.
- ❑ Meet with the President/Chief Executive Officer{ XE "**President/Chief Executive Officer**" } and present the recommendation to grant emergency privileges to LIPs{ XE "**Licensed Independent Practitioners (LIPs)**" } for approval. If approved, the President/Chief Executive Officer shall authorize the Medical Staff Director and the Operations Section Chief{ XE "**Operations Section Chief**" } to grant said privileges.
- ❑ Meet with the Logistics Section Chief{ XE "**Logistics Section Chief**" } and/or the Facility Unit Leader{ XE "**Facility Unit Leader**" } to discuss any recovery and salvage efforts that may be required
- ❑ Meet with the Safety and Security Officer{ XE "**Safety and Security Officer**" } to discuss any special security measures that may be required (e.g., locking down sections of the physical plant to facilitate recovery and salvage efforts
- ❑ Approve media releases submitted by the Public Information Officer{ XE "**Public Information Officer**" }

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Conduct briefings with the EOC{ XE "**Emergency Operations Center (EOC)**" } staff for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary. This would include recovery and salvage efforts and special security measures
- ❑ Discuss and approve the termination of certain components of the plan (e.g., transporting staff to and from the hospital), as deemed appropriate
- ❑ Provide the President/Chief Executive Officer{ XE "**President/Chief Executive Officer**" } and CEPAR{ XE "**Office of Critical Event Preparedness and Response (CEPAR)**" } with status reports, as deemed necessary, but not less than every 2 hours
- ❑ Observe staff assigned to the EOC{ XE "**Emergency Operations Center (EOC)**" } for signs of stress and fatigue. Ensure that appropriate actions are taken to provide rest periods and relief
- ❑ When deemed appropriate, meet with the EOC{ XE "**Emergency Operations Center (EOC)**" } staff to discuss terminating the entire plan and present the staff's recommendation to the President/Chief Executive Officer{ XE "**President/Chief Executive Officer**" } for approval
- ❑ Contact CEPAR{ XE "**Office of Critical Event Preparedness and Response (CEPAR)**" } when the recommendation to terminate the plan has been approved. Ensure that other applicable agencies (e.g., Howard County Government{ XE "**Howard County Government**" } EOC{ XE "**Emergency Operations Center (EOC)**" }) are informed as well

- ❑ Declare the end of the hospital's response to the disaster/emergency and close down the EOC{ XE "**Emergency Operations Center (EOC)**" }
- ❑ Instruct the EOC{ XE "**Emergency Operations Center (EOC)**" } staff to submit a written summary of their activities during the emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours
- ❑ Instruct the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } to conduct a detailed review and evaluation of the hospital's response to the disaster/emergency and submit its findings to the Executive Management Team{ XE "**Executive Management Team**" } within two weeks

Job Action Sheet

LIAISON OFFICER

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

Reports to:

- Emergency Incident Commander{ XE "**Incident Commander**" }{ XE "**Emergency Incident Commander**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Report to the Emergency Operations Center{ XE "**Emergency Operations Center (EOC)**" } (Administrative Board Room) upon being advised that the Emergency Incident Command Plan has been implemented:
- Receive briefing from Emergency Incident Commander{ XE "**Incident Commander**" }{ XE "**Emergency Incident Commander**" } as to why the plan has been implemented
- Read this entire Job Action Sheet and put on position identification badge
- Carry out any special duties assigned by the Emergency Incident Commander{ XE "**Incident Commander**" }{ XE "**Emergency Incident Commander**" } (e.g., establish communications with the Howard County Government{ XE "**Howard County Government**" } Emergency Operations Center{ XE "**Emergency Operations Center (EOC)**" })
- Attend initial briefing with Incident Command staff (the briefing will take place within 30 - 45 minutes of the activation of the plan). The purpose of the briefing is to:
 1. Determine if the hospital's initial response to the disaster/emergency is adequate and, if not, what additional actions need to be taken

2. Determine if there has been or whether or not there could be damage to the physical plant or a disruption of critical utilities such as electrical power, communications, water, etc., due to the disaster/emergency
 3. Determine if any additional disaster/emergency plans need to be implemented at this time or within the next hour (e.g., evacuation plan)
 4. Determine if additional resources (staff/equipment/supplies) are needed at this point in the situation
- Make an estimate as to how long routine operations may be disrupted as a result of the disaster/emergency
- Obtain information to provide CEPAR{ XE "**Office of Critical Event Preparedness and Response (CEPAR)**" } and applicable outside agencies (e.g., Howard County Government{ XE "**Howard County Government**" } Emergency Operations Center{ XE "**Emergency Operations Center (EOC)**" }) relevant to the hospital's response to the disaster/emergency such as:
1. The number of immediate, delayed and minor care patients that can be received and treated (Patient Care Capacity)
 2. Any current or anticipated shortage of personnel, supplies, etc
 3. Current condition of physical plant and critical resources (e.g., electrical power and water)
 4. Number of patients requiring transfer to another hospital and the mode of transportation required (e.g., ambulatory or stretcher)

5. Any additional information that may be pertinent to the disaster/emergency at hand (e.g., number of patients exposed to chemicals, etc., that may need to be decontaminated)
- Establish and maintain communications with applicable outside agencies (e.g., Howard County Government{ XE "**Howard County Government**" } Emergency Operations Center{ XE "**Emergency Operations Center (EOC)**" }) and relay current hospital status as required
 - Ensure that directives from the Emergency Incident Commander{ XE "**Emergency Incident Commander**" }{ XE "**Incident Commander**" } are carried out in a timely and appropriate fashion.
 - Document all decisions and actions on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" })

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- Attend briefings to be held every 30 - 45 minutes with the rest of the EOC{ XE "**Emergency Operations Center (EOC)**" } staff for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary
- At the conclusion of each briefing, update information being provided to CEPAR{ XE "**Office of Critical Event Preparedness and Response (CEPAR)**" } and outside agencies
- Relay any special information received from outside agencies to the Incident Command staff

- ❑ Request assistance and information from other agencies (e.g., Howard County Police and Fire/Rescue{ XE "**Howard County Police**" }{ XE "**Howard County Fire/Rescue**" }), as needed
- ❑ Respond to requests and complaints from in-house staff (employees and physicians) as well as those from outside agencies regarding inter-organizational problems

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Attend briefings for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary
- ❑ Keep the Emergency Incident Commander{ XE "**Emergency Incident Commander**" }{ XE "**Incident Commander**" } advised of any changes in the response to the emergency by other agencies (e.g., closing of Howard County Government{ XE "**Howard County Government**" }'s Emergency Operations Center{ XE "**Emergency Operations Center (EOC)**" })
- ❑ Meet with Section Chiefs, etc., if indicated, to discuss any long-term needs of the hospital from other agencies (e.g., support from Howard County Police Department{ XE "**Howard County Police**" } with regard to securing the property)
- ❑ Advise other agencies when the Emergency Incident Commander{ XE "**Incident Commander**" }{ XE "**Emergency Incident Commander**" } declares the hospital's response to the emergency as being over. In some cases, the disaster/emergency may be declared over, however, recovery and/or salvage efforts may continue for a period of time. This information is also to be passed on to other agencies involved

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- ❑ Attend evaluations conducted by other agencies regarding the overall (community-wide) response to the disaster/emergency, as required
- ❑ Provide the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } with a written summary of activities performed within 72-hours of the disaster/emergency being declared over

Job Action Sheet

PUBLIC INFORMATION OFFICER

Mission: Provide information to the news media

Reports to:

- Emergency Incident Commander{ XE "**Incident Commander**" }{ XE "**Emergency Incident Commander**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency)

- Report to the Emergency Operations Center{ XE "**Emergency Operations Center (EOC)**" } (Administrative Board Room) upon being advised that the Emergency Incident Command Plan has been implemented:
 1. Assume the position of Public Information Officer{ XE "**Public Information Officer**" }
 2. Read this entire Job Action Sheet and put on position identification badge
 3. Receive briefing from Emergency Incident Commander{ XE "**Incident Commander**" }{ XE "**Emergency Incident Commander**" } as to why plan has been implemented.
- Carry out any special duties assigned by the Emergency Incident Commander{ XE "**Incident Commander**" }{ XE "**Emergency Incident Commander**" } (e.g., make a request of the news media to make a public information announcement with regard to the need for volunteer drivers)
- Identify and verify any restrictions in contents of news releases with Emergency Incident Commander{ XE "**Incident Commander**" }{ XE "**Emergency Incident Commander**" }

- ❑ Attend initial briefing with Incident Command staff (the briefing will take place within 30 - 45 minutes of the activation of the plan). The purpose of the briefing is to:
 1. Determine if the hospital's initial response to the disaster/emergency is adequate and, if not, what additional actions need to be taken
 2. Determine if there has been or whether or not there could be damage to the physical plant or a disruption of critical utilities such as electrical power, communications, water, etc., due to the disaster/emergency
 3. Determine if any additional disaster/emergency plans need to be implemented at this time or within the next hour (e.g., evacuation plan)
 4. Determine if additional resources (staff/equipment/supplies) are needed at this point in the situation
 5. Make an estimate as to how long routine hospital operations may be disrupted as a result of the disaster/emergency
- ❑ Establish a Public Information area away from the EOC{ XE "**Emergency Operations Center (EOC)**" } and patient care activity
- ❑ Establish and maintain communications with the Patient Information Officer{ XE "**Patient Information Officer**" }, Patient Tracking Officer{ XE "**Patient Tracking Officer**" } and Public Information Officer{ XE "**Public Information Officer**" }s from other agencies responding to the emergency (e.g., Fire/Rescue Services)
- ❑ Draft initial news release for review and approval that describes the hospital's initial response to the disaster/emergency
- ❑ In conjunction with the Safety and Security Officer{ XE "**Safety and Security Officer**" } establish an area for the news media

- ❑ Ensure that any directives from the Emergency Incident Commander{ XE "**Emergency Incident Commander**" }{ XE "**Incident Commander**" } are carried out in a timely and appropriate fashion
- ❑ Document all actions and decisions on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" })

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Attend briefings to be held every 30 - 45 minutes with the rest of the EOC{ XE "**Emergency Operations Center (EOC)**" } staff for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary
- ❑ If indicated, establish communications with the Public Relations{ XE "**Public Relations**" } Office at Johns Hopkins Hospital.
- ❑ At the conclusion of each briefing, update information being released to the news media
- ❑ Obtain reports every 30 minutes from the Patient Information Officer{ XE "**Patient Information Officer**" } on the status of any victims received thus far. This would include their name, if known, and current location (e.g., James Smith, Delayed Care Area)
- ❑ Consult with the Patient Information Officer{ XE "**Patient Information Officer**" } and the Emergency Incident Commander{ XE "**Incident Commander**" }{ XE "**Emergency Incident Commander**" }, if necessary, on any and all requests related to patient information from the news media or outside agencies such as the American Red Cross{ XE "**American Red Cross**" }

- ❑ Ensure that directives from the Emergency Incident Commander{ XE "**Incident Commander**" }{ XE "**Emergency Incident Commander**" } are carried out in a timely and appropriate manner

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Attend briefings for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary
- ❑ Obtain hourly reports from the Patient Information Officer{ XE "**Patient Information Officer**" } on victims who have been or are currently being treated
- ❑ Meet with the Emergency Incident Commander{ XE "**Incident Commander**" }{ XE "**Emergency Incident Commander**" } to discuss any special reports to the news media, especially at the point that the disaster/emergency is declared over with regard to the hospital's participation
- ❑ Provide assistance, as required, in ensuring that staff and volunteers who provided assistance during the emergency receive appropriate and timely recognition for their efforts
- ❑ Provide the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } with a written summary of activities performed within 72-hours of the disaster/emergency being declared over

Job Action Sheet

SAFETY AND SECURITY OFFICER

Mission: Organize and direct all necessary safety and security measures

Reports to:

- Emergency Incident Commander{ XE "**Incident Commander**" }{ XE "**Emergency Incident Commander**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency)

- Report to the Emergency Operations Center{ XE "**Emergency Operations Center (EOC)**" } (Administrative Board Room) upon being advised that the Emergency Incident Command Plan has been implemented:
 1. Assume the role of Safety and Security Officer{ XE "**Safety and Security Officer**" }
 2. Read this entire Job Action Sheet and put on position identification badge
 3. Receive briefing from Emergency Incident Commander{ XE "**Incident Commander**" }{ XE "**Emergency Incident Commander**" } as to why plan has been implemented.
- Implement access control and personnel identification measures/procedures as deemed necessary (the extent of these will depend on the type of disaster/emergency being addressed [e.g., in a mass casualty{ XE "**Mass Casualty Incident (MCI)**" } situation the implementation and enforcement of these would be focused on the Emergency Room and other designated treatment areas])
- Establish a Security Command Post{ XE "**Security Command Post**" } if the situation warrants it (e.g., bomb threat situations and other security related incidents)

- ❑ Attend initial briefing with Incident Command staff (the briefing will take place within 30 - 45 minutes of the activation of the plan). The purpose of the briefing is to:
 1. Determine if the hospital's initial response to the disaster/emergency is adequate and, if not, what additional actions need to be taken
 2. Determine if there has been or whether or not there could be damage to the physical plant or a disruption of critical utilities such as electrical power, communications, water, etc., due to the disaster/emergency
 3. Determine if any additional disaster/emergency plans need to be implemented at this time or within the next hour (e.g., evacuation plan)
 4. Determine if additional resources (staff/equipment/supplies) are needed at this point in the situation
 5. Make an estimate as to how long routine hospital operations may be disrupted as a result of the disaster/emergency
- ❑ Implement Safety and Security Department{ XE "**Safety and Security Department**" } call-in{ XE "**Call-in Plan**" } procedures, if deemed necessary
- ❑ If deemed necessary, establish communications with Office of Corporate Security{ XE "**Office of Corporate Security**" }
- ❑ Working in conjunction with the Liaison Officer{ XE "**Liaison Officer**" }, establish and maintain communications with the officer(s) in charge from other agencies e.g., Howard County Police Department{ XE "**Howard County Police**" }, who may be on-site
- ❑ Establish ambulance entry and exit routes in conjunction with the Facility Unit Leader{ XE "**Facility Unit Leader**" }
- ❑ In conjunction with the Public Information Officer,{ XE "**Public Information Officer**" }

establish an area for the news media

- ❑ Ensure that directives from the Emergency Incident Commander{ XE "**Incident Commander**" }{ XE "**Emergency Incident Commander**" } are carried out in a timely and appropriate fashion
- ❑ Document all actions and decisions on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" })

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Attend briefings to be held every 30-45 minutes with the rest of the EOC{ XE "**Emergency Operations Center (EOC)**" } staff for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary
- ❑ Establish and maintain communications with the Facility Unit Leader{ XE "**Facility Unit Leader**" } and/or the Damage Assessment and Control Officer{ XE "**Damage Assessment and Control Officer**" } to identify unsafe areas within the physical plant and on hospital grounds for the purpose of securing them
- ❑ Keep Safety and Security personnel alert to identify and report all hazards and unsafe conditions to the facility (e.g., snow covered roads and walkways)
- ❑ Secure areas that have been evacuated
- ❑ Establish and maintain communications with the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } for any security needs, especially those pertaining to the control of access to the treatment areas
- ❑ See to it that vehicular and pedestrian traffic control is provided, as deemed necessary

- ❑ Working in conjunction with the Facility Unit Leader{ XE "**Facility Unit Leader**" } identify and implement parking control procedures that may be required (e.g., blocking off sections of the parking lot for snow removal)
- ❑ Provide assistance to the Patient Information Officer{ XE "**Patient Information Officer**" } with regard to crowd control should the need arise or if family members become angry or upset
- ❑ Assist the Labor Pool Unit Leader{ XE "**Labor Pool Unit Leader**" } with making the necessary arrangements to transport staff to and from the hospital, if deemed necessary (e.g., during severe snowstorm)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over)

- ❑ Attend briefings for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary
- ❑ Meet with the Liaison Officer{ XE "**Liaison Officer**" }, if indicated, to discuss any of the hospital's long term safety and/or security needs from other agencies (long term in this context would mean several days beyond the time the disaster/emergency is declared over)
- ❑ Assist the Claims Unit Leader{ XE "**Claims Unit Leader**" } with the preparation of any documents that may be required in order for the hospital to submit an insurance claim (e.g., if the emergency is a fire that results in significant damage to the physical plant)
- ❑ Observe Safety and Security staff for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Provide the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and**

Environmental Risk Committee" } with a written summary of activities performed within 72-hours of the disaster/emergency being declared over

- Attend evaluations conducted by other agencies regarding the overall response to the disaster/emergency, as required

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 objectives of the hospital's response to the disaster/emergency situation

Reports to:

- Emergency Incident Commander{ XE "**Emergency Incident Commander**" }

Direct reports are:

- Facility Unit Leader{ XE "**Facility Unit Leader**" }
- Communications Unit Leader{ XE "**Communications Unit Leader**" }
- Transportation Unit Leader{ XE "**Transportation Unit Leader**" }
- Materials Supply Unit Leader
- Nutritional Supply Unit Leader{ XE "**Nutritional Supply Unit Leader**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Logistics Section Chief{ XE "**Logistics Section Chief**" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to Administration (administrative office area) and meet with the members of the Logistics Section for the purpose of:

1. Advising them as to why the Emergency Incident Command plan has been implemented
2. Instructing direct reports to conduct an initial assessment of their areas of responsibility over the next 15 - 20 minutes. The purpose of the assessment is to

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determine what, if any, additional actions need to be taken in each area to ensure an adequate, appropriate and timely response to the situation at hand

3. Assigning any special duties, as deemed necessary at this time (e.g., instruct the Facility Unit Leader{ XE "**Facility Unit Leader**" } to assign Environmental Services personnel to assist with the transportation of equipment and supplies to the Emergency Department{ XE "**Emergency Department – Pediatric and Adult**" })
- Attend the Emergency Incident Commander{ XE "**Emergency Incident Commander**" }'s initial briefing (to be held within 30 - 45 minutes of the activation of the plan) for the purpose of:
1. Determining if the hospital's initial response to the disaster/emergency is adequate and, if not, what additional actions need to be taken
 2. Determining if there has been or whether or not there could be damage to the physical plant or a disruption of critical utilities such as electrical power, communications, water, etc., due to the disaster/emergency
 3. Determining if any additional disaster/emergency plans need to be implemented at this time or within the next hour (e.g., evacuation plan)
 4. Determining if additional resources (staff/equipment/supplies) are needed at this point in the situation
 5. Making an estimate as to how long routine operations may be disrupted as a result of the disaster/emergency
- At the conclusion of the briefing, meet with direct reports to revise the section's response to the disaster/emergency, if indicated
- Meet with the Communications Unit Leader{ XE "**Communications Unit Leader**" } to

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discuss the status of the telephone system to include wireless telephones and the overhead paging system

- ❑ Ensure that directives from the Emergency Incident Commander{ XE "**Emergency Incident Commander**" } are carried out in a timely and appropriate fashion
- ❑ Assure that direct reports document actions and decisions on a continual basis

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Attend briefings with the EOC{ XE "**Emergency Operations Center (EOC)**" } staff, as noted above, for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary. As noted above, these sessions should be conducted every 30 - 45 minutes unless deemed otherwise by the Emergency Incident Commander{ XE "**Emergency Incident Commander**" }
- ❑ At the conclusion of each briefing session, inform direct reports of any changes in the situation at hand and the hospital's response to it, particularly as it applies to their area(s) of responsibility
- ❑ Meet with the Emergency Incident Commander{ XE "**Emergency Incident Commander**" } and the Facility Unit Leader{ XE "**Facility Unit Leader**" } to discuss any recovery and salvage efforts that may be required
- ❑ Receive status reports from direct reports on an hourly basis
- ❑ Make requests to the Emergency Incident Commander{ XE "**Emergency Incident Commander**" } for any special needs (e.g., bringing in outside contractors to help with salvage efforts) required by direct reports

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than

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six hours and/or when the situation is declared over):

- ❑ Attend briefings with the EOC{ XE "**Emergency Operations Center (EOC)**" } staff for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary
- ❑ Obtain status reports from direct reports on an as needed basis, but not less than once every two hours
- ❑ Observe direct reports for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Discuss the termination of certain components of the plan that apply to the section (e.g., transporting staff to and from the hospital) with the EOC{ XE "**Emergency Operations Center (EOC)**" } staff, as deemed appropriate
- ❑ Ensure that any directives from the Emergency Incident Commander{ XE "**Emergency Incident Commander**" } with regard to terminating certain components of the plan that impact the section are carried out in an appropriate and timely fashion
- ❑ When deemed appropriate, meet with the EOC{ XE "**Emergency Operations Center (EOC)**" } staff to discuss terminating the entire plan
- ❑ Once the decision has been made to terminate the plan, see to it that direct reports take the necessary action(s) to return their area(s) of responsibility to normal operations
- ❑ Instruct direct reports to submit a written summary of their activities during the emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours

Job Action Sheet

FACILITY UNIT LEADER

Mission: Maintain the integrity of the physical plant and grounds to the best level possible.

Provide adequate utility systems (e.g., electrical power, water, etc.) and environmental controls to support the objectives of the hospital's response to the disaster/emergency situation

Reports to:

- Logistics Section Chief{ XE "**Logistics Section Chief**" }

Direct reports are:

- Damage Assessment and Control Officer{ XE "**Damage Assessment and Control Officer**" }
- Utility Systems Unit Leader{ XE "**Utility Systems Unit Leader**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Facility Unit Leader{ XE "**Facility Unit Leader**" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to Administration (administrative office area) and meet with the Logistics Section Chief{ XE "**Logistics Section Chief**" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receiving any special assignments, as deemed necessary, at this time (e.g., instructing the Director of Environmental Services to assign Environmental Services personnel to assist with the transportation of equipment and supplies to the Emergency Department{ XE "**Emergency Department – Pediatric and Adult**" })

- ❑ Instruct Damage Assessment and Control Officer{ XE "**Damage Assessment and Control Officer"** } and Utility Systems Unit Leader{ XE "**Utility Systems Unit Leader"** } to conduct an initial assessment of their area(s) of responsibility over the next 15 - 20 minutes. The purpose of the assessment is to determine what, if any, additional actions need to be taken in each area to ensure an adequate, appropriate and timely response to the situation at hand. The assessment should address the following:
 1. Is the initial response to the disaster/emergency adequate and, if not, what additional actions need to be taken
 2. Has or could the disaster/emergency result in damage to the physical plant or a disruption of critical utilities such as electrical power, communications, water, etc. This would include reviewing the Facility Status Report{ XE "**Facility Status Report"** } (see Form #2)
 3. Are additional resources (staff/equipment/supplies needed at this point in the situation
 4. How long will routine operations be disrupted as a result of the disaster/emergency
- ❑ Provide assistance to the appropriate personnel with regard to the implementation of other disaster/emergency plans (e.g., Safety and Security Officer{ XE "**Safety and Security Officer"** } and the implementation of the evacuation plan)
- ❑ Implement Plant Operations{ XE "**Plant Operations"** } call-in{ XE "**Call-in Plan"** } procedures, if deemed necessary
- ❑ Brief the Logistics Section Chief{ XE "**Logistics Section Chief"** } on the findings of the assessments conducted by the Damage Assessment and Control Officer{ XE "**Damage Assessment and Control Officer"** } and the Utility Systems Unit Leader{ XE "**Utility**

Systems Unit Leader" }

- ❑ Ensure that directives from the Logistics Section Chief{ XE "**Logistics Section Chief"** } are carried out in a timely and appropriate fashion
- ❑ Document actions and decisions on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log"** }) and ensure that direct reports do the same.

