

The Hospital Emergency Incident Command System

Third Edition June, 1998 Volume I

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H E I C S

THE

HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

San Mateo County Health Services Agency Emergency Medical Services

Third Edition

Volume I

June, 1998

THE THIRD EDITION

of the

HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

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Forward to the Third Edition

The Hospital Emergency Incident Command System (HEICS) is a standard by which the medical community has found success and common ground in the area of disaster management. Like the first and second edition, this third version was completed with a grant from the State of California Emergency Medical Services Authority. The County of San Mateo Emergency Medical Services Agency undertook the project to update the 1993 HEICS document. A survey of California hospitals in the spring of 1997 indicated that this disaster management plan was the choice of many hospitals; the medical community had established HEICS as a facility standard in emergency response. From their input new instructional aids, an introductory video, and informational web pages on the California EMS Authority's internet site (www.emsa.cahwnet.gov) were developed. It is now hoped that the success and lessons learned relative to HEICS can be shared with hospitals across the nation and around the globe.

Many respected experts worked on this project; however, they are not responsible for validating the HEICS plan. It is the many disaster and emergency preparedness coordinators at medical facilities throughout the state who have made HEICS the standard it is today. This manuscript is dedicated to these individuals.

You will note a few changes to this edition of the HEICS document. There is a new executive summary stressing the flexibility of the response plan. The manual is divided into two volumes to place emphasis on the plan's essentials and facilitate reading. Finally, the resource directory has been trimmed to include only those items directly related to the HEICS plan. It is hoped that the reader finds these improvements helpful.

The members of the Hospital Emergency Incident Command System Revision Task Force are an extraordinary collection of talented individuals. This project was fortunate to have their expertise and benefited tremendously from their assistance. One individual was especially involved with most every aspect of the project; including the important task of project time tracking. Ellen Nave is recognized and thanked for her commitment to this project.

Paul M. Russell, RN HEICS Third Edition Revision Project Coordinator

Third Edition

EXECUTIVE SUMMARY

January, 1998

Confusion and chaos are commonly experienced by the hospital at the onset of a medical disaster. However, these negative effects can be minimized if management responds quickly with structure and a focused direction of activities. The Hospital Emergency Incident Command System (HEICS) is an emergency management system which employs a logical management structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify hospitals with other emergency responders. There are clear advantages to all hospitals using this particular emergency management system.

Based upon public safety's Incident Command System, HEICS has already proved valuable in helping hospitals serve the community during a crisis and resume normal operations as soon as possible. A survey of California hospitals in the spring of 1997, reveals a significant number of hospitals have, or will be incorporating HEICS within their emergency plans. HEICS is fast becoming the standard for health care disaster response and offers the following features:

- predictable chain of management
- flexible organizational chart allows flexible response to specific emergencies
- prioritized response checklists
- accountability of position function
- improved documentation for improved accountability and cost recovery
- common language to promote communication and facilitate outside assistance
- cost effective emergency planning within health care organizations

The 1996 Edition of the National Fire Protection Association, *Health Care Facilities Handbook* states in chapter 11-4.3, "The disaster planning committee shall model the disaster plan on the incident command system (ICS)." The American Society for Healthcare Engineering of the American Hospital Association in an August, 1997 *Healthcare Facilities Management Series* states "One of the best examples of emergency preparedness through checklists can be found in The Hospital Emergency Incident Command System..." In California, public hospitals seeking financial recovery following a declared disaster are required to implement the 1993 mandates of the Standardized Emergency Management System. The utilization of the HEICS plan is recognized as partial compliance with this act.

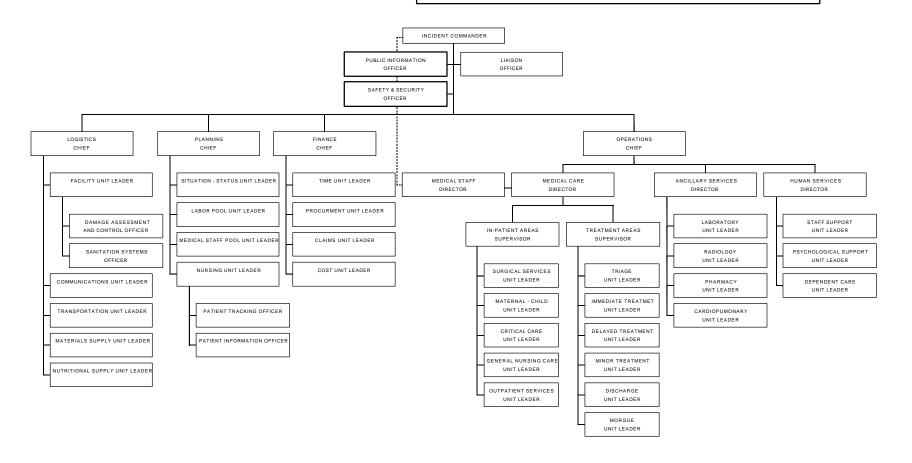
HEICS and all of its support material are offered without charge. Implementation templates and instructional materials are free and make the cost of converting to the HEICS system minimal. HEICS is financially prudent as it assists the medical facility in staying open following a disaster and promotes the restoration of day-to-day hospital function. It is an efficient method for managing emergencies of disastrous proportions, as well as those of a lesser degree.

For More Information...

about the Hospital Emergency Incident Command System contact the California Emergency Medical Services Authority at (916) 322-4336; or visit the web site at www.emsa.cahwnet.gov/.

The Hospital Emergency Incident Command System (HEICS)

This organizational chart represents the *response portion* of a hospital's emergency or disaster plan. The HEICS management system fits within a facility's overall Emergency Preparedness Plan, and is supported by policies and procedures which outline this response plan's activation.

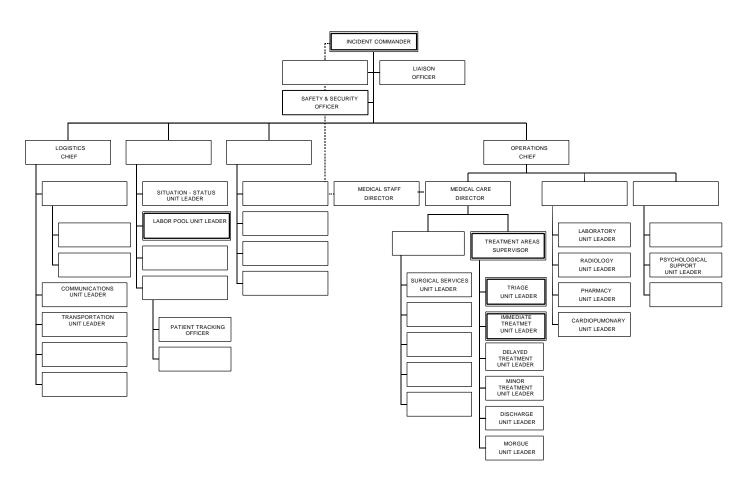


HEICS is an emergency management system made up of positions on an organizational chart. Each position has a specific mission to address an emergency situation. Each position represented above has an individual checklist designed to direct the assigned individual in disaster recovery tasks. The HEICS plan includes forms to enhance this overall system and promote accountability.

The HEICS plan is flexible. Only those positions, or functions, which are needed should be activated. The HEICS plan allows for the addition of needed positions, as well as the deactivating of positions at any time. This equates to promoting efficiency and cost effectiveness. The above chart may be fully activated for a large, extended disaster such as an earthquake. However, full activation may take hours or even days. The majority of disasters or emergencies will require the activation of far fewer positions.

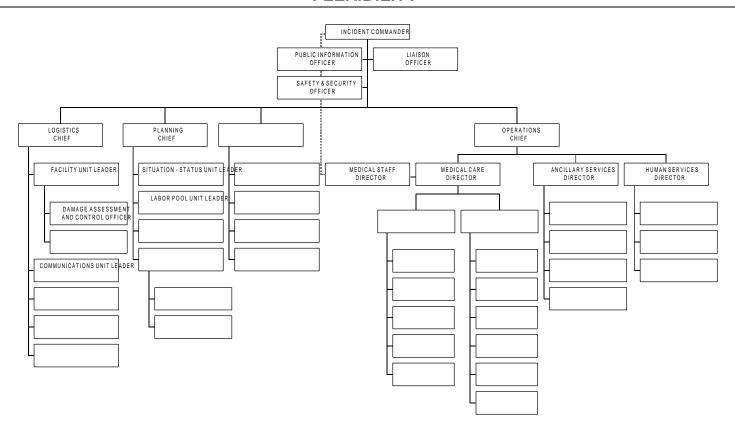
More that one position may be assigned to an individual. Situations of a critical nature may require an individual to perform multiple tasks until additional support can be obtained. This is made possible with the use of the individual position checklists.

MINIMAL STAFFING



A bus crash in the early A.M. hours will find hospital management and staff at a minimum. The HEICS system allows a minimum activation of positions necessary to care for the arriving injured. The 5 positions hours bound be immediately activated upon notice of the crash. The other positions can be added as more personnel arrive. It should be remembered that a person might be required to perform more than one job. As more staff becomes available they relieve the individual with multiple assignments. For example: the Night Supervisor initially becomes the Incident Commander and Labor Pool Unit Leader. Tasks (positions) which are assigned a high priority may be divided among arriving (available) individuals.

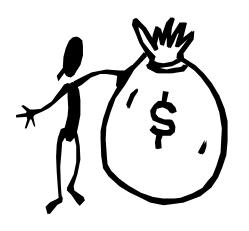
FLEXIBILITY



The activation of positions for a mass casualty accident will be different than those activated for a hazardous material spill or an impending labor strike. HEICS will flex to accommodate the unique needs of each emergency. The above chart illustrates the positions which may be opened to address issues associated with a storm alert. This pre-disaster activation allows alerted staff to be in a "stand-by" mode in the event future positions need to be filled. Keep in mind, each emergency has its own set of priorities and circumstances. With easy to understand, pre-written checklists, almost anyone can assume a role after a few minutes of reading.

COST EFFECTIVE

COST EFFECTIVE ACTIVATION - of a facility's emergency plan will occur as a result of more efficient use of available personnel resource. Financial resources are saved by activating only those positions which are necessary.



COST EFFECTIVE IMPLEMENTATION - previous years of development and testing have created proven universal forms and procedures which need only to be customized for the facility. Disaster planning activities also serve as tangible disaster mitigation efforts.

COST EFFECTIVE TRAINING - is generic and basic to all hospital employees. Most training can be done in the annual update format of each facility. Employees coming from other institutions

may already be schooled in the Incident Command System.

For More Information...

about the Hospital Emergency Incident Command System contact the California Emergency Medical Services Authority web site at **www.emsa.cahwnet.gov/** or telephone the Authority at (916) 322-4336.

Hospital Emergency Incident Command System - Volume I SECTION 1

INTRODUCTION

TO

HEICS

INTRODUCTION TO THE HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

INTRODUCTION

The Hospital Emergency Incident Command System (HEICS) was developed to assist the operation of a medical facility in a time of crisis. The second edition of the HEICS manual is significantly more comprehensive than the original version developed in 1991. This third edition remains essentially unchanged from its May, 1993 predecessor. Some of the additions made to the second edition included introductory text dealing with implementation of the HEICS program into a medical facility. The organizational chart was revised to include a subsection addressing the care of the hospital's in-patients. The Job Action Sheets were reformatted for easier reading. Lesson plans were added to facilitate instruction of the hospital staff and the training of other instructors. Each chapter has an introduction to explain the purpose and use of the material. Chapter introductions, added in the second edition of HEICS, were originally intended to be instructional and self-prompting. Experience over the years has pointed to the reality that a certain degree of outside support may be necessary to integrate HEICS into a medical facility's culture. An experienced instructor or tour of a facility using HEICS may be necessary to assist a hospital's transition to the incident command style of management.

This third edition of the HEICS manual is the joint property of the State Emergency Medical Services Authority and the San Mateo County Emergency Medical Services Agency. All material is provided to institutions for their private use and adaptation within each facility/facilities. Institutions are encouraged to make full use of the material provided in this manual, so long as it is used for that specific facility or facilities managed by the same parent organization. This includes the direct use or adaptation or copying of any Job Action Sheet, lesson plan or other information contained in this manuscript. Any other use or publication of this material must have the written permission of the State EMS Authority. You are asked that when using this material credit be given to the State of California Emergency Medical Services Authority.

HISTORY OF THE HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

In the 1980's an inter-agency (local, State and Federal) cooperative effort was formed to develop a common organizational system which fire protection agencies could use in response to a very large incident, as well as smaller day-to-day operations. The cooperative plan known as FIRESCOPE, directed by the National Inter-Agency Incident Management System, produced a management system which has become a standard operating procedure for fire departments across the United States. The process, known as the Incident Command System (ICS), is utilized by most every fire department in the State of California. It is finding acceptance in fire departments across the United States and Canada and is now being integrated into other civil service areas and the private sector.

In 1987, the Hospital Council of Northern California completed work on an adaptation of the ICS to hospital emergency response functions in a publication entitledEarthquake Preparedness Guidelines for Hospitals That document served as a corner stone in the development of the original Hospital Emergency Incident Command System (HEICS) written by Orange County Emergency Medical Services in 1991 with a grant from the State of California Emergency Medical Services Authority. In 1992 Orange County EMS began work on the second edition of the HEICS, again, with a funding provided by the State EMS Authority. This major rewriting of the HEICS was done with the intention of making the original document easier to use and implement within the hospital environment. The second edition attempted to retain those same characteristics that made the original ICS-based plan so appealing. This third edition of HEICS is produced by the County of San Mateo Emergency Medical Services Agency; again, with a grant from the State EMS Authority. The Project began in the fall of 1996 with the intention of gathering data regarding the usage of HEICS. From this input, a revised edition of HEICS would be recreated. However, a survey of California acute care hospitals in the spring of 1997 revealed no major concerns regarding the currently used HEICS plan. What was discovered was that there needed to be a better understanding regarding the adaptability and flexibility of HEICS to facilities of all sizes and emergencies of all types. The original attributes remain as before. They include the following:

? Responsibility oriented chain of command

This is an organizational structure which provides for the addressing of many facets of an emergency. It provides a manageable scope of supervision for all functions/positions.

? Wide acceptance through commonality of mission and language

Through the use of a broadly accepted organizational chart and generic position titles, the ICS system has found expanding acceptance in both public and private based management circles.

? Prioritization of duties with the use of Job Action Sheets

The Job Action Sheets are position job descriptions which have a prioritized list of emergency response tasks. The Job Action Sheets also serve as reminders of the lines of reporting and promote the documentation of the incident.

? Applicability to varying types and magnitudes of emergency events

The HEICS is a flexible program which can be expanded or scaled back to meet the particular needs of a specific crisis.

? Thorough documentation of actions taken in response to the emergency.

The Job Action Sheets and the associated forms promote vigorous documentation of both personnel and overall facility response to the crisis. This comprehensive documentation may improve recovery of financial expenditures, while it decreases liabilities. ? Expeditious transfer of resources (mutual aid) within a particular system or from one facility to another

The idea of sharing material and human resources in time of need is not new to hospitals. Mutual aid among medical institutions will be facilitated which a common system of management and terms.

