Department of Veterans Affairs

Veterans Health Administration (VHA)

VA CARIBBEAN HEALTHCARE SYSTEM

PUERTO RICO

COMPREHENSIVE EMERGENCY MANAGEMENT PLAN (CEMP)

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VA Caribbean Healthcare System
Comprehensive Emergency Management Plan (CEMP)

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CEMP REVIEW AND AUTHORITY

Version	Revision Date	Topic(s)	Summary of Changes

Purpose.

The purpose of the Comprehensive Emergency Management Plan (CEMP) is to provide a programmatic framework to reduce all hazards at all levels of VA Caribbean Healthcare System (VACHS) in accordance with the VHA Directive 0320, Comprehensive Emergency Management Program (CEMP). The plan includes processes that are designed to evaluate risks that may adversely affect the life or health of patients, staff, and visitors. The emergency management plans describing the process for disaster readiness and emergency management activities occurring across four phases: mitigation, preparedness, response, and recovery, and implements it when appropriate.

Mission. The VACHS mission is to honor America's veterans by providing exceptional health care that improves their health and well-being. In order to accomplish our mission all VACHS staff must have the commitment to provide a safe, secure, and therapeutic environment at its main facility and clinic for all patients, staff and visitors. The emergency management program is design to support patient safety and an effective care by providing reliable information that allows facility management and staff to make better emergency management decisions and to evaluate the key issues and opportunities for improvement of the emergency management performance. Consistent with this mission, the VACHS has established and provides ongoing support for the Comprehensive Emergency Management (CEM) described in this plan.

Scope. The facility has an Environment of Care Committee (EOCC) consisting of a cross representation of the facility's staff in accordance with the Charter No. 21-06, Environment of Care Committee. The EOCC monitors training and competence of staff and assesses conditions of the physical plant, grounds, and equipment through building inspections, environmental rounds, safety inspections, and various performance improvement initiatives. Through review of reliable information, management can make the best decisions regarding safety concerns and to evaluate emergency management performance related to key issues with opportunities for improvement. The EOCC monitors and evaluates all emergency management reports in a quarterly basis. Since 2009 an Emergency Management (EM) became a separate chapter of the Joint Commission Standard and gave more autonomy to Emergency Management Committee (EMC) to takes action and makes recommendations to the facility executive leadership, including the Director, the Deputy Director, Chief of Staff, the Associate

Director and the Associate Director for Patient Care Services who serves as the Governing Body (Executive Team) on issues related to EM. The VACHS EMC may issue assignments to committee members and non-committee staff for follow-up actions, improvements, and completion of reports (see Charter No. 21-40, Emergency Management Committee).

Policy.

a. VA Caribbean Healthcare System (VACHS) executive leaders, including leaders of the medical staff, participate in planning activities prior to developing or reviewing the Emergency Operations Plan.

b. The procedures explained in the CEMP apply to all VACHS staff and facilities that include VA Medical Center, Outpatient Clinics, Home Base Primary Care (HBPC), Long Term Care (LTC) Program, Behavioral Health, Research, Warehouse, Domiciliary, Radiology and Clinical Laboratory. Each Service Chief has the responsibility to write and implement their own Service Level Preparedness Plan that will expand on the details of his/her service response to an emergency or disaster.

c. VACHS EMC conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented in the Annex 1.1.

d. Effective planning reduces the impact of emergencies on the quality of patient care and increases the facility's ability to continue to provide necessary patient services.

e. Many types of emergencies can be identified from past organizational or community experiences. Evaluating the past experiences provides a baseline of likely threats in future emergencies. Planning should include responses to these likely future emergencies.

f. Planning considers facilities, space, personnel, supplies, communications, and other resources needed to provide essential services under less-than-ideal conditions.

g. Planning considers on-duty and off-duty staff and other resources when determining what staff is needed to maintain essential services.

h. Planning considers conditions that may require modifications of normal patient care routines including treatment. The conditions may require discontinuation of services, patient transfer, facility evacuation, or discharge of patients.

i. Periodic drills are essential for maintaining staff awareness of emergency procedures and for evaluating the effectiveness of plans.

j. Scheduled drills and actual implementations of the emergency management program are observed, documented, and critiqued to identify opportunities for improvement. Actions taken to address deficiencies are documented and tested during

subsequent drills. All drills are conducted in accordance with multiple organizations standards including but not limited to the Joint Commission (TJC), Commission on Accreditation of Rehabilitation Facilities (CARF), National Fire Protection Association (NFPA), Veterans Healthcare Administration (VHA) Emergency Management Capabilities Assessment Program (EMCAP) and others. Changes to the emergency operations plans, as well as the multiple yearly training and exercise plans (MYTEP), are presented to EMC for review and recommendations.

(1) Comply with accepted standards for emergency management.

(2) Provide a safe, secure, and therapeutic environment for patients, staff, and visitors.

(3) Integrate emergency management practices into daily operations.

(4) Identify opportunities to improve performance.

k. VACHS plan for managing six critical areas of emergency response in order to assess our needs and prepare staff to respond to events most likely to occur regardless of the cause(s) of an emergency situation an emergency. The six critical areas of emergency management are as follows:

(1) Communication. VACHS developed a plan to maintain communication pathways both within the Healthcare System, Clinics and to critical community resources. (See Annex 1.2, Activations and Communications, Annex 1.23, Information Systems Failure Plan).

(2) Resources and Assets. VA Caribbean Health Care System Logistics Section identified materials and supplies, vendor and community services, as well as state and federal programs, as essential resources that Hospital Incident Command Staff must know to access in times of crisis to ensure patient safety and sustain care, treatment, and services. (See Annex 1.3– HICS & Job Actions Sheets, Logistics). VACHS Logistics Section and Facility Management Services keeps a documented inventory of resources and assets we have on site that may be needed during an emergency, including but not limited to, personal protective equipment, water, fuel, vehicles and medical, surgical, and medication-related resources and deployable assets. If the VAMC Incident Commander decide to share resources and assets with other healthcare organizations within the healthcare community, the VAMC HICS Liaison (i.e., Emergency Managers), will communicate with the PR Healthcare Coalition (HCC) Liaison about any necessary resources that are need it to maintain their level of care and continuity of operations. If HCC Liaison can’t support the request for information (RFI), he or she should forward any concerns to the government agencies such as PR Department of Health (PRDoH) and PR Emergency Management Bureau (PREMB). The same communication process will be use when VAMC IMT, will share resources and assets with other health care organizations outside the community, in the event of a regional or prolonged disaster however the organization of regions at PR Department of Health (PRDoH) and PR Emergency Management Bureau (PREMB) are different, for

that reason the communication with the PR Healthcare Coalition (HCC) Liaison is critical to avoid delay of sharing resources. In addition, the VACHS maintains a deployable assets inventory that consists of the following.

(a) Medical Mobile Units (MMU)

(b) Dual Use Vehicle (DUV)

(c) Logistic Support Vehicle (LSV)

(d) Emergency Standby Generators

(e) Light Towers

(f) Western Shelter System

(g) Portable Diesel Tank

(h) Hospital Emergency Response Team (HERT) Trailers

(i) DLX Drive Thru Tent System

(j) Redundant Communication Equipment

(3) Safety and Security. The safety and security of patients are the prime responsibility of the VACHS during an emergency. As emergency situations develop and parameters of operability shift, all VACHS employees must provide a safe and secure environment for their patients and staff. (See the MCP 07B-21-10 Security Management Plan and CM-00-19-81, Safety Management Plan, MCP 118-21-16 Hospital Wide Safe Patient/Resident Handling and Movement Policy).

(4) Staff responsibilities. During an emergency, the probability that staff responsibilities will change is high. As new risks develop along with changing conditions, staff will need to adapt their roles to meet new demands on their ability to care for patients. If staff cannot anticipate how they may be called to perform during an emergency, the likelihood is that VACHS will not sustain itself during an emergency increase. (See Annex 1.3 – HICS, Job Actions Sheets), Primary Response Groups, Annex 1.4 – Service Responsibilities, Internal and External Emergencies, VHA Handbook 5010 Employee Accountability System).

(5) Utilities management. A VA Caribbean Healthcare System (VACHS) depends on the uninterrupted function of its utilities during an emergency. The supply of key utilities, such as power, potable water, ventilation, and fuel, must not be disrupted or adverse events may occur as a result. (SOP 001FM-21-19, Contingency Plans for Unexpected Losses of Utilities, and MCP 118-21-25, Nursing Contingency Plans for Unexpected Loss of Utilities).

(6) Patient clinical and support activities. The clinical needs of patients during an emergency are of prime importance. VACHS have clear, reasonable plans to address the needs of patients during extreme conditions when the Healthcare System

infrastructure and resources are taxed. VA Caribbean Healthcare System has a sound understanding of our response to these six critical areas of emergency management. We have developed an “all hazards” approach that supports a level of preparedness enough to address a range of emergencies, regardless of the cause. VACHS also identified potential hazards, threats, and adverse events, and assess their impact on the care, treatment, and services they must sustain during an emergency. This assessment is known as a Hazard Vulnerability Analysis (HVA) and is designed to assist healthcare organizations in gaining a realistic understanding of their vulnerabilities, and to help focus their resources and planning efforts. Finally, VACHS use the information from their assessments to develop Emergency Operations Plans, which should be tested regularly, and use the lessons learned to improve. Behavioral Health professionals, social workers, and chaplains will also be required to help in their respective expertise during and after an emergency and disaster response by giving support for both patients and staff. Plans should be done by respective Service Chiefs (see Annex 1.24-Behaivoral Health Response Plan).

l. VACHS Emergency Operations Plans (EOP) describes the response procedures to follow when an emergency occurs. The VACHS leaders, including leaders of medical staff uses the hazard vulnerability analysis (HVA) as a basis for defining the different emergency operations plans included in this document to organize and mobilize essential resources. The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the VACHS may experience. EOP identifies the hospital’s capabilities and establishes response procedures even when the VACHS cannot be supported by local community in the hospital’s efforts to provide communications, resources and assets, safety and security, staff, utilities, or patient care for at least 96 hours of operations.

Responsibilities.

a. The Center Director have the responsibility to ensuring the VAMC CEMP meets VHA CEMP requirements.

b. Establishing a VAMC EMC and providing feedback to the VISN EMC.

c. Maintaining a contingency capacity to assist the DoD in time of war or national emergency to care for the casualties of such war or national emergency, as appropriate. Serving as the NDMS FCC Director, as appropriate, and designating appropriate staff to coordinate with and designate a backup to the AEM as FCC Coordinator.

d. Implementing the VAMC EOP during incidents and events that affect or involve the facility, in coordination with the local community, other facilities, the VISN Office, and VHA OEM.

e. Designating staff to serve on the VAMC incident management team.

f. Reviews reports and, as necessary, communicates concerns about key issues and regulatory compliance to VISN 8 Network Director, appropriate departments, services, and staff.

g. Supporting an annual schedule of training and exercises.

h. Maintaining the capability to decontaminate persons presenting to the facility for treatment.

i. Ensuring that plans and processes are in place and evaluated annually for the use of the VA all-hazards cache and other medical-related stockpiles for the treatment of Veterans, staff, and the public in emerge

j. The VACHS Executive Team collaborates with appropriate departments, services, and staff to establish operating budget for the emergency management program, as well as project for Emergency Management Performance Improvement (EMPI) funds.

k. Ensuring all Community Based Outpatient Clinics (CBOCs) and satellite operations not located on the facility campus participate in the VAMC CEMP, including identifying an emergency management lead at each site to maintain and implement emergency procedures, in conjunction with the VAMC EMC.

l. The Executive Director is the individual who has the authority to activate the response and recovery phases of the emergency response. The Director also authorizes key staff to take immediate and appropriate action in the event of an emergency. An emergency is a situation that poses an immediate threat to life or health or threatens damage to equipment or buildings. Each Service Chief, program and site managers are responsible for educating new staff members to their departments, program, site, on job specific emergency management procedures and service level preparedness plans (SLPP).

m. The Director reviews reports and, as appropriate, communicates safety related concerns about identified issues and regulatory compliance. The Clinic Director also authorizes key staff to take immediate and appropriate action in the event of an emergency.

n. The Chief of Staff, the Deputy Director, Associate Director, the Associate Director for Patient Care Services, and Services Chiefs have the responsibility to establish Service Level Plans, and practices for granting emergency privileges to clinical staff and authorization for non-clinical staff to work in the facility during an emergency operations implementation.

o. The Associate Director serves as the chairperson of the EMC and receives regular reports on activities of the Comprehensive Emergency Management Plan (CEMP) from the EMC. The Associate Director reviews reports and, as appropriate,

communicates emergency management related concerns about identified issues and regulatory compliance to the Center Executive Director.

p. The Associate Director or EMC Chairperson and the Emergency Management Program Managers (EM) with the collaboration of the VHA Office of Emergency Management (VHAOEM) Area Emergency Manager (AEM) are responsible for the identification, collection, and analysis of information regarding emergency management deficiencies, development of plans for improvement, as well as initial response and assessment. Training of staff and volunteers is coordinated by the Associate Chief of Staff (ACOS) for Education and Nursing Education.

q. VHA OEM Area Emergency Managers (AEMs) are responsible for: providing technical assistance and support to VISN and VAMC emergency management program. In coordination with designated VAMCs, support the VA/DoD Contingency Hospital System and NDMS, as appropriate. Providing liaison to State and local government agencies and other organizations and programs designed to enhance mitigation, preparedness, response, recovery and resilience of public health and medical service delivery during disasters and emergencies to ensure linkage to VHA facilities and VISNs. Participating on incident management teams to support VHA Central Office, VISNs, VAMCs, and other Federal agencies. Conducting annual inspections of the VHA all hazard caches. Participating in assessments of VISN and VAMC CEMPs; Participating in and helping with implementation of training and exercises to increase VHA OEM, VISN and VAMC staff proficiencies in carrying out response and recovery roles.

r. The VAMC Emergency Manager (VAMC EM) is responsible for: Developing, implementing, maintaining, evaluating, and improving the VAMC CEMP and ensuring it meets VHA, accreditation, and other regulatory requirements, including providing technical assistance and support to satellite offices and to the CBOC emergency response leads. Providing leadership, support, and consultation to the VAMC EMC and working groups, as designated by facility leadership. Conducting an annual program evaluation to determine the status and performance of the VAMC CEMP for the purposes of improvement.

s. The EOCC coordinates processes within the Environment of Care Standards. Membership on the EOCC is by appointment from the Director and includes representatives from administration, clinical services, and support services. The EOCC meets monthly to receive reports and to conduct reviews of emergency management issues quarterly. Additional meetings may be scheduled at the request of the EOCC Chairperson.

t. Individual staff members are responsible for learning, following job and task specific procedures for safe operations delegated by their supervisors. Individual staff members are also responsible for learning and using reporting procedures. All staff is responsible to support the VACHS Medical Center and Clinics during the activation and response of the emergency management plans.

u. Emergency Manager will develop, implementing, maintaining, evaluating, and improving the VAMC CEMP and ensuring it meets VHA, accreditation, and other regulatory requirements, including providing technical assistance and support to satellite offices and to the CBOC emergency response leads. Also, will conduct an annual review of the program, an annual Hazard Vulnerability Analysis and developing an annual training and exercise program.

Procedures.

a. **Management of Emergency Planning**

(1) Identification of Specific Procedures: The hospital staff conducts a hazard vulnerability analysis to identify potential emergencies that could affect the need for its services or its ability to provide those services. The Hazard Vulnerability Analysis (HVA) is a systematic approach to assessing the probability, severity and consequence of hazards or threats/events that may affect the continued operation of the VACHS and surrounding community. The input to the HVA is performed by the facility Emergency Managers (EM), the Area Emergency Manager (AEM), the Service Chiefs, members of the EMC and community emergency response agencies. Some threats to individual services are so severe that they may interrupt the continuity of critical operations in the VA Medical Center (VAMC) and Clinics (CBOC). The Emergency Management Committee (EMC) oversees the annual HVA process to ensure that all major threats to the VAMC and Clinics are accounted for and assessed. Using the input submitted by Services Chiefs and CBOCs Directors, the EMC must create a prioritized list of hazards, threats and events that require incident-specific guidance annually. In addition, each CBOCs as well as Home Base Primary Care (HBPC) identify and assess their risks throughout their HVA. Finally, the VACHS HVA is approved by the Executive Director. Based on the HVA, specific procedures are developed to respond to a variety of emergencies and disasters.

(a) The four phases of emergency management dealt with in these procedures are:

1. Mitigation
2. Preparedness
3. Response
4. Recovery

(b) The VACHS use its HVA as a basis for defining mitigation activities. VHA Emergency Management Performance Improvement Funds and/or VACHS Operational Funds are used to improve and resolve mitigation activities. Specifics are found in the Comprehensive Emergency Management Plan Attachments and in department, program, and site-specific procedures. Emergency Operation Plan explain the response procedures could include the following: Maintaining or expanding services, conserving resources, curtailing services, supplementing resources from outside the

local community, closing the hospital to new patients, staged evacuation, total evacuation.

(2) Community Planning: The VAMC EMs and AEM establishes priorities, in coordination with federal, state, and local emergency management programs, as identified in the hazard vulnerability analysis for which mitigation, preparation, response, and recovery activities will need to be undertaken. Also, the VAMC and CBOCs leaders establishes with the community: priorities among the potential emergencies identified in the hazard vulnerability analysis, the hospital's role in relation to a community wide emergency management program and an "all-hazards" Hospital Incident Command System (HICS) within the hospital that links with the community's command structure. The Incident Command System (ICS), a component of the National Incident Management System (NIMS), provides a universal structure and process to manage the organization's response and recovery activities.

The EMC defines and, where appropriate, integrates the facility's role and relationship with federal, state, and local emergency response agencies, including identification of the relevant command structures.

(3) Management Emergency Planning: The VAMC Emergency Managers (Ems) are responsible for the development and maintenance of a written Comprehensive Emergency Management (CEM) plan with policies and procedures describing the processes for disaster readiness and emergency management. All VACHS leaders and staff are responsible for the emergency plans implementation.

(a) The EMs are responsible to include the organization's leaders including the medical staff in the development of the emergency management plans.

(b) The Director or the Administrative Officer of the Day (AOD) is responsible for specific processes to initiate the response and recovery phases of the emergency operations plans.

(c) The facility Hospital Incident Command System (HICS) staff in conjunction with VISN 8 Network Emergency Management Coordination Center (NEMCC) will provide for continuing of operations plans (COOP) support and/or the re-establishment of operations following an emergency and/or disaster.

(d) The Emergency Management Committee (EMC) is established to coordinate and oversee the Comprehensive Emergency Management Program (CEMP). The EMC should meet at a minimum on a quarterly basis.

(e) EMC Membership - The membership of the EMC should be specified in the CEMP and should include: (see Charter 21-40 Emergency Management Committee). The EMC should report to the Environment of Care Committee.

1. Associate Director (Chairperson)
2. Emergency Manager (EM) (Co-Chair)

3. Area Emergency Manager (AEM) (Co-Chair)

4. Voting Members

a. Associate Director for Patient Care Services

b. Chief, Emergency Medicine Unit

c. Chief, Fiscal Service

d. Chief, FMS

e. Chief, Logistics Service

f. Chief, Police Service

g. Safety Manager

h. Chief, Patients & Community Relations

i. Chief, Medical Service

j. Chief, Infectious Diseases

k. Coordinator Infectious Control

l. Chief, ITOPS

m. Chief, ACOS Primary Care

n. Chief, HAS

5. Member Ad-Hoc

a. AFGE Union Safety Officer

b. Chief, Nuclear Medicine Service

c. Chief, Surgical Service

d. Chief, HIMS

e. Chief, Human Resources

f. PR National Cemetery

g. San Juan VA Benefits

h. Chief Research and Development

i. CARF Safety Representatives:

(1) PM&R, Blind Rehab Service, CWT and SCID

(4) Staff Notification: The plan provides processes for initiating the response and recovery phases of the plan, including a description of how, when, and by who the

phases are to be activated. The Incident Commander (IC) is responsible for the processes of notifying staff when response measures are initiated. Each Service Chief is responsible for assuring their staff notification lists are current and will notify their staff of an emergency when directed by incident command in accordance with SOP 00-21-07 Policy for Maintaining Updated Callback Rosters. The Annex Activation and Communications covers the list of phones numbers available in case of an internal and external emergency. Also covers the resources available to create a mass notification message to our staff. Some of the applications available prior, during and after an emergency and disasters are the following:

(a) AtHoc VA Emergency Alerting and Accountability System (VA EAAS) will be used to notify our staff by individuals and groups calls.

(5) Notification of External Authorities: Any employee or staff member of the Healthcare System who receives notification or observes an incident that could result in a disaster shall report this information immediately to the Police Communications Center (PCC) at extension #111444. The VA Police Communication center or switchboard will immediately contact the Director as well as the Administrative on Duty (AOD) and inform of the emergency. The PCC will also notify external local authorities (e.g., Police, Fire Dept, 9-1-1, etc.), if necessary.

(a) The EM and AEM advise about the uses of the incident command structure (ICS) designated staff to notify official local, state, and federal first response and law enforcement agencies when an emergency has occurred that is serious enough to warrant their involvement or notification. It is required for significant incidents and emergencies to submit a “Heads-Up message” follow by an Issue Brief report immediately to the VISN 8 leadership to keep the VA, VHA chain of command informed. The Activation and Communications (Annex 1.2) covers the list of phones numbers available in case of an internal and external emergency.

(6) Staff Assignments: The Incident Commander uses the HICS structure to assign roles to essential staff personnel and provides physical identification as necessary. The EOP HICS (Annex 1.3) list processes for identifying and assigning staff to cover all essential staff functions under emergency conditions.

(7) Support, Care, Space, Supplies, and Security: The hospital incident command system (HICS) staff will direct department/service, program, and site managers to modify or discontinue services, to control patient information and manage patient transportation.

(a) The HICS Infrastructure Branch Director is responsible for managing the space that may be needed during an emergency and provide the staff direction on managing the space needed during the emergency.

(b) The HICS Operations Section Chiefs (Administrative and Clinical) has the authority to assign and deploy employees to alternative roles and responsibilities during an emergency, as necessary. The Incident Management Team (IMT) will be responsible

for providing support for employees, staff family support activities, transportation, and stress debriefing.

(c) Patient Family Support Branch Director will provide information of external agencies that can provide staff family support during and after a disaster (example: shelters, transportation, and other critical services).

(d) The HICS Logistics Section Chief with the assistance of department, program, and site managers will manage critical supplies needed to meet the needs of patients, visitors, and staff.

(e) The Security Branch, in consultation with Operations Chief will control the security for the facility and all sites affected by the emergency or disaster. The Security Branch will notify and request assistance from external law enforcement/security agencies as necessary. Lockdown Procedures are directed under the Security MCP 07B-21-10 and SOP 07B-21-02 Building Security.

(8) News Media: Interaction with the news media will be handled exclusively by and at the direction of the Director and Public Information Officer. The Annex 1.2 Activation and Communications covers the list of phones numbers available in case of an internal and external emergency. Also covers the resources available to create a mass notification message to our patients, staff, and family see CM 00-19-56 Public Affairs Policy.

(9) Evacuation: The Annex 1.10 Fire Emergency Response and the Annex 1.8 Evacuation Plan describes the procedures for evacuating the entire facility (both horizontally and, when applicable, vertically) when the environment cannot support adequate care, treatment, and services. At the direction of the HICS Incident Commander, the evacuation will be implemented when a facility or site cannot sustain or support patient care and treatment.

(10) Alternate Care Sites: The facility has identified alternative care sites within Puerto Rico and other appropriate care sites throughout the VISN 8 that have the capabilities to meet the needs of patients and staff, when the environment cannot support adequate care, treatment, and services. Also, the VAMC HICS Liaison (i.e., Emergency Managers). will communicate with identified alternative care sites (ACS) through the PR Healthcare Coalition (HCC) Liaison about any resources that are need it to maintain the level of care at the ACS. If HCC Liaison can't support the request for information (RFI) about the ACS, he or she should forward any concerns to the government agencies such as PR Department of Health (PRDoH) and PR Emergency Management Bureau (PREMB). Additional ACS should be coordinate with VISN 8 Network Emergency Management Coordination Center (NEMCC). The Carolina Warehouse as well as the Outpatient Clinics at Ponce and Mayaguez are the alternate location for the VACHS Business Continuity Operations Plan (COOP) and Business Relocation. At the request of the IC and with the approval of the Director, patients, staff, and equipment will be relocated to specified facilities. These relocations will be

carried out according to the procedures within the Annex 1.8- Evacuation Plan, which include provision for medications, interoperability communications between the hospital and the alternative care sites, medical records, supplies, patient tracking, and transportation.

(11) Identification of Care Providers and other Staff: Lists of identified care providers and other available staff are provided to the incident command structure. Physical identification is provided as necessary. If external resources are necessary Human Resources Management Service has specific process for granting emergency privileges to dependent healthcare providers from the community (see Annex 1.6 Disaster Privileges). The Credentialing and Privileging Office has specific process for granting emergency privileges to independent healthcare providers from the community in accordance with VACHS Medicine Bylaws.

(12) Cooperative Planning and Communication: The Annex 1.7 -VA/DoD Contingency Plan and National Disaster Medical System (NDMS), defines the cooperative planning with other healthcare organizations in the contiguous geographic area to facilitate the timely sharing of information about:

(a) Essential elements of their command structures and control centers for emergency response.

(b) Names, roles, and telephone numbers of individuals in their command structures.

(c) Alternate means of communications.

(d) Resources, services, and assets, including staff that could potentially be shared or pooled in an emergency response.

(e) Names of patients and deceased individuals brought to their organizations to facilitate identification and location of victims of the emergency. VACHS will communicate the names of patients and the deceased with other health care organizations in accordance with Privacy Policy and Procedures MCP 00PO-21-01.

(13) Communications: The Annex 1.2 - Activation and Communications identify backup internal and external communication systems that will sustain emergency communications in addition to advance preparation to support communications during emergencies. VACHS leadership support HF communications tests, exercises, and normal and emergency/disaster communications as delineated in the HF Radio Operations Plan.

(14) Alternative Staff Roles: The Hospital Incident Command System (HICS) is consistent with the National Incident Command System (NIMS) doctrine used in the local community. VAMC EMs will be responsible of training and exercising staff designated to perform NIMS ICS roles during VACHS emergency operations, to increase staff proficiencies. The HICS provides the authority to assign staff to alternative roles and responsibilities during an emergency, as necessary (see Annex 1.3 and VHA Directive 0320.12 NIMS Compliance).

(15) Alternative Utilities: The CEMP and the Facility Management Services (FMS) Contingency Plan (see SOP 001-FM-21-34, Contingency Plans for Unexpected Losses of Utilities, MCP 118-21-25 Nursing Contingency Plans for Unexpected Losses of Utilities) identifies an alternative means of meeting essential building utility needs when the hospital is designated by its emergency management plan to provide continuous service during an emergency (for example, electricity, water, ventilation, fuel sources, medical gas/vacuum systems). HICS Infrastructure Brach Director and Logistics Section Chief, keeps a documented inventory of resources and assets it has on site that may be needed during an emergency, including, but not limited to, personal protective equipment, water, fuel, and medical, surgical, and medication-related resources and assets.

(16) Isolation/Decontamination: The emergency operations procedures on the Annex 1.11 – Radiation Incidents and Annex 1.12 – Chemical & Biological Incidents, explain the emergency management response to an internal or external event that requires isolation or decontamination procedures. The VACHS offers First Receivers Decontamination Program (FRDP) Training to critical personnel for isolation and/or decontamination of victims on an incident with biological agents, radioactive materials, or chemicals. to comply with VHA Directive 0320.06 First Receivers Decontamination Program.

(17) Patient Hygiene and Sanitation: The emergency operations procedures for patient hygiene and sanitation will be follow in accordance with Facility Management Service Environmental Program Activities SOP 001-FM-21-34, MCP 118-21-25 Nursing Contingency Plans for Unexpected Losses of Utilities). Nursing Contingency Plans for Unexpected Loss of Utilities.

b. **Emergency Management – Elements of Performance:**

(1) Provide Education and Training to Staff on Emergency Operations. All employees must receive education and training consistent with their roles and responsibilities in emergencies. Staff members, licensed independent practitioners, students, and volunteers, as appropriate, can describe or demonstrate the following:

(a) Risks within the hospital’s environment.

(b) Actions to eliminate minimize or report risks.

(c) Procedures to follow in the event of an incident.

(d) Reporting processes for common problems, failures, and user

(2) Testing of Response Plans

(a) The EMs with the support of AEM, are responsible to implement and test the response phase of the emergency operations plans (EOP). The implementation tests the elements of the plan a least twice a year in response to an actual emergency or in planned drills.

(b) The Performance Improvement Management System (PIMS) is used for inputting data from exercises and real-world events.

(c) The EMs with the support of AEM are responsible for planning and participating in a least one community-wide practice drill annually relevant to priority emergencies identified in its hazard vulnerability analysis. The drill must assess communication, coordination, and the effectiveness of the organization and community's command structure. Also, will create exercise scenarios are based on the HVA priorities and developing the annual or multi-year exercise plan.

(d) During emergency response exercises, VAMC EMs evaluate the effectiveness of internal communication and the effectiveness of communication with outside entities such as local government leadership, police, fire, public health officials, and other health care organizations as well as resource mobilization and asset allocation, including equipment, supplies, personal protective equipment (PPE), and transportation.

(e) Other areas for assessment during the exercise are:

1. Safety and Security
2. Staff roles and Responsibilities
3. Utilities
4. Patient Clinical and support care activities.

(f) The EMs with the support of AEM. are responsible to implement and test the response phase of the Emergency Operations Plan once a year at each site included in the plan for non-24-hour settings; 24-hour settings are required to activate the plan twice each year.

(g) The EMs are responsible for all drills to be critiqued to identify deficiencies and opportunities for improvement. Recommendations from exercises, AARs, and program reviews are tracked to completion in an Improvement Plan.

(h) The EMs are responsible for modifies the VAMC EOPs based on its evaluation of emergency response exercises and responses to actual emergencies.

(i) The EMS are responsible for planning one drill that involves:

1. The Joint Commission (TJC) exercise requirements.
2. Commission on Rehabilitation Facilities (CARF)
3. All-Hazards Emergency Cache exercise.
4. Fully operational patient decontamination exercise.
5. Continuity of Operations exercise requirements.
6. Dual Use Vehicle exercise

7. Disaster Emergency Medical Personnel System Program

(j) Only San Juan VA Medical Center offers emergency services and is a community-designated disaster receiving stations (VA/DoD Contingency Plan) and will conduct at least one drill a year that includes an influx of volunteers or simulated patients and every three (3) years National Disaster Medical System (NDMS) exercise requirements.

(k) Tabletops exercises, though useful in planning or training, are acceptable substitutes only for community wide disaster drills.

(l) Services Chiefs, Community Outpatient Base Clinics (CBOCs) and VACHS staff that are planning to conduct an exercise to test their contingency plans should include VA Police, Public Information Officer, Safety, Labor Union Representatives and the Office of Emergency Management in the planning process to avoid real incidents or accidents during the exercise.

(m) Program management is the process of overseeing and integrating a variety of exercises over time. An effective exercise program helps jurisdictions/organizations maximize efficiency, resources, time, and funding by ensuring that exercises are part of a coordinated, integrated planning approach to building, sustaining, and delivering capabilities. This integrated planning approach begins when senior leaders, working with whole community stakeholders, identify and develop a set of multi [1] year preparedness priorities based on relevant threats, hazards, and risks

(n) Public announcements should occur before any exercise involving public space or space viewable to the public and help avoid public confusion. The announcement will also help the public avoid congestion near the exercise site by providing suggestions for alternate routes. Examples of announcements are local media, community alert and notification systems, and directly on signs near the exercise site.

(o) To comply with the Homeland Security Exercise and Evaluation Program and VHA guidance, any exercise with local, municipal, territorial, military, non-government, and federal entities (i.e., Fire, HAZMAT, Bomb Squad, Police, Search and Rescue, 9-1-1 and others), at any VA or non-VA facilities should be coordinate through Office of Emergency Management at least 3-12 months prior the event. This condition doesn't apply to VAMC Community Outreach events and real emergencies.

References.

a. VHA Directive 0320-01, Comprehensive Emergency Management Program (Program (CEMP), 20132017

b. VHA Directive 0320.02, Veterans Health Administration Health Care Continuity Program

c. VHA Directive 0320-03, Disaster Emergency Medical Personnel System Program

d. VHA Directive 0320-05, Medical Emergency Radiological Response Team Prog.

e. VHA Directive 0320-06, First Receivers Decontamination Program (FRDP)

f. VHA Directive 0320-07, Dual Use Vehicle (DUV) Program

g. VHA Directive 0320-08, Critical Deployable Resources

h. VHA Directive 0320-09, Resilient High Frequency Radio Network

i. VHA Directive 0320-12, National Incident Management System Compliance

j. VHA Directive 1002, Bed Management Solution (BMS) for Tracking Beds and Patient Movement within and across VHA Facilities

k. VHA Directive 1047, All- Hazard Emergency Cache Program

l. VHA Directive 1154 (1), Mobile Medical Unit (MMU) Program Management

m. VHA Directive 1305, Treatment of Active Duty and Reserve Component Service members in VA Health Care Facilities

n. National Disaster Medical System, VA Federal Coordinating Center Guidebook, January 25, 2020.VACHS Center Memorandum No. 001FM-18-55, Environment of Care Committee

o. VHA Directive 0320.04, VHA Participation in Federal Patient Movement and Definitive Care, January 3, 2022.

p. VACHS Charter 21-06, Environment of Care Committee

q. Comprehensive Accreditation Manual for Hospitals: The Official Handbook 2016, Joint Commission on Accreditation of Healthcare Organizations.

r. Centers for Medicare Medicaid Services Emergency Preparedness Final Rule, 2016

s. NFPA 1600: Standard for Disaster/Emergency Management Programs and Business Continuity/Continuity of Operations Programs

t. Health Care at the Crossroads, Strategies for Creating and Sustaining Community-wide Emergency Preparedness Systems, 2003 by the Joint Commission on Accreditation of Healthcare Organizations.

u. Standing Together, an Emergency Planning Guide for America's Communities, 2005 by the Joint Commission on Accreditation of Healthcare Organizations.

v. Surge Hospitals: Providing Safe Care in Emergencies, 2006 by the Joint Commission on Accreditation of Healthcare Organizations.

w. Presidential Directive 5 (HSPD-5), National Incident Management System (NIMS). NIMS, National Response Framework (NRF) created by Homeland Security

x. Homeland Security Presidential Directive 21 (HSPD-21), National Strategy for Public Health and Medical Preparedness.

y. National Continuity Policy, National Security Presidential Directive (NSPD 51)/Homeland Security Presidential Directive 20 (HSPD-20)

z. FEMA- National Response Framework, October 2019

aa. FEMA- National Recovery Framework, June 2016

bb. VISN 8 Emergency Operations Plan, July 11, 2016

Review.

This Comprehensive Emergency Management Plan must be reviewed at minimum annually and when there are changes to governing national policy and guidance. As appropriate, certain topics may be reviewed more frequently and documented in the revision table in this section.

Recertification.

This Comprehensive Emergency Management Plan is scheduled for recertification on or before the last working day of June 2023. This Plan will continue to serve as local policy until it is recertified or rescinded. In the event of contradiction with national policy, the national policy supersedes and controls. ***NOTE:*** *Relevant national VA and VHA policies, forms, and operational memoranda referenced can be found at: https://www.va.gov/vapubs/ (external) and https://vaww.va.gov/vhapublications/ (internal) This is an internal VA website that is not available to the public.*

Rescinded Documents.

Center Memorandum No. 00-19-08, dated March 2019.

Signatory Authority.

CARLOS ESCOBAR

Digitally signed by CARLOS ESCOBAR
Date: 2022.06.29 14:50:34 -04'00'

Carlos R. Escobar, BED-Arch, MSHP, FACHE
VACHS Executive Director
Date Approved:

NOTE: *The signature remains valid until rescinded by an appropriate administrative action.*

NOTE: *Printed documents may be out of date; check version status before use.*

ANNEX 1.1

HAZARD VULNERABILITY ASSESSMENT (HVA)

Purpose.

The Hazard Vulnerability Analysis (HVA) is a way to focus attention on those hazards that are most likely to have an impact on the VAMC and the surrounding community. The list of hazards includes possible events or threats that may occur within the community or VA property. Events that impact the community many times are brought into the facility. It is VA Caribbean Healthcare System (VACHS) intent to maintains a written HVA that identifies potential emergencies within the organization and the community that may affect demand for the VAMC and CBOCs services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events.

Mitigation projects and activities are evaluated for effectiveness in reducing the consequences of a hazard.

The VACHS HVA includes a patient decontamination risk assessment that has been performed and documented within the past three (3) years.

Responsibilities.

None

Types of Events.

a. Natural Threats

(1) Hurricane & Flooding: The VA Caribbean Healthcare System (San Juan VA Medical Center) is in the Caribbean Sea to the South and the Atlantic Ocean to the North. Being a small island in the tropics the largest natural threat is Hurricanes. During 2017 hurricane Season:

(a) Hurricane Irma was a long-lived storm, it formed just west of the Cape Verde islands on August 30, tracked across the Atlantic with the eye sliding just north of Puerto Rico, causing catastrophic damage to the northeastward Leeward Islands, then along the Cuban coast and finally made a northerly turn toward Florida on Sunday, September 10. Hurricane Irma had maximum sustained winds of 185 MPH at its peak in the Atlantic Ocean, which it maintained for over 35 hours, making it one of the strongest storms on record in the Atlantic basin as well as the longest-lived storm of that intensity anywhere in the satellite era. At least 144 fatalities were reported at different locations across the Caribbean and Florida. During the response to Hurricane Irma:

1. San Juan Federal Coordination Center (FCC) was activated for the first time for 10 straight days (Sept 7-16).

2. Received 91 patients evacuated from USVI, in multiple aircrafts (C17, Helicopters and Air Medical Ambulance).

3. HHS Region 2 and FEMA Caribbean Area Division (CAD) moved pharmacy supplies and DMAT cache from PR (VACHS) to USVI.

4. VAMC hosted over 25 person ESF#8 Incident Response Coordination Team (IRCT) for the first time.

(2) However, there were more damage in Puerto Rico due to Hurricane Maria that was formed from an African easterly wave that moved across the tropical Atlantic Ocean during the week of September 10th to September 17th, 2017. On Sept 17, within an 18-hour period, Maria underwent through rapid intensification, strengthening from a category 1 to an extremely dangerous category 5 hurricane. Maria maintained Category 5 strength as it continued its path towards the U.S. Virgin Islands and Puerto Rico. Rain bands first approached Saint Croix, as well as portions of Saint Thomas and Saint John during the morning hours on the 19th. Throughout the afternoon and early evening hours, rain bands generating tropical storm conditions reached Vieques, Culebra, and Puerto Rico. Power outages, lack of water, communication towers shutdown, Private and Public hospitals reported damages and evacuation of patients right after hurricane landfall were part of the challenges that the public health sector experienced, nevertheless the VA Medical Center itself maintain operations, during and after Hurricane Maria and reopened the majority of the CBOCs (Utuado, Comerio, Ceiba, Ponce, Mayaguez, St. Croix and St. Thomas) with the exemption of Arecibo and Vieques clinics that remain operational at temporary locations.

(3) Earthquake: On January 7, 2020, at 4:24 AM local time, a 6.4 magnitude earthquake occurred off the coast of Puerto Rico, approximately 5.4 miles south of Indios, Guayanilla, Puerto Rico. Over 3,097 after-shocks, with less intensity, were felt after the first earthquake only during the month of January 2020. Power outages affected the restore operations island wide. Reports of damaged structures and roadways across the island were received. The VA Caribbean Healthcare System activated the Hospital Incident Command System (HICS) at 8:00 a.m. and later the VISN 8 activated the Network Emergency Management Coordination Center (NEMCC) to support any unmet needs. A risk assessment, in coordination with VACO CFM and Walsh Construction, was conducted and determined that the main tower under demolition does not show evidence of any structural damage and remains safe for workers, VA staff and patients. Ponce CBOC was closed initially due to power/generator failure. Power has been restored and subsequent assessments to the building reflect no structural impacts. Ponce CBOC re-open Wednesday, January 8. Puerto Rico is in an earthquake zone. Western Puerto Rico is more seismically active than the rest of the island. Two of our outpatient clinics are in the more active zone, (Mayaguez and Ponce). Another significant earthquake occurred in October of 1918.

There is, therefore, a high risk for earthquake and a tsunami, if it is originated near Atlantic Ocean or the Caribbean Sea.

(4) Pandemic: On January 30, 2020, COVID-19 has been declared a Pandemic by the World Health Organization (WHO) and a Public Health Emergency (PHE) by the U.S. Government. A pandemic, as defined by the WHO, is a worldwide spread of a new disease, occurring over a wide geographic area, and affecting an exceptionally high proportion of the population. Current evidence shows that the virus infects others at a higher rate than influenza and has higher rates of hospitalization and death when compared to influenza. U.S. citizens, including Veterans and healthcare personnel are at risk for COVID-19 infection. On January 31, 2020, HHS Secretary Alex M. Azar II declared a PHE for the United States to aid the U.S. healthcare community in responding to COVID-19. On March 11, 2020, WHO publicly characterized COVID-19 as a pandemic. Since March 6, 2020, the VACHS Incident Management Team (IMT) was activated in response of this COVID-19 Pandemic.

b. **Technological Threats**

(1) Fire: The multiple buildings at VA Caribbean Healthcare System Center faces routine medical facility fire hazards. There have been few fires of significance in the close to 40-year history of the hospital. The concrete construction of the medical center as well as the outlying clinics make them safe in a fire but the threat of fire in isolated areas is always present. The VACHS Medical Center and clinics has various Fire Department Stations located within a 10-mile radius.

(2) Water Outage: The infrastructure on the island although as advanced as any in this part of the world, suffers more from over-population than due to a lack of technical knowledge or resources. Droughts on the island in 1994 and 1995 induced water rationing for many months. Water rationing also was implemented in 1974 when the population was less than at present. The station has a water storage capability of 2,000,000 gallons.

(3) Electrical Utility: Electrical power outages are relatively frequent. However, the station has installed considerable electrical power generation to run the entire hospital including the air conditioning. This VACHS and clinics have more emergency power generation than any other hospital on the island. The Air Conditioning System is dependent on water so a disaster affecting both water availability and electrical power would affect our patients.

(4) Communications: Information system failure have become many frequent in the past years in the VACHS mainly due to infrastructure problems between PR and US.

c. **Events Involving Hazardous Materials**

(1) Hazmat/Fixed Facility: The VA Medical Center stores and uses many hazardous materials, most associated directly with the provision of medical care. The outpatient clinics have far less dangerous materials due to their limited medical operation.

(2) Radiological Incident/Fixed Facility: There are no Nuclear Power Plants in Puerto Rico. However, there are major pharmaceuticals located throughout the island that produce radioactive medical supplies. The VACHS Medical Center stores and uses significant quantities of radiological material; therefore, the hazard is considered high. However, the station has a Radiation Officer and there are various contractors that are specialized to deal with hazardous materials.

d. **Human Related Events**

(1) Civil Disorder/Terrorism: As a visible US Government facility, the risk of demonstrations always exists. There have been bomb threats in the past, which have been taken seriously and remain a high-risk factor in Puerto Rico. Active political events always signify a risk due to the existence of political factions who have been known to commit violent acts. The FBI does not think Weapons of Mass Destruction will be used by the locally known terrorist groups however it is always a possibility given the sometimes-volatile political situation in Puerto Rico and even in the US Virgin Islands.

(2) Also Labor General Strikes in 1998 with the Puerto Rico Telephone Company and in October 2009 with Multiple Organizations, demonstrate a significant impact to the economic and operational status of local government and healthcare system. This is considered a high-risk element.

(3) An Active Threat Response Plan is now required for all our VA Healthcare Facilities as preparedness actions against recent workplace violence events. An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims. Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims.

Definitions.

None

References.

a. Puerto Rico Seismic Network: http://redsismica.uprm.edu/english/.

b. National Weather Service Weather Forecast Office San Juan, PR https://www.weather.gov/sju/

c. VHA Emergency Management Guidebook:
http://vaww.hefp.va.gov/guidebooks/emergency-management-program-guidebook-historic

d. The Joint Commission Emergency Management Resources:
https://www.jointcommission.org/emergency_management.aspx

e. Centers for Medicare Medicaid Services Emergency Preparedness Final Rule
http://files.constantcontact.com/d901e299001/51f80a78-4ff1-4585-8270-f2aea6d39172.pdf

Annex 1.2

ACTIVATION AND COMMUNICATIONS PLAN

1. Purpose.

Describe the processes for initiating and terminating the VACHS response and recovery phases of an emergency. Explain the procedures of how staff will be notified that emergency response actions have been initiated.

Description of the Threat/Event:

Activation of the Emergency Operations Plans (EOP) will depend on the identification of an internal or external emergency or disaster that may demand an emergency response from the VACHS Medical Center and Clinics leadership and employees. The emergency may originate within the hospital's premises (Internal Disaster) or on the hospital's community (External Disaster). An external disaster could also have internal implications (e.g., Earthquake, Hurricane, etc.).

2. Responsibilities.

None

3. Procedure.

a. **Process for Activation of the Emergency Management Plan**

(1) The first person that becomes aware of an internal emergency or receives notification of an internal or/and an external emergency should immediately notify the Police Communications Center at extension #111444. The Police Communication Center will immediately contact the VACHS Medical Center Director (regular business hours) or the AOD (after regular business hours) and inform of the emergency. The VACHS Center Director or the AOD would become the Incident Commander (IC) (Annex 1.3) who has the authority to activate the response and recovery phases of the emergency operations plans response. The Information Resources Management Services Chief will identify backup internal and external communication systems that will sustain emergency communications in addition to advance preparation to support communications during emergencies.

b. **Response Procedures During Regular Business Hours:**

(1) Any employee or staff member of the VACHS Medical Center who receives notification or observes an incident that could result in a disaster shall report this information immediately to the Police Communications Center at extension #111444 (Clinics has different numbers). The Police Communication Center will immediately contact the VACHS Medical Center Director and inform of the emergency. The Police Communication Center will also notify external local authorities (e.g., Police, Fire Dept.,

etc.), if necessary. The VACHS Center Director would become the Incident Commander (IC) and decide if activation of the Emergency Operations Plan is necessary (Annex 1.3).

(2) During regular business hours, if the Center Director is not accessible, then the Acting Center Director or the person of higher hierarchy on the Medical Center's Chain of Command (Annex C) would become the Incident Commander.

(3) If nobody of higher authority is immediately available, the employee that identified the emergency will become the interim Incident Commander and should review Annex 1.3 of this plan for specific actions. The employee will remain in-charge until a supervisor or higher official reports to the scene or the Hospital Command Center (HCC).

(4) Based on the apparent magnitude of the disaster, the IC will establish and direct an HCC or alternative sites for command and control. Also, Outpatient Clinics at Ponce and Mayaguez are the alternate location for the VAMC Business Continuity and Business Relocation. The Incident Commander will designate individuals to assume the HICS positions for the Command Core Group and the four General Sections Chiefs for Operations, Finance, Planning and Logistics (Figure 1). Each of these individuals should read their respective Job Action Sheets (JAS) carefully and put on the HICS vest for identification (Annex 1.3). The JAS are available at the Office of Emergency Management, Office of the Center Director, Office of Chief of FMS, Office of the Associate Center Director, Office of Chief of Fiscal Service, and Office of the Associate Director for Patient Care Services and the Admissions Unit.

(5) Once activated and organized, the HCC will gather the information necessary for a complete assessment of the damages (if any) to the Medical Center and the capabilities and resources available to initiate a response to the Internal or External Emergency or Disaster.

(6) Based on which type of external disaster takes place, the Incident Commander will utilize the appropriate EOP (e.g., Hurricane, Earthquake, VA/DOD Contingency, etc.). The HCC will notify to the local, states, and federal authorities the VACHS Medical Center's capacity to receive victims.

c. **External Facilities Support**

VACHS may activate the Hospital Command Center (HCC) to provide support to external facilities in any emergency. VACHS HCC will coordinate assistance requested by the external facility experiencing an emergency beyond their ability to effectively respond. The following criteria should be considered for HCC activation:

(1) Any incident/event that requires facility EOP activation

(2) Any emergency involving media coverage to a substantial event

(3) Anticipated community assistance request from the facility

(4) Damage or disruption severely affecting patients, infrastructure, and/or services to the facility.

VACHS EOP outlines the policies and procedures that the medical center will follow in the event of an emergency. It provides standards that facilities should follow in their local planning efforts and reporting requirements during emergencies.

d. **Recovery Procedures**

To return to normal operations from an emergency, the VA Caribbean Healthcare System will undertake the following:

(1) When deemed appropriate, the Director/Incident Commander may call **"All Clear"** for the emergency, while the recovery efforts continue until the hospital is back to normal operations

(2) The Incident Commander will notify the VA Caribbean Healthcare System PAO/Emergency Manager to alert the staff of the end of the event by announcing an **"All Clear"** by normal announcement methods.

(3) The staff may also be notified through alternate announcements including Intranet messages, personal communication devices (pagers, walkie-talkies, or cellular telephones), and an overhead paging system.

(4) Call cascade or utilized the VA Emergency Alerting and Accountability System (VA EAAS) to notify or keep informed all staff to report to their service or to remain at their current locations.

(5) The Incident Commander ensures community and VISN 8 Emergency Management Services are notified of the **"All Clear"** action.

(6) Upon announcement of the **"All Clear"**, for the disaster/emergency, while the recovery efforts continue until the hospital is back to normal operations; all information concerning the disaster/emergency will be recorded and properly filed for later reference.

(7) Section Leaders and HICS staff will contact Service Chiefs to receive information and critiques concerning the response to the emergency.

(8) All expenses and overtime information will be provided to the Finance Section for documentation. Evidence of the damage or abnormalities caused by the emergency, or

response to the emergency, should be documented through photographs or descriptive writings.

(9) All communication equipment, data processing systems, and other equipment used during the emergency will be evaluated for appropriate use in the next emergency and consumable supplies documented for restocking.

(10) All HICS vests and emergency phones will be gathered and made ready for the next emergency.

(11) The physical surroundings of the HCC shall be cleaned, and furniture repositioned for normal operations. All documents used for event will be gathered and replacement copies of forms and documentation sheets will be replenished.

(12) The HCC staff and appropriate designees will conduct the After-Action Review (AAR); an evaluation of the emergency and the response within three business days of the event.

(13) The Public Information Officer will communicate to local Media needed information concerning the **"All Clear".**

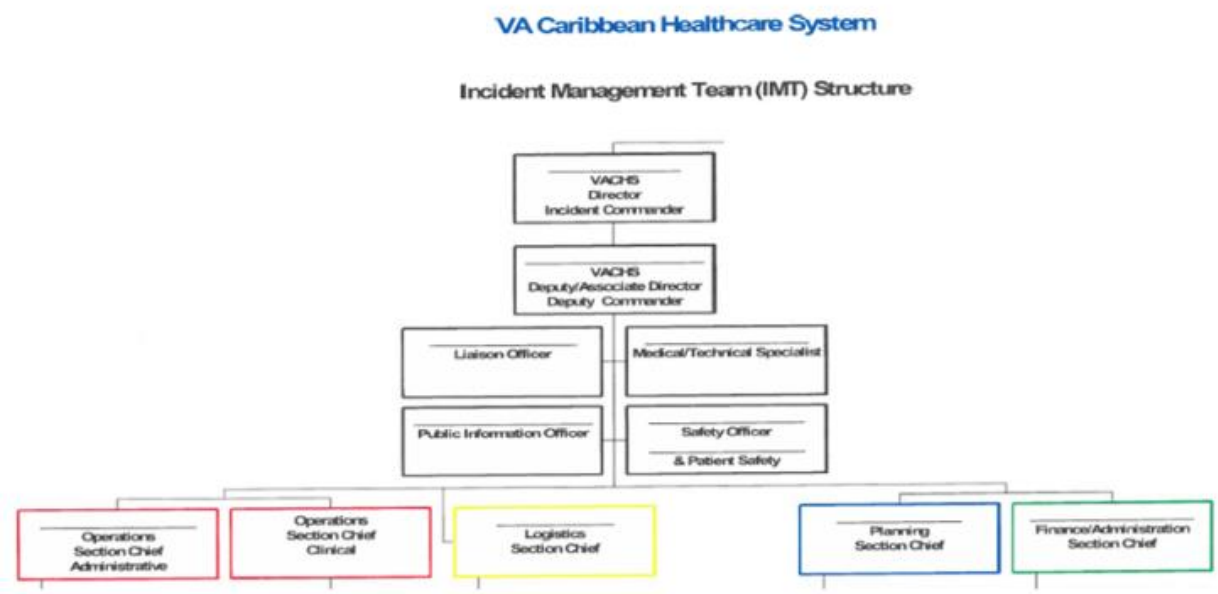

Figure 1

Regular business hours
Incident Command Core Group and Section Chiefs.