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Receive and review continually (at least every half hour) updated reports from the Damage Assessment and Control Officer{ XE "**Damage Assessment and Control Officer"** } and the Utility Systems Unit Leader{ XE "**Utility Systems Unit Leader"** }
- ❑ Prepare for the possibility of evacuation and/or relocation of medical services outside of the physical plant, if deemed necessary and appropriate
- ❑ Ensure that actions are taken to secure areas within the physical plant and on hospital grounds that have been deemed unsafe
- ❑ Ensure that all reports of hazards and unsafe conditions are followed-up, immediately
- ❑ Working in conjunction with the Safety and Security Officer{ XE "**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)
- ❑ Assure that drawings, etc., of the physical plant are readily available should they be needed by personnel from outside agencies (e.g., Police and Fire/Rescue)
- ❑ Communicate staffing needs to the Labor Pool Unit Leader{ XE "**Labor Pool Unit Leader"** }
- ❑ Meet with the Emergency Incident Commander{ XE "**Emergency Incident**

Commander" } and Logistics Section Chief{ XE "**Logistics Section Chief"** } to discuss any recovery and salvage efforts that may be required

- ❑ On an hourly basis, brief the Logistics Section Chief{ XE "**Logistics Section Chief"** } on the activities being carried out by the Damage Assessment and Control Officer{ XE "**Damage Assessment and Control Officer"** } and the Utility Systems Unit Leader{ XE "**Utility Systems Unit Leader"** }
- ❑ Advise the Logistics Section Chief{ XE "**Logistics Section Chief"** } of all special needs (e.g., bringing in outside contractors to help with salvage efforts)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Attend briefings with the EOC{ XE "**Emergency Operations Center (EOC)"** } staff, as requested, by the Logistics Section Chief{ XE "**Logistics Section Chief"** } for the purpose of assessing the hospital's ongoing response to the situation, especially as it pertains to the physical plant and utility systems
- ❑ Obtain status reports from the Damage Assessment and Control Officer{ XE "**Damage Assessment and Control Officer"** } and the Utility Systems Unit Leader{ XE "**Utility Systems Unit Leader"** } on an as needed basis, but not less than once every two hours
- ❑ Observe direct reports for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Discuss the termination of certain components of the plan or other disaster/emergency plans that may have been implemented and apply to the physical plant and utility systems (e.g., Loss of Critical Resources{ XE "**Loss of Critical Resources (power, water, communications, etc.)"** }) with the Logistics Section Chief{ XE "**Logistics Section**

Chief" }

- ❑ Ensure that any directives from the Logistics Section Chief{ XE **"Logistics Section Chief" }** with regard to terminating certain components of the plan that impact the physical plant and utility systems are carried out in a timely and appropriate fashion
- ❑ Once the decision has been made to terminate the plan, see to it that direct reports take the necessary actions to return their area(s) of responsibility to normal operations in a timely fashion
- ❑ Submit a written summary of the activities performed by direct reports during the emergency to the chairman of the Safety and Environmental Risk Committee{ XE **"Safety and Environmental Risk Committee" }** within 72-hours

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, if needed. Manage fire suppression, search and damage activities (recovery and salvage)

Reports to:

- Facility Unit Leader{ XE "**Facility Unit Leader**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume role of the Damage Assessment and Control Officer{ XE "**Damage Assessment and Control Officer**" }
- Read this entire Job Action Sheet and put on identification badge
- Report to Administration (administrative office area) and meet with the Logistics Section Chief{ XE "**Logistics Section Chief**" } and Facility Unit Leader{ XE "**Facility Unit Leader**" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receiving any special assignments, as deemed necessary, at this time (e.g., ensuring that precautions are taken to prevent property damage [placing tape on exterior windows] when severe weather is predicted in the immediate future)
- Conduct an initial assessment of the physical plant (see Form #2: Facility Status Report{ XE "**Facility Status Report**" }) over the next 15 - 20 minutes. The purpose of the assessment is to determine what, if any, additional actions need to be taken to ensure an

Damage Assessment & Control Officer (4/03)

adequate, appropriate and timely response to the situation at hand. The assessment should address the following:

1. Whether or not there has been any structural damage to the physical plant (Roof, walls, [interior and exterior] elevators, major systems [e.g., HVAC], etc
 2. Whether or not access to the property has been hindered (e.g., accumulation of snow on roads and parking lots)
 3. How long will it take to repair property damage or to take the necessary precautions to prevent damage to the property
- Brief the Facility Unit Leader{ XE "**Facility Unit Leader**" } and the Utility Systems Unit Leader{ XE "**Utility Systems Unit Leader**" } on the findings of the assessment and discuss any immediate actions that need to be taken
 - Keep the Facility Unit Leader{ XE "**Facility Unit Leader**" } advised of any unsafe areas within the physical plant and on the grounds that may need to be secured
 - Identify areas where immediate recovery and salvage efforts should be directed in order to preserve critical areas and equipment
 - Participate in the implementation of other disaster/emergency plans that are implemented (e.g., Evacuation Plan)
 - Assign staff to recovery and salvage efforts, as required
 - Ensure that directives from the Facility Unit Leader{ XE "**Facility Unit Leader**" } are carried out in a timely fashion
 - Document actions and decisions on a continual basis using the Disaster/Emergency Log (see Form #1)

Intermediate Actions (normally intermediate actions would be taken after the first hour of

Damage Assessment & Control Officer (4/03)

the disaster/emergency and over the next four to six hours):

- ❑ Provide the Facility Unit Leader{ XE "**Facility Unit Leader**" } with updated status reports every half hour
- ❑ Consult with the Safety and Security Officer{ XE "**Safety and Security Officer**" } with regard to preventing or restricting access to certain areas of the physical plant and/or grounds
- ❑ Alert the Facility Unit Leader{ XE "**Facility Unit Leader**" } to any problems with the structural integrity of the physical plant that may necessitate the evacuation of patients and staff
- ❑ Assist personnel from outside agencies (e.g., Fire/Rescue) with the review of architectural drawings, etc.
- ❑ Advise the Facility Unit Leader{ XE "**Facility Unit Leader**" } of all special needs (e.g., bringing in outside contractors to replace broken windows)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Facility Unit Leader{ XE "**Facility Unit Leader**" } with updated status reports, as needed, but no less than once every two hours
- ❑ Ensure that all recovery and salvage efforts are done in conjunction with any efforts that the Utility Systems Unit Leader{ XE "**Utility Systems Unit Leader**" } may be involved in
- ❑ Keep the Facility Unit Leader{ XE "**Facility Unit Leader**" } abreast of all repair and recovery efforts. This would include any additional expenses that will be incurred as a result of these efforts. Additional expenses would include manpower costs (e.g.,

Damage Assessment & Control Officer (4/03)

overtime) and costs associated with outside contractors (e.g., snow removal) and the rental or purchase of additional equipment, supplies and/or materials. In addition, keep the Finance Section (Time and Cost Unit Leader{ XE "Cost Unit Leader" }s{ XE "Time Unit Leader" }) advised of the same

- ❑ 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 assisting with recovery and salvage efforts related to the physical plant and grounds
- ❑ Discuss the termination of certain components of the plan as they relate to the physical plant with the Facility Unit Leader{ XE "Facility Unit Leader" } and the Utility Systems Unit Leader{ XE "Utility Systems Unit Leader" }
- ❑ Ensure that directives from the Facility Unit Leader{ XE "Facility Unit Leader" } with regard to the termination of certain components of the plan that impact the physical plant and grounds are carried out in an appropriate and timely fashion
- ❑ Take the necessary action to return area(s) of responsibility to normal operations once the decision to terminate the plan has been made
- ❑ Submit a written summary of the activities performed during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "Safety and Environmental Risk Committee" } within 72-hours of the disaster/emergency being declared over

Job Action Sheet
UTILITY SYSTEMS UNIT LEADER

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 other systems dependent on them (e.g., HVAC system's dependence on power and water) and the readiness of backup resources (e.g., emergency generators)

Reports to: Facility Unit Leader{ XE "**Facility Unit Leader**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Utility Systems Unit Leader{ XE "**Utility Systems Unit Leader**" }
- Read this entire Job Action Sheet and put on identification badge
- Report to Administration (administrative office area) and meet with the Logistics Section Chief{ XE "**Logistics Section Chief**" } and Facility Unit Leader{ XE "**Facility Unit Leader**" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receiving any special assignments, as deemed necessary, at this time (e.g., shutting down sections of the HVAC system in the event of a biological or chemical event)
- Conduct an initial assessment of critical resources (power/water/communications) over the next 15 - 20 minutes (see Form #2: Facility Status Report{ XE "**Facility Status Report**" }). The purpose of the assessment is to determine what, if any, additional actions need to be taken to ensure an adequate, appropriate and timely response to the situation at hand. The assessment should address the following:
 1. Are all critical resources (power/water/communications) functioning properly and, if

- not, what additional actions need to be taken? This would include completing the Facility Status Report{ XE "**Facility Status Report**" } (see Form #2)
2. Are the in-wall oxygen and other medical gases functioning properly
 3. Are additional resources (staff/equipment/supplies) needed at this point in the situation
 4. What other system, if any (e.g., HVAC), have been disrupted as a result of the loss of critical resources{ XE "**Loss of Critical Resources (power, water, communications, etc.)**" }
 5. How long will it take to repair or bring in back-up resources (e.g., water via tanker truck) to supplement critical systems that have been lost or disrupted
- Brief the Facility Unit Leader{ XE "**Facility Unit Leader**" } and the Damage Assessment and Control Officer{ XE "**Damage Assessment and Control Officer**" } on the findings of the assessment and discuss the implementation of the Loss of Critical Resources{ XE "**Loss of Critical Resources (power, water, communications, etc.)**" } Plan, if indicated
 - Assign staff to monitor the emergency generators, if indicated
 - Ensure that directives from the Facility Unit Leader{ XE "**Facility Unit Leader**" } are carried out in a timely fashion
 - Document actions and decisions on a continual basis using the Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" } (see Form #1)

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- Provide the Facility Unit Leader{ XE "**Facility Unit Leader**" } with updated status

Utility Systems Unit Leader (4/03)

reports every half hour

- ❑ Receive updates from the Communications Unit Leader{ XE "**Communications Unit Leader**" } on the operational status of the telephone and overhead paging systems
- ❑ If applicable, meet with the Director of Biomedical Engineering{ XE "**Director of Biomedical Engineering**" } to discuss problems encountered with clinical equipment as the result of the loss of critical resources{ XE "**Loss of Critical Resources (power, water, communications, etc.)**" } (e.g., loss of sterilizers due to the loss of water)
- ❑ Consult with the Infection Control Coordinator if problems are encountered with sanitation or waste disposal systems
- ❑ Alert the Facility Unit Leader{ XE "**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 winter months)
- ❑ Assist personnel from outside agencies (e.g., Police and Fire/Rescue) with the review of drawings of mechanical and electrical systems
- ❑ Communicate staffing needs to the Facility Unit Leader{ XE "**Facility Unit Leader**" }
- ❑ Advise the Facility Unit Leader{ XE "**Facility Unit Leader**" } of all special needs (e.g., bringing in outside contractors to help with repair efforts)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Facility Unit Leader{ XE "**Facility Unit Leader**" } with updated status reports, as needed, but no less than once every two hours
- ❑ Ensure that all salvage efforts are done in conjunction with any efforts that the Damage Assessment and Control Officer{ XE "**Damage Assessment and Control Officer**" }

Utility Systems Unit Leader (4/03)

may be involved in

- ❑ Keep the Facility Unit Leader{ XE "**Facility Unit Leader**" } abreast of all repair and recovery efforts. This would include any additional expenses that will be incurred as a result of these efforts. Additional expenses would include manpower costs (e.g., overtime) and costs associated with the rental of equipment or the purchase of additional supplies and/or materials and keep the Finance Section (Time and Cost Unit Leader{ XE "**Cost Unit Leader**" }s{ XE "**Time Unit Leader**" }) advised of the same
- ❑ 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 recovery efforts related to critical resources
- ❑ Discuss the termination of certain components of the plan as they relate to critical resources with the Facility Unit Leader{ XE "**Facility Unit Leader**" } and the Damage Assessment Control Officer
- ❑ Ensure that directives from the Facility Unit Leader{ XE "**Facility Unit Leader**" } with regard to the termination of certain components of the plan that impact critical resources are carried out in an appropriate and timely fashion
- ❑ Take the necessary action to return area(s) of responsibility to normal operations once the decision to terminate the plan has been made
- ❑ Submit a written summary of the activities performed during the emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours

Job Action Sheet

COMMUNICATIONS UNIT LEADER

Mission: Organize and coordinate internal and external communications systems

Reports to:

- ❑ Logistics Section Chief{ XE "**Logistics Section Chief**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- ❑ Assume the role of Communications Unit Leader{ XE "**Communications Unit Leader**" }

- ❑ Read this entire Job Action Sheet and put on position identification badge

- ❑ Report to Administration (administrative office area) and meet with the Logistics Section Chief{ XE "**Logistics Section Chief**" } for the purpose of:

1. Learning why the Emergency Incident Command Plan has been implemented
2. Receiving any special assignments, as deemed necessary, at this time (e.g., assist Nursing with contacting staff and advising them to report to the hospital)

- ❑ Conduct an initial assessment of area(s) of responsibility over the next 15 - 20 minutes.

The purpose of the assessment is to determine what, if any, additional actions need to be taken to ensure an adequate, appropriate and timely response to the situation at hand.

The assessment should address the following:

1. Are all communications systems (e.g., telephones, overhead paging, etc.) functioning properly and, if not, what additional actions need to be taken
2. How long will it take to repair, convert to alternate systems (e.g., cell or wireless phones) or bring in back-up equipment to replace or supplement existing equipment

Communications Unit Leader (4/03)

3. Are additional operators required as a result of problems with communications equipment or the volume of calls being received and/or made
- ❑ Brief the Logistics Section Chief{ XE "**Logistics Section Chief**" } and the Facility Unit Leader{ XE "**Facility Unit Leader**" } on the findings of the assessment of the communications systems and discuss the implementation of the Loss of Communications Plan, if indicated
 - ❑ Assure that Emergency Incident telephone directories and instructions are posted on the Meditech system. If computers or Meditech is down, hard copies of the directories shall be distributed, as deemed necessary
 - ❑ Assure that portable radios are distributed to the positions noted below:
 1. Emergency Incident Commander{ XE "**Emergency Incident Commander**" }
 2. Public Information Officer{ XE "**Public Information Officer**" }
 3. Liaison Officer{ XE "**Liaison Officer**" }
 4. Logistics Section Chief{ XE "**Logistics Section Chief**" }
 5. Administrative Support Section Chief{ XE "Administrative Support Section Chief" }
 6. Operations Section Chief{ XE "**Operations Section Chief**" }
 7. Labor Pool Unit Leader{ XE "**Labor Pool Unit Leader**" }
 8. Patient Information Officer{ XE "**Patient Information Officer**" }
 9. Medical Care Director{ XE "**Medical Care Director**" }
 10. Ancillary Services Director{ XE "**Ancillary Services Director**" }
 11. Patient Areas Supervisor{ XE "**Patient Areas Supervisor**" }
 12. Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" }
 - ❑ If applicable, establish and maintain communications with the Liaison Officer{ XE

Communications Unit Leader (4/03)

"Liaison Officer" } in reference to securing assistance from outside agencies (e.g., Howard County Government{ XE **"Howard County Government"** }, Central Communications)

- ❑ Ensure that directives from the Logistics Section Chief{ XE **"Logistics Section Chief"** } are carried out in a timely fashion
- ❑ Document actions and decisions on a continual basis using the Disaster/Emergency Log{ XE **"Disaster/Emergency Log"** } (see Form #1)

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Provide the Logistics Section Chief{ XE **"Logistics Section Chief"** } with updated status reports every half hour
- ❑ Provide the Utility Systems Unit Leader{ XE **"Utility Systems Unit Leader"** } with updates on the status of the telephone and overhead paging systems, if applicable
- ❑ Assure that calls received from the outside with regard to the hospital's response to the disaster/emergency are routed to the appropriate location (e.g., individuals wanting to volunteer their services would be routed to the Labor Pool)
- ❑ If applicable, oversee repair and recovery efforts with regard to the telephone system
- ❑ Advise the Logistics Section Chief{ XE **"Logistics Section Chief"** } of all special needs (e.g., bringing in back-up communications equipment)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Logistics Section Chief{ XE **"Logistics Section Chief"** } with updated status reports, as needed, but not less than once every two hours

Communications Unit Leader (4/03)

- ❑ Ensure that all recovery and/or salvage efforts pertaining to the communications systems (e.g., telephone) are done in conjunction with any efforts that the Damage Assessment and Control Officer{ XE "**Damage Assessment and Control Officer**" } may be involved in
- ❑ Keep the Finance Section (Time and Cost Unit Leader{ XE "**Cost Unit Leader**" }s{ XE "**Time Unit Leader**" }) informed of any additional costs (e.g., overtime, rental of equipment, etc.) related to the hospital's response to the disaster/emergency
- ❑ Observe assigned staff for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Discuss the termination of certain components of the plan as they relate to the communications function with the Logistics Section Chief{ XE "**Logistics Section Chief**" }
- ❑ Ensure that directives from the Logistics Section Chief{ XE "**Logistics Section Chief**" } with regard to the termination of certain components of the plan that impact the communications function are carried out in an appropriate and timely fashion
- ❑ Take the necessary action to return area of responsibility to normal operations once the decision to terminate the plan has been made
- ❑ Submit a written summary of the activities performed during the emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } with 72-hours.

Job Action Sheet

TRANSPORTATION UNIT LEADER

Mission: Organize and coordinate the transportation of victims of the disaster/emergency as well as all other patients to and from treatment, diagnostic testing (e.g., Diagnostic Imaging{ XE "**Diagnostic Imaging**" }) areas and inpatient units

Reports to

- Logistics Section Chief{ XE "**Logistics Section Chief**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Transportation Unit Leader{ XE "**Transportation Unit Leader**" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to Administration (Administrative office area) and meet with the Logistics Section Chief{ XE "**Logistics Section Chief**" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receiving any special assignments, as deemed necessary, at this time (e.g., instructing Central Transportation{ XE "**Central Transportation**" } staff to take all available wheelchairs and stretchers to the Emergency Room)
- Conduct an initial assessment of the Central Transportation{ XE "**Central Transportation**" } Department over the next 15 - 20 minutes. The purpose of the assessment is to determine what, if any, additional actions need to be taken to ensure an adequate, appropriate and timely response to the situation by Central Transportation Services. The assessment should address the following:
 1. How many Central Transportation{ XE "**Central Transportation**" } staff are

Transportation Unit Leader (4/03)

- currently on-duty and which areas should they be assigned (e.g., Delayed Treatment Area{ XE "**Delayed Treatment Area**" }) to, initially
2. How many patients (not associated with the disaster/emergency) are waiting to be transported and how long will it take to move these patients
- ❑ Brief the Logistics Section Chief{ XE "**Logistics Section Chief**" } on the findings from the initial assessment and discuss the need for additional transport personnel, if indicated
 - ❑ Provide assistance to the appropriate personnel with regard to the implementation of other disaster/emergency plans (e.g., Safety and Security Officer{ XE "**Safety and Security Officer**" } and the implementation of the evacuation plan)
 - ❑ Meet with the Treatment Area Supervisor and determine the needs for patient transportation equipment (e.g., wheelchairs and stretchers). Once the needs are determined, take the necessary actions to ensure that this equipment is assembled in the ambulance off-loading area and triage area.
 - ❑ Meet with the Diagnostic Imaging{ XE "**Diagnostic Imaging**" } Unit Leader{ XE "**Diagnostic Imaging Unit Leader**" } and assess the transportation needs of Diagnostic Imaging (all modalities) as they relate to the disaster/emergency in terms of staff and equipment
 - ❑ Communicate staffing needs to the Logistics Section Chief{ XE "**Logistics Section Chief**" }
 - ❑ Ensure that directives from the Logistics Section Chief{ XE "**Logistics Section Chief**" } are carried out in a timely and appropriate fashion
 - ❑ Document actions and decisions on a continual basis using the Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" } (see Form #1)

Transportation Unit Leader (4/03)

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Provide the Logistics Section Chief{ XE "**Logistics Section Chief**" } with updated status reports every half hour
- ❑ Continually check on the areas listed below to determine if transportation needs have changed and, if so, take the necessary actions to meet them:
 1. Treatment Areas (immediate, delayed and minor)
 2. Diagnostic Imaging{ XE "**Diagnostic Imaging**" } (all modalities)
- ❑ Advise the Logistics Section Chief{ XE "**Logistics Section Chief**" } of all special needs (e.g., the need to secure additional patient transportation equipment)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Logistics Section Chief{ XE "**Logistics Section Chief**" } with updated status reports, as needed, but no less than once every two hours
- ❑ Monitor the following areas to ensure that transportation needs are being met:
 1. Treatment Areas (immediate, delayed and minor)
 2. Diagnostic Imaging{ XE "**Diagnostic Imaging**" } (all modalities)
 3. Inpatient units (IMC, MCU, Three South, ICU and Four South)
 4. PACU{ XE "**PACU**" }
- ❑ Observe staff for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Discuss the termination of certain components of the plan as they relate to the transportation of patients with the Logistics Section Chief{ XE "**Logistics Section Chief**" }

Transportation Unit Leader (4/03)

- ❑ Ensure that directives from the Logistics Section Chief{ XE "**Logistics Section Chief**" } with regard to the termination of certain components of the plan that impact transportation are carried out in an appropriate and timely fashion
- ❑ Take the necessary actions to return Central Transportation{ XE "**Central Transportation**" } to normal operations once the decision to terminate the plan has been made
- ❑ Submit a written summary of the activities performed during the emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours

Job Action Sheet

MATERIAL SUPPLY UNIT LEADER

Mission: Organize, distribute and replenish medical and non-medical supplies and equipment throughout the facility to include the Ambulatory Surgery Center{ XE

"Ambulatory Surgery Center (TCAS)" }

Reports to:

- Logistics Section Chief{ XE "**Logistics Section Chief**" }

Immediate Actions (Actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Material Supply Unit Leader{ XE "**Material Supply Unit Leader**" }

- Read this entire Job Actions Sheet and put on position identification badge

- Report to Administration (administrative office area) and meet with the Logistics Section Chief{ XE "**Logistics Section Chief**" } for the purpose of:

1. Learning why the Emergency Incident Command Plan has been implemented.
2. Receiving any special assignments, as deemed necessary, at this time (e.g., secure assistance from Environmental Services personnel to assist with transporting disaster cart{ XE "**Disaster Cart**" }s to treatment areas)

- Ensure that pre-designated disaster supply carts are dispatched to the Immediate, Delayed and Minor Treatment areas. Normally these carts would be delivered to the noted areas as the result of an external disaster/emergency involving mass casualties{ XE "**Mass Casualty Incident (MCI)**" }. However, they may be needed in the event of an internal event, such as a fire, where individuals may need to be triaged and treated (emergency treatment) at or near the location of the emergency

Material Supply Unit Leader (4/03)

- ❑ Establish and maintain communications with the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } to determine if any additional supplies and/or equipment are needed
- ❑ See to it that an inventory of essential medical supplies on-hand is conducted and take the necessary actions to secure additional supplies, if indicated. The initial inventory is to include:
 1. Bandages, dressings, compresses, and suture material
 2. Sterile scrub brushes, normal saline solution, anti-microbial skin cleanser
 3. Waterless hand cleaner and gloves
 4. Fracture, immobilization, splinting and casting materials
 5. Oxygen-ventilation-suction devices
 6. 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:
 1. Surgical Services (inpatient and outpatient [TCAS{ XE "Ambulatory Surgery Center (TCAS)" }])
 2. Intensive Care
- ❑ Implement Materials Management{ XE "Materials Management" } call-in{ XE "Call-in Plan" } procedures, if deemed necessary
- ❑ Ensure that directives from the Logistics Section Chief{ XE "Logistics Section Chief" } are carried out in a timely and appropriate fashion
- ❑ Document actions and decisions on a continual basis using the Disaster/Emergency Log{ XE "Disaster/Emergency Log" } (see Form #1)

Material Supply Unit Leader (4/03)

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Receive and review continually (at least every half hour) updated status reports on the existing inventory of medical/surgical supplies and equipment
- ❑ Advise the Logistics Section Chief{ XE "**Logistics Section Chief**" } of any shortfalls in medical/surgical supplies
- ❑ Establish and maintain communications with the Inpatient Areas and Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" }s{ XE "**Inpatient Areas Supervisor**" } with regard to supply and equipment needs.
- ❑ Ensure that an inventory of linen on-hand is conducted and actions are taken to secure additional items, if indicated
- ❑ Ensure that essential medical supplies and equipment is made available to staff caring for patients who have been relocated to another area within the hospital and/or outside the facility (e.g., the Ambulatory Surgery Center{ XE "**Ambulatory Surgery Center (TCAS)**" })
- ❑ Coordinate the rental of all equipment (medical and non-medical)
- ❑ Assist with supplies and equipment recovery and salvage efforts, if indicated

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Logistics Section Chief{ XE "**Logistics Section Chief**" } with updated status reports as needed, but no less than once every two hours
- ❑ Observe Materials Management{ XE "**Materials Management**" } personnel for signs of stress and fatigue. Provide relief and rest periods, as required

Material Supply Unit Leader (4/03)

- ❑ Discuss the termination of certain components of the plan that apply to the material supply function with the Logistics Section Chief{ XE '**Logistics Section Chief**' }, as indicated
- ❑ Ensure that any directives from the Logistics Section Chief{ XE '**Logistics Section Chief**' } with regard to terminating certain components of the plan that impact materials management are carried out in a timely and appropriate fashion
- ❑ Once the decision has been made to terminate the plan, see to it that steps are taken to return Materials Management{ XE '**Materials Management**' } to normal operations. This would include restoring inventories to normal levels, as quickly as possible
- ❑ Provide the Cost Unit Leader{ XE '**Cost Unit Leader**' } with an accounting of all costs (purchasing and or renting additional supplies and/or equipment) and the Time Unit Leader{ XE '**Time Unit Leader**' } with an accounting of all manpower costs (e.g., overtime) directly related to the hospital's response to the disaster/emergency
- ❑ Submit a written summary of the activities performed during the emergency to the chairman of the Safety and Environmental Risk Committee{ XE '**Safety and Environmental Risk Committee**' } within 72-hours

Job Action Sheet

NUTRITIONAL SUPPLY UNIT LEADER

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

Reports to:

- Logistics Section Chief{ XE "**Logistics Section Chief**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Nutritional Supply Unit Leader{ XE "**Nutritional Supply Unit Leader**" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to Administration (administrative office area) and meet with the Logistics Section Chief{ XE "**Logistics Section Chief**" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receiving any special assignments, as deemed necessary at this time (e.g., make arrangements for additional food stores in the event of impending severe weather)
- Establish and maintain communications with the Utility Systems Unit Leader{ XE "**Utility Systems Unit Leader**" } in reference to any actual or potential problems related to critical resources (e.g., electrical power, gas and water) that are essential to preparing meals
- Conduct an initial inventory of existing food stores
- Estimate the number of meals that can be served utilizing existing food stores and consider rationing of non-patient meals, if indicated
- Implement Food/Nutrition Services call-in{ XE "**Call-in Plan**" } procedures, if indicated