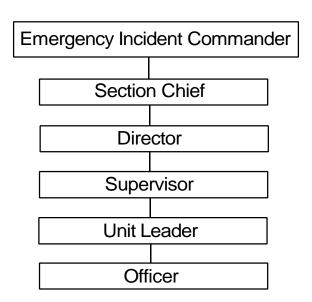
? Flexibility in implementation of individual sections or branches of the HEICS

Activation of the HEICS based plan can be customized to meet the needs of a particular crisis.

? Minimal disruption to existing hospital departments by virtue of parallel job qualifications/duties

The HEICS Organizational Chart and Job Action Sheets are designed to mitigate a crisis affecting the medical facility. However, it is readily apparent that there are many individuals within the day-to-day management structure whose jobs closely match those of the HEICS.

The HEICS Organizational Chart shows a chain of command which incorporates four sections under the overall leadership of an Emergency Incident Commander (IC). Each of the four sections: Logistics, Planning, Finance and Operations, has a Chief appointed by the IC responsible for their section. The Chiefs in turn designate directors and unit leaders to subfunctions, with supervisors and officers filling other crucial roles. This structure limits the span of control of each manager in the attempt to distribute the work. It also provides for a system of documenting and reporting all emergency response activities. It is hoped that this will lessen liability and promote the recovery of financial expenditures.



Each one of the forty-nine positions found on the organizational chart has a prioritized Job Action Sheets written to describe the important duties of each particular role. Every Job Action Sheet begins with the job title, the supervising officer where the location of the section operations center is and a mission statement to define the position responsibility. The duties listed on the Job Action Sheet are put into categories of

"Immediate", "Intermediate" and "Extended". A line to the left of the particular action is provided for the recording of the time when the duty was accomplished or last completed.

Where it is necessary to revise particular job descriptions, caution should be used to retain the intent of the Job Action Sheet's mission. Changing the Job Action Sheet title, or position title is not recommended, as there will be a loss of common nomenclature. Changing titles will only inhibit communication when dealing with outside agencies. Moving positions to other sections or locations will defeat commonality of structure. The organizational structure should remain as pictured in the organizational chart. Standardization of language and chain of command is essential to promote communication and mission achievement both inside the hospital and with outside entities.

IMPLEMENTATION OF HEICS

In 1991 the administrative staff of the pilot hospitals were introduced to the original HIECS program, trained and tested the plan in a full functional exercise. This was all accomplished within a three month time span with very positive results. While 90 days may be rushing it for some institutions, the length of the implementation/ transition program for each medical facility will depend upon a variety of factors. The size of the institution, the number of people committed to the project, the funds available to promote the project and the strength of management's support are just some of the factors that will need consideration in the implementation program design. The information and tools contained in this second edition will significantly help this process, but the actual implementation time is the decision of management and the HEICS implementation team.

IMPLEMENTATION PROGRAM OUTLINE

The following is an outline of the suggested phases which may be necessary to implement the Hospital Emergency Incident Command System (HEICS) Program into a medical facility.

HEICS Concept Briefing

Someone experienced in the HEICS program briefs interested hospital administrators and emergency planners. The person conducting the briefing may be an employee of the hospital who has attended an educational offering on the HEICS; or someone in public health, emergency services or from another hospital which has already instituted the system. Utilizing experience and information found in the HEICS lesson plans, the presenter will provide a general description of the program and the benefits of adapting the facility's emergency response plan to an incident command style of operation. As much detail as possible should be given to Administration regarding the estimated cost of implementation and maintenance of the HEICS plan. The session should conclude with a question and answer session. References should be made available if there is the desire to contact an individual at another facility which has adopted the HEICS program.

Commitment to Adopt the HEICS Plan

An anticipated result of the above briefing will be the hospital's decision to either accept or reject a plan to implement the HEICS program within the facility. If there is a commitment to go ahead with the HEICS program then a transition team should be appointed. This team should be composed of as many upper level managers as possible. The hospital's Disaster Coordinator should guide the team; but other institutions have experienced great success when a vice-president and department head have also been appointed to serve on the HEICS Implementation Team. Needless to say, all who sit on this team should be actively supportive of the concept and mission. These individuals should have the ability to devote at least five to ten hours per week for one to three months in order to effect the transition. Above all, top level management must make the decision to

stand visibly behind the program. If hospital management and staff are convinced of the CEO and/or Board's determination to enhance the hospital's disaster response the chances of a smooth and successful transition will be greatly increased.

The remainder of this document assumes that there has been a decision to proceed with the implementation of the HEICS.

Establishment of the HEICS Implementation Committee

The HEICS Implementation Committee should be larger that the Implementation Team. It should be composed of a number of hospital employees of various management levels and from various departments. These employees may be currently serving on the facility's Disaster or Safety Committee. The charge of the Implementation Committee is to put together a comprehensive program to integrate the HEICS into the facility. Some of the duties of the committee are:

- ? Develop an agenda and time line for the implementation project
- ? Revise the current disaster/emergency plan to incorporate the HEICS
- ? Develop a training schedule and pool of instructors
- ? Ensure the inclusion of HEICS training in the annual employee inservice training program
- ? Develop a pre-training employee awareness and "public relations" programs
- ? Establish an employee disaster preparedness resource center
- ? Requisition the HEICS vests, storage equipment and any other materials related to emergency management

There may be other projects that the committee may involve themselves with which will promote a positive attitude toward the hospital's revised emergency response plan.

Management Briefing

A presentation is made to all administrators, department heads and managers regarding the implementation of the HEICS program into the facility's emergency response plan will help solidify support in all areas of the hospital. It is very important that this briefing is co-sponsored by the HIECS Implementation Team and CEO/Board representative.

This program should be a combination of education and public relations. Managers should be made to feel that they are all an integral part of the new system. Interested managers can be recruited to become part of a train-the-trainer class.

Revision of the Hospital's Disaster/Emergency Plan

The hospital's current disaster plan will need to be configured so that the Incident Command System becomes the "standard operating procedure" when an the plan is activated. It is important to understand that the HEICS is not the entire disaster plan; but rather the method by which a hospital will operate when an emergency is declared. The revision of the facility's emergency plan may be initiated at any point in the implementation program, however, the sooner this process is completed the more cohesive the overall plan will appear to involved personnel. This may become a important, positive selling point during the general introductory phase.

The HIECS Job Action Sheets and forms might be viewed as the center of a disaster/emergency plan. Surrounding the Job Action Sheets are supporting policies and procedures which augment the HEICS and

make it work. The following is a short list of some typical P & P which are instrumental in a complete emergency plan:

- ? Pre-disaster departmental readiness checklists
- ? Policy for activation of the hospital's disaster plan
- ? Policy for termination of the hospital disaster plan
- ? Personnel recall procedures
- ? Security/lock-down policy
- ? Decision to evacuate policy
- ? Evacuation procedure
- ? Volunteer credentialing policy
- ? Policy regarding standing orders for patient care during a disaster
- ? Policy allowing for rapid patient discharge during a disaster

Some facilities have developed annexes, or subsections of the disaster plan, to deal with specific emergencies such as hazardous material releases, earthquakes, utility outage, severe weather, bomb/security threat and other conditions which may potentially occur.

The completed disaster manual will above all be simple. The plan requiring volumes of memorization will eventually collect dust on a shelf. Some of the most effective hospital disaster plans are surprisingly brief and simple to read. A well indexed text, with brevity as its hallmark, will be considered "user friendly" by those who depend upon it.

Introductory Lesson for All Hospital Employees

All employees of the facility are instructed on the HEICS plan. This is done utilizing the Introduction to the Hospital Emergency Incident Command System Lesson Plan. It is recommend that all levels and areas of service should attend these general education session. The programs are estimated to run approximately one hour. Participants at this training session are made aware of the HEICS plan and how it will affect their disaster response. They should be advised that some of them will be invited back to participate in a table top exercise. Ultimately all personnel will be involved when the hospital tests the new plan in a future disaster exercise.

This inservice may be an opportunity to create some positive employee - employer relations by promoting employee family/home disaster preparedness. Some hospitals have found this to be quite successful in promoting employee loyalty.

Staff Table Top Exercise

The HEICS Table Top Exercise is a paper drill intended to demonstrate the working and communication relationships of functions found within the HEICS organizational plan. The exercise is intended primarily for the administrators, managers and personnel who could conceivably be placed into an officer's position upon activation of the disaster plan. The exercise itself will take two to two and a half hours to complete.

Full-Functional Exercise of the HEICS Plan

The new HEICS disaster response plan may be tested when the facility conducts a general disaster exercise. This will involve the activation and simulated activity of all sections of the Incident Command System. Other medical facilities have received a highly positive response from employees who have been involved in their first, fully-functional exercise of the HEICS. In three hospitals of 200 beds or more, greater than 80% of participating employees felt that the hospital's disaster exercise performance was more organized than before the implementation of the HEICS program. These same hospitals have devoted an adequate amount of pre-training to all employees.

Continuing Staff Education

These periodic sessions are intended to meet licensing/accreditation standards, but also to keep all hospital responders committed to disaster preparedness and proficient in emergency operating procedures. The expertise of top management in regards the HEICS plan is a priority. The leadership team composed of managers who could potentially fill the of roles of Incident Commander, Administrative officers and section chiefs must be always ready and always aware of how the facility's disaster plan works; as well as the responsibilities associated with the most critical job positions.

Educational offerings may be centered on paper or functional exercises, introduction of new disaster-related topics and review of the MASICS plan. Home and family emergency preparedness should always be stressed at each educational session. General employee classes are usually done at the employee's anniversary or prior to a scheduled disaster exercise. Smaller educational sessions may be held within department inservices or as part of a facility-wide safety program. The chapter dealing with lesson plans has additional suggestions regarding staff education.

Summary Comments

It is believed that the material in this manual is comprehensive enough to allow institutions and individuals to begin the integration of an incident command system into a hospital's disaster plan. Those who worked on the revision of this document trust that those individuals who are able to grasp the key ideas in this text will be able to initiate a program like the one outlined here. It is important to keep in mind that the HEICS is a tool to facilitate accomplishing a task. The HEICS identifies critical management functions in order for the hospital to develop and implement an emergency action plan. In the end, it is people who are truly the most important element of any emergency plan. There is no Job Action Sheet or form or Action Plan which can substitute for the well trained employee; including the Medical Staff. Training and exercise of the disaster plan builds the confidence of the entire staff. Honest critiquing will illuminate those areas which are in need of further revision or retraining. Those officers with a working knowledge of the facility disaster plan will be better able to exercise a command and control presence over those areas assigned to their care. Confidence in management is an essential component of the plan which no hospital administrator should overlook. People who believe in leadership will give their loyalty, as well as their skill.

Finally, there are two types of people who believe in emergency plans. Those who know they are necessary for accreditation and licensing; and those who believe that they will eventually someday be used. People who develop plans for licensing purposes solely will probably not read this. There is really no other driving force other than to meet a code. For their purposes, any reasonable plan will suffice. The individual who believes that real emergencies do happen is usually committed to a preparedness philosophy which promotes emergency planning at work, home or where ever a person may be. Employee personal disaster preparedness is a deserving venture for the medical facility for a number of reasons. Some of these reasons are practical, such as the employee who is better prepared at home will be better able to report to work if called. The employer who has devoted energy to creating a comprehensive emergency plan in the workplace; and has also committed

some resource towards preparing the worker for an emergency away from the job, is clearly telling the employee "You are a valuable resource - a most important part of this facility's disaster plan." The employee's attitude toward the hospital will be one of loyalty and commitment to recovery.

SECTION 2

JOB ACTION SHEETS

The Hospital Emergency Incident Command System Job Action Sheets

The Job Action Sheets, or job descriptions, found in this chapter are the essence of the HEICS program. This is the component that tells responding personnel "what they are going to do; when they are going to do it; and, who they will report it to after they have done it."

Organizational Charts

The organizational chart shows the variety of positions which may be needed to address an emergency situation. Another way to view this chart is to think of it, in the words of an Incident Command System (ICS) instructor, as a tool box. All the equipment necessary to perform a job can be found in this "box", however, some tools are used immediately and more often than others. And, so it is with the HEICS Organizational Chart.

One should try to refrain from thinking that each position represents a person, and each position must be filled as soon as possible. Each of these impressions is false. In conditions of minimum staffing, such as the middle of the night, there are not enough personnel to begin to fill each position. Each crisis is unique and should be confronted as such. Those positions which will be immediately needed to manage the emergency will be the first assignments made. These are the "first tools pulled out of the box." There are some positions or roles which are not needed for hours or days after the onset of the emergency. Some may not be needed at all. It becomes very clear that the most important abilities needed to react to an emergency circumstance are the skill to identify the priorities created by the event and which positions are most important to mitigate its ill effects.

When it is discovered that there are more jobs to be accomplished than people available, then it may be necessary to delegate more than one job to an individual. Another alternative is to realize that not every task can be accomplished at the time it needs to be done. This can lead to a re-prioritization of needs. In other words, there are limitations in resources which may need to be recognized. This uncomfortable realization may stimulate a revision in the manner in which day-to-day management is performed, or a change in your facility's emergency plan.

Following the Organizational Chart is a chart identified as a "Crosswalk". The crosswalk chart is a listing of possible positions which might have day-to-day responsibilities similar to those found in the Job Action Sheets. While it is not recommended that these be the only people trained for each position, it is reasonable to visualize how these individuals may be a logical first choice for filling a particular role. It must be remembered that the flexibility of having managers assume almost any officer's role is an important attribute to be retained in the HEICS program.

The blank organizational chart entitled <u>Worksheet</u> is provided to assist the reader in identifying positions within their own facility which may provide leadership in a key HEICS position.

Job Action Sheets

The Job Action Sheets were the basis for the first HEICS manual written in the spring of 1991. They have been revised and expanded to more clearly address to the issues a health care facility may face in a crisis. These sheets should be closely examined and, if needed, altered to meet the needs of the facility.

There are two components of the Job Action Sheets which should not be changed under any circumstances. These areas are the job title and the mission statement. The HEICS plan was designed to closely emulate the Incident Command System developed by the FIRESCOPE organization in the late '70's/early '80's. ICS has been and continues to be adopted by many public and private agencies. In part, because it is a known standard. The universal titles and mission statements found in HIECS allow emergency responders from a variety of organizations to communicate quickly and clearly with other subscribers to the ICS style of management. Changing job titles and responsibilities (mission statements) would counter-serve the purpose which helped designed this program.

Presentation and Storage of Job Action Sheets

Job Action Sheets which are found within the facility's general emergency/disaster plan are sufficient to meet inspection and code requirements. In order to make them useful at the time they are needed, a system of presentation and storage should be developed.