Each position is identified by the HICS' title and the pre-designated Medical Center official. If the pre-designated official is not immediately available, the "acting" official will assume that role or the Incident Commander designates one.

e. Response Procedures After Regular Business Hours:

(1) After regular business hours, conditions in the hospital are different. The Command Staff available are limited and special Incident Command staffs are named.

(2) Any employee or staff member of the VACHS Medical Center who observes an incident or condition that could result in a disaster shall report this information to the Police Communications Center at extension #111444. The Police Communication Center will immediately contact the Administrative Officer of the Day (AOD) at the Admissions Unit at extensions: 131117, 131116 or 131159 and inform of the emergency. The Police Communication Center will also notify external local authorities (e.g., Police, Fire Dept., etc.), if necessary. The AOD would become the Incident Commander (IC) and decide if activation of the Emergency Operations Plan is necessary (Annex 1.3).

(3) If the AOD or anybody else of higher authority is immediately available, the employee that identified the emergency will become the interim Incident Commander and should review HICS Annex of this plan for specific actions. The employee will remain in-charge until a supervisor or higher official reports to the scene or the HCC.

(4) Based on the apparent magnitude of the disaster, the Incident Commander will establish and direct the HCC or Incident Command Post (ICP). The Incident Commander will designate individuals to assume the HICS positions for the Command Core Group and the four Sections Chiefs (Figure 2). Each of these individuals should read their respective Job Action Sheets (JAS) carefully and put on the HICS vest for identification (Annex 1.3). The JAS are available at the Office of Emergency Management, Office of the Center Director, Office of Chief of FMS, Office of the Associate Center Director, Office of Chief of Fiscal Service, Office of the Associate Director of Nursing Services, and the Admissions Unit.

(5) Once activated and organized, the HCC will gather the information necessary for a complete assessment of the damages (if any) to the VACHS Medical Center and the capabilities and resources available to initiate a response to the Internal Disaster.

(6) Based on which type of external disaster takes place, the Incident Commander will utilize the appropriate Annex (e.g., Hurricane, Earthquake, VA/DoD/Federal/Local Contingency Plan, etc.). The HCC will notify to the local, states, and federal authorities the Medical Center's capacity to receive victims.

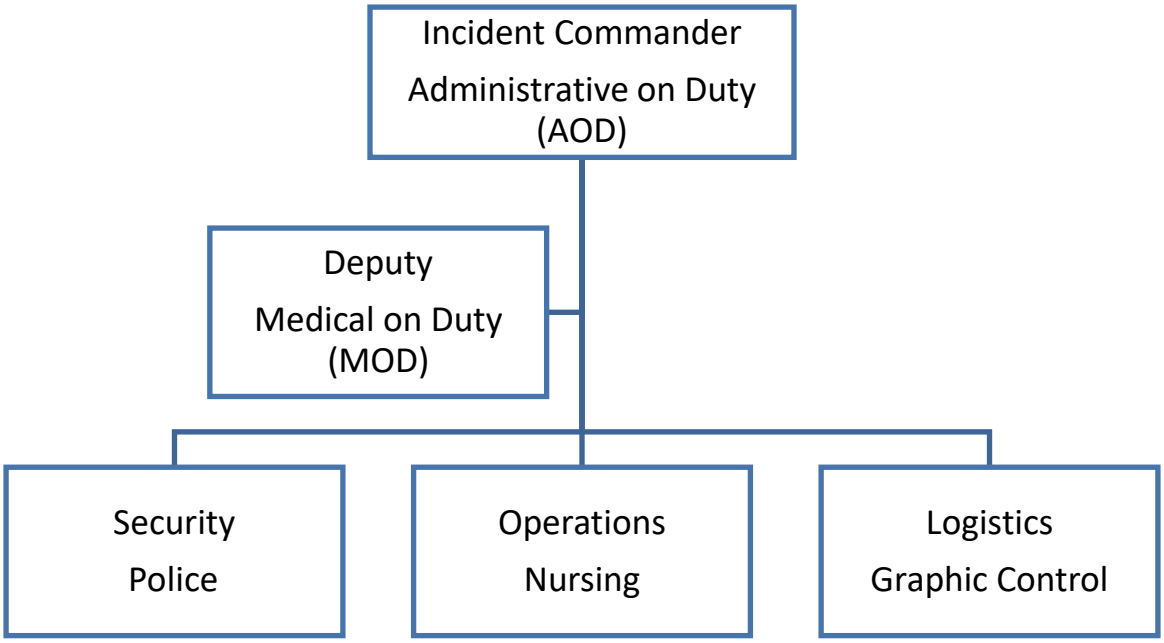

Figure 2

After regular business hours
Incident Command Core Group and Section Chiefs.

Each position is identified by the HICS' title and the pre-designated Medical Center official. If the pre-designated official is not immediately available, the Incident Commander designates one.

f. **Communications**

(1) The VACHS Medical Center understands that disasters create a need for information from within a hospital and from the community. The Medical Center's HCC will be equipped with as much communications equipment to serve the purpose of the event.

(2) As communications is key to the success of any operation, the communications section needs to establish communications between:

(a) Hospital Command Center or Incident Command Post(s) to include its alternate locations

(b) Each Section's Operation Center (Logistics, Planning, Finance, Operations)

(c) Triage Area (Emergency Room)

(d) Casualty Assistance Center (OPA Terrace)

(e) Joint Information Center (Room 1M102 A)

(f) Labor Pool Area (Room 1M102 B)

(g) Police Communications Room

(h) Information Technology Operations (ITOPS)

(3) In addition, the communications section must be able to provide the following:

(a) Internet Access in HHC for weather and other information.

(b) FAX, Short-Wave Radio, Satellite Telephone, Walkie-Talkies

(c) Interoperable Radio P25

(4) The VACHS Medical Center understands that as a victim, as well as responder, the Medical Center will need to request assistance from the local emergency response agency using the local community disaster plan. The VACHS Medical Center will also report its capacity to provide medical care based to the VISN 8 Director, VISN 8 Emergency Manager, VHA Emergency Manager, VA Integrated Operations Center (VAIOC) and local Department of Health Officer (See Emergency Phone Numbers).

(5) The staff at the HCC and the Service Branch Unit will monitor and respond to routine radio traffic, including tests of the system.

(6) Other modes of radio communications that are available under disaster conditions at this VACHS Medical Center are:

(a) Walkie talkies (provided by Facility Management Service, and Office of Emergency Management and VA Police)

(b) VSAT Units

(c) Plum Cases

(d) Interoperable Radio (P25)

(e) Regular Telephones

(f) Voice over the internet Pay phones (desktop and portable handheld)

(g) Cellular telephones

(h) Handheld Satellite Phones /radios and Mobile Satellite Antenna

(i) Facsimile

(j) Runners

(k) Resilient High Frequency Radio Network (RHFRN)

(7) Communication Training and Testing

Emergency Equipment	Training & Testing Frequency	Testing &Training Owner
VSAT	Twice a year	ITOPS
RFU	Twice a year	ITOPS
SAT	Twice a year	ITOPS
Plum Case	Monthly test and training	ITOPS
Radio	Monthly test and training	EM, ITOPS and VA Police

Resilient High Frequency Radio Network (RHFRN)	Weekly basis (minimum once a month)	EM, ITOPS and VA Police

Please refer to SOP 00-22-12 Resilient High Frequency Radio Network.

Hospital Command Center (HCC) Activation

a. **LOCATION:** 5M512 (ADMINISTRATIVE BUILDING)

b. **KEY:** Director's office

(1) VACHS Director or Incident Commander shall activate Internal or External Emergency Operations Plans condition.

(a) The hospital Switchboard will be informed by a member of the Incident Command Group within the HCC to activate the disaster plan. The HCC contact must also tell the switchboard operators whether to activate the Labor Pool. The switchboard will contact all services as listed in Annex Activation and Communications.

(b) Day or night emergency telephone cascade will be put into effect by the switchboard operator upon the instruction of the Director or whomever is in command based on the Chain of Command, Annex 1.3

(2) The HCC is equipped with the following communications devices:

(a) Interoperable Radio

(b) Television to local channels

(c) Internet and phone lines

(d) Medical Center Base Radios

(e) Satellite communication

(3) ITOPS (Communication Unit Leader) will assign staff to transport and set-up the emergency cell phones, IP phones, and laptop computers.

(4) ITOPS will set-up the VSAT and initiate appropriate links to the VISN EMCC.

(5) ITOPS staff shall be assigned to the HCC to trouble shoot any Information Technology (IT) related issues and will also have designated staff “On-Call” for immediate response to assist the Incident Management Team (IMT) as may be necessary.

(6) The Emergency Program Manager will distribute the administrative supplies and IMT Vests.

(7) Logistics Chief will coordinate the distribution and tracking of communications equipment to the IMT staff:

(a) Incident Commander

(b) HICS Section Chiefs

(c) Triage Officer (ACOS Ambulatory Care)

(d) Human Resource Officer (Chief, HRMS)

(e) Casualty & Family Assistance Officer (Chief, Social Work)

(f) Information Center (Public Information Officer (Officer (PIO)

(8) PIO will monitor outside media sources via IPTV and will coordinate conference call upon request via VANTS 24/7 number: 1-800-767-1750 pass code 93546#. This VANTS line has a capacity of 75 conference lines available to VACHS Director at any time.

(9) Receive Nursing Service ward checklist.

(10) Receive damage reports from various services.

(11) Prepare list of beds available for admission.

(12) Receive Emergency Report Form

(13) Prepare Incident Action Plan (IAP) and Issue Brief in charge of Planning Branch Chief.

c. **Hospital Command Post(S) Activation**

Additional Command Posts shall be activated by HICS Section Chief or Unit Leader in support of internal/external Emergency Operations Plans as needed. VACHS has established the additional command posts:

Function	Service	Location	Phone (ext.)
Communications	ITOPS	Trailer Village	125115

Finance & Admin	Fiscal	4M405	134902
Infrastructure	FMS	C34	110266
Infrastructure	FMS-OCC	Graphic Control	110264
Operations	Medicine	5M511	135938
Operations	Nursing	5M539	135970
Operations	ED		
Security	VA Police	1st Floor Main Bldg.	179514
Logistics	Logistics	4M429	134902
Planning	HAS	5M510	

d. **The command posts are equipped with the following communications devices:**

(1) Television to local channels

(2) Computers

(3) Phone lines

(4) Medical Center Base Radio/ Two-way radios

Emergency Report Form

Operator shall use this form to write down information received on emergency reports. It is essential to record all pertinent information on this form. When completed, the operator shall notify the Chief, Police Service to pick up form and deliver it to the Director (Incident Commander) or to the Hospital Command Center (HHC), if it has already been established.

Date: _____ Name of Person Calling _____

Time_____ Agency _____

Operator: _____

Time of Emergency: _____

Location: _____

Estimated Number of Casualties: _____

Types of Injuries: _____

Where Are the Casualties initially being sent? _____

_____

Additional Information: _____

_____

LIST OF EMERGENCY TELEPHONES, WHICH MAY BE NEEDED IN THE EVENT OF EMERGENCY

PR Fire Bureau (Switchboard)	(787) 725-3444, (787) 343-2330
Rio Piedras Fire Department	(787) 763-1170, (787) 754-2330
Puerto Nuevo Fire Department	(787) 783-2331
PR Police Department Bureau (Switchboard)	(787) 793-1234, (787) 343-2020
Puerto Nuevo Police Precinct	(787) 793-1232
PR Emergency Management Bureau (PREMB)	(787) 724-0124
PR Emergency Medical Service Bureau (EMS)	(787) 343-2550 (787) 754-2550
Federal Bureau of Investigation (FBI)	(787) 754-6000
Poison Control Center (San Juan Medical Center)	1-800-222-1222
Local Police Explosive Unit (NIC)	(787) 781-1234 Ext. 2109 (787) 793-7287
Puerto Rico Blood Bank	(787) 777-3844
National Weather Bureau (Recorded Message)	(787) 253-4586 (787) 253-0855
Ft. Buchanan Fire Department	(787) 707-3401, (787) 707-3520
P.R. Electric Energy Authority	(787) 289-3434
LUMA Energy	(844) 888-5862
Centro Médico (P.R. Medical Center)	(787) 777-3535, (787) 276-7676
GSA Motor Pool	(787) 749-4344, (787) 749-4440
P.R. National Guard	787)721-3131
P.R. Aqueducts and Sewer Authority	(787) 620-2482
Carraizo Dam	(787) 761-0710, (787) 761-0230
Commonwealth Board 911	(787) 273-3001, 911

**LIST OF EMERGENCY TELEPHONES,
WHICH MAY BE NEEDED IN THE EVENT OF EMERGENCY**

PR Department of Health	(787) 765-2929 (787) 274-7676
United State Coast Guard (USCG)	(787) 729-6800, (787) 729-6770 1-800-424-8802
Federal Emergency Management Agency (FEMA)	(787) 296-3500
Salvation Army	(787) 722-3302
Office of the Mayor, Municipality of San Juan	(787) 724-7171, (787) 724-6694
Emergency Management Service, Municipality of San Juan	(787) 765-0486, (787) 343-2222 Fax: (787) 753-9109
Office of the Mayor, Municipality of Guaynabo	(787) 720-4040
Emergency Management Services, Municipality of Guaynabo	(787) 720-2320, (787)287-3333
Office of the Mayor, Municipality of Carolina	(787) 757-2626
Office of the Mayor, Municipality of Bayamon	(787) 780-5552
Emergency Medical Services, Municipality of Bayamon	(787) 786-6400, (787) 786-6075 (787) 780-4806, (787) 780-4841
Natural Resources of P. R.	(787) 999-2200
Forensic Medicine Institute	(787) 765-0615
American Red Cross	(787) 729-9400

Definitions.

None

References.

None

ANNEX 1.3

HOSPITAL INCIDENT COMMAND SYSTEM (H I C S) – ORGANIZATIONAL CHART AND JOB ACTION SHEETS

1. Description of the Threat/Event.

Confusion and chaos are commonly experienced by 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 VA Caribbean Healthcare System has adopted the Hospital Incident Command System (HICS) and the official guidebook is available at http://www.emsa.ca.gov/

HICS is an emergency management system that employs a logical management structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify hospitals with other emergency responders. It is made up of positions on an organizational chart. Each position has a specific mission to address an emergency. Each position has an individual checklist designed to direct the assigned individual in disaster recovery tasks. The HICS plan includes forms to enhance this overall system and promote accountability.

The HICS Organizational Chart shows a chain of command that 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 sub-functions, 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.

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

Fig. 1. Command Support Position Titles.

Each one of the HICS positions found on the organizational chart has a prioritized Job Action Sheets written to describe the important duties of each 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.

The HICS is flexible. Only those positions, or functions needed, should be activated. The HICS 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 organizational chart may be fully activated for a large, extended disaster such as an earthquake. However, full activation may take hours or even days. Most disasters or emergencies will require the activation of far fewer positions.

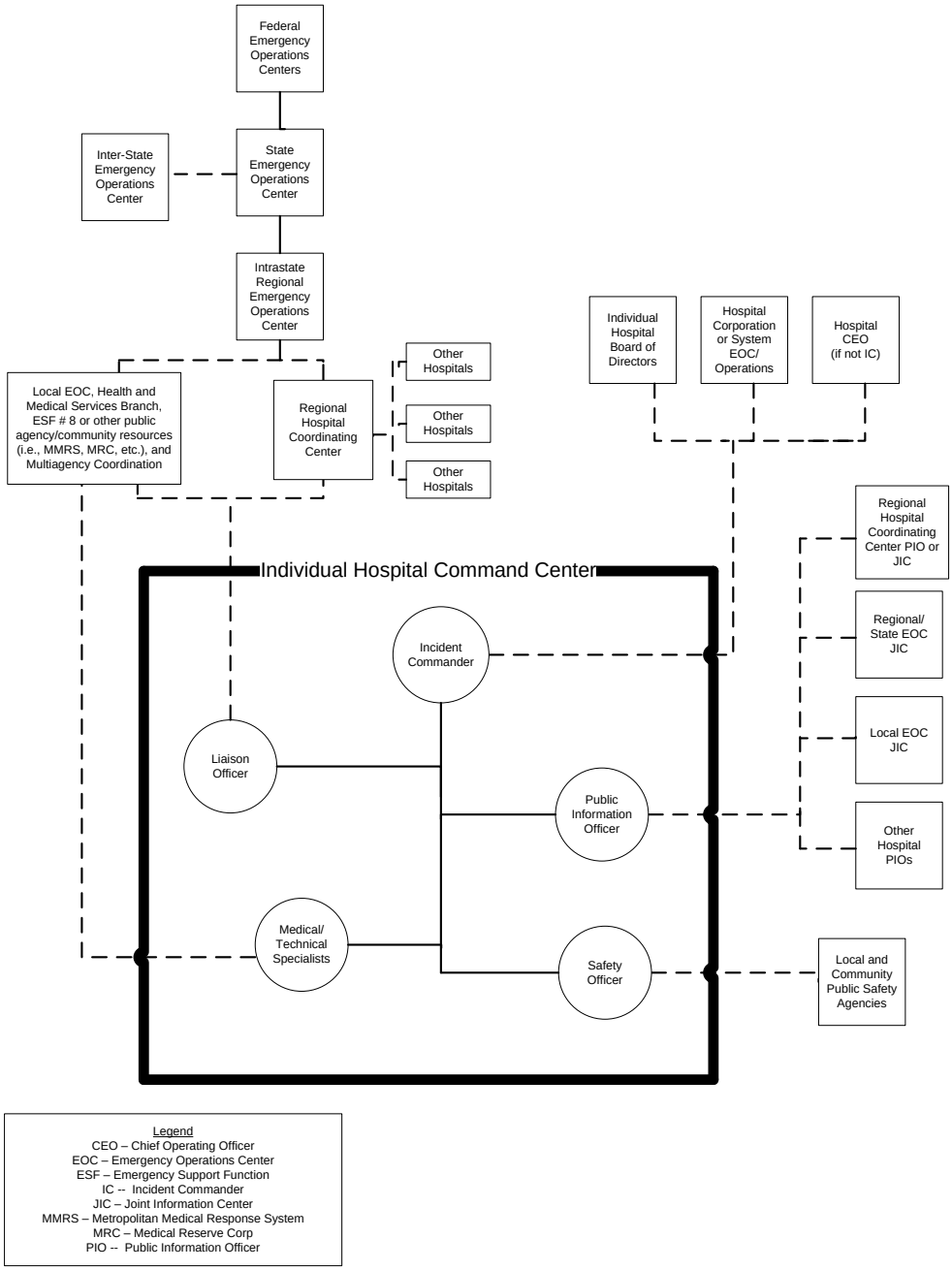

Fig. 2. Illustration of Hospital Relationship to Community Response Partners.

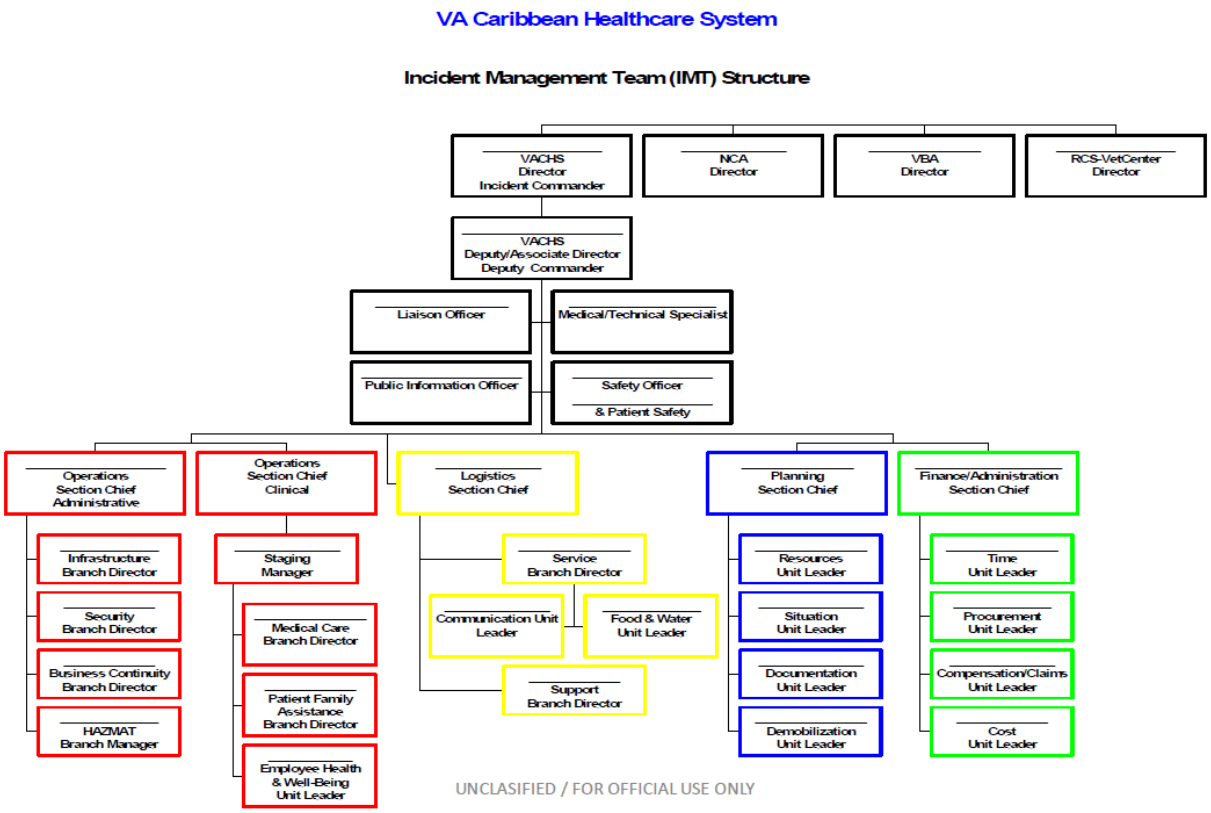

Fig. 2. VA Caribbean Healthcare System Hospital Incident Command System Chart.

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COMMAND SECTION (JOB ACTION SHEETS)

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Incident Commander

Public Information Manager

Liaison Officer

Safety Officer

Medical Technical Specialist (s)

INCIDENT COMMANDER

Mission: Organize and direct the Hospital Command Center (HCC). Give overall strategic direction for hospital incident management and support activities, including emergency response and recovery. Approve the Incident Action Plan (IAP) for each operational period.

Position Reports to: **Executive Administration** Command Location: _____		
Position Contact Information: Phone: (___) ___ - ___ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (___) ___ - ___ Fax: (___) ___ - ___		
Position Assigned to:	Date: / /	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: / /	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: / /	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**
Receive appointment • Gather intelligence, information and likely impact from the sources providing event notification • Assume the role of Incident Commander and activate the Hospital Incident Command System (HICS) • Review this Job Action Sheet • Put on position identification (e.g., position vest) • Notify your usual supervisor and the Hospital Chief Executive Officer (CEO) of the incident, activation of the Hospital Command Center (HCC), and your assignment		

Assess the operational situation
• Activate the Hospital Emergency Operations Plan (EOP) and applicable Incident Specific Plans or Annexes
• Brief Command Staff on objectives and issues, including:
  ○ Size and complexity of the incident
  ○ Expectations
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Seek feedback and further information		

Determine the incident objectives, tactics, and assignments
• Determine incident objectives for the operational period
• Determine which Command Staff need to be activated:
  ○ Safety Officer
  ○ Liaison Officer
  ○ Public Information Officer		

• Determine the impact on affected departments and gather additional information from the Liaison Officer • Appoint a Planning Section Chief to develop an Incident Action Plan (IAP) • Appoint an Operations Section Chief to provide support and direction to affected areas • Appoint a Logistics Section Chief to provide support and direction to affected areas • Appoint a Finance Section Chief to provide support and direction to affected areas • Determine the need for, and appropriately appoint or ensure appointment of Medical-Technical Specialists • Make assignments and distribute corresponding Job Action Sheets and position identification • Ensure hospital and key staff are notified of the activation of the Hospital Command Center (HCC) • Identify the operational period and any planned Hospital Incident Management Team (HIMT) staff shift changes • Conduct a meeting with HIMT staff to receive status reports from Section Chiefs and Command Staff to determine appropriate response and recovery levels, then set the time for the next briefing		
Activities • Ensure all activated positions are documented in the Incident Action Plan (IAP) and on status boards • Obtain current patient census and status from the Planning Section Chief • Determine the need to activate surge plans based on current patient status and injury projections • If additional beds are needed, authorize a patient prioritization assessment for the purposes of designating appropriate early discharge • If applicable, receive an initial hospital damage survey report from the Operations Section Infrastructure Branch and evaluate the need for evacuation		
Documentation • Incident Action Plan (IAP) Quick Start • HICS 200: Consider whether to use the Incident Action plan (IAP) Cover Sheet • HICS 201: Initiate the Incident Briefing form • HICS 204: Assign or complete the Assignment List as appropriate • HICS 207: Assign or complete the Hospital Incident Management Team (HIMT) Chart for assigned positions • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute the Section Personnel Time Sheet to Command and Medical-Technical Specialist Staff and ensure time is recorded appropriately		
Resources • Assign one or more clerical personnel from current staffing or make a request for staff to the Logistics Section Chief, if activated, to function as Hospital Command Center (HCC) recorders		

Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security		

• Ensure that appropriate safety measures and risk reduction activities are initiated • Ensure that HICS 215A – Incident Action Plan Safety Analysis is completed and distributed • Ensure that a hospital damage survey is completed if the incident warrants		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Incident Commander role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, or safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Schedule regular briefings with Hospital Incident Management Team (HIMT) staff to identify and plan to:
  ○ Ensure a patient tracking system is established and linked with appropriate outside agencies and the local Emergency Operations Center (EOC)
  ○ Develop, review, and revise the Incident Action Plan (IAP), or its elements, as needed
  ○ Approve the IAP revisions if developed by the Planning Section Chief, then ensure that the approved plan is communicated to HIMT staff
  ○ Ensure that safety measures and risk reduction activities are ongoing and re-evaluate if necessary
• Consider deploying a Public Information Officer to the local Joint Information Center (JIC), if applicable		

Documentation • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Authorize resources as needed or requested by Command Staff or Section Chiefs		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that patient and personnel safety measures and risk reduction actions are followed		

Activities		

• Transfer the Incident Commander role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, or safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Evaluate or re-evaluate the need for deploying a Public Information Officer to the local Joint Information Center (JIC) and a Liaison Officer to the local Emergency Operations Center (EOC), if applicable
• Ensure that an Incident Action Plan (IAP) is developed for each operational period, approved, and provided to Section Chiefs for operational period briefings
• With Section Chiefs, determine the recovery and reimbursement costs and ensure documentation of financial impact
• Ensure staff, patient, and media briefings are being conducted regularly		

Documentation • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Authorize resources as needed or requested by Command Staff and Section Chiefs		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for personnel rest periods and relief • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Incident Commander role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, or safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Assess the plan developed by the Planning Section Demobilization Unit and approved by the Planning Section Chief for the gradual demobilization of the Hospital Command Center (HCC) and emergency operations according to the progression of the incident and hospital status
• Demobilize positions in the HCC and return personnel to their normal jobs as appropriate, in coordination with the Planning Section Demobilization Unit
• Brief staff, administration, and Board of Directors
• Approve notification of demobilization to the hospital staff when the incident is no longer active or can be managed using normal operations
• Participate in community and governmental meetings and other post-incident discussion and after-action activities
• Ensure post-incident media briefings and hospital status updates are scheduled and conducted
• Ensure implementation of stress management activities and services for staff
• Ensure that staff debriefings are scheduled to identify accomplishments, response, and improvement issues		

Documentation • HICS 221- Demobilization Check-Out Ensure all Hospital Command Center (HCC) documentation is provided to the Planning Section Documentation Unit		

Documents and Tools

- ❑ Incident Action Plan (IAP) Quick Start
- ❑ HICS 200 - Incident Action Plan (IAP) Cover Sheet
- ❑ HICS 201 - Incident Briefing form
- ❑ HICS 203 - Organization Assignment List
- ❑ HICS 204 - Assignment List(s)
- ❑ HICS 205A - Communications List
- ❑ HICS 207: Hospital Incident Management Team (HIMT) Chart
- ❑ HICS 213 - General Message Form
- ❑ HICS 214 - Activity Log
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis
- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ HICS 258 - Hospital Resource Directory
- ❑ Hospital Emergency Operations Plan (EOP)
- ❑ Incident Specific Plans or Annexes
- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

PUBLIC INFORMATION OFFICER

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

Position Reports to: **Incident Commander** Command Location: _____		
Position Contact Information: Phone: (___) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (___) _____ - _____ Fax: (___) _____ - _____		
Position Assigned to:	Date: / /	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: / /	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: / /	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Incident Commander on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Public Information Officer (PIO)
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Attend all briefings and Incident Action Plan (IAP) meetings to gather and share incident and hospital information • Establish contact with local or national media outlets to access and assess current situation • Provide media, internal, and external messaging information to Hospital Incident Management Team (HIMT) staff as appropriate		
Determine the incident objectives, tactics, and assignments • Develop response strategy and tactics and outline an action plan • Designate times for briefings to media, patients, and hospital personnel		
Activities • Establish a designated media staging and media briefing area located away from the Hospital Command Center (HCC) and patient care activity areas, coordinating with the Operations Section Security Branch Director as needed • Brief public information team members, if assigned, on current situation, incident objectives, and their assignments • Inform on site media of the physical areas to which they have access and those that are restricted • Contact external Public Information Officers (PIOs) from community and		

governmental agencies to ascertain and collaborate on public information and media messages being developed by those entities and ensure consistent and collaborative messages from all entities • In collaboration with the Incident Commander, consider assigning a public relations staff member to the Joint Information Center (JIC), if activated • Monitor, or assign personnel to monitor and report to you, incident, and response information from sources such as the internet, radio, television, and newspapers • Develop public information and media messages to be reviewed and approved by the Incident Commander before release to the news media and the public		
Documentation • HICS 204: Appoint public information team members, if assigned, and complete the Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Request one or more recorders and other support staff as needed from the Labor Pool and Credentialing Unit Leader, if activated, to perform all necessary activities and documentation		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Coordinate designation of media staging and briefing area with the Operations Section Security Branch Director • Ensure that any assigned personnel comply with safety procedures and instructions including the use of personal protective equipment (PPE) as warranted		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**
Activities • Transfer the Public Information Officer (PIO) role, if appropriate o Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital o Address any health, medical, and safety concerns o Address political sensitivities, when appropriate o Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue to attend all briefings and Incident Action Plan (IAP) meetings to gather and share incident and hospital information • Contribute media and public information activities and goals to the IAP • Coordinate with the Planning Section Patient Tracking Manager regarding: o Receiving and screening inquiries regarding the status of individual patients o Release of appropriate patient information to appropriate requesting entities • Activate social media outlets for dissemination of response and hospital information • Determine whether a local, regional, or state Joint Information Center (JIC) is activated; provide support as needed; and coordinate information dissemination • Continue to develop and revise public information and media messages to be		

reviewed and approved by the Incident Commander before release to the news media and the public • Develop regular information and status update messages to keep hospital personnel, patients, and visitors informed of the incident, community, and hospital status • Relay pertinent information received to the Planning Section Situation Unit Leader and the Liaison Officer • Provide critical information through signage, TV messaging, and emails to hospital personnel, visitors, and media as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document actions, decisions, and information received on Activity Log		
Resources • Consider the need to deploy a media liaison representative to the local JIC if warranted, make a recommendation to the Incident Commander		
Safety and security • Ensure that any assigned personnel comply with safety procedures and instructions including the use of personal protective equipment (PPE) as warranted		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Public Information Officer (PIO) role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to receive regular progress reports from the Incident Commander, Section Chiefs, and others, as appropriate
• Coordinate with the Logistics Section Chief to determine if any requests for assistance are necessary that could be released to the public via the media
• Conduct ongoing news conferences, providing updates on casualty information and hospital operational status to the news media
• Ensure ongoing information coordination with other agencies, hospitals, local Emergency Operations Center, and the Joint Information Center (JIC)
• Facilitate staff and patient interviews with the media as appropriate		

Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Documentation		

• HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document actions, decisions, and information received on Activity Log		
Safety and Security • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure that any assigned personnel comply with safety procedures and instructions including the use of personal protective (PPE) equipment as warranted • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Public Information Officer (PIO) role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214. and 215A)
• Return staff to their normal jobs and combine or deactivate positions in a phased manner
• Ensure the return or retrieval of equipment and supplies and return all assigned incident command equipment
• Brief the Incident Commander on current problems, outstanding issues, and follow up requirements
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position activities and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after-action debriefings
• Participate in other briefings and meetings as required
• Coordinate release of patient information with external agencies through the Liaison Officer
• Coordinate the release of final media briefings and reports		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		
Documents and Tools		
❑ HICS 203 - Organization Assignment List		

- ❑ HICS 204 - Assignment List
- ❑ HICS 205A - Communications List
- ❑ HICS 213 - General Message Form
- ❑ HICS 214 - Activity Log
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis
- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ Hospital Emergency Operations Plan
- ❑ Incident Specific Plans or Annexes
- ❑ Crisis and Emergency Risk Communication Plan (hospital and, if available, community plan)
- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication
- ❑ Community and governmental Public Information Officer (PIO) and Joint Information Center (JIC) contact information
- ❑ Local media contact information

LIAISON OFFICER

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

Position Reports to: **Incident Commander** Command Location: _____		
Position Contact Information: Phone: (___) ___ - ___ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (___) ___ - ___ Fax: (___) ___ - ___		
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Incident Commander on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Liaison Officer
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Establish contact with local, county, and state emergency organization agencies as appropriate to ascertain current status, contacts, and message routing		
Determine the incident objectives, tactics, and assignments • Determine response objectives, tactics, assignments, and if supporting staff are assigned, document on HICS 204 - Assignment List • Brief liaison team members, if assigned, on current situation, incident objectives and their assignments • Develop response strategy and tactics; outline action plan		
Activities • Obtain initial status and information from the Planning Section Chief to provide surge capacity status; provide an update to external stakeholders and agencies • Establish communication for information sharing with other hospitals and local agencies (e.g., emergency medical services, fire, law, public health, and emergency management) • Respond to information and or resource inquiries from other hospitals and response agencies and organizations		

Documentation • HICS 204: Appoint liaison team members, if assigned, and complete the Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Consider the need to deploy a liaison representative to the local public health or emergency management Emergency Operations Center (EOC); if warranted, make a recommendation to the Incident Commander • Request one or more recorders as needed from the Logistics Section Labor Pool and Credentialing Unit Leader, if activated, to perform all necessary documentation		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Liaison Officer role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Attend all briefings and Incident Action Planning meetings to gather and share incident and hospital information
• Provide information on local hospitals, community response activities, and Liaison goals to the Incident Action Plan (IAP)
• Report to appropriate authorities the following minimum data on HICS 259: Hospital Casualty/Fatality Report:
  ○ Number of casualties received, and types of injuries treated
  ○ Current patient capacity and census
  ○ Number of patients admitted, discharged home, or transferred to other hospitals
  ○ Number deceased
  ○ Individual casualty data: name or physical description, sex, age, address, seriousness of injury or condition		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document actions, decisions, and information received on Activity Log • HICS 259: Report data from the Hospital Casualty/Fatality Report		

Resources • Consider the need to deploy a liaison representative to the local public health or emergency management Emergency Operations Center (EOC); if warranted, make a recommendation to the Incident Commander		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques • Observe all staff and volunteers for signs of stress and inappropriate behavior; report issues to the Safety Officer and Logistics Section Employee Health and Well-Being Unit		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Liaison Officer role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 259: Report updated data on the Hospital Casualty/Fatality Report		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Liaison Officer role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in		

support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • As objectives are met and needs decrease, return liaison team to their usual roles • Coordinate the release of patient information to external agencies with the Public Information Officer • Upon deactivation of your position, brief the Incident Commander on outstanding issues, and follow up requirements • Submit comments to the Planning Section for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include: ○ Review of pertinent position activities and operational checklists ○ Recommendations for procedure changes ○ Accomplishments and issues • Participate in stress management and after-action debriefings		
Documentation • HICS 221 - Demobilization Check-Out • Ensure all documentation is submitted to Planning Section Documentation Unit		

Documents and Tools
❑ Incident Action Plan ❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 205A - Communications List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Timesheet ❑ HICS 259 - Hospital Casualty/Fatality Report ❑ Hospital Emergency Operations Plan ❑ Incident Specific Plans or Annexes ❑ Hospital policies and procedures ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

SAFETY OFFICER

Mission: Ensure health and safety of patients, hospital personnel, and visitors; identify, monitor, and mitigate hazardous conditions.

Position Reports to: **Incident Commander** Command Location: _____		
Position Contact Information: Phone: ( ) - Radio Channel: _____		
Hospital Command Center (HCC): Phone: ( ) - Fax: ( ) -		
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Incident Commander on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Safety Officer
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Initiate environmental monitoring as indicated by the incident or hazardous condition		
Determine the incident objectives, tactics, and assignments • Establish contact with local public safety agencies as well as other hospitals, as appropriate to access any pertinent safety information • Provide information to the Incident Commander including safety-related capabilities and limitations		
Activities • Determine safety risks of the incident and response activities to patients, hospital personnel, and visitors as well as to the hospital and the environment • Advise the Hospital Incident Management Team (HIMT) of any unsafe conditions and corrective recommendations • Evaluate the building or incident hazards and identify vulnerabilities • Specify the type and level of personal protective equipment (PPE) to be used by hospital personnel to ensure their protection, based on the incident or hazard		

• Post non-entry signage around unsafe or restricted areas, as needed • Attend all briefings and Incident Action Plan (IAP) meetings to gather and share incident and hospital safety requirements • Monitor operational safety of decontamination operations, if applicable • Ensure that safety team members, if assigned, identify, and report all hazards and unsafe conditions • Assess hospital operations and practices of staff; terminate and report any unsafe operation or practice; recommend corrective actions to ensure safe service delivery		
Documentation • HICS 203: Review the Organization Assignment List • HICS 204: Appoint team members, if assigned, and complete the Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 215A: Complete the Incident Action Plan (IAP) Safety Analysis; document identified safety issues, mitigation strategies and assignments		
Resources • Obtain non-entry signage around unsafe or restricted areas, as needed • Request one or more recorders as needed from the Logistics Section Labor Pool and Credentialing Unit Leader, if activated, to perform documentation and tracking		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Determine safety risks of the incident and response activities to patients, staff, and visitors as well as to the hospital and the environment • Advise Hospital Incident Management Team (HIMT) staff of any unsafe conditions and corrective recommendations • Evaluate building or incident hazards and identify vulnerabilities • Specify type and level of personal protective equipment (PPE) to be utilized by staff to ensure their protection, based on the incident or hazardous condition		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Safety Officer role, if appropriate:
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to assess safety risks of the incident to all personnel, the hospital, and the environment
• Ensure proper equipment needs are met and equipment is properly functioning throughout the response
• Attend all command briefings and Incident Action Plan (IAP) meetings to gather and share incident and hospital information		

• Contribute safety issues, activities, and goals to the IAP • Advise Hospital Incident Management Team (HIMT) staff of any unsafe conditions and corrective recommendations		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Continue to document all actions and observations on the Activity Log on a continual basis • HICS 215A: Continue to update the Incident Action Plan (IAP) Safety Analysis for inclusion in the hospital IAP		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Continue to assess safety risks of the incident to all personnel, the hospital, and the environment • Ensure proper equipment needs are met and equipment is properly functioning throughout the response		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Safety Officer role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continually reassess the safety risks of the extended incident to patients, hospital staff, and visitors and to the hospital and the environment
• Identify corrective actions and revise the HICS 215A: Incident Action Plan (IAP) Safety Analysis
• Attend all briefings and IAP meetings to gather and share incident and hospital information
• Advise Hospital Incident Management Team (HIMT) staff of any unsafe conditions and corrective recommendations
• Observe hospital personnel and volunteers for signs of stress and inappropriate behavior
• Respond to any reports of stress or inappropriate behavior in conjunction with the Logistics Section Employee Health and Well-Being Unit Leader
• Contribute safety issues, activities, and goals to the IAP as needed beyond HICS 215A: Incident Action Plan (IAP) Safety Analysis		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Continue to document all actions and observations on the Activity Log on		

a continual basis • HICS 215A: Continue to update the Incident Action Plan (IAP) Safety Analysis for inclusion in the hospital IAP		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Continue to assess hospital operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques • Observe all staff and volunteers for signs of stress and inappropriate behavior • Respond to any reports of stress or inappropriate behavior in conjunction with the Logistics Section Employee Health and Well-Being Unit Leader		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Safety Officer role, if appropriate:
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• As objectives are met and needs for incident related safety decrease, return staff to their normal jobs, and combine or deactivate positions in a phased manner, as applicable
• Ensure the return or retrieval of equipment and supplies used during the response
• Participate in stress management and after-action debriefings
• Participate in other briefings and meetings as required
• Brief the Incident Commander on current problems, outstanding issues, and follow-up requirements
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After-Action Report and Corrective Improvement Plan. Topics include:
  ○ Review of pertinent position activities and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to Planning Section Documentation Unit		

Documents and Tools

- ❑ Incident Action Plan
- ❑ HICS 203 - Organization Assignment List
- ❑ HICS 204 - Assignment List
- ❑ HICS 205A - Communications List
- ❑ HICS 213 - General Message Form
- ❑ HICS 214 - Activity Log
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis
- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ Hospital Emergency Operations Plan
- ❑ Incident Specific Plans or Annexes
- ❑ Material safety data sheets (MSDS) or other information regarding involved chemicals (ATSDR, CHEMTREC, NIOSH handbook)
- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

MEDICAL-TECHNICAL SPECIALIST: BIOLOGICAL/INFECTIOUS DISEASE

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

Position Reports to: **Incident Commander** Command Location: _____		
Position Contact Information: Phone: (___) ___-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (___) ___-____ Fax: (___) ___-____		
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain a briefing from the Incident Commander on:
  ○ Size and complexity of the incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Medical-Technical Specialist: Biological/Infectious Disease
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation
• Conduct rapid research as needed to determine hazard and safety information critical to treatment for patients and hospital personnel
• Verify with the emergency department, infectious disease physicians, and infection control staff, and report the following information to the Incident Commander, Operations Section Chief and Medical Care Branch Director:
  ○ Number and condition of patients affected, including those who are non-symptomatic
  ○ Type of biological or infectious disease involved
  ○ Medical problems present, in addition to biological or infectious disease involved
  ○ Measures taken (e.g., cultures, supportive treatment)
  ○ Treatment protocols indicated
  ○ Potential for industrial, chemical, or radiological material exposure expected in addition to biological or infectious disease exposure and scope of communicability		

Activities • Assess that appropriate standard of isolation precautions are being used in all patient care and reception areas		

• Assess recommended treatment and prophylaxis guidelines for biological agent • Assist with just-in-time training regarding isolation precautions and use of personal protective equipment (PPE), as required • Collaborate with the local health department in developing a case definition • Ensure that the case definition is communicated to the Medical Care Branch Director, Safety Officer, and all patient care areas • Communicate with the Operations Section Chief and Safety Officer regarding disease information and staff protection • Meet regularly with the Hospital Incident Management Team (HIMT) to plan and project patient care needs • Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested • Provide information to the Public Information Officer for press releases, as requested • Contact the local health department, in collaboration with the Liaison Officer, as required, for notification, support, and investigation resources • Collaborate with the Logistics Section Employee Health and Well-Being Unit in organizing mass dispensing activities for antibiotic prophylaxis or vaccination to staff, as indicated and if recommended by the local health department		
Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions on an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Biological/Infectious Disease Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Direct the collection of samples for analysis and evidence
• Monitor and evaluate that all samples are correctly packaged for shipment to the most appropriate testing laboratory
• Continue to recommend and maintain appropriate isolation precautions and staff protection as the incident evolves
• Establish a regular meeting schedule with the Incident Commander or Operations Section Chief for updates on the situation regarding hospital operational needs
• Maintain communications with the Operations Section Medical Care Branch Director and other Hospital Incident Management Team (HIMT) staff to monitor the development of the incident and continue to provide information, as needed		

Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions on an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Extended Response (greater than 12 hours)	Time	Initial

Activities
• Transfer the Biological/Infectious Disease Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Monitor the status of personal protective equipment (PPE), pharmaceuticals, and staff to ensure safe operational status; assist with decision making for scarce allocation of resources
• Meet regularly with the Incident Commander or Operations Section Branch Directors to get updates on the current status and conditions
• Recommend appropriate post-exposure medical care (e.g., prophylaxis, isolation, observation)		

Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions on an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Demobilization/System Recovery	Time	Initial

Activities
• Transfer the Biological/Infectious Disease Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Participate in other briefings and meetings as required
• Submit comments to Incident Commander on lessons learned and procedural or equipment changes needed		

• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position activities and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after-action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is provided to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ Hospital Emergency Operations Plan ❑ Incident Specific Plans or Annexes ❑ Hospital Infection Control Policy and Procedure ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

MEDICAL-TECHNICAL SPECIALIST: CHEMICAL

Mission: Advise the Incident Commander or Section Chief, as assigned, on issues related to specific chemical incidents and emergency response.

Position Reports to: **Incident Commander** Command Location: _____		
Position Contact Information: Phone: (___) ___ - ___ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (___) ___ - ___ Fax: (___) ___ - ___		
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Incident Commander on:
  ○ Size and complexity of the incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Medical-Technical Specialist: Chemical
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Conduct rapid research as needed to determine the hazard and safety information critical to treatment and decontamination concerns for the patients and hospital personnel • Assess the type, size, and location of chemical contamination		

Activities
• Recommend decontamination procedures and staff personal protection, including respiratory protection
• Assist in implementing the hospital Decontamination and Spill Response Plan, as directed
• Verify with the emergency department leadership and report the following information to the Incident Commander:
  ○ Number and condition of both non-contaminated and contaminated patients and personnel
  ○ Type and amount of chemical involved and nature of exposure:		

▪ External chemical exposure only ▪ External contamination only ▪ External contamination with internal exposure ○ Time incident occurred ○ Medical problems present, in addition to chemical contamination ○ Assessment measures taken at the incident site (e.g., air monitors, skin contamination levels) • Verify with the Safety Officer and the Operations Section Security Branch Director that all access to the emergency department as well as contamination sites, has been secured to prevent media or other non-authorized people from entering the area during treatment or the decontamination process • Assist with just-in-time training regarding use of personal protective equipment (PPE), as required • Ensure the monitoring and surveying of: ○ Hospital personnel providing patient decontamination, in conjunction with the Operations Section Hazardous Materials Branch Director ○ Care provided for arriving patients through the decontamination and medical care process • Ensure any post-event monitoring of all personnel after care is provided • Notify the Poison Control Center to inform them of the event and obtain additional tactical assistance • Ensure the local water authority and appropriate regulatory agencies are notified of problem and actions being taken • Seek information from appropriate resources (manuals, ATSDR guidance, poison control, chemical guidance web sites, etc.) • Coordinate activities with the Operations Section Hazardous Materials Branch Director and the Medical Care Branch Director • Meet regularly with the Hospital Incident Management Team (HIMT) to plan and project patient care needs • Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP) development, as requested • Provide information to the Public Information Officer for press releases, as requested • Collaborate with external resources (e.g., local health department, public safety, HazMat Team) as needed		
Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**
Activities • Transfer the Chemical Medical-Technical Specialist role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in		

support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Respond to requests and concerns from incident personnel regarding chemical agents involved and the treatment concerns for patients and staff • Establish a regular meeting schedule with the Incident Commander or Operations Section Branch Directors for updates on the situation regarding hospital operational needs • Regularly update the following on your actions and recommendations: ○ Industrial hygienist ○ Safety Officer ○ Logistics Section Employee Health and Well-Being Unit ○ Operations Section Hazardous Materials Branch Director ○ Operations Section Victim Decontamination Unit Leader ○ Operations Section Facility/Equipment Decontamination Unit Leader		
Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Extended Response (greater than 12 hours)	**Time**	**Initial**
Activities • Transfer the Chemical Medical-Technical Specialist role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • In collaboration with the Operations Section HazMat Branch Director, oversee staff clearance checks and provide a clearance report to the emergency department, Operations Section Medical Care Branch Director, Logistics Section Employee Health and Well-Being Unit Leader, and Operations Section Chief • Direct the monitoring of hospital decontamination processes as needed, in collaboration with the HazMat Branch Director • In collaboration with the Operations Section HazMat Branch Director and Security Branch Director, determine how contaminated personal vehicles used to bring patients to the hospital should be managed • Meet regularly with the Incident Commander or Operations Section Branch Directors to get updates on the current status and conditions • Recommend appropriate post-decontamination medical care (antidotes, observation, and long tern surveillance)		
Documentation		

• HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Chemical Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Recommend and support notification to regulatory authorities of the incident including all response and recovery actions
• Participate in other briefings and meetings as required
• Submit comments to Incident Commander on lessons learned and procedural or equipment changes needed
• Brief the Planning Section Chief for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after-action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 – Demobilization Check-Out ❑ Hospital Emergency Operations Plan ❑ Hospital Decontamination and Spill Response Plan ❑ Incident Specific Plans or Annexes ❑ Material Safety Data Sheets (MSDS) ❑ National Institute for Occupational Safety and Health (NIOSH) Pocket Guide ❑ Emergency Response Guidebook ❑ Managing Hazardous Materials Incidents, Volume II - Hospital Emergency Departments: A Planning Guide for the Management of Contaminated Patients ❑ Managing Hazardous Materials Incidents, Volume III - Medical Management Guidelines for Acute Chemical Exposures ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/Internet/amateur radio/2-way radio for communication

MEDICAL-TECHNICAL SPECIALIST: RADIOLOGICAL

Mission: Advise the Incident Commander or Section Chief, as assigned, on issues related to the response to radiological incidents.

Position Reports to: **Incident Commander** Command Location: _____		
Position Contact Information: Phone: (___) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (___) _____ - _____ Fax: (___) _____ - _____		
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain a briefing from the Incident Commander on:
  ○ Size and complexity of the incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Medical-Technical Specialist: Radiological
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation
• Verify from the emergency department leadership or other clinical sources and report the following information to the Incident Commander:
  ○ Number and condition of both non-contaminated and contaminated patients and hospital staff
  ○ Type and amount of radioactive isotopes involved
  ○ Type of radiation incident:
  ▪ External radiation exposure only
  ▪ External contamination only
  ▪ External contamination with internal exposure
  ○ Time incident occurred
  ○ Medical problems present, in addition to radionuclide contamination
  ○ Assessment measures taken at the incident site (e.g., air monitors, fixed radiation monitors, nasal smear counts, and skin contamination levels)
  ○ Potential for industrial, biological, or chemical material exposures expected in addition to radionuclide		

Activities • Advise the Operations Section Hazardous Materials (HazMat) Branch Director on the preparation of the emergency department for the arrival of victims, including personal protective equipment (PPE) for radiological decontamination response • Verify with the Safety Officer and the Operations Section Security Branch Director that all access to the emergency department has been secured to prevent media or other non-authorized people from entering into the treatment area during treatment or the decontamination process • Coordinate activities with the Operations Section HazMat Branch Director and the Medical Care Branch Director • Meet regularly with the Hospital Incident Management Team (HIMT) to plan and project patient care needs • Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested • Ensure that a staff member trained in the use of a survey meter is stationed at the entrance of the decontamination area to monitor personnel and equipment leaving the radiation decontamination room or area • Address radiation related questions that may arise from other areas such as the laboratory, operating rooms, and critical care units • Provide clinical staff with treatment guidelines for isotope exposure as applicable, including countermeasures • Assure that the exposure of responding personnel is tracked and recorded (film badge or dosimetry) • Ensure notification of the Radiation Safety Officer of the incident, impact, and current activities • Provide information to the Public Information Officer for press releases, as requested • Collaborate with external resources (i.e. local health department, Poison Control Center, Radiation Emergency Assistance Center or Training Site) as needed • Obtain information from appropriate resources or web site programs • Ensure communications are sent to the local water authority and other local, state, and federal agencies if decontamination runoff is an issue		
Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Radiological Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Respond to requests and concerns from incident personnel regarding radiological		

agents involved and treatment concerns for victims and hospital personnel
• Develop plans to assess, isolate, and remediate any hospital contamination
• Continue to ensure appropriate decontamination processes including:
  ○ Monitoring patients and the decontamination team during and after patient care
  ○ Surveying contaminated areas, patients, and exposed hospital personnel
  ○ Collecting samples for subsequent analysis
  ○ Collecting and managing any radioactive wastes (solid and liquid) generated during the decontamination process
  ○ Evaluating staff dosimeters and ensuring proper follow up if indicated
• Prepare and maintain records and reports
• Establish a regular meeting schedule with the Incident Commander or Operations Section Chief for updates on the situation regarding hospital operational needs
• Regularly update the following on your actions and recommendations:
  ○ Industrial hygienist
  ○ Safety Officer
  ○ Logistics Section Employee Health and Well-Being Unit
  ○ Operations Section Hazardous Materials Branch Director
  ○ Operations Section Victim Decontamination Unit Leader		

Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Radiological Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• In collaboration with the Operations Section Hazardous Materials (HazMat) Branch Director, oversee the medical clearance for hospital personnel and report the results to the Operations Section Chief and Logistics Section Employee Health and Well-Being Unit Leader
• Direct the monitoring of hospital decontamination processes as needed, in collaboration with the Operations Section HazMat Branch Director
• In collaboration with the Operations Section HazMat Branch Director and Security Branch Director, determine how contaminated personal vehicles used to bring patients to the hospital should be managed
• Meet regularly with the Incident Commander or Operations Section Branch Directors to update on current status and conditions		

Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a		

continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Radiological Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure an analysis is made of all specimens taken from potentially contaminated items or water
• Ensure hospital personnel and Employee Health and Well-Being Unit Leader are aware of any significant information resulting from exposure to radiation and recommendations for follow up-care and monitoring
• Ensure the Operations Section Security Branch Director has custody of all suspected contaminated evidence for release to proper authority in sealed container
• Ensure the return or retrieval of equipment and supplies
• Participate in other briefings and meetings as required
• Submit comments to the Incident Commander on lessons learned and procedural or equipment changes needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position activities and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after-action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ Hospital Emergency Operations Plan ❑ Incident Specific Plans or Annexes ❑ Material Safety Data Sheets (MSDS) ❑ National Institute for Occupational Safety and Health (NIOSH) Pocket Guide ❑ Managing Hazardous Materials Incidents, Volume II - Hospital Emergency Departments: Planning Guide for the Management of Contaminated Patients

- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

MEDICAL-TECHNICAL SPECIALIST: CLINIC ADMINISTRATION

Mission: Maintain hospital-based clinic's capabilities and services as the situation warrants and circumstances allow. Advise the Incident Commander or Section Chief, as assigned, on issues related to clinic operations.