Nutritional Supply Unit Leader (4/03)

- ❑ Ensure that directives from the Logistics Section Chief{ XE "**Logistics Section Chief**" } are carried out in a timely and appropriate fashion
- ❑ Document actions and decisions on a continual basis using the Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" } (see Form #1)

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Receive and review, continually (at least every two hours), updated status reports on the inventory of existing food stores and the estimated number of meals that can be served
- ❑ Advise the Logistics Section Chief{ XE "**Logistics Section Chief**" } of any shortfalls in food stores
- ❑ If necessary, seek assistance from other hospital accounts and corporate headquarters with regard to securing additional food stores or preparing patient meals (e.g., ability to use ovens, etc., is lost)
- ❑ Meet with the Logistics Section Chief{ XE "**Logistics Section Chief**" } with regard to providing snacks and light meals for:
 1. Staff working extended hours
 2. Emergency Services personnel (fire/rescue and police)
 3. Family members of patients
 4. Volunteers (e.g., drivers of 4-wheel drive vehicles)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than 6 hours and/or when the situation is declared over):

- ❑ Provide the Logistics Section Chief{ XE "**Logistics Section Chief**" } with updated status reports as needed, but no less than once every two hours

Nutritional Supply Unit Leader (4/03)

- ❑ Observe Food/Nutrition Services personnel for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Discuss the termination of certain components of the plan that apply to Food/Nutrition Services with the Logistics Section Chief{ XE "**Logistics Section Chief**" }, as indicated
- ❑ Ensure that any directives from the Logistics Section Chief{ XE "**Logistics Section Chief**" } with regard to terminating certain components of the plan that impact Food/Nutrition Services are carried out in a timely and appropriate fashion
- ❑ Once the decision has been made to terminate the plan, see to it that steps are taken to return Food/Nutrition Services to normal operations. This would include restoring inventories to normal levels, as quickly as possible
- ❑ Provide the Cost Unit Leader{ XE "**Cost Unit Leader**" } with an accounting of all costs (purchasing additional food stores, etc.) and the Time Unit Leader{ XE "**Time Unit Leader**" } with an accounting of all manpower costs (e.g., overtime) directly related to the hospital's response to the disaster/emergency
- ❑ Submit a written summary of the activities performed during the emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours

Job Action Sheet

ADMINISTRATIVE SUPPORT SECTION CHIEF

Mission: Organize and direct all aspects of administrative support functions. Compile critical information/data related to the care/treatment of victims and staffing (Hospital and Professional)

Reports to:

- Emergency Incident Commander{ XE "Emergency Incident Commander" }

Direct Reports are:

- Labor Pool Unit Leader{ XE "Labor Pool Unit Leader" }
- Medical Staff Unit Leader{ XE "Medical Staff Unit Leader" }
- Patient/Family Support Unit Leader{ XE "Patient/Family Support Unit Leader" }
- Patient Tracking Officer{ XE "Patient Tracking Officer" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Administrative Support Section Chief{ XE "Administrative Support Section Chief" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to Medical Staff Library and meet with the members of the Administrative Support Section for the purpose of:
 1. Advising them as to why the Emergency Incident Command plan has been implemented
 2. Distributing the position packets that include Job Action Sheet, identification badge and forms pertinent to the position
 3. Instructing direct reports to conduct an initial assessment of their areas of

Administrative Support Section Chief (4/03)

responsibility over the next 15 - 20 minutes. The purpose of the assessment is to determine what, if any, additional actions need to be taken in each area to ensure an adequate, appropriate and timely response to the situation at hand

4. Assigning any special duties, as deemed necessary at this time (e.g., instruct the Medical Staff Unit Leader{ XE "**Medical Staff Unit Leader**" } to begin calling all available surgeons)
- Ensure that the necessary actions are taken to obtain additional information with regard to the disaster/emergency via the alert function of the Maryland Institute for Emergency Medical Services System's (MIEMSS{ XE "**Maryland Institute for Emergency Medical Services Systems (MIEMSS)**" }) Facility Resource Emergency Database{ XE "**Facility Resource Emergency Database (FRED)**" } (FRED) as well as determine what information MIEMSS is requesting that the hospital provide
 - Contact the following individuals to obtain the necessary information to provide to MIEMSS{ XE "**Maryland Institute for Emergency Medical Services Systems (MIEMSS)**" }:
 1. Operations Section Chief{ XE "**Operations Section Chief**" } for inpatient, pediatrics, psychiatry, and ED{ XE "**Emergency Department – Pediatric and Adult**" } bed availability
 2. Ancillary Services Director{ XE "**Ancillary Services Director**" } for available medications, ventilators and blood{ XE "**Blood and Blood Products**" }/blood products
 - Forward the necessary information to MIEMSS{ XE "**Maryland Institute for Emergency Medical Services Systems (MIEMSS)**" } as soon as it becomes available

Administrative Support Section Chief (4/03)

- ❑ Ensure that the FRED{ XE "**Facility Resource Emergency Database (FRED)**" } system is monitored on a continuous basis and report any updates on the disaster/emergency and requests for additional information to the Emergency Incident Commander{ XE "**Emergency Incident Commander**" } and appropriate Section Chiefs
- ❑ Attend the Emergency Incident Commander{ XE "**Emergency Incident Commander**" }'s initial briefing (to be held within 30 - 45 minutes of the activation of the plan) for the purpose of:
 1. Determining if the hospital's initial response to the disaster/emergency is adequate and, if not, what additional actions need to be taken
 2. Determining if there has been or whether or not there could be damage to the physical plant or a disruption of critical utilities such as electrical power, communications, water, etc., due to the disaster/emergency
 3. Determining if any additional disaster/emergency plans need to be implemented at this time or within the next hour (e.g., evacuation plan)
 4. Determining if additional resources (staff/equipment/supplies) are needed at this point in the disaster/emergency
 5. Making an estimate as to how long routine operations may be disrupted as a result of the disaster/emergency
- ❑ At the conclusion of the briefing, meet with direct reports to revise the section's response to the disaster/emergency, if indicated
- ❑ If applicable, instruct the Labor Pool Unit Leader{ XE "**Labor Pool Unit Leader**" } to establish a labor pool{ XE "**Labor Pool**" } in the Human Resources Department{ XE "**Human Resources Department**" }

Administrative Support Section Chief (4/03)

- ❑ If applicable, instruct the Patient/Family Support Unit Leader{ XE "**Patient/Family Support Unit Leader**" } to open a Patient/Family Support Center in the cafeteria
- ❑ Ensure that directives from the Emergency Incident Commander{ XE "**Emergency Incident Commander**" } are carried out in a timely and appropriate fashion
- ❑ Assure that direct reports document actions and decisions on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" })

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Attend briefings with EOC{ XE "**Emergency Operations Center (EOC)**" } staff, as noted above, for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary. Provide the information listed below at each meeting. As noted above, these sessions should be held every 30 - 45 minutes unless deemed otherwise by the Emergency Incident Commander{ XE "**Emergency Incident Commander**" }:
 1. Number of victims treated to include disposition (e.g., discharged, admitted, etc.)
 2. Number of hospital staff, to include contract employees (e.g., Broadway Services) and agency personnel (RNs) currently on-duty
 3. Number of hospital staff still needed to respond
 4. Number of physicians, by specialty, currently on-hand to respond to the emergency
 5. Number of physicians, by specialty, that have been called in to respond to the emergency
 6. Number of physicians, by specialty, still needed to respond
- ❑ At the conclusion of each briefing session, inform direct reports of any changes in the

Administrative Support Section Chief (4/03)

situation at hand and the hospital's response to it

- ❑ Receive status reports on the disposition (e.g., waiting to be treated, discharged to home, etc.) of all patients (victims) every 30 minutes
- ❑ Receive status reports (e.g., number of positions that need to be filled) from the Labor Pool Unit Leader{ XE "**Labor Pool Unit Leader**" } every 30 minutes
- ❑ Receive status reports from the Medical Staff Unit Leader{ XE "**Medical Staff Unit Leader**" } on the availability of physicians to staff critical functions (e.g., surgeons, anesthesiologist, etc.) every 30 minutes
- ❑ Receive status reports from Patient/Family Support Unit Leader{ XE "**Patient/Family Support Unit Leader**" } on an hourly basis
- ❑ Make requests to the Emergency Incident Commander{ XE "**Emergency Incident Commander**" } for any special needs (e.g., the credentialing of physicians on an emergency basis) required by direct reports

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Attend briefing with the EOC{ XE "**Emergency Operations Center (EOC)**" } staff for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary. The same reports will be provided at these briefings as noted under intermediate actions
- ❑ Obtain status reports from direct reports on an as needed basis, but not less than once every two hours
- ❑ Observe direct reports for signs of stress and fatigue. Provide relief and rest periods, as required

Administrative Support Section Chief (4/03)

- ❑ Discuss the termination of certain components of the plan that apply to the section (e.g., labor pool{ XE "**Labor Pool**" }) with the EOC{ XE "**Emergency Operations Center (EOC)**" } staff, as deemed appropriate
- ❑ Ensure that any directives from the Emergency Incident Commander{ XE "**Emergency Incident Commander**" } with regard to terminating certain components of the plan that impact the section are carried out in an appropriate and timely fashion
- ❑ When deemed appropriate, meet with the EOC{ XE "**Emergency Operations Center (EOC)**" } staff to discuss terminating the entire plan
- ❑ Once the decision has been made to terminate the plan, see to it that direct reports take the necessary action(s) to return their area(s) of responsibility to normal operations
- ❑ Assure that the Labor Pool Unit Leader{ XE "**Labor Pool Unit Leader**" } provides the Time Unit Leader{ XE "**Time Unit Leader**" } with a final accounting of assignments made through the labor pool{ XE "**Labor Pool**" }
- ❑ Instruct direct reports to submit a written summary of their activities during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours

Job Action Sheet
LABOR POOL UNIT LEADER

Mission: Process all requests for staffing assistance and assign available staff, as needed.

Reports to:

- Administrative Support Section Chief{ XE "Administrative Support Section Chief" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Labor Pool Unit Leader{ XE "**Labor Pool Unit Leader**" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to Medical Staff Library and meet with the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented.
 2. Receiving any special assignments, as deemed necessary, at this time (e.g., take the necessary actions to assign additional staff to a specific department, [e.g., Central Transportation{ XE "**Central Transportation**" }])
- If deemed necessary, establish a labor pool{ XE "**Labor Pool**" } area in the Human Resources Department{ XE "**Human Resources Department**" } (second floor Ambulatory Surgery Center{ XE "**Ambulatory Surgery Center (TCAS)**" })
- Establish and maintain communications with Nursing Administration (Staffing Coordinator) for the purpose of:
 1. Determining current staffing (RNs, LPNs, PCTs and PCAs).
 2. Determining what the staffing needs are for nursing in terms of support personnel (e.g., clerical) that can be filled on a temporary basis by non-nursing personnel (e.g., departmental secretaries)

Labor Pool Unit Leader (4/03)

3. Determining what type of support the labor pool{ XE "**Labor Pool**" } can provide with regard to securing additional RNs, LPNs and PCTs (e.g., assisting the nursing units with the implementation of their call-in{ XE "**Call-in Plan**" } lists)
- ❑ Establish and maintain communications with the Ancillary Services Director{ XE "**Ancillary Services Director**" } to determine what the staffing needs are for Respiratory Care, Diagnostic Imaging{ XE "**Diagnostic Imaging**" }, Pharmacy and Laboratory
 - ❑ Contact the following departments to determine their ability to reassign staff to respond to the disaster/emergency, if needed:
 1. Food/Nutrition Services
 2. Environmental Services
 3. Health Information Management
 4. Rehabilitation Services
 5. Plant Operations{ XE "**Plant Operations**" }
 6. Patient Accounting{ XE "**Patient Accounting**" }
 7. Human Resources
 8. Information Systems
 - ❑ Contact the Director of Volunteers{ XE "**Director of Volunteers**" } to determine the current number of volunteers on-duty and what departments they are currently assigned to
 - ❑ Solicit support (clerical) for the labor pool{ XE "**Labor Pool**" } from the Volunteers Office and/or Human Resources.
 - ❑ Instruct the Communications Unit Leader{ XE "**Communications Unit Leader**" } to forward all phone calls from individuals wanting to volunteer their services to the labor

Labor Pool Unit Leader (4/03)

pool{ XE "**Labor Pool**" }

- ❑ Ensure that any directives from the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } are carried out in a timely and appropriate fashion
- ❑ Maintain a record of all staffing assignments made through the labor pool{ XE "**Labor Pool**" } (see Form #3 - Staff Assignment Log{ XE "**Staff Assignment Log**" })
- ❑ Ensure that all activities and decisions are continuously documented on the Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" } (see Form #1)

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Provide the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } with updated status reports every 30 minutes with regard to the number of staff still needed to respond to the disaster/emergency
- ❑ Working in conjunction with the Director of Volunteers,{ XE "**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 (e.g., individuals willing to transport staff to and from the hospital)
- ❑ Establish and maintain communications with the Public Information Officer{ XE "**Public Information Officer**" } with regard to the need to utilize the news media (e.g., television and radio) to solicit assistance from the community (e.g., volunteer drivers)
- ❑ Assist Medical Staff Unit Leader{ XE "**Medical Staff Unit Leader**" } in contacting physicians, if the need arises.

Labor Pool Unit Leader (4/03)

- ❑ Advise the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } of any special needs with regard to staffing the hospital (e.g., need to bring in agency personnel)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } with updated status reports, as needed, but not less than once every two hours.
- ❑ Make arrangements with the Nutritional Supply Unit Leader{ XE "**Nutritional Supply Unit Leader**" } to provide light snacks and meals, if applicable, to those volunteering to assist with the hospital's response to the disaster/emergency
- ❑ Assure that all staff reassignments are reported to the Time Unit Leader{ XE "**Time Unit Leader**" }
- ❑ Observe staff assigned to the labor pool{ XE "**Labor Pool**" } for signs of stress and fatigue. Provide rest and relief periods, as required
- ❑ Discuss the termination of certain components of the plan as they relate to the labor pool{ XE "**Labor Pool**" } with the Administrative Support Section Chief,{ XE "Administrative Support Section Chief" } as deemed necessary.
- ❑ Ensure that directives from the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } with regard to the termination of certain components of the plan that impact the labor pool{ XE "**Labor Pool**" } are carried out in a timely and appropriate fashion.
- ❑ Submit a written summary of activities performed during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and**

Labor Pool Unit Leader (4/03)

Environmental Risk Committee" } within 72-hours

Job Action Sheet

MEDICAL STAFF UNIT LEADER

Mission: Contact members of the Professional Staff{ XE "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.

Reports to:

- Administrative Support Section Chief{ XE "Administrative Support Section Chief" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Medical Staff Unit Leader{ XE "Medical Staff Unit Leader" }.
- Read this entire Job Action Sheet and put on position identification badge.
- Report to the Medical Staff Library and meet with the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented.
 2. Receiving any special assignments, as deemed necessary, at this time (e.g., take the necessary action to call-in{ XE "Call-in Plan" } four surgeons)
- Establish the Medical Staff Office area as the central point for communicating with members of the Professional Staff{ XE "Professional Staff" }.
- Conduct an inventory of the members of the Professional Staff{ XE "Professional Staff" } currently on-site by number and type and advise the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } of the same
- Establish and maintain communications with the Treatment Areas and Patient Areas Supervisor{ XE "Patient Areas Supervisor" }s to determine their physician{ XE "Physician" } needs

Medical Staff Unit Leader (4/03)

- ❑ Instruct the Communications Unit Leader{ XE "**Communications Unit Leader**" } to forward all telephone calls from physicians in reference to the disaster/emergency to the Medical Staff Office
- ❑ Ensure that any directives from the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } are carried out in a timely and appropriate fashion
- ❑ Ensure that all activities and decisions are continuously documented on the Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" } (see Form #1)

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Provide the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } with updated status reports every 30 minutes with regard to the number of physicians required to meet the needs of the hospital
- ❑ Establish and maintain communications with the Safety and Security Officer{ XE "**Safety and Security Officer**" } in the event physicians need to be transported to the hospital (e.g., during weather emergencies)
- ❑ If applicable, assist physicians with obtaining temporary privileges at other hospitals
- ❑ If indicated, meet with the Emergency Incident Commander{ XE "**Emergency Incident Commander**" }, Operations Section Chief{ XE "**Operations Section Chief**" } and Medical Staff Director{ XE "**Medical Staff Director**" } to make a determination as to whether or not there is a need to grant emergency privileges to licensed independent practitioners (LIPs{ XE "**Licensed Independent Practitioners (LIPs)**" }), who are not members of the Professional Staff{ XE "**Professional Staff**" }, to assist with handling of

Medical Staff Unit Leader (4/03)

immediate patient-care needs

- If applicable, ensure that physicians requesting emergency privileges provide the following information and present the same to the Medical Staff Director{ XE "Medical Staff Director" } and/or the Operations Section Chief{ XE "Operations Section Chief" } for approval:
 1. A current hospital photo identification card
 2. A current medical license with valid photo ID issued by a state, federal or regulatory agency
 3. Identification indicating that the LIP{ XE "Licensed Independent Practitioners (LIPs)" } is a member of a state or federal disaster medical assistance team
 4. Identification indicating that the LIP{ XE "Licensed Independent Practitioners (LIPs)" } has been granted authority by a federal, state or municipal entity to administer patient care in emergencies
 5. Presentation by a current hospital or medical staff{ XE "Medical Staff" } member with personal knowledge of the LIP{ XE "Licensed Independent Practitioners (LIPs)" }'s identity
- Once the immediate situation is under control, take the necessary actions to begin to verify the credentials of the LIPs{ XE "Licensed Independent Practitioners (LIPs)" } granted emergency privileges using the process used for the granting of temporary privileges
- Establish and maintain communications with the Discharge Unit Leader{ XE "Discharge Unit Leader" } with regard to providing assistance in contacting physicians in reference to discharging their patients (inpatients)

Medical Staff Unit Leader (4/03)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } with updated status reports, as needed, but no less than once every two hours
- ❑ If necessary, contact the Labor Pool Unit Leader{ XE "**Labor Pool Unit Leader**" } for assistance with contacting physicians
- ❑ Observe staff assigned to the Medical Staff Office for signs of stress and fatigue. Provide rest periods and relief, as required
- ❑ Discuss the termination of certain components of the plan as they relate to the Medical Staff Office with the Administrative Support Section Chief{ XE "Administrative Support Section Chief" }, as deemed necessary
- ❑ Ensure that directives from the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } with regard to the termination of certain components of the plan that impact the Medical Staff Office are carried out in a timely and appropriate fashion
- ❑ Once the decision to terminate the plan has been made, see to it that steps are taken to return the Medical Staff Office to normal operations
- ❑ Submit a written summary of the activities performed during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours.

Job Action Sheet

PATIENT/FAMILY SUPPORT UNIT LEADER

Mission: Provide comfort and support to patients and their family members throughout the disaster/emergency. In addition, provide support to staff and their families, if indicated

Reports to:

- Administrative Support Section Chief{ XE "Administrative Support Section Chief" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Patient/Family Support Unit Leader{ XE '**Patient/Family Support Unit Leader**' }
- Read this entire Job Action Sheet and put on position identification badge
- Report to the Medical Staff Library and meet with the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receiving any special assignments, as deemed necessary, at this time (e.g., bringing in Pastoral Care Associates)
- Establish a Patient/Family Support Center in the cafeteria
- Contact the Nurse Manager, One North, to determine if any staff members can be reassigned to the Patient/Family Support Center
- Call in Pastoral Care Associates to staff the Patient/Family Support Center
- Establish and maintain communications with the Patient Information Officer{ XE '**Patient Information Officer**' } to ensure that an accurate and up-to-date list of victims is maintained at all times
- Ensure that directives from the Administrative Support Section Chief{ XE

Patient/Family Support Unit Leader (4/03)

"Administrative Support Section Chief" } are carried out in a timely and appropriate fashion

- ❑ Document decisions and actions on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" })

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Provide the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } with an updated status report every 30 minutes with regard to the number of family members currently on-site
- ❑ Establish and maintain communications with the Nutritional Supply Unit Leader{ XE "**Nutritional Supply Unit Leader**" } with regard to providing patient family members snacks and light meals
- ❑ Establish and maintain communications with appropriate outside agencies (e.g., American Red Cross{ XE "**American Red Cross**" }) in the event patients and/or families require their assistance
- ❑ Assist patients with contacting their family members, as required
- ❑ Assist patients and/or their family members in meeting their spiritual needs
- ❑ Keep family members abreast of the condition of patients
- ❑ Establish and maintain communications with the Discharge Unit Leader{ XE "**Discharge Unit Leader**" } with regard to victims being discharged
- ❑ Keep the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } advised of issues and problems as they arise

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than

Patient/Family Support Unit Leader (4/03)

six hours and/or when the situation is declared over):

- Provide the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } with updated status reports, as needed, but no less than once every two hours
- Assist family members with making arrangements for hotel accommodations and travel arrangements
- Observe staff assigned to the Patient/Family Support Center for signs of stress and fatigue. Provide rest and relief periods, as required
- Assist unit leaders with providing rest periods for their staff
- Assist staff members who are required to work extended hours with contacting their family members, as requested
- Assist staff members with meeting their spiritual needs, as deemed appropriate
- Make arrangements for counseling services for patients, families and staff, as required
- Discuss the termination of certain components of the plan as they relate to the Patient/Family Support Center with the Administrative Support Section Chief{ XE "Administrative Support Section Chief" }, as deemed necessary
- Ensure that directives from the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } with regard to the termination of the plan that impacts the Patient/Family Support Center are carried out in a timely and appropriate fashion
- Submit a written summary of the activities performed by the Patient/Family Support Center during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours

Job Action Sheet

PATIENT TRACKING OFFICER

Mission: Maintain an account of the location of all patients related to the disaster/emergency throughout the hospital during the duration of the disaster/emergency

Reports to

- Administrative Support Section Chief{ XE "Administrative Support Section Chief" }

Direct Report(s)

- Patient Information Officer{ XE "**Patient Information Officer**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Patient Tracking Officer{ XE "**Patient Tracking Officer**" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to the Medical Staff Library and meet with the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } for the purpose of learning why the Emergency Incident Command Plan has been implemented
- Report to the triage area and in conjunction with the Triage Unit Leader{ XE "**Triage Unit Leader**" } make a determination as to how many Admitting personnel need to be assigned to the area
- Assure that the Admitting department's External Disaster Kit{ XE "**External Disaster Kit**" } containing the materials listed below is taken to the triage area:
 1. Fifty (50) pre-numbered orange folders with matching (all items will be pre-numbered the same) I.D. bands, allergy bands, tags, patient valuables envelopes, and patient property bags

Patient Tracking Officer (4/03)

2. One roll each of red, yellow, green, and black stickers
 3. Victim Log{ XE "**Victim Log**" } (see Form #4: Victim Log) pre-numbered to correspond with the orange folders
- Oversee the performance of the Patient Information Officer{ XE "**Patient Information Officer**" } as well as the Admitting personnel assigned to the triage and the designated treatment areas
 - Once triage has been completed, ensure that all patients (victims of the disaster/emergency) are registered and tracked throughout the system as per the Patient Tracking System{ XE "**Patient Tracking System**" } (see Attachment #1)
 - Update the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } every 15 minutes on the number of victims who have been triaged, until all of the victims have been triaged
 - Assure that all directives from the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } are carried out in a timely and appropriate fashion

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- Establish and maintain communications with the Public Information Officer{ XE "**Public Information Officer**" } in the event questions from the news media arise about the Emergency Room's capacity to accept patients
- Establish and maintain communications with the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } for the purpose of monitoring and documenting the movement of victims until final disposition (e.g., discharge, admitted, transferred to

Patient Tracking Officer (4/03)

another facility)

- ❑ Assure that the movement (e.g., admissions, discharges, DOAs, deaths, in-house transfers [e.g., from Emergency Room to Surgery] and transfers to other facilities) of all victims is recorded on the Victim Log{ XE "**Victim Log**" } (see Form #4) and reported to the EOC{ XE "**Emergency Operations Center (EOC)**" } in a timely fashion
- ❑ Keep the Patient Information Officer{ XE "**Patient Information Officer**" } abreast of the movement of all victims
- ❑ Assure that the Victim Log{ XE "**Victim Log**" } and Patient Tracking Board{ XE "**Patient Tracking Board**" } are updated as additional information (e.g., address, phone number, etc.) pertaining to victims is obtained

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } with updated status reports, as needed, but not less than once every two hours
- ❑ Assure that the Patient Tracking Board{ XE "**Patient Tracking Board**" } is updated at least once per hour
- ❑ Observe Admitting staff assigned to triage and the treatment areas for signs of stress and fatigue. Provide rest and relief, as required
- ❑ Discuss the termination of certain components of the plan as they relate to the registration and tracking of victims with the Administrative Support Section Chief,{ XE "Administrative Support Section Chief" } as deemed necessary
- ❑ Ensure that directives from the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } with regard to the termination of certain

Patient Tracking Officer (4/03)

components of the plan that impact the victim registration and tracking process are carried out in a timely and appropriate fashion

- ❑ Once the decision has been made to terminate the plan, see to it that steps are taken to return the Admitting Department to normal operations, as quickly as possible
- ❑ Submit a written summary of the activities performed during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours

Job Action Sheet

PATIENT INFORMATION OFFICER

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

Reports to:

- Patient Tracking Officer{ XE "**Patient Tracking Officer**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Patient Information Officer{ XE "**Patient Information Officer**" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to the Medical Staff Library and meet with the Administrative Support Section Chief{ XE "Administrative Support Section Chief" } for the purpose of learning why the Emergency Incident Command Plan has been implemented
- Establish a patient information area in the cafeteria
- Provide supervision to the main receptionist desk personnel with regard to the patient information area
- Establish and maintain communications with the Patient Tracking Officer{ XE "**Patient Tracking Officer**" } to obtain information related to patients being treated as a result of the disaster/emergency
- Advise the Patient Tracking Officer{ XE "**Patient Tracking Officer**" } and the Patient/Family Support Unit Leader{ XE "**Patient/Family Support Unit Leader**" } when family members of patients being treated as a result of the disaster/emergency arrive at the hospital
- Assure that all directives from the Patient Tracking Officer{ XE "**Patient Tracking**

Officer" } are carried out in an appropriate and timely fashion

- ❑ Document actions and decisions on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" })

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Maintain an accurate an up-to-date log of family members of victims of the disaster/emergency being treated at the hospital (see Form #5: Family Member Log{ XE "**Family Member Log**" })
- ❑ Receive and screen requests for information about the status of individual patients. Obtain appropriate information from the Patient Tracking Officer{ XE "**Patient Tracking Officer**" } and relay to the appropriate requesting party
- ❑ If applicable, establish and maintain communications with the Howard County Government{ XE "**Howard County Government**" } Emergency Operations Center{ XE "**Emergency Operations Center (EOC)**" } with regard to victims of the disaster/emergency that have been transported to other health care facilities
- ❑ Establish and maintain communications with other health care facilities (e.g., Saint Agnes, Montgomery General, etc.) that victims have been transported to for the purpose of sharing information and locating victims for family members
- ❑ If deemed necessary, make a request of the Administrative Support Section Chief{ XE "**Administrative Support Section Chief**" } to relocate the patient information area to another location (e.g., TCAS{ XE "**Ambulatory Surgery Center (TCAS)**" } lobby)
- ❑ If indicated, request assistance from the Director of Volunteers{ XE "**Director of Volunteers**" } to assist with family members of victims

Patient Information Officer (4/03)

- ❑ If indicated, request assistance from the Safety and Security Officer{ XE "**Safety and Security Officer**" } for the purpose of providing crowd control in the main lobby
- ❑ Provide the Patient Tracking Officer{ XE "**Patient Tracking Officer**" } with hourly status reports

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Patient Tracking Officer{ XE "**Patient Tracking Officer**" } with updated status reports, as needed, but not less than once every two hours
- ❑ Observe staff, volunteers, etc., assigned to the patient information area for signs of stress and fatigue. Provide rest and relief, as required
- ❑ Discuss termination of certain components of the plan that impact the patient information function with the Patient Tracking Officer{ XE "**Patient Tracking Officer**" }, as deemed necessary
- ❑ Ensure that directives from the Patient Tracking Officer{ XE "**Patient Tracking Officer**" } with regard to the termination of certain components of the plan that impact the patient information area are carried out in a timely and appropriate fashion
- ❑ Once the decision has been made to terminate the plan, see to it that steps are taken to return the patient information area to normal operations as quickly as possible
- ❑ Submit a written summary of the activities performed during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72 hours of the disaster/emergency being declared over

Job Action Sheet
FINANCE CHIEF

Mission: Monitor the utilization of financial assets related to the disaster/emergency.