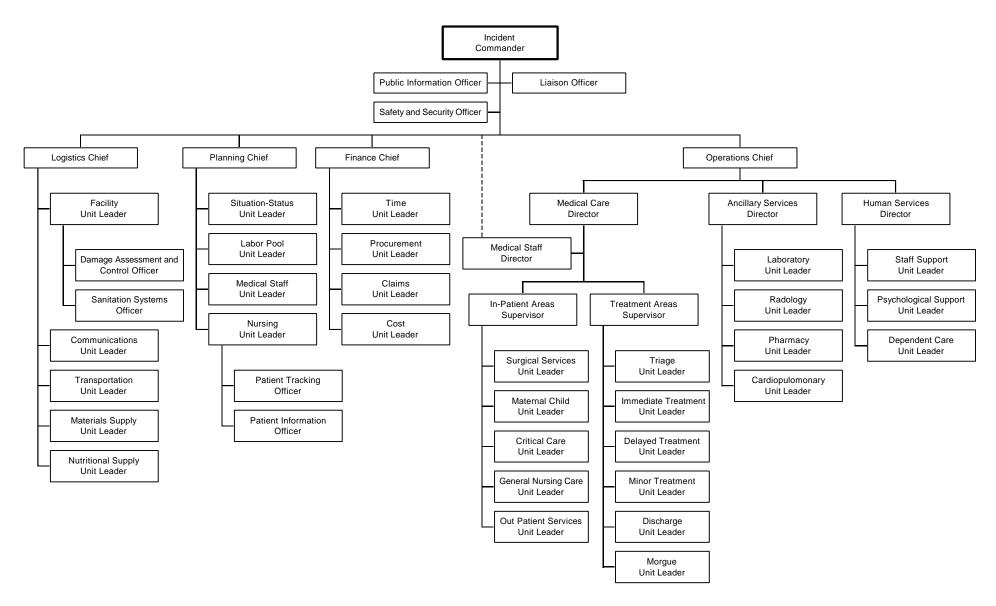
Other hospitals have experienced success in laminating each Job Action Sheet in plastic so that the time of duty completion can be marked in the blank to the left of the duty. Using an erasable grease pen would allow a reuse of the sheet. Another approach would be to place the Job Action Sheet inside a clear plastic clipboard. Color coded clipboards coordinated with the color of the ICS section are also available.

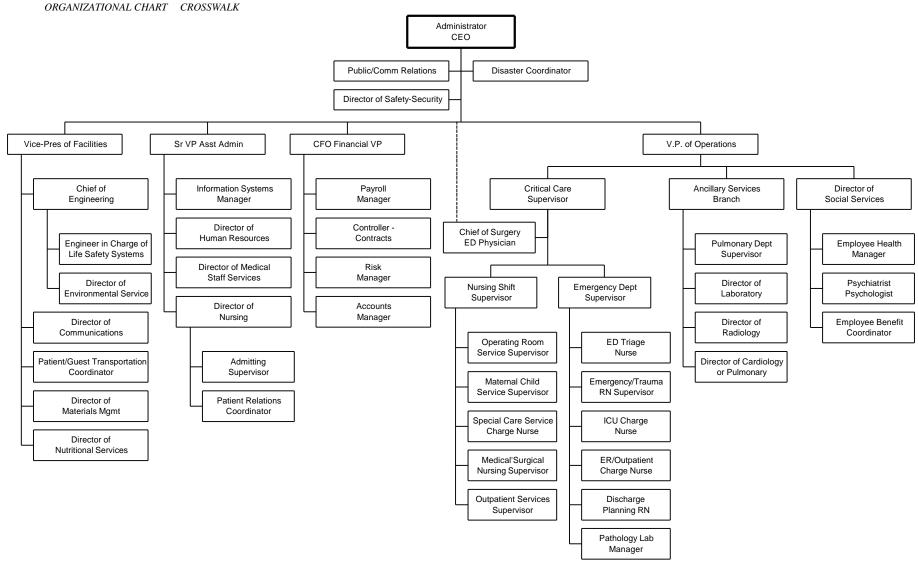
One hospital has reduced the Job Action Sheets into a pocket sized booklet, similar to one used by some fire services. This booklet contains key job descriptions, telephone numbers and maps locating the various special areas that are established following a declared emergency.

Grouping the Job Action Sheets by section is the common sense approach in organizing and storing these command materials. This has been made easier by utilizing a color coded, plastic storage crate. A camping food chest has also been used to store the section's Job Action Sheets, identification vests and forms/supplies necessary to carry out the section's mission. At the time of the declared disaster these crates or chests would be given to each section chief for further dissemination.

In summary, the customizing of the Job Action Sheets and their distribution should result in making the implementation of the hospital's disaster plan as "user friendly" as possible. In time of crisis, the simpler a task can be made, the better its chances of being completed.

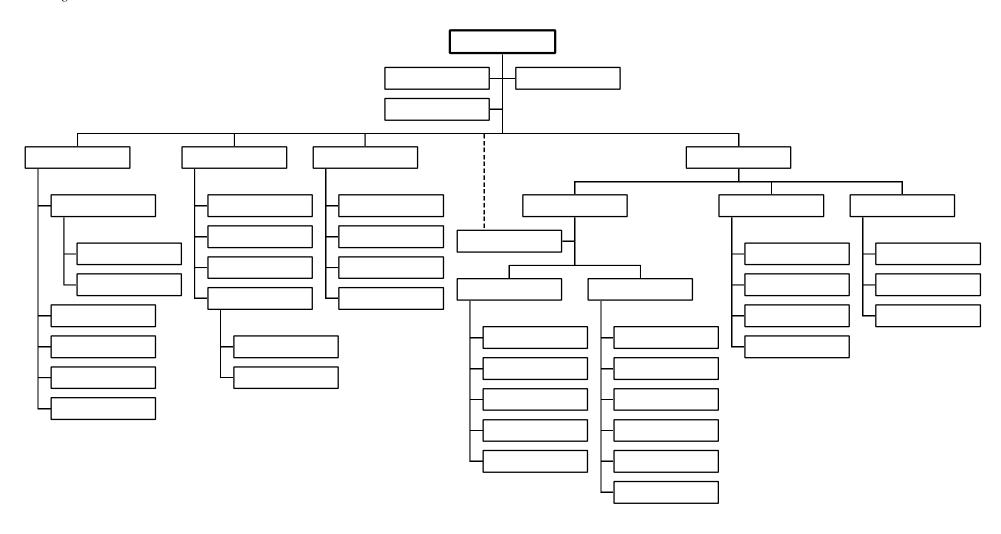
Organizational Chart





The positions found on this chart are offered only as suggestions to fill the functional roles found on the HEICS Organization Chart

Organizational Chart Worksheet



EMERGENCY INCIDENT COMMANDER

Mission:	Organize and direct Emergency Operations Center (EOC). Give overall direction for hospital operations and if needed, authorize evacuation.
<u>Immediate</u>	 Initiate the Hospital Emergency Incident Command System by assuming role of Emergency Incident Commander. Read this entire Job Action Sheet.
	Put on position identification vest.
	Appoint all Section Chiefs and the Medical Staff Director positions; distribute the four section packets which contain:
	? Job Action Sheets for each position
	? Identification vest for each position
	? Forms pertinent to Section & positions
	Appoint Public Information Officer, Liaison Officer, and Safety and Security Officer;
	distribute Job Action Sheets. (May be pre-established.)
	Announce a status/action plan meeting of all Section Chiefs and Medical Staff
	Director to be held within 5 to 10 minutes.
	Assign someone as Documentation Recorder/Aide.
	Receive status report and discuss an initial action plan with Section Chiefs and Medical Staff Director. Determine appropriate level of service during immediate aftermath.
	Receive initial facility damage survey report from Logistics Chief, if applicable, evaluate the need for evacuation.
	Obtain patient census and status from Planning Section Chief. Emphasize proactive actions within the Planning Section. Call for a hospital-wide projection report for 4, 8,
	24 & 48 hours from time of incident onset. Adjust projections as necessary. Authorize a patient prioritization assessment for the purposes of designating appropriate early discharge, if additional beds needed.
	Assure that contact and resource information has been established with outside agencies through the Liaison Officer.
Intermediate	Authorize resources as needed or requested by Section Chiefs.
	Designate routine briefings with Section Chiefs to receive status reports and update the action plan regarding the continuance and termination of the action plan.
	Communicate status to chairperson of the Hospital Board of Directors or the designee.
	Consult with Section Chiefs on needs for staff, physician, and volunteer responder
	food and shelter. Consider needs for dependents. Authorize plan of action.
Extended	Approve media releases submitted by P.I.O.
	Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff
	rest periods and relief Other concerns:

PUBLIC INFORMATION OFFICER (P.I.O.)

	Position Assigned To:
You Report To:	(Emergency Incident Commander)
Command Cente	er: Telephone:
Mission:	Provide information to the news media.
<u>Immediate</u>	Receive appointment from Emergency Incident Commander. Read this entire Job Action sheet and review organizational chart on back. Put on position identification vest. Identify restrictions in contents of news release information from Emergency Incident Commander. Establish a Public Information area awayfrom E.O.C. and patient care activity.
Intermediate	 Ensure that all news releases have the approval of the Emergency Incident Commander. Issue an initial incident information report to the news media with the cooperation of the Situation-Status Unit Leader. Relay any pertinent data back to Situation-Status Unit Leader. Inform on-site media of the physical areas which they have access to, and those which are restricted. Coordinate with Safety and Security Officer. Contact other at-scene agencies to coordinate released information, with respective P.I.O.s. Inform Liaison Officer of action.
<u>Extended</u>	 Obtain progress reports from Section Chiefs as appropriate. Notify media about casualty status. Direct calls from those who wish to volunteer to Labor Pool. Contact Labor Pool to determine requests to be made to the public via the media. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

LIAISON OFFICER

	Positioned Assigned To:
You Report To:	(Emergency Incident Commander)
Command Cente	er: Telephone:
Mission:	Function as incident contact person for representatives from other agencies.
<u>Immediate</u>	Receive appointment from Emergency Incident Commander. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Obtain briefing from Emergency Incident Commander. Establish contact with Communications Unit Leader in E.O.C. Obtain one or more aides as necessary from Labor Pool. Review county and municipal emergency organizational charts to determine appropriate contacts and message routing. Coordinate with Public Information Officer. Obtain information to provide the interhospital emergency communication network, municipal E.O.C. and/or county E.O.C as appropriate, upon request. The following information should be gathered for relay: ? The number of "Immediate" and "Delayed" patients that can be received and treated immediately (Patient Care Capacity). ? Any current or anticipated shortage of personnel, supplies, etc. ? Current condition of hospital structure and utilities (hospital's overall status). ? Number of patients to be transferred by wheelchair or stretcher to another hospital. ? Any resources which are requested by other facilities (i.e., staff, equipment, supplies). Establish communication with the assistance of the Communication Uit Leader with the interhospital emergency communication network, municipal E.O.C. or with county E.O.C./County Health Officer. Relay current hospital status. Establish contact with liaison counterparts of each assisting and cooperating agency (i.e., municipal E.O.C.). Keeping governmental Liaison Officers updated on changes and development of hospital's response to incident.
<u>Intermediate</u>	 Request assistance and information as needed through the interhospital emergency communication network or municipal/county E.O.C. Respond to requests and complaints from incident personnel regarding interorganization problems. Prepare to assist Labor Pool Unit Leader with problems encountered in the volunteer credentialing process.

	 Relay any special information obtained to appropriate personnel in the receiving
	facility (i.e., information regarding toxic decontamination or any special emergency
	conditions).
Extended	Assist the Medical Staff Director and Labor Pool Unit Leader in soliciting physicians
	and other hospital personnel willing to volunteer as Disaster Service Workers outside
	of the hospital, when appropriate.
	Inventory any material resources which may be sent upon official request and method
	of transportation, if appropriate.
	Supply casualty data to the appropriate authorities; prepare the following minimum
	data:
	? Number of casualties received and types of injuries treated
	? Number hospitalized and number discharged to home or other facilities
	? Number dead
	? Individual casualty data: name or physical description, sex, age, address, seriousness of injury or condition
	Observe all staff, volunteers and patients for signs of stress and inappropriate
	behavior. Report concerns to Psychological Support Unit Leader. Provide for staff
	rest periods and relief.
	Other concerns:

SAFETY AND SECURITY OFFICER

	Positioned Assigned To:
You Report To:	(Emergency Incident Commander)
Command Cente	er: Telephone:
Mission:	Monitor and have authority over the safety of rescue operations and hazardous conditions. Organize and enforce scene/facility protection and traffic security.
<u>Immediate</u>	 Receive appointment from Emergency Incident Commander. Read this entire Job Action sheet and review organizational chart on back. Put on position identification vest. Obtain a briefing from Emergency Incident Commander. Implement the facility's disaster plan emergency lockdown policy and personnel identification policy. Establish Security Command Post. Remove unauthorized persons from restricted areas. Establish ambulance entry and exit routes in cooperation with Transportation Unit Leader. Secure the E.O.C., triage, patient care, morgue and other sensitive or strategic areas from unauthorized access.
Intermediate	Communicate with Damage Assessment and Control Officer to secure and post nonentry signs around unsafe areas. Keep Safety and Security staff alert to identify and report all hazards and unsafe conditions to the Damage Assessment and Control Officer. Secure areas evacuated to and from, to limit unauthorized personnel access. Initiate contact with fire, police agencies through the Liaison Officer, when necessary. Advise the Emergency Incident Commander and Section Chiefs immediately of any unsafe, hazardous or security related conditions. Assist Labor Pool and Medical Staff Unit Leaders with credentialing/screening process of volunteers. Prepare to manage large numbers of potential volunteers. Confer with Public Information Officer to establish areas for media personnel. Establish routine briefings with Emergency Incident Commander. Provide vehicular and pedestrian traffic control. Secure food, water, medical, and blood resources. Inform Safety & Security staff to document all actions and observations. Establish routine briefings with Safety & Security staff. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

LOGISTICS SECTION

Logistics Section Chief
Revised: 5-93 Reviewed: 6-98

LOGISTICS SECTION CHIEF

	Positioned Assigned To:
You Report To:	(Emergency Incident Commander)
Logistics Comm	and Center: Telephone:
Mission:	Organize and direct those operations associated with maintenance of the physical environment, and adequate levels of food, shelter and supplies to support the medical objectives.
Immediate	Receive appointment from the Emergency Incident Commander. Obtain packet containing Section's Job Action Sheets, identification vests and forms. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Obtain briefing from Emergency Incident Commander. Appoint Logistics Section Unit Leaders: FacilitiesUnit Leader, Communications Unit Leader, Transportation Unit Leader, Material's Supply Unit Leader, Nutritional Supply Unit Leader; distribute Job Action Sheets and vests. (May be pre-established.) Brief unit leaders on current situation; outline action plan and designate time for next briefing. Establish Logistics Section Center in proximity to E.O.C Attend damage assessment meeting with Emergency Incident Commander, Facility Unit Leader and Damage Assessment and Control Officer.
Intermediate	 Obtain information and updates regularly from unit leaders and officers; maintain current status of all areas; pass status info to Situation-Status Unit Leader. Communicate frequently with Emergency Incident Commander. Obtain needed supplies with assistance of the Finance Section Chief, Communications Unit Leader and Liaison Unit Leader.
Extended	 Assure that all communications are copied to the Communications Unit Leader. Document actions and decisions on a continual basis. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