Position Reports to: **Incident Commander** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Incident Commander on:
  ○ Size and complexity of the incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Medical-Technical Specialist: Clinic Administration
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Assess the clinical resources (staff, supplies, equipment, and facilities) that could be mobilized to assist as needed during the incident • Obtain clinic census and status		
Activities • Regularly meet with Operations and Planning Section Chiefs to determine current status of operations and need to continue or expand clinic operations • Notify appropriate clinic managers and staff of the incident and brief them on the current status • Request or prepare projections on clinical activities, as appropriate, for 4, 8, 12, 24, 48, and 96 hours from the time of the incident onset • Maintain the routine flow of clinic patients, materials, and information while the incident is being addressed, and respond promptly to issues that may disrupt that flow		

• Implement interim measures to maintain critical clinic operations, as necessary, in response to any disruption of patient services • Implement Business Continuity Plans for any affected clinics • Determine which clinic sites could support acute patient care (immediate or delayed) • Provide clinic resources (staff, supplies, and facilities) to assist hospital operations as requested • Oversee medication distribution of antibiotic prophylaxis or vaccination to staff or their families if directed • Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested		
Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Clinic Administration Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Receive updates from the clinic managers on issues that may be pertinent to the incident
• Establish a regular meeting schedule with the Incident Commander or Operations Section Chief for updates on the situation regarding hospital operational needs
• Determine the capability and financial impact of extended clinic operations beyond normal operating hours		

Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Extended Response (greater than 12 hours)	**Time**	**Initial**
Activities • Transfer the Clinic Administration Medical-Technical Specialist role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation,		

response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)		
Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Clinic Administration Medical-Technical Specialist role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Participate in other briefings and meetings as required • Submit comments to Incident Commander on lessons learned and procedural or equipment changes needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include: ○ Review of pertinent position activities and operational checklists ○ Recommendations for procedure changes ○ Accomplishments and issues • Participate in stress management and after-action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is provided to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ Clinic Emergency Operations Plan ❑ Hospital Emergency Operations Plan ❑ Incident Specific Plans or Annexes ❑ Department and hospital Business Continuity Plans ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

MEDICAL-TECHNICAL SPECIALIST: HOSPITAL ADMINISTRATION

Mission: Maintain oversight of hospital service capability and operations. Advise the Incident Commander or Section Chief, as assigned, on issues related to hospital operations.

Position Reports to: **Incident Commander** Command Location: _____		
Position Contact Information: Phone: ( ) - Radio Channel: _____		
Hospital Command Center (HCC): Phone: ( ) - Fax: ( ) -		
Position Assigned to:	Date: / /	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: / /	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: / /	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain a briefing from the Incident Commander on:
  ○ Size and complexity of the incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Medical-Technical Specialist: Hospital Administration
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Assess hospital resources (staff, supplies, equipment, and facilities) that could be mobilized to assist as needed during the incident • Provide information to the Incident Commander on the operational situation including capabilities and limitations		
Activities • Meet with Hospital Incident Management Team (HIMT) to determine the current status of operations, critical issues, and resource needs to continue operations • Notify appropriate hospital administrators and managers of the incident, conduct briefings • Maintain the flow of hospital patients, service delivery, materials, and information while the incident is being addressed, and respond promptly to issues that may disrupt that flow • Prepare to implement plans to accommodate a surge of patients into the hospital; review those services that can be delayed or stopped if needed		

• Collaborate with the Operations Section Chief and Medical Care Branch Director to implement crisis standards of care if needed • Ensure that if implemented, the crisis standards of care are communicated to physicians, staff, and board of directors, and others as appropriate • Determine the support requirements to keep non-emergency related hospital operations intact and functioning effectively • Collaborate with the Medical-Technical Specialist: Clinic Administration to assess clinic and hospital needs, critical issues, and ability to assist • Provide hospital resources (staff, supplies, and facilities) to assist clinic operations as requested and appropriate • Coordinate with Operations Section Business Continuity Branch Director to facilitate the implementation of Business Continuity Plans among affected hospital functions and departments, as appropriate • Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested		
Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Hospital Administration Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to receive updates from the hospital administrators and managers regarding critical response and recovery issues, and update the Hospital Incident Management Team (HIMT) as appropriate
• Establish a regular meeting schedule with the Incident Commander or Operations Section Chief for updates on the situation regarding hospital operational needs
• Coordinate with the Operations Section Business Continuity Unit Leader to monitor and evaluate Business Continuity Plan use
• Provide input to the Public Information Officer regarding media releases		

Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Hospital Administration Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Meet regularly with the Incident Commander or Operations Section Branch Directors to provide and receive updates on current status and conditions		

Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication • *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Hospital Administration Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Participate in other briefings and meetings as required
• Submit comments to Incident Commander on lessons learned and procedural or equipment changes needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position activities and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after-action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ Hospital Emergency Operations Plan ❑ Incident Specific Plans or Annexes ❑ Department and facility Business Continuity Plans ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

MEDICAL-TECHNICAL SPECIALIST: LEGAL AFFAIRS

Mission: Organize and provide legal advice to the Incident Commander or Section Chief, as assigned, on issues related to the Incident Action Plan (IAP) and response.

Position Reports to: **Incident Commander**		Command Location: _____
Position Contact Information: Phone: ( ) -		Radio Channel: _____
Hospital Command Center (HCC): Phone: ( ) -		Fax: ( ) -
Position Assigned to:	Date: / /	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: / /	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: / /	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Incident Commander on:
  ○ Size and complexity of incident
  ○ Expectations of Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Medical-Technical Specialist: Legal Affairs
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Activities • Regularly meet with Operations and Planning Section Chiefs to determine the current status of operations and the impact on the ability to maintain operations • Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested • Communicate medical-legal questions to appropriate local and state authorities, in collaboration with the Liaison Officer		
Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Legal Affairs Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to work with the Hospital Incident Management Team (HIMT) to resolve legal issues
• Establish a regular meeting schedule with the Incident Commander or Operations Section Chief for updates on the situation regarding hospital operational needs
• Update local and state legal authorities on hospital legal issues, in collaboration with the Liaison Officer		

Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Legal Affairs Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Address any outstanding or pending legal issues
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to work with the Hospital Incident Management Team (HIMT) to resolve legal issues
• Meet regularly with the Incident Commander or Operations Section Branch Directors to get updates on the current status and conditions		

Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Demobilization/System Recovery	Time	Initial

Activities
• Transfer the Legal Affairs Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Provide legal guidance on system recovery issues
• Participate in other briefings and meetings as required
• Submit comments to Incident Commander on lessons learned and procedural or equipment changes needed
• Submit comments to the Planning Section for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position activities and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after-action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is provided to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ Hospital Emergency Operations Plan ❑ Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication ❑ Computer with internet access

MEDICAL-TECHNICAL SPECIALIST: MEDICAL STAFF

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

Position Reports to: **Incident Commander** Command Location: _____		
Position Contact Information: Phone: ( ) - Radio Channel: _____		
Hospital Command Center (HCC): Phone: ( ) - Fax: ( ) -		
Position Assigned to:	Date: / /	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: / /	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: / /	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial

Receive appointment
• Obtain a briefing from the Incident Commander on:
  ○ Size and complexity of the incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Medical-Technical Specialist: Medical Staff
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Assess hospital medical staff availability and resources • Provide information to the Incident Commander medial staff situation including capabilities and limitations		
Activities • Assist the Logistics Section Labor Pool and Credentialing Unit Leader with medical staff credentialing issues • Address the credentialing, utilization, and oversight of volunteer practitioners • Meet regularly with the Operations Section Medical Care Branch Director and Planning Section to plan and project patient care needs • Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested • Coordinate with the Hospital Incident Management Team (HIMT) as appropriate		
Documentation • HICS 206: Assist the Logistics Section Support Branch Director with completion of Staff		

Medical Plan • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**
Activities • Transfer the Medical Staff Medical-Technical Specialist role, if appropriate o Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital o Address any health, medical, and safety concerns o Address political sensitivities, when appropriate o Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Meet regularly with the Incident Commander or the Operations Section Chief, as appropriate, to brief them on medical staff status and projected needs • Establish a regular meeting schedule with the Incident Commander or Operations Section Chief for updates on the situation regarding hospital operational needs • Maintain regular communications with the Medical Care Branch Director to co-monitor the delivery and quality of medical care in all patient areas		
Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Extended Response (greater than 12 hours)	**Time**	**Initial**
Activities • Transfer the Medical Staff Medical-Technical Specialist role, if appropriate o Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital o Address any health, medical, and safety concerns o Address political sensitivities, when appropriate o Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue to ensure response issues related to the medical staff are identified and effectively managed • Report critical issues to the Operations Section Chief and Medical Care Branch Director, as appropriate o Meet regularly with the Incident Commander or Operations Section Branch Directors to update them on the current status and conditions		
Documentation		

• HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Medical Staff Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Participate in other briefings and meetings as required
• Submit comments to Incident Commander on lessons learned and procedural or equipment changes needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position activities and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after-action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is provided to the Planning Section Documentation Unit		
Documents and Tools		
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 206 - Staff Medical Plan ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ Hospital Emergency Operations Plan ❑ Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication		

MEDICAL-TECHNICAL SPECIALIST: PEDIATRIC CARE

Mission: Advise the Incident Commander or Section Chief, as assigned, on issues related to pediatric care.

Position Reports to: **Incident Commander**	Command Location: _____	
Position Contact Information: Phone: (___) ___-____	Radio Channel: _____	
Hospital Command Center (HCC): Phone: (___) ___-____	Fax: (___) ___-____	
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____: ____ hrs.
Signature:	Initials:	End: ____: ____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain a briefing from the Incident Commander on:
  ○ Size and complexity of the incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Medical-Technical Specialist: Pediatric Care
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Assess hospital pediatric staff availability and resources • Provide information to the Incident Commander regarding the pediatric staff situation including capabilities and limitations		

Activities
• Meet with the Incident Commander, Operations and Planning Section Chiefs, and the Operations Section Medical Care Branch Director to plan for and project pediatric patient care needs
• Verify with the emergency department leadership and report the following to the Incident Commander:
  ○ Type and location of incident
  ○ Number and condition of expected pediatric patients
  ○ Estimated arrival time to hospital
  ○ Any unusual or hazardous environmental exposure
• Provide pediatric care guidance to Operations Section Chief and Medical Care Branch Director based on incident scenario and response needs
• Ensure pediatric patient identification and tracking procedures are implemented		

• Communicate and coordinate with the Logistics Section Chief to determine pediatric:
  o Medical care equipment and supply needs
  o Medications with pediatric dosing
  o Transportation availability and needs (carts, cribs, wheelchairs, etc.)
• Communicate with the Planning and Logistics Section Chiefs to determine pediatric:
  o Bed availability
  o Ventilators
  o Trained medical staff (MD, RN, PA, NP, etc.)
  o Additional short- and long-range pediatric response needs
• Ensure that appropriate pediatric standards of care are being followed in all clinical areas
• Collaborate with the Public Information Officer to develop media and public information messages specific to pediatric care recommendations and treatment
• Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested		

Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Pediatric Care Medical-Technical Specialist role, if appropriate
  o Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  o Address any health, medical, and safety concerns
  o Address political sensitivities, when appropriate
  o Instruct your replacement to complete the appropriate documentation and ensure appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Assist the Operations Section Medical Care Branch Director to determine those pediatric patients that are best served by pediatric specialty units and those that should be considered for transfer to other areas of the hospital or other hospitals
• Assist the Staging Manager and Liaison Officer to prioritize the transfer for selected pediatric patients as required, including coordination with destination hospitals and transportation resources for optimal care
• Continue to communicate and coordinate with the Logistics Section Chief on the availability of pediatric equipment and supplies including but not limited to isolates, beds, nutrition, supplies, and medications
• Seek, if applicable, treatment guidance for how pediatric patients with specialty needs can be cared for pending transfer
• Coordinate with the Logistics and Planning Section Chiefs to expand or create a pediatric patient care area, if needed
• Establish a meeting schedule with the Incident Commander or Operations Section Chief for updates on the situation regarding hospital operational and pediatric needs		

• Maintain regular communications with the Operations Section Medical Care Branch Director to co-monitor the delivery and quality of medical care in all patient areas		
Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Pediatric Care Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see forms 203, 204, 214 and 215A)
• Ensure the provision of resources for pediatric behavioral health and appropriate event education for children and families
• Continue to ensure pediatric-related response issues are identified and effectively managed
• Meet regularly with the Incident Commander or Operations Section Chief to update them on the current status and conditions		

Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Pediatric Care Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Participate in other briefings and meetings as required
• Submit comments to the Incident Commander on lessons learned and procedural or		

equipment changes needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position activities and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after-action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ Hospital Emergency Operations Plan ❑ Incident Specific Plans or Annexes ❑ Pediatric care guidelines ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

MEDICAL-TECHNICAL SPECIALIST: MEDICAL ETHICIST

Mission: Advise the Incident Commander or Section Chief, as assigned, on issues with ethical implications.

Position Reports to: **Incident Commander**		Command Location: _____
Position Contact Information: Phone: (____) ____ - ____		Radio Channel: _____
Hospital Command Center (HCC): Phone: (____) ____ - ____		Fax: (____) ____ - ____
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Incident Commander on:
  ○ Size and complexity of the incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Medical-Technical Specialist: Medical Ethicist
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Evaluate key ethical issues such as standards of care, priority of care, use of limited resources, etc., and develop recommendations for addressing the issues		
Activities • Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested • Consult to the Incident Commander and Command Staff on matters where an ethics perspective is important to decision making • Coordinate with the Hospital Incident Management Team (HIMT) as appropriate		
Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Medical Ethicist Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the medical hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to evaluate implemented programs or recommendations that have ethical impacts to staff, patients, visitors, and the hospital
• Meet with Medical Care Branch Director to review proposed alterations in provision of care and other clinical or administrative issues with ethical considerations
• Brief the Incident Commander and Operations Section Chief concerning potential practice issues and needed modifications and changes to the delivery of care
• Review the implications of early discharge with medical care providers
• Establish a regular meeting schedule with the Incident Commander or Operations Section Chief for updates on the situation regarding hospital ethical needs
• Maintain regular communications with the Operations Section Medical Care Branch Director to co-monitor the delivery and quality of medical care in all patient areas		

Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Medical Ethicist Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue monitoring issues that have potential ethical implications and assist with identifying practice considerations
• Brief the Incident Commander and Section Chiefs on potential practice issues and recommended modifications and changes		

Documentation • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Communication		

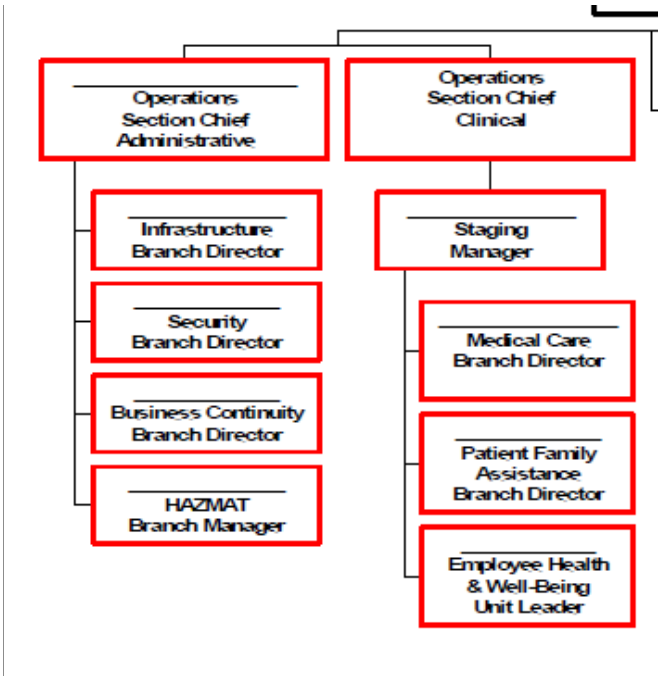
Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners		

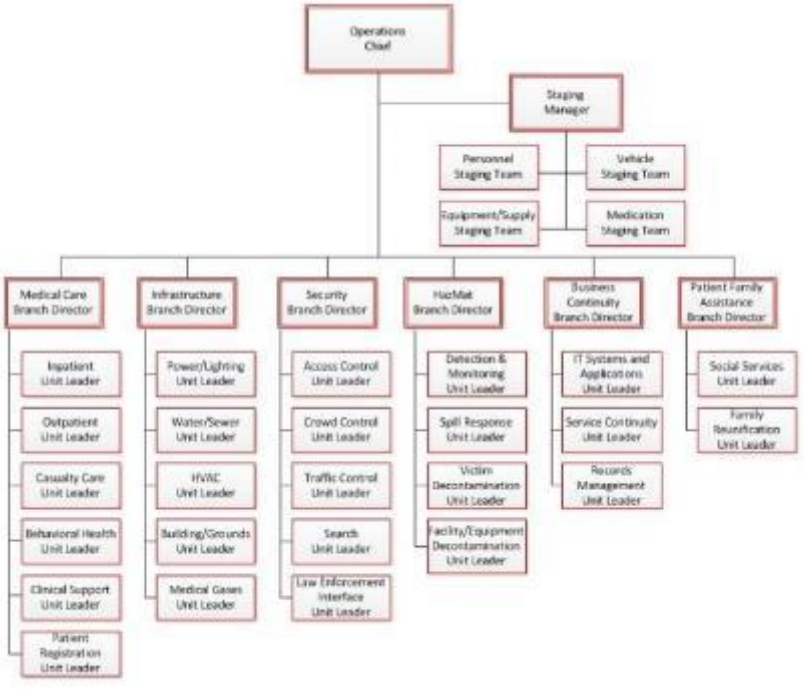
Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Medical Ethicist Medical-Technical Specialist role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Participate in other briefings and meetings as required
• Submit comments to the Incident Commander on lessons learned and procedural or equipment changes needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position activities and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after-action briefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ Hospital Emergency Operations Plan ❑ Incident Specific Plans or Annexes ❑ Hospital ethics guidelines ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication


Operations Section Chief Administrative
Operations Section Chief Clinical
Infrastructure Branch Director
Security Branch Director
Business Continuity Branch Director
HAZMAT Branch Manager
Staging Manager
Medical Care Branch Director
Patient Family Assistance Branch Director
Employee Health & Well-Being Unit Leader


Operations Chief
Staging Manager
Personnel Staging Team
Vehicle Staging Team
Equipment/Supply Staging Team
Medication Staging Team
Medical Care Branch Director
Infrastructure Branch Director
Security Branch Director
HazMat Branch Director
Business Continuity Branch Director
Patient Family Assistance Branch Director
Inpatient Unit Leader
Outpatient Unit Leader
Casualty Care Unit Leader
Behavioral Health Unit Leader
Clinical Support Unit Leader
Patient Registration Unit Leader
Power/Lighting Unit Leader
Water/Sewer Unit Leader
HVAC Unit Leader
Building/Grounds Unit Leader
Medical Gases Unit Leader
Access Control Unit Leader
Crowd Control Unit Leader
Traffic Control Unit Leader
Search Unit Leader
Law Enforcement Interface Unit Leader
Detection & Monitoring Unit Leader
Spill Response Unit Leader
Victim Decontamination Unit Leader
Facility/Equipment Decontamination Unit Leader
IT Systems and Applications Unit Leader
Service Continuity Unit Leader
Records Management Unit Leader
Social Services Unit Leader
Family Reunification Unit Leader

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OPERATIONS SECTION (JOB ACTION SHEETS)

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Operations Section Chief

Staging Manager

Personnel Staging Team Leader

Vehicle Staging Team Leader

Equipment/Supply Staging Team Leader

Medication Staging Team Leader

Medical Care Branch Director

Inpatient Unit Leader

Outpatient Service Unit Leader

Casualty Care Unit Leader

Behavioral Health Unit Leader

Clinical Support Services Unit Leader

Patient Registration Unit Leader

Infrastructure Branch Director

Power/ Light Unit Leader

Water/Sewer Unit Leader

HVAC Unit Leader

Building/Grounds Damage Unit Leader

Medical Gases Unit Leader

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OPERATIONS SECTION (JOB ACTION SHEETS)

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Security Branch Director

Access Control Unit Leader

Crowd Control Unit Leader

Traffic Control Unit Leader

Search Unit Leader

Law Enforcement Interface Unit Leader

HazMat Branch Director

Detection and Monitoring Unit Leader

Spill Response Unit Leader

Victim Decontamination Unit Leader

Facility/Equipment Decontamination Unit Leader

Business Continuity Branch Director

Information Technology Unit Leader

Services Continuity Unit Leader

Records Preservation Unit Leader

Business Function Relocation Unit Leader

Patient Family Assistant Branch Director

Social Services Unit Leader

Family Reunification Unit Leader

OPERATIONS SECTION CHIEF

Mission: Develop and implement strategies and tactics to carry out the objectives established by the Incident Commander. Organize, assign, and supervise the resources of the Staging Area, the Medical Care, Infrastructure, Security, Hazardous Materials (HazMat), Business Continuity, and Patient Family Assistance Branches.

Position Reports to: **Incident Commander**	Command Location: _____	
Position Contact Information: Phone: (____) ____-____	Radio Channel: _____	
Hospital Command Center (HCC): Phone: (____) ____-____	Fax: (____) ____-____	
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain a briefing from the Incident Commander on:
  ○ Size and complexity of the incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Operations Section Chief
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from the Staging Manager, and the Medical Care, Infrastructure, Security, Hazardous Materials (HazMat), Business Continuity, and Patient Family Assistance Branch Directors • Provide information to the Incident Commander on the operational situation including capabilities and limitations		

Determine the incident objectives, tactics, and assignments
• Determine which Operations Section functions need to be activated:
  ○ Staging Area
  ○ Medical Care Branch
  ○ Infrastructure Branch
  ○ Security Branch
  ○ HazMat Branch
  ○ Business Continuity Branch
  ○ Patient Family Assistance Branch
• Document section objectives, tactics, and assignments on the HICS 204 – Assignment List
• Make assignments and distribute corresponding Job Action Sheets and position		

identification • Determine strategies and how the tactics will be accomplished • Determine needed resources • Brief section personnel on the situation, strategies, and tactics, and designate a time for the next briefing		
Activities • Ensure the following are being addressed with the appropriate branch or unit: o Staff health and safety o Patient tracking o Patient care o Patient family support o Transfers into and from the hospital o Fatality management o Information sharing with other hospitals and local agencies (e.g., emergency medical services, fire, law, public health, and emergency management) in coordination with the Liaison Officer o Personnel and resource movement through the staging area o Documentation o Patient care treatment standards and case definitions with public health officials, as appropriate o Ensure coordination with any assisting or cooperating agency or corporate command center o Personnel needs with Logistics Section Labor Pool and Credentialing Unit Leader, supply and equipment needs with the Logistics Section Supply Unit Leader, projections and needs with the Planning Section, and financial matters with the Finance/Administration Section • Ensure that the Operations Section is adequately staffed and supplied • Communicate with Operations Section personnel to: o Obtain information and updates regularly from Operations Section Branch Directors and Staging Manager o Maintain the current status of all areas o Inform the Planning Section Situation Unit Leader of status information • Conduct an Operations Briefing to present the Incident Action Plan (IAP) to clarify staff responsibilities • Collaborate with appropriate Medical-Technical Specialists as needed • Communicate with other Section Chiefs: o Logistics Section for resource needs and activities o Planning Section for activities that have occurred; then keep updated with status and utilization of resources o Finance/Administration Section for personnel time records; potential compensation and claims and canceled surgeries and procedures		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 205A: Distribute the Communications List appropriately • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 251: As appropriate, complete a Facility System Status Report and report the results to the Incident Commander • HICS 252: Distribute a Section Personnel Time Sheet to section staff; ensure time is recorded appropriately, and submit to Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 257: Track the equipment used on the Resource Accounting Record		

Resources • Determine equipment and supply needs; request them from the Logistics Section Supply Unit Leader • Assess issues and needs in section areas, coordinate resource management • Make requests for external assistance, as needed, in coordination with the Liaison Officer		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all section personnel comply with safety procedures and instructions • Determine if a communicable disease risk exists; implement appropriate response procedures collaborating with the appropriate Medical-Technical Specialist, if activated • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Operations Section Chief role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the following are being addressed with the appropriate section, branch, or unit:
  ○ Section personnel health and safety
  ○ Patient tracking
  ○ Patient care
  ○ Patient family support
  ○ Transfers into and from the hospital
  ○ Fatality management
  ○ Information sharing with other hospitals and local agencies (e.g., emergency medical services, fire, law, public health, and emergency management) in coordination with the Liaison Officer
  ○ Personnel and resource movement through the staging area
  ○ Documentation
  ○ Patient care treatment standards and case definitions with public health officials, as appropriate
  ○ Ensure coordination with any assisting or cooperating agency
  ○ Personnel needs with Logistics Section Labor Pool and Credentialing Unit Leader, supply and equipment needs with the Logistics Section Supply Unit Leader, projections and needs with the Planning Section, and financial matters with the Finance/Administration Section
• Ensure that the Operations Section is adequately staffed and supplied
• Brief the Incident Commander, Public Information Officer, and Liaison Officer regularly on the status of the Operations Section
• Designate a time for a briefing and updates with Operations Section leadership to update the Incident Action Plan (IAP)
• Schedule meetings with the Branch Directors and Staging Manager to update the		

section plans and demobilization procedures		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document actions, decisions, and information received on Activity Log		
Resources • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed, coordinating with Logistics Section Supply Unit Leader		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Review personnel protective equipment use; revise as needed • Ensure staff health and safety issues are being addressed, report issues to the Safety Officer and Logistics Section Employee Health and Well-Being Unit • Ensure patient safety issues are identified and addressed • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Operations Section Chief role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the ability of Operations Section personnel to meet workload demands, personnel health and safety, resource needs, and documentation practices
• Address issues related to ongoing patient care including:
  ○ Ongoing patient arrival
  ○ Bed availability
  ○ Patient transfers
  ○ Patient tracking
  ○ Staff health and safety
  ○ Behavioral health for patients, families, staff, and incident management personnel
  ○ Fatality management
  ○ Staffing
  ○ Staff prophylaxis
  ○ Medications
  ○ Equipment and supplies
  ○ Personnel and resource movement through staging area
  ○ Coordination with other area hospitals		

○ Documentation • Brief the Incident Commander, Public Information Officer, and Liaison Officer regularly on the status of the Operations Section • Designate a time for a briefing and updates with Operations Section leadership to update the Incident Action Plan (IAP)		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document actions, decisions, and information received on Activity Log • HICS 257: Track equipment used during the response on the Resource Accounting Record		
Resources • Monitor levels of all supplies and equipment, and collaborate on needs with the Logistics Section Supply Unit Leader		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Observe section personnel for signs of stress and inappropriate behavior, report issues to the to the Safety Officer and Logistics Section Employee Health and Well-Being Unit • Provide for personnel rest periods and relief • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Operations Section Chief role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, demobilization actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate staff are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • As objectives are met and needs decrease, return the Operations Section personnel to their usual jobs, and combine or deactivate positions in a phased manner, in coordination with the Planning Section Demobilization Unit Leader • Assist Section Chiefs in restoring the hospital to normal operations • Through the Liaison Officer and Public Information Officer, share patient information with external agencies as needed and in accordance with patient privacy policies • Work with the Planning and Finance/Administration Sections to complete cost data information collection • Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow up requirements • Debrief section personnel on lessons learned and procedural or equipment changes needed • Participate in other briefings and meetings as required		

• Submit comments to the Planning Section for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents/Tools

- ❑ HICS 203 - Organization Assignment List
- ❑ HICS 204 - Assignment List
- ❑ HICS 205A - Communications List
- ❑ HICS 213 - General Message Form
- ❑ HICS 214 - Activity Log
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis
- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 251 - Facility System Status Report
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ HICS 254 - Disaster Victim/Patient Tracking
- ❑ HICS 255 - Master Patient Evacuation Tracking
- ❑ HICS 257 - Resource Accounting Record
- ❑ HICS 259 - Hospital Casualty/Fatality Report
- ❑ HICS 260 - Patient Evacuation Tracking
- ❑ Hospital Emergency Operations Plan
- ❑ Incident Specific Plans or Annexes
- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

STAGING MANAGER

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

Position Reports to: **Operations Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) ____ - ____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____ - ____ Fax: (____) ____ - ____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Operations Section Chief on:
  ○ Size and complexity of the incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Staging Manager
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from Staging Areas • Provide information to the Operations Chief on the operational situation		

Determine area objectives, tactics, and assignments
• Document area objectives, tactics, and assignments on the HICS 204: Assignment List
• Determine which Staging Area Teams need to be activated
  ○ Personnel Staging Team
  ○ Vehicle Staging Team
  ○ Equipment/Supply Staging Team
  ○ Medication Staging Team
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Make assignments; distribute corresponding Job Action Sheets and position identification
• Brief area personnel on the situation, strategies, and tactics, and designate time for		

next briefing		

Activities
• Coordinate delivery to requesting areas of needed resources:
  ○ Personnel
  ○ Vehicles
  ○ Equipment and supplies
  ○ Medications
• Participate in the planning meeting and development of the Incident Action Plan (IAP)
• Implement Staging Area plans, if appropriate, and monitor activities
  ○ Identify an appropriate area to serve as staging area for the receipt and distribution of personnel and equipment
  ○ Assess problems and needs, coordinate resource management
  ○ Instruct all Staging Team Leaders to inventory and evaluate onsite equipment, supplies, and medications; then coordinate their needs with the Logistics Section Supply Unit Leader
  ○ Coordinate staffing needs with the Logistics Section Labor Pool and Credentialing Unit Leader; report status to the Operations Section Chief
  ○ Ensure the prioritization of problems when multiple issues are presented
• Communicate regularly with Staging Area Team Leaders and Operation Section personnel
• Consider development of an area action plan; submit to the Operations Chief if requested
• Brief Staging Team Leaders on the current situation; outline the Staging Area action plans, if used, and confirm the time for the next briefing
• Regularly report the Staging Area status to the Operations Section Chief
• Advise the Operations Section Chief immediately of any operational issue you are not able to correct
• Communicate regularly with other section chiefs
• Meet with the Operations Section Chief and the Logistics Section Chief, as appropriate, to discuss plan of action and staffing in all activities		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to Staging Area personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Assess issues and needs in Staging Areas, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all area personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	Time	Initial

Activities
• Transfer the Staging Manager role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Communicate resource problems encountered to the Logistics Section Chief, as appropriate
• Coordinate patient care support and staff
  ○ Continue coordinating delivery of needed personnel, equipment, supplies, medications, and support services, working with the Logistics and Planning Sections and the Operations Section Branch Directors, as needed
  ○ Coordinate the use of external resources
  ○ Ensure documentation is completed correctly and collected
• Coordinate the assignment and orientation of external personnel sent to assist the Staging Teams
• Meet regularly with the Operations Section Chief for status reports
• Advise the Operations Section Chief immediately of any operational issue you are not able to correct
• Provide status updates to team leaders		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in Staging Areas, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all area personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personnel health and safety issues are being addressed, report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	Time	Initial

Activities
• Transfer the Staging Manager role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Monitor operations and documentation
• Continue to monitor the ability of the Staging Area Teams to meet workload demands, personnel health and safety, resource needs, and documentation practices		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in Staging Areas, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all area personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	Time	Initial

Activities
• Transfer the Staging Manager role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and		

objectives (see HICS Forms 203, 204, 214, and 215A) • As needs for Staging Area decrease, return staff to their normal jobs, and combine or deactivate positions in a phased manner, in coordination with the Planning Section Demobilization Unit Leader • Assist the Operations Section Chief with restoring hospital resources to normal operating conditions • Ensure the return, retrieval, and restocking of equipment and supplies • Notify the Operations Section Chief when demobilization and restoration is complete • Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow up requirements • Debrief area personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents/Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital blueprints and maps ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

PERSONNEL STAGING TEAM LEADER

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

Position Reports to: **Staging Manager**		Command Location: _____
Position Contact Information: Phone: (____) ____ - ____		Radio Channel: _____
Hospital Command Center (HCC): Phone: (____) ____ - ____		Fax: (____) ____ - ____
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Staging Manager on:
  ○ Size and complexity of the incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Personnel Staging Team Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from Staging Areas, the Planning Section Personnel Tracking Manager, and the Logistics Section Labor Pool and Credentialing Unit Leader • Provide information to the Staging Manager on the operational situation		

Determine area objectives, tactics, and assignments
• Document staging area objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Personnel Staging Team personnel in collaboration with the Staging Manager
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Make assignments; distribute corresponding Job Action Sheets and position identification
• Brief area personnel on the situation, strategies, and tactics, and designate the time for next briefing		

Activities • Have personnel reporting to staging area sign in on Hospital Personnel Staging Log • Maintain the personnel staging area in an organized manner • Consider whether personnel are to stay in the area or may return to normal work location to be contacted with an assignment when needed • Coordinate the delivery of needed personnel resources to requesting areas in coordination with the Logistics Section Labor Pool and Credentialing Unit Leader and Transportation Unit Leader • Instruct all team personnel to evaluate personnel needs, report findings to the Staging Manager and the Logistics Section Labor Pool and Credentialing Unit Leader • Establish and maintain contact with the Planning Section Personnel Tracking Manager and the Logistics Section Labor Pool and Credentialing Unit Leader to share information and personnel status • Assess problems and needs in the area, coordinate resource management • Communicate and meet regularly with the Staging Manager, other Staging Area Team Leaders, and team personnel to discuss the plan of action, staffing in all activities, report status, and to relay important information • Consider development of a team action plan; submit to the Staging Manager if requested • Brief team personnel on current situation; outline area action plan and confirm time for next briefing • Advise the Staging Manager immediately of any operational issue you are not able to correct		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to team personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Assess issues and needs in area, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all area personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Personnel Staging Team Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns		

○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Coordinate patient care support and staff ○ Continue coordinating delivery of needed personnel, equipment, supplies, medications, and support services, working with the Logistics and Planning Sections and the Operations Section Branch Directors, as needed ○ Coordinate the use of external resources ○ Ensure documentation is completed correctly and collected • Ensure the prioritization of problems when multiple issues are presented • Provide status updates to other Team Leaders • Communicate regularly with the Staging Manager and the Operations Section • Report resource problems and issues to the Staging Manager and the Logistics Section Supply Unit Leader, as appropriate • Advise the Staging Manager immediately of any operational issue you are not able to correct • Continue to meet regularly with the Staging Manager for status reports, and relay important information.		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in Staging Areas, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all area personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personnel health and safety issues are being addressed, report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**
Activities • Transfer the Personnel Staging Team Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and		

ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Work with the Operations Section Chief and the Logistics Section Support Branch on the assignment of external resources • Continue to monitor the ability of the Personnel Staging Team to meet workload demands, personnel health and safety, resource needs, and documentation practices		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in staging areas, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all team personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Personnel Staging Team Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• As needs for Personnel Staging Team decrease, return staff to their normal jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Assist the Staging Manager and the Operations Section Chief with restoring hospital resources to normal operating conditions
• Ensure the return, retrieval, and restocking of equipment and supplies
• Notify the Staging Manager when demobilization and restoration is complete		

• Upon deactivation of your position, brief the Staging Manager on current problems, outstanding issues, and follow up requirements
• Debrief area personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes, as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  o Review of pertinent position descriptions and operational checklists
  o Recommendations for procedure changes
  o Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents/Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Personnel Staging Log ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

VEHICLE STAGING TEAM LEADER

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

Position Reports to: **Staging Manager**		Command Location: _____
Position Contact Information: Phone: (____) ____-____		Radio Channel: _____
Hospital Command Center (HCC): Phone: (____) ____-____		Fax: (____) ____-____
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Staging Manager on:
  ○ Size and complexity of the incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Vehicle Staging Team Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from Staging Areas and Operations Sections • Provide information to the Staging Manager on the operational situation		

Determine area objectives, tactics, and assignments
• Document area objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Vehicle Staging Team personnel in collaboration with the Staging Manager
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Make assignments; distribute corresponding Job Action Sheets and position identification
• Brief area personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Identify vehicle holding areas within the Staging Areas, as appropriate • Maintain an organized area and inventory control • Coordinate the delivery and assignment of needed vehicles, working with the Logistics Section Transportation Unit • Establish and maintain contact with the Planning Section Materiel Tracking Manager and the Logistics Section Transportation Unit Leader to share information		

and vehicle status • Assess problems and needs in the area, coordinate resource management • Communicate and meet regularly with the Staging Manager, other Staging Area Team Leaders, and team personnel to discuss a plan of action, if needed, staffing for all activities, report status, and to relay important information • Consider development of a team action plan; submit to the Staging Manager if requested • Brief team personnel on the current situation; outline the area action plan, if used, and confirm the time for next briefing • Advise the Staging Manager immediately of any operational issue you are not able to correct		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to team personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Assess issues and needs in area, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all area personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Vehicle Staging Team Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue coordinating the delivery and assignment of needed vehicles, working with the Logistics Section Transportation Unit
• Coordinate the use of external resources
• Ensure the prioritization of problems when multiple issues are presented
• Ensure documentation is done correctly and collected
• Provide status updates to team leaders
• Communicate regularly with the Staging Manager and the Operations Section Chief
• Report resource problems and issues to the Staging Manager
• Advise the Staging Manager immediately of any operational issue you are not able		

to correct • Continue to meet regularly with the Staging Manager for status reports, and to relay important information		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in Staging Areas, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all area personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personnel health and safety issues are being addressed, report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**
Activities • Transfer the Vehicle Staging Team Leader role, if appropriate o Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital o Address any health, medical, and safety concerns o Address political sensitivities, when appropriate o Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Work with the Operations Section Chief and the Logistics Section Support Branch on the assignment of external resources • Continue to monitor the ability of the Vehicle Staging Team to meet workload demands, personnel health and safety, resource needs, and documentation practices o Rotate personnel on a regular basis		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in Staging Areas, coordinate resource management		

• Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all team personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Vehicle Staging Team Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• As needs for Vehicle Staging Team personnel decrease, return staff to their normal jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Assist the Staging Manager and the Operations Section Chief with restoring hospital resources to normal operating conditions
• Ensure the return, retrieval, and restocking of equipment and supplies
• Notify the Staging Manager when demobilization and restoration is complete
• Upon deactivation of your position, brief the Staging Manager on current problems, outstanding issues, and follow up requirements
• Debrief area personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents/Tools
❑ HICS 203 - Organization Assignment List

Documents/Tools
❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

EQUIPMENT/SUPPLY STAGING TEAM LEADER

Mission: Organize and manage the deployment of supplementary equipment and supply resources.

Position Reports to: **Staging Manager**		Command Location: _____
Position Contact Information: Phone: (____) ____ - ____		Radio Channel: _____
Hospital Command Center (HCC): Phone: (____) ____ - ____		Fax: (____) ____ - ____
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial

Receive appointment
• Obtain briefing from the Staging Manager on:
  ○ Size and complexity of the incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Equipment/Supply Staging Team Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from staging areas • Provide information to the Staging Manager on the operational situation		

Determine area objectives, tactics, and assignments
• Document area objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Equipment/Supply Staging Team personnel in collaboration with the Staging Manager
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Make assignments; distribute corresponding Job Action Sheets and position identification
• Brief area personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Identify equipment holding areas within Staging Area, as appropriate • Maintain an organized location and inventory control system		

• Coordinate, in collaboration with the Logistics Section Transportation Unit Leader, the delivery of needed equipment and supplies to requesting areas
• Communicate regularly with the Staging Manager and Staging Team personnel
  ○ Regularly report equipment and supply status to the Staging Manager
  ○ Meet regularly with the Staging Manager for status reports, and relay important information to team personnel
• Communicate regularly with other Staging Area Team Leaders
  ○ Meet with the Staging Manager and Team Leaders, as appropriate, to discuss the plan of action and staffing for all activities
• Communicate regularly with other sections
  ○ Report equipment and supply resource inventories to the Planning Section Materiel Tracking Manager
  ○ Report status of equipment and resource needs to the Logistics Section Support Branch
• Consider development of a team action plan; submit to the Staging Manager if requested
• Advise the Staging Manager immediately of any operational issue you are not able to correct		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to team personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Assess issues and needs in area, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all area personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Equipment/Supply Staging Team Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)		

• Continue coordinating delivery of needed equipment and supplies, working with the Logistics Section Supply Unit Leader, or others as appropriate
• Ensure the following are being addressed:
  ○ Prioritization of problems when multiple issues are presented
  ○ Documentation is done correctly and collected
  ○ Coordinated use of external resources
• Provide status updates to team personnel
• Report resource problems and issues to the Staging Manager
• Advise the Staging Manager immediately of any operational issue you are not able to correct
• Continue to meet regularly with the Staging Manager for status reports, and to relay important information		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in Staging Areas, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all area personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personnel health and safety issues are being addressed, report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Equipment/Supply Staging Team Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Monitor operations and documentation
• Continue to monitor the ability of the Equipment/Supply Staging Team to meet workload demands, personnel health and safety, resource needs, and documentation practices		

Documentation		

• HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in Staging Areas, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all team personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Equipment/Supply Staging Team Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• As needs for Equipment/Supply Staging Team decrease, return staff to their normal jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Assist the Staging Manager and the Operations Section Chief with restoring hospital resources to normal operating conditions
• Ensure the return, retrieval, and restocking of equipment and supplies
• Notify the Staging Manager when demobilization and restoration is complete
• Upon deactivation of your position, brief the Staging Manager on current problems, outstanding issues, and follow up requirements
• Debrief area personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes, as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues		

• Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents/Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

MEDICATION STAGING TEAM LEADER

Mission: Organize and manage the deployment of supplementary medications.

Position Reports to: **Staging Manager**		Command Location: _____
Position Contact Information: Phone: (____) ____ - ____		Radio Channel: _____
Hospital Command Center (HCC): Phone: (____) ____ - ____		Fax: (____) ____ - ____
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Staging Manager on:
  ○ Size and complexity of the incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Medication Staging Team Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from the Staging Manager and the Operations Section Chief • Provide information to the Staging Manager on the operational situation		

Determine area objectives, tactics, and assignments
• Document area objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Medication Staging Team personnel in collaboration with the Staging Manager
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Make assignments; distribute corresponding Job Action Sheets and position identification
• Brief team personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities
• Identify medication and pharmaceutical holding area in staging area, as appropriate
• Maintain an organized area and inventory control system
• Instruct all team personnel to evaluate medication inventories and needs; report the status to the Staging Manager
• Coordinate the delivery of needed medication resources to requesting area
• Assess problems and needs in each unit area, such as electrical power and security, coordinate resource management
• Communicate regularly with the Staging Manager and team personnel
  ○ Regularly report medication supply status to the Staging Manager
  ○ Meet regularly with the Staging Manager for status reports, and to relay important information to Medication Staging Team
• Communicate regularly with the other Staging Area Team Leaders
• Report medication inventories to the Planning Section Materiel Tracking Manager
• Consider development of a team action plan; submit to the Staging Manager if requested
• Advise the Staging Manager immediately of any operational issue you are not able to correct		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to team personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Assess issues and needs in area, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all area personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Medication Staging Team Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and		

objectives (see HICS Forms 203, 204, 214, and 215A) • Continue coordinating the delivery of needed medications, working with the Logistics Section Supply Unit • Ensure the following are being addressed: ○ Documentation is done correctly and collected ○ Inventory security and control ○ Prioritizing problems when multiple issues are presented ○ Maintaining medications at proper temperatures ○ Coordinating the use of external resources • Provide status updates to Team Leaders • Report resource problems and issues to the Staging Manager and the Logistics Section Supply Unit Leader, as appropriate • Advise the Staging Manager immediately of any operational issue you are not able to correct • Continue to meet regularly with the Staging Manager for status reports, and to relay important information		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in Staging Areas, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all area personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personnel health and safety issues are being addressed, report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**
Activities • Transfer the Medication Staging Team Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Work with the Operations Section Chief and the Logistics Section Support Branch on the assignment of external resources		

• Continue to monitor the ability of the Medication Staging Team to meet workload demands, personnel health and safety, resource needs, and documentation practices		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in Staging Areas, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all team personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Medication Staging Team Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• As needs for Medication Staging Team decrease, return staff to their normal jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Assist the Staging Manager and the Operations Section Chief with restoring hospital resources to normal operating conditions
• Ensure the return, retrieval, and restocking of equipment and supplies
• Notify the Staging Manager when demobilization and restoration is complete
• Upon deactivation of your position, brief the Staging Manager on current problems, outstanding issues, and follow up requirements
• Debrief area personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes, as needed		

• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents/Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Medication Staging Log ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

MEDICAL CARE BRANCH DIRECTOR

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

Position Reports to: **Operations Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Operations Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Medical Care Branch Director
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation
• Determine the scope and impact of the incident; obtain information including:
  ○ Type and location of incident
  ○ Number and categories of expected patients
  ○ Estimated arrival time to hospital
  ○ Unusual or hazardous environmental exposure
  ○ Any special circumstances that must be addressed due to the nature of the incident, such as special languages, cultural needs, or security concerns
• Collaborate with Medical-Technical Specialists concerning medical care guidance
• Evaluate Medical Care Branch capacity to perform:
  ○ Inpatient care
  ○ Outpatient care
  ○ Casualty care
  ○ Behavioral health care
  ○ Clinical support services (e.g., laboratory, diagnostic imaging, pharmacy)
• Provide information to the Operations Section Chief of the status		

Determine the incident objectives, tactics, and assignments • Document branch objectives, tactics, and assignments on the HICS 204:		

Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Determine which Medical Care Branch functions need to be activated:
  ▪ Inpatient Care Unit
  ▪ Outpatient Care Unit
  ▪ Casualty Care Unit
  ▪ Behavioral Health Unit
  ▪ Clinical Support Unit
  ▪ Patient Registration Unit
  ○ Consider whether appropriate Medical-Technical Specialists may be needed and, if so, recommend their activation to the Incident Commander
  ○ Make assignments, and distribute corresponding Job Action Sheets and position identification
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief branch personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Ensure the hospital's Surge Plan is activated, as appropriate • Ensure that set up and staffing of triage and treatment areas is appropriate to the incident • Ensure the new patients are rapidly assessed and moved to definitive care locations (e.g., admission, surgery, discharge, transfer) • Ensure pre-existing patients receive needed care and reassurance • Ensure patient care documentation • Coordinate with the Inpatient and Casualty Care Unit Leaders to prioritize patient transfer needs • Provide status updates to the Operations Section Chief regularly, advising of accomplishments and issues encountered • Consider development of a branch action plan; submit it to the Operations Section Chief if requested • Provide regular updates to branch personnel and inform them of strategy or tactical changes, as needed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Operation Section Chief • Assess issues and needs in branch areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Liaison Officer		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately • Determine if communicable disease risk exists; implement appropriate response procedures; collaborate with appropriate Medical-Technical Specialist, if activated		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Medical Care Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Evaluate the capability of the Medical Care Branch to provide inpatient, outpatient, casualty care, behavioral health, and patient registration services
• Continue coordinating patient care, disposition of patients, and clinical services support
• Ensure patient care needs are met, and that policy decisions to institute crisis standards of care guidelines are determined and communicated effectively
• Activate supplemental staffing procedures as needed
• Assess environmental services or housekeeping needs in all clinical care and clinical support areas
• Meet regularly with the Operations Section Chief for status reports
• Advise the Operations Section Chief immediately of any operational issue you are not able to correct
• Relay updated clinical information and situation reports to Clinical Support Services Unit Leader and other branch personnel; receive updates regularly
• Ensure patient data is collected and shared with appropriate internal and external officials, in collaboration with the Liaison Officer		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress		

management techniques • Ensure branch personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Medical Care Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the capability of the Medical Care Branch to provide patient care and clinical support services
• Provide updates to the Operations Section Chief and branch personnel
• Provide information to the Logistics and Planning Sections		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		
Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Medical Care Branch Director role, if appropriate		

○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Assist the Operations Section Chief and unit leaders with restoring patient care and clinical support areas to normal operations • Ensure the return, retrieval, and restocking of equipment and supplies • As objectives are met and needs decrease, return branch personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Operations Section Chief when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow up requirements • Debrief branch personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: ○ Review of pertinent position descriptions and operational checklists ○ Recommendations for procedure changes ○ Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 260 - Patient Evacuation Tracking ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital Surge Plan ❑ Hospital policies and procedures ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

INPATIENT UNIT LEADER

Mission: Assure treatment of inpatients, manage the inpatient care areas, and provide for a controlled patient discharge.

Position Reports to: **Medical Care Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Medical Care Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Inpatient Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the status of inpatient patient care areas • Assess critical issues and treatment needs in inpatient care areas • Provide information to the Medical Care Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Inpatient Unit personnel in collaboration with the Medical Care Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Assist with establishment of inpatient care areas in additional or new locations, as necessary • Instruct unit personnel to begin patient priority assessment and to designate those eligible for early discharge; initiate discharges at the direction of the Incident Commander and in coordination with the Medical Care Branch Director		

• Coordinate with the Planning Section Bed Tracking Manager for bed availability and tracking, as appropriate • Determine staffing needs and place requests with the Medical Care Branch Director • Provide status updates to the Medical Care Branch Director regularly to discuss the Incident Action Plan (IAP), advising of accomplishments and issues encountered • Consider development of a unit action plan; submit to the Medical Care Branch Director if requested • Provide regular updates to unit personnel and inform them of strategy changes as needed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 260: Provide details on the Patient Evacuation Tracking form		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Medical Care Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately • Determine if communicable disease risk exists; implement appropriate response procedures; collaborate with appropriate Medical-Technical Specialists, if activated		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Inpatient Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue coordination of care and disposition of patients
• Ensure patient records are correctly documented and collected
• Ensure patient care is prioritized effectively if crisis standards of care are enacted; coordinate with Medical-Technical Specialist: Medical Ethicist as indicated
• Assess environmental services or housekeeping needs in all inpatient care areas		

• In collaboration with the Medical Care Branch Director, prioritize and coordinate patient transfers to other hospitals or locations with the Logistics Section Support Branch Director or Transportation Unit Leader, as appropriate • Meet regularly with the Medical Care Branch Director for status reports • Communicate patient status and location information regularly to the Planning Section Patient Tracking Manager • Advise the Medical Care Branch Director immediately of any operational issue you are not able to correct • Relay important information and updates to unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Inpatient Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue inpatient care supervision, including monitoring quality of care, documentation, and safety practices
• Provide updates to the Medical Care Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual		

basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Inpatient Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Medical Care Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Medical Care Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out		

• Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 260 - Patient Evacuation Tracking ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital Surge Plan ❑ Crisis Standards of Care Guidelines ❑ Hospital policies and procedures ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

OUTPATIENT UNIT LEADER

Mission: Organize and manage the delivery of outpatient services to meet the needs of existing patients and those that are incident related.