Oversee the documentation or expenditures relevant to the hospital's response to the situation at hand

Reports to

- Emergency Incident Commander{ XE "**Emergency Incident Commander**" }

Direct Reports are:

- Time Unit Leader{ XE "**Time Unit Leader**" }
- Cost Unit Leader{ XE "**Cost Unit Leader**" }
- Claims Unit Leader{ XE "**Claims Unit Leader**" }
- Immediate Actions** (actions that would normally be taken within the first hour of the disaster/emergency
 - Assume the role of Finance Section Chief{ XE "**Finance Section Chief**" }
 - Read this entire Job Action Sheet and put on position identification badge
 - Report to the Senior Vice President for Finance's (CFO) office and meet with the members of the Finance Section for the purpose of:
 1. Advising them as to why the Emergency Incident Command Plan has been implemented
 2. Distributing the position packets that include Job Action Sheets, identification badge and forms pertinent to the position
 3. Instructing direct reports to conduct an initial assessment of their areas of responsibility over the next 15 – 20 minutes
 - Assigning any special duties, as deemed necessary at this time (assign staff from Patient

Accounting{ XE "**Patient Accounting**" } to the Labor Pool)

- ❑ Attend the Emergency Incident Commander{ XE "**Emergency Incident Commander**" }'s initial briefing (to be held within 30 – 45 minutes of the activation of the plan) for the purpose of:
 1. Determining if the hospital's initial response to the disaster/emergency is adequate and, if not, what additional actions need to be taken
 2. Determining if there has been or whether or not there could be damage to the physical plant or a disruption of critical utilities such as electrical power, communications, water, etc., due to the disaster/emergency
 3. Determining if any additional disaster/emergency plans need to be implemented at this time or in the next hour (e.g., evacuation plan
 4. Determining if additional resources (staff/equipment/supplies) are needed at this point in the disaster/emergency
 5. Making an estimate as to how long routine operations may be disrupted as a result of the disaster/emergency
- ❑ At the conclusion of the briefing, meet with direct reports to revise the section's response to the disaster/emergency, if indicated
- ❑ Ensure that directives from the Emergency Incident Commander{ XE "**Emergency Incident Commander**" } are carried out in a timely and appropriate fashion
- ❑ Assure that direct reports document actions and decisions on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" })

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours

- ❑ Attend briefings with EOC{ XE "**Emergency Operations Center (EOC)**" } staff, as noted above, for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary
- ❑ At the conclusion of each briefing session, inform direct reports of any changes in the situation at hand and the hospital's response to it
- ❑ Partake in any meetings and/or discussions pertaining to damages to the physical plant and/or the closure of nursing units and other services (e.g., outpatient surgery) to determine what the financial impact on the hospital would be
- ❑ Obtain status reports from the Claims Unit Leader,{ XE "**Claims Unit Leader**" } as needed, with regard to the documentation and reporting of damages to the physical plant and/or personnel injuries for the purpose of filing insurance claims
- ❑ Obtain status reports from the Time and Cost Unit Leader{ XE "**Cost Unit Leader**" }s{ XE "**Time Unit Leader**" }, as required
- ❑ Make requests to the Emergency Incident Commander{ XE "**Emergency Incident Commander**" } for any special needs required by direct reports

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over

- ❑ Attend briefing with the EOC{ XE "**Emergency Operations Center (EOC)**" } staff for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary
- ❑ Obtain status reports from direct reports on an as needed basis, but not less than once every two hours
- ❑ Observe direct reports for signs of stress and fatigue. Provide relief and rest periods, as

required

- ❑ If applicable, meet with Claims Unit Leader{ XE "**Claims Unit Leader**" }, Damage Assessment and Control Officer{ XE "**Damage Assessment and Control Officer**" }, and representatives from the insurance carrier to ensure that insurance claims made by the hospital and/or against the hospital are processed in a timely and efficient fashion
- ❑ Receive reports from the Time and Cost Unit Leader{ XE "**Cost Unit Leader**" }s{ XE "**Time Unit Leader**" } on additional expenses incurred as a result of the disaster/emergency
- ❑ If applicable, meet with the Emergency Incident Commander{ XE "**Emergency Incident Commander**" } and the Logistics Section Chief{ XE "**Logistics Section Chief**" } to discuss the financial implications of salvage and/or recovery efforts
- ❑ Approve an “interim cost” financial report and submit to the Executive Management Team{ XE "**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 have been finalized

Job Action Sheet

TIME UNIT LEADER

Mission: Responsible for monitoring and reporting of personnel time devoted to the disaster/emergency (regular and overtime) as well as agency time (e.g., nursing)

Reports to

- Finance Section Chief{ XE "**Finance Section Chief**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency)

- Assume the role of Time Unit Leader{ XE "**Time Unit Leader**" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to the Senior Vice President for Finance's (CFO) office and meet with the Finance Section Chief{ XE "**Finance Section Chief**" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receiving any special assignments, as deemed necessary, at this time (e.g., assign staff from Patient Accounting{ XE "**Patient Accounting**" } to the Labor Pool)
- Establish and maintain communications with the Director of Patient Accounting{ XE "**Patient Accounting**" } with regard to reassigning staff to the Labor Pool to assist with contacting off-duty personnel, etc.
- Establish and maintain communications with the Labor Pool Unit Leader{ XE "**Labor Pool Unit Leader**" } with regard to reassigning Patient Accounting{ XE "**Patient Accounting**" } staff to the Labor Pool
- Ensure that directives from the Finance Section Chief{ XE "**Finance Section Chief**" } are carried out in a timely and appropriate fashion
- Ensure that activities and decisions are documented on a continual basis (see Form #1:

Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" }

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours

- ❑ Provide the Finance Section Chief{ XE "**Finance Section Chief**" } with updated status reports every hour
- ❑ Establish and maintain communications with the Section Chiefs to ensure the documentation of personnel hours worked in all areas relevant to the hospital's response to the disaster/emergency
- ❑ Establish and maintain communications with the Labor Pool Unit Leader{ XE "**Labor Pool Unit Leader**" } to ensure the documentation of personnel hours worked by individuals assigned by the Labor Pool to other departments and/or positions
- ❑ Establish and maintain communications with the Director of Volunteers{ XE "**Director of Volunteers**" } to ensure the documentation of all hours worked by volunteers in response to the emergency
- ❑ Establish and maintain communications with the Claims Unit Leader{ XE "**Claims Unit Leader**" } in the event that there are personnel costs associated with claims related to damage to the physical plant

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over

- ❑ Provide the Finance Section Chief{ XE "**Finance Section Chief**" } with updated status reports as needed, but no less than once every two hours
- ❑ Tabulate personnel and agency hours worked with regard to the disaster/emergency and the associated costs at the end of each shift and provide the Finance Section Chief{ XE

"Finance Section Chief" } with a report

- Provide the Finance Section Chief{ XE **"Finance Section Chief"** } with an “interim time cost” report within four days of the disaster/emergency being declared over
- Provide the Finance Section Chief{ XE **"Finance Section Chief"** } with a “final time cost” report once all personnel and agency hours devoted to the disaster/emergency have been tabulated

Job Action Sheet

CLAIMS UNIT LEADER

Mission: Responsible for the coordination of the documentation, investigation, and reporting of all actual or potential insurance claims made by or brought against the hospital as a result of the disaster/emergency at hand

Reports to

- Finance Section Chief{ XE "**Finance Section Chief**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency

- Assume the role of Claims Unit Leader{ XE "**Claims Unit Leader**" }
- Read this entire Job Action Sheet and put on identification badge
- Report to the Senior Vice President for Finance's (CFO) office and meet with the Finance Section Chief{ XE "**Finance Section Chief**" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receiving any special assignments, as deemed necessary, at this time (e.g., contacting insurance carrier in the event there is damage to the physical plant)
- Establish and maintain communications with the Safety and Security Officer{ XE "**Safety and Security Officer**" } and the Damage Assessment and Control Officer{ XE "**Damage Assessment and Control Officer**" } in the event the disaster/emergency results in damage to the physical plant and/or involves personnel injuries or the threat thereof
- If applicable, establish and maintain communications with property and general liability insurance carrier as well as workers' compensation self-insured representatives (Johns Hopkins Medicine)
- Ensure that all directives from the Finance Section Chief{ XE "**Finance Section Chief**" } are carried out in a timely and appropriate fashion

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours)

- Provide the Finance Section Chief{ XE "**Finance Section Chief**" } with updated status reports every hour
- Meet with the Damage Assessment and Control Officer{ XE "Damage Assessment and Control Officer" }, as necessary, to keep abreast of any damages to the physical plant
- Investigate, document and report damages to the physical plant to the appropriate insurance carrier in a timely fashion
- Investigate, document and report all injuries (actual and alleged) suffered as a result of the disaster/emergency
- Keep the Public Information Officer{ XE "**Public Information Officer**" } advised of all actual and potential claims
- Solicit assistance from the Safety and Security Officer{ XE "**Safety and Security Officer**" } with the investigation of claims
- Keep the Finance Section Chief{ XE "**Finance Section Chief**" } abreast of all claims resulting from the disaster/emergency

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over)

- Provide the Finance Section Chief{ XE "**Finance Section Chief**" } with updated status reports, as needed, but not less than once every two hours
- Accompany claims representatives as they conduct on-site investigations of claims of property damage and/or personnel injury
- Report costs associated with claims to the Time and Cost Unit Leader{ XE "**Cost Unit Leader**" }s{ XE "**Time Unit Leader**" }
- Prepare a written summary of all claims (actual and potential) reported during the

disaster/emergency and submit to the Finance Section Chief{ **XE "Finance Section Chief"** } within 48-hours of the disaster/emergency being declared over

- Provide the Finance Section Chief{ **XE "Finance Section Chief"** } with a final report on all claims filed by the hospital once reimbursement decisions have been made by the applicable insurance carriers

Job Action Sheet
COST UNIT LEADER

Mission: Responsible for monitoring and reporting all non-manpower costs (e.g., rental of equipment, purchase of supplies, etc.) associated with the hospital's response to the disaster/emergency

Reports to:

- Finance Section Chief{ XE "Finance Section Chief" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency

- Assume the role of Cost Unit Leader{ XE "Cost Unit Leader" }
- Read this entire Job Action Sheet and put on identification badge
- Report to the Senior Vice President of Finance's (CFO) office and meet with the Finance Section Chief{ XE "Finance Section Chief" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receiving any special assignments, as deemed necessary, at this time (assign a staff member to general stores for the purpose of documenting any additional supply costs associated with the disaster/emergency
- Ensure that directives from the Finance Section Chief{ XE "Finance Section Chief" } are carried out in a timely and appropriate fashion
- Document actions and decisions on a continual basis (see Form #1: Disaster/Emergency Log{ XE "Disaster/Emergency Log" })

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours

- Provide the Finance Section Chief{ XE "Finance Section Chief" } with updated status

reports every hour

- ❑ Establish and maintain communications with the Material Supply Unit Leader{ XE "Material Supply Unit Leader" } with regard to costs associated with the purchase of additional supplies, the rental of equipment, etc., as a result of the disaster/emergency
- ❑ Establish and maintain communications with the Pharmacy Unit Leader{ XE "Pharmacy Unit Leader" } with regard to the cost of pharmaceutical supplies related to the hospital's response to the disaster/emergency
- ❑ Establish and maintain communications with the Damage Assessment and Control Officer{ XE "Damage Assessment and Control Officer" } with regard to costs associated with recovery and/or salvage efforts

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the disaster/emergency is declared over

- ❑ Provide the Finance Section Chief{ XE "Finance Section Chief" } with updated status reports, as needed, but no less than once every two hours
- ❑ Provide the Finance Section Chief{ XE "Finance Section Chief" } with an “interim cost” report within four days of the emergency being declared over
- ❑ Provide the Finance Section Chief{ XE "Finance Section Chief" } with a “final cost report” once all non-manpower costs associated with the disaster/emergency to include salvage and recovery efforts have been tabulated

Job Action Sheet
MEDICAL STAFF DIRECTOR

Mission: Organize, prioritize and assign physicians to areas where medical care is being delivered to the victims of the disaster/emergency situation. Advise the Emergency Incident Commander{ XE "**Emergency Incident Commander**" } and the Operations Section Chief{ XE "**Operations Section Chief**" } on issues related to the Professional Staff{ XE "**Professional Staff**" }

Reports to:

- Emergency Incident Commander{ XE "**Emergency Incident Commander**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Medical Staff Director{ XE "**Medical Staff Director**" }
- Read this entire Job Action Sheet and put on position identification badge
- Meet with the Emergency Incident Commander{ XE "**Emergency Incident Commander**" } in the Emergency Operations Center{ XE "**Emergency Operations Center (EOC)**" } (EOC) located in the Administrative Board Room to be briefed (initial) on the disaster/emergency situation
- Conduct an assessment of the current status of the Professional Staff{ XE "**Professional Staff**" } (e.g., number of physicians by specialty currently on hand) in conjunction with the Medical Staff Unit Leader{ XE "**Medical Staff Unit Leader**" }
- Attend initial briefing with the Incident Command staff (the briefing will take place within 30 - 45 minutes of the activation of the plan). The purpose of the briefing is to:
 1. Determine if the hospital's initial response to the disaster/emergency is adequate and, if not, what additional actions need to be taken

Medical Staff Director (4/03)

2. Determine if there has been or whether or not there could be damage to the physical plant or a disruption of critical utilities such as electrical power, communications, water, etc., due to the disaster/emergency
 3. Determine if any additional disaster/emergency plans need to be implemented at this time or within the next hour (e.g., evacuation plan)
 4. Determine if additional resources (staff/equipment/supplies) are needed at this point in the situation
 5. Make an estimate as to how long routine hospital operations may be disrupted as a result of the disaster/emergency
- Meet with the Operations Section Chief{ XE "**Operations Section Chief**" } and the Medical Care and Ancillary Services Director{ XE "**Ancillary Services Director**" }s{ XE "**Medical Care Director**" } to plan and project patient care needs as they pertain to the Professional Staff{ XE "**Professional Staff**" }
 - Meet with the Medical Staff Unit Leader{ XE "**Medical Staff Unit Leader**" } to facilitate the staffing of the Immediate and Delayed Treatment Areas{ XE "**Immediate Treatment Area**" }{ XE "**Delayed Treatment Area**" } by specialists (e.g., plastic surgeons) as well as providing medical staff{ XE "**Medical Staff**" } support to other areas of the hospital (e.g., surgical services), as deemed necessary
 - Ensure that directives from the Emergency Incident Commander{ XE "**Emergency Incident Commander**" } in reference to the Professional Staff{ XE "**Professional Staff**" } are carried out in a timely and appropriate fashion

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

Medical Staff Director (4/03)

- ❑ Attend briefing to be held every 30 - 45 minutes with the rest of the EOC{ XE "Emergency Operations Center (EOC)" } staff for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary
- ❑ Receive status reports from the Operations Section Chief{ XE "Operations Section Chief" } with regard to the Professional Staff{ XE "Professional Staff" }'s ability to meet patient care needs (victims and current patients [inpatient and outpatient])
- ❑ Ensure Professional Staff{ XE "Professional Staff" } support, if deemed necessary, for patient priority assessment to designate patients for early discharge
- ❑ If indicated, meet with the Emergency Incident Commander{ XE "Emergency Incident Commander" }, Operations Section Chief{ XE "Operations Section Chief" } and the Medical Staff Unit Leader{ XE "Medical Staff Unit Leader" } to make a determination as to whether or not there is a need to grant emergency privileges to licensed independent practitioners (LIPs{ XE "Licensed Independent Practitioners (LIPs)" }) who are not members of the Professional Staff{ XE "Professional Staff" } to assist with the handling of immediate patient-care needs
- ❑ Approve emergency privileges to LIPs{ XE "Licensed Independent Practitioners (LIPs)" } as authorized by the President/Chief Executive Officer{ XE "President/Chief Executive Officer" } on a case-by-case basis
- ❑ Assist the Medical Staff Unit Leader{ XE "Medical Staff Unit Leader" } in securing temporary privileges at other facilities for members of the Professional Staff{ XE "Professional Staff" } whose patients may have to be transferred to a facility where they do not have privileges

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Attend briefings for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary.
- ❑ Meet with the Operations Section Chief{ XE "Operations Section Chief" } to discuss ongoing support needs from the Professional Staff{ XE "Professional Staff" }
- ❑ Observe members of the Professional Staff{ XE "Professional Staff" } for signs of stress and fatigue. Provide rest and relief periods, as required
- ❑ Discuss the termination of certain components of the plan that apply to the Professional Staff{ XE "Professional Staff" } with the EOC{ XE "Emergency Operations Center (EOC)" } staff, as deemed appropriate
- ❑ Ensure that any directives from the Emergency Incident Commander{ XE "Emergency Incident Commander" } with regard to terminating certain components of the plan that impact the Professional Staff{ XE "Professional Staff" } are carried out in an appropriate and timely manner
- ❑ When deemed appropriate, meet with the EOC{ XE "Emergency Operations Center (EOC)" } staff to discuss terminating the entire plan

Job Action Sheet

OPERATIONS 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{ XE "Professional Staff" }

Reports to:

- Emergency Incident Commander{ XE "Emergency Incident Commander" }

Direct Reports are:

- Medical Care Director{ XE "Medical Care Director" }
- Ancillary Services Director{ XE "Ancillary Services Director" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Operations Section Chief{ XE "Operations Section Chief" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to Nursing Administration and meet with the members of the Operations Section for the purpose of:
 1. Advising them as to why the Emergency Incident Command Plan has been implemented
 2. Distributing the position packets that include a Job Action Sheet, identification badge and forms pertinent to the position
 3. Instructing direct reports to conduct an initial assessment of their areas of responsibility over the next 15 - 20 minutes. The purpose of the assessment is to determine what, if any, additional actions need to be taken in each area to ensure an adequate, appropriate and timely response to the situation at hand

4. Assigning any special duties, as deemed necessary at this time (e.g., instruct the Medical Care Director{ XE "Medical Care Director" } to have the Emergency Room activate their emergency call-in{ XE "Call-in Plan" } plan.)
- Attend the Emergency Incident Commander{ XE "Emergency Incident Commander" }'s initial briefing (to be held within 30 - 45 minutes of the activation of the plan) for the purpose of:
1. Determining if the hospital's initial response to the disaster/emergency is adequate and, if not, what additional actions need to be taken
 2. Determining if there has been or whether or not there could be damage to the physical plant or a disruption of critical utilities such as electrical power, communications, water, etc., due to the disaster/emergency
 3. Determining if any additional disaster/emergency plans need to be implemented at this time or in the next hour (e.g., evacuation plan)
 4. Determining if additional resources (staff/equipment/supplies) are needed at this point in the situation
 5. Making an estimate as to how long routine operations may be disrupted as a result of the disaster/emergency
- At the conclusion of the briefing, meet with direct reports to revise the Section's response to the disaster/emergency, if indicated, as well as to obtain the information listed below so that it can be reported to the Maryland Institute for Emergency Medical Services System (MIEMSS{ XE "Maryland Institute for Emergency Medical Services Systems (MIEMSS)" }) via the Facility Resource Emergency Database{ XE "Facility Resource Emergency Database (FRED)" } (FRED) maintained by MIEMSS:

Operations Chief (4/03)

1. Number of inpatient beds{ XE "**Beds**" } currently available by type (e.g., ICU, obstetrical, etc.)
 2. Number of ED{ XE "**Emergency Department – Pediatric and Adult**" } beds{ XE "**Beds**" }, by priority currently available:
 - Priority I - Immediate Care
 - Priority II - Delayed Care
 - Priority III - Minor Care
 3. Number of pediatric beds{ XE "**Beds**" } (ED{ XE "**Emergency Department – Pediatric and Adult**" } and inpatient) currently available
 4. Number of psychiatric beds{ XE "**Beds**" } available (male and female)
 5. Number of ventilators currently available
 6. Medications currently available
 7. Blood currently available by type (e.g., Type O Negative)
- Ensure that the aforementioned information is forwarded to the Administrative Support Section Chief{ XE "Administrative Support Section Chief" }, as soon as it becomes available
 - Ensure that the nursing staffing coordinator works closely with the Labor Pool Unit Leader{ XE "**Labor Pool Unit Leader**" } to see that staffing needs are met in a timely fashion
 - Establish and maintain communications with the Claims Unit Leader{ XE "**Claims Unit Leader**" } in the event the disaster/emergency results in staff, patients, visitors, etc., being injured (e.g., fire on one of the nursing units)
 - Ensure that directives from the Emergency Incident Commander{ XE "**Emergency**

Incident Commander" } are carried out in a timely and appropriate fashion

- ❑ Assure that direct reports document actions and decisions on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" }

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Attend briefings with the EOC{ XE "**Emergency Operations Center (EOC)**" } staff, as noted above, for the purpose of assessing the hospital's ongoing response to the situation and make revisions to it, as deemed necessary. As noted above, these sessions should be conducted every 30 - 45 minutes unless deemed otherwise by the Emergency Incident Commander{ XE "**Emergency Incident Commander**" }
- ❑ At the conclusion of each briefing session, inform direct reports of any changes in the situation at hand and the hospital's response to it, particularly as it pertains to their area(s) of responsibility (e.g., need to relocate patients due to damage to the physical plant and/or the impending loss of critical resources{ XE "**Loss of Critical Resources (power, water, communications, etc.)**" } [e.g., water])
- ❑ Receive status reports from direct reports on an hourly basis
- ❑ Keep the Medical Staff Director{ XE "**Medical Staff Director**" } advised of the need for support from the Professional Staff{ XE "**Professional Staff**" }
- ❑ If indicated, meet with the Emergency Incident Commander{ XE "**Emergency Incident Commander**" }, Medical Staff Director{ XE "**Medical Staff Director**" } and the Medical Staff Unit Leader{ XE "**Medical Staff Unit Leader**" } to make a determination as to whether or not there is a need to grant emergency privileges to licensed independent practitioners (LIPs{ XE "**Licensed Independent Practitioners (LIPs)**" }) who are not

Operations Chief (4/03)

members of the Professional Staff{ XE "**Professional Staff**" } to assist with the handling of immediate patient-care needs.