Job Action Sheet

LOGISTICS SECTION
Facility Unit Leader
Revised: 5-93 Reviewed: 6-98

FACILITY UNIT LEADER

	Positioned Assigned To:	
You Report To:	(Logistics Section Chief)	
Logistics Comm	and Center: Telephone:	
Mission:	Maintain the integrity of the physical facility to the best level. Provide adequate environmental controls to perform the medical mission.	
<u>Immediate</u>	Receive appointment from Logistics Section Chief and Job Action Sheets for Damage Assessment and Control Officer, and Sanitation Systems Officer. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Meet with Logistics Section Chief to receive briefing and develop action plan; deliver preliminary report on the physical status of the facility if available. Appoint Damage Assessment and Control Officer and Sanitation Systems Officer; supply the corresponding Job Action Sheets. Provide the Facility System Status Report Form to the Damage Assessment and Control Officer. (May be preestablished.) Receive a comprehensive facility status report as soon as possible from Damage Assessment and Control Officer. Facilitate and participate in damage assessment meeting between Emergency Incident Commander, Logistics Section Chief and Damage Assessment and Control Officer.	
Intermediate	 Prepare for the possibility of evacuation and/or the relocation of medical services outside of existing structure, if appropriate. Receive continually updated reports from the Damage Assessment and Control 	
Extended	Officer, and Sanitation Systems Officer. Forward requests of outside service providers/ resources to the Materials Supply Unit Leader after clearing through the Logistics Section Chief. Document actions and decisions on a continual basis. Obtain the assistance of a documentation aide if necessary. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:	

DAMAGE ASSESSMENT AND CONTROL OFFICER

	Positioned Assigned To:
You Report To:	(Facility Unit Leader)
Logistics Comm	and Center: Telephone:
Mission:	Provide sufficient information regarding the operational status of the facility for the purpose of decision/policy making, including those regarding full or partial evacuation. Identify saf areas where patients and staff can be moved if needed. Manage fire suppression, search and rescue and damage mitigation activities.
Immediate	Receive appointment, Job Action Sheet and Facility System Status Report form from Facility Unit Leader. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Obtain briefing from Facility Unit Leader. Assign teams to check system components of entire facility, and report back within 5 minutes. Identify hazards, e.g. fire and assign staff to control and eliminate. Receive initial assessment/damage reports and immediately relay information in briefing to Emergency Incident Commander, Logistics Section Chief and Facility Unit Leader; follow-up with written documentation. Notify Safety & Security Officer of unsafe areas and other security problems. Assemble light-duty search rescue team(s) to retrieve victims and deliver to Triage Area. Obtain Search and Rescue Team equipment pack from Materials Supply Unit Leader. Notify Labor Pool of staffing needs. Identify areas where immediate repair efforts should be directed to restore critical services.
<u>Intermediate</u>	 Arrange to have structural engineer under contract report and obtain more definitive assessment if indicated. Inspect those areas of reported damage and photographically record. Identify areas where immediate salvage efforts should be directed in order to save critical services and equipment.
<u>Extended</u>	Assign staff to salvage operations. Assign staff to repair operations. Brief Facility Unit Leader routinely to provide current damage/recovery status. Observe and assist any staff who exhibit signs of stress and fatigue. Repot concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

LOGISTICS SECTION Sanitation Systems Officer Revised: 5-93 Reviewed: 6-98

SANITATION SYSTEMS OFFICER

	Positioned Assigned To:
You Report To:	(Facility Unit Leader)
Logistics Comm	and Center: Telephone:
Mission:	Evaluate and monitor the patency of existing sewage and sanitation systems. Enact preestablished alternate methods of waste disposal if necessary.
<u>Immediate</u>	Receive appointment and Job Action Sheet from Facility Unit Leader. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Obtain briefing from Facility Unit Leader. Coordinate the inspection of the hospital's sewage system with Damage Assessment and Control Officer. Inspect the hazardous waste collection areas(s) to ensure patency of containment measures. Cordon off unsafe areas with assistance of the Safety & Security Officer. Control observed hazards, leaks or contamination with the assistance of the Safety & Security Officer and the Damage Assessment and Control Officer. Report all findings and actions to the Facility Unit Leader. Document all observations and actions.
<u>Intermediate</u>	 Implement pre-established alternative waste disposal/collection plan, if neessary. Assure that all sections and areas of the hospital are informed of the implementation of the alternative waste disposal/collection plan. Position portable toilets in accessible areas; away from patient care and food preparation. Ensure an adequate number of handwashing areas are operational near patient care/food preparation areas, and adjacent to portable toilet facilities. Inform Infection Control personnel of actions and enlist assistance where necessary.
Extended	 Monitor levels of all supplies, equipment and needs relevant to all sanitation operations. Brief Facility Unit Leader routinely on current condition of all sanitation operations: communicate needs in advance. Obtain support staff as necessary from Labor Pool. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

LOGISTICS SECTION

Communications Unit Leader

Revised: 5-93 Reviewed: 6-98

COMMUNICATIONS UNIT LEADER

	Positioned Assigned Tα
You Report To:	(Logistics Section Chief)
Logistics Comr	nand Center: Telephone:
Mission:	Organize and coordinate internal and external communications; act as custodian of all logged/documented communications.
Immediate	Receive appointment from Logistics Section Chief. Read this entire Job Action Sheet and review organizational chart back. Put on position identification vest. Obtain briefing from Emergency Incident Commander or Logistics Section Chief. Establish a Communications Center in close proximity to E.O.C. Request the response of assigned amateur radio personnel assigned to facility. Assess current status of internal and external telephone system and report to Logistics Section Chiefs and Damage Assessment and Control Officer. Establish a pool of runners and assure distribution of 2-way radios to pre-designated areas. Use pre-established message forms to document all communication. Instruct all assistants to do the same. Establish contact with Liaison Officer. Receive and hold all documentation related to internal facility communications. Monitor and document all communications sent and received via the interhospital emergency communication network or other external communication.
<u>Intermediate</u>	Establish mechanism to alert Code Team and Fire Suppression Team to respond to internal patient and/or physical emergencies, i.e. cardiac arrest, fires, etc
Extended	Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
	Other concerns:

LOGISTICS SECTION

Transportation Unit Leader
Revised: 5-93 Reviewed: 6-98

TRANSPORTATION UNIT LEADER

	Positioned Assigned To:
You Report To:	(Logistics Section Chief)
Logistics Comn	nand Center: Telephone:
Mission:	Organize and coordinate the transportation of all casualties, ambulatory and non-ambulatory. Arrange for the transportation of human and material resources to and from the facility.
<u>Immediate</u>	 Receive appointment from Logistics Section Chief. Read this entire Job Action Sheet and review the organizational chart on back. Put on position identification vest. Receive briefing from Logistics Section Chief. Assess transportation requirements and needs for patients, personnel and materials; request patient transporters from Labor Pool to assist in the gathering of patient transport equipment. Establish ambulance off-loading area in cooperation with the Triage Unit Leader. Assemble gurneys, litters, wheelchairs and stretchers in proximity to ambulance off-loading area and Triage Area. Establish ambulance loading area in cooperation with the Discharge Unit Leader.
<u>Intermediate</u>	Contact Safety & Security Officer on security needs of loading areas. Provide for the transportation/shipment of resources into and out of the facility. Secure ambulance or other transport for discharged patients. Identify transportation needs for ambulatory casualties.
<u>Extended</u>	 Maintain transportation assignment record in Triage Area, Discharge Area, and Material Supply Pool. Keep Logistics Section Chief apprised of status. Direct unassigned personnel to Labor Pool. Observe and assist any staff who exhibits signsof stress or fatigue. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

MATERIALS SUPPLY UNIT LEADER

	Positioned Assigned To:
You Report To:	(Logistics Section Chief)
Logistics Comm	and Center: Telephone:
Mission:	Organize and supply medical and non-medical care quipment and supplies.
<u>Immediate</u> Extended	Receive appointment from Logistics Section Chief. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Receive briefing from Logistics Section Chief. Meet with and brief Materials Management and Central/Sterile Supply Personnel. Establish and communicate the operational status of the Materials Supply Pool to the Logistics Section Chief, E.O.C. and Procurement Unit Leader. Dispatch the pre-designated supply carts to Triage Area, Immediate Treatment Area, Delayed Treatment Area and the Minor Treatment Area, once these areas have been established. Enlist the assistance of the Transportation Unit Leader. Release Search and Rescue Team equipment packs to those teams designated by the Damage Assessment and Control Officer. Collect and coordinate essential medical equipment and supplies. (Prepare to assist with equipment salvage and recovery efforts.) Develop medical equipment inventory to include, but not limited to the following: ? Bandages, dressings, compresses and suture material ? Sterile scrub brushes, normal saline, anti-microbial skin cleanser. ? Waterless hand cleaner and gloves ? Fracture immobilization, splinting and casting materials ? Backboard, rigid stretchers ? Non-rigid transporting devices (litters) ? Oxygen-ventilation-suction devices ? Advance life support equipment (chest tube, airway, major suture trays) Identify additional equipment and supply needs. Make requests/needs known through
	Logistics Section Chief. Gain the assistance of the Procurement Unit Leader when indicated. Determine the anticipated pharmaceuticals needed with the assistane of the Medical Care Director and Pharmacy Unit Leader to obtain/request items. Coordinate with Safety & Security Officer to protect resources. Observe and assist staff who exhibit signs of stress or fatigue. Report concerns to Psychological Support Unit Leader. Other concerns:

LOGISTICS SECTION Nutritional Supply Unit Leader Revised: 5-93 Reviewed: 6-98

NUTRITIONAL SUPPLY UNIT LEADER

	Positioned Assigned To:
You Report To:	(Logistics Section Chief)
Logistics Comm	and Center: Telephone:
Mission:	Organize food and water stores for preparation and rationing during periods of anticipated or actual shortage.
<u>Immediate</u>	Receive appointment from Logistics Section Chief. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Receive briefing from Logistics Section Chief. Meet with and brief Nutritional Services personnel. Estimate the number of meals which can be served utilizing existing food stores; implement rationing if situation dictates. Inventory the current emergency drinking water supply and estimate time when resupply will be necessary. Implement rationing if situation dictates. Report inventory levels of emergency drinking water and food stores to Logistics Section Chief.
<u>Intermediate</u>	 Meet with Labor Pool Unit Leader and Staff Support Unit Leader to discuss location of personnel refreshment and nutritional break areas. Secure nutritional and water inventories with the assistance of the Safety & Security Officer. Submit an anticipated need list of water and food to the Logistics Section Chief. Request should be based on current information concerning emergency events as well as projected needs for patients, staff and dependents.
Extended	 Meet with Logistics Section Chief regularly to keep informed of currentstatus. Observe and assist staff who exhibit signs of stress and fatigue. Report concerns to Psychological Support Unit Leader. Provide for staff rest period and relief. Other Concerns:

PLANING SECTION Planning Section Chief Revised: 5-93 Reviewed: 6-98

PLANNING SECTION CHIEF

		Positioned Assigned To:					
You Report To:		(Emergency Incident Commander)					
Planning Comn	nand Center:	Telephone:					
Mission:	critical information/data.	aspects of Planning Section operations. Ensure the distribution of Compile scenario/resource projections from all section chiefs and g. Document and distribute facility Action Plan.					
<u>Immediate</u>	Job Action Sheets. Read this entire Jo Put on position ide Obtain briefing fro Recruit a documer Appoint Planning Leader, Medical S Job Action Sheets Brief unit leaders a Provide for a Plan Ensure the formula Distribute copies to Call for projection section chiefs for time for receiving Instruct Situation	Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Obtain briefing from Incident Commander.					
<u>Intermediate</u>	facility Action Pla Schedule planning	and updates as appropriate. Continue to update and distribute the n. meetings to include Planning Section unit leaders, section chiefs and mander for continued update of the facility Action Plan.					
Extended	Continue to receive unit leaders at app Assure that all respond Leader. Observe all staff.	e projected activity reports from section chiefs and Plaming Section repriate intervals. quests are routed/documented through the Communications Unit , volunteers and patients for signs of stress and inappropriate concerns to Psychological Support Unit Leader. Provide for staff					

SITUATION-STATUS (SIT-STAT) UNIT LEADER

	Positioned Assigned To:
You Report To:	(Planning Section Chief)
Planning Comm	and Center: Telephone:
Mission:	Maintain current information regarding the incident status for all hospital staff. Ensure a written record of the hospital's emergency planning and response. Develop the hospital's internal information network. Monitor the maintenance and preservation of the computer system.
<u>Immediate</u>	Receive appointment from Planning Section Chief. Read this entire Job Action Sheet and review organizational chart back. Put on position identification vest. Obtain briefing from Planning Section Chief. Obtain status report on computer information system. Assign recorder to document decisions, actions and attendance in E.O.C. Establish a status/condition board in E.O.C. with a documentation aide. Ensure that this board is kept current. Assign recorder to Communications Unit Leader to document telephone, radio and
<u>Intermediate</u>	 memo traffic. Ensure that an adequate number of recorders are available to assist areas as needed. Coordinate personnel with Labor Pool. Supervise backup and protection of existing data for main and support computer systems. Publish an internal incident informational sheet for employee information at least every 4-6 hours. Enlist the assistance of the Public Information Officer, Staff Support Unit Leader and Labor Pool Unit Leader.
<u>Extended</u>	 Ensure the security and prevent the loss of medical record hard copies. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

PLANNING SECTION
Labor Pool Unit Leader
Revised: 5-93 Reviewed: 6-98

LABOR POOL UNIT LEADER

					Positioned Assigned To:
You Report To: (Planning Section Chief)			(Planning Section Chief)		
Planning Comm	nand Cer	nter:			Telephone:
Mission:	assign	avai	ilable	staff	available staff and volunteers at a entral point. Receive requests and as needed. Maintain adequate numbers of both medical and non sist in the maintenance of staff morale.
<u>Immediate</u>		Rea Put Obta Esta patie Inve	d this on po ain br ablish ent ca entory	entire sition iefing Labo re and the	tment from Planning Section Chief. Job Action Sheet and review organizational chart on back. identification vest. from the Planning Section Chief. or Pool area and communicate operational status to E.O.C. and all non-patient care areas. number and classify staff presently available. Use the following and sub-classifications for personnel:
		I.	ME	DICA	L PERSONNEL
			A.	Phys	sician (Obtain with assistance of Medcal Staff Unit Leader.)
				1. 2. 3.	Critical Care General Care Other
			B.	Nurs	se
				1. 2. 3.	Critical Care General Care Other
			C.	Med	ical Technicians
				1. 2.	Patient Care (aides, orderlies, EMTs, etc.) Diagnostic
		II.	NO	N-ME	EDICAL PERSONNEL

A. Engineering/Maintenance/Materials Management

- B. Environmental/Nutritional Services
- C. Business/Financial
- D. Volunteer
- E. Other