Position Reports to: **Medical Care Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Medical Care Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Outpatient Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation
• Determine the status of outpatient care areas
  ○ Assess current capabilities and project immediate and prolonged capacities to provide outpatient services based on current data
  ○ Assess critical issues and treatment needs in outpatient care areas
  ○ Consider the impact transportation disruption may have on scheduled patient appointments
• Provide information to the Medical Care Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Outpatient Unit personnel in collaboration with the Medical Care Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Monitor transportation situations that impact scheduled outpatient appointments • Consider the ability of outpatient areas to operate under current conditions (e.g., environmental, power or water outage, computer failure, etc.) • Track and document all outpatient service admissions and dispositions; provide data to the Planning Section Patient Tracking Manager • Triage and prioritize patients to receive care • Provide discharged patients with verbal and written follow up instructions including physician follow up and rescheduled appointments • Provide status updates to the Medical Care Branch Director regularly to discuss Incident Action Plan (IAP), advising of accomplishments and issues encountered • Consider development of a unit action plan; submit to the Medical Care Branch Director if requested • Provide regular updates to unit personnel and inform them of strategy changes as needed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 260: Provide details on the Patient Evacuation Tracking form		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Medical Care Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately • Determine if communicable disease risk exists; implement appropriate response procedures; collaborate with appropriate Medical-Technical Specialists, if activated		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Outpatient Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)		

• Continue to monitor environmental, transportation, and utility impacts on operations • Continue coordination of care and disposition of patients • Ensure patient records are correctly documented and collected • Ensure patient care is prioritized effectively if crisis standards of care are enacted • Assess environmental services or housekeeping needs in all outpatient care areas • Meet regularly with the Medical Care Branch Director for status reports • Advise the Medical Care Branch Director immediately of any operational issue you are not able to correct		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Outpatient Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor environmental, transportation, and utility impacts on operations
• Monitor hospital or local pharmacy's ability to fill prescriptions
• Continue outpatient care supervision, including monitoring quality of care, documentation, and safety practices
• Provide updates to the Medical Care Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form		

• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Outpatient Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Medical Care Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Medical Care Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools

- ❑ HICS 203 - Organization Assignment List
- ❑ HICS 204 - Assignment List
- ❑ HICS 213 - General Message Form
- ❑ HICS 214 - Activity Log
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis
- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ HICS 260 - Patient Evacuation Tracking
- ❑ Hospital Emergency Operations Plan
- ❑ Hospital Incident Specific Plans or Annexes
- ❑ Hospital Surge Plan
- ❑ Crisis Standards of Care Guidelines
- ❑ Hospital policies and procedures
- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

CASUALTY CARE UNIT LEADER

Mission: Organize and coordinate the delivery of emergency care to arriving patients.

Position Reports to: **Medical Care Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Medical Care Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Casualty Care Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the status of casualty care areas; assess current capabilities, and project immediate and prolonged capacity to provide casualty care based on current data • Assess critical issues and treatment needs in casualty care areas • Ensure establishment of primary and secondary communication capabilities in casualty care areas • Provide information to the Medical Care Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Casualty Care Unit personnel in collaboration with the Medical Care Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Assist with establishment of casualty care areas in additional or new locations, as needed • Identify patient receiving areas and implement patient triage procedures with designated locations for patients with Immediate, Delayed, Minor, Expired, and Expectant needs • Assist with establishment of treatment and morgue areas in additional or new locations, if necessary • Track and document all casualty care patients and their dispositions • Triage and prioritize patients to receive care • Provide status updates to the Medical Care Branch Director regularly to discuss the Incident Action Plan (IAP), advising of accomplishments and issues encountered • Determine staffing needs and place requests with the Medical Care Branch Director • Consider development of a unit action plan; submit to the Medical Care Branch Director if requested • Provide regular updates to unit personnel and inform them of strategy changes as needed • Facilitate patient dispositions to other areas for diagnostics, studies, observation, admission, or transfer		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 254: Ensure the Disaster Victim/Patient Tracking form is used to document triage, treatment, and disposition of incident victims • HICS 259: As directed by the Planning Section Patient Tracking Manager, document injuries and deaths on the Hospital Casualty/Fatality Report • HICS 260: Provide details on the Patient Evacuation Tracking form		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Medical Care Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately • Determine if communicable disease risk exists; implement appropriate response procedures; collaborate with appropriate Medical-Technical Specialists, if activated		

Intermediate Response (2 – 12 hours)	Time	Initial

Activities
• Transfer the Casualty Care Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue coordination of care and disposition of patients
• Ensure patient records are documented correctly and collected
• Ensure patient care is prioritized effectively if crisis standards of care are enacted
• Activate the Mass Fatality Plan, if needed, including:
  ○ Family notification with law enforcement and medical examiner or coroner assistance
  ○ Patient Family Assistance areas
  ○ Safe and respectful storage of remains
  ○ Area security and privacy
  ○ Proper handling of personal effects
  ○ Evidence preservation and chain of custody
  ○ Documentation
  ○ Coordination with medical examiner or coroner
• Assess environmental services or housekeeping needs in all casualty care areas
• Meet regularly with the Medical Care Branch Director for status reports
• Communicate patient status and location information regularly to the Planning Section Patient Tracking Manager
• Advise the Medical Care Branch Director immediately of any operational issue you are not able to correct		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized		

appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Casualty Care Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue casualty care area supervision, including monitoring quality of care, documentation, and safety practices
• Provide updates to the Medical Care Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Casualty Care Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and		

ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Assist the Medical Care Branch Director and Unit Leaders with restoring treatment areas and the morgue to normal operations • Ensure the return, retrieval, and restocking of equipment and supplies • As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Medical Care Branch Director when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Medical Care Branch Director on current problems, outstanding issues, and follow up requirements • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 254 - Disaster Victim/Patient Tracking ❑ HICS 259 - Hospital Casualty Fatality Report ❑ HICS 260 - Patient Evacuation Tracking ❑ Mass Fatality Plan ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital Surge Plan ❑ Crisis Standards of Care Guidelines ❑ Hospital policies and procedures ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

BEHAVIORAL HEALTH UNIT LEADER

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

Position Reports to: **Medical Care Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Medical Care Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Behavioral Health Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation
• Obtain information from the Medical Care Branch Director including:
  ○ Number and condition of expected patients
  ○ Estimated arrival time to hospital
  ○ Locations of people who may or may not be victims of the event arriving at the hospital or who are calling to ask for assistance
  ○ Any special circumstances that must be addressed due to the nature of the incident, such as special languages, cultural needs, or security concerns
• Determine the status of behavioral health areas
• Assess current capabilities and project immediate and prolonged capacities to address behavioral health needs based on current data, including coordinating behavioral health needs of patients, families, and staff
• Provide information to the Medical Care Branch Director on the status		

Determine the incident objectives, tactics, and assignments • Document unit objectives, tactics, and assignments on the HICS 204: Assignment List • Based on the incident objectives for the response period consider the issues and priorities:		

○ Appoint Behavioral Health Unit personnel in collaboration with the Medical Care Branch Director ○ Determine strategies and how the tactics will be accomplished ○ Determine needed resources • Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		
Activities • Meet with the Medical Care Branch Director and the Logistics Section Employee Health and Well-Being Unit Leader to plan, project, and coordinate behavioral health needs of patients, families, and staff • Provide behavioral health guidance and recommendations to the Medical Care Branch Director based on response needs and potential triggers of psychological effects (e.g., trauma exposure, perceived risk to staff and family, restrictions on movement, resource limitations, and information unavailability) • Communicate with the Medical Care Branch Director and the Planning Section Chief to ensure: ○ Bed availability in inpatient psychiatry units, if applicable ○ Additional short and long range behavioral health response needs ○ Medical community behavioral health care guidance • Determine staffing needs and place requests with the Medical Care Branch Director for behavioral health personnel, nurses, chaplains, experienced volunteers, etc., that can be deployed to key areas of the hospital to provide psychological support and intervention • Determine equipment and supply needs such as toys and coloring supplies for children, behavioral health disaster recovery brochures, fact sheets on specific hazards (e.g., information on chemical agents that include symptoms of exposure), a private area in the hospital where family members can wait for news regarding their loved ones, etc. • Ensure availability of medications necessary to treat behavioral health emergencies as needed • Provide status updates to the Medical Care Branch Director regularly to discuss Incident Action Plan (IAP), advising of accomplishments and issues encountered • Consider development of a unit action plan; submit to the Medical Care Branch Director if requested • Provide regular updates to unit personnel and inform them of strategy changes as needed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Medical Care Branch Director • Assess issues and needs in unit areas; coordinate resource management		

Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately • Determine if communicable disease risk exists; implement appropriate response procedures; collaborate with appropriate Medical-Technical Specialists, if activated		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Behavioral Health Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to ensure that appropriate behavioral health standards of care are being followed and behavioral health needs are being met
• Participate in the development of risk communication and public information that addresses behavioral health concerns
• Ensure that patient status and location information is regularly submitted to the Planning Section Patient Tracking Officer
• Prioritize and coordinate patient transfers with the Medical Care Branch Director and the Logistics Section Transportation Unit Leader
• Coordinate with the Medical Care Branch Director and the Logistics and Planning Section Chiefs to expand or create a provisional behavioral health care area, if necessary		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized		

appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Behavioral Health Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue behavioral health area supervision, including monitoring quality of care, documentation, and safety practices
• Continue to ensure the behavioral health needs of patients and families are being met
• Continue to ensure the provision of resources for behavioral health and recovery, and education to children, families, and those with special needs
• Provide updates to the Medical Care Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Behavioral Health Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation,		

response actions, available resources, and the role of external agencies in support of the hospital o Address any health, medical, and safety concerns o Address political sensitivities, when appropriate o Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Coordinate a plan to address the ongoing behavioral health needs of patients, families, and staff, in conjunction with the Logistics Section Employee Health and Well-Being Unit • Ensure the return, retrieval, and restocking of equipment and supplies • As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Medical Care Branch Director when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Medical Care Branch Director on current problems, outstanding issues, and follow up requirements • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital policies and procedures ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

CLINICAL SUPPORT UNIT LEADER

Mission: Organize and manage all of the clinical support services providing assistance for the provision of patient care.

Position Reports to: **Medical Care Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Medical Care Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Clinical Support Services Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the status of clinic support services • Assess current capabilities, and project immediate and prolonged capacities to provide support services based on current data • Assess critical issues and needs in support areas • Provide information to the Medical Care Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Clinical Support Services Unit personnel in collaboration with the Medical Care Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
  ▪ Pharmacy services
  ▪ Diagnostic imaging services
  ▪ Laboratory services		

▪ Morgue services ▪ Blood donor services ▪ Chaplaincy and social services • Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		
Activities • Assist in maximizing capability of service areas to meet patient needs • Meet with the Medical Care Branch Director to discuss plan of action, any cancellations of routine services, and staffing in all clinical support areas • Determine staffing needs and place request with the Medical Care Branch Director • Provide status updates to the Medical Care Branch Director regularly to discuss the Incident Action Plan (IAP), advising of accomplishments and issues encountered • Consider development of a unit action plan; submit to the Medical Care Branch Director if requested • Provide regular updates to unit personnel and inform them of strategy changes as needed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Medical Care Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately • Determine if communicable disease risk exists; implement appropriate response procedures; collaborate with appropriate Medical-Technical Specialists, if activated		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**
Activities • Transfer the Clinical Support Services Unit Leader role, if appropriate o Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital o Address any health, medical, and safety concerns o Address political sensitivities, when appropriate o Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and		

objectives (see HICS Forms 203, 204, 214, and 215A) • Ensure all documentation is correctly prepared • Meet regularly with the Medical Care Branch Director for status reports • Advise the Medical Care Branch Director immediately of any operational issue you are not able to correct • Relay important information and updates to unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Clinical Support Services Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue clinical support services supervision, including monitoring quality of care, documentation, and safety practices
• Provide updates to the Medical Care Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management		

• Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Clinical Support Services Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Medical Care Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Medical Care Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools

- ❑ HICS 203 - Organization Assignment List
- ❑ HICS 204 - Assignment List
- ❑ HICS 213 - General Message Form
- ❑ HICS 214 - Activity Log
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis
- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ Hospital Emergency Operations Plan
- ❑ Hospital Incident Specific Plans or Annexes
- ❑ Hospital Surge Plan
- ❑ Mass Fatality Plan
- ❑ Crisis Standards of Care Guidelines
- ❑ Hospital policies and procedures
- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

PATIENT REGISTRATION UNIT LEADER

Mission: Organize and manage inpatient and outpatient registration.

Position Reports to: **Medical Care Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____ - _____ Fax: (____) ____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Medical Care Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Patient Registration Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the status of patient registration for inpatient and outpatient services • Assess current capabilities and project immediate and prolonged capacities to provide patient registration based on current data • Assess critical issues and needs in registration areas • Provide information to the Medical Care Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Patient Registration Unit personnel in collaboration with the Medical Care Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Assist in maximizing capability of service areas to quickly register inpatients and outpatients • Track inpatient and outpatient admissions and discharges in coordination with the Planning Section Patient Tracking Manager • Track and document all incoming and outgoing patients with the Planning Section Situation Unit Leader • Implement "downtime registration" procedure when needed • Consider development of a unit action plan; submit to the Medical Care Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 254: Ensure the Disaster Victim/Patient Tracking form is used to document triage, treatment, and disposition of incident victims		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Medical Care Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately • Determine if communicable disease risk exists; implement appropriate response procedures; collaborate with appropriate Medical-Technical Specialists, if activated		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Patient Registration Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue coordination of rapid registration of inpatients and outpatients
• Provide patient registration information and updates to the Medical Care Branch Director
• Ensure all documentation and patient registration information is completed		

• Assess environmental services or housekeeping needs in all registration areas • Monitor "down time" registration process, if implemented, addressing any issues that arise; keep the Medical Care Branch Director informed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Patient Registration Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue patient registration supervision, including monitoring of documentation and safety practices		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication		

Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Patient Registration Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Medical Care Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Medical Care Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List

- ❑ HICS 204 - Assignment List
- ❑ HICS 213 - General Message Form
- ❑ HICS 214 - Activity Log
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis
- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ HICS 254 - Disaster Victim/Patient Tracking
- ❑ Hospital Emergency Operations Plan
- ❑ Hospital Incident Specific Plans or Annexes
- ❑ Hospital Surge Plan
- ❑ Crisis Standards of Care Guidelines
- ❑ Hospital policies and procedures
- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

INFRASTRUCTURE BRANCH DIRECTOR

Mission: Organize and manage the services required to sustain and repair the hospital's infrastructure operations: power/lighting; water/sewer, heating, ventilation, and air conditioning (HVAC), buildings/grounds; and medical gases.

Position Reports to: **Operations Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Operations Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Infrastructure Branch Director
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation
• Determine the scope and impact of the incident; obtain information including:
  ○ Type and location of incident
  ○ Unusual or hazardous environmental exposure
• Assess the Infrastructure Branch's capacity to deliver needed:
  ○ Heating, ventilation, and air conditioning (HVAC)
  ○ Power and lighting
  ○ Telecommunications
  ○ Potable and non-potable water
  ○ Medical gas delivery
  ○ Sanitation
  ○ Road clearance
  ○ Damage assessment and repair
  ○ Vertical transport
  ○ Hospital access
  ○ Parking
• Provide information to the Operations Section Chief of the status		

Determine the incident objectives, tactics, and assignments		

• Document branch objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Determine which Infrastructure Branch functions need to be activated:
  ▪ Power/Lighting Unit
  ▪ Water/Sewer Unit
  ▪ HVAC Unit
  ▪ Building/Grounds Unit
  ▪ Medical Gases Unit
  ○ Make assignments, and distribute corresponding Job Action Sheets and position identification
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief branch personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Instruct all unit leaders to evaluate and inventory onsite equipment, supplies, and available staff • Initiate a hospital damage assessment in collaboration with the Logistics Section, if needed; repair problems encountered • Provide status updates to the Operations Section Chief regularly, advising of accomplishments and issues encountered • Consider development of a branch action plan; submit it to the Operations Section Chief if requested • Provide regular updates to branch personnel and inform them of strategy or tactical changes, as needed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 251: Document information in appropriate sections of Facility System Status Report • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Operation Section Chief • Assess issues and needs in branch areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Liaison Officer		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	Time	Initial

Activities
• Transfer the Infrastructure Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue coordinating hospital support services
• Ensure prioritization of problems when multiple issues are presented
• Ensure documentation records are completed correctly and collected
• Coordinate use of external resources to assist with maintenance and repairs
• Supervise salvage operations with the Operations Section Chief, if indicated
• Activate supplemental staffing plans as needed
• Meet regularly with the Operations Section Chief for status reports
• Advise the Operations Section Chief immediately of any operational issue you are not able to correct
• Relay updated situation reports to branch personnel; receive updates regularly		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure branch personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	Time	Initial
Activities • Transfer the Infrastructure Branch Director role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in		

support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue to monitor the ability of the Infrastructure Branch to maintain infrastructure operations • Provide updates to the Operations Section Chief and branch personnel • Provide information to the Logistics and Planning Sections		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Infrastructure Branch Director role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Assist the Operations Section Chief and unit leaders with restoring patient care and clinical support areas to normal operations • Ensure the return, retrieval, and restocking of equipment and supplies • As objectives are met and needs decrease, return branch personnel to their usual		

jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Operations Section Chief when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow up requirements • Debrief branch personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 251 - Facility System Status Report ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Utility Failure Incident Response Guide ❑ Hospital maps and ancillary services schematics ❑ Vendor support and repair directory ❑ Hospital policies and procedures ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

POWER/LIGHTING UNIT LEADER

Mission: Maintain primary and back-up power and lighting to the hospital and campus facilities.

Position Reports to: **Infrastructure Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Infrastructure Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Power/Lighting Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the operational status of power and lighting • Assess critical issues, power, and lighting needs • Provide information to the Infrastructure Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Power/Lighting Unit personnel in collaboration with the Infrastructure Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Place emergency repair orders for power and lighting as indicated; advise the Infrastructure Branch Director of issues		

• Provide power and lighting support to patient care areas, alternate care sites, and other critical needs areas, etc. • Monitor fuel consumption and report resupply needs to the Logistics Section Supply Unit • Anticipate and react to recognized shortages or failures using appropriate emergency procedures • Ensure the security of the power plant in conjunction with the Security Branch • Report any need for portable emergency power or lightening to the Infrastructure Branch Director • Provide status updates to the Infrastructure Branch Director regularly to discuss the Incident Action Plan (IAP), advising of accomplishments and issues encountered • Consider development of a unit action plan; submit to the Infrastructure Branch Director if requested • Provide regular updates to unit personnel and inform them of strategy changes as needed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Infrastructure Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Power/Lighting Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor and evaluate internal and external power and lighting usage and supply
• Continue to anticipate and react to recognized shortages or failures using appropriate emergency procedures		

• Meet regularly with the Infrastructure Branch Director for status reports • Advise the Infrastructure Branch Director immediately of any operational issue you are not able to correct • Relay important information and updates to unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Power/Lighting Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue Power/Lighting Unit supervision, including monitoring, documentation, and safety practices
• Continue to provide effective power and lighting sustainment measures
• Request fuel, oil, and portable generators, etc. from the Logistics Section Support Branch as needed
• Provide updates to the Infrastructure Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources		

• Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Power/Lighting Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Infrastructure Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Infrastructure Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Utility Failure Incident Response Guide ❑ Laptop with internet access, as available ❑ Power and lighting plan ❑ Emergency power distribution schematics ❑ Inventory and vendor supply lists ❑ Hospital policies and procedures ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

WATER/SEWER UNIT LEADER

Mission: Evaluate and monitor the availability and quality of existing water, sewage, and sanitation systems. Enact pre-established alternate methods of supply when needed.

Position Reports to: **Infrastructure Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial

Receive appointment
• Obtain briefing from the Infrastructure Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Water/Sewer Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the operational status of water and sewer systems • Assess critical issues and water, sewer, sanitation, and waste disposal needs • Provide information to the Infrastructure Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Water/Sewer Unit personnel in collaboration with the Infrastructure Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Coordinate the inspection of the hospital's water and sewer systems with the Buildings/Grounds Unit Leader • Activate the hospital Water Disruption and Conservation Plan, if necessary • Place emergency repair orders for water and sewer as indicated; advise the		

Infrastructure Branch Director of issues • Repair or correct hazards, leaks, or contamination with the assistance of the Safety Officer, the Buildings/Grounds Unit Leader, and contractors • Provide water, sewer, sanitation, and waste disposal support to patient care areas, critical service areas, and alternate care sites, etc. • Implement pre-established Alternative Waste Disposal and Collection Plan, if necessary • Position portable toilets in accessible areas, away from patient care and food preparation, as necessary • Anticipate and react to recognized shortages or failures using appropriate emergency procedures • Coordinate with the Infrastructure Branch Director to request external resource assistance, if needed • Coordinate with the Liaison Officer for contacting external authorities (e.g., public health, water, or environmental services), as appropriate • Inform all sections and areas of the hospital when implementing the Alternative Waste Disposal and Collection Plan; notify infection control personnel of actions, and enlist assistance where necessary • Ensure the security of water and sewer systems, in conjunction with the Security Branch • Determine staffing needs and place requests with the Infrastructure Branch Director • Provide status updates to the Infrastructure Branch Director regularly to discuss the Incident Action Plan (IAP), advising of accomplishments and issues encountered • Consider development of a unit action plan; submit to the Infrastructure Branch Director if requested • Provide regular updates to unit personnel and inform them of strategy changes as needed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Infrastructure Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	Time	Initial

Activities
• Transfer the Water/Sewer Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor and evaluate water, sewage, sanitation, and waste disposal needs, usage, and supply
• Ensure portable toilets are adequate in number and location
• Ensure portable toilets are emptied and needed supplies are regularly replaced
• Continue to anticipate and react to recognized shortages or failures using appropriate emergency procedures
• Continue Alternative Waste Disposal and Collection Plan, if necessary
• Meet regularly with the Infrastructure Branch Director for status reports
• Advise the Infrastructure Branch Director immediately of any operational issue you are not able to correct
• Relay important information and updates to unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	Time	Initial
Activities • Transfer the Water/Sewer Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation,		

response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue Water/Sewer Unit supervision including monitoring, documentation, and safety practices • Continue to provide effective water, sewer, sanitation, and waste disposal sustainment measures, as needed • Provide updates to the Infrastructure Branch Director and unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Water/Sewer Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Ensure the return, retrieval, and restocking of equipment and supplies • As objectives are met and needs decrease, return unit personnel to their usual jobs,		

and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Infrastructure Branch Director when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Infrastructure Branch Director on current problems, outstanding issues, and follow up requirements • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Utility Failure Incident Response Guide ❑ Laptop with internet access, as available ❑ Water Disruption and Conservation Plan ❑ Alternative Waste Disposal and Collection Plan ❑ Inventory and vendor supply lists ❑ Hospital policies and procedures ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

HEATING, VENTILATION, AND AIR CONDITIONING (HVAC) UNIT LEADER

MISSION: Maintain Heating, Ventilation, And Air Conditioning (HVAC) To The Hospital And Campus Facilities.

Position Reports to: **Infrastructure Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Infrastructure Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Heating, Ventilation, and Air Conditioning (HVAC) Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the operational status of HVAC systems • Assess critical issues that may impact the HVAC needs • Provide information to the Infrastructure Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint HVAC Unit personnel in collaboration with the Infrastructure Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities		

• Coordinate the inspection of the hospital's HVAC systems, coordinating with the Buildings/Grounds Unit Leader • Place emergency repair orders for HVAC systems as indicated; advise the Infrastructure Branch Director of issues • Correct or repair hazards to HVAC systems with the assistance of the Safety Officer, the Buildings/Grounds Unit Leader, and the Logistics Section Supply Unit Leader • Provide HVAC support to patient care areas and alternate care sites, etc. • Evaluate positive and negative pressure status of isolation rooms • Anticipate airflow response needs for internal and external environmental hazards (climate, air plume, spills, etc.) • Anticipate and react to recognized shortages or system failures using appropriate emergency procedures • Coordinate with the Infrastructure Branch Director to request external resource assistance • Ensure the security of HVAC systems in conjunction with the Security Branch • Determine staffing needs and place requests with the Infrastructure Branch Director • Provide status updates to the Infrastructure Branch Director regularly to discuss the Incident Action Plan (IAP), advising of accomplishments and issues encountered • Consider development of a unit action plan; submit to the Infrastructure Branch Director if requested • Provide regular updates to unit personnel and inform them of strategy changes as needed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Infrastructure Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**
Activities • Transfer Heating, Ventilation, and Air Conditioning (HVAC) Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in		

support of the hospital o Address any health, medical, and safety concerns o Address political sensitivities, when appropriate o Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue to monitor and evaluate HVAC operations and needs • Continue to anticipate and react to recognized shortages or failures using appropriate emergency procedures • Maintain operability of isolation rooms as needed • Meet regularly with the Infrastructure Branch Director for status reports • Advise the Infrastructure Branch Director immediately of any operational issue you are not able to correct • Relay important information and updates to unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**
Activities • Transfer the Heating, Ventilation, and Air Conditioning (HVAC) Unit Leader role, if appropriate o Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital o Address any health, medical, and safety concerns o Address political sensitivities, when appropriate o Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue HVAC Unit supervision including monitoring, documentation, and safety practices • Continue to provide effective HVAC sustainment measures • Provide updates to the Infrastructure Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Heating, Ventilation, and Air Conditioning (HVAC) Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Infrastructure Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Infrastructure Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:		

○ Review of pertinent position descriptions and operational checklists ○ Recommendations for procedure changes ○ Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Utility Failure Incident Response Guide ❑ Laptop with internet access, as available ❑ HVAC schematics ❑ Inventory and vendor supply lists ❑ Hospital policies and procedures ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

BUILDINGS/GROUNDS UNIT LEADER

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

Position Reports to: **Infrastructure Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Infrastructure Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Buildings/Grounds Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the status of hospital buildings and grounds • Assess critical issues relating to buildings and grounds • Provide information to the Infrastructure Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Buildings/Grounds Unit personnel in collaboration with the Infrastructure Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Coordinate the inspection of the hospital's buildings and grounds with the		

Infrastructure Branch Director • Collect data from Buildings/Grounds Unit and prepare a comprehensive report on the status of buildings, in conjunction with the Infrastructure Branch Director • Place emergency repair orders for buildings and grounds as indicated; advise the Infrastructure Branch Director of issues • Repair or correct hazards to buildings and grounds with the assistance of the Safety Officer and the Infrastructure Branch Director • Anticipate immediate and short-term events and subsequent impacts to hospital status (e.g., earthquake aftershocks, storm surge) • Coordinate with the Infrastructure Branch Director to request external resource assistance, as needed • Provide comprehensive damage, buildings, and grounds status report to the Infrastructure Branch Director • Ensure the security of hospital buildings and grounds in conjunction with the Security Branch • Determine staffing needs and place requests with the Infrastructure Branch Director • Provide status updates to the Infrastructure Branch Director regularly to discuss the Incident Action Plan (IAP), advising of accomplishments and issues encountered • Consider development of a unit action plan; submit to the Infrastructure Branch Director if requested • Provide regular updates to unit personnel and inform them of strategy changes as needed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Infrastructure Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Buildings/Grounds Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns		

○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue to monitor and evaluate buildings and grounds needs • Prepare for the possibility of evacuation, relocations, or expansion of medical services outside of existing structure, if appropriate • Coordinate internal repair activities, consulting when needed with external experts • Meet regularly with the Infrastructure Branch Director for status reports • Advise the Infrastructure Branch Director immediately of any operational issue you are not able to correct • Relay important information and updates to unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**
Activities • Transfer the Buildings/Grounds Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue Buildings/Grounds Unit supervision including monitoring, documentation, and safety practices		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Buildings/Grounds Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Infrastructure Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Infrastructure Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out		

• Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Utility Failure Incident Response Guide ❑ Laptop with internet access ❑ Hospital drawings, diagrams, and architectural plans ❑ Inventory and vendor supply lists ❑ Hospital policies and procedures ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

MEDICAL GASES UNIT LEADER

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

Position Reports to: **Infrastructure Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial

Receive appointment
• Obtain briefing from the Infrastructure Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Medical Gases Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the status of medical gas systems, available resources, and supplies • Provide information to the Infrastructure Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Medical Gases Unit personnel in collaboration with the Infrastructure Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Ensure that clinical areas have medical gas resources as needed • Dispatch pre-designated medical gases to casualty care areas • Coordinate activities and inventories with the Logistics Section Supply Unit Leader		

• Place emergency orders for needed medical gases in coordination with the Logistics Section Supply Unit Leader • Regularly report inventory status of medical gases to the Planning Section Materiel Tracking Manager • Coordinate with the Infrastructure Branch Director to request resources not available from routine vendors or partners • Ensure the security of the medical gas storage areas, coordinating with the Security Branch • Determine staffing needs and place requests with the Infrastructure Branch Director • Provide status updates to the Infrastructure Branch Director regularly to discuss the Incident Action Plan (IAP), advising of accomplishments and issues encountered • Consider development of a unit action plan; submit to the Infrastructure Branch Director if requested • Provide regular updates to unit personnel and inform them of strategy changes as needed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Infrastructure Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Medical Gases Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Monitor medical gases usage and supply
• Monitor the security of the medical gas storage in conjunction with the Security Branch		

• Ensure minimum of a 4 day supply of medical gases is available • Restock casualty care areas as requested, and at least every 8 hours • Meet regularly with the Infrastructure Branch Director for status reports • Advise the Infrastructure Branch Director immediately of any operational issue you are not able to correct • Relay important information and updates to unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Medical Gases Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Provide information to the Logistics and Planning Sections
• Provide updates to the Infrastructure Branch Director and unit personnel
• Continue to monitor medical gases status and inventory
• Continue to monitor the ability of the Medical Gases Unit to meet workload demands, personnel health and safety, resource needs, and documentation practices		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		

Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Medical Gases Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Infrastructure Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Infrastructure Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Utility Failure Incident Response Guide ❑ Laptop with internet access, as available ❑ Inventory and vendor supply lists ❑ Hospital policies and procedures ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

SECURITY BRANCH DIRECTOR

Mission: Coordinate all activities related to patient, staff, and hospital security such as access control, crowd and traffic control, search and rescue, and law enforcement interface.

Position Reports to: **Operations Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Operations Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Security Branch Director
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the scope and impact of the incident • Provide information to the Operations Section Chief of the status		

Determine the incident objectives, tactics, and assignments
• Document branch objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Determine which Security Branch functions need to be activated:
  ▪ Access Control Unit
  ▪ Crowd Control Unit
  ▪ Traffic Control Unit
  ▪ Search Unit
  ▪ Law Enforcement Interface Unit
  ○ Make assignments, and distribute corresponding Job Action Sheets and position identification
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief branch personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities
• Collaborate and coordinate with the Safety Officer to implement safety plans
• Establish a Security Operations Center
• Identify and secure all hospital pedestrian and traffic points of entry, as appropriate
• Consider the need for the following, and report findings to the Operations Section Chief:
  ○ Activation of Explosive Incident Response Guide and bomb search of designated areas
  ○ Establish access control or activation of emergency lockdown
  ○ Activation of Active Shooter Incident Response Guide
  ○ Activation of Hostage or Barricade Incident Response Guide
  ○ Provision of urgent security-related information to all personnel; coordinate with Public Information Officer
  ○ Utilization of appropriate personal protective equipment (PPE) by all security personnel
  ○ Removal of unauthorized persons from restricted areas
  ○ Establishment of security for the Hospital Command Center (HCC), triage, patient care, morgue, pharmacy, and other sensitive or strategic areas from unauthorized access
  ○ Designation of alternate ambulance entry and exit
  ○ Assignment of security personnel in decontamination area
  ○ Patrol of parking and shipping areas; monitor for suspicious activity or traffic congestion
  ○ Maintain efficient and safe vehicle and pedestrian travel
• Post non-entry or routing signage
• Coordinate immediate Security Branch personnel needs from current personnel and local resources (e.g., police, sheriff, or other security forces)
• Provide status updates to the Operations Section Chief regularly, advising of accomplishments and issues encountered
• Consider development of a branch action plan; submit it to the Operations Section Chief if requested
• Provide regular updates to branch personnel and inform of strategy or tactical changes, as needed		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Operation Section Chief • Assess issues and needs in branch areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Liaison Officer		

Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Security Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Communicate to security personnel the need to take actions to secure unsafe areas and post non-entry signs
• Ensure security personnel identify and report all hazards and unsafe conditions
• Ensure patient belongings and valuables are secure; initiate chain of custody procedures if necessary
• Coordinate activities with local, state, and federal law enforcement, as appropriate; coordinate with the Liaison Officer and the Law Enforcement Interface Unit Leader
• Coordinate with the Public Information Officer to establish areas for the media
• Ensure vehicular and pedestrian traffic control measures are working effectively
• Consider security protection for the following, as based on the nature and severity of the incident:
  ○ Patients, staff, and visitors
  ○ Patient Family Assistance Center
  ○ Employee Family Assistance Center
  ○ Media Relations area
  ○ Decontamination area
  ○ Food, water, medical, blood, and pharmaceutical resources
  ○ Radiation material storage areas
  ○ Heating, ventilation, and air conditioning (HVAC) locations
  ○ Medical gases
  ○ Generators
  ○ Oxygen storage site
  ○ Utility closets
• Ensure staff are rotated and replaced as needed
• Meet regularly with the Operations Section Chief for status reports
• Advise the Operations Section Chief immediately of any operational issue you are not able to correct
• Relay updated situation reports to branch personnel and receive updates regularly
• Communicate status with external authorities, as appropriate, in coordination with the Liaison Officer		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form		

• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure branch personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Security Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the ability of the Security Branch to ensure security operations		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress		

management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Security Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Secure or return patient belongings and valuables according to hospital policy; consult with Safety Officer and local law enforcement agencies, as appropriate
• Determine when to resume normal security procedures; advise the Operations Section Chief of recommendation
• Ensure removal of special signage after the incident is terminated
• Coordinate completion of work with law enforcement command
• Ensure personal protective equipment (PPE) used by Security is cleaned, repaired, or replaced
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return branch personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Operations Section Chief when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow up requirements
• Debrief branch personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis

- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ Hospital Emergency Operations Plan
- ❑ Hospital Incident Specific Plans or Annexes
- ❑ Hospital Active Shooter Incident Response Guide
- ❑ Hospital Hostage or Barricade Incident Response Guide
- ❑ Hospital Explosive Incident Response Guide
- ❑ Hospital blueprints and maps
- ❑ Hospital master entry card or key
- ❑ Hospital search guidelines and grids
- ❑ Hospital policies and procedures
- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

ACCESS CONTROL UNIT LEADER

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

Position Reports to: **Security Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____ - ____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____ - ____ Fax: (____) ____ - ____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Security Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Access Control Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the areas that need to be secured and level of access control • Provide information to the Security Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Access Control Unit personnel in collaboration with the Security Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Implement the hospital's lockdown and personnel identification policies and procedures, as appropriate, including identifying and securing all hospital pedestrian and traffic points of entry • Secure the Hospital Command Center (HCC), triage area, patient care areas, pharmacy, morgue, and other sensitive or strategic areas from unauthorized access • Monitor available closed circuit televisions (CCTVs) and intrusion alarm systems for security breaches		

• Identify and remove unauthorized persons from restricted areas with the assistance of hospital security personnel or local law enforcement • Provide status updates to the Security Branch Director regularly, advising of accomplishments and problems encountered • Provide regular updates to unit personnel and inform of strategy changes as needed • Ensure completion of appropriate security-specific and incident reports • Consider development of a unit action plan; submit to the Security Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Security Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Access Control Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Coordinate with the Infrastructure Branch to secure and post non-entry signage around secure and unsafe areas
• Secure evacuated areas to limit unauthorized personnel access
• Assist in verification of press credentials and ensure only authorized media representatives are allowed in designated areas
• Continue to monitor available security related technology, reacting to alarms as the situation warrants
• Report technology related issues to the Logistics Section Information Technology/Information Services (IT/IS) and Equipment Unit
• Rotate staff and replace, activate staffing plan utilizing Labor Pool personnel as needed
• Meet regularly with the Security Branch Director for status reports		

• Advise the Security Branch Director immediately of any operational issue you are not able to correct • Relay important information and updates to unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Access Control Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue Access Control Unit supervision, including monitoring, documentation, and safety practices
• Provide updates to the Security Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication		

Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Access Control Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Security Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Security Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital Security Plan ❑ Hospital blueprints and maps ❑ Hospital master entry card or key ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

CROWD CONTROL UNIT LEADER

Mission: Maintain scene safety and ensure crowd control.

Position Reports to: **Security Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Security Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Crowd Control Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Evaluate measures needed to implement crowd control • Provide information to the Security Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Crowd Control Unit personnel in collaboration with the Security Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • In coordination with the Access Control Unit Leader, implement the hospital's lockdown and personnel identification policies and procedures • In coordination with the Access Control Unit Leader, identify and remove unauthorized persons from restricted areas		

• Monitor parking garage and roadways for pedestrian and vehicle volumes • Coordinate with local law enforcement, in collaboration with the Law Enforcement Interface Unit Leader and the Liaison Officer, as necessary • Prepare to manage crowd control issues due to large numbers of victims and uninjured or asymptomatic people arriving on scene • Provide status updates to the Security Branch Director regularly, advising of accomplishments and problems encountered • Provide regular updates to unit personnel and inform of strategy changes as needed • Ensure completion of appropriate security-specific and incident reports • Consider development of a unit action plan; submit to the Security Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Security Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Crowd Control Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Prepare to address crowd control issues due to family members arriving at the hospital
• Rotate staff and replace, activate staffing plan utilizing Labor Pool personnel as needed
• Identify need for assistance or equipment and report to the Security Branch Director and the Logistics Branch Supply Unit Leader
• Communicate status with external authorities, as appropriate, through the Security		

Branch Director and in coordination with the Liaison Officer • Meet regularly with the Security Branch Director for status reports • Advise the Security Branch Director immediately of any operational issue you are not able to correct • Relay important information and updates to unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Crowd Control Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue Crowd Control Unit supervision, including monitoring, documentation, and safety practices
• Provide updates to the Security Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced		

as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Crowd Control Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Security Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Security Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		
Documents and Tools		
❑ HICS 203 - Organization Assignment List		

- ❑ HICS 204 - Assignment List
- ❑ HICS 213 - General Message Form
- ❑ HICS 214 - Activity Log
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis
- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ Hospital Emergency Operations Plan
- ❑ Hospital Incident Specific Plans or Annexes
- ❑ Hospital Security Plan
- ❑ Hospital blueprints and maps
- ❑ Hospital master entry card or key
- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

TRAFFIC CONTROL UNIT LEADER

Mission: Organize and enforce vehicular traffic security for the hospital.

Position Reports to: **Security Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Security Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Traffic Control Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Evaluate measures needed to implement traffic control • Provide information to the Security Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Traffic Control Unit personnel in collaboration with the Security Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • In coordination with the Access Control Unit Leader and the Logistics Section Transportation Unit Leader, establish entry and exit routes for designated vehicles (e.g., ambulance, patients, supplies, employees, visitors) • Provide traffic control for damaged areas and patient care areas, as needed • Monitor parking and pedestrian traffic		

• Consider the need for:
  ○ Controlling access to the campus
  ○ Coordination with local and regional traffic control and law enforcement
• Potential triage at campus entrance
• Provide status updates to the Security Branch Director regularly, advising of accomplishments and problems encountered
• Provide regular updates to unit personnel and inform of strategy changes as needed
• Ensure completion of appropriate security-specific and incident reports
• Consider development of a unit action plan; submit to the Security Branch Director if requested		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Security Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Traffic Control Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Provide vehicular traffic control
• Establish ingress and egress traffic patterns
• Rotate staff and replace, activate staffing plan utilizing Labor Pool personnel as needed
• Identify need for assistance or equipment and report to the Security Branch Director and the Logistics Section Supply Unit Leader
• Consider the need for a unit action plan; submit to the Security Branch Director when requested		

• Meet regularly with the Security Branch Director for status reports • Advise the Security Branch Director immediately of any operational issue you are not able to correct • Relay important information and updates to unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Traffic Control Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue Traffic Control Unit supervision, including monitoring, documentation, and safety practices
• Provide updates to the Security Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		

Resources		

• Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Traffic Control Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Remove traffic restriction signage
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Security Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Security Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital Security Plan ❑ Hospital blueprints and maps ❑ Hospital master entry card or key ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

SEARCH UNIT LEADER

Mission: Coordinate the search for suspicious devices and for patients, staff, or visitors during situations of security breaches or infrastructure damage.

Position Reports to: **Security Branch Director**		Command Location: _____
Position Contact Information: Phone: (____) ____-____		Radio Channel: _____
Hospital Command Center (HCC): Phone: (____) ____-____		Fax: (____) ____-____
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Security Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Search Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the level of the threat and potential danger to patients, staff and visitors, and any actions required • Provide information to the Security Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Search Unit personnel in collaboration with the Security Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities
• In the event of a suspicious device found on site or bomb threat, consider:
  ○ Activation of Explosive Incident Response Plan
  ○ Coordination with local law enforcement or bomb squad and the Law		

Enforcement Interface Unit ○ Identification of areas that need to be searched ○ Establishment of perimeters based on pre-event planning ○ Coordination of search activities and reporting system • For missing person (adult, child, or infant), consider: ○ Activation of Missing Person Incident Response Plan ○ Identification of areas that need to be searched ○ Coordination of search activities and reporting system ○ Coordination with local law enforcement • In the event of damage to the hospital, consider: ○ Coordination of search activities with the Infrastructure Branch ○ Activation of defined search areas and patterns ○ Ensuring searchers wear appropriate personal protective equipment (PPE) ○ Maintaining a log of any reported missing persons; provide information to the Planning Section Situation Unit • Obtain medical treatment for any persons found with injuries, and report injuries to the Security Branch Director and Medical Care Branch Director • Report any observed structural damage to the Infrastructure Branch • Provide situation information to staff and patients as situation warrants in collaboration with the Public Information Officer and Incident Commander • Collaborate with the Safety Officer and the Infrastructure Branch as needed • Provide status updates to the Security Branch Director regularly, advising of accomplishments and problems encountered • Provide regular updates to unit personnel and inform of strategy changes as needed • Ensure completion of appropriate security-specific and incident reports • Consider development of a unit action plan; submit to the Security Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Security Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**
Activities		

• Transfer the Search Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure that vital information being given to personnel is in collaboration with the Public Information Officer and the Incident Commander
• Communicate status with external authorities, as appropriate, through the Security Branch Director and in coordination with the Liaison Officer
• Rotate staff and replace, activate staffing plan utilizing Labor Pool personnel as needed
• Meet regularly with the Security Branch Director for status reports
• Advise the Security Branch Director immediately of any operational issue you are not able to correct
• Relay important information and updates to unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Search Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate		

○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue Search Unit supervision, including monitoring, documentation, and safety practices • Provide updates to the Security Branch Director and unit personnel • Provide updates to the Logistics and Planning Sections		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Search Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Ensure the return, retrieval, and restocking of equipment and supplies • As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Security Branch Director when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Security Branch Director on current		

problems, outstanding issues, and follow up requirements • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Explosive Incident Response Plan ❑ Missing Person Incident Response Plan ❑ Hospital Security Plan ❑ Hospital blueprints and maps ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

LAW ENFORCEMENT INTERFACE UNIT LEADER

Mission: Coordinate security of the hospital with outside law enforcement agencies.

Position Reports to: **Security Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Security Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Law Enforcement Interface Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the type of interface that needs to occur with local, state, and federal law enforcement • Provide information to the Security Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Law Enforcement Interface Unit personnel in collaboration with the Security Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Serve as the point of contact to outside law enforcement agencies • Coordinate with the Liaison Officer as needed • Working with the Infrastructure Branch, gather needed hospital information as		

requested by outside law enforcement personnel including building blueprints, engineering schematics, documentation, response plans, and procedures • Secure needed workspace for outside law enforcement command personnel and negotiation team if requested • Coordinate and confirm that information being given to outside law enforcement agencies regarding the hospital and patient care status have been approved by the Incident Commander and the Security Branch Director • Address radio frequency compatibility issues with outside law enforcement personnel • Provide status updates to the Security Branch Director regularly, advising of accomplishments and problems encountered • Provide regular updates to unit personnel and inform of strategy changes as needed • Ensure completion of appropriate security-specific and incident reports • Consider development of a unit action plan; submit to the Security Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Security Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Law Enforcement Interface Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Communicate status with external authorities, as appropriate, through the Security Branch Director and in coordination with the Liaison Officer
• Rotate staff and replace, activate staffing plan utilizing Labor Pool personnel as needed
• Meet regularly with the Security Branch Director for status reports
• Advise the Security Branch Director immediately of any operational issue you are not able to correct		

• Relay important information and updates to unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Law Enforcement Interface Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue Law Enforcement Interface Unit supervision, including monitoring, documentation, and safety practices
• Provide updates to the Security Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions		

• Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Law Enforcement Interface Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Security Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Security Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools

- ❑ HICS 203 - Organization Assignment List
- ❑ HICS 204 - Assignment List
- ❑ HICS 213 - General Message Form
- ❑ HICS 214 - Activity Log
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis
- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ Hospital Emergency Operations Plan
- ❑ Hospital Incident Specific Plans or Annexes
- ❑ Hospital Security Plan
- ❑ Hospital building schematics, blueprints, and maps
- ❑ Hospital organization chart
- ❑ Hospital telephone directory

- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

HAZARDOUS MATERIALS (HAZMAT) BRANCH DIRECTOR

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

Position Reports to: **Operations Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Operations Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Hazardous Materials (HazMat) Branch Director
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation
• Determine the scope and impact of the incident
• Obtain HazMat agent information from Poison Control Center, web sites, or reference texts
• Evaluate special response needs to include:
  ○ Coordination with local or area external HazMat teams
  ○ Level and type of decontamination needed (e.g., dry, radiological, technical, gross)
  ○ Collaborate with Medical-Technical Specialists concerning medical care guidance
• Evaluate HazMat Branch capacity to perform:
  ○ Detection and monitoring
  ○ Spill response
  ○ Victim decontamination
  ○ Hospital and equipment decontamination
• Provide information to the Operations Section Chief of the status		

Determine the incident objectives, tactics, and assignments		

• Document branch objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Determine which HazMat Branch functions need to be activated:
  ▪ Detection and Monitoring Unit
  ▪ Spill Response Unit
  ▪ Victim Decontamination Unit
  ▪ Facility/Equipment Decontamination Unit
  ○ Make assignments, and distribute corresponding Job Action Sheets and position identification
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief branch personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Ensure the hospital's HazMat or Internal Spill Response Plan is activated • Ensure the set up and staffing of decontamination areas as appropriate to the incident • Ensure the decontamination system and process is functional and meets decontamination needs • Ensure appropriate antidotes and supplies are delivered to the decontamination area; coordinate with the Logistics Section Supply Unit Leader and the Operations Section Clinical Support Services Unit Leader • Review antidote administration procedures with decontamination personnel, if needed • Ensure patient valuables are collected and secured; coordinate with Security Branch • Notify the local water authority of the situation, as appropriate, and determine if containment of runoff is required • Ensure proper wastewater collection and disposal, in compliance with recommendations from the water authority, emergency management, local HazMat team, or fire department • Ensure hazard monitoring in open and closed spaces; coordinate with the Safety Officer • Coordinate with Security Branch to establish and maintain the perimeter of the HazMat and decontamination areas • Establish medical monitoring of decontamination team personnel; coordinate with the Logistics Section Employee Health and Well-Being Unit Leader • Provide status updates to the Operations Section Chief regularly, advising of accomplishments and issues encountered • Consider development of a branch action plan; submit it to the Operations Section Chief if requested • Provide regular updates to branch personnel and inform them of strategy or tactical changes, as needed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		

Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Operation Section Chief • Assess issues and needs in branch areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Liaison Officer		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Hazardous Materials (HazMat) Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure staff are rotated and replaced as needed
• Activate supplemental staffing plan as needed
• Ensure contaminated materials are disposed of properly
• Prepare for the possibility of evacuation or the relocation of the decontamination area, as needed
• Coordinate internal repair activities with the Infrastructure Branch
• Determine the need for external support to supplement decontamination personnel (e.g., other hospitals, local fire department); request them through the Liaison Officer
• Integrate external support into operations
• Meet regularly with the Operations Section Chief for status reports
• Advise the Operations Section Chief immediately of any operational issue you are not able to correct
• Relay important information to branch personnel and receive updates regularly
• Consult with Medical-Technical Specialists, as needed, to provide updated clinical management information
• Track the results of medical monitoring of staff, in collaboration with the Logistics Section Employee Health and Well-Being Unit Leader
• Ensure hazard monitoring continues and issues are addressed; coordinate with the Safety Officer
• Continue to maintain security and chain of custody of all patient valuables and contaminated clothing in coordination with the Security Branch		

Documentation • HICS 204: Document assignments and operational period objectives on		

Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure branch personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Hazardous Materials (HazMat) Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to manage HazMat operations, medical monitoring of staff, proper waste disposal, and ensure staff are rotated and replaced as needed		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health		

and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Hazardous Materials (HazMat) Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Secure or return patient belongings and valuables according to hospital policy; consult with the Safety Officer, Operations Section Security Branch Director, and local fire and law enforcement agencies, as appropriate
• Ensure the HazMat Branch Units are notified to terminate operations
• Ensure the decontamination equipment is cleaned, repaired, and replaced as needed
• Ensure proper disposal of waste material; coordinate cost issues with the Finance/Administration Section
• Ensure the decontamination areas are decontaminated, commensurate with agent and regulatory guidelines
• Ensure medical surveillance of staff is initiated as needed, in collaboration with internal and external experts and the Logistics Section Employee Health and Well-Being Unit
• Ensure medical monitoring data is collected and submitted to the Logistics Section Employee Health and Well-Being Unit for review and entry into personnel files
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return branch personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Operations Section Chief when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow up requirements
• Debrief branch personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out		

• Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 258 - Hospital Resource Directory ❑ Hospital Emergency Operations Plan ❑ Occupational Safety and Health Administration (OSHA) First Receiver's Checklist ❑ Decontamination area drawings, procedures, and documentation logs ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital Hazardous Materials (HazMat) or Internal Spill Response Plan ❑ Hospital policies and procedures ❑ Hospital blueprints and maps ❑ Hospital organization chart ❑ External resource directory (Poison Control Center, the Agency for Toxic Substances and Disease Registry [ATSDR], the CHEMTREC hotline, etc. ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

DETECTION AND MONITORING UNIT LEADER

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

Position Reports to: **HazMat Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____ - ____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____ - ____ Fax: (____) ____ - ____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Hazardous Materials (HazMat) Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Detection and Monitoring Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine what type of detection and monitoring is needed based on the situation • Provide information to the HazMat Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Detection and Monitoring Unit personnel in collaboration with the HazMat Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Ensure the set-up and functioning of detection and monitoring equipment, appropriate to identify and monitor the agent • Ensure hazard monitoring in open and enclosed spaces; coordinate with the Safety Officer		

• Establish medical monitoring of decontamination team personnel; coordinate with the Logistics Section Employee Health and Well-Being Unit Leader • Provide status updates to the HazMat Branch Director regularly, advising of accomplishments and problems encountered • Provide regular updates to unit personnel and inform of strategy changes as needed • Consider development of a unit action plan; submit to the HazMat Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the HazMat Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Detection and Monitoring Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Track results of medical monitoring of unit personnel, coordinate with the Logistics Section Employee Health and Well-Being Unit
• Ensure hazard monitoring continues and issues are addressed; coordinate with the Safety Officer and Medical-Technical Specialists, as appropriate
• Communicate status with external authorities, as appropriate, through the Hazardous Materials (HazMat) Branch Director and in coordination with the Liaison Officer
• Rotate staff and replace, activate staffing plan utilizing Labor Pool personnel as needed
• Meet regularly with the HazMat Branch Director for status reports		

• Advise the HazMat Branch Director immediately of any operational issue you are not able to correct • Relay important information and updates to unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Detection and Monitoring Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue Detection and Monitoring Unit supervision including monitoring, documentation, and safety practices
• Provide updates to the Hazardous Materials (HazMat) Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		

Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Detection and Monitoring Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Hazardous Materials (HazMat) Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the HazMat Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 258 - Hospital Resource Directory ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital Hazardous Materials (HazMat) Incident Response Plan ❑ Hospital Hazardous Materials (HazMat) Spill Response Plan ❑ Hospital Security Plan ❑ Hospital Decontamination Plan ❑ HazMat agent reference materials ❑ Material Safety Data Sheets (MSDS) ❑ Hospital blueprints and maps ❑ Hospital organization chart ❑ External resource directory (Poison Control Center, the Agency for Toxic Substances and Disease Registry [ATSDR], the CHEMTREC hotline, etc.) ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

SPILL RESPONSE UNIT LEADER

Mission: Coordinate on-site activities related to implementation of the hospital's internal Hazardous Materials (HazMat) Spill Response Plan.