- ❑ Approve emergency privileges to LIPs{ XE "**Licensed Independent Practitioners (LIPs)**" } as authorized by the President/Chief Executive Officer{ XE "**President/Chief Executive Officer**" } on a case-by-case basis
- ❑ Participate in any meetings and/or discussions pertaining to the temporary closure of any patient care areas due to recovery and/or salvage efforts
- ❑ Make requests to the Emergency Incident Commander{ XE "**Emergency Incident Commander**" } for any special needs (e.g., bringing in agency personnel to assist with response to situation) required by direct reports

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Attend briefings with the EOC{ XE "**Emergency Operations Center (EOC)**" } staff for the purpose of assessing the hospital's ongoing response to the situation and making revisions to it, as deemed necessary
- ❑ Obtain status reports from direct reports on an as needed basis, but no less than once every two hours
- ❑ Observe direct reports for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Discuss termination of certain components of the plan that apply to the section (e.g., designated treatment areas [e.g., immediate, delayed and minor care]) with the EOC{ XE "**Emergency Operations Center (EOC)**" } staff, as deemed necessary
- ❑ Ensure that any directives from the Emergency Incident Commander{ XE "**Emergency**

Incident Commander" } with regard to terminating certain components of the plan that impact the section are carried out in an appropriate and timely fashion

- ❑ When deemed appropriate, meet with the EOC{ XE **Emergency Operations Center (EOC)" }** staff to discuss terminating the entire plan
- ❑ Once the decision has been made to terminate the plan, see to it that direct reports take the necessary action(s) to return their area(s) of responsibility to normal operations
- ❑ Instruct direct reports to submit a written summary of their activities during the emergency to the chairman of the Safety and Environmental Risk Committee{ XE **"Safety and Environmental Risk Committee" }** within 72-hours

Job Action Sheet

MEDICAL CARE DIRECTOR

Mission: Organize and direct the overall nursing care in all areas of the hospital to include the Ambulatory Surgery Center{ XE "Ambulatory Surgery Center (TCAS)" }

Reports to:

- Operations Section Chief{ XE "Operations Section Chief" }

Direct Reports are:

- Inpatient Areas Supervisor{ XE "Inpatient Areas Supervisor" }
- Treatment Area Supervisor{ XE "Treatment Area Supervisor" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Medical Care Director{ XE "Medical Care Director" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to Nursing Administration and meet with the Operations Section Chief{ XE "Operations Section Chief" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receiving any special assignments, as deemed necessary, at this time (e.g., instructing the Inpatient Areas Supervisor{ XE "Inpatient Areas Supervisor" } to make arrangement with the Surgical Services Unit Leader{ XE "Surgical Services Unit Leader" } to cancel and/or postpone elective surgical cases)
- Instruct the Inpatient Areas and Treatment Area Supervisors{ XE "Treatment Area Supervisor" }{ XE "Inpatient Areas Supervisor" } to conduct an initial assessment of their area(s) of responsibility over the next 15 - 20 minutes. The purpose of the

assessment is to determine what, if any, additional actions need to be taken in each area to ensure an adequate, appropriate and timely response to the situation at hand. The assessment should address the following:

1. Is the initial response to the disaster/emergency adequate and, if not, what additional actions need to be taken
 2. Is the type and severity of the disaster/emergency such that services need to be curtailed at this time (e.g., cancel or postpone elective surgeries)
 3. Are additional resources (staff/equipment/supplies) needed at this point in the situation
- Provide the Operations Section Chief{ XE "**Operations Section Chief**" } with the findings from the initial assessment, as quickly as possible
- Instruct the Inpatient Areas and Treatment Area Supervisors{ XE "**Treatment Area Supervisor**" }{ XE "**Inpatient Areas Supervisor**" } to obtain the following information so that it can be reported to the Maryland Institute for Emergency Medical Services System (MIEMSS{ XE "**Maryland Institute for Emergency Medical Services Systems (MIEMSS)**" }) via the Facility Resource Emergency Database{ XE "**Facility Resource Emergency Database (FRED)**" } (FRED) maintained by MIEMSS:
1. Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" }:
 - a. Number of inpatient beds{ XE "**Beds**" } currently available by type (e.g., ICU, obstetrical)
 - b. Number of psychiatric beds{ XE "**Beds**" } available (male and female)
 2. Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" }:
 - a. Number of ED{ XE "**Emergency Department – Pediatric and Adult**" } and

Medical Care Director (4/03)

Pediatric ED beds{ XE "**Beds**" } by priority (Priority I - Immediate Care, Priority II - Delayed Care and Priority III - Minor Care) currently available

- ❑ Once the aforementioned information is obtained, forward it to the Administrative Support Section Chief{ XE "Administrative Support Section Chief" }
- ❑ Assist with the implementation of other disaster/emergency plans (e.g., Evacuation Plan), if indicated
- ❑ Ensure that directives from the Operations Section Chief{ XE "**Operations Section Chief**" } are carried out in a timely and appropriate fashion
- ❑ Ensure that direct reports document actions and decisions on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" })

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Receive and review updated status reports from the Inpatient Areas and Treatment Area Supervisor every 30 - 45 minutes
- ❑ Brief the Operations Section Chief{ XE "**Operations Section Chief**" } on an hourly basis. The briefings should include updated status reports on the inpatient areas and treatment area
- ❑ Keep the Operations Section Chief{ XE "**Operations Section Chief**" } informed as to the need for support from the Professional Staff{ XE "**Professional Staff**" }
- ❑ Ensure that the staffing needs of the inpatient areas and treatment area are communicated to the nursing staff coordinator in a timely fashion
- ❑ Make requests to the Operations Section Chief{ XE "**Operations Section Chief**" } for any special needs (e.g., bringing in agency personnel to assist with the hospital's response

to the situation)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Receive and review updated status reports from the Inpatient Areas and Treatment Area Supervisors{ XE "Treatment Area Supervisor" }{ XE "Inpatient Areas Supervisor" } on a routine basis, but not less than once every two hours
- ❑ Brief the Operations Section Chief{ XE "Operations Section Chief" } on the status of the inpatient areas and treatment area a minimum of once every two hours
- ❑ Observe direct reports for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Attend briefings with the EOC{ XE "Emergency Operations Center (EOC)" } staff, as requested by the Operations Section Chief,{ XE "Operations Section Chief" } for the purpose of assessing the hospital's ongoing response to the situation, especially as it pertains to the nursing staff
- ❑ Ensure that any directives from the Operations Section Chief{ XE "Operations Section Chief" } with regard to terminating certain components of the plan or any related plan that may have been implemented that impact the provision of nursing care are understood by the Inpatient Areas and Treatment Area Supervisors{ XE "Treatment Area Supervisor" }{ XE "Inpatient Areas Supervisor" } and carried out in a timely and appropriate fashion
- ❑ Once the decision has been made to terminate the plan, see to it that direct reports take the necessary action(s) to communicate the same to their direct reports and that the inpatient areas and treatment area are returned to normal operations in a timely fashion

Medical Care Director (4/03)

- ❑ Instruct direct reports to submit a written summary of their activities during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{
XE "**Safety and Environmental Risk Committee**" } within 72-hours

Job Action Sheet

INPATIENT AREAS SUPERVISOR

Mission: Oversee and direct the nursing care provided to all inpatients

Reports to:

- Medical Care Director{ XE "**Medical Care Director**" }

Direct Reports are:

- Surgical Services Unit Leader{ XE "**Surgical Services Unit Leader**" }
- Maternal/Child Unit Leader{ XE "**Maternal/Child Unit Leader**" }
- Critical Care Unit Leader{ XE "**Critical Care Unit Leader**" }
- General Nursing Care Unit Leader{ XE "**General Nursing Care Unit Leader**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" }
- Read this entire Job Action Sheet and put on an identification badge
- Report to Nursing Administration and meet with the Operations Section Chief{ XE "**Operations Section Chief**" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receiving any special assignments, as deemed necessary, at this time (e.g., determine how many RNs, PCTs, etc. can be transferred to the Treatment Area)
- Instruct direct reports to conduct an initial assessment of their area(s) of responsibility (Surgical Services Unit Leader{ XE "**Surgical Services Unit Leader**" } - Operating and PACU{ XE "**PACU**" } [hospital and TCAS{ XE "**Ambulatory Surgery Center (TCAS)**" }]; Maternal/Child Unit Leader{ XE "**Maternal/Child Unit Leader**" } - MCU

to include nursery, L&D and NICU; Critical Care Unit Leader{ XE "**Critical Care Unit Leader**" } – ICU; and General Nursing Care Unit Leader{ XE "**General Nursing Care Unit Leader**" } - One North, Intermediate Care, Three and Four South) over the next 15 - 20 minutes. The purpose of the assessment is to determine what, if any, additional actions need to be taken in each area to ensure an adequate, appropriate and timely response to the situation at hand. The assessment should address the following:

1. Is the initial response to the disaster/emergency adequate and, if not, what additional actions need to be taken
 2. Is the type and severity of the disaster/emergency such that services need to be curtailed at this time (e.g., making inpatient beds{ XE "**Beds**" } available by considering patients for early discharge or transfer to another facility)
 3. Are additional resources (staff/equipment/supplies) needed at this point in the situation
- Provide the Medical Care Director{ XE "**Medical Care Director**" } with the findings from the initial assessment, as quickly as possible
- Obtain the following information so that it can be reported to the Maryland Institute for Emergency Medical Services System (MIEMSS{ XE "**Maryland Institute for Emergency Medical Services Systems (MIEMSS)**" }) via the Facility Resource Emergency Database{ XE "**Facility Resource Emergency Database (FRED)**" } (FRED) maintained by MIEMSS:
1. Critical Care Unit Leader{ XE "**Critical Care Unit Leader**" } - number of ICU beds{ XE "**Beds**" } currently available
 2. General Nursing Care Unit Leader{ XE "**General Nursing Care Unit Leader**" }:

Inpatient Areas Supervisor (4/03)

Number of Intermediate Care, Three South and Four South beds{ XE "**Beds**" }
currently available

Number of Psychiatric beds{ XE "**Beds**" } currently available (male and female)

3. Maternal/Child Unit Leader{ XE "**Maternal/Child Unit Leader**" }:

Number of MCU beds{ XE "**Beds**" } currently available

Number of NICU bassinets currently available

- Once the aforementioned information is obtained, forward it to the Medical Care Director{ XE "**Medical Care Director**" }
- Assist with the implementation of other disaster/emergency plans (e.g., Evacuation Plan), if applicable
- Assess problems and care and treatment needs in each of the inpatient areas. Coordinate the staffing and the use of supplies/equipment between each patient care unit to meet patient care needs
- Keep the Medical Care Director{ XE "**Medical Care Director**" } abreast of staffing in the inpatient areas. This would include the staffing needs of each area as well as staff that could be reassigned to other inpatient areas or the treatment areas (e.g., minor care)
- Ensure that directives from the Medical Care Director{ XE "**Medical Care Director**" } are carried out in a timely and appropriate fashion
- Ensure that direct reports document actions and decisions on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" })

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- Receive and review updated status reports from direct reports every 30 - 45 minutes

Inpatient Areas Supervisor (4/03)

- ❑ Brief the Medical Care Director{ XE "Medical Care Director" } on an hourly basis.
The briefing should include updated status reports on the inpatient areas
- ❑ Keep the Medical Care Director{ XE "Medical Care Director" } informed as to the need for support from the Professional Staff{ XE "Professional Staff" }
- ❑ Assist the Patient Tracking Officer{ XE "Patient Tracking Officer" } and the Patient Information Officer{ XE "Patient Information Officer" } in obtaining information on victims of the disaster/emergency who have been or are in the process of being admitted to the hospital (e.g., which unit is victim being admitted to and when)
- ❑ Assist with the timely transfer of patients from the ED{ XE "Emergency Department – Pediatric and Adult" } and PACU{ XE "PACU" } to the inpatient units, as required
- ❑ Make requests to the Medical Care Director{ XE "Medical Care Director" } for any special needs (e.g., bringing in agency personnel to assist with the hospital's response to the situation)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Receive and review updated status reports from direct reports on a routine basis, but not less than once every two hours
- ❑ Brief the Medical Care Director{ XE "Medical Care Director" } on the status of the inpatient areas a minimum of once every two hours
- ❑ Observe direct reports for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Attend briefings with the Operations Section Chief{ XE "Operations Section Chief" }, as requested, for the purpose of assessing the hospital's ongoing response to the situation,

Inpatient Areas Supervisor (4/03)

especially as it pertains to the inpatient areas

- ❑ Participate in any meetings pertaining to the temporary closure of any inpatient areas due to recovery and/or salvage efforts
- ❑ Ensure that direct reports keep the finance section (e.g., Time and Cost Unit Leader{ XE "Cost Unit Leader" }s{ XE "Time Unit Leader" }) abreast of any additional expenses incurred as a result of the disaster/emergency
- ❑ Ensure that any directives from the Medical Care Director{ XE "Medical Care Director" } with regard to terminating certain components of the plan or any related plan that may have been implemented that impacts the inpatient areas are understood by direct reports and are carried out in a timely fashion
- ❑ Once the decision has been made to terminate the plan, see to it that direct reports take the necessary action(s) to return their areas of responsibility to normal operations in a timely fashion
- ❑ Instruct direct reports to submit a written summary of their activities during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "Safety and Environmental Risk Committee" } within 72-hours

Job Action Sheet

SURGICAL SERVICES UNIT LEADER

Mission: Supervise and maintain the surgical capabilities of the hospital to include the utilization of the Ambulatory Surgery Center{ XE "Ambulatory Surgery Center (TCAS)" } to the best possible level of service with respect to current conditions in order to meet the needs of in-house and newly admitted patients (e.g., victims of disaster/emergency)

Reports to:

- Inpatient Areas Supervisor{ XE "Inpatient Areas Supervisor" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Surgical Services Unit Leader{ XE "Surgical Services Unit Leader" }
- Read this entire Job Action Sheet and put on identification badge
- Report to Nursing Administration and meet with the Operations Section Chief{ XE "Operations Section Chief" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receiving any special assignments, as deemed necessary, at this time (e.g., cancelling elective cases scheduled for the next 24 hours)
- Conduct an initial assessment of surgical services to include the Ambulatory Surgery Center{ XE "Ambulatory Surgery Center (TCAS)" } over the next 15 – 20 minutes.

The purpose of the assessment is to determine the current capabilities of surgical services and shall include the following (see Form #6: Surgical Services Assessment{ XE "Surgical Services Assessment" }):

 1. Number of patients currently undergoing surgery

Surgical Services Unit Leader (4/03)

2. Number of patients in PACU{ XE "**PACU**" }
 3. Number of patients awaiting surgery (have already been prepped for surgery)
 4. Number of patients currently on the schedule for the remainder of the day
 5. The number of staff currently on-duty, by position
 6. The number of physicians currently in the area (surgical services), by specialty, to include anesthesiologists and CRNAs
 7. The number of operating rooms currently available
 8. The estimated amount of time it would take to evacuate patients from the operating rooms should the need arise (e.g., fire or bomb threat situation)
- Once the aforementioned information is obtained, forward it to the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" }
 - Implement other disaster/emergency plans (e.g., Evacuation Plan) when activated
 - Establish and maintain communications with Sterile Supply with regard to the availability of surgical instruments
 - Establish and maintain communications with the Laboratory Unit Leader{ XE "**Laboratory Unit Leader**" } with regard to the availability of blood{ XE "**Blood and Blood Products**" } and blood products
 - Establish and maintain communications with the Diagnostic Imaging{ XE "**Diagnostic Imaging**" } Unit Leader{ XE "**Diagnostic Imaging Unit Leader**" } with regard to the current and anticipated need for radiology technicians in surgical services
 - Keep the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } advised of any problems and/or care/treatment needs (additional personnel needed to assist PACU{ XE "**PACU**" } staff)

Surgical Services Unit Leader (4/03)

- ❑ Ensure that directives from the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } are carried out in a timely and appropriate fashion
- ❑ Document all actions and decisions on the Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" } (see Form #1)

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Provide the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } with updated status reports every 30 – 45 minutes
- ❑ Establish and maintain communications with the Medical Staff Unit Leader{ XE "**Medical Staff Unit Leader**" } with regard to the need for additional surgeons
- ❑ Establish and maintain communications with the Material Supply Unit Leader{ XE "**Material Supply Unit Leader**" } with regard to supply needs
- ❑ Establish and maintain communications with the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } to assure the efficient flow of victims to surgery
- ❑ Assign and schedule surgical teams, as necessary, to include on-call teams
- ❑ If operating rooms schedules are altered (e.g., cases canceled or postponed) as a result of the disaster/emergency, ensure that necessary actions are taken to alert the surgeons and patients of the same
- ❑ Provide the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } with information on victims that have undergone emergency surgery, as it becomes available.

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the disaster/emergency is declared over):

- ❑ Provide the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } with

Surgical Services Unit Leader (4/03)

updated status reports on a routine basis, but not less than once every two hours.

- ❑ Assist surgeons with the scheduling of cases at other facilities should the need arise
- ❑ Observe surgical services staff for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Participate in any meetings pertaining to the temporary closure of the surgical services areas due to recovery and/or salvage efforts
- ❑ Keep the Finance Section (e.g., Time and Cost Unit Leader{ XE "**Cost Unit Leader**" }s{ XE "**Time Unit Leader**" }) abreast of any additional expenses incurred as a result of the disaster/emergency
- ❑ Ensure that any directives from the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } with regard to terminating certain components of the plan or any related plan that may have been implemented that impacts surgical services are carried out in a timely fashion
- ❑ Once the decision has been made to terminate the plan, see to it that the necessary actions are taken to return surgical services to routine operations in a timely fashion
- ❑ Provide a written summary of activities performed by surgical services during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours of the disaster/emergency being declared over

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 with respect to current conditions in order to meet the needs of in-house and newly admitted patients (e.g., victims of disaster/emergency)

Reports to:

- Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Maternal/Child Unit Leader{ XE "**Maternal/Child Unit Leader**" }
- Read this entire Job Action Sheet and put on identification badge

- Report to Nursing Administration and meet with the Operations Section Chief{ XE "**Operations Section Chief**" } for the purpose of:

1. Learning why the Emergency Incident Command Plan has been implemented
2. Receive any special assignments, as deemed necessary, at this time (e.g., working in conjunction with the Discharge Unit Leader{ XE "**Discharge Unit Leader**" } and attending physicians prioritize postpartum patients for discharge)

- Conduct an initial assessment of Maternal/Child Services over the next 15 – 20 minutes.

The purpose of the assessment is to determine the current status of Maternal/Child Health and shall include the following (see Form #6A: Maternal/Child Health Assessment{ XE "**Maternal/Child Health Assessment**" })

1. Number of patients currently in Labor and Delivery{ XE "**Labor and Delivery**" }
(those in labor and those who have already delivered and are awaiting transfer to

MCU)

2. Number of patients currently in NICU (to include the number on ventilators)
 3. Number of deliveries currently in progress (vaginal and C-sections)
 4. Number of elective C-sections scheduled over the next 24 hours
 5. Number of patients currently in MCU
 6. Number of newborns in the nursery
- Once the aforementioned information is obtained, forward it to the Inpatient Areas Supervisor{ XE **"Inpatient Areas Supervisor"** }
 - Implement any other disaster/emergency plans (e.g., Evacuation Plan) they may be activated
 - Establish and maintain communications with the Medical Staff Unit Leader{ XE **"Medical Staff Unit Leader"** } in reference to the need for additional obstetricians and pediatricians, if indicated
 - Keep the Inpatient Areas Supervisor{ XE **"Inpatient Areas Supervisor"** } advised of any problems and/or care/treatment needs (additional personnel needed to assist nursery staff)
 - Ensure that directives from the Inpatient Areas Supervisor{ XE **"Inpatient Areas Supervisor"** } are carried out in a timely and appropriate fashion
 - Document all actions and decisions on the Disaster/Emergency Log{ XE **"Disaster/Emergency Log"** } (see Form #1)

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours)

- Provide the Inpatient Areas Supervisor{ XE **"Inpatient Areas Supervisor"** } with

Maternal/Child Unit Leader(4/03)

updated status reports every 30 – 45 minutes

- ❑ Establish and maintain communications with the Material Supply Unit Leader{ XE "Material Supply Unit Leader" } with regard to supply needs
- ❑ Establish and maintain communications with the Discharge Unit Leader{ XE "Discharge Unit Leader" } with regard to discharging patients
- ❑ Provide the Inpatient Areas Supervisor{ XE "Inpatient Areas Supervisor" } with information on victims that have been admitted to Maternal/Child Services, as it becomes available

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the disaster/emergency is declared over):

- ❑ Provide the Inpatient Areas Supervisor{ XE "Inpatient Areas Supervisor" } with updated status reports on a routine basis, but not less than once every two hours
- ❑ Assist physicians with the transfer of patients to other facilities should the need arise
- ❑ Observe Maternal/Child Services staff for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Participate in any meetings pertaining to the temporary closure of any components of Maternal/Child Services due to recovery and/or salvage efforts
- ❑ Keep the Finance Section (e.g., Time and Cost Unit Leader{ XE "Cost Unit Leader" }s{ XE "Time Unit Leader" }) abreast of any additional expenses incurred as a result of the disaster/emergency
- ❑ Ensure that any directives from the Inpatient Areas Supervisor{ XE "Inpatient Areas Supervisor" } with regard to terminating certain components of the plan or any related plan that may have been implemented and that impacts Maternal/Child Services are

Maternal/Child Unit Leader(4/03)

carried out in a timely fashion

- ❑ Once the decision has been made to terminate the plan, see to it that necessary actions are taken in a timely fashion to return maternal/child services to routine operations
- ❑ Provide a written summary of activities performed by Maternal/Child Services during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours of the disaster/emergency being declared over.

Job Action Sheet

CRITICAL CARE UNIT LEADER

Mission: Supervise and maintain the critical care capabilities of the hospital to the best possible level with respect to current conditions in order to meet the needs of in-house and newly admitted patients to include victims of the disaster/emergency

Reports to:

- Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Critical Care Unit Leader{ XE "**Critical Care Unit Leader**" }
- Read this entire Job Action Sheet and put on identification badge
- Report to Nursing Administration and meet with the Operations Section Chief{ XE "**Operations Section Chief**" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receive any special assignments, as deemed necessary, at this time (e.g., reassign staff to the Immediate Treatment Area{ XE "**Immediate Treatment Area**" })
- Conduct an initial assessment of the Intensive Care Unit over the next 15 – 20 minutes.