	Establish a registration and credentialing desk for volunteers not employed or associated with the hospital.
	Obtain assistance from Safety & Security Officer in the screening and identification of volunteer staff.
	Meet with Nursing Unit Leader, Medical Staff Unit Leader and Operations Section Chief to coordinate long term staffing needs.
Intermediate	Maintain log of all assignments.
	Assist the Situation - Status Unit Leader in publishing an informational sheet to be distributed at frequent intervals to update the hospital population.
	 Maintain a message center in Labor Pool Area with the cooperation of Staff Support Unit Leader and Situation - Status Information Systems Unit Leader.
Extended	Brief Planning Section Chief as frequently as necessary on the status of labor pool numbers and composition.
	Develop staff rest and nutritional area in coordination with Staff Support Unit Leader and Nutritional Supply Unit Leader.
	Document actions and decisions on a continual basis.
	Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
	Other concerns:

PLANNING SECTION Medical Staff Unit Leader Revised: 5-93 Reviewed: 6-98

MEDICAL STAFF UNIT LEADER

	Positioned Assigned To:
You Report To:	(Planning Section Chief)
Planning Comm	and Center: Telephone:
Mission:	Collect available physicians, and other medical staff, at a central point. Credential volunteer medical staff as necessary. Assist in the assignment of available medical staff as needed.
<u>Immediate</u>	Receive assignment from Planning Section Chief. Read this entire Job Action Sheet and refer to organizational chart on back. Put on position identification vest. Obtain briefing from Emergency Incident Commander or Planning Section Chief. Establish Medical Staff Pool in predetermined location and communicate operational status to E.O.C. and Medical Staff Director. Obtain documentation personnel from Labor Pool. Inventory the number and types of physicians, and other staff present. Relay information to Labor Pool Unit Leader. Register and credential volunteer physician/medical staff. Request the assistance of the Labor Pool Unit Leader and Safety & Security Officer when necessary.
<u>Intermediate</u>	 Meet with Labor Pool Unit Leader, Nursing Service Unit Leader and Operations Section Chief to coordinate projected staffing needs and issues. Assist the Medical Staff Director in the assignment of medical staff to patient care and treatment areas.
Extended	 Establish a physician message center and emergency incident information board with the assistance of Staff Support Unit Leader and Labor Pool Unit Leader. Assist the Medical Staff Director in developing a medical staff rotation schedule. Assist the Medical Staff Director in maintaining a log of medical staff assignments. Brief Planning Section Chief as frequently as necessary on the status of medical staff pool numbers and composition. Develop a medical staff rest and nutritional area in coordination with Staff Support Unit Leader and the Nutritional Supply Unit Leader. Document actions and decisions on a continual basis. Observe and assist medical staff who exhibit signs of stress and other fatigue. Report concerns to the Medical Staff Director and/or Psychological Support Unit Leader. Other concerns:

PLANNING SECTION

Nursing Unit Leader
Revised: 5-93 Reviewed: 6-98

NURSING UNIT LEADER

	Positioned Assigned To:
You Report To:	(Planning Section Chief)
Planning Comm	nand Center: Telephone:
Mission:	Organize and coordinate nursing and direct patient care services.
Immediate	 Receive appointment from Planning Section Chief. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Obtain a briefing from Emergency Incident Commander or Planning Section Chief Appoint Patient Tracking Officer and Patient Information Officer and distribute the corresponding Job Action Sheets. Ensure the implementation of a patient tracking system. Obtain current in-patient census and request a prioritization assessment (triage) of all in-house patients from the Medical Care Director. Meet with Operations Chief, Medical Staff Director and Medical Care Director to assess and project nursing staff and patient care supply needs. Recall staff as appropriate; assist the Labor Pool in meeting the nursing staff needs of the Medical Care Director.
<u>Intermediate</u>	 Implement emergency patient discharge plan at the direction of the Emergency Incident Commander with support of the Medical Staff Director. Meet regularly with the Patient Tracking Officer and Patient Information Officer. Meet with Labor Pool Unit Leader, Medical Care Director and Operations Section Chief to coordinate long term staffing needs. Coordinate with the Labor Pool staff the number of nursing personnel which may be released for future staffing or staffing at another facility.
<u>Extended</u>	 Establish a staff rest and nutritional area in cooperation with Labor Pool Unit Leader and Staff Support Unit Leader. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

PLANNING SECTION

Patient Tracking Officer

Revised: 5-93 Reviewed: 6-98

PATIENT TRACKING OFFICER

	Positioned Assigned To:
You Report To:	(Nursing Unit Leader)
Planning Comm	and Center:Telephone:
Mission:	Maintain the location of patients at all times within the hospital's patient care system.
<u>Immediate</u>	Receive appointment from Nursing Unit Leader. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Obtain a briefing from Nursing Unit Leader. Obtain patient census from Nursing Unit Leader, Admitting personnel or other source. Establish an area near the E.O.C. to track patient arrivals, location and disposition. Obtain sufficient assistance to document current and accurate patient information. Ensure the proper use of the hospital disaster chart and tracking system for all newly admitted.
<u>Intermediate</u>	Meet with Patient Information Officer, Public Information Officer and Liaison Office on a routine basis to update and exchange patient information and census data.
Extended	 Maintain log to document the location and time of all patients cared for. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

PATIENT INFORMATION OFFICER

	Positioned Assigned To:
You Report To	o: (Nursing Unit Leader)
Planning Com	nmand Center: Telephone:
Mission:	Provide information to visitors and families regarding status and location of patients. Collect information necessary to complete the Disaster Welfare Inquiry process in cooperation with the American Red Cross.
<u>Immediate</u>	 Receive appointment from Nursing Unit Leader. Read this entire Job Action Sheet and review organizational chart back. Put on position identification vest. Obtain briefing on incident and any special instructions from Nursing Unit Leader. Establish Patient Information Area away from E.O.C. Meet with Patient Tracking Officer to exchange patient related information and establish regularly scheduled meetings.
<u>Intermediate</u>	Direct patient related news releases through Nursing Unit Leader to the Public Information Officer. Receive and screen requests about the status of individual patients. Obtain appropriate information and relay to the appropriate requesting party. Request assistance of runners and amateur radio operators from Labor Pool as needed.
<u>Extended</u>	 Work with American Red Cross representative in development of the Disaster Welfare Inquiry information. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

FINANCE SECTION
Finance Section Chief
Revised: 5-93 Reviewed: 6-98

FINANCE SECTION CHIEF

	Positioned Assigned To:
You Report To:	(Emergency Incident Commander)
Finance Comma	and Center: Telephone:
Mission:	Monitor the utilization of financial assets. Oversee the acquisition of supplies and services necessary to carry out the hospital's medical mission. Supervise the documentation of expenditures relevant to the emergency incident.
<u>Immediate</u>	Receive appointment from Emergency Incident Commander. Obtain packet containing Section's Job Action Sheets. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Obtain briefing from Emergency Incident Commander. Appoint Time Unit Leader, Procurement Unit Leader, Claims Unit Leader and Cost Unit Leader; distribute the corresponding Job Action Sheets and vests. (May be preestablished.) Confer with Unit Leaders after meeting with Emergency Incident Commander; develop a section action plan. Establish a Financial Section Operations Center. Ensure adequate documentation/recording personnel.
Intermediate	 Approve a "cost-to-date" incident financial status report submitted by the Cost Unit Leader every eight hours summarizing financial data relative to personnel, supplies and miscellaneous expenses. Obtain briefings and updates from Emergency Incident Commander as appropriate. Relate pertinent financial status reports to appropriate chiefs and unit leaders. Schedule planning meetings to include Finance Section unit leaders to discuss updating the section's incident action plan and termination procedures.
<u>Extended</u>	 Assure that all requests for personnel or supplies are copied to the Communications Unit Leader in a timely manner. Observe all staff, volunteers and patients for signs of stress and inapropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

FINANCE SECTION

Time Unit Leader
Revised: 5-93 Reviewed: 6-98

TIME UNIT LEADER

	Positioned Assigned To:
You Report To	o: (Finance Section Chief).
Finance Comr	nand Center: Telephone:
Mission:	Responsible for the documentation of personnel time records. The monitoring and reporting of regular and overtime hours worked/volunteered.
Immediate	 Receive appointment from Finance Section Chief. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Obtain briefing fom Finance Section Chief; assist in the development of the section action plan. Ensure the documentation of personnel hours worked and volunteer hours worked in all areas relevant to the hospital's emergency incident response. Confirm the utilization of the Emergency Incident Time Sheet by all section chiefs and/or unit leaders. Coordinate with Labor Pool Unit Leader.
Intermediate	Collect all Emergency Incident Time Sheets from each work area for recording and tabulation every eight hours, or as specified by the Finance Section Chief. Forward tabulated Emergency Incident Time Sheets to Cost Unit Leader every eight hours.
Extended	Prepare a total of personnel hours worked during the declared emergency incident. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

FINANCE SECTION

Procurement Unit Leader

Revised: 5-93 Reviewed: 6-98

PROCUREMENT UNIT LEADER

	Positioned Assigned To:
You Report To	o: (Finance Section Chief)
Finance Com	mand Center: Telephone:
Mission:	Responsible for administering accounts receivable and payable to contract and non-contract vendors.
<u>Immediate</u>	Receive appointment from Finance Section Chief. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Obtain briefing from Finance Section Chief; assist in the development of the section action plan. Ensure the separate accounting of all contracts specifically related to the emergency incident; and all purchases within the enactment of the emergency incident response plan. Establish a line of communication with the Material Supply Unit Leader. Obtain authorization to initiate purchases from the Finance Section Chief, or authorized representative.
Intermediate	Forward a summary accounting of purchases to the Cost Unit Leader every eight hours.
Extended	 Prepare a Procurement Summary Report identifying all contracts initiated dumig the declared emergency incident. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

FINANCE SECTION

Claims Officer

Revised: 5-93 Reviewed: 6-98

Job Action Sheet

CLAIMS UNIT LEADER

	Positioned Assigned To:
You Report To	: (Finance Section Chief)
Finance Comn	nand Center: Telephone:
Mission:	Responsible for receiving, investigating and documenting all claims reported to the hospital during the emergency incident which are alleged to be the result of an accident or action on hospital property.
<u>Immediate</u>	Receive appointment from Finance Section Chief. Read this entire Job Action Sheet and review the organizational chart on back. Put on position identification vest. Obtain briefing from Finance Section Chief; assist in the development of section action plan. Receive and document alleged claims issued by employees and non-employees. Use photographs or video documentation when appropriate. Obtain statements as quickly as possible from all claimants and witnesses. Enlist the assistance of the Safety & Security Officer where necessary.
<u>Intermediate</u>	Inform Finance Section Chief of all alleged claims as they are reported. Document claims on hospital risk/loss forms.
Extended	Report any cost incurred as a result of a claim to the Cost Unit Leader as soon as possible. Prepare a summary of all claims reported during the declared emergency incident. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

FINANCE SECTION

Cost Unit Leader

Revised: 5-93 Reviewed: 6-98

COST UNIT LEADER

	Positioned Assigned To:
You Report To	o: (Finance Section Chief)
Finance Comr	nand Center: Telephone:
Mission:	Responsible for providing cost analysis data for declared emergency incident. Maintenance of accurate records of incident cost.
<u>Immediate</u>	 Receive appointment from Finance Section Chief. Read this entire Job Action Sheet and review the Organizational chart on back. Put on position identification vest. Obtain briefing from Finance Section Chief; assist in development of section action plan. Meet with Time Unit Leader, Procurement Unit Leader and Claims Unit Leader to establish schedule for routine reporting periods.
Intermediate	Prepare a "cost-to-date" report form for submission to Finance Section Chief once every eight hours. Inform all section chief's of pertinent cost data at the direction of the Finance Section Chief or Emergency Incident Commander.
Extended	Prepare a summary of all costs incurred during the declared emergency incident. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

OPERATIONS SECTION Operations Section Chief Revised: 5-93 Reviewed: 6-98

OPERATIONS SECTION CHIEF

	Positioned Assigned To:
You Report To:	(Emergency Incident Commander)
Operations Com	mand Center: Telephone:
Mission:	Organize and direct aspects relating to the Operations Section. Carry out directives of the Emergency Incident Commander. Coordinate and supervise the Medical Services Subsection, Ancillary Services Subsection and Human Services Subsection of the Operations Section.
<u>Immediate</u>	Receive appointment from Emergency Incident Commander. Obtain packet containing Section's Job Action Sheets. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Obtain briefing from Emergency Incident Commander. Appoint Medical Staff Director, Medical Care Director, Ancillary Services Director and Human Services Director and transfer the corresponding Job Action Sheets. (May be pre-established.) Brief all Operations Section directors on current situation and develop the section's initial action plan. Designate time for next briefing. Establish Operations Section Center in proximity to E.O.C. Meet with the Medical Staff Director, Medical Care Director and Nursing Unit Leader to plan and project patient care needs.
<u>Intermediate</u>	 Designate times for briefings and updates with all Operations Section directors to develop/update section's action plan. Ensure that the Medical Services Subsection, Ancillary Services Subsection and Human Services Subsection are adequately staffed and supplied. Brief the Emergency Incident Commander routinely on the status of the Operations Section.
Extended	 Assure that all communications are copied to the Communications Unit Leader; document all actions and decisions. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

OPERATIONS SECTION
MEDICAL SERVICES SUBSECTION
Medical Staff Director
Revised: 5-93 Reviewed: 6-98

MEDICAL STAFF DIRECTOR

	Positioned Assigned To:
You Report To:	(Operations Section Chief)
Operations Com	mand Center: Telephone:
Mission:	Organize, prioritize and assign physicians to areas where medical care is being delivered Advise the Incident Commander on issues related to the Medical Staff.
<u>Immediate</u>	Receive appointment from the Operations Section Chief. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Meet with Operations Section Chief and other Operations Section directors for briefing and development of an initial action plan. Meet with the Medical Staff Unit Leader to facilitate recruitment and staffing of Medical Staff. Assist in Medical Staff credentialing issues. Document all physician assignments; facilitate rotation of physician staff with the assistance of the Medical Staff Unit Leader; where necessary, assist with physician orientation to in-patient and treatment areas. Meet with Operations Chief, Medical Care Director and Nursing Unit Leader to plan and project patient care needs. Provide medical staff support for patient priority assessment to designate patients for early discharge.
<u>Intermediate</u>	 Meet with Incident Commander for appraisal of the situation regarding medical staff and projected needs. Establish meeting schedule with IC if necessary. Maintain communication with the Medical Care Director to co-monitor the delivery and quality of medical care in all patient care areas.
Extended	 Ensure maintenance of Medical Staff time sheet; obtain clerical support from Labor Pool if necessary. Meet as often as necessary with the Operations Section Chief to keep appraised of current conditions. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

OPERATIONS SECTION
MEDICAL SERVICES SUBSECTION
Medical Care Director
Revised: 5-93 Reviewed: 6-98