Position Reports to: **HazMat Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Hazardous Materials (HazMat) Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Spill Response Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the hazardous agent involved in the spill and required response • Provide information to the HazMat Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Spill Response Unit personnel in collaboration with the HazMat Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities
• Ensure hospital Hazardous Materials (HazMat) Spill Response Plan is activated, including:
  ○ Establishing a safe perimeter
  ○ Containing the spill, if safe to do so
  ○ Contacting a spill contractor or appropriate government response agency, if needed
• Ensure decontamination team, if activated, is briefed on the situation
• Provide status updates to the HazMat Branch Director regularly, advising of		

accomplishments and problems encountered • Provide regular updates to unit personnel and inform of strategy changes as needed • Consider development of a unit action plan; submit to the HazMat Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the HazMat Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Spill Response Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure hazard monitoring continues and issues are addressed; coordinate with the Safety Officer
• Prepare for the possibility of evacuation or relocation of personnel
• Rotate staff and replace, activate staffing plan utilizing Labor Pool personnel as needed
• Meet regularly with the HazMat Branch Director for status reports
• Advise the HazMat Branch Director immediately of any operational issue you are not able to correct
• Relay important information and updates to unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual		

basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Spill Response Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue Spill Response Unit supervision including monitoring, documentation, and safety practices
• Provide updates to the Hazardous Materials (HazMat) Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques		

• Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Spill Response Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Hazardous Materials (HazMat) Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the HazMat Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital Hazardous Materials (HazMat) Incident Response Plan ❑ Hazardous Materials (HazMat) Spill Response Plan ❑ Hospital Security Plan ❑ Hospital Decontamination Plan ❑ HazMat agent reference materials ❑ Material Safety Data Sheets (MSDS)

- ❑ Hospital blueprints and maps
- ❑ Hospital organization chart
- ❑ External resource directory (Poison Control Center, the Agency for Toxic Substances and Disease Registry [ATSDR], the CHEMTREC hotline, etc.)
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

VICTIM DECONTAMINATION UNIT LEADER

Mission: Coordinate the onsite patient decontamination activities related to hazardous materials (HazMat) incident response.

Position Reports to: **HazMat Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Hazardous Materials (HazMat) Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Victim Decontamination Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the hazardous agent involved and the type of decontamination required • Provide information to the HazMat Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Victim Decontamination Unit personnel in collaboration with the HazMat Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Oversee the setup of decontamination areas to perform technical and emergency decontamination for all ambulatory and non-ambulatory patients • Ensure medical monitoring of decontamination team personnel through the		

Logistics Section Employee Health and Well-Being Unit or other designated personnel
• Ensure identification of hazardous agent through signs and symptom recognition, and HazMat team methodology
• Ensure needed clinical management information including antidote usage is obtained from reference texts, Poison Control Center, and websites; share information with decontamination team personnel
• Ensure timely processing of patients through decontamination per medical treatment and decontamination guidelines
• Designate teams as needed and provide for the process of:
  ○ Prioritizing order of decontamination
  ○ Scanning for radiation
  ○ Undressing, valuables collection, and security
  ○ Washing and rinsing
  ○ Redressing, gowning, and rescanning
• Determine rotation time for decontamination team personnel
• Collect and secure patient valuables; coordinate with the Security Branch
• Ensure appropriate antidote supplies are delivered; coordinate with the Clinical Support Unit and the Logistics Section Supply Unit Leader
• Manage adverse environmental conditions per the Decontamination Plan
• Ensure proper wastewater collection and disposal, in compliance with recommendations from the water authority, environmental protection authority, emergency management, local hazardous materials team, or fire department
• Collaborate with appropriate Medical-Technical Specialists to discuss decontamination operations and any special considerations or needs
• Provide status updates to the HazMat Branch Director regularly, advising of accomplishments and problems encountered
• Provide regular updates to unit personnel and inform of strategy changes as needed
• Consider development of a unit action plan; submit to the HazMat Branch Director if requested		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the HazMat Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	Time	Initial

Activities
• Transfer the Victim Decontamination Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Track results of medical monitoring of unit personnel, coordinate with the Logistics Section Employee Health and Well-Being Unit
• Ensure hazard monitoring continues and issues are addressed; coordinate with the Safety Officer
• Ensure security and chain of custody of personal belongings; coordinate with the Security Branch
• Prepare for the possibility of evacuation or the relocation of the decontamination area
• Rotate staff and replace, activate staffing plan utilizing Labor Pool personnel as needed
• Meet regularly with the HazMat Branch Director for status reports
• Advise the HazMat Branch Director immediately of any operational issue you are not able to correct
• Relay important information and updates to unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	Time	Initial
Activities • Transfer the Victim Decontamination Unit Leader role, if appropriate		

○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue Victim Decontamination Unit supervision including monitoring, documentation, and safety practices • Provide updates to the Hazardous Materials (HazMat) Branch Director and unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Victim Decontamination Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Ensure disposable materials, waste, and wastewater are properly managed • Address return of patient belongings with the Security Branch, law enforcement, fire department, and hazardous materials (HazMat) team • Ensure the decontamination area is decontaminated, commensurate with agent		

risks • Ensure medical surveillance of decontamination personnel is initiated per recommendations in collaboration with the Logistics Section Employee Health and Well-Being Unit • Notify the water authority when operations are terminated • Notify the hazardous waste hauler that services are no longer needed; obtain final documentation from hazardous waste hauler • Ensure medical monitoring data on decontamination personnel is collected and submitted to the Logistics Section Employee Health and Well-Being Unit for review and entry into personnel health files • Ensure the return, retrieval, and restocking of equipment and supplies • As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Hazardous Materials (HazMat) Branch Director when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the HazMat Branch Director on current problems, outstanding issues, and follow up requirements • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools

- ❑ HICS 203 - Organization Assignment List
- ❑ HICS 204 - Assignment List
- ❑ HICS 213 - General Message Form
- ❑ HICS 214 - Activity Log
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis
- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ HICS 258 - Hospital Resource Directory
- ❑ Hospital Emergency Operations Plan
- ❑ Hospital Incident Specific Plans or Annexes
- ❑ Hospital Hazardous Materials (HazMat) Incident Response Plan
- ❑ Hospital Hazardous Materials (HazMat) Spill Response Plan
- ❑ Hospital Security Plan
- ❑ Hospital Decontamination Plan
- ❑ HazMat agent reference materials
- ❑ Material Safety Data Sheets (MSDS)
- ❑ Hospital blueprints and maps
- ❑ Hospital organization chart
- ❑ External resource directory (Poison Control Center, the Agency for Toxic Substances and Disease Registry [ATSDR], the CHEMTREC hotline, etc.)
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

FACILITY/EQUIPMENT DECONTAMINATION UNIT LEADER

Mission: Coordinate the on-site hospital and equipment decontamination activities related to hazardous materials (HazMat) incident response.

Position Reports to: **HazMat Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Hazardous Materials (HazMat) Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Facility/Equipment Decontamination Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Identify the areas and equipment requiring decontamination and the hazardous agent involved to assure appropriate resources are available • Provide information to the HazMat Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Facility/Equipment Decontamination Unit personnel in collaboration with the HazMat Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Oversee the setup of the decontamination area to handle equipment and hospital decontamination • Ensure proper wastewater collection and disposal, in compliance with recommendations from the water authority, environmental protection authority, emergency management, local hazardous materials team, or fire department		

• Make necessary notifications to the water authority about containment practice being used • Coordinate any requests for external resources with the HazMat Branch Director and the Logistics Section, as appropriate • Coordinate with the Security Branch to establish and maintain a perimeter around the decontamination area • Secure a hazardous waste hauler to remove contained rinsate • Collaborate with appropriate Medical-Technical Specialists to discuss decontamination operations and any special considerations or needs • Provide status updates to the HazMat Branch Director regularly, advising of accomplishments and problems encountered • Provide regular updates to unit personnel and inform of strategy changes as needed • Consider development of a unit action plan; submit to the HazMat Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the HazMat Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure the use of appropriate personal protective equipment (PPE) for unit personnel		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Facility/Equipment Decontamination Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to coordinate internal decontamination activities, consulting with external experts as needed
• Ensure hazard monitoring continues and issues are addressed, coordinate with the Safety Officer
• Prepare for the possibility of evacuation or the relocation of the decontamination		

area • Ensure decontamination supplies are cleaned and replaced, as needed • Ensure rinsate is being properly managed; utilize the assistance of a hazardous waste hauler as needed • Rotate staff and replace, activate staffing plan utilizing Labor Pool personnel as needed • Meet regularly with the HazMat Branch Director for status reports • Advise the HazMat Branch Director immediately of any operational issue you are not able to correct • Relay important information and updates to unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Facility/Equipment Decontamination Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue Facility/Equipment Decontamination Unit supervision including monitoring, documentation, and safety practices
• Provide updates to the Hazardous Materials (HazMat) Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		

Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Facility/Equipment Decontamination Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Oversee decontamination of all supplies, equipment, and areas used in the response
• Provide status update to the HazMat Branch Director when all supplies and equipment have returned to an operational state
• Ensure disposable materials, waste, and wastewater are properly managed
• Address return of patient belongings with the Security Branch, law enforcement, fire department, and local health department
• Ensure the decontamination area is decontaminated, commensurate with agent risks
• Ensure medical surveillance of decontamination personnel is initiated per recommendations of experts, in collaboration with the Logistics Section Employee Health and Well-Being Unit
• Notify the water authority when operations are terminated
• Notify the hazardous waste hauler that services are no longer needed; obtain final documentation from the hazardous waste hauler
• Ensure medical monitoring data on decontamination staff is collected and submitted to the Logistics Section Employee Health and Well-Being Unit for review and entry into personnel health files
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the		

Planning Section Demobilization Unit Leader • Notify the Hazardous Materials (HazMat) Branch Director when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the HazMat Branch Director on current problems, outstanding issues, and follow up requirements • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital Hazardous Materials (HazMat) Incident Response Plan ❑ Hazardous Materials (HazMat) Spill Response Plan ❑ Hospital Security Plan ❑ Hospital Decontamination Plan ❑ HazMat agent reference materials ❑ Material Safety Data Sheets (MSDS) ❑ Hospital blueprints and maps ❑ Hospital organization chart ❑ External resource directory (Poison Control Center, the Agency for Toxic Substances and Disease Registry [ATSDR], the CHEMTREC hotline, etc.) ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

BUSINESS CONTINUITY BRANCH DIRECTOR

Mission: Ensure business functions are maintained, restored, or augmented as needed to minimize the financial or other impact of business interruptions.

Position Reports to: **Operations Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Operations Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Business Continuity Branch Director
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Provision of time sensitive data, records, and information (e.g., patient records, contracts, payroll, etc.) • Intranet and internet capabilities and functionality • Data and business function recovery operations, including server, computer, application support, and virus removal • Expansion or relocation of business functions, including server, computer, and application support • Data access and security • Access to business interruption insurance, in coordination with the Finance/Administration Section • Provide information to the Operations Section Chief of the status		

Determine the incident objectives, tactics, and assignments
• Document branch objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Determine which Business Continuity Branch functions need to be activated:
  ▪ IT Systems and Applications Unit		

▪ Service Continuity Unit ▪ Records Management Unit o Make assignments, and distribute corresponding Job Action Sheets and position identification o Determine strategies and how the tactics will be accomplished o Determine needed resources • Brief branch personnel on the situation, strategies, and tactics, and designate time for next briefing		
Activities • Participate in the Operations Section planning meeting and incident action planning; obtain and provide key information for operational activities • Implement branch plans and monitor activities • Communicate between Hospital Incident Management Team (HIMT) to determine business recovery objectives and timeframes based on recovery capability, risk, and recovery priorities • In conjunction with the Finance/Administration Section, assess financial implications of interruption; consult legal counsel and the hospital's business insurance carrier as needed • Ensure implementation of the hospital's Business Continuity Plans • Support department-level recovery operations (e.g., radiology, pharmacy, purchasing, payroll, business office) • Determine the ability to meet any recovery objectives for all impacted business functions, and develop alternate systems to meet needs • Ensure a system to access essential business records (e.g., patient medical records, purchasing contracts) • Assure activation of plans for expansion or relocation to alternate business operation sites as needed, including: o Occupancy permits o Contractors for building modifications, communications, and information technology (IT) networking, and acquisition and transportation of furniture, equipment, and supplies o Staffing plan (employees or vendor supplied) o Building security, housekeeping, and trash removal services • Assure activation of hospital-wide Information Technology (IT) Support Plan, including: o Support the Hospital Command Center (HCC) with equipment and software; coordinate with the Logistics Section Information Technology/Information Services (IT/IS) and the Equipment Unit Leader on equipment issues o Expansion of computer help-desk services o Vendor agreements to support operations o Utilization of downtime paperwork, and post event transfer of information from hard copy to computer after system restoration when applicable o Evaluation of existing applications to include projected needs for additional licenses, password permissions, storage, and hardware to support existing operations as well as those in an alternate location o Virus removal operations • Obtain information and updates regularly from the Operations Section Chief • Maintain current status of all areas • Inform the Operations Section Chief of activities that have occurred; keep updated with status and utilization of resources and anticipated resource needs • Monitor and support as needed Infrastructure Branch, and the Logistics Section Information Technology/Information Services (IT/IS) and the Equipment Unit Leader • Consider development of a branch action plan; submit it to the Operations Section		

Chief if requested • Provide regular updates to branch personnel and inform of strategy changes as needed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 251: As directed by the Infrastructure Branch Director, review, and document information in appropriate sections of the Facility System Status Report • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Operations Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Operation Section Chief • Assess issues and needs in branch areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Liaison Officer		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Business Continuity Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
○ Communicate regularly with the Operations Section Chief
○ Designate times for briefings and updates with Unit Leaders to develop or update the Business Continuity Plans
○ Schedule planning meetings with Unit Leaders to update the action plan and demobilization procedures		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual		

basis		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure branch personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Business Continuity Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the ability of the Business Continuity Branch to meet workload demands, personnel health and safety, resource needs, and documentation practices
• Continue to assist in maintaining the HICS 257: Resource Accounting Record to track equipment used during the response
• Conduct regular situation briefings
• Meet with unit leaders to address ongoing issues		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 257: As directed by the Operations Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		

Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Business Continuity Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return branch personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Operations Section Chief when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow up requirements
• Debrief branch personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes, as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		
Documents and Tools		

- ❑ HICS 203 - Organization Assignment List
- ❑ HICS 204 - Assignment List
- ❑ HICS 213 - General Message Form
- ❑ HICS 214 - Activity Log
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis
- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 251 - Facility System Status Report
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ HICS 256 - Procurement Summary Report
- ❑ HICS 257 - Resource Accounting Record
- ❑ Hospital Emergency Operations Plan
- ❑ Hospital Incident Specific Plans or Annexes
- ❑ Business Continuity Plans
- ❑ Data Recovery Plan
- ❑ Access Control policies and procedures
- ❑ Information and Data Security Plan
- ❑ Records Management Plan
- ❑ Business interruption insurance documentation
- ❑ IT Application Support Plan
- ❑ Computer with intranet and internet connection
- ❑ Hospital schematics, blueprints, and maps
- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

IT SYSTEMS AND APPLICATIONS UNIT LEADER

Mission: Ensure information technology (IT), computers, networks, and applications remain operational, and are restored or augmented as needed to maintain the continuity of essential business operations.

Position Reports to: **Business Continuity Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Business Continuity Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of IT Systems and Applications Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine type and extent of monitoring needed, based on the situation • Identify services that have been suspended and when they may be reestablished • Provide information to the Business Continuity Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint IT Systems and Applications Unit personnel in collaboration with the Business Continuity Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities		

○ As appropriate with Infrastructure Branch, determine damage to data center and identify salvageable equipment ○ Initiate repairs as needed ○ Make recommendations to restore service; collaborate with the Logistics Section Information Technology/Information Services (IT/IS) Equipment Unit ○ Communicate personnel and resource needs to the Business Continuity Branch Director ○ Perform data and application recovery operations as prioritized in the Business Recovery Plan (patient records, contracts, payroll, etc.) or as directed by the Business Continuity Branch Director, including: ○ Computer recovery (computers, servers, peripherals, etc.) ○ Initiate system recovery of major platforms that support different applications, network recovery of intranet and internet functions, and storage recovery for digital storage media and restoration ○ Consider coordination with alternate (hot/warm/cold) data site ○ Support expansion or relocation of business functions as indicated in the Business Continuity Plan ○ Receive, coordinate, and resolve requests for information technology (IT) application support; assign to applications program administrators as appropriate ○ Coordinate with the Logistics Section Information Technology/Information Services (IT/IS) Equipment Unit Leader on equipment replacement issues ○ Ensure data access and security protocols are in place ○ Resolve any issues concerning application licensing ○ Coordinate with the Logistics Section Communications Unit Leader on any voice over internet protocol (VOIP) issues ○ Support the IT needs of the Hospital Command Center (HCC) • Resolve all operability and connectivity issues • Provide status updates to the Business Continuity Branch Director regularly, advising of accomplishments and problems encountered • Provide regular updates to unit personnel and inform of strategy changes as needed • Consider development of a unit action plan; submit to the Business Continuity Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 251: As directed by the Infrastructure Branch Director, document information in appropriate sections of the Facility System Status Report • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period ○ HICS 257: As directed by the Operations Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Business Continuity Branch Director • Assess issues and needs in unit areas; coordinate resource management		

Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the IT Systems and Applications Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
○ Monitor unit work performance, personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices
○ Obtain and provide key information for information technology (IT) operational activities; maintain current status of all areas
○ Continue to coordinate with the Logistics Section Information Technology/Information Services (IT/IS) Equipment Unit on delivery and installation status of ordered equipment, applications, and supplies
○ Inform the Business Continuity Branch Director of activities that have occurred; keep updated with status and utilization of resources, as well as anticipated resources
• Meet regularly with the Business Continuity Branch Director for status reports
• Advise the Business Continuity Branch Director immediately of any operational issue you are not able to correct
• Relay important information and updates to unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 251: As directed by the Infrastructure Branch Director, document information in appropriate sections of the Facility System Status Report • HICS 257: As directed by the Operations Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	Time	Initial

Activities
• Transfer the IT Systems and Applications Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the ability of the IT Systems and Applications Unit to meet workload demands, personnel health and safety, resource needs, and documentation practices
• Meet with unit personnel to address ongoing issues
• Continue IT Systems and Applications Unit supervision including monitoring, documentation, and safety practices
• Provide updates to the Business Continuity Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 251: As directed by the Infrastructure Branch Director, document information in appropriate sections of the Facility System Status Report • HICS 257: As directed by the Operations Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	Time	Initial

Activities
• Transfer the IT Systems and Applications Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)		

• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Business Continuity Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Business Continuity Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		
Documents and Tools		
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 251 - Facility System Status Report ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital schematics, blueprints, and maps ❑ Information and Data Security Plan ❑ IT Failure Incident Response Guide ❑ Business Continuity Plans ❑ Records Management Plan ❑ Data Recovery Plan ❑ Access Control policies and procedures ❑ IT Application Support Plan ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Supply, equipment, and vendor directories ❑ Computer with intranet and internet access ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication		

SERVICES CONTINUITY UNIT LEADER

Mission: Ensure business, clinical, and support service functions are maintained, restored, or augmented to meet designated objectives. Work to minimize interruptions to continuity of essential business operations.

Position Reports to: **Business Continuity Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Business Continuity Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Services Continuity Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Identify services that have been suspended and when they may be reestablished • Provide information to the Business Continuity Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Services Continuity Unit personnel in collaboration with the Business Continuity Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities		

• Evaluate business capabilities, recovery plan actions, projected minimum and maximum duration of any disruptions, and progress in meeting any recovery objectives • Discuss plan of action and staffing in alternate business sites with the Business Continuity Branch Director • Coordinate activities with the other Business Continuity Units • Provide status updates to the Business Continuity Branch Director regularly, advising of accomplishments and problems encountered • Provide regular updates to unit personnel and inform of strategy changes as needed • Consider development of a unit action plan; submit to the Business Continuity Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Business Continuity Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Services Continuity Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
○ Monitor unit work performance, ability of unit personnel to meet workload demands, staff health and safety, resource needs, and documentation practices
○ Evaluate all activated Business Continuity Plans and modify, as necessary, to complete any unmet objectives
○ Identify specific activities or resources needed to ensure timely resumption of business services
○ Coordinate with the Infrastructure Branch Director for access to critical power needs or building assessments		

• Meet regularly with the Business Continuity Branch Director for status reports • Advise the Business Continuity Branch Director immediately of any operational issue you are not able to correct • Relay important information and updates to unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Services Continuity Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Monitor levels of all supplies, equipment, and needs relevant to all system performance detection and monitoring operations
• Meet with unit personnel to address ongoing issues
• Continue to monitor the ability of the Services Continuity Unit to meet workload demands, personnel health and safety, resource needs, and documentation practices
• Provide updates to the Business Continuity Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		

Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Services Continuity Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Business Continuity Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Business Continuity Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ IT Failure Incident Response Guide ❑ Business Continuity and Recovery Plans ❑ Hospital blueprints and maps ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Supply, equipment, and vendor directories ❑ Computer with intranet and internet access ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

RECORDS MANAGEMENT UNIT LEADER

Mission: Ensure vital business and medical records are maintained and preserved with limited or no interruption to essential information requests.

Position Reports to: **Business Continuity Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Business Continuity Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Records Management Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Identify services that have been suspended and when they may be reestablished • Provide information to the Business Continuity Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Records Management Unit personnel in collaboration with the Business Continuity Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Assess and maintain hospital records; restore or expand services as required • Identify specific activities or resources needed to ensure ongoing access to, or preservation of, hospital records • Activate Hospital Record Preservation Plan as needed:		

○ Develop prioritization of document preservation or recovery, as directed by the Business Continuity Branch Director: ▪ Paper-based medical and laboratory records ▪ Electronic Medical Records ▪ Business contracts, financial records ▪ Billing records ▪ Library materials ▪ Personnel records • Help to coordinate medical records to travel with any evacuated or transferred patients • Ensure proper documentation of damage (e.g., pictures, videos, etc.) for the Finance/Administration Compensation/Claims Unit • Evaluate if salvage can be done in-house with staff, or if a consultant or disaster recovery service is required • Assess the need for relocation of critical records; coordinate space and staff with the Logistics Section • Coordinate activities with the other Business Continuity Units as needed • Provide status updates to the Business Continuity Branch Director regularly, advising of accomplishments and problems encountered • Provide regular updates to unit personnel and inform of strategy changes as needed • Consider development of a unit action plan; submit to the Business Continuity Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 257: As directed by the Operations Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Business Continuity Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**
Activities • Transfer the Records Management Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital		

○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Monitor unit work performance, ability of unit personnel to meet workload demands, staff health and safety, resource needs, and documentation practices • Maintain current status of all areas • Inform the Business Continuity Branch Director of activities that have occurred; keep updated with status and utilization of resources, as well as anticipated resources • Meet regularly with the Business Continuity Branch Director for status reports • Advise the Business Continuity Branch Director immediately of any operational issue you are not able to correct • Relay important information and updates to unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 257: As directed by the Operations Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**
Activities • Transfer the Records Management Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue to monitor the ability of the Records Management Unit to meet workload		

demands, personnel health and safety, resource needs, and documentation practices • Meet with unit personnel to address ongoing issues • Monitor levels of all supplies, equipment, and needs relevant to all system performance operations • Continue Records Management Unit supervision including monitoring, documentation, and safety practices • Provide updates to the Business Continuity Branch Director and unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 257: As directed by the Operations Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Records Management Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Business Continuity Branch Director when demobilization and restoration is complete		

• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Business Continuity Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  o Review of pertinent position descriptions and operational checklists
  o Recommendations for procedure changes
  o Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ IT Failure Incident Response Guide ❑ Hospital Record Preservation Plan ❑ Business Continuity and Recovery Plans ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Supply, equipment, and vendor directories ❑ Computer with intranet and internet access ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

PATIENT FAMILY ASSISTANCE BRANCH DIRECTOR

Mission: Organize and manage the delivery of assistance to meet patient family care needs, including communication, lodging, food, health care, spiritual, and emotional needs that arise during the incident.

Position Reports to: **Operations Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Operations Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Patient Family Assistance Branch Director
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Assess the status of actual and projected patient family needs • Provide information to the Operations Section Chief of the status		

Determine the incident objectives, tactics, and assignments
• Document branch objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Determine which Patient Family Assistance Branch functions need to be activated:
  ▪ Social Services Unit
  ▪ Family Reunification Unit
  ○ Make assignments, and distribute corresponding Job Action Sheets and position identification
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief branch personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities		

• Ensure the provision of patient family assistance resources to children, families, and those with special needs
• Coordinate external community resource requests with the Liaison Officer
• Ensure the following are being addressed:
  ○ Family reunification
  ○ Social Service needs
  ○ Cultural and spiritual needs
  ○ Communication with law enforcement, outside government and non-governmental agencies, and media through the Liaison Officer and Public Information Officer
  ○ Documentation and record keeping
  ○ Patient family assistance area security
  ○ Share up-to-date information with patients and their families
• Provide status updates to the Operations Section Chief regularly, advising of accomplishments and issues encountered
• Consider development of a branch action plan; submit it to the Operations Section Chief if requested
• Provide regular updates to branch personnel and inform them of strategy or tactical changes, as needed		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Operation Section Chief • Assess issues and needs in branch areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Liaison Officer		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Patient Family Assistance Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate		

○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue to ensure the provision of patient family assistance resources to children, elders, and those with special needs • Continue to coordinate external community resource requests with the Liaison Officer • Continue to ensure the following are being addressed: ○ Patient family reunification ○ Social Service needs ○ Cultural and spiritual needs ○ Communication with law enforcement, outside government and non-governmental agencies, and media through the Liaison Officer and Public Information Officer ○ Documentation and record keeping ○ Patient family assistance area security ○ Share up-to-date information with patients and their families • Meet regularly with the Operations Section Chief for status reports • Advise the Operations Section Chief immediately of any operational issue you are not able to correct • Ensure patient data is collected and shared with appropriate internal and external officials, in collaboration with the Liaison Officer		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure branch personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**
Activities • Transfer the Patient Family Assistance Branch Director role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in		

support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue to ensure the provision of patient family assistance resources to children, elders, and those with special needs • Continue to coordinate external community resource requests with the Liaison Officer • Continue to ensure the following are being addressed: ○ Patient family reunification ○ Social Service needs ○ Cultural and spiritual needs ○ Communication with law enforcement, outside government and non-governmental agencies, and media through the Liaison Officer and Public Information Officer ○ Documentation and record keeping ○ Patient family assistance area security		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Patient Family Assistance Branch Director role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS		

Forms 203, 204, 214, and 215A) • Assist the Operations Section Chief and unit leaders with restoring family assistance areas to normal operations • Ensure the return, retrieval, and restocking of equipment and supplies • As objectives are met and needs decrease, return branch personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Operations Section Chief when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow up requirements • Debrief branch personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools

- ❑ HICS 203 - Organization Assignment List
- ❑ HICS 204 - Assignment List
- ❑ HICS 213 - General Message Form
- ❑ HICS 214 - Activity Log
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis
- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ Hospital Emergency Operations Plan
- ❑ Hospital Incident Specific Plans or Annexes
- ❑ Hospital Surge Plan
- ❑ Hospital policies and procedures
- ❑ Hospital organization chart
- ❑ Hospital resource directory
- ❑ Community resource directory
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

FAMILY REUNIFICATION UNIT LEADER

Mission: Organize and manage the services and processes required to assist in family reunification.

Position Reports to: **Patient Family Assistance Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Patient Family Assistance Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Family Reunification Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation
• Assess the need for a specific patient family reunification services or area, including:
  ○ Current capabilities and projected capacities to address needs based on current data
  ○ Coordinating needs of affected patients, their families, and staff
• Provide information to the Patient Family Assistance Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Family Reunification Unit personnel in collaboration with the Patient Family Assistance Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Meet with the Patient Family Assistance Branch Director to plan, project, and coordinate family reunification • Activate family reunification area as needed • Activate protocols for reunification of patients, including identification, tracking, documentation, and communication • Ensure the provision of reunification resources to children, families, and those with special needs • Activate protocols for communication with families regarding patient status and location • Ensure cultural and spiritual needs are addressed • Provide interpreters or translation services • Coordinate through the Liaison Officer with government point-of-contact for community tracking and reunification • Coordinate through the Liaison Officer with non-governmental entities for community tracking and reunification, such as the American Red Cross (ARC) • Identify transportation needs; including special needs such as disabled access; coordinate transportation with the Logistics Section Transportation Unit as needed for reunification locations on and off site • Ensure that proper procedures for safe release of patients are followed; consider special needs of minors, non-English speaking patients, and those in custody; consult with appropriate Medical-Technical Specialists as needed. • Determine staffing needs and place requests with the Patient Family Assistance Branch Director • Provide status updates to the Patient Family Assistance Branch Director regularly, advising of accomplishments and problems encountered • Provide regular updates to unit personnel and inform of strategy changes as needed • Consider development of a unit action plan; submit to the Patient Family Assistance Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Patient Family Assistance Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	Time	Initial

Activities
• Transfer the Family Reunification Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Participate in the development of risk communication and public information messages that address reunification issues
• Ensure that patient reunification information is regularly submitted to the Patient Family Assistance Branch Director and the Planning Section Documentation Unit Leader
• Prioritize and coordinate patient transfers with the Patient Family Assistance Branch Director and the Logistics Section Transportation Unit Leader
• Continue to ensure that appropriate documentation and standards of care are being followed, and that needs are being met
• Meet regularly with the Patient Family Assistance Branch Director for status reports
• Advise the Patient Family Assistance Branch Director immediately of any operational issue you are not able to correct
• Relay important information and updates to unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	Time	Initial
Activities • Transfer the Family Reunification Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation,		

response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue to ensure the provision of reunification resources to children and families and those with special needs • Continue to coordinate communication with: ○ Patients and families ○ Law enforcement, outside government and non-governmental agencies, and media through the Liaison Officer and Public Information Officer ○ Agencies such as the American Red Cross (ARC) ○ National systems such as the National Emergency Child Locator Center, and National Emergency Family Registry and Locator System, when appropriate ○ Media outlets, missing children agencies, websites, call centers, and toll-free numbers as needed through the Public Information Officer • Meet with unit personnel to address ongoing issues • Continue Family Reunification Unit supervision, including monitoring, documentation, and safety practices • Provide updates to the Patient Family Assistance Branch Director and unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Family Reunification Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation,		

response actions, available resources, and the role of external agencies in support of the hospital o Address any health, medical, and safety concerns o Address political sensitivities, when appropriate o Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Coordinate a plan to address the ongoing needs of patients, families, and staff, in conjunction with the Logistics Section Employee Health and Well-Being Unit • Ensure the return, retrieval, and restocking of equipment and supplies • As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Patient Family Assistance Branch Director when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Patient Family Assistance Branch Director on current problems, outstanding issues, and follow up requirements • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Local public health reporting forms ❑ Community resource directory ❑ Hospital resource directory ❑ Directory of communication and translation services ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

SOCIAL SERVICES UNIT LEADER

Mission: Organize and manage support to meet patient social service requirements during a disaster, coordinating with community and government resources.

Position Reports to: **Patient Family Assistance Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Patient Family Assistance Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Social Services Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation
• Determine the status of social services in the hospital and the community including:
  ○ Housing and shelters (e.g., hotels, motels, and community facilities)
  ○ Government authorized care sites
  ○ Medically fragile care sites
  ○ Food and water distribution centers and resources (e.g., Meals-on-Wheels)
  ○ Clothing distribution centers
  ○ Community warming and cooling stations
  ○ Medical transportation
  ○ Non-medical transportation, including bus routes, taxi, and shuttle services, and handicapped or disabled transport services
  ○ Pharmacies, including 24 hour availability
  ○ Faith-based organizations
  ○ Pet and animal shelters
  ○ Interpreters or translation services
  ○ Child, adult, and dependent day care
  ○ Access to government services (such as food stamps, government aid, Federal Emergency Management Agency [FEMA] assistance centers)
  ○ Insurance response and coordination centers
  ○ American Red Cross (ARC), Salvation Army, other community resources		

• Assess current capabilities and project immediate and prolonged capacities to address needs based on current data, including coordinating needs of patients, families, and staff • Provide information to the Patient Family Assistance Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Social Services Unit personnel in collaboration with the Patient Family Assistance Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Meet with the Patient Family Assistance Branch Director to plan, project, and coordinate patient social service needs • Assess affected patients for social service needs • Coordinate use of hospital, hospital partner, and community resources • Ensure the provision of social services resources to children, families, and those with special needs • Provide guidance and recommendations to the Patient Family Assistance Branch director based on response needs • Implement communication with patient family members, as appropriate • Provide status updates to the Patient Family Assistance Branch Director regularly, advising of accomplishments and problems encountered • Provide regular updates to unit personnel and inform of strategy changes as needed • Consider development of a unit action plan; submit to the Patient Family Assistance Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Patient Family Assistance Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions		

• Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Social Services Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to ensure that appropriate documentation is completed and that needs are being met
• Participate in the development of risk communication and public information that addresses social service concerns
• Meet regularly with the Patient Family Assistance Branch Director for status reports
• Advise the Patient Family Assistance Branch Director immediately of any operational issue you are not able to correct
• Relay important information and updates to unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and Security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**
Activities • Transfer the Social Services Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital		

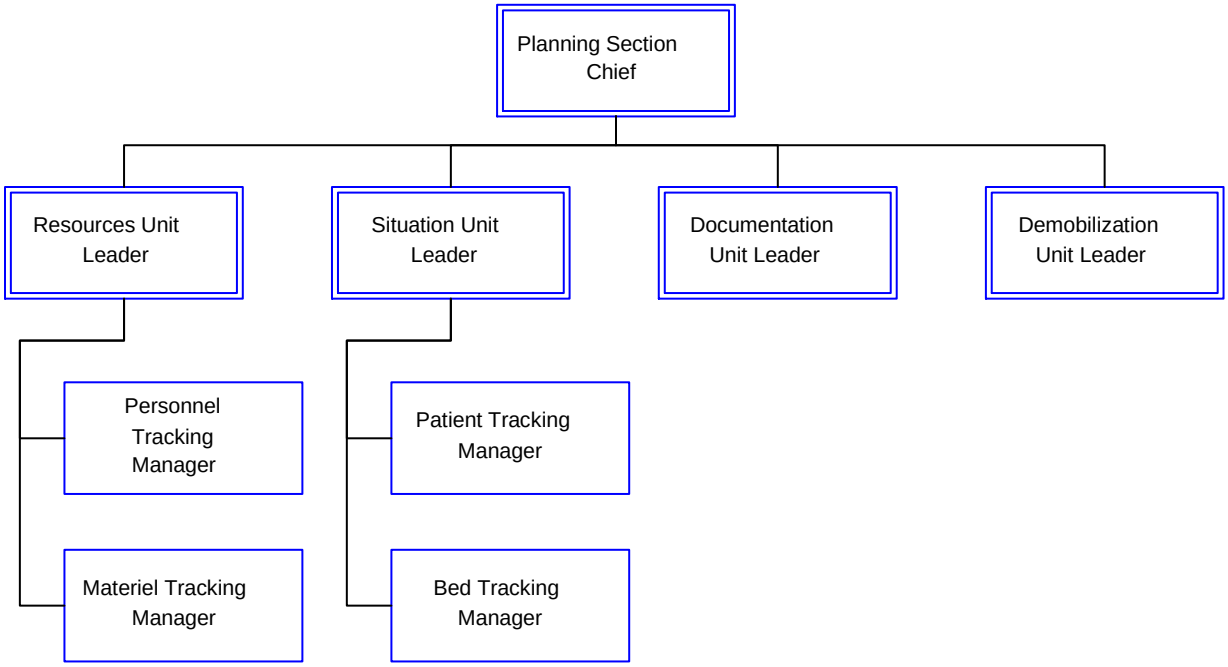
○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue to ensure social service needs of patients and families are being met • Continue to ensure the provision of resources for social service to children, families, and those with special needs • Meet with unit personnel to address ongoing issues • Continue Social Services Unit supervision, including monitoring, documentation, and safety practices • Provide updates to the Patient Family Assistance Branch Director and unit personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Social Services Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Coordinate a plan to address the ongoing social service needs of patients, families,		

and staff, in conjunction with the Logistics Section Employee Health and Well-Being Unit • Ensure the return, retrieval, and restocking of equipment and supplies • As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Patient Family Assistance Branch Director when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Patient Family Assistance Branch Director on current problems, outstanding issues, and follow up requirements • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Supply, equipment, and vendor directories ❑ Community resource directory ❑ Hospital resource directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

PLANNING SECTION CHART



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PLANNING SECTION (JOB ACTION SHEETS)

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Planning Section Chief

Resources Unit Leader

Personnel Tracking Manager

Materiel Tracking Manager

Situation Unit Leader

Patient Tracking Manager
Bed Tracking Manager

Documentation Unit Leader

Demobilization Unit Leader

PLANNING SECTION CHIEF

Mission: Oversee all incident related data gathering and analysis regarding incident operations and resource management; develop alternatives for tactical operations; initiate long range planning; conduct planning meetings; and prepare the Incident Action Plan (IAP) for each operational period.

Position Reports to: **Incident Commander**	Command Location: _____	
Position Contact Information: Phone: (____) ____-____	Radio Channel: _____	
Hospital Command Center (HCC): Phone: (____) ____-____	Fax: (____) ____-____	
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Incident Commander on:
  ○ Size and complexity of the incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Planning Section Chief
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from the Operations and Logistics Section Chiefs to ensure the accurate tracking of personnel and resources by the Personnel Tracking and Materiel Tracking Managers, if appointed, or the respective Section Chiefs if not • Provide information to the Incident Commander on the Planning Section operational situation including capabilities and limitations		

Determine the incident objectives, tactics, and assignments
• Determine which Planning Section Units need to be activated:
  ○ Resources Unit
  ○ Situation Unit
  ○ Documentation Unit
  ○ Demobilization Unit
• Make assignments and distribute corresponding Job Action Sheets and position identification
• Determine strategies and how the tactics will be accomplished		

• Determine needed resources • Brief section personnel on the situation, strategies, and tactics, and designate a time for the next briefing		
Activities • Ensure a bed report, staffing report, and current patient census and status are being prepared for the Incident Commander • Prepare and conduct a planning meeting to develop and validate the incident objectives for the next operational period • Coordinate the preparation, documentation, and approval of the Incident Action Plan (IAP) and distribute copies to the Incident Commander and Section Chiefs • Obtain and provide key information for operational and support activities, including the impact on affected departments • Gather additional information from the Liaison Officer • Collaborate with appropriate Medical-Technical Specialists as needed • Obtain information and updates regularly from Planning Section Unit Leaders • Maintain current status of all areas • Inform the Situation Unit Leader of status information • Communicate with the Operations and Logistics Sections for resource needs and projected activities • Inform Planning Section personnel of activities that have occurred; keep updates of status and utilization of resources • Communicate with the Finance/Administration Section for personnel time records, potential compensation and claims, and canceled surgeries and procedures • Activate Incident Specific Plans or Annexes as directed by the Incident Commander		
Documentation • HICS 200: Consider use of the Incident Action Plan (IAP) Cover sheet • HICS 201: Draft Incident Briefing for Incident Commander as directed • HICS 202: Draft Incident Objectives for Incident Commander approval • HICS 203: Prepare Organization Assignment List as part of the IAP • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 205A: Distribute the Communications List appropriately • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 215A: Obtain completed Incident Action Plan (IAP) Safety Analysis from the Safety Officer for inclusion in the IAP • HICS 252: Distribute the Section Personnel Time Sheet to section personnel and ensure time is recorded appropriately • HICS 257: Track equipment used during the response on the Resource Accounting Record		
Resources • Determine equipment and supply needs; request them from the Logistics Section Supply Unit Leader • Assess issues and needs in section areas; coordinate for resource planning • Make requests for external assistance, as needed, in coordination with the Liaison Officer		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all section personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	Time	Initial

Activities
• Transfer the Planning Section Chief role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the following are being addressed:
  ○ Section personnel health and safety
  ○ Update the Incident Action Plan (IAP) with each operational period
  ○ Short and long term planning
• Ensure that the Planning Section is adequately staffed and supplied
• Work with the Incident Commander and other Section Chiefs to identify short and long term issues with financial implications; establish needed policies and procedures
• Communicate regularly with Hospital Incident Management Team (HIMT) staff
• Brief the Incident Commander, Public Information Officer, and Liaison Officer regularly on the status of the Planning Section
• Designate a time for briefing and updates with Planning Section leadership to update the IAP		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document actions, decisions, and information received on Activity Log • HICS 257: Track equipment used during the response on the Resource Accounting Record		
Resources • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed, coordinating with the Operations and the Logistics Section Chiefs		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Review personnel protection practices; revise as needed • Ensure staff health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit		

Extended Response (greater than 12 hours)	Time	Initial

Activities
• Transfer the Planning Section Chief role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate		

○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue to monitor the ability of Planning Section personnel to meet workload demands, personnel health and safety, resource needs, and documentation practices • Continue to receive projected activity reports from Section Chiefs and Planning Section Unit Leaders at designated intervals to prepare status reports and update the Incident Action Plan (IAP) • Ensure the Demobilization Unit Leader assesses the ability to deactivate positions, as appropriate, in collaboration with Section Chiefs and develops and implements a Demobilization Plan • Ensure the Documentation Unit Leader is receiving and organizing all documentation, including HICS 214: Activity Logs and HICS 213: General Message Form • Communicate regularly with Hospital Incident Management Team (HIMT) staff • Brief the Incident Commander, Public Information Officer, and Liaison Officer regularly on the status of the Planning Section • Designate a time for a briefing and updates with the Planning Section leadership to update the IAP		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document actions, decisions, and information received on Activity Log • HICS 257: Track equipment used during the response on the Resource Accounting Record		
Resources • Monitor the levels of all supplies and equipment, and collaborate on needs with the Logistics Section Supply Unit Leader		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for personnel rest periods and relief • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Planning Section Chief role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, demobilization actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and		

ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • As objectives are met and needs decrease, return Planning Section personnel to their usual jobs, and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader • Assist Section Chiefs in restoring the hospital to normal operations • Debrief section personnel on lessons learned and procedural or equipment changes needed • Participate in other briefings and meetings as required • Coordinate the final reporting of patient information with external agencies through the Liaison Officer and the Public Information Officer • Work with Finance/Administration Section to complete cost data information • Begin the development of the After Action Report and Corrective Action and Improvement Plan and assign staff to complete sections of the report. Topics include: ○ Review of pertinent position descriptions and operational checklists ○ Recommendations for procedure changes ○ Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Collect and Distribute the Demobilization Check-Out form for Incident Commander approval • Ensure all documentation is submitted to the Documentation Unit		

Documents/Tools
❑ Incident Action Plan (IAP) Quick Start ❑ HICS 200 - Incident Action Plan (IAP) Cover Sheet ❑ HICS 201 - Incident Briefing ❑ HICS 202 - Incident Objectives ❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 205A - Communications List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 254 - Disaster Victim/Patient Tracking ❑ HICS 255 - Master Patient Evacuation Tracking ❑ HICS 256 - Procurement Summary Report ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

RESOURCES UNIT LEADER

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

Position Reports to: **Planning Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial

Receive appointment
• Obtain briefing from the Planning Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Resources Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from the Personnel Tracking and Materiel Tracking Managers, if appointed • Provide information to the Planning Section Chief on the operational situation of the Resources Unit		

Determine unit objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Determine which Resource Unit Managers need to be activated:
  ○ Personnel Tracking Manager
  ○ Materiel Tracking Manager
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Resources Unit personnel in collaboration with the Planning Section Chief
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

•		
Activities • Establish contact with the Situation Unit Leader and hospital department heads to account for on duty personnel, equipment, and supplies on hand • Coordinate activities and inventories with the Logistics Section Supply Unit Leader • Maintain contact and share information with the Logistics Section Labor Pool and Credentialing Unit Leader and the Operations Section Personnel Staging Team Leader • Provide status updates to the Planning Section Chief regularly to discuss the Incident Action Plan (IAP), advising of accomplishments and issues encountered • Consider development of a unit action plan; submit to the Planning Section Chief if requested • Provide regular updates to unit personnel and inform of strategy changes as needed; designate time for next briefing		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response • HICS 258: Complete, review, and revise the Hospital Resource Directory if necessary		
Resources • Assess issues and needs in unit areas, coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Resources Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Meet with the Public Information Officer, the Liaison Officer, the Situation Unit		

Leader, the Logistics Section Service and Branch Directors as necessary to update and maintain resources tracking • Coordinate personnel resource needs with the Logistics Section Labor Pool and Credentialing Unit Leader and the Operations Section Staging Manager • Meet regularly with the Planning Section Chief for status reports • Advise the Planning Section Chief immediately of any operational issue you are not able to correct		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response • HICS 258: Complete, review, and revise the Hospital Resource Directory if necessary		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Resources Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the ability of the Resources Unit to meet workload demands, personnel health and safety, resource needs, and documentation practices
• Provide updates to the Planning Section Chief
• Meet with unit personnel to address ongoing issues		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response • HICS 258: Complete, review, and revise the Hospital Resource Directory if necessary		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Resources Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• If information technology (IT) systems were offline during the response, ensure appropriate information from the HICS 257: Resource Accounting Record is transferred into the normal tracking systems
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Demobilization Unit Leader
• Notify the Planning Section Chief when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Planning Section Chief on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed		

• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 257 - Resource Accounting Record ❑ HICS 258 - Hospital Resource Directory ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ IT systems, specialty personnel, equipment, and supply tracking systems ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

PERSONNEL TRACKING MANAGER

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

Position Reports to: **Resources Unit Leader** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Resources Unit Leader on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Personnel Tracking Manager
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from the Resources Unit Leader • Provide information to the Resources Unit Leader on the operational situation		

Determine objectives, tactics, and assignments
• Document objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Personnel Tracking personnel in collaboration with the Resources Unit Leader
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief team personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Assist the Logistics Section Labor Pool and Credentialing Unit to establish solicited and unsolicited volunteer credentialing process per the hospital's standard operating procedures • Maintain regular contact with the Logistics Section Labor Pool and Credentialing		

Unit Leader and Operations Section Personnel Staging Team Leader to share information and personnel status • Establish contact with the hospital's staffing office or coordinator and department directors to obtain an accounting of all personnel on duty or expected to report • Establish access to personnel tracking system; compare the available information with that obtained from department and division directors, and reconcile variations • Consider development of a team action plan; submit to the Resources Unit Leader if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 253: Support use of Volunteer Staff Registration Form initiated by the Logistics Section Labor Pool and Credentialing Unit Leader • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in team areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all team personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Personnel Tracking Manager role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Maintain a current census and accounting of on duty and available off duty staff, physicians, and volunteers, in collaboration with the Logistics Section Labor Pool and Credentialing Unit Leader
• Request additional staffing resources to assist from the Logistics Section Labor Pool and Credentialing Unit; notify the Resource Unit Leader
• Centralize the receipt and posting of information about shift assignments
• Provide personnel tracking information to the Finance/Administration Section Time Unit Leader to assist in reconciliation of time and attendance
• Ensure that the team is adequately staffed and supplied		

• Meet regularly with the Resources Unit Leader for status reports, and relay important information to team personnel • Communicate regularly with the Logistics Section Labor Pool and Credentialing Unit to identify critical staff or skills in demand • Meet with the Public Information Officer, the Liaison Officer, the Situation Unit Leader, and the Logistics Section Labor Pool and Credentialing Unit Leader to update information about staffing needs and personnel on duty and available for assignment, and to project future staffing needs • Advise the Resources Unit Leader immediately of any operational issue you are not able to correct		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in team areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all team personnel continue to comply with safety procedures and instructions • Ensure team personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Personnel Tracking Manager role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to maintain accounting of on duty staff and labor pool members awaiting assignment; identify each person and track assignments; verify arrival at assigned duty station; and confirm release from assignment, return to labor pool, and readiness for another assignment		

• Continue to monitor the ability of the Personnel Tracking Team to meet workload demands, personnel health and safety, resource needs, and documentation practices		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in team areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all team personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Personnel Tracking Manager role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• If information technology (IT) systems were offline due to the incident, ensure appropriate information from the HICS 253: Volunteer Registration Form is transferred into the normal staff tracking systems
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Demobilization Unit Leader		

• Notify the Planning Section Chief when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Planning Section Chief on current problems, outstanding issues, and follow up requirements • Debrief personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 253 - Volunteer Registration ❑ HICS 256 - Procurement Summary Report ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Access to information technology (IT) staffing systems ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

MATERIEL TRACKING MANAGER

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

Position Reports to: **Resources Unit Leader** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Resources Unit Leader on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Materiel Tracking Manager
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from the Resources Unit Leader • Inventory necessary materials; project needs for additional materials • Provide information to the Resources Unit Leader on the operational situation		

Determine objectives, tactics, and assignments
• Document objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Materiel Tracking personnel in collaboration with the Resources Unit Leader
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief team personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Develop a consolidated list of all necessary materials or alternatives that are not already on hand in the hospital supply system • Establish a contact list with just-in-time supply vendors and contractors, in coordination with the Logistics Section Supply Unit and the Finance/Administration Procurement Unit		

• Establish initial inventory of equipment and supplies on hand, including materials that have been received or ordered in support of the incident, in collaboration with:
  ○ Operations Section
  ▪ Staging Manager
  ▪ Vehicle Staging Team Leader
  ▪ Equipment/Supply Staging Team Leader
  ▪ Medication Staging Team Leader
  ▪ Clinical Support Services Unit Leader
  ▪ Medical Gases Unit Leader
  ○ Logistics Section
  ▪ Supply Unit Leader
• Consider development of a team action plan; submit to the Resources Unit Leader if requested
• Maintain regular contact with the Logistics Section Labor Pool and Credentialing Unit Leader and the Operations Section Personnel Staging Team Leader to share information and personnel status		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in team areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all team personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Materiel Tracking Manager role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Monitor and report to the Resources Unit Leader projected shortages of critical supplies or equipment that may affect response capacity or strategy
• Monitor incident status factors such as early discharge, evacuation, or contamination that may alter assumptions about material needs and impact		

supplies • Ensure that the team is adequately staffed and supplied • Meet regularly with the Resource Unit Leader for status reports, and relay this information to team personnel • Maintain regular contact with all sections to ensure necessary materials are provided in a timely manner and returned when no longer needed • Advise the Resource Unit Leader immediately of any operational issue you are not able to correct		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in team areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all team personnel continue to comply with safety procedures and instructions • Ensure team personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Materiel Tracking Manager role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the ability of the Materiel Tracking Team to meet workload demands, personnel health and safety, resource needs, and documentation		

practices		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in team areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all team personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Materiel Tracking Manager role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Demobilization Unit Leader
• Notify the Planning Section Chief when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Planning Section Chief on current problems, outstanding issues, and follow up requirements
• Debrief personnel on issues, strengths, areas of improvement, lessons learned, and		

procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 256 - Procurement Summary Report ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Access to information technology (IT) materiel tracking systems ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

SITUATION UNIT LEADER

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

Position Reports to: **Planning Section Chief**		Command Location: _____
Position Contact Information: Phone: (____) _____ - _____		Radio Channel: _____
Hospital Command Center (HCC): Phone: (____) _____ - _____		Fax: (____) _____ - _____
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Planning Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Situation Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from Planning Section Units • Provide information to the Planning Section Chief on the operational situation of the Situation Unit		

Determine unit objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Determine which Situation Unit Managers need to be activated:
  ○ Patient Tracking Manager
  ○ Bed Tracking Manager
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Situation Unit personnel in collaboration with the Planning Section Chief
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Establish a planning information center in the Hospital Command Center (HCC) with a status board and post information as it is received • Assign a recorder or documentation aide to keep the board updated with current information • Receive and record status reports as they are received • Assign a recorder to monitor, document, and organize all communications sent and received via the inter-hospital emergency communication network or other external communication • Provide status updates to the Planning Section Chief regularly to discuss the Incident Action Plan (IAP), advising of accomplishments and issues encountered • Assure the status updates and information provided to Hospital Incident Management Team (HIMT) are accurate, complete, and current • Consider development of a unit action plan; submit to the Planning Section Chief if requested • Provide regular updates to unit personnel and inform of strategy changes as needed; confirm time for next briefing		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 251: As directed by the Infrastructure Branch Director, document information in appropriate sections of the Facility System Status Report • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 254: Ensure the Disaster Victim/Patient Tracking form is used to document triage, treatment, and disposition of incident victims • HICS 255: Ensure the accurate tracking of patients using the Master Patient Evacuation Tracking form, if needed • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Situation Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate		