The purpose of the assessment is to determine the current capabilities of the Intensive Care Unit and shall include the following:

 1. Number of beds{ XE "**Beds**" } currently available
 2. Number of patients that could be transferred to the Intermediate Care Unit within the hour, if the need for Intensive Care Unit beds{ XE "**Beds**" } arises
 3. Number of Intensive Care Unit patients currently on ventilators
 4. Number of RNs that could be reassigned to the Immediate Care Area within the hour

Critical Care Unit Leader (4/03)

- ❑ Once the aforementioned information is obtained, forward it to the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" }
- ❑ Implement any other disaster/emergency plans that may be activated in conjunction with the Emergency Incident Command (e.g., Bomb Threat Response Plan{ XE "**Bomb Threat Response Plan**" }) in area(s) of responsibility
- ❑ Keep the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } advised of any problems and/or care/treatment needs (additional physicians [e.g., cardiologist] required)
- ❑ Ensure that directives from the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } are carried out in a timely and appropriate fashion
- ❑ Document all actions and decisions on the Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" } (see Form #1)

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours)

- ❑ Provide the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } with updated status reports every 30 – 45 minutes
- ❑ Establish and maintain communications with the Material Supply Unit Leader{ XE "**Material Supply Unit Leader**" } with regard to supply needs
- ❑ Provide the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } with information on victims that have been admitted to the Intensive Care Unit, as it becomes available

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the disaster/emergency is declared over):

Critical Care Unit Leader (4/03)

- ❑ Provide the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } with updated status reports on a routine basis, but not less than once every two hours
- ❑ Observe Intensive Care Unit staff for signs of stress and fatigue. Provide rest and relief periods, as required
- ❑ Participate in any meetings pertaining to the temporary closure of the Intensive Care Unit due to recovery and/or salvage efforts
- ❑ Keep the Finance section (e.g., Time and Cost Unit Leader{ XE "**Cost Unit Leader**" }s{ XE "**Time Unit Leader**" }) abreast of any additional expenses incurred as a result of the disaster/emergency
- ❑ Ensure that any directives from the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } with regard to terminating certain components of the plan or any related plan that may have been implemented and that impacts the Intensive Care Unit are carried out in a timely fashion
- ❑ Once the decision has been made to terminate the plan, see to it that necessary actions are taken in a timely fashion to return the Intensive Care Unit to routine operations
- ❑ Provide a written summary of activities performed by the Intensive Care Unit during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours of the disaster/emergency being declared over

Job Action Sheet
GENERAL NURSING CARE UNIT LEADER

Mission: Supervise and maintain the inpatient medical/surgical (Intermediate Care, Three South and Four South) capabilities of the hospital to the best possible levels with respect to the current conditions in order to meet the needs of the in-house and newly admitted patients (victims of disaster/emergency)

Reports to:

- Inpatient Areas Supervisor**{ XE "Inpatient Areas Supervisor" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of General Nursing Care Unit Leader{ XE "**General Nursing Care Unit Leader**" }
- Read this entire Job Action Sheet and put on identification badge
- Report to Nursing Administration and meet with the Operations Section Chief{ XE "**Operations Section Chief**" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receive any special assignments, as deemed necessary, at this time (e.g., assign staff to the Minor Care Treatment Area)
- Conduct an initial assessment of the medical/surgical inpatient units (Intermediate Care Unit, Three South and Four South) over the next 15 – 20 minutes. The purpose of the assessment is to determine the current capabilities of the medical/surgical units and shall include the following (see Form #6B: General Nursing Care Assessment{ XE "**General Nursing Care Assessment**" }):
 1. Number of patients currently on each of the units

General Nursing Care Unit Leader (4/03)

2. Number of patients by unit currently scheduled for discharge within the next 8 hours
 3. Number of beds{ XE "**Beds**" } needed to accommodate patients currently in surgery or PACU{ XE "**PACU**" }
 4. Number of staff currently on-duty by position and by unit
 5. Number of staff by position and unit that could be reassigned to the treatment areas immediately, should the need arise
- Once the aforementioned information is obtained, forward it to the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" }
 - Oversee the implementation of other disaster/emergency plans (e.g., Bomb Threat Plan), as they apply to the medical/surgical units that may be implemented
 - Keep the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } advised of any problems and/or care/treatment needs (e.g., need for additional Environmental Services personnel for discharge cleaning of patient rooms)
 - Ensure that directives from the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } are carried out in a timely and appropriate fashion
 - Document all actions and decisions on the Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" } (see Form #1)

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- Provide the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } with updated status reports every 30 – 45 minutes
- Establish and maintain communications with the Discharge Unit Leader{ XE "**Discharge Unit Leader**" } with regard to identifying patients for discharge and assisting with

General Nursing Care Unit Leader (4/03)

making arrangements for same

- ❑ Establish and maintain communications with the Medical Staff Unit Leader{ XE "Medical Staff Unit Leader" } with regard to the need for attending physicians to come in and evaluate their patients for potential discharge and/or transfer
- ❑ Establish and maintain communications with the Surgical Services Unit Leader{ XE "Surgical Services Unit Leader" } to assure the efficient flow of patients from PACU{ XE "PACU" } to the medical/surgical units
- ❑ Provide the Inpatient Areas Supervisor{ XE "Inpatient Areas Supervisor" } with information on victims that have been admitted to the medical/surgical units, as it becomes available

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the disaster/emergency is declared over):

- ❑ Provide the Inpatient Areas Supervisor{ XE "Inpatient Areas Supervisor" } with updated status reports on a routine basis, but not less than once every two hours
- ❑ Observe staff on Intermediate Care, Three South and Four South for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Participate in any meetings pertaining to the temporary closure of the medical/surgical units due to recovery and/or salvage efforts
- ❑ Keep the Finance Section (e.g., Time and Cost Unit Leader{ XE "Cost Unit Leader" }s{ XE "Time Unit Leader" }) abreast of any additional expenses incurred as a result of the disaster/emergency
- ❑ Ensure that any directives from the Inpatient Areas Supervisor{ XE "Inpatient Areas Supervisor" } with regard to terminating certain components of the plan or any related

General Nursing Care Unit Leader (4/03)

plan that may have been implemented and that impact the medical/surgical units are carried out in a timely fashion

- ❑ Once the decision has been made to terminate the plan, see to it that the necessary actions are taken in a timely fashion to return the medical/surgical units to routine operations
- ❑ Provide a written summary of activities performed by the medical/surgical units during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours of the disaster/emergency being declared over

Job Action Sheet

TREATMENT AREA SUPERVISOR

Mission: Initiate and supervise the patient triage process. Assure treatment of casualties according to triage categories and oversee the designated treatment areas to include the discharge process

You Report to:

- Medical Care Director{ XE "**Medical Care Director**" }

Your direct reports are:

- Triage Unit Leader{ XE "**Triage Unit Leader**" }
- Immediate Treatment Unit Leader{ XE "**Immediate Treatment Unit Leader**" }
- Delayed Treatment Unit Leader{ XE "**Delayed Treatment Unit Leader**" }
- Minor Treatment Unit Leader{ XE "**Minor Treatment Unit Leader**" }
- Discharge Unit Leader{ XE "**Discharge Unit Leader**" }

Immediate actions (actions that are normally taken within the first hour of the disaster/emergency):

- Assume the role of Treatment Area Supervisor
- Read this entire Job Action Sheet and put on identification badge
- Appoint direct reports
- Brief direct reports as to why the Emergency Incident Command Plan has been implemented
- Assist with the establishment of treatment areas in locations different than those listed below, if indicated (e.g., lobby of Ambulatory Surgery Center{ XE "**Ambulatory Surgery Center (TCAS)**" } for minor care patients):

1. Immediate Treatment Area{ XE "**Immediate Treatment Area**" } - Adult

Treatment Area Supervisor (4/03)

Emergency Room

2. Delayed Treatment Area{ XE "**Delayed Treatment Area**" } - Short Stay Unit (SSU{ XE "**SSU**" })
 3. Minor Treatment Area{ XE "**Minor Treatment Area**" } - Fast Track Area{ XE "**Fast Track Area**" } of ED{ XE "**Emergency Department – Pediatric and Adult**" } and/or ED waiting area
- ❑ Advise the Medical Care Director{ XE "**Medical Care Director**" } of initial staffing needs (nursing and clinical ancillary services [e.g., Respiratory Therapists{ XE "**Respiratory Therapists**" }]) of the designated treatment areas
 - ❑ Implement the Emergency Department{ XE "**Emergency Department – Pediatric and Adult**" } call-in{ XE "**Call-in Plan**" } plan if indicated
 - ❑ Advise the Medical Staff Unit Leader{ XE "**Medical Staff Unit Leader**" } of the need for additional physicians, especially specialists, if indicated
 - ❑ Obtain the following information so that it can be reported to the Maryland Institute for Emergency Medical Services Systems (MIEMSS){ XE "**Maryland Institute for Emergency Medical Services Systems (MIEMSS)**" } via the Facility Resource Emergency Database{ XE "**Facility Resource Emergency Database (FRED)**" } (FRED) maintained by MIEMSS:
 1. Number of ED{ XE "**Emergency Department – Pediatric and Adult**" } beds{ XE "**Beds**" }, by priority currently available
 - Priority I - Immediate Care
 - Priority II - Delayed Care
 - Priority III - Minor Care

Treatment Area Supervisor (4/03)

2. Number of Pediatric ED{ XE "**Emergency Department – Pediatric and Adult**" } beds{ XE "**Beds**" } currently available

- Once the aforementioned information is obtained, forward it to the Medical Care Director{ XE "**Medical Care Director**" }
- Assist with the implementation of other disaster/emergency plans (e.g., Bioterrorism Response Plan{ XE "**Bioterrorism Response Plan**" }), if applicable
- Brief the Medical Care Director{ XE "**Medical Care Director**" } on the status of the designated treatment areas to include staffing (hospital and professional), equipment and supplies issues and concerns
- Ensure that directives from the Medical Care Director{ XE "**Medical Care Director**" } are carried out in a timely and appropriate fashion
- Document actions and decisions on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" })

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours)

- Receive and review updated status reports from direct reports every 30 minutes
- Brief the Medical Care Director{ XE "**Medical Care Director**" } (see Form #7: Treatment Area Status Report{ XE "**Treatment Area Status Report**" }) every 45 minutes. The briefings should include:
 1. Number of victims currently being treated in each of the designated treatment areas
 2. Number of victims that have been transferred to other facilities and the number currently awaiting transfer to another facility
 3. Number of victims that have been admitted to the hospital and the number currently

Treatment Area Supervisor (4/03)

waiting to be admitted

4. Number of patients that have been transferred to the operating room and the number currently waiting to be transferred
 5. Staffing issues (hospital and professional)
 6. Equipment/supply issues
- Monitor the alert function of the Facility Resource Emergency Database{ XE "**Facility Resource Emergency Database (FRED)**" } (FRED) for updates on the disaster/emergency
 - Keep the Medical Staff Unit Leader{ XE "**Medical Staff Unit Leader**" } informed as to the need for support from the Professional Staff{ XE "**Professional Staff**" }
 - Make requests to the Medical Care Director{ XE "**Medical Care Director**" } for any special needs (e.g., bringing in agency personnel to assist with the hospital's response to the situation)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- Receive and review updated status reports from direct reports on an hourly basis until all of the victims have been discharged from the designated treatment areas
- Brief the Medical Care Director{ XE "**Medical Care Director**" } on the status of the designated treatment areas on a routine basis, but not less than every 90 minutes until all of the victims have been discharged from the designated treatment areas
- Observe direct reports for signs of stress and fatigue. Provide relief and rest periods as required
- Attend briefing with the Operations Section Chief{ XE "**Operations Section Chief**" }, as

Treatment Area Supervisor (4/03)

requested, for the purpose of assessing the hospital's ongoing response to the situation, especially as it pertains to the designated treatment areas

- ❑ Participate in any meetings pertaining to the closing of designated treatment areas as they relate to the situation at hand
- ❑ Ensure that any directives from the Medical Care Director{ XE "**Medical Care Director**" } with regard to terminating certain components of the plan or any related plan that may have been implemented that impacts the treatment areas are understood by direct reports and carried out in a timely fashion
- ❑ Once the decision has been made to terminate the plan, see to it that necessary actions are taken to return emergency medical services to normal operations in an appropriate and timely fashion
- ❑ Ensure that the finance section (e.g., Time and Cost Unit Leader{ XE "**Cost Unit Leader**" }s{ XE "**Time Unit Leader**" }) are advised of any additional expenses incurred as a result of the disaster/emergency
- ❑ Submit a written summary of activities during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours of the disaster/emergency being declared over

Job Action Sheet
TRIAGE UNIT LEADER

Mission: Oversee the sorting of victims of the disaster/emergency according to priority of injuries, and assure disposition to the proper treatment area

Reports to:

- Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Triage Unit Leader{ XE "**Triage Unit Leader**" }
- Read this entire Job Action Sheet and put on identification badge
- Conduct an initial assessment of the patients in the Emergency Department{ XE "**Emergency Department – Pediatric and Adult**" } (adult and pediatrics) waiting rooms as follows and report findings to Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" }:

1. Number requiring immediate care: those individuals that need to be seen by an Emergency Room physician{ XE "**Emergency Department physician**" } or physician{ XE "**Physician**" }'s assistant as quickly as possible (e.g., those with life threatening illnesses or injuries [e.g., active chest pain])
2. Number requiring delayed care: those individuals who do not require immediate treatment, as noted above, but do need to be seen by the Emergency Room physician{ XE "**Emergency Department physician**" }, physician{ XE "**Physician**" }'s assistant or specialist (e.g., orthopedic surgeon) within the next two hours (e.g., simple fractures, lacerations that require multiple sutures)
3. Number requiring minor care: those individuals who can be seen and treated by a

Triage Unit Leader (4/03)

physician{ XE "**Physician**" }'s assistant under the supervision of the Emergency Room physician{ XE "**Emergency Department physician**" } (e.g., minor lacerations, sprains, etc.)

- ❑ Receive a briefing from the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } as to why the Emergency Incident Command Plan has been implemented
- ❑ Assess the situation and determine treatment needs relative to the specific disaster/emergency (e.g., hazardous materials involved) that may require that certain precautions or actions be taken, such as decontaminating victims prior to treatment
- ❑ Establish patient triage area; consult with the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } to designate an alternate ambulance off-loading area, if indicated
- ❑ Establish a secondary triage location for pediatrics patients, if indicated
- ❑ Establish and maintain communications with the Emergency Room physician{ XE "**Emergency Department physician**" } in charge with regard to the need for an Emergency Room physician{ XE "**Physician**" } and/or physician's assistant to assist with the triage process
- ❑ In conjunction with the Patient Tracking Officer{ XE "**Patient Tracking Officer**" }, determine how many admitting personnel need to be assigned to the Emergency Room (adult and pediatrics)
- ❑ Meet with the Transportation Unit Leader{ XE "**Transportation Unit Leader**" } and determine the needs for patient transportation in terms of personnel (e.g., Central Transportation{ XE "**Central Transportation**" } staff) and equipment (e.g., wheelchairs and stretchers)

Triage Unit Leader (4/03)

- ❑ Establish and maintain communications with the Immediate Care, Delayed Care and Minor Care Treatment Unit Leaders to assure the efficient flow of patients
- ❑ Ensure that all directives from the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } are carried out in a timely and appropriate fashion

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Provide the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } with a status report every 30 minutes
- ❑ Advise the Safety and Security Officer{ XE "Safety and Security Officer" } of any security needs (e.g., assistance with access control in the triage area, etc.)
- ❑ Keep the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } advised of any problems and/or needs (e.g., additional staff to assist with triage) as they arise

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } with an hourly status report
- ❑ Observe staff, to include admitting and security personnel assigned to the triage area for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Participate in any discussions pertaining to discontinuing the triage process as it applies to the Emergency Incident Command Plan or any other disaster/emergency plan that may have been implemented
- ❑ Once the decision has been made to terminate the plan, see to it that necessary actions are taken to return the triage function to normal operations in an appropriate and timely

Triage Unit Leader (4/03)

fashion

- Submit a written summary of activities during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours of the disaster/emergency being declared over

Job Action Sheet

IMMEDIATE TREATMENT UNIT LEADER

Mission: Coordinate the care provided to patients received from the Triage Area; assure

adequate staffing and supplies in the Immediate Treatment Area{ XE "**Immediate**

Treatment Area" }; facilitate the treatment and disposition of patients in the Immediate

Treatment Area

Reports to:

- Treatment Area Supervisor{ XE "**Treatment Area Supervisor"** }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Immediate Treatment Unit Leader{ XE "**Immediate Treatment Unit Leader"** }

- Read this entire Job Action Sheet and put on identification badge

- Conduct an initial assessment of the patients in the Emergency Department{ XE "**Emergency Department – Pediatric and Adult"** } (adult and pediatric) as follows and report findings to Treatment Area Supervisor{ XE "**Treatment Area Supervisor"** }:

1. Number of patients currently being treated in each of the emergency rooms
2. Number of patients who will be discharged within the next 30 minutes in each emergency room
3. Number of patients currently awaiting transfer to either the Short Stay Unit or an inpatient unit
4. Number of immediate care patients (immediate care patients are defined as those patients that need to be seen by an Emergency Room physician{ XE "**Emergency Department physician"** } or physician{ XE "**Physician"** }'s assistant as quickly as

Immediate Treatment Unit Leader (4/03)

possible. This would include patients with life threatening injuries or illnesses [e.g., active chest pain])

5. Number of staff currently on-duty in each Emergency Room by position, to include physicians and physician{ XE "**Physician**" }'s assistants
- Receive a briefing from the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } as to why the Emergency Incident Command Plan has been implemented
 - Assess the situation and determine treatment needs relative to the specific disaster/emergency (e.g., if the disaster/emergency involves a bus or train accident many of the victims may require the services of an orthopedic surgeon)
 - Ensure that the Disaster Cart{ XE "**Disaster Cart**" }(s) have been delivered to the Immediate Treatment Area{ XE "**Immediate Treatment Area**" }
 - Establish and maintain communications with the Triage Unit Leader{ XE "**Triage Unit Leader**" } to assure the efficient flow of patients
 - Establish and maintain communications with the Delayed Treatment Unit Leader{ XE "**Delayed Treatment Unit Leader**" } to assure an efficient flow of patients between the two locations keeping in mind that some immediate treatment patients may need to be transferred to other facilities and could be relocated to the delayed treatment area to await transfer
 - Keep the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } advised of any issues or problems that may arise (e.g., need for assistance from Respiratory Therapy)
 - Assist the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } with the establishment of Immediate Treatment Area{ XE "**Immediate Treatment Area**" }s in

Immediate Treatment Unit Leader (4/03)

locations other than the adult and pediatric emergency rooms (e.g., Ambulatory Surgery Center{ XE "Ambulatory Surgery Center (TCAS)" }) should the need arise

- ❑ Ensure that directives from the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } are carried out in a timely and appropriate fashion

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours)

- ❑ Provide the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } with an updated status report every 30 minutes
- ❑ Keep the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } advised of any support needed from the Professional Staff{ XE "Professional Staff" } (e.g., vascular surgeons)
- ❑ Establish and maintain communications with the Discharge Unit Leader{ XE "Discharge Unit Leader" } to assure the timely disposition of patients, particularly those that are being admitted to the hospital
- ❑ Establish and maintain communications with the Surgical Services Unit Leader{ XE "Surgical Services Unit Leader" } to assure the timely and efficient flow of patients from immediate treatment to the Operating Room

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } with an updated status report every hour
- ❑ Observe staff assigned to the Immediate Treatment Area{ XE "Immediate Treatment Area" } for signs of stress and fatigue. Provide relief and rest periods, as required

Immediate Treatment Unit Leader (4/03)

- ❑ Discuss the termination of the Immediate Treatment Area{ XE "**Immediate Treatment Area**" } with the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } and the Emergency Room physician{ XE "**Physician**" }{ XE "**Emergency Department physician**" } in charge, when deemed appropriate
- ❑ Ensure that any directives from the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } with regard to terminating certain components of the plan or any related plan that may have been implemented that impacts the Immediate Treatment Area{ XE "**Immediate Treatment Area**" } are carried out in a timely fashion
- ❑ Once the decision has been made to terminate the Immediate Treatment Area{ XE "**Immediate Treatment Area**" }, see to it that necessary actions are taken to return the area to normal operations in a timely fashion
- ❑ Submit a written summary of activities performed by the Immediate Treatment Area{ XE "**Immediate Treatment Area**" } during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours of the disaster/emergency being declared over

Job Action Sheet
DELAYED TREATMENT UNIT LEADER

Mission: Coordinate the care provided to patients received from the Triage Area; assure adequate staffing and supplies in the Delayed Treatment Area{ XE "Delayed Treatment Area" }; facilitate the treatment and disposition of patients in the Delayed Treatment Area

Reports to:

- Treatment Area Supervisor{ XE "Treatment Area Supervisor" }

Immediate Actions (actions that would be taken within the first hour of the disaster/emergency):

- Assume the role of Delayed Treatment Unit Leader{ XE "Delayed Treatment Unit Leader" }
- Read this entire Job Action Sheet and put on identification badge
- Conduct an initial assessment of the patients in the Short Stay Unit (SSU{ XE "SSU" }) as follows and report findings to Treatment Area Supervisor{ XE "Treatment Area Supervisor" }:
 1. Number of patients currently in SSU{ XE "SSU" }
 2. Number of patients in SSU{ XE "SSU" } scheduled for discharge within the next 30 minutes (to include those scheduled to be admitted to the hospital)
 3. Number of patients that could be transferred to one of the inpatient units, if the need arose
 4. Number of beds{ XE "Beds" } currently available
 5. Number of staff currently on-duty by position
- Receive a briefing from the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } as to why the Emergency Incident Command Plan has been implemented
- Ensure that the Disaster Cart{ XE "Disaster Cart" } has been delivered to the Delayed Treatment Area{ XE "Delayed Treatment Area" }
- Establish and maintain communications with the Triage Unit Leader{ XE "Triage Unit" }

Delayed Treatment Unit Leader (4/03)

Leader" } and the Immediate Treatment Unit Leader{ XE "Immediate Treatment Unit Leader" } to assure the efficient flow of patients

- ❑ Keep the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } advised of any concerns or problems that may arise (e.g., delays in getting patients transferred to other facilities)
- ❑ Assist the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } with the establishment of the Delayed Treatment Area{ XE "Delayed Treatment Area" } in locations other than the SSU{ XE "SSU" }, if the need arises
- ❑ Ensure that directives from the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } are carried out in a timely and appropriate fashion

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Provide the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } with an updated status report every 30 minutes
- ❑ Establish and maintain communications with the Discharge Unit Leader{ XE "Discharge Unit Leader" } to assure the timely disposition of patients being discharged to home, another facility (e.g., nursing home) or having home health needs (e.g., oxygen)
- ❑ Establish and maintain communications with the Surgical Services Unit Leader{ XE "Surgical Services Unit Leader" } in the event patients awaiting surgery are transferred to the Delayed Treatment Area{ XE "Delayed Treatment Area" } for observation until they can be accommodated by Surgical Services
- ❑ Establish and maintain communications with the Medical Staff Unit Leader{ XE "Medical Staff Unit Leader" } with regard to the need for specialists (e.g., cardiologist) to see patients in the Delayed Treatment Area{ XE "Delayed Treatment Area" }

Delayed Treatment Unit Leader (4/03)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } with an updated status report every hour
- ❑ Observe staff assigned to the Delayed Treatment Area{ XE "Delayed Treatment Area" } for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Discuss the termination of the Delayed Treatment Area{ XE "Delayed Treatment Area" } with the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } and Emergency Room physician{ XE "Physician" }{ XE "Emergency Department physician" } in charge, when deemed appropriate
- ❑ Ensure that any directives from the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } with regard to terminating certain components of the plan or any related plan that may have been implemented that impacts the Delayed Treatment Area{ XE "Delayed Treatment Area" } are carried out in a timely fashion
- ❑ Once the decision has been made to terminate the Delayed Treatment Area{ XE "Delayed Treatment Area" }, see to it that the necessary actions are taken to return the area to normal operations in a timely fashion
- ❑ Submit a written summary of activities performed by the Delayed Treatment Area{ XE "Delayed Treatment Area" } during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "Safety and Environmental Risk Committee" } within 72-hours of the disaster/emergency being declared over

Job Action Sheet
MINOR TREATMENT UNIT LEADER

Mission: Coordinate the care provided to patients received from the triage area; assure adequate staffing and supplies in the Minor Treatment Area{ XE "Minor Treatment Area" }; facilitate the treatment and disposition of patients in the Minor Treatment Area

Reports to:

- ❑ Treatment Area Supervisor{ XE "Treatment Area Supervisor" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- ❑ Assume the role of Minor Treatment Unit Leader{ XE "Minor Treatment Unit Leader" }
- ❑ Read this entire Job Action Sheet and put on identification badge
- ❑ Receive a briefing from the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } as to why the Emergency Incident Command Plan has been implemented
- ❑ In conjunction with the Treatment Area Supervisor{ XE "Treatment Area Supervisor" }, determine where the Minor Treatment Area{ XE "Minor Treatment Area" } will be located (e.g., ED{ XE "Emergency Department – Pediatric and Adult" } waiting area, Outpatient Rehabilitation Services, Cardiopulmonary Rehabilitation) and advise the Triage Unit Leader{ XE "Triage Unit Leader" } and the Immediate and Delayed Treatment Unit Leader{ XE "Delayed Treatment Unit Leader" } of the same
- ❑ Contact General Stores and advise them to deliver a Disaster Cart{ XE "Disaster Cart" } to the Minor Treatment Area{ XE "Minor Treatment Area" }
- ❑ Establish and maintain communications with the Triage Unit Leader{ XE "Triage Unit Leader" } to assure the efficient flow of patients
- ❑ Assess the Minor Treatment Area{ XE "Minor Treatment Area" } for equipment, supply and staffing needs and advise the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } of the same
- ❑ Keep the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } advised of any

Minor Treatment Unit Leader (4/03)

issues or problems that may arise (e.g., need for pain medications)

- ❑ Assist the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } with the establishment of Minor Treatment Area{ XE "Minor Treatment Area" }s in locations other than the main hospital (e.g., ED{ XE "Emergency Department – Pediatric and Adult" } parking lot, lobby of the Ambulatory Surgery Center{ XE "Ambulatory Surgery Center (TCAS)" })
- ❑ Ensure that directives from the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } are carried out in a timely and appropriate fashion

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Provide the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } with an updated status report every 30 minutes
- ❑ Establish and maintain communications with the Immediate Treatment Area{ XE "Immediate Treatment Area" } Unit Leader should the need arise to transfer patients to the Immediate Treatment Area due to changes in patients' conditions
- ❑ Keep the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } advised of any support needed from the Professional Staff{ XE "Professional Staff" } (e.g., pediatricians)
- ❑ Establish and maintain communications with the Patient Tracking Officer{ XE "Patient Tracking Officer" } with regard to the disposition of Minor Treatment Area{ XE "Minor Treatment Area" } patients

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } with an updated status report every hour
- ❑ Observe staff assigned to Minor Treatment Area{ XE "Minor Treatment Area" } for signs

Minor Treatment Unit Leader (4/03)

of stress and fatigue. Provide relief and rest periods, as required

- ❑ Discuss termination of the Minor Treatment Area{ XE "Minor Treatment Area" } with the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } when deemed appropriate
- ❑ Ensure that any directives from the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } with regard to terminating certain components of the plan or any related plan that may have been implemented that impacts the Minor Treatment Area{ XE "Minor Treatment Area" } are carried out in a timely fashion
- ❑ Once the decision has been made to terminate the Minor Treatment Area{ XE "Minor Treatment Area" }, see to it that necessary actions are taken to return the area to normal operations in a timely fashion
- ❑ Submit a written summary of the activities performed by the Minor Treatment Area{ XE "Minor Treatment Area" } during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "Safety and Environmental Risk Committee" } within 72-hours of the disaster/emergency being declared over