MEDICAL CARE DIRECTOR

	Positioned Assigned To:
You Report To:	(Operations Section Chief)
Operations Com	mand Center: Telephone:
Mission:	Organize and direct the overall delivery of medical care in all areas of the hospital.
<u>Immediate</u>	Receive appointment from the Operations Section Chief and receive the Job Action Sheets for the Medical Services Subsection. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Meet with Operations Section Chief and other Operations Section directors for briefing and development of an initial action plan. Establish time for follow up meetings. Appoint the In-Patient Areas Supervisor and the Treatment Areas Supervisor and transfer the corresponding Job Action Sheets. Assist in establishing an Operations Section Center in proximity to the E.O.C. Meet with In-Patient Areas Supervisor and Treatment Areas Supervisor to discuss medical care needs and physician staffing in all patient care areas. Confer with the Operations Chief, Medical Staff Director and Nursing Unit Leader to make medical staff and nursing staffing/material needs known. Request Medical Staff Director to provide medical staff support to assist with patient priority assessment to designate those eligible for early discharge. Establish 2-way communication (radio or runner) with In-Patien Areas Supervisor and Treatment Areas Supervisor.
<u>Intermediate</u>	 Meet regularly with Medical Staff Director, In-Patient Areas Supervisor and Treatment Areas Supervisor to assess current and project future patient care conditions. Brief Operations Section Chief routinely on the status/quality of medical care.
<u>Extended</u>	Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Other concerns:

OPERATIONS SECTION
MEDICAL SERVICES SUBSECTION
In-Patient Areas Supervisor
Revised: 5-93 Reviewed: 6-98

IN-PATIENT AREAS SUPERVISOR

	Positioned Assigned To:
You Report To:	(Medical Care Director)
Operations Com	nmand Center: Telephone:
Mission:	Assure treatment of in-patients and manage the in-patient care area(s). Provide for a controlled patient discharge.
<u>Immediate</u>	Receive appointment from Medical Care Director and receive Job Action Sheets for the Surgical Services, Maternal - Child, Critical Care, General Nursing and Out Patient Services Unit Leaders. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Receive briefing from Medical Care Director; develop initial action plan with Medical Care Director, Treatment Areas Supervisor and Medical Staff Director. Appoint Unit Leaders for: Surgical Services Maternal - Child Critical Care General Nursing Care Out Patient Services
<u>Intermediate</u>	 Distribute corresponding Job Action Sheets, request a documentation aide/assistant for each unit leader from Labor Pool. Brief unit leaders on current status. Designate time for follow-up meeting. Assist establishment of in-patient care areas in new locations if necessary. Instruct all unit leaders to begin patient priority assessment; designate those eligible for early discharge. Remind all unit leaders that all in-patient discharges are routed through the Discharge Unit. Assess problems and treatment needs in each area; coordinate the staffing and supplies between each area to meet needs. Meet with Medical Care Director to discuss medical care plan of action and staffing in all in-patient care areas. Receive, coordinate and forward requests for personnel and supplies to the Labor Pool Unit Leader, Medical Care Director and Material Supply Unit Leader. Copy all communication to the Communications Unit Leader. Contact the Safety & Security Officer for any security needs. Advise the Medical Care Director of any actions/requests.

Report equipment needs to Materials Supply Unit Leader.
Establish 2-way communication (radio or runner) with Medical Care Director.
Assess environmental services (housekeeping) needs in all in-patient care areas;
contact Sanitation Systems Officer for assistance.
Assist Patient Tracking Officer and Patient Information Officer in obtaining
information.
Observe and assist any staff who exhibit signs of stress and fatigue. Report any
concerns to Psychological Support Unit Leader. Provide for staff rest periods and
relief.
Report frequently and routinely to Medical Care Director to keep apprised of situation.
Document all action/decisions with a copy sent to the Medical Care Director.
Other concerns:

OPERATIONS SECTION
MEDICAL SERVICE SUBSECTION

Surgical Services Unit Revised :5-93 Reviewed: 6-98

SURGICAL SERVICES UNIT LEADER

	Positioned Assigned To:
You Report To:	(In-Patient Areas Supervisor)
Operations Com	mand Center: Telephone:
Mission:	Supervise and maintain the surgical capabilities to the best possible level in respect to current conditions in order to meet the needs of in-house and newly admitted patients.
<u>Immediate</u>	Receive appointment from In-Patient Areas Supervisor. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Receive briefing from In-Patient Areas Supervisor with other In-Patient Area unit leaders. Assess current pre-op, operating suite and post-op capabilities. Project immediate and prolonged capacities to provide surgical services based on current data. Begin patient priority assessment; designate those eligible for early discharge. Remind all staff that all in-patient discharges are routed through the Discharge Unit. Develop action plan in cooperation with other In-Patient Area unit leaders and the In-Patient Areas Supervisor Request needed resources from the In-Patient Areas Supervisor. Assign and schedule O.R. teams as necessary; obtain additional personnel from Labor Pool.
<u>Intermediate</u>	 Identify location of Immediate and Delayed Treatment areas; inform patient transportation personnel. Contact Safety & Security Officer of security and traffic flow needs in the Surgical Services area. Inform In-Patient Areas Supervisor of action. Report equipment/material needs to Materials Supply Unit Leader. Infom In-Patient Areas Supervisor of action.
<u>Extended</u>	 Ensure that all area and individual documentation is current and accurate. Request documentation/clerical personnel from Labor Pool if necessary. Keep In-Patient Areas Supervisor, Immediate Treatment and Delayed Treatment Unit Leader apprised of status, capabilities and projected services. Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to In-Patient Areas Supervisor. Provide for staff rest periods and relief. Review and approve the area documentation aide's recordings of actions/decisions in the Surgical Services Area. Send copy to the In-Patient Areas Supervisor. Direct non-utilized personnel to Labor Pool. Other concerns:

OPERATIONS SECTION

MEDICAL SERVICE SUBSECTION

Maternal Child Unit Leader

Revised :5-93 Reviewed: 6-98

MATERNAL-CHILD UNIT LEADER

	Positioned Assigned To:
You Report To:	(In-Patient Areas Supervisor)
Operations Com	nmand Center: Telephone:
Mission:	Supervise and maintain the obstetrical, labor & delivery, nursery, and pediatric services to the best possible level in respect to current conditions in order to meet the needs of in-house and newly admitted patients.
<u>Immediate</u>	Receive appointment from In-Patient Areas Supervisor. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Receive briefing from In-Patient Areas Supervisor with other In-Patient Area unit leaders. Assess current capabilities. Project immediate and prolonged capacities to provide all obstetrical and pediatric services based on current capabilities. (Give special consideration to the possibility of an increase in normal and premature deliveries due to environmental/emotional stress.) Begin patient priority assessment; designate those eligible for early ischarge. Remind all staff that all in-patient discharges are routed through the Discharge Unit. Develop action plan in cooperation with other In-Patient Area unit leaders and the In-Patient Areas Supervisor. Request needed resources from the In-Patient Areas Supervisor. Assign delivery and patient teams as necessary; obtain additional personnel from Labor Pool.
<u>Intermediate</u>	 Identify location of Immediate and Delayed Treatment areas; inform patient transportation personnel. Contact Safety & Security Officer of security and traffic flow needs. Inform In-Patient Areas Supervisor of action. Report equipment/material needs to Materials Supply Unit Leader. Inform In-Patient Areas Supervisor of action.
Extended	Ensure that all area and individual documentation is current and accurate. Request documentation/clerical personnel from Labor Pool if necessary. Keep In-Patient Areas Supervisor, Immediate Treatment and Delayed Treatment Unit Leader apprised of status, capabilities and projected services. Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to In-Patient Areas Supervisor. Provide for staff rest periods and relief. Review and approve the area documentation aide's recordings of actions/decisions in the Surgical Services Area. Send copy to the In-Patient Areas Supervisor.

 Direct non-utilized personnel to Labor Pool.
 Other concerns:

OPERATIONS SECTION
MEDICAL SERVICE SUBSECTION
Critical Care Unit Leader
Revised :5-93 Reviewed: 6-98

CRITICAL CARE UNIT LEADER

	Positioned Assigned To:
You Report To:	(In-Patient Areas Supervisor)
Operations Com	mand Center: Telephone:
Mission:	Supervise and maintain the critical care capabilities to the best possible level to meet the needs of in-house and newly admitted patients.
<u>Immediate</u>	Receive appointment from In-Patient Areas Supervisor. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Receive briefing from In-Patient Areas Supervisor with other In-Patient Area unit leaders. Assess current critical care patient capabilities. Project immediat and prolonged capabilities to provide services based on known resources. Obtain medical staff support to make patient triage decisions if warranted. Develop action plan in cooperation with other In-Patient Area unit leaders and the In-Patient Areas Supervisor Request the assistance of the In-Patient Areas Supervisor to obtain resources if necessary. Assign patient care teams as necessary; obtain additional personnel from Labor Pool.
<u>Intermediate</u>	 Identify location of Discharge Area; inform patient transportation personnel. Contact Safety & Security Officer of security and traffic flow needs in the critical care services area(s). Inform In-Patient Areas Supervisor of action. Report equipment/material needs to Materials Supply Unit Leader. Inform In-Patient Areas Supervisor of action.
Extended	 Ensure that all area and individual documentation is current and accurate. Request documentation/ clerical personnel from Labor Pool if necessary. Keep In-Patient Areas Supervisor, Immediate Treatment and Delayed Treatment Unit Leaders apprised of status, capabilities and projected services. Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to In-Patient Areas Supervisor. Provide for staff rest periods and relief. Review and approve the area document's recordings of actions/decisions in the Critical Care Area(s). Send copy to the In-Patient Areas Supervisor. Direct non-utilized personnel to Labor Pool. Other concerns:

OPERATIONS SECTION
MEDICAL SERVICE SUBSECTION
General Nursing Care Unit Leader
Revised :5-93 Reviewed: 6-98

GENERAL NURSING CARE UNIT LEADER

Positioned Assigned To:			
You Report To:		(In-Patient Areas Supervisor)	
Operations Com	nmand Center:	Telephone:	
Mission:	Supervise and maintain general nursing services to in-house and newly admitted patients.	o the best possible level to meet the needs	ъб
Immediate	Receive appointment from In-Patient Areas Read this entire Job Action Sheet and revie Put on position identification vest. Receive briefing from In-Patient Areas S leaders. Assess current capabilities. Project immer general medical/ surgical nursing services I Begin patient priority assessment; designate all staff that all in-patient discharges are rounded at the property of the In-Patient Areas Supervisor. Request needed resources from the In-Patient Assign patient care teams as necessary; obt	ew organizational chart on back. Supervisor with other In-Patient Area undediate and prolonged capacities to provide based on current data. The ethose eligible for early discharge. Reminuted through the Discharge Unit. The ther In-Patient Area unit leaders and the least Areas Supervisor.	ide ind In-
<u>Intermediate</u>	 Identify location of Immediate and D transportation personnel. Contact Safety & Security Officer of sec Patient Areas Supervisor of action. Report equipment/material needs to Mater Areas Supervisor of action. 	Delayed Treatment areas; infom patiencurity and traffic flow needs. Inform I	nt In-
<u>Extended</u>	Ensure that all area and individual documentation/clerical personnel from Lab Keep In-Patient Areas Supervisor, Immedi Leader apprised of status, capabilities and pobserve and assist any staff who exhibit sto In-Patient Areas Supervisor. Provide for Review and approve the area documented Surgical Services Area. Send copy to the I Direct non-utilized personnel to Labor Pool Other concerns:	oor Pool if necessary. iate Treatment and Delayed Treatment Un projected services. igns of stress and fatigue. Report concer r staff rest periods and relief. er's recordings of actions/decisions in to n-Patient Areas Supervisor.	nit rns

OPERATIONS SECTION
MEDICAL SERVICE SUBSECTION
Outpatient Services Unit Leader
Revised :5-93 Reviewed: 6-98

OUT PATIENT SERVICES UNIT LEADER

	Positioned Assigned To:
You Report To:	(In-Patient Areas Supervisor)
Operations Com	mand Center: Telephone:
Mission:	Prepare any out patient service areas to meet the needs of in-house and newly admitted patients.
<u>Immediate</u>	Receive appointment from In-Patient Areas Supervisor. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Receive briefing from In-Patient Areas Supervisor with other In-Patient Area unit leaders. Assess current capabilities. Project immediate and prolonged capacities to provide nursing services based on current data. Begin out patient priority assessment; designate those eligible for immediate discharge; admit those patients unable to be discharged. Remind all staff that all patient discharges are routed through the Discharge Unit. Develop action plan in cooperation with other In-Patient Area unit leaders and the In-Patient Areas Supervisor. Request needed resources from the In-Patient Areas Supervisor. Assign patient care teams in configurations to meet the specific mission of the Out Patient areas; obtain additional personnel as necessary from Labor Pool.
<u>Intermediate</u>	 Contact Safety & Security Officer of security and traffic flow needs. Inform In-Patient Areas Supervisor of action. Report equipment/material needs to Materials Supply Unit Leader. Inform In-Patient Areas Supervisor of action.
Extended	 Ensure that all area and individual documentation is current andaccurate. Request documentation/clerical personnel from Labor Pool if necessary. Keep In-Patient Areas Supervisor apprised of status, capabilities and projected services. Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to In-Patient Areas Supervisor. Provide for staff rest periods and relief. Review and approve the area documenter's recordings of actions/decisions in the Surgical Services Area. Send copy to the In-Patient Areas Supervisor. Direct non-utilized personnel to Labor Pool. Other concerns:

OPERATIONS SECTION MEDICAL SERVICES SUBSECTION

Treatment Areas Supervisor Revised: 5-93 Reviewed: 6-98

TREATMENT AREAS SUPERVISOR

Positioned Assigned To:	
You Report To:	(Medical Care Director)
Operations Com	mand Center: Telephone:
Mission:	Initiate and supervise the patient triage process. Assure treatment of casualties according to triage categories and manage the treatment area(s). Provide for a controlled patient discharge. Supervise morgue service.
<u>Immediate</u>	Receive appointment from Medical Care Director and Job Action Sheets for the Triage, Immediate-Delayed-Minor Treatment, Discharge and Morgue Unit Leaders. Read this entire Job Action Sheet and review organizational clart on back. Put on position identification vest. Receive briefing from Medical Care Director and develop initial action plan with Medical Care Director, In-Patient Areas Supervisor and Medical Staff Director. Appoint unit leaders for the following treatment areas: ? Triage ? Immediate Treatment ? Delayed Treatment ? Discharge ? Morgue Distribute corresponding Job Action Sheets, request a documentation aide/assistant for each unit leader from Labor Pool. Brief Treatment Area unit leaders. Designate time for follow-up meeting. Assist establishment of Triage, Immediate, Delayed, Minor Treatment, Discharge and Morgue Areas in pre-established locations. Assess problem, treatment needs and customize the staffing and supplies in each area. Meet with Medical Care Director to discuss medical care plan of action and staffing in all triage/treatment/discharge/morgue areas. Maintain awareness of all in-patient capabilities, especially surgical services via the In-Patient Areas Supervisor. Receive, coordinate and forward requests for personnel and supplies to the Labor Pool Unit Leader, Medical Care Director and Material Supply Unit Leader. Copy all communication to the Communications Unit Leader.
<u>Intermediate</u>	Contact the Safety and Security Officer for any security needs, especially those in the Triage, Discharge and Morgue areas. Advise the Medical Care Director of any actions/requests.