○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Ensure that an adequate number of recorders are assigned to perform Situation Unit activities • Coordinate personnel requests with the Logistics Section and Credentialing Unit Leader • Ensure back up and protection of existing data for main and support computer systems, in coordination with the Logistics Section Information Technology/Information Services (IT/IS) and Equipment Unit Leader and the Operations Section IT Systems and Applications Unit Leader • Provide information to the Public Information Officer to develop an internal incident situation status report for employee information at least every 4 hours or as indicated • Ensure the security and prevent the loss of written and electronic Hospital Command Center (HCC) response documentation; collaborate with the Operations Section IT Systems and Applications Unit Leader as appropriate • Share pertinent information with the Demobilization Unit Leader to be included in the demobilization plan • Meet regularly with the Planning Section Chief, and other appropriate Hospital Incident Management Team (HIMT) personnel to obtain situation and status reports, and relay important information to team personnel • Assist the Planning Section Chief in developing the Incident Action Plan (IAP) at designated intervals • Advise the Planning Section Chief immediately of any operational issue you are not able to correct or resolve		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 255: Ensure the accurate tracking of patients using the Master Patient Evacuation Tracking form, if needed • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	Time	Initial

Activities
• Transfer the Situation Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the ability of the Situation Unit to meet workload demands, personnel health and safety, resource needs, and documentation practices
• Provide updates to the Planning Section Chief
• Meet with unit personnel to address ongoing issues		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 255: Ensure the Master Patient Evacuation Tracking form is updated, as needed • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	Time	Initial

Activities
• Transfer the Situation Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• If information technology (IT) systems were offline during the response, ensure appropriate information from the HICS 257: Resource Accounting Record is transferred into the normal tracking systems
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Demobilization Unit Leader
• Notify the Planning Section Chief when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Planning Section Chief on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 251 - Facility System Status Report ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 254 - Disaster Victim/Patient Tracking ❑ HICS 255 - Master Patient Evacuation Tracking ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Information technology (IT) systems and personnel tracking systems ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

PATIENT TRACKING MANAGER

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

Position Reports to: **Situation Unit Leader** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Situation Unit Leader on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Patient Tracking Manager
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from the Situation Unit Leader • Obtain current patient census from admitting personnel or other sources • Provide information to the Situation Unit Leader on the operational situation		

Determine objectives, tactics, and assignments
• Document objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Patient Tracking Team personnel in collaboration with the Situation Unit Leader
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief team personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Activate a system, using the HICS 254: Disaster/Victim Patient Tracking form to track and display patient arrivals, discharges, transfers, locations, and		

dispositions • Determine the patient tracking mechanism utilized by field providers and establish methods to ensure integration and continuity with hospital patient tracking systems • Initiate the HICS 259: Hospital Casualty/Fatality Report in conjunction with the Operations Section Patient Registration Unit Leader • If evacuation of the hospital is required or is in progress, initiate the HICS 255: Master Patient Evacuation Tracking form • Consider development of a team action plan; submit to the Situation Unit Leader if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 254: Document patient treatment and disposition on Disaster/Victim Patient Tracking Form • HICS 255: As directed by the Situation Unit Leader, prepare the Master Patient Evacuation Tracking form, if needed • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response • HICS 259: Document victim information on the Hospital Casualty/Fatality Report		
Resources • Assess issues and needs in team areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all team personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Patient Tracking Manager role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Track patient movement outside of the hospital with local authorities and other health systems through the Liaison Officer and the Operations Section Staging Manager
• Continue to track and display patient location and time of arrival for all patients; regularly report status to the Situation Unit Leader
• Monitor and report to the Situation Unit Leader, projected shortages of critical		

supplies or equipment that may affect response capacity or strategy • Meet regularly with the Public Information Officer, the Liaison Officer, and the Operations Section Patient Registration Unit Leader to update and exchange patient tracking information and census data within Health Insurance Portability and Accountability Act [HIPAA] and local guidelines • Advise the Situation Unit Leader immediately of any operational issue you are not able to correct or resolve • Meet regularly with the Situation Unit Leader for status reports, and to relay important information to team personnel		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 254: Update patient treatment and disposition on Disaster/Victim Patient Tracking Form • HICS 255: As directed by the Situation Unit Leader, update the Master Patient Evacuation Tracking form • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response • HICS 259: Update victim information on the Hospital Casualty/Fatality Report		
Resources • Assess issues and needs in team areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all team personnel continue to comply with safety procedures and instructions • Ensure team personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Patient Tracking Manager role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the ability of the Patient Tracking Team to meet workload demands,		

personnel health and safety, resource needs, and documentation practices		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 254: Update patient treatment and disposition on Disaster/Victim Patient Tracking Form • HICS 255: As directed by the Situation Unit Leader, update the Master Patient Evacuation Tracking form • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response • HICS 259: Update victim information on the Hospital Casualty/Fatality Report		
Resources • Assess issues and needs in team areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all team personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Patient Tracking Manager role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Demobilization Unit Leader
• If information technology (IT) systems were offline, ensure appropriate information from HICS 254: Disaster/Victim Patient Tracking Form is transferred into patient		

tracking systems
• Compile and finalize the HICS 254: Disaster/Victim Patient Tracking Form and submit copies to the Finance/Administration Section Chief, if requested
• Notify the Planning Section Chief when demobilization and restoration is complete
• Upon deactivation of your position, brief the Planning Section Chief on current problems, outstanding issues, and follow up requirements
• Debrief personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  • Review of pertinent position descriptions and operational checklists
  • Recommendations for procedure changes
  • Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 254 - Disaster Victim/Patient Tracking ❑ HICS 255 - Master Patient Evacuation Tracking ❑ HICS 256 - Procurement Summary Report ❑ HICS 257 - Resource Accounting Record ❑ HICS 259 - Hospital Casualty/Fatality Report ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Access to hospital bed tracking and cleaning status tracking systems ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

BED TRACKING MANAGER

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

Position Reports to: **Situation Unit Leader** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Situation Unit Leader on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Bed Tracking Manager
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from the Situation Unit Leader • Provide information to the Situation Unit Leader on the operational situation		

Determine objectives, tactics, and assignments
• Document objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Bed Tracking personnel in collaboration with the Situation Unit Leader
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief team personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Obtain current census and bed status from admitting personnel and other hospital sources • Establish contact with all patient treatment areas, environmental services or housekeeping, and others to inform them of activation of your position and		

contact information • Develop a report of current bed status • Initiate a bed tracking log for disaster victims, using paper or electronic system • Determine if improvised bed tracking protocols are required for mass casualty incidents due to additional beds and cots that may be added to the normal hospital census • Consider development of a team action plan; submit to the Situation Unit Leader if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in team areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all team personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Bed Tracking Manager role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to maintain a current bed tracking log system to document the location and status of all beds, including cots and stretchers
• Monitor incident status factors such as early discharge, evacuation, or contamination that may alter bed availability
• Meet with the Public Information Officer, the Liaison Officer, the Operations Section Patient Registration Unit Leader, and the Patient Tracking Manager on a routine basis to update bed and census data
• Advise the Situation Unit Leader immediately of any operational issue you are not able to correct
• Meet regularly with the Situation Unit Leader for status reports and to relay important information to team personnel		

Documentation		

• HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in team areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all team personnel continue to comply with safety procedures and instructions • Ensure team personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Bed Tracking Manager role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the ability of the Bed Tracking Team to meet workload demands, personnel health and safety, resource needs, and documentation practices		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in team areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication		

Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners		
Safety and security • Ensure that all team personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Bed Tracking Manager role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Demobilization Unit Leader
• If information technology (IT) systems were offline, ensure appropriate information from the bed tracking log is transferred into the normal bed tracking system
• Notify the Planning Section Chief when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Planning Section Chief on current problems, outstanding issues, and follow up requirements
• Debrief personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 257 - Resource Accounting Record

- ❑ Hospital Emergency Operations Plan
- ❑ Hospital Incident Specific Plans or Annexes
- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Access to hospital bed tracking and cleaning status tracking systems
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

DOCUMENTATION UNIT LEADER

Mission: Maintain accurate and complete incident files, including a record of the response and recovery actions; provide duplication services to incident personnel; file, maintain, and store incident documents for legal, analytical, reimbursement, and historical purposes.

Position Reports to: **Planning Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial

Receive appointment
• Obtain briefing from the Planning Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Documentation Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from Planning Section Units • Provide information to the Planning Section Chief on the operational situation of the Documentation Unit		

Determine unit objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Documentation Unit personnel in collaboration with the Planning Section Chief
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Activate a system to receive documentation and completed forms from all sections over the course of the Hospital Command Center (HCC) activation • Provide duplicates of forms and reports to authorized requestors • Establish initial contact with all Section Chiefs to obtain status and history of all major events and actions that have occurred to date, critical issues, concepts of operations, and steps to be taken within the next operational period • Prepare incident documentation for the Planning Section Chief when requested • Coordinate with the Operations Section information technology (IT) Systems and Applications Unit to ensure access to IT systems with email and intranet communication to increase communication and document sharing with all sections, if available • Consider development of a unit action plan; submit to the Planning Section Chief if requested • Provide regular updates to unit personnel and inform of strategy changes as needed; confirm time for next briefing		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Documentation Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to accept and organize all submitted documentation and forms
• Check the accuracy and completeness of records submitted; correct errors or omissions by contacting the appropriate personnel
• Maintain all historical information and record consolidated plans
• Meet regularly with all Section Chiefs regarding status, steps taken to resolve critical issues, and projected actions and needs for the next operational period		

• Continue to monitor the ability of the unit to meet workload demands, personnel health and safety, resource needs, and documentation practices • Provide updates to the Planning Section Chief • Meet with unit personnel to address ongoing issues • Meet regularly with the Planning Section Chief for status reports • Advise the Planning Section Chief immediately of any operational issue you are not able to correct		
Documentation • HICS 204: Review the document assignments and operational period objectives from the Assignment Lists • HICS 213: Document all communications on a General Message Form. • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 255: In conjunction with the Situation Unit Leader, review the Master Patient Evacuation Tracking form • HICS 256: In conjunction with the Procurement Unit Leader, review the Procurement Summary Reports • HICS 257: In conjunction with the Finance/Administration Section Chief or the Resource Unit Leader, review the Resource Accounting Records • HICS 258: In conjunction with the Resources Unit Leader, review and revise the Hospital Resource Directory if necessary		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Documentation Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to meet regularly with the Planning Section Chief for status reports
• Ensure the system established to receive documentation and completed forms		

from all sections over the course of the Hospital Command Center (HCC) activation is being utilized • Continue to monitor the ability of the Documentation Unit to meet workload demands, personnel health and safety, resource needs, and documentation practices • Continue to meet regularly with the Planning Section Chief for status reports • Meet with unit personnel to address ongoing issues		
Documentation • HICS 204: Continue review of the document assignments and operational period objectives from the Assignment Lists • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 255: Continue review of the Master Patient Evacuation Tracking forms • HICS 256: Continue review of the Procurement Summary Reports • HICS 257: Continue review of the Resource Accounting Records • HICS 258: Continue review and revision of the Hospital Resource Directory		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

=**Demobilization/System Recovery**	**Time**	**Initial**

Activities
• Transfer the Documentation Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• If information technology (IT) systems were offline during the response, ensure that appropriate information from is transferred into electronic systems
• As objectives are met and needs decrease, return unit personnel to their usual jobs,		

and combine or deactivate positions in a phased manner in coordination with the Demobilization Unit Leader • Notify the Planning Section Chief when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Planning Section Chief on current problems, outstanding issues, and follow up requirements • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation from all sections has been recorded, filed, and submitted to the Planning Section Chief		

Documents and Tools

- ❑ HICS 203 - Organization Assignment List
- ❑ HICS 204 - Assignment List
- ❑ HICS 205A - Communications List
- ❑ HICS 213 - General Message Form
- ❑ HICS 214 - Activity Log
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis
- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ HICS 253 - Volunteer Registration
- ❑ HICS 255 - Master Patient Evacuation Tracking
- ❑ HICS 256 - Procurement Summary Report
- ❑ HICS 257 - Resource Accounting Record
- ❑ Hospital Emergency Operations Plan
- ❑ Hospital Incident Specific Plans or Annexes
- ❑ Access to the appropriate electronic systems
- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

DEMOBILIZATION UNIT LEADER

Mission: Develop and coordinate demobilization activities that include specific instructions for all personnel and resources that will require demobilization.

Position Reports to: **Planning Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Planning Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Demobilization Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from Planning Section Units • Provide information to the Planning Section Chief on the operational situation of the Demobilization Unit		

Determine unit objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Demobilization Unit personnel in collaboration with the Planning Section Chief
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Obtain and provide key information for demobilization activities, including status updates from all Sections, Branches, and Units • Begin drafting the Demobilization Plan • Consider development of a unit action plan; submit to the Planning Section Chief if requested		
Documentation		

• HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 221: Prepare the Demobilization Check-Out for distribution to designated Hospital Incident Management Team (HIMT) personnel • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Demobilization Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continually update a consolidated Demobilization Plan until a final version is prepared for approval and utilization
• Meet with unit personnel to address ongoing issues
• Meet regularly with the Planning Section Chief for status reports
• Advise the Planning Section Chief immediately of any operational issue you are not able to correct		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 221: Ensure distribution of HICS 221 to designated Hospital Incident Management Team (HIMT) personnel		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Demobilization Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to assess the status of the incident; recommend deactivation of positions and personnel as the magnitude of the incident decreases
• Continue to monitor the ability of the Demobilization Unit to meet workload demands, personnel health and safety, resource needs, and documentation practices		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 221: Ensure distribution of HICS 221 to designated Hospital Incident Management Team (HIMT) personnel		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities

- Transfer the Demobilization Unit Leader role, if appropriate
  - Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  - Address any health, medical, and safety concerns
  - Address political sensitivities, when appropriate
  - Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
- Submit Demobilization Plan(s) to the Planning Section Chief for approval
- Upon approval, distribute the Demobilization Plan(s) to all Command Staff and Section Chiefs
- Assist with communications to hospital staff to support the Incident Commanders decision to demobilize
- Revise the Demobilization Plan as needed, once implementation is underway
- Continue to assess the status of the incident; recommend to Section Chiefs and Incident Commander the deactivation of positions and personnel as the magnitude of the incident decreases
- As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner
- Ensure the return, retrieval, and restocking of equipment and supplies
- Notify the Planning Section Chief when demobilization and restoration is complete
- Coordinate reimbursement issues with the Finance/Administration Section
- Upon deactivation of your position, brief the Planning Section Chief on current problems, outstanding issues, and follow up requirements
- Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
- Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  - Review of pertinent position descriptions and operational checklists
  - Recommendations for procedure changes
  - Accomplishments and issues
- Participate in stress management and after action debriefings

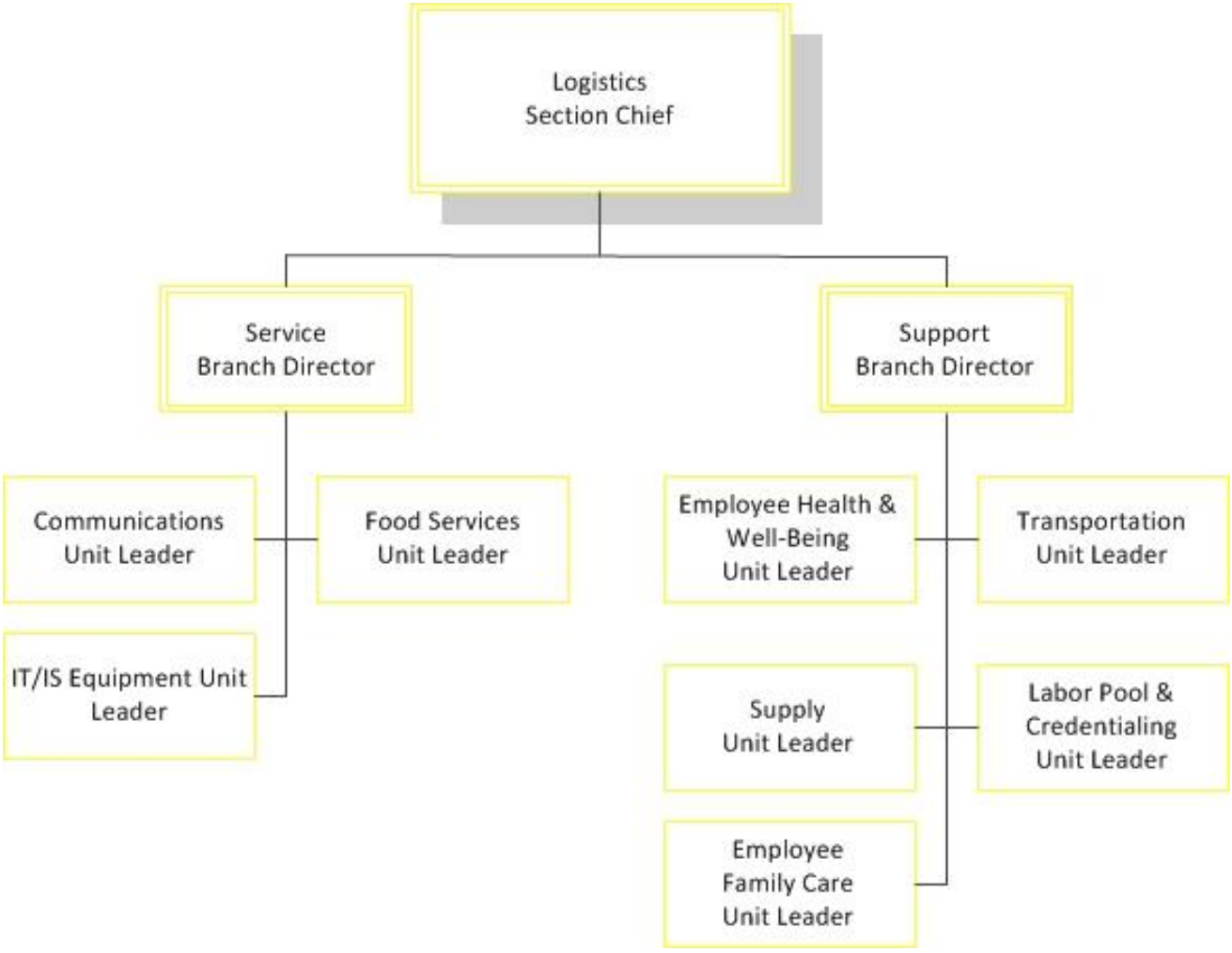
Documentation

- HICS 221: Collect and review information from the Demobilization Check-Out. All completed original forms must be given to the Documentation Unit.
- Ensure all other documentation is also submitted to the Documentation Unit

Documents and Tools

- ❑ HICS 203 - Organization Assignment List
- ❑ HICS 204 - Assignment List
- ❑ HICS 213 - General Message Form
- ❑ HICS 214 - Activity Log
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis
- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ HICS 256 - Procurement Summary Report
- ❑ HICS 257 - Resource Accounting Record
- ❑ Hospital Emergency Operations Plan
- ❑ Hospital Incident Specific Plans or Annexes
- ❑ Access to the appropriate electronic systems
- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

LOGISTICS SECTION CHART



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LOGISTICS SECTION (JOB ACTION SHEETS)

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Logistics Section Chief

Service Branch Director

Communications Unit Leader
IT/IS Unit Leader
Food Services Unit Leader

Support Branch Director

Employee Health & Well-Being Unit Leader
Supply Unit Leader
Transportation Unit Leader
Labor Pool & Credentialing Unit Leader
Employee / Family Care Unit Leader

LOGISTICS SECTION CHIEF

Mission: Organize and direct the service and support activities needed to ensure the material needs for the hospital's response to an incident are available when needed.

Position Reports to: **Incident Commander**	Command Location: _____	
Position Contact Information: Phone: (____) ____-____	Radio Channel: _____	
Hospital Command Center (HCC): Phone: (____) ____-____	Fax: (____) ____-____	
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Incident Commander on:
  ○ Size and complexity of incident
  ○ Expectations of Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Logistics Section Chief
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information from the Operations Section Chief, Staging Manager, and the operational status of the Service and Support Branch Directors to assess critical issues and resource needs • Provide information to the Incident Commander on the Logistics Section operational situation including capabilities and limitations		

Determine the incident objectives, tactics, and assignments
• Determine which Logistics Section functions need to be activated:
  ○ Service Branch
  ○ Support Branch
• Document section objectives, tactics, and assignments on the HICS 204: Assignment List
• Make assignments, distribute corresponding Job Action Sheets, and position identification
• Determine strategies and how the tactics will be accomplished
• Determine needed resources
• Brief section personnel on the situation, strategies, and tactics, and designate a time for the next briefing		

Activities • Ensure the Hospital Command Center (HCC) is set up and equipped with the		

necessary resources and services including communications and information technology • Appoint an assistant to manage the needs of the HCC, if needed • Establish and communicate the process for other sections to request personnel and additional resources • If relocation or additional care locations are necessary, coordinate with Operations and Planning Sections to determine the infrastructure requirements that are necessary to meet the operational needs, and conduct pre-deployment assessments • Establish Logistics Section work procedures (e.g., work hours, rotation schedule, contact list, need for and monitoring of overtime hours) • Coordinate procurement and expense needs with Financial Section to determine proper authority and reimbursement ceilings • Participate in Incident Action Plan (IAP) preparation, briefings, and meetings as needed; assist in identifying strategies; determine tactics, work assignments, and resource requirements		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 205A: Distribute the Communications List appropriately • HICS 206: Ensure that a Staff Medical Plan is created and distributed • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: Track requested equipment and services on a Procurement Summary Report • HICS 257: Track equipment used during the response on the Resource Accounting Record		
Resources • Determine equipment and supply needs; request them from the Supply Unit Leader • Assess issues and needs in section areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Liaison Officer • Determine from all section levels of personnel and additional resources needed for next operational period • Work with the Finance/Administration Chief on the preparation of additional service and equipment contracts • Maintain the current status of all areas in Logistics Section, inform Planning Section personnel of activities that have occurred; keep them updated with status and utilization of resources • Inform Finance/Administration Section of personnel time records and potential work-related claims		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all section personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Intermediate Response (2 – 12 hours)	Time	Initial

Activities
• Transfer the Logistics Section Chief role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Meet regularly with the Incident Commander and Hospital Incident Management Team (HIMT) staff to update the status of the response and relay important information on the capabilities and limitations of the Logistics Section
• Designate a time for briefing and updates with the Logistics Section personnel to develop recommended updates to the Incident Action Plan (IAP) and to develop demobilization procedures
• Ensure the following are being adequately supported with necessary resources:
  ○ Clinical areas, both inpatient and outpatient
  ○ Staging and Labor Pool including credentialing of staff and volunteers
  ○ Information technology and information systems network integrity
  ○ Food and water for patients, staff, and visitors
  ○ Employee health and well-being services
  ○ Clinical support services
  ○ Patient family care supply support
  ○ Hospital personnel family support
  ○ Environmental services
  ○ Transportation services
• Coordinate and process requests for personnel and resources from other sections
• Obtain needed materials and fulfill resource requests with the assistance of the Finance/Administration Section Chief and Liaison Officer
• Communicate regularly with Hospital Incident Management Team (HIMT) staff
• Ensure that the Logistics Section is adequately staffed and supplied		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document actions, decisions, and information received on Activity Log		
Resources • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed, coordinating with Operations Section Chief		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Safety and security • Ensure section personnel health and safety issues are being addressed; report issues to the Safety Officer and Employee Health and Well-Being Unit		

Extended Response (greater than 12 hours)	Time	Initial
Activities		

• Transfer Logistics Section Chief role, if appropriate:
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the ability of Logistics Section personnel to meet workload demands, personnel health and safety, resource needs, and documentation practices
• Continue to maintain the HICS 257: Resource Accounting Record to track equipment used during the response
• Communicate regularly with the Hospital Incident Management Team (HIMT)
• Brief Incident Commander, Public Information Officer, and Liaison Officer regularly on the status of the Logistics Section
• Designate a time for briefing and updates with Logistics Section leadership to update the Incident Action Plan (IAP)		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document actions, decisions, and information received on Activity Log • HICS 257: Track equipment used during the response on the Resource Accounting Record		
Resources • Monitor levels of all supplies and equipment, and collaborate on needs with the Supply Unit Leader		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Observe section personnel for signs of stress and inappropriate behavior; report concerns to the Safety officer and the Employee Health and Well-Being Unit • Provide for personnel rest periods and relief • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer Logistics Section Chief role if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, demobilization actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214. and 215A)		

• Work with Planning and Finance/Administration Sections to complete cost data information
• Debrief section personnel on lessons learned and procedural or equipment changes needed
• Participate in other briefings and meetings as required
• Submit comments to the Planning Section for discussion and possible inclusion in an After Action Report and Corrective Improvement Plan. Topics include:
  o Review of pertinent position descriptions and operational checklists
  o Recommendations for procedure changes
  o Accomplishments and issues
• Participate in stress management and after action debriefings
• As objectives are met and needs decrease, return Logistics Section personnel to their usual jobs, and combine or deactivate positions in a phased manner, in coordination with the Planning Section Demobilization Unit Leader
• Assist other Section Chiefs in restoring the hospital to normal operations		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents/Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 205A - Communications List ❑ HICS 206 - Staff Medical Plan ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 253 - Volunteer Registration ❑ HICS 256 - Procurement Summary Report ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Master Inventory Control lists ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

SERVICE BRANCH DIRECTOR

Mission: Organize and manage the services required to maintain and enhance the hospital's communication system, food service, and information technology and equipment.

Position Reports to: **Logistics Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial

Receive appointment
• Obtain briefing from the Logistics Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Service Branch Director
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation
• Assess the Service Branch's capacity to provide:
  ○ Internal and external communications capability
  ○ Hospital-wide information technology (IT) hardware and installation support
  ○ Continued provision of food, water and nutritional support to patients, staff, and visitors
• Provide information to the Logistics Section Chief on the operational situation of the Service Branch		

Determine the incident objectives, tactics, and assignments
• Determine which Service Branch functions need to be activated:
  ○ Communications Unit
  ○ IT Information Services Equipment Unit
  ○ Food Services Unit
• Document objectives, tactics, and assignments on the HICS 204: Assignment List
• Make assignments, and distribute corresponding Job Action Sheets and position identification
• Determine strategies and how the tactics will be accomplished		

• Determine needed resources • Brief branch personnel on the situation, strategies, and tactics, and designate a time for the next briefing		
Activities • Ensure prioritization of problems when multiple issues are presented • Consider development of a branch action plan; submit to Logistics Chief if requested • Obtain information and updates regularly from the Logistics Section Chief • Maintain current status of all Service Branch areas		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Service Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Meet regularly with the Logistics Section Chief for status reports
• Advise the Logistics Section Chief immediately of any operational issue you are not able to correct
• Designate times for briefings and updates with Unit Leaders to develop or update the branch action plan
• Schedule planning meetings with Unit Leaders to update the action plan and demobilization procedures
• Ensure that Service Branch staffing and supply issues are addressed		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure branch personnel health and safety issues are being addressed; report issues to the Safety Officer and the Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Service Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure that Service Branch staffing and supply issues are addressed		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in branch areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Safety and security • Ensure that all branch personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Service Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return branch personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Logistics Section Chief when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Logistics Section Chief on current problems, outstanding issues, and follow up requirements
• Debrief branch personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment Sheet ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital organization chart

- ❑ Hospital telephone directory
- ❑ Supply, equipment, and personnel vendor directories and support agreements
- ❑ Internet and intranet-connected computer
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

COMMUNICATIONS UNIT LEADER

Mission: Organize and coordinate internal and external communications including equipment availability.

Position Reports to: **Service Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____ - ____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____ - ____ Fax: (____) ____ - ____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Service Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Communications Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation
• Assess, maintain, and expand communications as required, including (but not limited to):
  ○ Telephone and fax (in cooperation with IT Services and Equipment Unit Leader if Voice Over Internet Protocol [VOIP] technology is used)
  ○ Cellular and satellite telephones and batteries
  ○ 2-way radios and batteries
  ○ Pager, intercom, and public address systems
  ○ Data message boards
  ○ Internet and intranet connectivity
• Provide information to the Service Branch Director on the operational situation of the Communications Unit		

Determine unit objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Communications Unit personnel in collaboration with the Service Branch Director
  ○ Determine strategies and how the tactics will be accomplished		

○ Determine needed resources • Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		
Activities • Initiate repairs to affected systems as needed • If primary notification systems fail, establish alternate notification mechanisms to alert emergency response teams and fire suppression teams to respond to patient and or physical emergencies (e.g., medical emergencies, fire, security) • Expand communications network capability and equipment as needed to meet needs of hospital response • Establish temporary communications networks at alternate care sites or work locations as needed • Install and maintain additional telephones, cellular telephones, fax, and cable television as indicated in the Hospital Communications Plan • Distribute cellular telephones, handheld radios, etc. • Assign frequencies to pre-designated areas or as indicated on HICS 205A: Communications List • Maintain accountability of all distributed communications equipment • Schedule and conduct radio checks as needed • Contact the Liaison Officer to facilitate communications needs with outside agencies • Request one or more amateur radio personnel as needed from the Labor Pool and Credentialing Unit Leader, if activated, to supplement communications as needed • Obtain information and updates regularly from the Service Branch Director • Maintain the current status of all unit areas • Inform the Service Branch Director of activities that have occurred; keep them updated with the status and utilization of resources and anticipated resource needs • Consider development of a unit action plan; submit to the Service Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 205A: Prepare a Communications List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 251: As directed by the Infrastructure Branch Director, document information in appropriate sections of the Facility System Status Report • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	Time	Initial

Activities
• Transfer the Communications Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the following issues are being addressed:
  ○ Communications (telephone, radio, paging, etc.)
  ○ Information technology(IT) and information systems networking
  ○ Unit staffing and supplies
  ○ Documentation
• Meet regularly with the Service Branch Director for status reports
• Advise the Service Branch Director immediately of any operational issue you are not able to correct
• Designate times for briefings and updates with unit personnel to develop or update the unit action plan and demobilization procedures		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 205A: Update Communications List, if necessary • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 251: As directed by the Infrastructure Branch Director, document information in appropriate sections of the Facility System Status Report • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	Time	Initial

Activities
• Transfer the Communications Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the ability of the Communications Unit to meet workload demands, personnel health and safety, resource needs, and documentation practices
• Provide updates to the Service Branch Director
• Meet with unit personnel to address ongoing issues		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 205A: Update Communications List, if necessary • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 251: As directed by the Infrastructure Branch Director, document information in appropriate sections of the Facility System Status Report • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	Time	Initial
Activities		

• Transfer the Communications Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• Account for all radios, cellular phones, batteries, etc., as assigned
• Ensure all communication equipment is returned to charging units, rehabilitated, or replaced as needed
• Ensure Hospital Command Center (HCC) communication equipment (phones, radios, fax) is returned to pre-incident storage location
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Service Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Service Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 205A - Communications List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 251 - Facility System Status Report ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 256 - Procurement Summary Report ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital Communications Plan ❑ Hospital Phone System and Information Technology (IT) Network Recovery Plans ❑ Hospital Alternative Care Site Plans ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Supply, equipment, and personnel vendor directories and support agreements ❑ Radios, cellular phones, satellite phones, and batteries ❑ Computer with intranet and internet connection ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

INFORMATION TECHNOLOGY/INFORMATION SERVICES (IT/IS) EQUIPMENT UNIT LEADER

Mission: Provide computer hardware, applications, and infrastructure acquisition and installation support to the organization.

Position Reports to: **Service Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Service Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Information Technology/Information Services (IT/IS) Equipment Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Evaluate current inventories of computers, peripherals (printers, scanners, etc.), network equipment, data storage, and support supplies (cables, etc.) ○ Anticipate increased demand as indicated by situation • Acquire and install equipment to replace nonfunctional equipment or support expansion of network to additional worksites or external Alternate Care Sites as needed • Coordinate with Communications Unit Leader on Voice Over Internet Protocol (VOIP) equipment issues (if used) • Verify vendors' ability to continue to provide equipment and services per contract or agreement; verify availability of secondary vendors as needed • Provide information to the Service Branch Director on the operational situation of the Information Technology/Information Services (IT/IS) Equipment Unit		
Determine unit objectives, tactics, and assignments • Document unit objectives, tactics, and assignments on the HICS 204: Assignment List • Based on the incident objectives for the response period consider the issues and priorities: ○ Appoint Information Technology/Information Services (IT/IS) Equipment Unit		

personnel in collaboration with the Service Branch Director ○ Determine strategies and how the tactics will be accomplished ○ Determine needed resources • Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		
Activities • With the Logistics Section Chief and the Service Branch Director, coordinate information technology (IT) issues with the Operations Section Business Continuity Branch and the Finance/Administration Section Procurement Unit to resolve issues as needed • Develop anticipated computer, network equipment, and applications needs; assist in budgeting and acquisition process • Place emergency orders for equipment or applications using existing protocols or special procedures identified by the Finance/Administration Section Procurement Unit; inform the Service Branch Director • With the Operations Section, coordinate needed delivery and set up of tele-triage or tele-medicine equipment in designated areas • Acquire and install additional computers and peripherals as needed to support Hospital Command Center (HCC) operations • Obtain information and updates regularly from the Service Branch Director • Inform the Service Branch Director of activities that have occurred; keep updated with status and utilization of resources and anticipated resource needs • Monitor the Operations Section and the Business Continuity Branch for information technology networking issues • Obtain information and updates regularly from the Service Branch Director • Maintain current status of all unit areas • Consider development of a unit action plan; submit to the Service Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 251: As directed by the Infrastructure Branch Director, document information in appropriate sections of the Facility System Status Report • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	Time	Initial

Activities
• Transfer the Information Technology/Information Services (IT/IS) Equipment Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Meet regularly with the Service Branch Director for status reports
• Advise the Service Branch Director immediately of any operational issue you are not able to correct
• Designate times for briefings and updates with the unit members to develop or update the unit action plan and demobilization procedures
• Ensure that staffing and supply issues are addressed		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 251: As directed by the Infrastructure Branch Director, document information in appropriate sections of the Facility System Status Report • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	Time	Initial
Activities • Transfer the Information Technology/Information Services (IT/IS) Equipment Unit		

Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue to monitor the ability of the Information Technology/Information Services (IT/IS) Equipment Unit to meet workload demands, personnel health and safety, resource needs, and documentation practices • Provide updates to the Service Branch Director • Meet with unit personnel to address ongoing issues		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 251: As directed by the Infrastructure Branch Director, document information in appropriate sections of the Facility System Status Report • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Information Technology/Information Services (IT/IS) Equipment Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and		

objectives (see HICS Forms 203, 204, 214, and 215A) • Ensure the return, retrieval, and restocking of equipment and supplies • Work with Communications Unit Leader to return distributed communication equipment to designated storage location • As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Service Branch Director when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Service Branch Director on current problems, outstanding issues, and follow up requirements • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 – General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 251 - Facility System Status Report ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 256 - Procurement Summary Report ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ IT Network Recovery Plans including: ❑ Network diagram ❑ External connectivity inventory ❑ Internal computer and network hardware inventory list ❑ Application inventory list and licensing ❑ Temporary network plans to support additional internal work locations and external Alternative Care Sites ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication ❑ Supply, equipment, and personnel vendor directories and support agreements ❑ Computer with intranet and internet connection

FOOD SERVICES UNIT LEADER

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

Position Reports to: **Service Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____ - _____ Fax: (____) ____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial

Receive appointment
• Obtain briefing from the Service Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Food Services Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine ability to prepare and heat meals; report issues to the Operations Section Infrastructure Branch • Determine need for use of emergency food supply; activate acquisition plan as needed • Estimate the number of patient and staff meals that can be served utilizing existing food stores; implement rationing if situation dictates • Consult dietician concerning alternatives to patient nutrition needs • Inventory the current emergency drinking water supply and estimate time when re-supply will be necessary • Provide information to the Service Branch Director on the operational situation of the Food Services Unit		
Determine unit objectives, tactics, and assignments • Document unit objectives, tactics, and assignments on the HICS 204: Assignment List • Based on the incident objectives for the response period consider the issues and priorities: ○ Appoint Food Services Unit personnel in collaboration with the Service Branch Director		

○ Determine strategies and how the tactics will be accomplished ○ Determine needed resources • Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		
Activities • Report food supply and equipment status and staffing needs to the Service Branch Director • Working with the Service Branch Director, notify vendors of needed food, water, and other supply needs • Ensure availability of food and water to Hospital Command Center (HCC) personnel • Ensure appropriate monitoring and allocation of patient, staff, and visitor food and water needs • Obtain information and updates regularly from the Service Branch Director • Maintain current status of all unit areas • Inform the Service Branch Director of activities that have occurred; keep updated with status and utilization of resources and anticipated resource needs • Consider development of a unit action plan; submit to the Service Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**
Activities • Transfer the Food Services Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and		

objectives (see HICS Forms 203, 204, 214, and 215A) • Monitor patient surge and staff supplementation data to determine impact on food service; advise the Service Branch Director of any issues • Continue to monitor the ability of the Food Services Unit to meet workload demands, personnel health and safety, resource needs, and documentation practices • Meet with the Logistics Section Labor Pool and Credentialing Unit Leader to discuss the location of personnel refreshment and nutritional break areas for the Hospital Command Center (HCC), labor pool, staff, and visitors • Notify the Service Branch Director of incoming food deliveries; coordinate supply arrivals with the Operations Section Staging Manager • Communicate the hospital food and water status to vendors as appropriate; alert them to a possible need for additional supplies • Prepare to receive donated food items from vendors, restaurants, and others; consider appointing unit personnel to manage donations • Secure nutritional and water inventories with the assistance of the Operations Section Security Branch Director • Meet regularly with the Service Branch Director for status reports • Advise the Service Branch Director immediately of any operational issue you are not able to correct • Designate times for briefings and updates with the unit members to develop or update the unit action plan and demobilization procedures • Ensure that staffing and supply issues are addressed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**
Activities • Transfer the Food Services Unit Leader role, if appropriate		

○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue to monitor the capability of the unit to meet workload demands, staff health and safety, resource needs, and documentation practices • Continue to project food, water, and unit staffing needs; coordinate requests with the Service Branch Director • Provide updates to the Service Branch Director • Meet with unit personnel to address ongoing issues		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Food Services Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and		

ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Ensure the return, retrieval, and restocking of equipment and supplies • As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Service Branch Director when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Service Branch Director on current problems, outstanding issues, and follow up requirements • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 256 - Procurement Summary Report ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Supply, equipment, and personnel vendor directories and support agreements ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

SUPPORT BRANCH DIRECTOR

Mission: Organize and manage the services required to maintain the hospital's supplies, alternate care areas and work locations, transportation, and labor pool. Ensure the provision of logistical, psychological, and medical support of employees and their families.

Position Reports to: **Logistics Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) ____ - ____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____ - ____ Fax: (____) ____ - ____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Logistics Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Support Branch Director
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation
• Assess the Support Branch's capacity to provide:
  ○ Additional credentialed and non-credentialed personnel
  ○ Employee health care, including prophylaxis and medical monitoring
  ○ Behavioral health support to staff
  ○ Support to staff family members
  ○ Medical equipment and supplies
  ○ Internal and external transportation support
  ○ Alternate care and worksite locations and furnishings
• Provide information to the Logistics Section Chief on the operational situation of the Support Branch		

Determine the incident objectives, tactics, and assignments
• Determine which Support Branch functions need to be activated:
  ○ Employee Health and Well-Being Unit
  ○ Supply Unit
  ○ Transportation Unit
  ○ Labor Pool and Credentialing Unit
  ○ Employee Family Care Unit		

• Document objectives, tactics, and assignments on the HICS 204: Assignment List • Make assignments, and distribute corresponding Job Action Sheets and position identification • Determine strategies and how the tactics will be accomplished • Determine needed resources • Brief branch personnel on the situation, strategies, and tactics, and designate a time for the next briefing		

Activities
• Initiate the process for requesting, acquiring, and distributing equipment and supplies, including personal protective equipment (PPE)
  ○ Ensure that medication and patient care supply inventories are reported to Supply Unit
  ○ Coordinate procurement with the Finance/Administration Section
• Initiate and communicate procedures for others to use to request additional personnel; ensure that a process is in place to acquire additional personnel from inside and outside the organization
• Ensure a process for addressing staff medical and behavioral health issues
• Ensure that employee family and dependent-care services are activated
• Ensure there is a process to respond to requests for internal and external transport of patients, supplies, and equipment
• Initiate procedures for providing facilities and logistical support to expanded patient care areas, alternate care areas, and other work locations, as needed
• Obtain information and updates regularly from the Logistics Section Chief
• Maintain current status of all Support Branch areas
• Consider development of a branch action plan; submit to the Logistics Section Chief if requested
• Inform the Logistics Section Chief of activities that have occurred; keep updated with status and utilization of resources and anticipated resource needs		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 206: Ensure that a Staff Medical Plan is created and distributed • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Determine equipment and supply needs; request from the Supply Unit Leader • Make requests for external assistance, as needed, in coordination with the Liaison Officer		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	Time	Initial

Activities
• Transfer the Support Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Meet regularly with the Logistics Section Chief for status reports
• Advise the Logistics Section Chief immediately of any operational issue you are not able to correct
• Designate times for briefings and updates with Unit Leaders to develop or update the branch action plan, if needed
• Schedule planning meetings with Unit Leaders to update the plans and demobilization procedures
• Ensure that Support Branch staffing and supply issues are addressed		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure branch personnel health and safety issues are being addressed; report issues to the Safety Officer and the Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	Time	Initial

Activities
• Transfer the Support Branch Director role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate		

○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Designate times for briefings and updates with Unit Leaders to develop or update the branch action plan, if needed • Schedule planning meetings with Unit Leaders to update the plans and demobilization procedures • Ensure that Support Branch staffing and supply issues are addressed • Provide updates to the Logistics Section Chief and branch personnel • Provide information to the Logistics and Planning Sections • Meet with Unit Leaders to address ongoing issues		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Monitor levels of all supplies and equipment, and collaborate needs with the Supply Unit Leader		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all branch personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Support Branch Director role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Ensure the return, retrieval, and restocking of equipment and supplies • As objectives are met and needs decrease, return unit personnel to their usual jobs,		

and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Logistics Section Chief when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Logistics Section Chief on current problems, outstanding issues, and follow up requirements • Debrief branch personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		
Documents and Tools		
❑ HICS 203 - Organization Assignment Sheet ❑ HICS 204 - Assignment List ❑ HICS 206 - Staff Medical Plan ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 253 - Volunteer Registration ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Master Inventory Control lists ❑ Supply, equipment, and personnel vendor directories and support agreements ❑ Internet and intranet-connected computer ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication		

EMPLOYEE HEALTH AND WELL-BEING UNIT LEADER

Mission: Ensure the provision of logistical, psychological, and medical support of staff and their dependents.

Position Reports to: **Support Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Support Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Employee Health and Well-Being Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain critical information from the Operations Section Chief, Staging Manager, and Branch Directors to assess critical issues and resource needs for employees and volunteers • Provide information to the Support Branch Director on the operational situation of the Employee Health and Well-Being Unit		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Employee Health and Well-Being Unit personnel in collaboration with the Support Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics and designate a time for the next briefing		

Activities • Ensure injured staff and volunteers receive care as needed • Project potential injury and illness impacts with the Operations Section Medical Care Branch Director • Develop a medical care plan for staff, assign staff, levels of care, and identify needed personnel and resources		

• Document plan on HICS 206: Staff Medical Plan and submit to the Support Branch Director for approval and incorporation into the Incident Action Plan (IAP)
• Coordinate claims with the Finance/Administration Section Compensation/Claims Unit
• Track and trend staff illness and absenteeism; in coordination with the Operations Section Medical Care Branch Director implement additional intervention plans to address identified issues
• Institute monitoring programs for staff exposed to biological, chemical, or radioactive agents
• Implement behavioral health services for employees and volunteers as needed:
  ○ Determine strategies to address issues created by extended work hours, family separation, injuries and illness exposures, and frequent poor patient outcomes
  ○ Ensure that there is a process to refer personnel to needed resources (e.g., Employee Assistance Programs, faith based services, counseling)
  ○ Work with the Operations Section Behavioral Health Unit to assign therapists to strategic locations (e.g., cafeteria, staff lounges, emergency department) to provide easy access for staff
  ○ Ensure line-of-duty death procedures are implemented as appropriate and according to the Hospital Fatality Management Plan
  ○ Ensure behavioral health services and staff are available for the Hospital Incident Management Team (HIMT)
• Implement Staff Prophylaxis Plan if indicated:
  ○ Augment unit staffing to provide services; request supplementation from the Labor Pool and Credentialing Unit Leader
  ○ Prepare Point of Dispensing (POD) location as per staff prophylaxis procedures
  ○ Determine medication, dosage, and quantity with the Operations Section Medical Care Branch Director
  ○ With the Operations Section Medical Care Branch Director and the appropriate Medical-Technical Specialist, recommend to the Incident Commander the priority of staff to receive medication or immunization
  ○ Acquire and distribute medication from the pharmacy, a vendor, or local public health
  ○ Prepare documentation related to medication administration
  ○ Provide educational materials for distribution
  ○ Track the side effects and efficacy
• Obtain information and updates regularly from other Support Branch Units
• Maintain current status of all Employee Health and Well-Being Unit areas
• Inform the Support Branch Director of activities that have occurred; keep updated with status and utilization of resources and anticipated resource needs
• Consider development of a unit action plan; submit to the Support Branch Director if requested
• Consider use of outside contract personnel and equipment as needed; coordinate with the Service and Support Branch Directors		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 206: Initiate Staff Medical Plan • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report		

• HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer Employee Health and Well-Being Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the ability of the Employee Health and Well-Being Unit to meet workload demands, personnel health and safety, resource needs, and documentation practices
• Continue to monitor the success and need for Point of Dispensing (POD) operation
• Ensure unit personnel participate in behavioral health monitoring programs
• Meet regularly with the Support Branch Director for status reports
• Advise the Support Branch Director immediately of any operational issue you are not able to correct
• Designate times for briefings and updates with the Employee Health and Well-Being Unit personnel to develop or update the unit action plan and demobilization procedures
• Ensure that Employee Health and Well-Being Unit staffing and supply issues are addressed		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and coordinate resolution • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer Employee Health and Well-Being Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor unit personnel's ability to meet workload demands, resource needs, and documentation practices
• Continue to monitor the success and need for Point of Dispensing (POD) operation
• Submit requested documentation to local health department
• Provide updates to the Support Branch Director
• Meet with unit personnel to address ongoing issues		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and coordinate resolution • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**
Activities		

• Transfer Employee Health and Well-Being Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Restore Point of Dispensing (POD) location to normal operating mode
• Repair, return, or replace POD used materials
• Coordinate medication return and documentation submission with local health department
• Ensure staff with ongoing physical or behavioral health problems receive needed care and that required documentation is prepared and sent to the Finance/Administration Section Compensation/Claims Unit Leader
• Submit final POD data and report to local health department
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Support Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Support Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 206 - Staff Medical Plan ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 256 - Procurement Summary Report ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Behavioral Health Support Plan ❑ Line-of-duty death procedures ❑ Hospital Fatality Management Plan ❑ Mass Vaccination and Prophylaxis Plan ❑ Staff prophylaxis procedures or Point of Dispensing (POD) Plan for Employees ❑ Supply, equipment, and personnel vendor directories and support agreements

- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

SUPPLY UNIT LEADER

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

Position Reports to: **Support Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____ - ____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____ - ____ Fax: (____) ____ - ____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial

Receive appointment
• Obtain briefing from the Support Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Supply Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Evaluate current inventories of patient care, pharmaceutical, linen, and hospital support supplies • Anticipate increased demand for supplies as indicated by situation • Evaluate internal or external supply distribution system; coordinate issues with the Liaison Officer, Labor Pool and Credentialing, and Transportation Units, as needed • Verify vendors' ability to continue to support hospital operations per contract or agreement • Verify availability of secondary vendors, if needed		

Determine unit objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Supply Unit personnel in collaboration with the Support Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities
• With the Logistics Section Chief and the Support Branch Director, coordinate supply issues with the Operations Section Medical Care and Infrastructure Branches as well as hospital materials management, pharmacy, etc., as needed to develop anticipated supply needs list and resolve issues
  ○ Include potentially affected specialty departments (e.g., emergency department, operating rooms, critical care units)
  ○ Make recommendations on use reduction measures to preserve existing stockpiles
  ○ Review existing contracts and Memoranda of Understanding (MOU) to ensure needs are met as expected
• Replace or increase inventories of patient care supplies, as indicated, and include patient care supplies, oxygen, pharmaceuticals, food, water, and linen
• Replace or increase inventories of office supplies, as indicated
• With the Operations Section Medical Care Branch Director and appropriate Medical-Technical Specialists, determine specialty supplies necessary for response (e.g., pediatric, burn, chemical, radiological, etc.) not routinely on hand
• Place emergency orders of supplies, pharmaceuticals, etc., using existing protocols or special procedures identified by the Finance/Administration Section Procurement Unit
• Assure distribution of reserve supplies to areas as indicated in the operational plan, such as carts containing additional:
  ○ Airway equipment
  ○ Dressings and bandages
  ○ Chest tubes
  ○ Burn kits
  ○ Suture materials
  ○ Intravenous (IV) equipment and fluids
  ○ Antimicrobial skin cleanser; waterless hand cleaner
  ○ Immobilization equipment (backboards, non-rigid transporting devices, litters)
  ○ Splinting materials
  ○ Oxygen with administration masks
  ○ Airway and ventilation support and suction devices
  ○ Pharmaceuticals
  ○ Personal protective equipment (PPE) such as clothing, masks, and respirators
• Prepare to receive additional equipment, supplies, and pharmaceuticals from vendors; collaborate with the Planning Section Materiel Tracking Manager to track arriving supplies
• Obtain information and updates regularly from the Support Branch Director
• Maintain current status of all unit areas
• Inform the Support Branch Director of activities that have occurred; keep updated with status and utilization of resources and anticipated resource needs
• Consider development of a unit action plan; submit to the Support Branch Director if requested
• Consider use of outside contract personnel and equipment as needed; coordinate with the Service and Support Branch Directors		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure		

time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Supply Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Work through the Support Branch Director and the Liaison Officer to request external resource acquisition assistance (e.g., specialized, or operational vendors)
• With the Planning Section Materiel Tracking Manager, monitor equipment, supply, and pharmaceutical usage
• Monitor the operational integrity and inventory of all dispensing machines
• Notify the Operations Section Security Branch Director to ensure security of medications, equipment, and supplies, as needed
• Restock carts and treatment areas per request, normal protocol, or as indicated in operational plan
• Project prolonged capacities to provide supplies and equipment based on current information and situation
• Meet regularly with the Support Branch Director for status reports
• Advise the Support Branch Director immediately of any operational issue you are not able to correct
• Designate times for briefings and updates with unit personnel to develop or update the unit action plan and demobilization procedures		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 256: As directed by the Finance/Administration Section Procurement Unit		

Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Supply Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the ability of the Supply Unit to meet workload demands, personnel health and safety, resource needs, and documentation practices
• Continue to project food, water, and unit staffing needs; coordinate requests with the Support Branch Director
• Provide updates to the Support Branch Director
• Meet with unit personnel to address ongoing issues		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced		

Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Supply Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure the return, retrieval, and restocking of equipment and supplies
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Notify the Support Branch Director when demobilization and restoration is complete
• Coordinate reimbursement issues with the Finance/Administration Section
• Upon deactivation of your position, brief the Support Branch Director on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out

- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ HICS 256 - Procurement Summary Report
- ❑ HICS 257 - Resource Accounting Record
- ❑ Hospital Emergency Operations Plan
- ❑ Hospital Incident Specific Plans or Annexes
- ❑ Hospital organization chart
- ❑ Supply, equipment, and personnel vendor directories and support agreements
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

TRANSPORTATION UNIT LEADER

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

Position Reports to: **Support Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial

Receive appointment
• Obtain briefing from the Support Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Transportation Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Evaluate current capabilities and resources for patient transportation within the hospital • Evaluate internal and external transportation support contingencies; coordinate issues with the Liaison Officer and the Supply Unit • Verify vendors' ability to support or expand hospital operations per contract or agreement • Verify availability of secondary vendors as needed		

Determine unit objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Transportation Unit personnel in collaboration with the Support Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time		

for next briefing		
Activities • Designate resources (e.g., people and wheelchairs) to support ambulance off-loading areas during influx of patients; coordinate with the Operations Section Staging Manager and the Security Branch Director, and local emergency medical services • Locate existing inventories of wheelchairs, stretchers, etc., and move them to locations designated in hospital plans • Designate resources (e.g., people and gurneys or carts) to move patients, equipment, or supplies within the hospital as needed; coordinate with the Operations Section Staging Manager and the Medical Care Branch Director • Designate resources (e.g., people and wheelchairs) to support movement of patients and equipment to ambulance or other loading areas during a controlled patient discharge or evacuation; coordinate with the Operations Section Staging Manger and the Medical Care Branch Director • Coordinate requests for ambulance or medical air transport of patients to and from the hospital in concert with the Operations Section Medical Care Branch Director and the Liaison Officer • Consider activation of local agreements for transportation services (bus companies, hotel shuttle operators, other local vendors) • Coordinate issues related to vehicle access to ambulance and supply loading areas with the Operations Section Security Branch Director • Anticipate increased demand for transportation resources as indicated by the situation • Obtain information and updates regularly from the Support Branch Director • Maintain current status of all unit areas • Inform the Support Branch Director of activities that have occurred; keep updated with status and utilization of resources and anticipated resource needs • Consider development of a unit action plan; submit to the Support Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 205A: As directed by the Communications Unit Leader, list radio, cellular phone, or other communications assignments on the Communications List; coordinate with the Communications Unit • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		

Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Transportation Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Work through the Support Branch Director, the Logistics Section Chief, and the Liaison Officer to request external resource acquisition assistance (e.g., specialized transportation or other vendor-supplied services from the local Emergency Operations Center [EOC])
• Project capacities to provide services based on current information and situation
• Meet regularly with the Support Branch Director for status reports
• Advise the Support Branch Director immediately of any operational issue you are not able to correct
• Designate times for briefings and updates with unit personnel to develop or update the unit action plan and demobilization procedures
• Ensure that staffing and supply issues are addressed		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 205A: As directed by the Communications Unit Leader, update the Communications List if necessary • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized		

appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Transportation Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to monitor the ability of the Transportation Unit to meet workload demands, personnel health and safety, resource needs, and documentation practices		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 205A: As directed by the Communications Unit Leader, update the Communications List if necessary • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Transportation Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns		

○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Ensure equipment borrowed from other hospitals is cleaned, repaired, replaced, and then returned to them • Coordinate the return of all used transportation equipment to their proper storage sites after appropriate cleaning and repairing • Document the return of leased or borrowed equipment • Ensure the return, retrieval, and restocking of all supplies • As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Support Branch Director when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Support Branch Director on current problems, outstanding issues, and follow up requirements • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: ○ Review of pertinent position descriptions and operational checklists ○ Recommendations for procedure changes ○ Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 205A - Communications List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 256 - Procurement Summary Report ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital Evacuation Plan ❑ Alternate Care Site Plan ❑ Supply, equipment, and personnel vendor directories and support agreements ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

LABOR POOL AND CREDENTIALING UNIT LEADER

Mission: Coordinate staff call back and provide instruction on where they are to report. Coordinate the registration, orientation, and supervision of community members volunteering to assist during the incident. Verify credentials, including licensure of all volunteer personnel.