Job Action Sheet
DISCHARGE UNIT LEADER

Mission: Coordinate the controlled discharge of patients from the inpatient units as well as the Immediate and Delayed Treatment Areas{ XE "**Immediate Treatment Area**" }{ XE "**Delayed Treatment Area**" }

Reports to:

- Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" }

Immediate Actions (actions that would normally be taken within the first hour of the emergency):

- Assume the role of Discharge Unit Leader{ XE "**Discharge Unit Leader**" }
- Read this entire Job Action Sheet and put on identification badge
- Report to Nursing Administration and meet with the Operations Section Chief{ XE "**Operations Section Chief**" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receive any special assignments, as deemed necessary, at this time (e.g., assign case managers to determine if any patients currently in the SSU{ XE "**SSU**" } have any discharge planning needs [e.g., home health care] that need to be addressed at this time)
- Conduct an initial assessment of the case management function and report findings to Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } within 15 – 20 minutes:
 1. Number of case managers currently on-duty
 2. Number of inpatients by unit that the department is aware of that are scheduled for discharge over the next 8 hours
- Assign a case manager to cover the Immediate and Delayed Care Areas to assist with

Discharge Unit Leader (4/03)

discharge planning needs (e.g., home health care) should they arise

- Advise the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } of the need to implement the case management call-in{ XE "**Call-in Plan**" } plan, if indicated
- Assist with the implementation of any other disaster/emergency plans that may need to be implemented (e.g., Mass Casualty Plan)
- Establish and maintain communications with the Inpatient Areas Supervisor{ XE "**Inpatient Areas Supervisor**" } with regard to the discharge planning needs of the inpatient units
- Ensure that all directives from the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } are carried out in a timely and appropriate manner
- Document actions and decisions on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" })

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours)

- Provide the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } with an updated status report every 30 minutes
- Establish and maintain communications with the Medical Staff Unit Leader{ XE "**Medical Staff Unit Leader**" } with regard to assisting with contacting physicians in reference to discharging their patients (inpatients)
- Establish and maintain communications with the Medical Staff Director{ XE "**Medical Staff Director**" } in the event discharge planning issues arise that pertain to members of the Professional Staff{ XE "**Professional Staff**" }

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than

Discharge Unit Leader (4/03)

six hours and or when the situation is declared over):

- ❑ Provide the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } with an updated status report on an hourly basis until all of the victims have been discharged from the designated treatment areas and their discharge planning needs have been met
- ❑ Observe case managers for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Participate in any meetings pertaining to evacuating patients to other facilities
- ❑ Ensure that any directives from the Treatment Area Supervisor{ XE "**Treatment Area Supervisor**" } with regard to terminating certain components of the plan or any related plan that may have been implemented that impacts the discharge planning function are understood by case managers and carried out in a timely fashion
- ❑ Once the decision has been made to terminate the plan, see to it that necessary actions are taken to return the Case Management{ XE "**Case Management**" } department to normal operations in an appropriate and timely fashion
- ❑ Ensure that finance section (e.g., Time and Cost Unit Leader{ XE "**Cost Unit Leader**" }s{ XE "**Time Unit Leader**" }) are advised of any additional expenses incurred as a result of the disaster/emergency
- ❑ Submit a written summary of activities during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours of the disaster/emergency being declared over

Job Action Sheet

ANCILLARY SERVICES DIRECTOR

Mission: Organize and manage ancillary medical services (e.g., Diagnostic Imaging{ XE "Diagnostic Imaging" }) in all areas of the hospital and the Ambulatory Surgery Center{ XE "Ambulatory Surgery Center (TCAS)" }

Reports to:

- Operations Section Chief{ XE "Operations Section Chief" }

Direct Reports are:

- Laboratory Unit Leader{ XE "Laboratory Unit Leader" }
- Diagnostic Imaging{ XE "Diagnostic Imaging" } Unit Leader{ XE "Diagnostic Imaging Unit Leader" }
- Pharmacy Unit Leader{ XE "Pharmacy Unit Leader" }
- Cardiopulmonary Unit Leader{ XE "Cardiopulmonary Unit Leader" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Ancillary Services Director{ XE "Ancillary Services Director" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to Nursing Administration and meet with the Operations Section Chief{ XE "Operations Section Chief" } for the purpose of:
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receiving any special assignments, as deemed necessary, at this time (e.g., sending all available Respiratory Therapists{ XE "Respiratory Therapists" } to the ED{ XE "Emergency Department – Pediatric and Adult" })
- Instruct direct reports to conduct an initial assessment of their area(s) of responsibility

over the next 15 - 20 minutes. The purpose of the assessment is to determine what, if any, additional actions need to be taken in each area to ensure an adequate, appropriate and timely response to the situation at hand. The assessment should address the following:

1. Is the initial response to the disaster/emergency adequate and, if not, what additional actions need to be taken
 2. Is the type and severity of the disaster/emergency such that services need to be curtailed at this time (e.g., cancel or postpone elective outpatient Diagnostic Imaging{ XE "**Diagnostic Imaging**" } procedures)
 3. Are additional resources (staff/equipment/supplies) needed at this point in the situation
- ❑ Provide the Operations Section Chief{ XE "**Operations Section Chief**" } with the findings from the initial assessment, as quickly as possible
- ❑ Instruct the Laboratory, Pharmacy and Cardiopulmonary Services{ XE "**Cardiopulmonary Services**" } Unit Leaders to obtain the following information so that it can be reported to the Maryland Institute for Emergency Medical Services Systems (MIEMSS){ XE "**Maryland Institute for Emergency Medical Services Systems (MIEMSS)**" } via the Facility Resource Emergency Database{ XE "**Facility Resource Emergency Database (FRED)**" } (FRED) maintained by MIEMSS:
1. Laboratory Unit Leader{ XE "**Laboratory Unit Leader**" }: Blood/blood{ XE "**Blood and Blood Products**" } products storage information (e.g., Type O positive and negative units on hand)
 2. Pharmacy Unit Leader{ XE "**Pharmacy Unit Leader**" }: Antibiotics (doses) and

Ancillary Services Director (4/03)

other items (e.g., Atropine) on hand

3. Cardiopulmonary Services{ XE "**Cardiopulmonary Services**" } Unit Leader:

Number of ventilators currently in use and number currently available (on-site)

- Once the aforementioned information is obtained, forward it to the Administrative Support Section Chief{ XE "Administrative Support Section Chief" }
- Assist with the implementation of other disaster/emergency plans (e.g., Bioterrorism Response Plan{ XE "**Bioterrorism Response Plan**" }), if indicated
- Ensure that directives from the Operations Section Chief{ XE "**Operations Section Chief**" } are carried out in a timely and appropriate fashion
- Ensure that direct reports document actions and decisions on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" })

Intermediate Actions (normally intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- Receive and review updated status reports from direct reports every 30 - 45 minutes
- Brief the Operations Section Chief{ XE "**Operations Section Chief**" } on an hourly basis. The briefings should include updated status reports from each of the ancillary areas (e.g., Laboratory)
- Ensure that the staffing needs of the ancillary areas are being communicated to the Labor Pool Unit Leader{ XE "**Labor Pool Unit Leader**" } in a timely fashion
- Maintain communications with the Medical Care Director{ XE "**Medical Care Director**" } with regard to clinical ancillary services being provided to and/or needed by the inpatient and treatment areas
- Make requests to the Operations Section Chief{ XE "**Operations Section Chief**" } for

Ancillary Services Director (4/03)

any special needs (e.g., renting additional ventilators)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Receive and review updated status reports from direct reports on a routine basis, but not less than once every two hours
- ❑ Brief the Operations Section Chief{ XE "**Operations Section Chief**" } on the status of the clinical ancillary areas (e.g., Diagnostic Imaging{ XE "**Diagnostic Imaging**" }) a minimum of once every two hours
- ❑ Observe direct reports for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Attend briefings with the EOC{ XE "**Emergency Operations Center (EOC)**" } staff, as requested by the Operations Section Chief,{ XE "**Operations Section Chief**" } for the purpose of assessing the hospital's ongoing response to the situation, especially as it pertains to the clinical ancillary departments
- ❑ Ensure that direct reports keep the Finance Section (e.g., Time and Cost Unit Leader{ XE "**Cost Unit Leader**" }s{ XE "**Time Unit Leader**" }) abreast of any additional expenses incurred as a result of the disaster/emergency
- ❑ Ensure that any directives from the Operations Section Chief{ XE "**Operations Section Chief**" } with regard to terminating certain components of the plan or any related plan that may have been implemented that impacts the provision of clinical ancillary services are understood by direct reports and are carried out in a timely and appropriate fashion
- ❑ Once the decision has been made to terminate the plan, see to it that direct reports take the necessary action(s) to return their areas of responsibility to normal operations in a

Ancillary Services Director (4/03)

timely fashion

- Instruct direct reports to submit a written summary of their activities during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours of the disaster/emergency being declared over

Job Action Sheet

LABORATORY UNIT LEADER

Mission: Maintain Laboratory services, and blood{ XE "Blood and Blood Products" } and

blood products at required levels. Prioritize the activity of the laboratory staff{ XE

"Laboratory Staff" }

Reports to:

- Ancillary Services Director{ XE "Ancillary Services Director" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Laboratory Unit Leader{ XE "Laboratory Unit Leader" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to Nursing Administration and meet with the Operations Section Chief{ XE

"Operations Section Chief" } for the purpose of:

1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receiving any special assignments, as deemed necessary at this time (e.g., assigning Laboratory staff{ XE "Laboratory Staff" } to the ED{ XE "Emergency Department – Pediatric and Adult" } to assist with the collection of laboratory specimens)
- Conduct an initial assessment of the laboratory over the next 15 – 20 minutes. The purpose of the assessment is to determine what, if any, additional actions need to be taken to ensure an adequate, appropriate and timely response to the situation at hand. The assessment should address the following:
 1. Is the initial response to the disaster/emergency adequate and, if not, what additional actions need to be taken
 2. Is the type and severity of the disaster/emergency such that the capabilities of the

Laboratory Unit Leader (4/03)

laboratory (on-site functions) will be overloaded within the next hour

3. Are additional resources (staff/equipment/supplies) needed at this point in the situation
 4. Have any of the laboratory's on-site capabilities been reduced as a result of the disaster/emergency (e.g., due to a loss of water)
- ❑ Provide the Ancillary Services Director{ XE "**Ancillary Services Director**" } with the findings from the initial assessment, as quickly as possible
 - ❑ Obtain the blood{ XE "**Blood and Blood Products**" } storage (on-site) information listed below, so that it can be reported to the Maryland Institute for Emergency Medical Services Systems (MIEMSS){ XE "**Maryland Institute for Emergency Medical Services Systems (MIEMSS)**" } via the Facility Resource Emergency Database{ XE "**Facility Resource Emergency Database (FRED)**" } (FRED) maintained by MIEMSS. Once the information is obtained forward it to the Ancillary Services Director{ XE "**Ancillary Services Director**" }:
 1. Type O Positive
 2. Type O Negative
 3. Type A Positive
 4. Type A Negative
 5. Type B Positive
 6. Type B Negative
 7. Type AB Positive
 8. Type AB Negative
 9. Platelet Units

Laboratory Unit Leader (4/03)

10. Fresh Frozen Plasma Units

- Assist with the implementation of other disaster/emergency plans (e.g., Bioterrorism Response Plan{ XE "**Bioterrorism Response Plan**" }), if indicated
- 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)
- Establish and maintain communications with the American Red Cross{ XE "**American Red Cross**" } with regard to maintaining an adequate blood{ XE "**Blood and Blood Products**" } supply and blood products throughout the disaster/emergency
- Ensure that directives from the Ancillary Services Director{ XE "**Ancillary Services Director**" } are carried out in a timely and appropriate fashion
- Ensure that actions and decisions are documented on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" })

Intermediate Actions (normally, intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- Provide the Ancillary Services Director{ XE "**Ancillary Services Director**" } with updated status reports every 30 – 45 minutes
- Ensure that the blood{ XE "**Blood and Blood Products**" } storage information provided to MIEMSS{ XE "**Maryland Institute for Emergency Medical Services Systems (MIEMSS)**" } is updated on an hourly basis
- Implement the department's call-in{ XE "**Call-in Plan**" } plan, if deemed necessary
- Establish and maintain communications with the Patient Tracking Officer{ XE "**Patient**

Tracking Officer" } and/or the Patient Information Officer{ XE "**Patient Information Officer"** } to ensure the accurate routing of test results

- ❑ Prepare for the possibility of assisting with or initiating blood{ XE "**Blood and Blood Products"** } donor services, should the need arise
- ❑ Establish and maintain communications with the Surgical Services Unit Leader{ XE "**Surgical Services Unit Leader"** } with regard to the anticipated need for blood{ XE "**Blood and Blood Products"** } and blood products
- ❑ Communicate special needs to the Ancillary Services Director{ XE "**Ancillary Services Director"** } (e.g., need to pickup equipment and supplies from the main laboratory)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Ancillary Services Director{ XE "**Ancillary Services Director"** } with updated status reports on a routine basis, but not less than 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 the Finance Section (e.g., Time and Cost Unit Leader{ XE "**Cost Unit Leader"** }s{ XE "**Time Unit Leader"** }) advised of any additional expenses incurred as a result of the disaster/emergency
- ❑ Ensure that any directives from the Ancillary Services Director{ XE "**Ancillary Services Director"** } with regard to terminating certain components of the plan or any related plan that may have been implemented that impacts the Laboratory are carried out in a timely and appropriate fashion

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- ❑ Once the decision has been made to terminate the plan, see to it that the necessary actions are taken to return the Laboratory to normal operations in a timely fashion
- ❑ Submit a written summary of activities performed by the Laboratory during the Disaster/Emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72 – hours of the disaster/emergency being declared over

Job Action Sheet
DIAGNOSTIC IMAGING UNIT LEADER

Mission: Maintain Radiology and other Diagnostic Imaging{ XE "**Diagnostic Imaging**" } modalities at appropriate levels. Ensure the highest quality of services under the conditions at hand

Reports to:

- Ancillary Services Director{ XE "**Ancillary Services Director**" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Diagnostic Imaging{ XE "**Diagnostic Imaging**" } Unit Leader{ XE "**Diagnostic Imaging Unit Leader**" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to Nursing Administration and meet with the Operations Section Chief{ XE "**Operations Section Chief**" } for the purpose of :
 1. Learning why the Emergency Incident Command Plan has been implemented
 2. Receiving any special assignments, as deemed necessary, at this time (e.g., assigning radiology technicians with portable x-ray equipment to the Immediate Care Area)
- Conduct an initial assessment of Diagnostic Imaging{ XE "**Diagnostic Imaging**" } over the next 15 – 20 minutes. The purpose of the assessment is to determine what, if any, additional actions need to be taken to ensure an adequate, appropriate and timely response to the situation at hand. The assessment should address the following:
 1. Is the initial response to the disaster/emergency adequate and, if not, what additional actions need to be taken
 2. Is the type and severity of the disaster/emergency such that the capabilities of the

Diagnostic Imaging Unit Leader (4/03)

department (all modalities) will be overloaded within the next hour

3. Are additional resources (staff/equipment/supplies) needed at this point in the situation
 4. Have any of the department's capabilities (to include tele-radiology) been reduced as a result of the disaster/emergency (e.g., due to loss of electrical power)
- Provide the Ancillary Services Director{ XE "**Ancillary Services Director**" } with the findings from the initial assessment, as quickly as possible
 - Assist with the implementation of other disaster/emergency plans (e.g., Nuclear/Radiological Response Plan), if indicated
 - If deemed appropriate, discuss delaying or canceling scheduled studies with the Chairman of Diagnostic Imaging{ XE "**Diagnostic Imaging**" } and the Ancillary Services Director{ XE "**Ancillary Services Director**" }
 - Establish and maintain communications with the Surgical Services Unit Leader{ XE "**Surgical Services Unit Leader**" } with regard to the current and anticipated need for radiology technicians and portable equipment in the Operating Room (main hospital and the Ambulatory Surgery Center{ XE "**Ambulatory Surgery Center (TCAS)**" })
 - Establish and maintain communications with the Medical Staff Unit Leader{ XE "**Medical Staff Unit Leader**" } with regard to the need for additional radiologists
 - Ensure that all directives from the Ancillary Services Director{ XE "**Ancillary Services Director**" } are carried out in a timely and appropriate fashion
 - Ensure that actions and decisions are documented on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" })

Intermediate Actions (normally, intermediate actions would be taken after the first hour of

Diagnostic Imaging Unit Leader (4/03)

the disaster/emergency and over the next four to six hours):

- ❑ Provide the Ancillary Services Director{ XE "**Ancillary Services Director**" } with updated status reports every 30 – 45 minutes
- ❑ Establish and maintain communications with the Patient Tracking Officer{ XE "**Patient Tracking Officer**" } to ensure the accurate routing of test results
- ❑ Implement the department's call-in{ XE "**Call-in Plan**" } plan, if indicated
- ❑ Communicate special needs to the Ancillary Services Director{ XE "**Ancillary Services Director**" } (e.g., staff to assist with transporting patients to and from MRI)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Ancillary Services Director{ XE "**Ancillary Services Director**" } with updated status reports on a routine basis, but not less than once every two hours
- ❑ Participate in any meetings and/or discussions pertaining to the temporary closure of any of the department's modalities due to recovery and/or salvage efforts
- ❑ Observe staff for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Keep the Finance Section (e.g., Time and Cost Unit Leader{ XE "**Cost Unit Leader**" }s{ XE "**Time Unit Leader**" }) advised of any additional expenses incurred as a result of the disaster/emergency
- ❑ Ensure that any directives from the Ancillary Services Director{ XE "**Ancillary Services Director**" } with regard to terminating certain components of the plan or any related plan that may have been implemented that impacts Diagnostic Imaging{ XE "**Diagnostic Imaging**" } are carried out in a timely and appropriate fashion
- ❑ Once the decision has been made to terminate the plan, see to it that the necessary actions

Diagnostic Imaging Unit Leader (4/03)

are taken to return the department (all modalities) to normal operations in a timely fashion

- ❑ Submit a written summary of activities performed by the department during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "**Safety and Environmental Risk Committee**" } within 72-hours of the disaster/emergency being declared over

Job Action Sheet

PHARMACY UNIT LEADER

Mission: Ensure the availability of emergency, incident specific, pharmaceuticals{ XE

"Pharmaceuticals" } and Pharmacy services

Reports to:

- Ancillary Services Director{ XE "Ancillary Services Director" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Pharmacy Unit Leader{ XE "Pharmacy Unit Leader" }
- Read this entire Job Action Sheet and put on position identification badge
- Report to Nursing Administration and meet with the Operations Section Chief{ XE

"Operations Section Chief" } for the purpose of:

1. Learning why the Emergency Incident Command Plan has been implemented
2. Receiving any special assignments, as deemed necessary at this time (e.g., assigning pharmacy staff to the ED{ XE "Emergency Department – Pediatric and Adult" } to assist with the dispensing of medications)

- Conduct an initial assessment of the Pharmacy over the next 15 – 20 minutes. The purpose of the assessment is to determine what, if any, additional actions need to be taken to ensure an adequate, appropriate and timely response to the situation at hand. The assessment should address the following:

1. Is the initial response to the disaster/emergency adequate and, if not, what additional actions need to be taken
2. Is the type and severity of the disaster/emergency such that the capabilities of the pharmacy will be overloaded within the next hour

Pharmacy Unit Leader (4/03)

3. Are additional resources (staff/pharmaceuticals{ XE "**Pharmaceuticals**" }) needed at this point in the situation
 4. Have any of the Pharmacy's capabilities been reduced as a result of the disaster/emergency (e.g., due to loss of electricity)
- Provide the Ancillary Services Director{ XE "**Ancillary Services Director**" } with the findings from the initial assessment, as quickly as possible
- Obtain the number of doses on hand of the pharmaceuticals{ XE "**Pharmaceuticals**" } listed below, so that it can be reported to the Maryland Institute for Emergency Medical Services Systems (MIEMSS){ XE "**Maryland Institute for Emergency Medical Services Systems (MIEMSS)**" } via the Facility Resource Emergency Database{ XE "**Facility Resource Emergency Database (FRED)**" } (FRED) maintained by MIEMSS. Once the information is obtained, forward it to the Ancillary Services Director{ XE "**Ancillary Services Director**" }:
1. Atropine
 2. Anthrax Vaccine
 3. Pralidoxime Chloride
 4. Sodium Nitrate
 5. Sodium Thiosulfate
 6. Diazepam
 7. Ciprofloxacin
 8. Doxycycline
 9. Penicillin
 10. Tetracycline

Pharmacy Unit Leader (4/03)

11. Norfloxacin

12. Streptomycin

13. Gentamicin

- Assist with the implementation of other disaster/emergency plans (e.g., Bioterrorism Response Plan{ XE "**Bioterrorism Response Plan**" }), if indicated
- 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 Area{ XE "**Minor Treatment Area**" }s
- If indicated, contact vendors as well as other area hospitals to obtain incident specific medications
- Ensure that directives from the Ancillary Services Director{ XE "**Ancillary Services Director**" } are carried out in a timely and appropriate fashion
- Ensure that actions and decisions are documented on a continual basis (see Form #1: Disaster/Emergency Log{ XE "**Disaster/Emergency Log**" })

Intermediate Actions (normally, intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- Provide the Ancillary Services director with an updated status report every 30 – 45 minutes
- Ensure that pharmaceuticals{ XE "**Pharmaceuticals**" } information provided to MIEMSS{ XE "**Maryland Institute for Emergency Medical Services Systems (MIEMSS)**" } is updated on an hourly basis
- Implement the department's call-in{ XE "**Call-in Plan**" } plan, if deemed necessary

Pharmacy Unit Leader (4/03)

- ❑ If indicated, make the necessary arrangements with vendors to ensure that an adequate supply of pharmaceuticals{ XE "**Pharmaceuticals**" } is on hand throughout the emergency. Any shortages shall be reported to the Ancillary Services Director{ XE "**Ancillary Services Director**" }, as quickly as possible
- ❑ 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 have been relocated
- ❑ Communicate special needs to the Ancillary Services Director{ XE "**Ancillary Services Director**" } (e.g., need to pickup pharmaceuticals{ XE "**Pharmaceuticals**" } at another hospital)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the situation is declared over):

- ❑ Provide the Ancillary Services Director{ XE "**Ancillary Services Director**" } with updated status reports on a routine basis, but not less than 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 the Finance Section (e.g., Time and Cost Unit Leader{ XE "**Cost Unit Leader**" }s{ XE "**Time Unit Leader**" }) advised of any additional expenses incurred as a result of the disaster/emergency
- ❑ Ensure that any directives from the Ancillary Services Director{ XE "**Ancillary Services Director**" } with regard to terminating certain components of the plan or any related plan that may have been implemented that impacts the Pharmacy are carried out in a timely

Pharmacy Unit Leader (4/03)

and appropriate fashion

- ❑ Once the decision has been made to terminate the plan, see to it that necessary actions are taken to return the Pharmacy to normal operations in a timely fashion
- ❑ Submit a written summary of activities performed by the Pharmacy during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{
XE "**Safety and Environmental Risk Committee**" } within 72-hours of the disaster/emergency being declared over

Job Action Sheet
CARDIOPULMONARY UNIT LEADER

Mission: Provide the highest level of Cardiopulmonary Services{ XE "Cardiopulmonary Services" } at levels sufficient to meet the current services being provided by Cardiopulmonary Services as well as the needs of victims of the disaster/emergency at hand

Reports to:

- Ancillary Services Director{ XE "Ancillary Services Director" }

Immediate Actions (actions that would normally be taken within the first hour of the disaster/emergency):

- Assume the role of Cardiopulmonary Services{ XE "Cardiopulmonary Services" } Unit

Leader

- Read this entire Job Action Sheet and put on position identification badge

- Report to Nursing Administration and meet with the Operations Section Chief{ XE

"Operations Section Chief" } for the purpose of:

1. Learning why the Emergency Incident Command Plan has been implemented
2. Receiving any special assignments, as deemed necessary at this time (e.g., assigning Respiratory Therapists{ XE "Respiratory Therapists" } to the Immediate and Delayed Care Areas)

- Conduct an initial assessment of Cardiopulmonary Services{ XE "Cardiopulmonary Services" } over the next 15 – 20 minutes. The purpose of the assessment is to determine what, if any, additional actions need to be taken to ensure an adequate, appropriate and timely response to the situation at hand. The assessment should address the following:

1. Is the initial response to the disaster/emergency adequate and, if not, what additional actions need to be taken
2. Is the type and severity of the disaster/emergency such that the capabilities of Cardiopulmonary Services{ XE "Cardiopulmonary Services" } will be overloaded within the next hour

Pharmacy Unit Leader (4/03)