	Report equipment needs to Materials Supply Onlt Leader.
	Establish 2-way communication (radio or runner) with Medical Care Director.
	Assess environmental services (housekeeping) needs for all Treatment Areas; contact
	Sanitation Systems Officer for assistance.
	Observe and assist any staff who exhibit signs of stress and fatigue. Report any
	concerns to Psychological Support Unit Leader. Provide for staff rest periods and
	relief.
	Assist Patient Tracking Officer and Patient Information Officer in obtaining
	information.
Extended	Report frequently and routinely to Medical Care Director to keep apprised of situation.
	Document all action/decisions with a copy sent to the Medical Care Director.
	Other concerns:

OPERATIONS SECTION

MEDICAL SERVICES SUBSECTION

Triage Unit Leader

Revised: 5-93 Reviewed: 6-98

TRIAGE UNIT LEADER

	Positioned Assigned To:
You Report To	: (Treatment Areas Supervisor)
Operations Cor	mmand Center: Telephone:
Mission:	Sort casualties according to priority of injuries, and assure their disposition to the proper treatment area.
<u>Immediate</u>	Receive appointment from Treatment Areas Supervisor. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Receive briefing from Treatment Areas Supervisor with other Treatment Area unit leaders. Establish patient Triage Area; consult with Transportation Unit Leader to designate the ambulance off-loading area. Ensure sufficient transport equipment and personnel for Triage Area. Assess problem, triage-treatment needs relative to specific incident. Assist the In-Patient Areas Supervisor with triage of internal hospital patients, if requested by Treatment Areas Supervisor. Develop action plan, request needed resources from Treatment Areas Supervisor. Assign triage teams.
<u>Intermediate</u>	 Identify location of Immediate, Delayed, Minor Treatment, Discharge and Morgue areas; coordinate with Treatment Areas Supervisor. Contact Safety & Security Officer of security and traffic flow needs in the Triage Area. Inform Treatment Areas Supervisor of action.
Extended	Report emergency care equipment needs to Materials Supply Unit Leader. Inform Treatment Areas Supervisor of action. Ensure that the disaster chart and admission forms are utilized. Request documentation/clerical personnel from Labor Pool if necessary. Keep Treatment Areas Supervisor apprised of status, number of injured in the Triage Area or expected to arrive there. Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to Treatment Areas Supervisor. Provide for staff rest periods and relief. Review and approve the area documenter's recordings of actions/decisions in the Triage Area. Send copy to the Treatment Areas Supervisor. Direct non-utilized personnel to Labor Pool. Other concerns:

OPERATIONS SECTION

MEDICAL SERVICES SUBSECTION

Immediate Treatment Unit Leader

Revised: 5-93 Reviewed: 6-98

IMMEDIATE TREATMENT UNIT LEADER

	Positioned Assigned To:
You Report To	(Treatment Areas Supervisor)
Operations Cor	nmand Center: Telephone:
Mission:	Coordinate the care given to patients received from the Triage Area; assure adequate staffing and supplies in the Immediate Treatment Area; facilitate the treatment and disposition of patients in the Immediate Treatment Area.
<u>Immediate</u>	Receive appointment from Treatment Areas Supervisor. Read this entire Job Action Sheet and review the organizational chart on back. Put on position identification vest. Receive briefing from Treatment Areas Supervisor with other Treatment Area unit leaders. Assist Treatment Areas Unit Leader in the establishment of Immediate Treatment Area. Assess situation/area for supply and staffing needs; request staff and supplies from the Labor Pool and Materials Supply Unit Leaders. Request medical staff support through Treatment Areas Supervisor. Obtain an adequate number of patient transportation resources from the Transportation Unit Leader to ensure the movement of patients in and out of the area.
<u>Intermediate</u>	Ensure the rapid disposition and flow of treated patients from the Immediate Teatment Area. Report frequently and routinely to the Treatment Areas Supervisor on situational status.
Extended	Observe and assist any staff who exhibits signs of stress and fatigue. Report any concerns to the Treatment Areas Unit Leader. Provide for staff rest periods and relief. Review and approve the area documenter's recordings of actions/decisions in the Immediate Treatment Area. Send copy to the Treatment Areas Supervisor. Direct non-utilized personnel to Labor Pool. Other concerns:

OPERATIONS SECTION
MEDICAL SERVICES SUBSECTION
Delayed Treatment Unit Leader
Revised: 5-93 Reviewed: 6-98

DELAYED TREATMENT UNIT LEADER

Positioned Assigned To:		
You Report To	e: (Treatment Areas Supervisor)	
Operations Co.	mmand Center: Telephone:	
Mission:	Coordinate the care given to patients received from the Triage Area. Assure adequate staffing and supplies in the Delayed Treatment Area. Facilitate the treatment and disposition of patients in the Delayed Treatment Area.	
<u>Immediate</u>	Receive appointment from Treatment Areas Supervisor. Read this entire Job Action Sheet and review the organizational chart on back. Put on position identification vest. Receive briefing from Treatment Areas Supervisor with other Treatment Area unit leaders. Assist Treatment Areas Supervisor in the establishment of Delayed Treatment Area. Assess situation/area for supply and staffing need; request staff and supplies from the Labor Pool and Materials Supply Unit Leaders. Request medical staff support through Treatment Areas Supervisor. Obtain an adequate number of patient transportation resources from the Transportation Unit Leader to ensure the movement of patients in and out of area.	
<u>Intermediate</u>	 Ensure the rapid disposition and flow of treated patients from the Delayed Treatment Area. Report frequently and routinely to the Treatment Areas Supervisor on situational status. 	
<u>Extended</u>	Observe and assist any staff who exhibits signs of stress and fatigue. Report any concerns to the Treatment Areas Supervisor. Provide for staff rest periods and relief. Review and approve the area documenter's recordings of actions/decisions in the Delayed Treatment Area. Send copy to the Treatment Areas Supervisor. Direct non-utilized personnel to Labor Pool. Other concerns:	

OPERATIONS SECTION

MEDICAL SERVICES SUBSECTION

Minor Treatment Unit Leader

Revised: 5-93 Reviewed: 6-98

MINOR TREATMENT UNIT LEADER

	Positioned Assigned To:
You Report To:	(Treatment Areas Supervisor)
Operations Com	nmand Center: Telephone:
Mission:	Coordinate the minor care of patients received from the Triage Area, and other areas of the hospital. Assure adequate staffing and supplies in the Minor Treatment. Facilitate the mino treatment of patients and disposition.
<u>Immediate</u>	Receive appointment from the Treatment Areas Supervisor. Read this entire Job Action Sheet and review theorganizational chart on back. Put on position identification vest. Receive briefing from Treatment Areas Supervisor with other Treatment Area unit leaders. Assist Treatment Areas Supervisor in the establishment of Minor Treatment Area. Assess situation/area for supply and staffing need; request staff and supplies from the Labor Pool and Materials Supply Unit Leaders. Request medical staff support through Treatment Areas Supervisor.
<u>Intermediate</u>	Obtain an adequate number of patient transportation resources from the Transportation Unit Leader to ensure the movement of patients in and out of the area. Ensure a rapid, appropriate disposition of patients treated within Minor Treatment Area. Report frequently and routinely to the Treatment Areas Supervisor on situational status.
Extended	 Observe and assist any staff who exhibit signs of stress or fatigue. Report any concerns to the Treatment Areas Supervisor. Provide for staff rest periods and relief. Review and approve the area documenter's recordings of action/decisions in the Minor Treatment Area. Send copy to the Treatment Areas Supervisor. Direct non-utilized personnel to Labor Pool. Other concerns:

OPERATIONS SECTION
MEDICAL SERVICES SUBSECTION
Discharge Unit Leader
Revised: 5-93 Reviewed: 6-98

DISCHARGE UNIT LEADER

	Positioned Assigned To:
You Report To:	(Treatment Areas Supervisor)
Operations Com	mand Center: Telephone:
Mission:	Coordinate the controlled discharge, (possible observation and discharge) of patients received from all areas of the hospital. Facilitate the process of final patient disposition by assuring adequate staff and supplies in the Discharge Area.
<u>Immediate</u>	 Receive appointment from the Treatment Areas Supervisor. Read this entire Job Action Sheet and review the organizational chart on back. Put on position identification vest. Receive briefing from Treatment Areas Supervisor with other Treatment Areas unit leaders. Assist Treatment Areas Supervisor in the establishment of Discharge Area. Coordinate with Human Services Director, Transportation Unit Leader and Safety & Security Officer. Assess situation/area for supply and staffing need; request staff and supplies from the Labor Pool and Materials Supply Unit Leaders. Request medical staff support through Treatment Areas Supervisor. Prepare area for minor medical treatment and extended observation.
<u>Intermediate</u>	Request involvement of Human Services Director in appropriate patient disposition. Communicate regularly with Patient Tracking Officer. Ensure that all patients discharged from area are tracked and documented in regards to disposition. Ensure a copy of the patient chart is sent with patient transfers. If copy service is not available, record chart number and destination for future retrieval. (If other hospital areas are discharging patients, provide for accurate controls and documentation.) Provide for patient discharge services in Morgue Area. Report frequently and routinely to Treatment Areas Supervisor on situational status.
<u>Extended</u>	Observe and assist any staff or patient who exhibits sign of stress. Report concerns to the Treatment Areas Supervisor. Provide for staff rest periods and relief. Review and approve the area documenter's recordings of action/decisions in the Discharge Area. Send copy to the Treatment Areas Supervisor. Direct non-utilized personnel to Labor Pool. Other concerns:

OPERATION SECTION
MEDICAL SERVICE SUBSECTION
Morgue Unit Leader
Revised: 5-93 Reviewed: 6-98

MORGUE UNIT LEADER

	Positioned Assigned To:
You Report To:	(Treatment Areas Supervisor)
Operations Com	nmand Center: Telephone:
Mission:	Collect, protect and identify deceased patients. Assist Discharge Area Unit Leader in appropriate patient discharge.
<u>Immediate</u>	Receive appointment from the Treatment Areas Supervisor. Read this entire Job Action Sheet and review the organizational charton back. Put on position identification vest. Receive briefing from Treatment Areas Supervisor with other Treatment Area unit leaders. Establish Morgue Area; coordinate with Treatment Areas Supervisor and Medical Care Director. Request an on-call physician from the Treatment Areas Supervisor to confirm any resuscitatable casualties in Morgue Area. Obtain assistance from the Transportation Unit Leader for transporting deceased patients. Assure all transporting devices are removed from under deceased patients and returned to the Triage Area.
Extended	 Maintain master list of deceased patients with time of arrival for Patient Tracking Officer and Patient Information Officer. Assure all personal belongings are keptwith deceased patients and are secured. Assure all deceased patients in Morgue Areas are covered, tagged and identified where possible. Keep Treatment Areas unit leaders apprised of number of deceased. Contact the Safety & Security Officer for any morgue security needs. Arrange for frequent rest and recovery periods, as well as relief for staff. Schedule meetings with the Psychological Support Unit Leader to allow for staff debriefing. Observe and assist any staff who exhibits signs of stress or fatigue. Report any concerns to the Treatment Areas Supervisor. Review and approve the area documenter's recording of action/decisions in the Morgue Area. Send copy to the Treatment Areas Supervisor. Direct non-utilized personnel to Labor Pool. Other concerns:

OPERATIONS SECTION
ANCILLARY SERVICES SUBSECTION
Ancillary Services Director
Revised: 5-93 Reviewed: 6-98

ANCILLARY SERVICES DIRECTOR

	Positioned Assigned To:
You Report To:	(Operations Section Chief)
Operations Com	mand Center: Telephone:
Mission:	Organize and manage ancillary medical services. To assist in provding for the optimal functioning of these services. Monitor the use and conservation of these resources.
Immediate	Receive appointment from Operation Section Chief and subsection's Job Action Sheets. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Meet with Operations Section Chief and other Operations Section directors for a briefing and development of initial action plan. Designate time for next meeting. Appoint unit leaders for: ? Laboratory Services ? Radiology Services ? Radiology Services ? Cardiopulmonary Services Distribute corresponding Job Action Sheets; request a documentation aide/assistant for each unit leader from the Labor Pool. Brief all unit leaders. Request an immediate assessment of each service's capabilities, human resources and needs. Designate time for follow-up meeting. Receive, coordinate and forward requests for personnel and materials to the appropriate individual.
<u>Intermediate</u>	Report routinely to the Operations Section Chief the actions, decisions and needs of the Ancillary Services Section. Track the ordering and receiving of needed supplies. Supervise salvage operations within Ancillary Services when indicated. Meet routinely with Ancillary Services unit leaders for status reports, and relay important information to Operation Section Chief.
<u>Extended</u>	 Observe and assist any staff who exhibits signs of stress or fatigue. Report any concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. Review and approve the documenter's recordings of actions/decisions in the Ancillary Services Section. Send copy to the Operations Section Chief. Direct non-utilized personnel to Labor Pool. Other concerns:

OPERATIONS SECTION
ANCILLARY SERVICES SUBSECTION
Laboratory Unit Leader
Revised: 5-93 Reviewed: 6-98

LABORATORY UNIT LEADER

	Positioned Assigned	ed To:
You Report To:		_ (Ancillary Services Director)
Operations Cor	nmand Center:	_ Telephone:
Mission:	Maintain Laboratory services, blood and blood manage the activity of the Laboratory Staff.	productsat appropriate levels. Prioritize and
<u>Immediate</u>	develop a subsection action plan. Inventory available blood supply and de	view organizational chart on back. es Director with other subsection unit leaders; signate those units of blood, if any, which may A. Report information to Ancillary Services ler.
	? Hematology studies? Chemistry studies? Blood Bank services	
<u>Intermediate</u>	and operational readiness to Ancillary Se Assign a phlebotomies and runner wir Immediate Treatment and Delayed Treat Contact Materials Supply Unit Leader in Prepare for the possibility of initiating bl Send any unassigned personnel to Labor Inform patient care areas of currently ava Communicate with Patient Tracking Office	th adequate blood collection supplies to the ment Areas. In anticipation of needed supplies. I lood donor services. I Pool. I milable service. I icer to ensure accurate routing of test results.
<u>Extended</u>	Laboratory Services area. Send copy of	r's recordings of actions/decisions in the to the Ancillary Services Director. t signs of stress and fatigue. Report concerns

OPERATIONS SECTION
ANCILLARY SERVICES SUBSECTION
Radiology Unit Leader
Revised: 5-93 Reviewed: 6-98