Position Reports to: **Support Branch Director**		Command Location: _____
Position Contact Information: Phone: (____) ____-____		Radio Channel: _____
Hospital Command Center (HCC): Phone: (____) ____-____		Fax: (____) ____-____
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Support Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Labor Pool and Credentialing Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation
• Gather and provide information to the Support Branch Director on the operational situation of the Labor Pool and Credentialing Unit
• Inventory existing personnel, including:
  ○ Clinical staff:
  ▪ Physicians, residents, fellows, physician assistants, nurse practitioners
  ▪ Nurses
  ▪ Pharmacists
  ▪ Respiratory therapists
  ▪ Medical and radiologic technologists
  ▪ Laboratory staff
  ▪ Phlebotomists
  ▪ Patient care aides
  ▪ Emergency medical technicians (EMTs), Paramedics, etc.
  ▪ Infection control practitioners
  ▪ Behavioral health practitioners
  ○ Non-clinical staff:
  ▪ Engineering and maintenance personnel
  ▪ Material management		

▪ Environmental services ▪ Food services ▪ Administrative support ▪ Admissions personnel ▪ Finance and business office personnel ▪ Educators ▪ Transport personnel ▪ Clergy and Chaplains ▪ Social service personnel ▪ Volunteers ▪ Students		
Determine unit objectives, tactics, and assignments • Document unit objectives, tactics, and assignments on the HICS 204: Assignment List • Based on the incident objectives for the response period consider the issues and priorities: o Appoint Labor Pool and Credentialing Unit personnel in collaboration with the Support Branch Director o Determine strategies and how the tactics will be accomplished o Determine needed resources • Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		
Activities • Coordinate staff call back process • Assist department managers to implement staff recall process using the appropriate policy and technology • Coordinate with the Operations Security Branch for additional screening and issuance of special identification as needed • Coordinate assignments with the Operations Section Staging Manager • Implement emergency credentialing process for volunteer medical staff or community members using HICS 253: Volunteer Registration, per existing policy • Establish and communicate to the Logistics Section Chief and the Support Branch Director the process for all sections to request additional personnel for their area • Obtain additional personnel as needed (staff recall, use of agency personnel, mutual aid, Medical Reserve Corps, etc.) to meet staffing needs • Coordinate verification of credentials and licensure per the volunteer utilization plan and mutual aid sharing agreement • Coordinate orientation given to personnel working at the hospital for the first time: o Safety and security issues o Infection control issues o Rest and nutrition services o Role supervision o Location of assignment • Coordinate unit activities with the Operations Section Staging Manager and the Planning Section Personnel Tracking Manager to anticipate personnel needs for future response periods • Assign resources to requesting locations; coordinate with the Staging Manager • Monitor the performance of personnel assigned and make changes as warranted in coordination with the requesting location's leadership • Monitor the effectiveness of the emergency credentialing process and make changes as needed • Ensure the provision of nutrition and hydration for personnel in the Labor Pool and Credentialing area in coordination with the Food Services Unit		

• Obtain information and updates regularly from the Support Branch Director • Maintain current status of all unit areas • Inform the Support Branch Director of activities that have occurred; keep updated with status, utilization of resources, and anticipated resource needs • Consider the development of a unit action plan; submit to the Support Branch if requested • Consider the use of outside contract personnel, services, and equipment as needed; coordinate with the Service and Support Branch Directors		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 205A: As directed by the Communications Unit Leader, list radio, cellular phone, or other communications assignments on the Communications List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 253: Document all volunteer staff time on Volunteer Registration Form • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Labor Pool and Credentialing Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Project prolonged needs for personnel based on current information and situation
• Continue to assist department leaders to recall staff as needed
• Implement messaging system with the Public Information Officer to advise staff of traffic delays, transportation system status, etc.
• With requesting location's leadership, monitor the performance of personnel assigned, and make changes as warranted
• Monitor the effectiveness of the emergency credentialing process and make		

changes as needed • Monitor volunteer assignments to ensure proper usage, needed support, and effective supervision • Make requests through the Liaison Officer for additional outside personnel assistance if needed • Meet regularly with the Support Branch Director for status reports • Advise the Support Branch Director immediately of any operational issue you are not able to correct • Designate times for briefings and updates with unit personnel to develop or update the unit action plan and demobilization procedures • Ensure that staffing and supply issues are addressed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 205A: As directed by the Communications Unit Leader, list radio, cellular phone, or other communications assignments on the Communications List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 253: Document all volunteer staff time on Volunteer Registration Form • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Labor Pool and Credentialing Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and		

ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue to monitor the ability of the Labor Pool and Credentialing Unit to meet workload demands, personnel health and safety, resource needs, and documentation practices • Continue to project food, water, and unit staffing needs; coordinate requests with the Support Branch Director		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 205A: As directed by the Communications Unit Leader, list radio, cellular phone, or other communications assignments on the Communications List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 253: Document all volunteer staff time on Volunteer Registration Form • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Labor Pool and Credentialing Unit Leader role, if appropriate o Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital o Address any health, medical, and safety concerns o Address political sensitivities, when appropriate o Instruct your replacement to complete the appropriate documentation and		

ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Ensure the return, retrieval, and restocking of equipment and supplies • As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Support Branch Director when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Support Branch Director on current problems, outstanding issues, and follow up requirements • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 205A - Communications List ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 253 - Volunteer Registration ❑ HICS 256 - Procurement Summary Report ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Labor Pool Operations Plan ❑ Supply, equipment, and personnel vendor directories and support agreements ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

EMPLOYEE FAMILY CARE UNIT LEADER

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

Position Reports to: **Support Branch Director**		Command Location: _____
Position Contact Information: Phone: (____) ____-____		Radio Channel: _____
Hospital Command Center (HCC): Phone: (____) ____-____		Fax: (____) ____-____
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: **/ /**	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Support Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Employee Family Care Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Project immediate and prolonged capacities to provide services based on current information and situation • Provide information to the Support Branch Director on the operational situation of the Employee Family Care Unit		

Determine unit objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Employee Family Care Unit personnel in collaboration with the Support Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

Activities • Review and support the following:		

○ Locations and staffing for short term childcare and elder care, including: ▪ Recreation ▪ Safety and security ▪ Food and water ○ Rest and hygiene locations for overnight family accommodations, if required, including: ▪ Food ▪ Sleeping arrangements ▪ Sanitation facilities ▪ Recreation activities ▪ Behavioral health services ○ Locations for pet or livestock care as needed ○ Locations for staff families to receive prophylaxis services in cooperation with Employee Health and Well Being Unit or community based services • Consider use of outside contract services (hotels, shelters, childcare centers, elder day care, pet shelters, etc.) as needed; coordinate with the Support Branch Director • Obtain information and updates regularly from the Support Branch Director • Maintain current status of all Employee Family Care Unit areas • Inform the Support Branch Director of activities that have occurred; keep updated with status and utilization of resources and anticipated resource needs • Consider development of a unit action plan; submit to the Support Branch Director if requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**
Activities • Transfer the Employee Family Care Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS		

Forms 203, 204, 214, and 215A) • Verify all employee family support operations are safe and have appropriate supervision, recreation, sanitation, and nutritional support • Verify shelter and nutrition are available to employees and their families as indicated in the Hospital Emergency Operations Plan (EOP) • Assist in identifying transitional housing and other support; coordinate with the Liaison Officer as needed • Assist in identifying resources for family medical needs, including medications, medical care and equipment, and specialized nutritional support • Follow up on any prophylaxis administered to employee families to track side effects and efficacy as needed • Monitor for any outbreak of illness; coordinate with the Operations Section Medical Care Branch Director • Continue to provide access to behavioral health and spiritual support • Project the prolonged capacities to provide above services based on current information and situation • Meet regularly with the Support Branch Director for status reports • Advise the Support Branch Director immediately of any operational issue you are not able to correct • Designate times for briefings and updates with unit personnel to develop or update the unit action plan and demobilization procedures • Ensure that unit staffing and supply issues are addressed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Employee Family Care Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns		

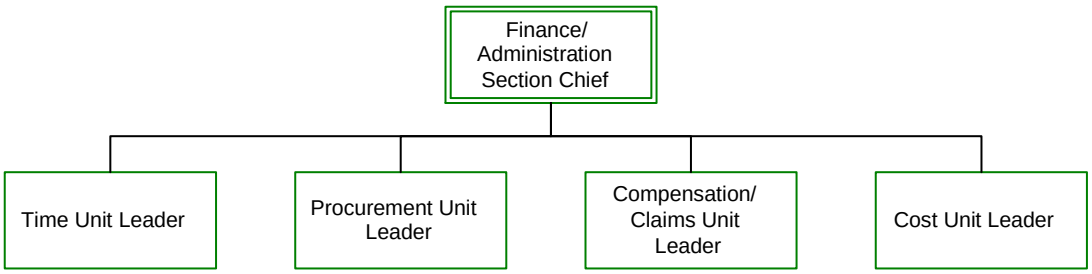
○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Continue to monitor the ability of the Employee Family Care Unit to meet workload demands, personnel health and safety, resource needs, and documentation practices • Continue to project food, water, and unit staffing needs; coordinate requests with the Support Branch Director • Provide updates to the Support Branch Director • Meet with unit personnel to address ongoing issues		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report • HICS 257: As directed by the Logistics Section Chief, use the Resource Accounting Record to track equipment used during the response		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Employee Family Care Unit Leader role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Ensure the return, retrieval, and restocking of equipment and supplies		

• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Support Branch Director when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Support Branch Director on current problems, outstanding issues, and follow up requirements • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 256 - Procurement Summary Report ❑ HICS 257 - Resource Accounting Record ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Employee Family Care Support Plan ❑ Supply, equipment, and personnel vendor directories and support agreements ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

FINANCE SECTION CHART



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FINANCE SECTION (JOB ACTION SHEETS)

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Finance/Administration Section Chief

Time Unit Leader

Procurement Unit Leader

Cost Unit Leader

Compensation/Claims Unit Leader

FINANCE/ADMINISTRATION SECTION CHIEF

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

Position Reports to: **Incident Commander** Command Location: _____		
Position Contact Information: Phone: (____) ____-____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____-____ Fax: (____) ____-____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Incident Commander on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Finance/Administration Section Chief
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation
• Obtain and ensure tracking of financial information and status
• Evaluate Finance/Administration Section needs and capacity to perform:
  ○ Time cost tracking
  ○ Procurement cost tracking and assistance
  ○ Compensation and claims cost tracking		

Determine the incident objectives, tactics, and assignments
• Determine which Finance/Administration Units need to be activated:
  ○ Time Unit
  ○ Procurement Unit
  ○ Compensation/Claims Unit
  ○ Cost Unit
• Document section objectives, tactics, and assignments on the HICS 204: Assignment List
• Make assignments and distribute corresponding Job Action Sheets and position identification
• Determine strategies and how the tactics will be accomplished
• Determine needed resources		

• Brief section personnel on the situation, strategies, and tactics, and designate a time for the next briefing		
Activities • Provide cost implications of incident objectives, activities, and resources • Ensure that the Incident Action Plan (IAP) is within financial limits established by the Incident Commander • Determine if any special contractual arrangements or agreements are needed • Review existing contracts and Memoranda of Understanding (MOUs) to understand options and fiscal implications of implementation • Obtain information and updates regularly from section units • Provide status updates to the Incident Commander regularly, advising of accomplishments and issues encountered • Provide regular updates to section personnel and inform them of strategy changes, as needed • Communicate regularly with other Section Chiefs o Logistics Section for resource needs and activities o Inform Planning Section of activities that have occurred; keep updated with status and utilization of resources o Communicate with the Operations Section for personnel time records, potential compensation and claims, and canceled surgeries and procedures		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: Initiate financial account tracking on Procurement Summary Report		
Resources • Determine equipment and supply needs; request them from the Logistics Section Supply Unit Leader • Determine issues and needs in section areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Liaison Officer		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all section personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**
Activities • Transfer the Finance/Administration Section Chief role, if appropriate o Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital o Address any health, medical, and safety concerns o Address political sensitivities, when appropriate o Instruct your replacement to complete the appropriate documentation and		

ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Approve a cost-to-date incident financial status report to be submitted by the Cost Unit Leader at regular intervals (e.g., every eight hours) summarizing financial data relative to personnel, supplies, other expenditures, and expenses • Work with the Incident Commander and other Section Chiefs to identify short- and long-term issues with financial implications; establish needed policies and procedures • Brief the Incident Commander, Public Information Officer, and Liaison Officer regularly on the status of the Finance/Administration Section • Designate a time for briefing and updates with Finance/Administration Section leadership to update the Incident Action Plan (IAP)		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document actions, decisions, and information received on Activity Log		
Resources • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed, coordinating with Operations and Logistics Section Chiefs		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure staff health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit		

Extended Response (greater than 12 hours)	**Time**	**Initial**
Activities • Transfer the Finance/Administration Section Chief role, if appropriate o Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital o Address any health, medical, and safety concerns o Address political sensitivities, when appropriate o Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Present financial updates to the Incident Commander and Command Staff at regular intervals (e.g., every eight hours) and as requested • Ensure that routine non-incident related administrative oversight of hospital financial operations is maintained • Coordinate emergency procurement requests with the Logistics Section Supply Unit Leader • Maintain cash on hand to ensure safe and efficient clinical and non-clinical operations • Ensure automated teller machines (ATMs) located within the hospital are secured and maintained as appropriate • Consult with local, state, and federal officials regarding reimbursement regulations and requirements; ensure required documentation is prepared according to		

guidance received • Continue to monitor the ability of Finance/Administration Section personnel to meet workload demands, personnel health and safety, resource needs, and documentation practices • Brief the Incident Commander, Public Information Officer, and Liaison Officer regularly on the status of the Finance/Administration Section o Designate a time for briefing and updates with Finance/Administration Section leadership to update the Incident Action Plan (IAP)		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document actions, decisions, and information received on Activity Log • HICS 257: Track equipment used during the response on the Resource Accounting Record		
Resources • Monitor levels of all supplies and equipment, and collaborate on needs with the Logistics Section Supply Unit Leader		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Coordinate Finance/Administration security needs with the Operations Section Security Branch • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for personnel rest periods and relief • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques		

Demobilization/System Recovery	**Time**	**Initial**
Activities • Transfer the Finance/Administration Section Chief role, if appropriate o Conduct a transition meeting to brief your replacement on the current situation, demobilization actions, available resources, and the role of external agencies in support of the hospital o Address any health, medical, and safety concerns o Address political sensitivities, when appropriate o Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • As objectives are met and needs decrease, return Finance/Administration Section personnel to their usual jobs, and combine or deactivate positions in a phased manner, in coordination with the Planning Section Demobilization Unit Leader • Collect and analyze all financial related data from Finance/Administration Section Units • Ensure processing and payment of invoiced costs • Submit required reimbursement documentation and track payments • Upon deactivation of your position, brief the Incident Commander on current		

problems, outstanding issues, and follow-up requirements • Participate in other briefings and meetings as required • Continue to become familiar with eligibility to apply for state and or federal reimbursement and assembly of needed materials including invoices, work orders, and pictures of items replaced and or hospital damage repaired • Participate in stress management and after action debriefings • Submit comments to the Planning Section for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: o Review of pertinent position descriptions and operational checklists o Recommendations for procedure changes o Accomplishments and issues		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit • Provide corporate reports as requested • Prepare with others as needed all invoices, overtime records, damage reports (including before and after pictures), and repair or replacement cost documentation for submission to state and federal authorities when requested • Work with risk management for submission of all insurance related claims (personal injury, workmen's compensation, building damage etc.)		

Documents/Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 205A - Communications List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 256 - Procurement Summary Report ❑ HICS 257 - Resource Accounting Record ❑ HICS 258 - Hospital Resource Directory ❑ Hospital financial data forms ❑ FEMA reimbursement guidance and forms ❑ State and Department of Homeland Security reimbursement forms ❑ Hospital Emergency Operations Plan ❑ Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

TIME UNIT LEADER

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

Position Reports to: **Finance/Administration Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) ____ - ____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____ - ____ Fax: (____) ____ - ____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from Finance/Administration Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Time Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from the Finance/Administration Section Chief • Provide information to the Finance/Administration Section Chief on the operational status of the Time Unit		

Determine unit objectives, tactics, and assignments
• Based on the unit's objectives for the response period consider the issues and priorities:
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on situation, strategies, and tactics, and designate time for next briefing		

Activities • Ensure the documentation of personnel hours worked and volunteer hours worked in all areas relevant to the hospital's emergency incident response • Coordinate with the Logistics Section Labor Pool and Credentialing Unit Leader • Collaborate with the Planning Section Personnel Tracking Manager in accounting for hospital personnel • Provide status updates to the Finance/Administration Section Chief regularly to		

discuss the Incident Action Plan (IAP), advising of accomplishments and issues encountered • Confirm the utilization of HICS 252: Section Personnel Time Sheet by all sections; document section personnel time		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Document personnel time on Section Personnel Time Sheet		
Resources • Determine staffing needs and place requests with the Finance/ Administration Section Chief or the Logistics Section Labor Pool and Credentialing Unit • Determine equipment and supply needs and place request with the Finance/Administration Section Chief or the Logistics Section Supply Unit		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Time Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Collect HICS 252: Section Personnel Time Sheets from each work area for recording and tabulation every eight hours, or as specified by the Finance/ Administration Section Chief; forward to the Cost Unit Leader
• Meet regularly with the Finance/Administration Section Chief for status reports
• Advise the Finance/Administration Section Chief immediately of any operational issue you are not able to correct		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Section Personnel Time Sheets		

Resources • Assess issues and needs in unit areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Logistics Section Supply Unit Leader		
Communication		

Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Time Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to provide a summary of staff and volunteer personnel hours worked during the incident every eight hours or as requested
• Forward tabulated HICS 252: Section Personnel Time Sheets to the Cost Unit Leader
• Ensure that time activity is being tracked in a fashion that data is meeting state and federal reimbursement reporting requirements		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Section Personnel Time Sheets		
Resources • Assess issues and needs in unit areas; coordinate resource management • Determine equipment and supply needs; request them from the Logistics Section Supply Unit Leader		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques		

Demobilization/System Recovery	Time	Initial

Activities
• Transfer the Time Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Compile final cost accounting reports for the Finance/Administration Section Chief
• Assist coordination of resupply, ordering and restocking of equipment
• Notify the Finance/Administration Section Chief when clean-up and restoration is complete
• Upon deactivation of your position, brief the Finance/Administration Section Chief on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Summarize in a report all time related costs as requested by Finance/Administration Section Chief
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit • Provide final reports as requested		

Documents/Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 253 - Volunteer Registration ❑ Standard timekeeping/payroll procedures ❑ FEMA reimbursement guidance and forms ❑ State and Department of Homeland Security reimbursement forms ❑ Hospital Emergency Operations Plan ❑ Incident Specific Plans or Annexes

- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

PROCUREMENT UNIT LEADER

Mission: Responsible for the purchase or lease of approved equipment, supplies, medications, and other materials needed for the hospital's incident response, recovery, and restoration.

Position Reports to: **Finance/Administration Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial

Receive appointment
• Obtain briefing from Finance/Administration Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Procurement Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from the Finance/Administration Section Chief • Provide information to the Finance/Administration Section Chief on the operational situation of the Procurement Unit		

Determine unit objectives, tactics, and assignments
• Based on the unit's objectives for the response period consider the issues and priorities:
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on situation, strategies, and tactics, and designate time for next briefing		

Activities • Establish a line of communication with the Logistics Section Supply Unit Leader to ensure resource coordination • Obtain authorization to initiate and finalize purchases from the Finance/Administration Section Chief, or authorized representative • Interpret and initiate contracts and agreements to minimize costs when possible		

and resolve disputes • Establish and document emergency agreements for the sharing, transfer of material, supplies, etc., to other entities • Provide status updates to the Finance/Administration Section Chief regularly to discuss the Incident Action Plan (IAP), advising of accomplishments and issues encountered • Provide regular updates to unit personnel and inform of strategy changes as needed • Initiate purchase tracking on HICS 256: Procurement Summary Report, ensure the separate accounting of all contracts specifically related to the incident and of all purchases		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 256: Initiate purchase tracking on Procurement Summary Report		
Resources • Determine staffing needs and place requests with the Finance/ Administration Section Chief or Logistics Section Labor Pool and Credentialing Unit • Determine equipment and supply needs and place request with the Finance/Administration Section Chief or Logistics Section Supply Unit		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Procurement Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Collect invoices and other records to reconcile them with the procurement agreements before forwarding them to the Cost Unit Leader
• Coordinate with the Logistics Section Supply Unit Leader to ensure that procurements meet the needs of the requestors
• Meet regularly with the Finance/Administration Section Chief for status reports
• Advise the Finance/Administration Section Chief immediately of any operational issue you are not able to correct
• Maintain a master log of all purchases related to the incident on HICS 256: Procurement Summary Report		

Documentation • HICS 204: Document assignments and operational period objectives on		

Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 256: Log all purchases on Procurement Summary Report		
Resources • Assess issues and needs in unit areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Logistics Section Supply Unit Leader		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Procurement Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Provide updates to Finance/Administration Section Chief and unit personnel
• Continue to maintain a master log of all purchases related to the incident on HICS 256: Procurement Summary Report		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 256: Log all purchases on Procurement Summary Report		
Resources • Assess issues and needs in unit areas; coordinate resource management • Determine equipment and supply needs; request them from the Logistics Section Supply Unit Leader		

Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security		

• Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Procurement Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Ensure complete closure of contracts, agreements, purchases, etc., relating to the incident
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Compile final cost accounting reports for the Finance/Administration Section Chief
• Assist coordination of resupply, ordering and restocking of equipment
• Account for costs associated with all repaired or replaced equipment
• Notify the Finance/Administration Section Chief when clean-up and restoration is complete
• Upon deactivation of your position, brief the Finance/Administration Section Chief on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit • Provide final reports as requested		

Documents/Tools
❑ HICS 204 - Assignment List ❑ HICS 203 - Organization Assignment List ❑ HICS 213 - General Message Form

Documents/Tools
❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 256 - Procurement Summary Report ❑ Hospital financial data forms ❑ FEMA reimbursement guidance and forms ❑ State and Department of Homeland Security reimbursement forms ❑ Hospital Emergency Operations Plan ❑ Incident Specific Plans or Annexes ❑ Standard procurement protocol, including coding information ❑ Contract and non-contract vendor lists ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

COMPENSATION/CLAIMS UNIT LEADER

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

Position Reports to: **Finance/Administration Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) ____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____ - _____ Fax: (____) ____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial

Receive appointment
• Obtain briefing from the Finance/Administration Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Compensation/Claims Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from the Finance/Administration Section Chief • Provide information to the Finance/Administration Section Chief on the operational status of the Compensation/Claims Unit		

Determine unit objectives, tactics, and assignments
• Based on the unit's objectives for the response period consider the issues and priorities:
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on situation, strategies, and tactics, and designate time for next briefing		

Activities • Receive, investigate, and document claims issued by employees and non-employees; use photographs or video documentation when appropriate • Obtain statements as quickly as possible from all claimants and witnesses • Enlist the assistance of the Safety Officer, Operations Section Security Branch Director, and Logistics Section Employee Health and Well-Being Unit Leader as		

needed • Provide status updates to the Finance/Administration Section Chief regularly to discuss Incident Action Plan (IAP), advising of accomplishments and issues encountered • Provide regular updates to unit personnel and inform of strategy changes as needed		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Assess issues and needs in unit areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Logistics Section Supply Unit Leader		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Compensation/Claims Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Document claims on hospital risk/loss forms; coordinate with Medical-Technical Specialist: Risk Management, if appropriate
• Ensure that records required for loss recovery by insurers, government, and other agencies are accurately compiled, maintained, and available
• Address line of duty injury/death compensation questions from family members of personnel
• Meet regularly with the Finance/Administration Section Chief for status reports
• Advise the Finance/Administration Section Chief immediately of any operational issue you are not able to correct
• Maintain a log of all purchases related to the incident on HICS 256: Procurement Summary Report, and forward to the Procurement Unit Leader every eight hours or as requested		

Documentation • HICS 204: Document assignments and operational period objectives on		

Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: Log all purchases on Procurement Summary Report		
Resources • Assess issues and needs in unit areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Logistics Section Supply Unit Leader		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Compensation/Claims Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Report any cost incurred as a result of a claim to the Cost Unit Leader as soon as possible
• Prepare a summary of all claims reported during the incident every eight hours or as requested		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Time Unit Leader at the completion of a shift or end of each operational period		
Resources • Assess issues and needs in unit areas; coordinate resource management • Determine equipment and supply needs; request them from the Logistics Section		

Supply Unit Leader		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Compensation/Claims Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Assist coordination of resupply, ordering and restocking of equipment
• Notify the Finance/Administration Section Chief when clean-up and restoration is complete
• Upon deactivation of your position, brief the Finance/Administration Section Chief on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Compile final claims reports and submit to the Finance/Administration Section Chief • Ensure all documentation is submitted to the Planning Section Documentation Unit		
Documents/Tools		

- ❑ HICS 203 - Organization Assignment List
- ❑ HICS 204 - Assignment List
- ❑ HICS 213 - General Message Form
- ❑ HICS 214 - Activity Log
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis
- ❑ HICS 221 - Demobilization Check-Out
- ❑ HICS 252 - Section Personnel Time Sheet
- ❑ HICS 256 - Procurement Summary Report
- ❑ Standard claims protocols and procedures
- ❑ Line of Duty Death Procedure
- ❑ Workman's Compensation Policy
- ❑ Union contracts if applicable
- ❑ Hospital financial data forms
- ❑ FEMA reimbursement guidance and forms
- ❑ State and Department of Homeland Security reimbursement forms
- ❑ Hospital Emergency Operations Plan
- ❑ Incident Specific Plans or Annexes
- ❑ Hospital organization chart
- ❑ Hospital telephone directory
- ❑ Insurer information
- ❑ Relevant government protocols
- ❑ Claims log form
- ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

COST UNIT LEADER

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

Position Reports to: **Finance/Administration Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) ____ - ____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____ - ____ Fax: (____) ____ - ____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Finance/Administration Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Cost Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from the Finance/Administration Section Chief • Provide information to the Finance/Administration Section Chief on the operational situation of the Cost Unit		

Determine unit objectives, tactics, and assignments
• Based on the unit's objectives for the response period consider the issues and priorities:
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on situation, strategies, and tactics, and designate time for next briefing		

Activities • Establish cost reporting procedures, including proper coding • Implement third-party billing procedures • Implement procedures for receiving and depositing funds • Provide status updates to the Finance/Administration Section Chief regularly to discuss Incident Action Plan (IAP), advising of accomplishments and issues encountered		

• Provide regular updates to unit personnel and inform them of strategy changes as needed • Log purchases on HICS 256: Procurement Summary Report, forward to Procurement Unit Leader every eight hours or as requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: Initiate purchase tracking on Procurement Summary Report		
Resources • Determine staffing needs and place requests with the Finance/ Administration Section Chief or the Logistics Section Labor Pool and Credentialing Unit • Determine equipment and supply needs and place request with the Finance/Administration Section Chief or the Logistics Section Supply Unit		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Cost Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Maintain cost tracking and analysis
• Ensure that tracking data will meet state and federal reimbursement guidelines
• Include data on lost revenue from canceled surgeries, procedures, admissions, and clinic appointments
• Collect copies, summaries, or original documentation of costs from all cost centers
• Prepare a cost-to-date summary report for submission to the Finance/ Administration Section Chief every eight hours or as requested
• Inform Section Chiefs of pertinent cost data at the direction of the Finance/Administration Section Chief or the Incident Commander
• Meet regularly with the Finance/Administration Section Chief for status reports
• Advise the Finance/Administration Section Chief immediately of any operational issue you are not able to correct
• Maintain a log of all purchases related to the incident on HICS 256: Procurement Summary Report, and forward to the Procurement Unit Leader every eight hours or as requested		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: Log all purchases on Procurement Summary Report		
Resources • Assess issues and needs in unit areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Logistics Section Supply Unit Leader		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Cost Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to prepare a summary of all costs incurred during the incident every eight hours or as requested
• Provide updates to the Finance/Administration Section Chief and unit personnel
• Continue to maintain a log of all purchases related to the incident, HICS 256 - Procurement Summary Report, and forward to the Procurement Unit Leader every eight hours or as requested		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: Log all purchases on Procurement Summary Report		

Resources • Assess issues and needs in unit areas; coordinate resource management • Determine equipment and supply needs; request them from the Logistics Section Supply Unit Leader		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Cost Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Compile final cost accounting reports for the Finance/Administration Section Chief
• Assist coordination of resupply, ordering and restocking of equipment
• Notify the Finance/Administration Section Chief when clean-up and restoration is complete
• Upon deactivation of your position, brief the Finance/Administration Section Chief on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit • Provide final reports as requested		

Documents/Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital financial data forms ❑ FEMA reimbursement guidance and forms ❑ State and Department of Homeland Security reimbursement forms ❑ Hospital Emergency Operations Plan ❑ Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

COST UNIT LEADER

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

Position Reports to: **Finance/Administration Section Chief** Command Location: _____		
Position Contact Information: Phone: (____) ____ - ____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: (____) ____ - ____ Fax: (____) ____ - ____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	**Time**	**Initial**

Receive appointment
• Obtain briefing from the Finance/Administration Section Chief on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Cost Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Obtain information and status from the Finance/Administration Section Chief • Provide information to the Finance/Administration Section Chief on the operational situation of the Cost Unit		

Determine unit objectives, tactics, and assignments
• Based on the unit's objectives for the response period consider the issues and priorities:
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on situation, strategies, and tactics, and designate time for next briefing		

Activities • Establish cost reporting procedures, including proper coding • Implement third-party billing procedures • Implement procedures for receiving and depositing funds • Provide status updates to the Finance/Administration Section Chief regularly to discuss Incident Action Plan (IAP), advising of accomplishments and issues encountered		

• Provide regular updates to unit personnel and inform them of strategy changes as needed • Log purchases on HICS 256: Procurement Summary Report, forward to Procurement Unit Leader every eight hours or as requested		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: Initiate purchase tracking on Procurement Summary Report		
Resources • Determine staffing needs and place requests with the Finance/ Administration Section Chief or the Logistics Section Labor Pool and Credentialing Unit • Determine equipment and supply needs and place request with the Finance/Administration Section Chief or the Logistics Section Supply Unit		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions		

Intermediate Response (2 – 12 hours)	**Time**	**Initial**

Activities
• Transfer the Cost Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Maintain cost tracking and analysis
• Ensure that tracking data will meet state and federal reimbursement guidelines
• Include data on lost revenue from canceled surgeries, procedures, admissions, and clinic appointments
• Collect copies, summaries, or original documentation of costs from all cost centers
• Prepare a cost-to-date summary report for submission to the Finance/ Administration Section Chief every eight hours or as requested
• Inform Section Chiefs of pertinent cost data at the direction of the Finance/Administration Section Chief or the Incident Commander
• Meet regularly with the Finance/Administration Section Chief for status reports
• Advise the Finance/Administration Section Chief immediately of any operational issue you are not able to correct
• Maintain a log of all purchases related to the incident on HICS 256: Procurement Summary Report, and forward to the Procurement Unit Leader every eight hours or as requested		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: Log all purchases on Procurement Summary Report		
Resources • Assess issues and needs in unit areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Logistics Section Supply Unit Leader		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit		

Extended Response (greater than 12 hours)	**Time**	**Initial**

Activities
• Transfer the Cost Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue to prepare a summary of all costs incurred during the incident every eight hours or as requested
• Provide updates to the Finance/Administration Section Chief and unit personnel
• Continue to maintain a log of all purchases related to the incident, HICS 256 - Procurement Summary Report, and forward to the Procurement Unit Leader every eight hours or as requested		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Time Unit Leader at the completion of a shift or end of each operational period • HICS 256: Log all purchases on Procurement Summary Report		

Resources • Assess issues and needs in unit areas; coordinate resource management • Determine equipment and supply needs; request them from the Logistics Section Supply Unit Leader		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques		

Demobilization/System Recovery	**Time**	**Initial**

Activities
• Transfer the Cost Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• As objectives are met and needs decrease, return unit personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader
• Compile final cost accounting reports for the Finance/Administration Section Chief
• Assist coordination of resupply, ordering and restocking of equipment
• Notify the Finance/Administration Section Chief when clean-up and restoration is complete
• Upon deactivation of your position, brief the Finance/Administration Section Chief on current problems, outstanding issues, and follow up requirements
• Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  ○ Review of pertinent position descriptions and operational checklists
  ○ Recommendations for procedure changes
  ○ Accomplishments and issues
• Participate in stress management and after action debriefings		

Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit • Provide final reports as requested		

Documents/Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ Hospital financial data forms ❑ FEMA reimbursement guidance and forms ❑ State and Department of Homeland Security reimbursement forms ❑ Hospital Emergency Operations Plan ❑ Incident Specific Plans or Annexes ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

ANNEX 1.4

PRIMARY RESPONSE FUNCTIONS

1. Purpose.

Explain the responsibilities of the designated primary staff during emergency/disaster situations.

2. Responsibilities.

a. **Incident Management Executive Team and Service Chiefs.** Incident Management Executive Team and Service Chiefs are responsible for:

(1) The use the Hospital Incident Command System (HICS), see Annex 1.3, at VACHS ensures that the organization is using a single response structure, common terminology, and common processes to manage emergencies. HICS organizes management activities under five functions: Command, Logistics, Planning, Finance and Operations. VACHS Staff members have been identified to serve as Chiefs and Leaders of these functions.

(a) Command:

1. Incident Commander - Director

a. Provides overall control objectives, strategy, and leadership.

b. Approves action plans.

c. Ensures there is adequate communication despite loss of primary systems.

d. Ensures mitigation meetings take place after each exercise and/or real event.

2. Public Information Officer – Chief, Patient Relations & Community Service

a. Provides information to internal and external stakeholders including Veterans, staff media and congressional offices.

b. Coordinates activation of the VISN 8 Clinical Contact Center toll-free number.

c. Coordinates activation and updates to the national toll-free numbers and web-based resources.

3. Safety Officer

a. Monitors and has authority over the safety of rescue operations and hazardous conditions.

4. Liaison Officer

a. Functions as incident contact person for emergency staff from all Network facilities and representatives from other agencies, local and federal.

(b) Logistics:

1. Logistics Chief

a. Provides any material or communications resources that any facility may require in order to respond to a disaster situation.

b. Ensures that resource ordering procedures are made known to the general staff.

c. Develops transportation systems to support operation needs.

d. Directs those operations associated with maintenance of the VISN 8 physical environment, and provides adequate levels of food, shelter and supplies to support the medical objectives.

e. Recommends mitigation projects based on observed physical vulnerabilities after events.

f. Verify with VISN Logistics Officer availability of resources under national contracts.

2. Transportation Unit Leader

a. Coordinates and deploys all transportation requirements to include airport reception, movement of medical teams, equipment, people, or supplies.

3. Communications Unit Leader

a. Organizes and coordinates internal and external communications.

b. Acts as custodian of all logged/documented communications.

4. Supply Unit Leader

a. Provides support to affected facilities in acquiring, and providing medical and non-medical care equipment, supplies, and pharmaceuticals.

(c) Planning:

1. Planning Chief

a. Maintains lists of all resources, incident related activities and documentation of activity.

b. Prepares and communicates an Incident Action Plan at the completion of the initial meeting of the HICS and Key Staff.

c. Establishes Battle Rhytmic of the Operation, follow-up meetings of the HICS and agendas.

2. Situation Unit Leader

a. Maintains current status information on the incident.

b. Collects all incident-related data; posts data on displays at scheduled intervals; provides photographic services and maps; maintains current

c. Situation Status Reports on the incident and provides status information to specific requests.

3. Documentation Unit Leader

a. Responsible for maintenance of accurate, up-to-date incident files.

b. Prepares incident reports (Initial Incident Report, OSCAR, SITREPs, etc.), performs copying work, and maintains a history of the event.

(d) Operations (Clinical and Administrative):

1. Operations Chiefs

a. Responsible for the management of all operations directly applicable to the primary mission.

b. Coordinates and provides medical expertise and coordination required to respond to the event.

c. Stays in touch with any medical teams that may be deployed to disaster areas.

2. Deputy Operations Chief

a. Ensure business functions are maintained, restored, or augmented,

b. Assist with coordination strategies to ensure limited interruptions for the continuity of essential business operations.

(e) Finance:

1. Finance/Administration Chief

a. Provides cost implications of the Incident Action Plan and other responses to the situation.

b. Evaluates facilities to determine if any special funding arrangements are needed.

c. Ensures maintenance of accurate timekeeping data of all deployed personnel.

2. Procurement Unit Leader

a. Provides oversight of all contracts, leases, or fiscal agreements.

b. Assists Logistics in locating and contracting for hotels, vehicles, supplies and materials that will be required to support the event.

b. **Hospital Command Group or Incident Management Team (IMT)**

(1) The Hospital Incident Management Team shall be activated by the Director (or designee), at the same time that the Emergency Operations Plan is initiated (for reference see Annex B: Activation and Communication).

(a) Location: The Hospital Command Center (HCC) or Incident Command Post will be located in the Conference Room 5M512 on the third floor. If for any reason, this area cannot be used as the HCC, the following alternate area(s) may be used:

1. ACOS for Ambulatory Care at Room D178.

2. Dual Use Vehicle (DUV) as Mobile Command Center

3. Alternate Incident Command Post located at the VA Caribbean Health Care System warehouse airport facility Tony Santana Ave. Bldg. C-135 Sector Central Carolina, Puerto Rico

(b) Staffing: The HCC Commander shall be the Director or designee as stated in the Chain of Command. The Incident Command System Core Group as identified in Annex HICS will staff the HCC. In the Director's absence, the Director's designee or the AOD shall assume this function until the Director or other personnel from the chain of command arrives. The responsibilities of the Hospital Command Center (HCC) Commander and designated staff shall include the following:

1. Initiating and terminating the activity.

2. Communicating with the local government emergency operation center.

3. Coordinate the Medical Center's emergency response activities.

4. Receive damage and situation status reports.

5. Inventory the Medical Center's emergency response capability:

a. Actual and/or potential bed availability.

b. Personnel available in triage for nursing units.

c. Type of expected casualties; and,

d. Blood availability.

e. Obtain various reports using the Hospital Command Center (HCC) Checklist.

f. Obtain completed Emergency Situation Report Form from Police Services.

(c) The HCC staff shall include the Director (Incident Commander), Deputy Director, Associate Director, Chief of Staff, Emergency Preparedness Coordinator/Area Emergency Manager, ACOS for Primary Care, AOD after duty hours or weekends, Human Resources Management Service, Public Affairs Officer, Associate Director for Patient Care Services, Facilities Management Service, Police Service, Logistics Service, Fiscal Service and a staff of runners (2 5) appointed by the Labor Pool.

(d) VACHS identifies the primary response groups for managing the following critical areas to respond effectively regardless of the cause(s) of an emergency situation.

c. **Communications.** VACHS developed a plan to maintain communication pathways both within the Healthcare System, Clinics and to critical community resources. (see Annex 1.2, Activations and Communications, ITOPS Contingency Plan)

(1) Assignment of Operating Units:

(a) Lead Agent

1. Chief Information Resources Management-Satellite & Data Technology

2. Chief VA Police-Switchboard

3. Chief Public Community and Patient Relations- Public Affairs & Media

(b) Support

1. Chief Facility Management Services- Radios

2. Area Emergency Management- Community Support

3. Emergency Manager/PIO - Mass Notification (LiveProcess)

4. Chief Medical media - Media Service & IPTV

5. Others, as applicable

The Medical Center understands that disasters create a need for information from within a hospital and the community. The Medical Center's Hospital Command Center (HCC) will be equipped with as much communications equipment to serve the purpose of the event.

The Medical Center understands that as a victim, as well as responder, the Medical Center will need to request assistance from the local emergency response agency using the local community disaster plan. The Medical Center Liaison will also report its capacity to provide medical care based to the Interagency Coordinator for Emergency of the Secretary of Health. (See Emergency Phone Numbers Annex 1.2 Activation and Communications).

The HCC staff and the affected services (unit) will monitor and respond to routine radio traffic, including tests of the system.

d. **Resources and assets**. VA Caribbean Health Care System Logistics Section identified materials and supplies, vendor and community services, as well as state and federal programs, as essential resources that Hospital Incident Command Staff must know to access in times of crisis to ensure patient safety and sustain care, treatment, and services. (See Annex 1.3 – HICS & Job Actions Sheets, Logistics). VACHS Logistics Section and Facility Management Services keeps a documented inventory of resources and assets it has on site that may be needed during an emergency, including but not limited to, personal protective equipment, water, fuel and medical, surgical, and medication-related resources and assets. (SOP 90-21-03 Delivery/Pick up of Emergency Supplies, SOP-119-21-08 All Hazard Emergency Cache, SOP 120-22-02 Meals Furnished by Nutrition and Food Service without Charge in an Emergency).

e. **Assignment of Operating Units:**

(1) Lead Agent

(a) Chief Logistics Service

(2) Support

(a) Chief VA Police-Switchboard

(b) Chief Public Community and Patient Relations- Public Affairs & Media

(c) Chief Facility Management Services- Radios

(d) Area Emergency Management- Community Support

(e) Emergency Manager- Mass Notification, Emergency Alerting & Accountability System (EAAS)

(f) Chief of Education- Media Service & IPTV

(g) Chief, ITOPS

(h) Chief Logistics

(i) Associate Director for Patient Care Services

(j) Chief Fiscal

(k) VISN 8 Contracting Services

(l) Chief Nutrition

(m) Chief Canteen Service

(n) Chief Pharmacy

(o) Chief Laboratory & Pathology

(p) Others, as applicable

f. **Safety and Security.** The safety and security of patients are the prime responsibility of the VACHS during an emergency. As emergency situations develop and parameters of operability shift, all VACHS employees must provide a safe and secure environment for their patients and staff. (See the MPC, 07B-21-10 Security Management Plan and CM-00-19-81, Safety Management Plan, CM-118-17-16 Hospital Wide Safe Patient/Resident Handling and Movement Policy).

(1) Assignment of Operating Units:

(a) Lead Agent

1. Safety Manager

2. Chief Police Service

(b) Support

1. Chief, Patient Safety Representative

2. Chief Facility Management Services

3. Area Emergency Management

4. Emergency Program Manager

5. Associate Director for Patient Care Services

6. Chief of Staff

7. Chief Laboratory & Pathology

8. Others, as applicable

g. **Staff responsibilities.** During an emergency, the probability that staff responsibilities will change is high. As new risks develop along with changing conditions, staff will need to adapt their roles to meet new demands on their ability to care for patients. If staff cannot anticipate how they may be called to perform during an emergency, the likelihood is that VACHS will not sustain itself during an emergency increase. (See Annex 1.3 – HICS & Job Actions Sheets, Annex, Annex 1.5 – Support response Groups). Upon notification of an emergency/disaster, Service Chiefs will provide support with their service's employees, as directed by Incident Commander to be part of the Labor Pool.

(1) Assignment of Operating Units:

(a) Lead Agent

1. Chief Human Resources Management

2. Chief of Staff

(b) Support

1. All Service Chiefs

(2) Non-Medical Personnel Pool:

(a) A Non-Medical Personnel Pool will be established to rapidly support the emergency in order to establish skills available and dispatch personnel as required in an emergency or disaster, when the Director deems that there is a need to activate this function.

(b) The Logistics Branch may establish records consisting in a list resource type to identify skills available and personnel requests for each employee reporting to the Non-Medical Personnel Pool in accordance with instructions below:

1. Upon notification by the Hospital Command Center (HCC) of a disaster, the Planning Chief (Associate Director) will make the determination whether the Labor Pool will be activated. If so, when all services are contacted by the switchboard, the operator will inform all services that the Labor Pool is to be activated. The Chief Infrastructure Branch will then inform the Sanitation Chief to activate the Sanitation staff during emergencies.

(3) Staffing: Staff schedules should be staggered in order to relieve personnel and provide adequate resources on all shifts. Unless the emergency situation calls for additional staffing, personnel should maintain their normal schedules. Consideration should be given to providing for adequate rest of all personnel in lengthy operations.

(4) Medical Staff Credentialing: This Medical Center will be able to identify their staff when medical staff volunteers are utilized in an emergency situation. In the event that a

volunteer physician or nurse is unknown, the Chief of Staff/designee must address two issues:

(a) Medical credential verification of volunteer physicians and nurses

(b) Temporary privilege process.

(c) The Chief of Human Resource Management assisted by Chief of Staff will determine the process for temporarily credentialing medical staff volunteers offering support at this Medical Center. (See Credentialing and Privileging CM 11-19-74).

h. **Utilities Management.** A VA Caribbean Healthcare System (VACHS) depends on the uninterrupted function of its utilities during an emergency. The supply of key utilities, such as power or potable water, ventilation, and fuel, must not be disrupted or adverse events may occur as a result. (See SOP 001-FM-21-34, Contingency Plans for Unexpected Losses of Utilities, and MCP 118-21-25, Nursing Contingency Plans for Unexpected Loss of Utilities).

(1) Assignment of Operating Units:

(a) Lead Agent

1. Chief Human Resources Management

(b) Support

1. Associate Director for Patient Care Services

2. Others, as applicable

i. **Patient clinical and support activities.** The clinical needs of patients during an emergency is of prime importance. VACHS have clear, reasonable plans to address the needs of patients during extreme conditions when the Healthcare System infrastructure and resources are taxed. VA Caribbean Healthcare System has a sound understanding of our response to these six critical areas of emergency management. We have developed an “all hazards” approach that supports a level of preparedness sufficient to address a range of emergencies, regardless of the cause. VACHS also identified potential hazards, threats, and adverse events, and assess their impact on the care, treatment, and services they must sustain during an emergency. This assessment is known as a Hazard Vulnerability Analysis (HVA) and is designed to assist healthcare organizations in gaining a realistic understanding of their vulnerabilities, and to help focus their resources and planning efforts. Finally, VACHS use the information from their assessments to develop Emergency Operations Plans, which should be tested regularly, and use the lessons learned to improve.

(1) Triage

(a) The Triage Area will automatically be established at any External or Internal Disaster alert. (Note: All triage areas must be accessible to emergency backup power).

(b) A Triage team will be established to assess disposition of casualties of internal effectively and rapidly and/or external disaster emergencies. More teams can be assembled if necessary. Each triage team shall be assigned by the Triage Manager and consist of the following personnel:

1. Physician (Team leader)	1
2. Registered Nurses	2
3. Ambulatory Care administrative staff person	1
4. Optional: Support personnel (i.e. respiratory, supply staff)	1

(c) The responsibilities of the triage team are as follows:

1. Assessment of casualties

2. Initiate life saving measures

3. Assignment of priority for treatment (Immediate, Delayed, Minor)

4. Disposition of casualties to appropriate treatment areas

5. Identification and tagging of casualties

During the triage process, physicians and nurses will assess, direct life saving measures, and refer casualties with the assistance of other professional staff. Police Service will maintain traffic control and provide perimeter security services as directed by the HCC. Health Administration Service staff will register all casualties and begin chart/tag procedures for treatment required and serve as a communications link to the HCC.

(2) The Non-Medical Personnel Pool may be handled as follows:

(a) Each employee reporting will sign in.

(b) Index cards will be filed in order of receipt unless a specific medical skill is indicated, in which case the card will be filed in the Medical Personnel Pool file.

j. **Joint Information Center (JIC)**

The Information Center will be established when deemed appropriate by the Director (or designee). The Information Center will be established when it is determined that the type or extent of the disaster, or the manner in which it occurred, is such that it would be newsworthy.

The Information Center will be located in accordance with the nature of the Incident by the Public Affairs Officer.

The Information Center shall be coordinated by the Public Information Officer (Chief, Patient and Community Relations Service).

k. **Post Disaster Activities**

(1) The Triage Team Leader will be responsible for preparation of an After-Action Report.

(2) The After-Action Report will be submitted through the Chief of Staff to the Director and the Emergency Preparedness Coordinator/Area Emergency Manager.

(3) The Mitigation Project Report will be submitted through the Chief of Staff to the Director for consideration in the Hospital five-year plan or other strategic planning strategies.

(4) The criteria for suitability of the Media Center are as follows:

(a) Designated location(s) is away from the triage area and other designated patient care areas, as well as the Patient Information area.

(b) Location is capable of being completely secured by one (or more) security officers; and,

(c) The designated area will be equipped with multiple outside telephone lines, and computers, if possible.

The Media Spokesperson will be the Public Information Officer or a designee from the Office of the Director. In the absence of this person, a spokesperson will be assigned by the Director.

l. **Outpatient Services**

During an emergency situation, a temporary location for outpatient services will be established wherever feasible given the emergency, if deemed necessary by the Director (or designee). Depending on the level of disaster affecting the Medical Center, outpatient services will only be conducted on an emergency basis, or patients who need medication will be seen.

NOTE: *The location of outpatient services shall be accessible to outpatients and away from the triage area.*

m. **Casualty Assistance Center (1st Floor Administrative Building)**

A Casualty Assistance Center may be established upon the decision of the Incident Command Group immediately upon the occurrence of an incident. The Casualty Assistance Center will be located in the Hospital Auditorium. If, for any reason, this

area cannot be used for this purpose, the following alternate area(s) may be used for this purpose:

Learning Resource Center, various rooms

The purposes of the Casualty Assistance Center are as follows:

(1) To track patient arrivals, location, and distribution.

(2) To receive casualty information from the discharge area.

(3) To relay patient information to family members.

The criterions for a suitable location for the Casualty Assistance Center are:

(1) Easily accessible from the main entrance.

(2) Away from the triage area and other designated patient care areas and the Information Center.

(3) Area is of adequate size in relation to the number of relatives, family, friends, etc. expected.

(4) Adequate bathroom facilities are provided.

(5) Reasonably close to public telephones.

(6) Private area is provided for family counseling nearby.

The coordinator of the Casualty Assistance Center will be assigned by the Planning Branch Chief but should be from the Mental & Behavioral Healthcare Service. There will also be representatives from Psychology Service, Chaplain Service, and Nursing.

n. **Police Service**

Upon alert of an Internal or External Disaster, the Chief Police Service will report to the Hospital Command Center (HCC), and all other officers shall report to the police control center for further instructions.