3. Are additional resources (staff/equipment/supplies) needed at this point in the situation
- ❑ Provide the Ancillary Services Director{ XE "Ancillary Services Director" } with the findings from the initial assessment, as quickly as possible
 1. Obtain the information listed below so that it can be reported to the Maryland Institute for Emergency Medical Services Systems (MIEMSS){ XE "Maryland Institute for Emergency Medical Services Systems (MIEMSS)" } via the Facility Resource Emergency Database{ XE "Facility Resource Emergency Database (FRED)" } (FRED) maintained by MIEMSS. Once the information is obtained, forward it to the Ancillary Services Director{ XE "Ancillary Services Director" }:
 2. Number of patients (adult and pediatric) currently on ventilators
 3. Number of ventilators (adult and pediatric) currently available
 4. Number of staff currently on-duty that are trained to operate ventilators (adult and pediatric)
 - ❑ Assist with the implementation of other disaster/emergency plans (e.g., Mass Casualty Response Plan{ XE "Mass Casualty Response Plan" }), if indicated
 - ❑ See to it that an inventory of oxygen and other medical gas cylinders by size and type is conducted
 - ❑ If deemed appropriate, discuss terminating or canceling cardiopulmonary rehabilitation programs with the Director of Ancillary Services
 - ❑ If indicated, assign Respiratory Therapists{ XE "Respiratory Therapists" } and EKG technicians to the Immediate and Delayed Treatment Areas{ XE "Immediate Treatment Area" }{ XE "Delayed Treatment Area" }

Pharmacy Unit Leader (4/03)

- ❑ If indicated, instruct the Material Supply Unit Leader{ XE "Material Supply Unit Leader" } to deliver oxygen and other medical gas cylinders to the Immediate and Delayed Treatment Areas{ XE "Immediate Treatment Area" }{ XE "Delayed Treatment Area" } as well as any other areas where a need has been identified
- ❑ Ensure that directives from the Ancillary Services Director{ XE "Ancillary Services Director" } are carried out in a timely and appropriate fashion
- ❑ Ensure that actions and decisions are documented on a continual basis (see Form #1: Disaster/Emergency Log{ XE "Disaster/Emergency Log" })

Intermediate Actions (normally, intermediate actions would be taken after the first hour of the disaster/emergency and over the next four to six hours):

- ❑ Provide the Ancillary Services Director{ XE "Ancillary Services Director" } with updated status reports every 30 – 45 minutes
- ❑ Ensure that the ventilator information provided to MIEMSS{ XE "Maryland Institute for Emergency Medical Services Systems (MIEMSS)" } is updated on an hourly basis
- ❑ Implement the department's call-in{ XE "Call-in Plan" } plan, if deemed necessary
- ❑ Establish and maintain communications with the Material Supply Unit Leader{ XE "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)
- ❑ Establish and maintain communications with the Treatment Area Supervisor{ XE "Treatment Area Supervisor" } with regard to assigning additional Respiratory Therapists{ XE "Respiratory Therapists" } to the Immediate and Delayed Treatment Areas{ XE "Immediate Treatment Area" }{ XE "Delayed Treatment Area" }
- ❑ Communicate special needs to the Ancillary Services Director{ XE "Ancillary Services Director" } (e.g., need to bring in agency personnel to assist staff)

Extended Actions (extended actions would occur if the disaster/emergency lasts longer than six hours and/or when the disaster/emergency is declared over):

- ❑ Provide the Ancillary Services Director{ XE "Ancillary Services Director" } with updated status reports on a routine basis, but not less than once every two hours
- ❑ Participate in any meetings and/or discussions pertaining to the temporary disruption of in-wall oxygen and other medical gases due to recovery and/or salvage efforts
- ❑ Observe staff for signs of stress and fatigue. Provide relief and rest periods, as required
- ❑ Keep the Finance Section (e.g. Time and Cost Unit Leader{ XE "Cost Unit Leader" }s{ XE "Time Unit Leader" }) advised of any additional expenses incurred as a result of the disaster/emergency
- ❑ Ensure that any directives from the Ancillary Services Director{ XE "Ancillary Services Director" } with regard to terminating certain components of the plan or any related plan that may have been implemented that impacts Cardiopulmonary Services{ XE "Cardiopulmonary Services" } are carried out in a timely and appropriate fashion
- ❑ Once the decision has been made to terminate the plan, see to it that necessary actions are taken to return Cardiopulmonary Services{ XE "Cardiopulmonary Services" } to normal operations in a timely fashion
- ❑ Submit a written summary of activities performed by Cardiopulmonary Services{ XE "Cardiopulmonary Services" } during the disaster/emergency to the chairman of the Safety and Environmental Risk Committee{ XE "Safety and Environmental Risk Committee" } within 72-hours of the disaster/emergency being declared over.

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Attachment #1
Patient Tracking System

I. Purpose:

The purpose of the Patient Tracking System is to provide a mechanism for identifying and tracking patients (victims) throughout the treatment process

II. Implementation of the Patient Tracking System:

A. Upon notification that the Hospital Emergency Incident Command System has been activated, a representative from the Admitting department will deliver the department's Disaster Kit containing the materials listed below to the triage area:

1. Fifty (50) pre-numbered orange folders with matching I.D. bands, allergy bands, tags, patient valuables envelopes, and patient property bags¹¹
2. One (1) roll each of red, yellow, green and black stickers
3. Victim Log (see Form #4) pre-numbered to correspond with the orange folders

B. The Triage Unit Leader in conjunction with the Patient Tracking Officer will determine the number of Admitting personnel required in the triage area.

C. Once triage has been completed, victims will be registered as follows:

1. Fill out as much of the pre-numbered tag as possible
 - Name
 - Age
 - Home telephone number

- Tentative diagnosis
2. Place the tag along with the I.D. band and allergy band, if needed, on the patient's wrist or ankle
 3. Place the appropriate colored sticker, as noted below, designating the patient's destination, on the tag and orange folder¹²:
 - RED – Immediate treatment Area: Priority I patient – treatable, life threatening injuries
 - GREEN – Delayed Treatment Area: Priority II patient – serious but not immediate life threatening injuries
 - YELLOW – Minor Treatment Area: Priority III patient – minor injuries
 - BLACK – Morgue – patient is DOA
 4. Remove any tags placed on the patient in the field and place those tags in the orange folder
 5. If applicable, place all valuables in the appropriate pre-numbered patient valuables envelope checking to make sure that all numbers match, seal it and turn it over to Safety and Security, as soon as possible
- D. Once the triage process has been completed, an entry will be made on the Victims Log in the following fashion:
1. Patient's name, if known
 2. Patient's home phone number, if known

¹¹ The word “matching” means that each pre-numbered folder will contain these items, each of which will be numbered the same as the folder.

¹² It is the responsibility of the Triage Unit Leader to determine the patient's destination

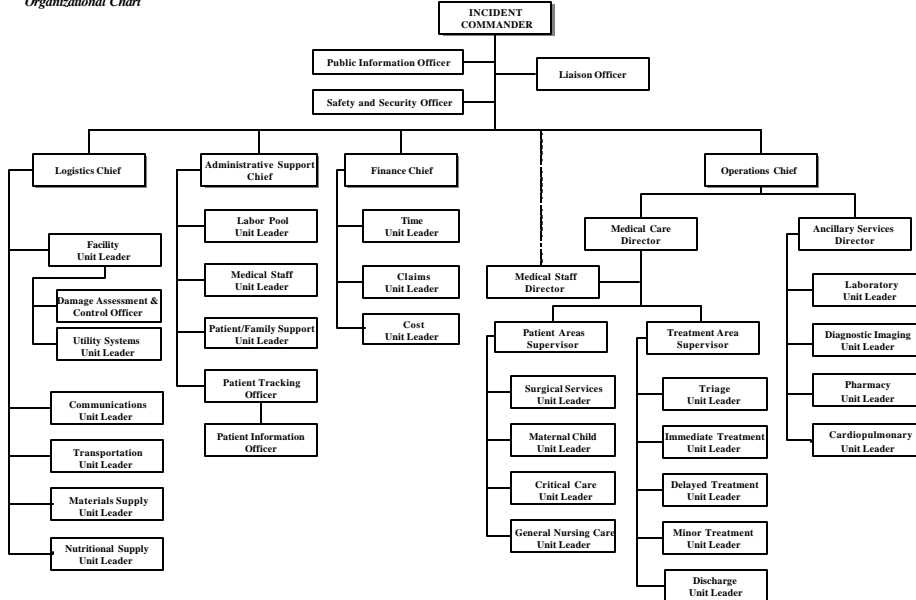
3. Treatment area patient was triaged to and the time they were transported to the area
 4. Whether or not valuables were taken from the patient
- E. Admitting personnel will be assigned to the following areas to register patients at the bedside whenever possible. As additional information is obtained, especially patient's name and phone number, it shall be passed on to the Patient Tracking Officer
1. Immediate treatment area
 2. Delayed treatment area
 3. Minor treatment area
- F. The Patient Tracking Officer will report to the triage area a minimum of once every 15 minutes until all of the victims have been transported to the hospital. The purpose being to enter victims into the patient Tracking System (see Form #4A) as follows:
1. Victim's identifying number (pre-numbered to match on the Victim Log [see Form #4])
 2. Victim's name and telephone number, if known
 3. Treatment area victim was transported to and time of transport
- G. The Patient Tracking Officer will transfer this information to the Patient Tracking Board located in the Incident Command Center (Administration Boardroom). The Patient Tracking Board will be updated a minimum of once every half-hour

- H. The Patient Tracking Officer is also responsible for maintaining communications with the designated treatment areas for the purpose of monitoring and documenting the movement of victims until final disposition (e.g., discharged, admitted or transferred to another facility)
- I. The patient Tracking Officer will alert the patient Information Officer of changes in the location of victims, as soon as possible

Chart #1

HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

Organizational Chart



- { rd PartI-EmergencyIncidentCommandPlan.doc }
- { rd PartII-Commanders&Officers.doc }
- { rd PartIII-LogisticsSectionChief.doc }
- { rd PartIV-AdministrativeSupportSectionChief.doc }
- { rd PartV-FinanceSectionChief.doc }
- { rd PartVI-OperationsChief.doc }

Form #1

(4/03)

DISASTER/EMERGENCY LOG

This form is intended for use by individuals as an accounting of the activities they and/or the section (e.g., Logistics) or unit (e.g., Damage Assessment and Control) performed in response to the disaster/emergency. This form is to be submitted to the chairman of the Safety and Environmental Risk Committee within 72 hours of the disaster/emergency being declared over.

	ISSUE/PROBLEM ADDRESSED	ACTION TAKEN

	ISSUE/PROBLEM ADDRESSED	ACTION TAKEN

	ISSUE/PROBLEM ADDRESSED	ACTION TAKEN

Form #2

(4/03)

FACILITY STATUS REPORT

This form is to be utilized to document the status of the physical plant, grounds and critical resources (e.g., power, water, communications). The form will be updated as conditions change.

<u>Item</u>	<u>Initial Assessment Operational Status</u>	<u>2nd Assessment Operational Status</u>	<u>3rd Assessment Operational Status</u>	<u>4th Assessment Operational Status</u>
Components				
Water – ce				
Water – generators				
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<u>em</u>	<u>Initial Assessment Operational Status</u>	<u>2nd Assessment Operational Status</u>	<u>3rd Assessment Operational Status</u>	<u>4th As Operati</u>
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<u>em</u>	<u>Initial Assessment Operational Status</u>	<u>2nd Assessment Operational Status</u>	<u>3rd Assessment Operational Status</u>	<u>4th As Operati</u>
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<u>em</u>	<u>Initial Assessment Operational Status</u>	<u>2nd Assessment Operational Status</u>	<u>3rd Assessment Operational Status</u>	<u>4th As Operati</u>
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<u>Patient's Name</u>	<u>Family Member's Name</u>	<u>Relationship to Patient</u>	<u>Contact Number (e.g., Home Phone, Cell Phone)</u>

Form #6

(4/03)

SURGICAL SERVICES ASSESSMENT

Form is to be utilized by the Surgical Services Unit Leader to document the initial and subsequent assessments of surgical services to include the Ambulatory Surgery Center.

<u>Areas to be Assessed</u>	<u>Initial Assessment</u>	<u>1st Reassessm</u>
Number of patients currently undergoing surgery.	Hospital____ TCAS____	Hospital____ TCAS____
Number of patients currently in PACU	Hospital____ TCAS____	Hospital____ TCAS____
Number of patients awaiting surgery (have already been prepped for surgery).	Hospital____ TCAS____	Hospital____ TCAS____
Number of patients currently on the schedule for the remainder of the day.	Hospital____ TCAS____	Hospital____ TCAS____
The number of staff currently on duty by position. The number of staff currently on duty by position (cont.)	Hospital: RNs____ Techs____ Surgical Assistants____ Other____ TCAS: RNs____ Surgical Assistants____ Techs____ Other____	Hospital: RNs____ Techs____ Surgical Assistants____ Other____ TCAS: RNs____ Surgical Assistants____ Techs____ Other____
The number of physicians currently in the area (surgical services) by specialty to include	Hospital: Anesthesiologists____	Hospital: Anesthesiologists____

<u>Areas to be Assessed</u>	<u>Initial Assessment</u>	<u>1st Reassessm</u>
CRNAs	CRNAs_____ General Surgeons_____ Orthopedic Surgeons_____ Gynecologists_____ Plastic Surgeons_____ Thoracic Surgeons_____ Other_____ TCAS: Anesthesiologists_____ CRNAs_____ General Surgeons_____ Orthopedic Surgeons_____ Gynecologists_____ Plastic Surgeons_____ Thoracic Surgeons_____ Other_____	CRNAs_____ General Surgeons_____ Orthopedic Surgeons_____ Gynecologists_____ Plastic Surgeons_____ Thoracic Surgeons_____ Other_____ TCAS: Anesthesiologists_____ CRNAs_____ General Surgeons_____ Orthopedic Surgeons_____ Gynecologists_____ Plastic Surgeons_____ Thoracic Surgeons_____ Other_____
The number of operating rooms currently available	Hospital_____ TCAS_____	Hospital_____ TCAS_____
The number of PACU beds currently available.	Hospital_____ TCAS_____	Hospital_____ TCAS_____
Estimated amount of time (minutes) needed to evacuate the area should the need arise	Hospital_____ TCAS_____	Hospital_____ TCAS_____

Form #6A

(4/03)

MATERNAL/CHILD HEALTH ASSESSMENT

Form is to be utilized by the Maternal Child Health Unit Leader to document the initial and subsequent assessments of Maternal Child Health Services.

<u>Areas to be Assessed</u>	<u>Initial Assessment</u>	<u>1st Reassessment</u>	<u>2nd Reassessment</u>
patients currently in Labor and	In labor _____ Delivered and awaiting transfer to MCU _____	In labor _____ Delivered and awaiting transfer to MCU _____	In labor _____ Delivered and awaiting transfer to MCU _____
patients currently in NICU	Number of patients _____ Number on ventilators _____	Number of patients _____ Number on ventilators _____	Number of patients _____ Number on ventilators _____
deliveries currently in progress	Vaginal _____ C-section _____	Vaginal _____ C-section _____	Vaginal _____ C-section _____
elective C-sections scheduled over hours	_____	_____	_____
patients currently in MCU	_____	_____	_____
patients currently in the nursery	_____	_____	_____
staff currently on duty in Labor by position	RNs _____ Techs _____ PCAs _____ Other _____	RNs _____ Techs _____ PCAs _____ Other _____	RNs _____ Techs _____ PCAs _____ Other _____
physicians (OB/GYN) currently in delivery	_____	_____	_____

<u>Areas to be Assessed</u>	<u>Initial Assessment</u>	<u>1st Reassessment</u>	<u>2nd Reassessment</u>
Staff currently on duty in MCU by	RNs _____ LPNs _____ PCTs _____ PCAs _____ Other _____	RNs _____ LPNs _____ PCTs _____ PCAs _____ Other _____	RNs _____ LPNs _____ PCTs _____ PCAs _____ Other _____
Staff currently on duty in NICU by	Physicians _____ RNs _____ LPNs _____ PCTs _____ PCAs _____ Other _____	Physicians _____ RNs _____ LPNs _____ PCTs _____ PCAs _____ Other _____	Physicians _____ RNs _____ LPNs _____ PCTs _____ PCAs _____ Other _____

<u>Unit/Area to be Addressed</u>	<u>Initial Assessment</u>	<u>1st Reassessment</u>	<u>2nd Reassessment</u>
Currently in surgery or PACU Staff by position currently on duty:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Staff by position that could be the treatment areas:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Form #7

(4/03)

TREATMENT AREA STATUS REPORT

Form is to be utilized by the Treatment Area Supervisor to document the initial and subsequent assessments of the Emergency Department.

Areas to be Addressed	Initial Assessment	1 st Reassessment	2 nd Reassessment
Number of ED beds currently available by category: Category I – Immediate Care Category II – Delayed Care Category III – Minor Care Metrics	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Number of patients currently in Short Stay Unit	_____ _____	_____ _____	_____ _____
Number of ED patients currently waiting to be seen: ED Metrics ED	_____ _____	_____ _____	_____ _____
Number of ED patients that were discharged, admitted or transferred within the next 30 days: ED Metrics ED Stay Unit	_____ _____ _____	_____ _____ _____	_____ _____ _____
Number of staff by position and function currently on duty: <u>Adult ED</u> Physician Physician Assistant	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____

Table #1

**Hospital Positions as They Relate to
Emergency Incident Command Positions**

<u>Hospital Position Command Plan</u>	<u>Hospital Emergency Incident</u>
Disaster Control Administrator	Emergency Incident Commander
Director, Public Relations	Public Information Officer
Director, Quality/Risk Services	Liaison Officer
Director, Safety and Security	Safety and Security Officer
Senior Vice President, Operations	Facility Unit Leader
Supervisor, Plant Operations/Maintenance	Damage Assessment and Control Officer
Chief Stationary Engineer	Utility Systems Unit Leader
Director Telecommunications	Communications Unit Leader
Supervisor, Central Transport	Transportation Unit Leader
Director Pharmacy/Materials Management	Material Supply Unit Leader
Director, Food/Nutrition Services	Nutritional Supply Unit Leader
Senior Vice President, Nursing	Operations Section Chief
Director of Nursing	Medical Care Director
Coordinator, Clinical Education	Inpatient Areas Supervisor
Director, Perioperative Services	Surgical Services Unit Leader
Nurse Manager, Maternal Child Services	Maternal Child Unit Leader
Nurse Manager, ICU	Intensive Care Unit Leader
Nurse Manager, Four South	General Nursing Care Unit Leader
Administrative Director, Emergency Services	Treatment Areas Supervisor
Charge Nurse, Emergency Room	Triage Unit Leader
Chief, Emergency Medicine	Immediate Treatment Unit Leader
Clinical Program Manager, Short Stay Unit	Delayed Treatment Unit Leader
Clinical Program Manager, Emergency Department	Minor Treatment Unit Leader
Director, Case Management	Discharge Unit Leader
Director, Cardiopulmonary Services	Ancillary Services Director
Administrative Director, Laboratory	Laboratory Unit Leader
Administrative Director, Diagnostic Imaging	Diagnostic Imaging Unit Leader
Clinical Coordinator, Pharmacy	Pharmacy Unit Leader
Supervisor, Respiratory Therapy	Cardiopulmonary Unit Leader
President, Professional Staff	Medical Staff Director
Senior Vice President, Planning/Marketing	Administrative Support Section Chief
Senior Vice President Human Resources	Labor Pool Unit Leader
Medical Staff Coordinator	Medical Staff Unit Leader
Director, Pastoral Care	Patient/Family Support Unit Leader
Director, Admitting	Patient Tracking Officer
Senior Communications Manager, Public Relations	Patient Information Officer
Senior Vice President, Finance	Finance Section Chief
Director, Financial Accounting	Time Unit Leader

Director, Financial Planning

Cost Unit Leader

Director, Quality/Risk Services

Claims Unit Leader

Table #2: Maryland Terrorism Forum Threat Condition System (4/03)

<u>Area Of Preparedness</u>	<u>Level 5</u> <u>No current threat, low risk of critical event</u>	<u>Level 4</u> <u>Minimal threat, general risk of critical event</u>	<u>Level 3</u> <u>Potential threat, heighten concern for critical event</u>	<u>Cre</u> <u>tim</u>
				The I probl afore
Key Contacts Within the Incident Command Structure.	Maintain key personnel contact numbers via CEPAR website to a 2 level backup. Maintain contact numbers for all personnel assigned to positions within the Incident Command structure.	Same as Level 5	Verify key personnel contact number via CEPAR website to 2 levels of redundancy. Staff assigned to positions in the Incident Command structure are to provide the DCA with the name and contact numbers of their designated alternates.	Verif numt 2 lev Staff the Ir struc advise avail; hosp week respc desig assign
Employees Employees (cont.)	Maintain accurate departmental call down lists and conduct checks at the direction of the DCA.	Same as Level 5	Same as Level 5	The I depa down (e.g., repor The I shall phys sche long i respc
Patient Status/Capacity	Monitor bed status on a daily basis.	Same as Level 5	Report daily bed count and planned discharges to CEPAR, if requested.	Main bed c The I Manz DCA patie disch facilit

Table #2: Maryland Terrorism Forum Threat Condition System (4/03)

<u>Area Of Preparedness</u>	<u>Level 5</u> <u>No current threat, low risk of critical event</u>	<u>Level 4</u> <u>Minimal threat, general risk of critical event</u>	<u>Level 3</u> <u>Potential threat, heighten concern for critical event</u>	<u>Cre</u> <u>tim</u>
				numt requi be pr Ident elect follow
Disaster Plans	Maintain disaster/emergency plans and implement drills and training as per JCAHO standards and/or other regulatory standards, as applicable.	Same as Level 5	Same as Level 5	Revi plans key p
Disaster Equipment Disaster Equipment (cont.)	Maintain disaster/emergency equipment and supplies per protocol.	Same as Level 5	The appropriate department managers (e.g., Director, Materials Management and Pharmacy) shall ensure that PAR levels of designated equipment and supplies are maintained on a daily basis.	The : man: Diagi ensu disas mate week dates The probl
Other	Conduct routine maintenance of Emergency Incident Command Center (EOC)	Same as Level 5	Same as Level 5	Notif supp resor Repc agen Heall Clear throu CEP,

**TABLE #3: CALL-IN PLAN FOR
EMERGENCY INCIDENT COMMAND SYSTEM**

This Call-in Plan is to be utilized when the Emergency Incident Command System is activated during non-routine business hours, Monday thru Friday from 5:30 p.m. to 8:00 a.m., Saturdays, Sundays and holidays.

<u>Individual Initiating Contact</u>	<u>Individuals to be Contacted</u>	<u>Emergency Incident Command</u>
Director Operators	Director Quality/Risk Services Director Safety & Security Senior Vice President, Nursing Senior Vice President, Operations President/Chief Executive Officer Senior Vice President, Marketing/Planning Senior Vice President, Finance (CFO) Chief, Emergency Medicine President, Professional Staff Vice President, Professional Staff Director, Telecommunications Senior Vice President Human Resources	Disaster Coordinator/ Incident Commander Safety & Security Officer Operations Section Chief Logistics Section Chief Administrative Support Section Chief Finance Section Chief Immediate Treatment Unit Leader Medical Staff Director Communications Unit Leader Labor Pool Unit Leader
Chief Executive Officer	Director Nursing Director, Cardiopulmonary Services	Medical Care Director Director, Ancillary Services
Director Nursing	Administrative Director, Emergency Services Coordinator, Clinical Education	Treatment Areas Supervisor Inpatient Areas Supervisor
Chief Executive Officer / Services	Clinical Program Manager, Short Stay Unit Clinical Program Manager, Emergency Department Director, Case Management	Delayed Treatment Unit Leader Minor Treatment Unit Leader Discharge Unit Leader
Director Clinical	Director, Perioperative Services Nurse Manager, Maternal Child Services Nurse Manager, ICU Nurse Manager, Four South	Surgical Services Unit Leader Maternal Child Unit Leader Critical Care Unit Leader General Nursing Unit Leader
Director Perioperative	Administrative Director, Ambulatory Surgery Center	
Director Maternal	Nurse Manager, Maternal Child Services	

Table #3 – Call-in Plan for Emergency Incident Command System (4/03)

<u>Individual Initiating Contact</u>	<u>Individuals to be Contacted</u>	<u>Emergency Incident Command</u>
ices	Clinical Program Manager, Pediatrics Clinical Program Manager, Labor and Delivery	
anager Four South	Nurse Manager, One North Nurse Manager, IMC Nurse Manager, Three South	
ardiopulmonary	Administrative Director, Laboratory Administrative Director, Diagnostic Imaging Clinical Coordinator, Pharmacy Supervisor, Respiratory Therapy	Laboratory Unit Leader Diagnostic Imaging Unit Leader Pharmacy Unit Leader Cardiopulmonary Unit Leader
e President	Director, Plant Operations Director, Materials Management/Pharmacy Director, Food/Nutrition Services	Facility Unit Leader Material Supply Unit Leader Nutritional Supply Unit Leader
ant Operations	Supervisor, Plant Operations/Maintenance Chief Stationary Engineer Director, Environmental Services	Damage Assessment/Control Officer Utility Systems Unit Leader
aterials nt/Pharmacy	Supervisor, Warehouse Operations Director, Biomedical Engineering	
e President Planning	Director, Public Relations Medical Staff Coordinator Director, Admitting	Public Information Officer Medical Staff Unit Leader Patient Tracking Officer
ublic Relations	Senior Communications Manager, Public Relations	Patient Information Officer
e President (FO)	Director, Financial Accounting Director, Financial Planning Director, Information Systems	Time Unit Leader Cost Unit Leader
nications	Director, Pastoral Care Supervisor, Central Transport	Patient/Family Support Unit Leader Transportation Unit Leader