RADIOLOGY UNIT LEADER

	Positioned Assigned To:
You Report To	o: (Ancillary Services Director)
Operations Co	ommand Center: Telephone:
Mission:	Maintain radiology and other diagnostic imaging services at appropriate levels. Ensure the highest quality of service under current conditions.
Immediate	Receive appointment from Ancillary Services Director. Read this entire Job Action Sheet and review the organizational chart on back. Put on position identification vest. Receive briefing from Ancillary Services Director with other subsection unit leaders; develop a subsection action plan. Evaluate Radiology Serviæ's capacity to perform x-ray and other appropriate procedures: ? Number of Operational X-ray suites ? Number of operational portable X-ray units ? Number of hours of film processing available ? Availability of CT scan or MRI ? Availability of fluoroscopy Report status to Ancillary Services Director. Provide radiology technician and portable X-ray unit to Immediate and Delayed Treatment Areas, if available.
Intermediate	Contact Materials Supply Unit Leader in anticipation of needed supplies. Send any unassigned personnel to Labor Pool. Inform patient care areas of currently available radiology services. Communicate with Patient Tracking Officer to ensure accurate routing of test results.
<u>Extended</u>	Provide for routine meetings with Ancillary Services Director. Review and approve the documenter's recordings of action/decisions in the Radiology Services Area. Send copy to Ancillary Services Director. Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to Ancillary Services Director. Provide for staff rest periods and relief. Other concerns:

OPERATIONS SECTION
ANCILLARY SERVICES SUBSECTION
Pharmacy Unit Leader
Revised: 5-93 Reviewed: 6-98

PHARMACY UNIT LEADER

	Positioned Assigned To:
You Report To	: (Ancillary Services Director)
Operations Cor	mmand Center: Telephone:
Mission:	Ensure the availability of emergency, incident specific, pharmaceutical and pharmacy services.
<u>Immediate</u>	Receive appointment from Ancillary Services Director. Read this entire Job Action Sheet and review the organizational chart on back. Put on position identification vest. Receive briefing from Ancillary Services Director with other subsection unit leaders: develop a subsection action plan. Assign pharmacist to Immediate and Delayed Treatment Areas, when appropriate. Inventory most commonly utilized pharmaceutical tems and provide for the continual update of this inventory. Identify any inventories which might be transferred upon request to another facility and communicate list to the Ancillary Services Director.
<u>Intermediate</u>	Communicate with the Materials Supply Unit Leader to assure a smooth method of requisitioning and delivery of pharmaceutical inventories within the hospital.
Extended	Provide for routine meetings with Ancillary Services Director. Review and approve the documenter's recordings of actions/decisions in the Pharmacy Service Area. Send copy to Ancillary Services Director. Observe and assist any staff who exhibit signs of stress and fatigue. Report any concerns to Ancillary Services Director. Provide for staff rest periods and relief. Other concerns:

OPERATIONS SECTION
ANCILLARY SERVICES SUBSECTION
Cardiopulmonary Unit Leader

Revised: 5-93 Reviewed: 6-98

CARDIOPULMONARY UNIT LEADER

	Positioned Assigned To:
You Report To:	(Ancillary Services Director)
Operations Com	nmand Center: Telephone:
Mission:	Provide the highest level of Cardiopulmonary serices at levels sufficient to meet the emergency incident needs.
<u>Immediate</u>	Receive appointment from Ancillary Services Director. Read this entire Job Action Sheet and review the organizational chart on back. Put on position identificationvest. Receive briefing from Ancillary Services Director with other subsection unit leaders develop a subsection action plan. Evaluate Cardiopulmonary service's capacity to supply/perform: Operational ventilatory equipment Arterial blood gas analysis (ABG's) Electrocardiograph study (EKG) In-wall oxygen, nitrous oxide and other medical gases (confer with Damage Assessment and Control Officer) Size and availability of gas cylinders
Intermediate Extended	Report status/information of Ancillary Services Director. Assign respiratory therapist technician and EKG technician to the Immediate Treatment Area, when appropriate. Consider the possibility of requesting additional Cardiopulmonary resources vs developing a list of resources which may be loaned out of the facility. Monitor levels of all medical gases. Provide for routine meetings with Ancillary Services Director. Review and approve the documenter's recordings of actions/decisions in he Cardiopulmonary Services area. Send copy to the Ancillary Services Director. Observe and assist any staff who exhibit signs of stress and fatigue. Report any concerns to Ancillary Services Director. Provide for staff rest periods and relief. Other concerns:

OPERATIONS SECTION
HUMAN SERVICES SUBSECTION
Human Services Director
Revised: 5-93 Reviewed: 6-98

HUMAN SERVICES DIRECTOR

	Positioned Assigned To:
You Report To:	:(Operations Section Chief)
Operations Cor	mmand Center: Telephone:
Mission:	Organize, direct and supervise those services associated with the social and psychological needs of the patients, staff and their respective families. Assist with discharge planning.
Immediate	Receive appointment from Operations Section Chief. Obtain packet containing subsection Job Action Sheets. Read this entire Job Action Sheet and review organizational chart on back. Put on position identification vest. Obtain briefing from Operations Section Chief with other section directors and assist with development of the Operations Section's action plan. Designate time for follow up meeting. Appoint Staff Support Unit Leader, Psychological Support Unit Leader and Dependent Care Unit Leader. Distribute corresponding Job Action Sheets and identification vests. Brief unit leaders on current situation; outline action plan for subsection and designate time for next briefing. Establish Human Services Center near Discharge Area or near staff rest/rehabilitation area. Assist with establishment of Discharge Area. Lend support personnel to assist with patient discharge process. Assist in the implementation of patient early discharge protocol on the direction of Operations Section Chief. Secure the aid of Nursing Unit Leader.
<u>Intermediate</u>	Assist Psychological Support Unit Leader in securing a debriefing area. Meet regularly with unit leaders to receive updates and requests. Communicate frequently with Operations Section Chief.
Extended	Document action and decisions on a continual basis. Observe and assist anyone who exhibits signs of stress and fatigue. Provide for staff rest and relief. Other concerns:

OPERATIONS SECTION
HUMAN SERVICES SUBSECTION
Staff Support Unit Leader
Revised: 5-93 Reviewed: 6-98

STAFF SUPPORT UNIT LEADER

	Positioned Assigned To:
You Report To:	(Human Services Director)
Operations Com	nmand Center: Telephone:
Mission:	Assure the provision of logistical and psychological support of the hospital staff.
<u>Immediate</u>	Receive assignment from Human Services Director. Read this entire Job Action Sheet and review the organizational chart on back. Put on position identification vest. Obtain briefing from Human Services Director with other subsection unit leaders; assist in development of subsection action plan. Designate time for follow up meeting Anticipate staff needs as they might relate to the specific disaster.
<u>Intermediate</u>	 Establish a staff rest and nutritional area in a low traffic area. Provide for a calm relaxing environment provide overall disaster information updates (bulletins) for rumo control. Provide for nutritional support and sleeping arrangements; contact Nutritional Supply Unit Leader and Labor Pool Unit Leader for assistance. Establish a staff Information Center with the help of Communications Unit Leader Nursing Unit Leader and Labor Pool Unit Leader. Provide overall disaster information (bulletins) for rumon central.
<u>Extended</u>	updates (bulletins) for rumor control. Arrange for routine visits/evaluations by the Psychological Support Unit Leader Assist in establishment of separate debriefing area. Observe all staff closely for signs of stress and fatigue; intervene appropriately Provide for personal staff rest periods and relief. Assist staff with logistical and personal concerns; act as facilitator when appropriate. Report routinely to the Human Services Director. Document all actions, decisions and interventions. Other concerns:

OPERATIONS SECTION
HUMAN SERVICES SUBSECTION
Psychological Support Unit Leader
Revised: 5-93 Reviewed: 6-98

PSYCHOLOGICAL SUPPORT UNIT LEADER

	Positioned Assigned To:
You Report To	o: (Human Services Director)
Operations Co	ommand Center: Telephone:
Mission:	Assure the provision of psychological, spiritual and emotional support to the hospital staff, patients, dependents and guests. Initiate and organize the Critical Stress Debriefing process.
<u>Immediate</u>	Receive appointment from Human Services Director. Read this entire Job Action Sheet and review the organizational chart on back. Put on position identification vest. Receive briefing from Human Services Director; assist in development of subsection action plan. Designate time for follow up meeting. Establish teams composed of staff, clergy and other mental health profesionals to support the psycho-social needs of the staff, patients and guests.
Intermediate	 Designate a secluded debriefing area where individual and group intervention may take place. Coordinate with Staff Support Unit Leader. Appoint psychological support staff to visit patient care and non-patient care areas on a routine schedule. Meet regularly with all members of the Human Services Subsection. Assist the Staff Support Unit Leader in establishment of staff information/status boad (situation, disaster update, hospital activities).
Extended	 Advise psychological support staff to document all contacts. Observe psychological support staff for signs of stress and fatigue. Arrange for frequent, mandatory rest periods and debriefing sessions. Schedule and post the dates and times for critical stress debriefing sessions during and after the immediate disaster period. Document all actions, decisions and interventions. Other concerns:

OPERATIONS SECTION
HUMAN SERVICES SUBSECTION
Dependent Care Unit Leader
Revised: 5-93 Reviewed: 6-98

DEPENDENT CARE UNIT LEADER

	Positioned Assigned To:
You Report To:	(Human Services Director)
Operations Com	nmand Center: Telephone:
Mission:	Initiate and direct the sheltering and feeding of staff and volunteer dependents.
<u>Immediate</u>	 Receive appointment from Human Services Director. Read this entire Job Action Sheet and review the organizational chart on back. Put on position identification vest. Obtain briefing from Human Services Director; participate in development of subsection action plan. Designate time for follow up meeting. Establish a controlled, comfortable area where patients and visitors may wait for disposition home.
Intermediate	 Establish a Dependent Care Area removed from any patient care areas. Obtain volunteers from the Labor Pool to assist with child and/or adult care. Make tentative plans for extended care. Monitor the area continuously for safety and dependant needs with a minimum of two hospital employees. Implement a positive I.D. system for all children cared for under age of 10 years of age. Provide matching I.D. for retrieving guardian to show upon release of child. Document care and all personnel in the area. Contact the Safety & Security Officer for assistance. Contact Materials Supply Unit Leader and Nutritional Supply Unit Leader for supplies and food; advise Situation - Status Unit Leader and Labor Pool Unit Leader of any extended plans.
Extended	Assure that those dependents taking medications have sufficient supply for estimated length of stay. Arrange for the Psychological Support Unit Leader to make routine contact with dependents in the shelter, as well as responding when necessary. Observe staff and dependents for signs of stress and fatigue. Provide for staff rest periods and relief. Report routinely to Human Services Director. Document all actions/decisions. Other concerns:

SECTION 3

HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

FORMS

III. The Hospital Emergency Incident Command System Forms

This chapter contains the various forms used with the HEICS job assignments. The forms are very simple and self-explanatory. While paper work is often portrayed as burdensome, it should also be pointed out that through accurate documentation an event can be reconstructed that lessons may be learned. Sound documentation is also the beginning step in the road to financial recovery.

The pages in this chapter have not been indexed with page numbers so that the forms may be reproduced on a photocopy machine. The following is an indexing of the forms and those positions intended to use them:

Activity Log All officers

Section Personnel Time Sheet Each Section Chief or aide

Procurement Summary Report Procurement Unit Leader

Volunteer Staff Registration/ Labor Pool Unit Leader

Credentialing Form

Facility Systems Status Report Damage Assessment and

Control Officer

Resource Accounting Record Each Section Chief or aide

Patient Tracking Sheet Patient Tracking Officer

Action Plan Incident Commander, Section

Chiefs and individuals

Emergency Incident Message Forms All personnel

HEICS ACTIVITY LOG

Date://	Section:
Position Title	Individual Name:

#	Time	Incident - Problem Situation	Action
1			
2			
3.			
4			
5			
6			
7			
8			
9			
10			
11			

This form is intended for use by all individuals as an accounting of their personal action or the section activity.

Original: Immediate Supervisor or Section Chief

Copy: Position/Section Documentation

HEICS III

Certifying Officer

H E I C S SECTION PERSONNEL TIME SHEET

Date:			Section:			
Hours:	From: To:_					
#	(<i>Please Print</i>) Employee/Volunte e Name	Title/Job Class	Signature	Time In	Time Out	Total Hours
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
						

Original = TIME UNIT LEADER (Finance Section) every 12 hours.

Date/Time:_____

H E I C S PROCUREMENT SUMMARY REPORT

#	P.O. #	Date/Time	Item/Service	Vendor	\$ Amount	Requestor	Approval
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

Certifying Officer	Date/Time:
--------------------	------------

H E I C S VOLUNTEER STAFF REGISTRATION/CREDENTIALING FORM

DATE:	/ /	Event:

#	(<i>Print</i>) Name	(Print) Address	Signature	Driver's License #	PROF/TECH LIC#	Specialty Skills	Employer Address	Time IN	Time OUT	Security Follow-up
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										

Certifying Officer.	Date/Time:
---------------------	------------

Original: Labor Pool Unit Leader Copy: Safety/Security Officer

HEICS FACILITY SYSTEM STATUS REPORT

Date:	/	/	
Time:			Certifying Officer

System	Operational Status	Comments (If Non-Operational, Give Reason And Estimate Time/Resources To Necessitate Repair
Structural Components		
Electrical Power-Primary Service		
Electrical Power Backup Generator		
Water		
Natural Gas		
Oxygen		
Other Medical Gases		

System	Operational Status	Comments (If Non-Operational, Give Reason And Estimate Time/Resources To Necessitate Repair
Air Compressor		
Fire Prevention/Mitigation Components		
Vacuum (for patient use)		
Steam Boiler		
Water Heater and Circulators		
Heating-Air Conditioning		
ЕТО		
Pneumatic Tube		

System	Operational Status	Comments (If Non-Operational, Give Reason And Estimate Time/Resources To Necessitate Repair
Telephone	o postarional a mona	, , , , , , , , , , , , , , , , , , ,
FAX		
Radio Equipment		
Paging - Public Address		
Food Preparation Equipment		
Laundry Service Equipment		
Video-Television Cable		
Video Tolevision Cuote		
Non-structural Components		
Other		

HEICS RESOURCE ACCOUNTING RECORD

0000 - 1159 ho	Durs G 1200 - 2359 hours	on:		
Гіте	Item/Product Description	Rece'd From	Dispensed To	Initia

Copy: Finance Chief

Original: Section Chief

HEICS PATIENT TRACKING SHEET

						. 10									
DATE:/						Event:									
								Loca	ation						
Patient #	Patient Name	Age	Status												Disposition

Certifying Officer Date/Time:

HEICS ACTION PLAN

Incident:	Date:	Section/Position:				
Officer:		For Time Period:				
GOAL(S):		OBJECTIVES for Goal Achievement:				
		1.				
		2.				
		3.				
		4.				
		5.				
		6.				
Resources Needed:		Obtained from/time:				
1.						
2.						
3.						
4.						
5.						
6.						
Goals(s) Completed/Status		Reported to/time :				

HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM EMERGENCY INCIDENT MESSAGE FORM

FILL IN ALL	INF	ORMATION			
ΓΟ (Receiver)):				
FROM (Sende	er):				
DATE & TIM	E :				
PRIORITY	G	Urgent-Top	G Non Ur	gent-Moderate	G Informational-Low
Message:					
_					
D 1 D			Time Received:	Comments:	
Received By:					
Forward To:					
			Time Received:	Comments:	

KEEP ALL MESSAGES REQUESTS BRIEF, TO THE POINT AN D VERY SPECIFIC.

Original: Receiver Copy #1: Communications Officer Copy #2: Sender