Responsibilities of Police Service are as follows:

(1) A senior police officer will take all extra portable radios to the Communications Officer in the Communications Center, near the HCC for distribution immediately upon alert of Plan A Internal or Plan B External. The distribution will be as follows:

(a) Incident Commander

(b) Triage Officer (ACOS Ambulatory Care)

(c) Human Resource Officer (Chief, HRMS)

(d) Casualty Assistance Officer (Chief, Social Work)

(e) Media Center (Public Information Officer)

(2) Report pertinent information about community disasters to the Director (or designee) that could affect this Medical Center

(3) Establish external traffic control.

(4) Secure entrances to Medical Center grounds. Maintain high intensity external patrol.

(5) Direct authorized traffic to designated areas. Divert traffic from triage area, except emergency vehicles, and maintain access to emergency care areas at all times for emergency vehicles.

(6) Establish internal traffic control. Keep routes to emergency treatment areas free from unauthorized personnel. Maintain high intensity internal patrol.

(7) Provide support to triage team, if needed.

(8) Protect patients, staff, and civilians from harm and/or additional injury.

(9) Maintain communications with city police.

(10) Utilize deputized volunteers accordingly.

ANNEX 1.5

SUPPORT RESPONSE GROUPS

a. **Associate Chief of Staff for Education (ACOS/E).**

Supervises Medical Media and Library Service. Medical Media provides photography support in disasters and Library Service can maintain documentation on disasters and training material relevant to education and training on disaster planning.

(1) Responsible for supporting education and training in support of disaster preparedness.

(2) In the Chain of Command, Annex M, ACOS for Education may be in a leadership position at any specific time when other hospital officials are not in country or otherwise indisposed. Performs emergency duties as assigned by the COS.

b. **Associate Chief of Staff For Geriatrics And Extended Care**

(1) Alternate: Coordinator, Nursing Home Care Unit

Supervises the Nursing Home Care Unit and Hospital Based Primary Care Program. In the event of an Emergency, each organization has its own emergency preparedness plan. In situations where large numbers of patients are received at the medical center, the Nursing Home Care may accommodate some patients from the hospital if beds are available whom Hospital Staff will attend to. This would be for short term stays under extreme circumstances. The ACOS for Extended Care will also ensure that any Home Care Program Patients/Clients that may be in danger in their homes, be brought to the Medical Center for their safety. This could be prior to a hurricane or subsequent to an earthquake or other disaster. The ACOS for Geriatrics and Extended Care will notify the Operations Section Chief (Associate Director for Patient Care Services) of those patients potentially requiring this care.

If communications are not available with the homes, the ACOS for Geriatrics and Extended Care will notify the Logistics Officer in the HICS and transportation will be provided to visit the patients. If care cannot be provided in the VA Medical Center, the ACOS for Extended Care will contact the Planning Chief under the Incident Command System (Associate Center Director) for referral to any of the existing National Disaster Medical System partner's hospitals with which we have Memoranda of Understanding.

c. **Chief, Surgical Service**

(1) Alternate: Assistant Chief, Surgical Service, Senior Surgical OD.

May be contacted by the Hospital Command Center for a number of tasks based on the magnitude of the situation. Will be notified of the incident and will be prepared to perform the following if requested:

(a) Set up operating teams and surgery hold suite.

(b) Set up first aid, minor surgery, burn, fracture, and shock teams, as may be required.

(c) Support Triage Areas with physicians when necessary. Provide surgeon for Patient Reception team if team is mobilized to a disaster location outside of the Medical Center.

(d) Assist in providing additional beds in the Service wards by discharging patients.

d. **Chief, Canteen Service**

(1) Alternate: Assistant Chief, Canteen Service.

(a) Determine extent of emergency by contacting HCC.

(b) Provide personnel that will stay in the Medical Center throughout the emergency.

(c) Arrange for procurement of subsistence and other supplies as may be required. Ensure that full range of personal hygiene, clothing, and morale items are readily available to evacuees/ casualties.

(d) Provide meals in coordination with Nutrition and Food Service for on-duty personnel when directed by HCC.

If Labor Pool is activated, provide one (1) employee to the Labor Pool, Rm C-34, Basement, FMS area.

(e) Resume normal limited or normal operations as quickly as possible.

e. **Chief, Rehabilitation Medicine Service**

(1) Be prepared to support Triage Officer if called upon.

(2) Assist Chief of Staff in duties, as may be assigned.

(3) If Labor Pool is activated, send two to four employees to Labor Pool (RM C-34, BASEMENT, FMS AREA) for further assignments.

(4) Should report to the Situation Status Officer, in HCC the number of staff on board that may be utilized for other duties.

(5) Will make available wheelchairs or any other Prosthetic device that may be required during a disaster situation.

(6) Upon being notified that a disaster has occurred, should contact the HCC (Resource Status Officer) with a report of available wheelchairs and other means that may be required to move patients.

f. **Chief, Dental Service**

(1) Alternate: Assistant Chief, Dental Service.

(a) Provide assistance in treatment of oral and facial injuries in Triage if contacted by Triage Officer.

(b) In a mass casualty situation of large proportions, Dentists can assist in providing medical care at the call of the Incident Commander. Dental Service should provide the number of available Dental Staff to the Situation Status Officer under the Planning Branch Chief in the case of all external disasters.

(c) If the Labor Pool is activated, provide two (2) stretcher bearers or escorts to Labor Pool, (Room RM C-34, BASEMENT, and FMS AREA).

g. **Chief, Spinal Cord Injury Service**

(1) In external or internal disasters involving trauma, there may be patients with spinal cord injuries. Spinal Cord Injury Service will stand ready to provide support if required.

(2) Spinal Cord Injury Service should contact the Situation Status Officer in the Command Post to report on available beds in the case that patients from other medical services require beds.

(3) Should contact the Situation Status Officer in the HCC with the amount and type of staff that are available for other duties in a disaster.

(4) If the Labor Pool is activated, send two (2) employees to the Labor Pool. (Rm. C-34, BASEMENT, FMS AREA).

h. **Coordinator, Nursing Home Care Unit**

(1) The Nursing home has considerable Nursing Care resources and a separate Emergency Power and water resource. If space is available, Nursing home beds could serve as acute care beds in a severe emergency.

(a) Notify the Operations Section Chief or Situation Status Officer regarding bed and human resource availability in an external or internal disaster.

(b) Need to coordinate with the Patient Tracking Coordinator under the Planning Branch if any veterans in Community Nursing Homes will be brought to the Medical Center for security reasons prior to a hurricane.

i. **Coordinator, Blind Rehabilitation Center**

Many disaster situations may result in the reception of patients with a loss of vision. The Blind Rehabilitation Center should stay alert in the case of an emergency in case professional support is required. If acute beds are ever needed in a large-scale disaster

and on a temporary basis, beds from the BRC could be utilized at the request of the Incident Commander. Therefore, at the alerting of an Emergency, Blind Rehabilitation Center should inform Planning Branch of bed availability and of how many residents could be discharged home in an emergency situation.

j. **Medical Library Services**

(1) Assist the staff that may be staying in the hospital during a severe disaster by providing reading material and making available the services of the libraries for their relaxation when possible.

(2) Provide Emergency Management and Disaster reading materials for the education and training of the Medical Center Staff.

k. **Outpatient Clinics (Mayaguez and Ponce)**

As a remote facility from the Medical Center hospital, the Outpatient Clinics have their own separate Emergency Plan. Both Clinics are designated as Continuity of Operations (COOP) sites.

All satellite and community clinics are contacted when any potentially dangerous situation appears, and support is provided as necessary. The Outpatient Clinics are supplied with a cellular telephone as well as with a Satellite telephone, which is tested on a quarterly basis at the call of the Communications Section ITOPS.

In a disaster, which affects an area close to, or surrounding their local area, the clinics could be tasked with supporting the community by providing medical care or medical supplies. The Clinics could also be tasked with providing medical support to Federal Disaster workers and providing support to the local area under the VA/DOD Contingency Plan and National Response Framework.

l. **Community Based Outpatient Clinics (Arecibo, Ceiba, Guayama, St. Thomas, St Croix)**

As a remote facility from the Medical Center hospital, the CBOCs have their own separate Emergency Plan. Whenever possible, the Medical Center will incorporate the CBOCs into the disaster exercises.

All satellite and community clinics are contacted when any potentially dangerous situation appears, and support is provided as necessary. The CBOCs are supplied with a cellular telephone as well as with a Satellite telephone, which is tested on an annual basis.

In a disaster, which affects an area close to, or surrounding their local area, the clinics could be tasked with supporting the community by providing medical care or medical supplies. The Clinics could also be tasked with providing medical support to Federal Disaster workers and providing support to the local area under the VA/DOD Contingency Plan and National Response Framework.

m. **Rural Clinics (Comerio, Utuado, Vieques)**

As a remote facility from the Medical Center hospital, the Rural Clinics have their own separate Emergency Plan. Whenever possible, the Medical Center will incorporate the Rural Clinics into the disaster exercises.

All satellite and community clinics are contacted when any potentially dangerous situation appears, and support is provided as necessary. The Rural Clinics are supplied with a cellular telephone as well as with a Satellite telephone, which is tested on an annual basis.

In a disaster, which affects an area close to, or surrounding their local area, the clinics could be tasked with supporting the community by providing medical care or medical supplies. The Clinics could also be tasked with providing medical support to Federal Disaster workers and providing support to the local area under the VA/DOD Contingency Plan and National Response Framework.

n. **Outside Community Support**

(1) The Area Emergency Manager (Liaison Officer) will contact the appropriate agencies or the National Disaster Medical System for additional beds if required. Depending on the severity of the situation or if an evacuation is imminent, the VISN 8 Network Director's Office, Tampa, FL follow by VHA Office of Emergency Management (VHA OEM) in Martinsburg, West Virginia can be contacted via Email, Phone, High Frequency Radio and/or Satellite telephone for additional support, including transport of veterans to stateside facilities.

(2) The VACHS may be called upon to provide medical support to the civilian and military (DoD) community if called upon under the authority of the National Response Framework http://www.fema.gov/emergency/nrf/

(3) The Medical Center may also be called upon to provide medical care to federal disaster response workers under the National Response Framework. Authorization would come through FEMA/HHS Region II/ VACO/VISN/VAMC Director in coordination with the Area Emergency Manager.

(4) State Emergency Management Agency - At direction of Command Post, the Commonwealth Emergency Management Agency will be called upon to assist.

(5) Secretary of Health, Interagency Coordinator will be contacted at the occurrence of an internal or external disaster.

(6) Police & Security Service will coordinate with State Police for help, as may be necessary. State Police will assist in evacuation of patients to private institutions in the case a full evacuation is called upon by the Command Post.

(7) Command Post authority will give orders to contact the following agencies for:

(a) Generator Failure – PR Emergency Management Bureau for a generator.

(b) Laundry Failure - Procure assistance for Centro Medico, or private laundry processing firms.

(c) Food and/or Drug Shortage - Contact PR Department of Health and other hospitals.

(d) Transportation Shortage - Contact GSA Motor Pool, PREMA, PR National Guard and Army Reserve.

(e) Drinking Water Shortage - Contact P.R. Department of Health, National Guard, P.R. Aqueducts and Sewer Authority.

(f) Sterilization - Call Centro Medico or other private hospitals in community for help.

(g) Note Phone numbers for these agencies can be found in Annex 1.2)

ANNEX 1.6

DISASTER PRIVILEGES

DISASTER RESPONSIBILITIES FOR VOLUNTEER DEPENDENT PROVIDERS

1. Responsibility.

The Credentialing Office and Human Resources Management Services are responsible for the contents of this Handbook.

2. Purpose.

This Department of Veterans Affairs (VA) Memorandum establishes the VA Caribbean Healthcare System (VACHS) policy to the assign disaster responsibilities to Volunteer practitioners who are not licensed independent practitioners but are required by law and regulation to have a license, certification or registration, during disaster situations. This policy applies to all organizational elements.

3. Policy.

The VACHS may grant disaster responsibilities only when the disaster plan has been activated and we are unable to meet immediate patient needs. The facility may implement a modified credentialing review process to determine the qualifications and competences of non-VACHS volunteer dependent providers.

The following safeguards must be in place to assure that the volunteer practitioners are competent to provide safe and adequate care, treatment, and services: verification of licensure, certification, or registration required to practice in the volunteer's profession and oversight of the care, treatment, and services.

The decision to grant disaster responsibilities to volunteer practitioners will be made on a case-by-case basis in accordance with the needs of the organization and its patients, and on the qualifications of its volunteer practitioners.

The volunteer providers addressed in this policy only include those providers who are required by law and regulation to have a license, certification, or registration to practice their profession.

This does not apply to situations where the Emergency Management Plan is implemented in preparation for a possible disaster.

4. Action.

a. **Definitions**

(1) Disaster: A natural or man-made event that significantly disrupts the environment of care (for example, damage to the organization's building(s) and grounds due to severe winds, storms, or earthquakes); that significantly disrupts care and

treatment (for example, loss of utilities such as power, water, or telephones due to floods, civil disturbances, accidents, or emergencies in the organization or its community); or that results in sudden, significantly changed or increased demands for the organization's services (for example, bioterrorist attack, building collapse, or plane crash in the organization's community).

(2) Dependent Provider: Is an individual who is qualified to practice a health care profession (for example, a nurse) and who is engaged in the provision of care and services. This provider is required by law and regulation to have a license, certification, or registration to practice his/her profession.

(3) Independent Provider: A physician, dentist, podiatrist, optometrist, or doctoral level psychologist who is permitted by law and by the organization to provide patient care services, without supervision or direction, within the scope of the individual's license and in accordance with individually granted clinical privileges.

5. Responsibilities.

a. **The Director, the Chief of Staff or their designee** may grant disaster responsibilities to licensed, certified or registered dependent volunteer practitioners upon review of a valid government-issued photo identification (I.D.) issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following:

(1) Evidence of current license, certification, or registration to practice.

(2) Current hospital picture I.D. card that clearly identifies the professional designation of the volunteer dependent provider.

(3) Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), Medical Reserve Corps (MRC), Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) or other recognized state or federal organization or group.

(4) Confirmation by a current VACHS medical staff member with personal knowledge of the volunteer practitioner's ability to act as a qualified practitioner during a disaster.

b. **Credentialing and Privileging Section, Chief of Staff Office**

(1) Will conduct primary source verification (PSV) of licensure, certification, or registration as soon as the emergency situation is under control or within 72 hours from the time the volunteer practitioner reports to the VACHS; whichever comes first.

(2) If communication is possible, a review to include an inquiry through the Healthcare Integrity and Protection Data Bank (NPDB/HIPDB) or Office of the Inspector General (IG) List of Excluded Individuals/Entities (LEIE) inquiry will be completed.

(3) If due to extraordinary circumstances PSV cannot be completed in 72 hours, it is expected that credentials will be verified as soon as possible. C&P must document the circumstances why the PSV could not be performed in the required time frame; evidence of the volunteer practitioner's demonstrated ability to continue providing adequate care, treatment, and services; and the attempts to perform PSV as soon as possible.

(4) Credentialing Section will issue a distinct temporary identification card to the volunteer dependent providers, maintain a list of all temporary ID cards issued, and will ensure all ID cards are recovered upon termination of the disaster.

c. **All Service Chiefs**

(1) Will pair the non-VACHS Volunteer Dependent Provider under the direct supervision of a currently credentialed staff member who will oversee the professional performance of the volunteer dependent practitioner.

(2) Based on its oversight of each volunteer dependent practitioner, the VACHS will determine within 72 hours after the practitioner's arrival whether assigned disaster responsibilities should continue.

6. References.

2021 Joint Commission Hospital Accreditation Standards EM.02.02.13

DISASTER PRIVILEGES FOR VOLUNTEER LIPs

1. Purpose.

This Department of Veterans Affairs (VA) Memorandum establishes the VA Caribbean Healthcare System (VACHS) policy pertaining to the granting of privileges and verification of credentials for volunteer Licensed Independent Practitioners (LIP) during disaster situations. This policy applies to all organizational elements.

2. Policy.

b. Temporary disaster privileges may be granted only when the Emergency

(1) Response Plan has been activated and the VACHS is unable to meet the immediate patient needs. The Chief of Staff, the Director or their designee(s) may grant disaster privileges to volunteer Licensed Independent Practitioners (LIPs), who are not members of the VACHS medical staff and who do not currently possess clinical privileges at this facility, upon review of any of the following. (Decisions to grant privileges will be made on a case-by-case basis at her or his discretion.)

(2) Evidence of current license to practice and evidence of valid picture ID issued by a state, federal or regulatory agency; or

(3) Evidence of current license to practice and a current hospital picture ID Identifying individual as a physician; or

(4) Evidence of current license to practice and identification indicating the individual is a member of a Disaster Medical Assistance Team (DMAT) or Medical Reserve Corps (MRC).

(5) If communication is possible, the review may also include:

(a) A National Practitioner Data Bank Inquiry

(b) Federation of State Medical Boards Inquiry

(c) Inquiry to Office of Inspector General Exclusionary List

c. Primary Source Verification of licensure occurs as soon as the disaster is under control or within 72 hours from the time the volunteer LIP presents him- or herself to the VACHS, whichever comes first. If primary source verification of a volunteer LIP's licensure cannot be completed within 72 hours of his/her arrival due to extraordinary circumstances, the VACHS documents all of the following:

(1) Reason(s) it could not be performed within 72 hours of the LIP's arrival.

(2) Evidence of the LIP's demonstrated ability to continue to provide adequate care, treatment, and services.

(3) Evidence of the VACHS' attempt to perform primary source verification as soon as possible.

3. Procedure.

a. The practitioner will be paired with a currently credentialed Medical Staff Member and should act only under his/her direct supervision.

b. He/she will be provided with a distinctive identification, provided by the Credentialing & Privileging Section, to allow the VACHS to readily identify these individuals.

c. The disaster privileges will be granted for 72 hours or the length of the disaster or emergency situation--whichever is shorter--or until communication is established.

d. Based on an oversight of each volunteer LIP, the Chief of Staff, the Director, or his/her designee will determine within 72 hours of the LIP's arrival if granted disaster privileges will continue. This must be completed for each volunteer LIP.

e. As soon as the immediate situation is under control the volunteer LIP will immediately submit a complete application, as established in the Bylaws of the Medical Staff, and full credentialing will be accomplished within 120 workdays.

4. References.

a. 2021 Joint Commission Hospital Accreditation Standards -EM.02.02.13

b. VACHS CM 11-19-74 Credentialing and Privileging of Licensed Independent Practitioners

c. VACHS Medical By-Laws, 2011

d. VHA Handbook 1100.19 Credentialing & Privileging

e. VHA Handbook 1100.20 Credentialing of Healthcare Providers

ANNEX 1.7

ACTIVATION OF VA/DOD CONTINGENCY PLAN AND NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

ACTIVATION OF VA/DOD CONTINGENCY PLAN AND NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

1. Description of the Threat/Event.

VA's "Fourth Mission" is to improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to Veterans, as well as to support national, state, and local emergency management, public health, safety and homeland security efforts. The VA Caribbean Healthcare System has been prepared to comply with Department of Veterans Affairs (VA) and Veterans Health Administration (VHA) missions tasking under Public Law 97 174, the VA/Department of Defense (DoD) Contingency Hospital System Plan, as well as the National Disaster Medical System (NDMS) Federal Coordinating Center (FCC) activation in accordance with the 2005 Federal Partner's Memorandum of Agreement for the NDMS.

2. Purpose.

This plan defines the role of the VA Caribbean Healthcare System after the activation of the VA/DoD Contingency Plan and the process to support the National Disaster Medical System (NMDS).

a. **VA/DOD Contingency Plan:**

(1) Public: The VA/DoD Health Resources Sharing and Emergency Operation Act (Public Law 97–174) was enacted on May 4, 1982. This law gave VA a new mission: to serve as the principal health care backup to DoD in the event of war or national emergency that involves armed conflict. In addition to the contingency mission, this public law amended Title 38, United States Code (U.S.C.), to promote greater peacetime sharing of health care resources between VA and DoD.

(2) In response to Public Law 97–174, a Memorandum of Understanding (MOU) was executed between the Secretary of Defense and the Administrator of Veterans Administration (presently the Secretary of Veterans Affairs), specifying each agency's responsibilities under the law.

(3) DoD maintains medical operations plans that would coordinate the receipt, distribution, and treatment of returning military casualties. The VA/DoD Contingency Hospital System Plan describes how VA hospital beds would be made available to treat returning military casualties.

(4) Quarterly estimates of VA/DoD contingency beds are gathered from VA medical centers nationally. These exercises are conducted quarterly in order to maintain VA's awareness and readiness to respond in a timely fashion should the VA/DoD Contingency Hospital System be activated.

b. **National Disaster Medical System (NDMS) Federal Coordinating Center (FCC):**

(1) National Disaster Medical System (NDMS) serves a dual role of support in domestic emergencies, under the lead agency responsibility of the Department of Health and Human Services, and military health emergencies, under the lead agency responsibility of the Department of Defense. The NDMS is a federally coordinated healthcare system and partner of the Department of Health and Human Services, Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA), Department of Defense (DOD), and Veterans Affairs (VA).

(2) The mission of a Federal Coordinating Center (FCC) is to receive, triage, stage, track and transport inpatients, affected by a disaster or national emergency, to a participating National Disaster Medical System (NDMS) medical facility capable of providing the required definitive care. An NDMS facility also has the potential to receive military patients should the Department of Defense (DoD) Military Health System (MHS) and the Department of Veterans Affairs (VA) Contingency Hospital System be overwhelmed during a military contingency.

(3) An FCC is defined as a federal facility (DoD or VA) located in a metropolitan area of the United States, responsible for day-to-day coordination of planning, training, and operations in one or more assigned geographic NDMS Patient Reception Areas (PRA). NDMS participating medical treatment facilities should be within a reasonable distance for patient transportation given the local road network and predominate traffic conditions (generally within a 75-mile radius of the managing FCC.

(4) In order to fully understand the role of the FCC in the NDMS, it is important to understand the federal response structure under the National Response Framework (NRF), which directed the Secretary of the Department of Homeland Security (DHS) to develop the National Response Framework (NRF) and to develop and administer a National Incident Management System (NIMS).

c. Both plans also provide processes for cooperative planning among local NDMS hospitals that together provide services to a contiguous geographic area in Puerto Rico to facilitate the timely sharing of information and definitive care.

3. Scope.

This plan is applicable to the VA Caribbean Healthcare System that was selected at Patient Reception Center (PRC) under the VA/DOD Contingency Plan and a Federal Coordination Center (FCC) under the National Disaster Medical System (NDMS)

a. **Implementation of VA/DoD Contingency Plan.** Upon notification by the Secretary of Veterans Affairs, Under Secretary for Health of the Veterans Health Administration (VHA) will activate the VA component of the Contingency Hospital System (CHS) through the VISN leadership. The VISN 8 Director will notify the VAMC Director when and if the PRC is to be activated in support of military casualties. The VA Caribbean Healthcare System is a tertiary medical center with 422 operating beds. The Medical Center will make 14% or approximately 59 beds of its beds available to DoD within 72 hours of mobilization.

b. **Implementation for NDMS Federal Coordination Center (FCC) Activation.**

(1) Effective response to an incident is a shared responsibility of governments at all levels, the private sector, and Non-Governmental Organizations (NGOs) and individual citizens. The National Response Framework (NRF) commits the federal government, in partnership with local, Tribal, territorial, and state governments and the private sector, to complete both strategic and operational plans for the incident scenarios specified in the National Preparedness Guidelines.

(2) Under the NRF, the Emergency Support Function (ESF) # 8 is coordinated by the Secretary of the Department of Health and Human Services (HHS) principally through the Office of the Assistant Secretary for Preparedness and Response (ASPR).

(3) HHS coordinates ESF #8 using resources primarily available from within the Department and other ESF #8 support agencies and organizations as outlined in the NRF, including the DoD, VA, and the DHS.

(4) HHS may request DoD support to provide movement of seriously ill or injured inpatients, both the DoD and VA to operate and staff NDMS FCCs, and to process and track patient movements from collection points to their final destination reception facilities. NDMS civilian hospitals serve as a backup to military treatment facilities when both DoD and Department of Veterans Affairs (VA) hospitals are at capacity during a military health emergency.

(5) The NDMS is a federally coordinated healthcare system and partner of the Department of Health and Human Services, Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA), Department of Defense (DOD), and Veterans Affairs (VA).

(6) The NDMS generally supports domestic emergencies and disasters within the ESF #8 structure of the NRF. Under ESF #8, HHS is responsible for overall coordination of medical response, patient movement, and definitive medical care.

4. Mission.

a. **For VA/DoD Contingency Plan:** Primary Reception Centers (PRCs) are MTFs, or VA Medical Centers (VAMCs) designated to receive sick and wounded military personnel returning from overseas armed conflict or national emergency. PRCs are designated in accordance with the VA-DoD Contingency Hospital System. The mission of a PRC is to

receive and treat sick and wounded military personnel returning from armed conflict or national emergency.

b. **For NDMS FCC:** The mission of an FCC is to coordinate the planning, training, exercising and operations of one or more NDMS PRSs. FCCs may receive, triage, stage, track and transport inpatients, affected by a disaster, to a participating NDMS Partner medical facility capable of providing the required definitive care. The patients will more than likely not be eligible for care in a federal treatment facility, i.e., military, family members, or other beneficiaries.

5. Situation.

a. **Conditions for Alert and Activation.** When a governor determines the state does not have enough resources to move hospital inpatients out of a potential disaster area (pre-event) or after a disaster has struck (post-event), he/she requests assistance from FEMA (Stafford Act). FEMA accepts the request, and after validation from the HHS's regional Federal Health Official, tasks the appropriate ESF.

b. In this case, that ESF will be ESF #8, where HHS is the lead Federal Agency (LFA).

c. In a non-Stafford Act event, e.g., a public health emergency, the state would request assistance from HHS. HHS will accept the request after validation from the HHS's regional Federal Health Official and send a Request for Assistance (RFA) to the appropriate agencies for support.

d. For impending patient movement requirements, the HHS Emergency Management Group (EMG) convenes the ESF #8 Patient Movement Coordination Task Force (PMCTF) which is the new terminology which replaces the previous PMCC. The PMCTF is composed of representatives from the NDMS patient movement partners (e.g., HHS, DHS/FEMA, DoD, VA FCC Area Emergency Managers (AEMs), state health departments, HHS Regional Emergency Coordinators (RECs), HHS SAT staff, etc.). The PMCTF coordinates and integrates NDMS operational planning, alerts, activations, and de-activations in order to establish and maintain an NDMS patient movement common operating picture for HHS and the NDMS partners. The PMCTF will determine the frequency for contingency bed reporting requirements, which will typically be every 24 hours during patient movement activity.

e. When FCCs are required, the PMCTF will determine which FCCs are to be alerted and eventually activated. The PMCTF will notify the VA and DoD FCC Coordinator in writing (email or ESF #8 Warning Order) of the selected FCCs, who in turn will inform the FCCs and their associated PRSs of the potential activation. NDMS will deploy NDMS response teams as applicable. The decision to alert/activate FCCs is a collective decision by the PMCTF and done with full consultation with the RECs and involved states. An additional step in the activation process is required to DoD FCCs. The U.S. Northern Command (USNORTHCOM), as the military command responsible for Defense Support to Civil Authorities, will publish orders activating the DoD FCCs.

f. Upon federal, state, Tribal, territorial, or local request for patient movement to NDMS definitive care and when a disaster declaration has occurred, a mission assignment (MA) is generated by FEMA for FCC assistance for patient reception. The MA will articulate which FCCs are to be activated, duration of the expected patient reception mission, and will also include a funding citation and a signature authorizing funding.

g. The MA will be transmitted to DoD and VA points of contact in the form of a Request for Assistance (RFA). The receiving agency will, in turn, alert and/or activate the appropriate FCCs as agreed. When a state determines the need to move patients from the disaster area, it requests assistance from FEMA. FEMA accepts the request, after validation from the regional Federal Health Official (FHO) and tasks the appropriate ESF. In this case, that ESF will be ESF #8, where HHS is the lead and coordinating federal agency. In a non-Stafford Act event, HHS generates RFAs for the appropriate agencies to support activation and movement.

6. Planning Assumptions.

a. DoD patients will arrive in the primary receiving center (PRC) in generally stable condition, barring complications during travel. The general planning scenario envisions casualties moving through several echelons of care. Therefore, our role will be to continue care and supervise recovery.

b. The VA Undersecretary for Health (USH/VA) will activate VA FCCs once notified by HHS.

c. The VA Mission Assignment includes: the process for working with POCs from VA and VHA to determine which FCCs would be alerted and/or activated and using Pre-Scripted Mission Assignments (PSMAs) to HHS, and from HHS to VA for Mission Assignment Sub-tasking's, confirmation of attached funds, acceptance of sub-tasking at VA level, and issuance to VHA. VA will probably not receive a MA directly, but receive a MA sub-tasking through HHS, after HHS receives a valid MA from FEMA for Alert or Activation of an FCC. VA OSP and VHA OEM will determine the MA sub-tasking is accurate, properly funded and will then make decision to accept the sub-tasking from HHS.

7. Notification.

a. The VA Director or his/her representative will receive a verbal tasking to alert the FCC from VISN 8 leadership and HHS Region II Emergency Coordinator prior the VA Mission Assignment. Once the tasking is accepted by VAMC Director he/she should:

(1) Validate the Alert Status with higher headquarters.

(2) Ensure state/local departments of health are informed of their FCC's Selection.

(3) Conduct periodic bed reporting in accordance with PMCTF instructions

(4) Maintain daily monitoring of TRAC2ES.

(5) Establish communications with all PRT leaders, GPMRC, NDMS partner medical facilities, and other elements involved with FCC operations.

(6) Validate PRSs throughput, update throughput in TRAC2ES.

(7) Ensure state/local Emergency Management is informed of their FCC's selection. State/local emergency management is the main coordinating point for all resources, including ESF 8, needed to operate an FCC. This needs to be a formal part of the FCC Alert process.

(8) Pre-position required equipment and a minimum cadre of personnel at the PRS (patient reception Site).

(9) Receiving member hospitals are prepared to receive patients should maintain in Activation in case the FCC goes straight to Activation.

8. Execution.

a. **Activation for VA/DoD Contingency Plan:** This phase is initiated with an announcement that casualties or transfer patients are inbound to the VAMC PRC. The phase is characterized by actual reception and care of DoD or VA patients. The PRC will notify and provide support to the US Army Health Clinic in Ft. Buchanan, PR, who is designated as a clinical facility for active duty, national guard, reserve units and retirees.

b. **Activation for NDMS FCC:** This status ensures that FCC reimbursement for all reasonable patient reception activities. It signifies that patient are to be regulated or have been regulated to a Patient Reception Site (PRS) under management of this FCC. Patients can be expected to arrive within 24 hours. One of the planning factors should be to identify the operational hours of the FCC and expectations for either 8-hour, 12 hour or 24-hour patient reception requirements. This will help to save costs by providing better planning factors for staff costs and partner/stakeholder participation at the PRS. Understand that these hours may change during the operation, but unless there is constant 24/7 patient movement ongoing, the requirement should be communicated down to the FCCs so they can coordinate with state/local partners.

c. **In this status, responsibilities of the FCC Directors include:**

(1) Validate the activation status with higher headquarters

(2) Ensure state/local departments of health are informed of their FCC’s activation

(3) Coordination with stakeholders and local jurisdictions

(4) Establish communications with GPMRC

(5) Continually monitor TRAC2ES to determine arrival time(s) and medical condition of patients

(6) Conduct periodic TRAC2ES bed and throughput reporting in accordance with PMCTF instructions (e.g., daily)

(7) Pre-position required equipment and a minimum cadre of personnel at the PRS

(8) PRT members are notified and follow FCC plan procedures for readiness to receive patients

(9) Ensure ground transportation assets are mobilized to transport patients

(10) Ensure receiving NDMS partner facilities are mobilized to receive patients

(11) Ensure other support elements are prepared to assemble at the PRS in accordance with the FCC/PRS Plan

(12) Track all expenses

(13) Provide situation reports (SITREPS) as requested, ensuring Health Insurance Portability and Accountability Act (HIPAA) compliance

(14) Capture after action review (AAR) items.

d. **Operations at San Juan International Airport (SJU/TJSJ)**

(1) San Juan International Airport (SJU), at Carolina PR, is the primary landing site for NDMS patient reception and movement operations after a disaster and is manage by Aerostar Airport Holdings LLC.

(2) For NDMS missions, the VA Patient Reception Team (PRT) can conduct patient's movement operations at SJU runway through the VACHS Warehouse Gate, located at Carolina PR.

(3) Any request for access to the San Juan Airport (SJU) Runway through VA Warehouse gate must be justifying in a formal writing request to Aerostar LOA Officer/ Security Director and Emergency Department Manager 48 hours prior the event. The type of request can apply for NDMS patient reception and movement exercises as well as planned VA Air Logistics Supplies Push.

(a) The POC for this coordination may be:

1. LOA Officer/Security Directors

a. Einar Ramos - einar.ramos@aerostarairports.com

b. Francisco Gregory -francisco.gregory@aerostarairports.com

2. Emergency Department Manager

a. Erick Gracia - erick.gracia@aerostarairports.com

(4) The only exemption for the 48th hours timeline is the request for access during real emergencies and disasters that alert the VA Federal Coordination Center to establish a Patient Reception Site (PRS) at San Juan Airport in support to NDMS FCC activation. This type of request can be delivering verbally or in writing immediately after the alert of the NDMS Patient Reception Site.

(5) Once a military/civilian aircraft (C130, C17, Air Ambulance Jets) and helicopters (UH-60L) landed, the SJU Aerostar Operations personnel will escort the aircraft close to the VA Patient Reception Site (PRS), depending on the size of the aircraft as well as the availability of space near the site.

(6) Outside of the aircraft, the patients will be move from the airstrip to patient reception site, then the ground transportation (Ambulance, Buses, Vans) will be available to transfer them to the near hospitals.

(7) Safety is our PRIORTY. All members of the Patient Reception Team will follow the instructions of SJU Aerostar Security Division inside the airstrip. Inside of the VA Warehouse perimeter security and safety instructions will be provide by the VA Police, Safety Officer and FCC Coordinator.

(8) All expenses or claims related to any request for access will be document and forward to VACHS Chief Logistics, VACHS Finance Section and FCC Coordinator.

(9) VACHS Emergency Operations Plan will be update if the information and points of contact change.

e. **Operations at Rafael Hernandez Airport (BQN/TJBQ)**

(1) The Rafael Hernandez Airport (BQN/TJBQ), at Carretera 110 & 107 Borinquen/Ramey, PO, Aguadilla PR, is the secondary landing site for NDMS patient reception and movement operations after a disaster and is manage by Puerto Rico Port Authority telephone 787-890-6075/1680/2226.

f. **Notification of other partners:**

(1) FCC Coordinator will also notify other local, state, federal and NGOs partners if additional support to PRT is needed:

(a) Local/State:

1. P.R. Emergency Management Bureau (PREMB)

2. P.R. Department of Health (PRDoH) Office of Preparedness and Response to Public Health Emergencies

3. P.R. Emergency Medical System (EMS)

4. P.R. Ports Authority

5. P.R. Police Department

(b) Municipalities:

1. San Juan OEM

2. Carolina OEM

3. Bayamon OEM

(c) Federal:

1. Department of Health and Human Services (HHS), Office of Assistant Secretary for Preparedness and Response (ASPR), Regional Emergency Coordinator (REC), RII

2. Transportation Security Administration (TSA)

3. U.S. Customs and Border Protection (CBP)

4. National Weather Service

5. FEMA- Caribbean Division

(d) Military:

1. U.S. Army Reserve 1st Mission Support Command (MSC)

2. P.R. National Guard

3. P.R. Air National Guard

4. P.R. State Guard

(e) Non-government

1. American Red Cross (San Juan Chapter)

2. Salvation Army P.R.

3. Metropolitan Health Care Coalition

4. Metropolitan Emergency Response Team (MERT)

(f) Private:

1. Aerostar Holding Airport LCC

2. United EMS PR

g. **Additional instructions:**

(1) This FCC Emergency Operations Plan EOP is reviewed and updated (as required) annually.

(2) The FCC/PRC has interoperable communication equipment for both voice and data which function properly at the patient reception site.

(3) The FCC/PRC can notify key partners upon activation of the Patient Reception Plan and maintains callback lists for the notification of key PRT partners.

(4) The FCC is prepared to coordinate with Joint Patient Assessment Tracking System (JPATS) and Service Access Team (SAT) personnel once are deployed by HHS.

(5) A Unified Incident Command will be established to support the PRT and maintain accountability of patients as well as resources to comply with National Incident Management System (NIMS).

(6) The VAMC is prepared to receive patients within 12 hours of activation of the VA-DoD Contingency Plan and FCC.

(7) The VAMC conducts a full-scale exercise that tests the VA-DoD Contingency Plan and FCC Plan and with the supporting partners at least every three years. Also, will conducts an annual TTX, during non-full-scale years, to test selected tasks of the PRT.

(8) The FCC Coordinator provides FCC staff, as well as applicable federal, state, and local government and private sector personnel, annual orientation training in the operations of the NDMS/FCC.

(9) FCC has trained NDMS Hospital staff on their role in reporting available beds and receiving patients.

9. Reception.

A Patient Reception Team (PRT) will be formed by clinical and non-clinical staff from VACHS. If additional support is needed FCC Coordinator will contact the PR Emergency Management Bureau (PREMB), the PR Department of Health, and Municipalities from San Juan, Guaynabo, Bayamon and Carolina Office of Emergency Management.

a. **VACHS FCC/PRC** is responsible for the identification of airport patient reception team (PRT).

(1) General team composition:

(a) Team Lead-Physician – Chief Emergency Room (1)

(b) FCC Coordinator

(c) Physicians (3) Medicine, Behavioral Health

(d) Nursing (personnel, RNs, LPNs, and NAs) (5)

(e) Chaplain (1)

(f) Public Affairs Officer (1)

(g) Medical Administrative Support (MSA) (3)

(h) Driver (2)

(i) Facility Management Service Staff (6) to assist as litter bearer

(j) Environmental Maintenance Services (3)

(k) VA Police (4)

(l) Information Technology, Communication Section (2)

(m) Social Workers (2)

(n) Safety Officer (1)

(o) Optional for VA/DoD Contingency: Military Patient Administration team members from Rodriguez US Army Health Clinic, Ft. Buchanan, and U.S. Army Reserve 1st Mission Support Command (MSC) elements (i.e., Mortuary Affairs Squad, Ordinance Firefighters Squad, Chaplain) and Medical Detachment Air National Guard.

b. **Transportation**

(1) Ground transportation to and from the airport will be arranged by Incident Management Team (IMT) Logistics Section, Transportation Section (Fleet Manager, Facility Management Service) for PRT members and small numbers of patients with minimal health condition issues.

(2) For patient that required an immediate or delayed movement IMT Logistics Section will contract private ambulance service. Additional ambulance movement support can be coordinated with the PR Department of Health, Healthcare Coalition (HCC) and local Emergency Medical System (EMS).

(3) Prior departure to airport, PRT members will gather at the VAMC Emergency Room Ambulance Bay to receive up-to date instructions about FCC mission and logistics (transportation, food, communication, supplies and tour of duty). VAMC Transportation Officer will coordinate PRT transportation to and from airport.

(4) An updated list of all points of contact is available at the Office of Emergency Management Room C33a, (787) 641-7582, ext. 110339, 110357.

c. **Security**

(1) A list of PRT members and support staff will be deliver to the Chief VA Police and forward to the airport security staff as soon as possible to clear all necessary security requirements prior arrival at the airport.

(2) Personal cellular phones and cameras are always prohibited at the airport runway and near the airplane/helicopter.

(3) Chief VA Police will coordinate additional security requirements with P.R. Ports Authority, Aerostar Security Office, Transportation Security Administration (TSA), U.S. Customs and Border Protection (CBP) and Muniz Air Force Base, Security Forces Squadron.

d. **Safety**

(1) Personal Protective Equipment (goggles, gloves, surgical masks, and ear plugs) is requiring at the Airport during the PRT operations.

(2) Due to current pandemic the CDC and VA Infections Control Guidance will be follow, additional PPE, social distance, hands washing, and other preventive measures will be required.

(3) Safety Officer will provide safety briefing to all PRT members and drivers prior any movement of patients to and from the airport.

e. **Public Information**

(1) Only the FCC Director, FCC Coordinator, VACHS Public Affairs Officer (PAO) will discuss with the local media resources any information regarding the VA/DOD and FCC NDMS activation.

(2) A Joint Information Center (JIC) will be established if local and federal government officials are supporting the FCC and/or PRC operations.

(3) Patients' information is private and will be protected according with the "Health Insurance Portability and Accountability Act" (HIPAA).

(4) Triage, safety, security, and patient movement tracking are our main priorities.

f. **Triage**

(1) Triage Criteria:

(a) Respiratory status

(b) Perfusion and pulse

(c) Neurological status

(2) Triage Categories:

(a) Walking wounded - “Green” or minimal (relocate when told)

(b) Normal findings but unable to relocate - “Yellow” or delayed

(c) Abnormal - “Red” or immediate

(d) Non-Salvageable- “Black” or expectant

10. VA/DOD Contingency & NDMS Bed Availability Reporting Exercises.

The NDMS and VA-DoD Contingency Plan bi-monthly bed reporting and operational readiness exercise are required per the Department of Health and Human Services (HHS):

a. Area Emergency Manager (AEM) and FCC Coordinator will update the Transportation Command Regulating Command and Control Evacuation System (TRAC2ES) with bed availability for each FCC/PRC.

b. NDMS bed availability is derived from local participating hospitals proximal to the FCC, while PRC bed availability is based on the VAMC’s capacity.

c. Additionally, the AEM will verify the operational status of the FCC in consultation with the VAMC team, state, local, and community partners. This includes status of the designated patient reception site (airfield), staffing, transportation, equipment, and hospital capabilities. The results of this status review are reported on the FCC Readiness Report located on the VHA OEM Share Point. The AEM will notify VAMC leadership and the VISN Emergency Manager upon completion of the exercise.

11. VA/DOD Contingency & NDMS Training.

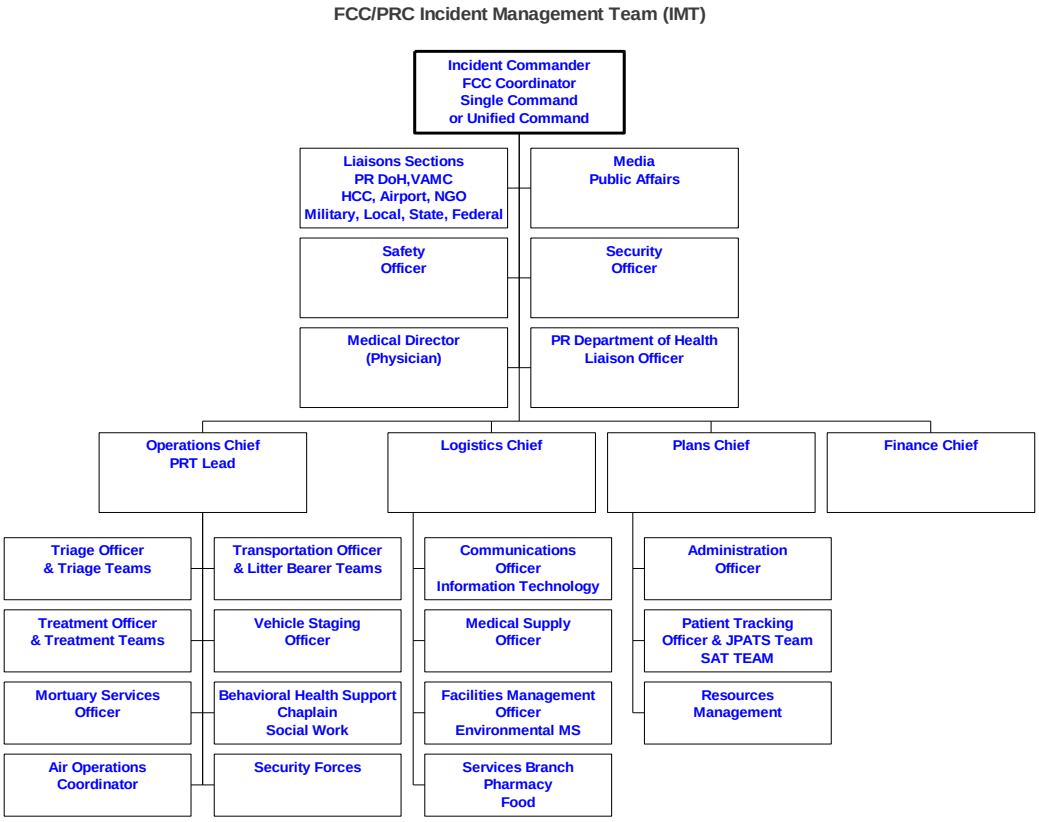
The NDMS and VA-DoD Contingency Plan training plan is included as part of the training and exercise multi-year plan. are required per the Department of Health and Human Services (HHS):

a. The Area Emergency Manager (AEM) and FCC Coordinator will plan and conduct every three (3) years the VA/DoD Contingency Plan in conjunction with the NDMS FCC full-scale exercise (FSE). In addition, every year the AEM and FCC Coordinator will coordinate other types of exercises (i.e seminars, workshops, tabletop exercises (TTX) that provides FCC/PRC staff, as well as applicable federal, state, and local government, participating NDMS partner medical facilities and private sector personnel, annual orientation training in the operation of the FCC/PRC.

b. Annual training for FCC /PRC staff and partners includes National Disaster Medical System (NDMS) and Federal Coordination Center mission, Joint Patient Assessment and Tracking System (JPATS), NDMS Definitive Care Reimbursement Program and Memorandum of Agreement (MOA) for Definitive Medical Care.

12. Patient Reception Team (PRT) Incident Management Team (ITM) Structure.

a. The IMT structure below describes command & general staff positions as well as the recommended Patient Reception Team (PRT) members composition and responsibilities, an ICS structure that can be used.



Lists VA/DOD and FCC Resources Required.

a. The following if the list of equipment and supplies that will be use during VA/DoD and FCC operations:

ITEM NAME	Location	Qty Req	Unit of Issue
Back Rest, Litter	FCC Trailer	8	ea
Back Rest, Litter Oversize	FCC Trailer	11	ea
Bar Code Reader	AEM Office	2	ea
Blanket, Cotton	FCC Trailer	48	ea
Board, Dry Erase	AEM Office	3	ea
Bullhorn	FCC Trailer	1	ea
Chair, Folding	FCC Trailer	189	ea
Cot, Folding	FCC Trailer	10	ea
Ear plugs	Safety Office	1	100/pkg
Extension cord, outdoor	AEM Office	2	ea

Field Desk	FCC Trailer	1	ea
Goggles	FCC Trailer	50	ea
ICS Vests, kit 8 piece	FCC Trailer	1	pkg
Leather Gloves (Large)	FCC Trailer	15	ea
Leather Gloves (Medium)	FCC Trailer	15	ea
Light Tower Stand	FCC Trailer	2	ea
Litter Carrier, Wheeled w/case	FCC Trailer	2	ea
Litter Mattresses	FCC Trailer	25	ea
Litter Stand, Folding (2/set)	FCC Trailer	60	ea
Litter Straps (3/litter)	FCC Trailer	100	ea
Litter, Bariatric, NATO, Folding	FCC Trailer	10	ea
Litter, IV Pole (Mil)	FCC Trailer	20	ea
Litter, Standard NATO, Folding	FCC Trailer	50	ea
Moulage Kits		1	ea
Oxygen Tank E Stand	FCC Trailer	2	ea
Pack N Pop Traffic Cones 5 per case	FCC Trailer	2	pkg
ITEM NAME	**Location**	**Qty Req**	**Unit of Issue**
Pillowcase, disposable	FCC Trailer	5	10/pkg
Reflective Safety Belt	FCC Trailer	30	ea
Security Barricade	FCC Trailer	2	ea
Sheets, Disposable	FCC Trailer	1	100/pkg
Signs Stand	FCC Trailer	2	ea
Spine Board	FCC Trailer	2	ea
Table, Folding	FCC Trailer	10	ea
Tie-Down Strap Ratchet	FCC Trailer	6	ea
Tire, Spare, Cover	FCC Trailer	1	ea
Trailer, Cargo	Gate 4	1	ea
Vest, Visibility	FCC Trailer	50	ea
Wheelchairs	FCC Trailer	3	ea
Wheelchairs, Bariatric		2	ea

b. Other deployable resources will be use based on type of mission, duration, available space for operations, weather conditions, airport requirements and restrictions. The following are some of deployable resources for VA/DoD and FCC operations:

(1) Logistics Support Vehicle (LSV)

(2) Mobile Medical Unit (MMU)

(3) Dual Use Vehicle – Large

(4) Very Small Aperture Terminal (VSAT)

(5) Plum Case/ LTE Router

(6) Hand-Held Satellite Phone

(7) Emergency Management Laptop

(8) Handwashing Stations

(9) Portable Restroom Trailer

(10) Emergency Standby Generator (Kohler (150kW)

(11) Light Towers

(12) Western Shelters Tents with Trailers

(13) Interoperable Radios P-25-Viking VP 900

(14) FCC Equipment Trailer (T-3)

(15) Portable Diesel Tank

13. Point of Contact for VA/DOD- NDMS Program.

a. VHA OEM- VA DoD & NDMS Program Manager

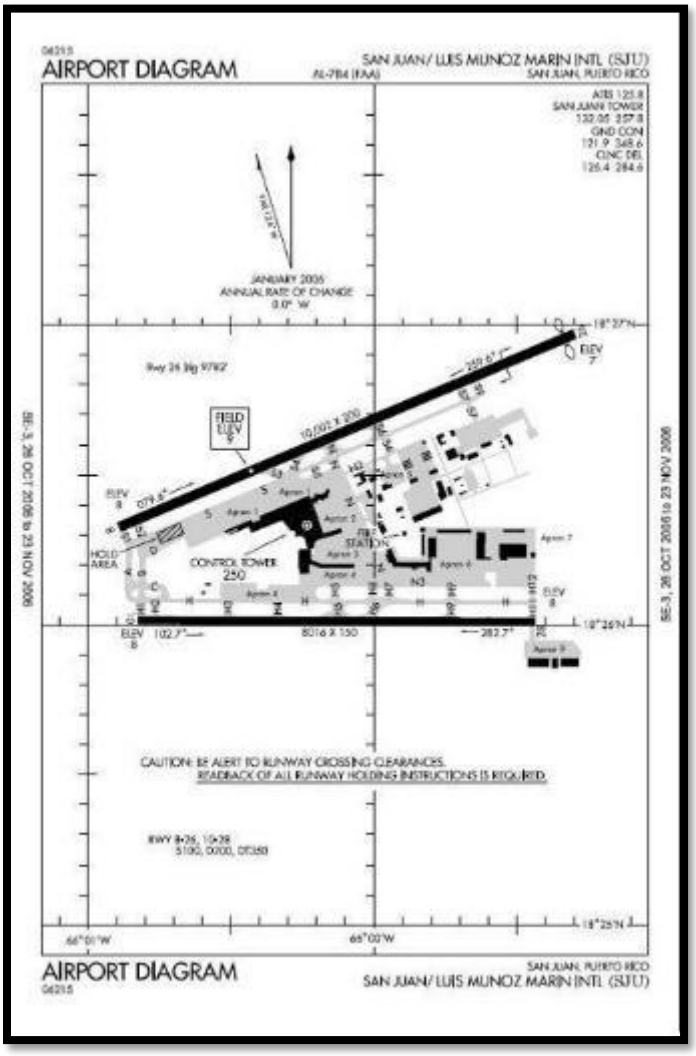
Charles D. Soper
Operations Program Manager
Veterans' Health Administration
Office of Emergency Management (15EM)
Office – 202-461-4672
Cell – 202-679-5764
Charles.Soper@va.gov

List Of Local NDMS Hospitals with MOA

Administration of Medical Services for Puerto Rico (ASEM)-Centro Medico
Ashford Presbyterian Community Hospital, Inc.
Auxilio Mutuo Hospital
Bella Vista Hospital, Inc.
Cardiovascular Center of PR & Caribbean
De La Concepcion Hospital
Doctor's Center Hospital - San Fernando Carolina
Doctor's Center Hospital- Bayamon
Episcopal San Lucas Hospital- Ponce
HIMA San Pablo Bayamon Hospital
HIMA San Pablo Caguas Hospital
HIMA San Pablo Cupey Hopsital
HIMA San Pablo Fajardo Hospital
HIMA San Pablo Humacao
Hosp. Universitario Dr. Ramon Ruiz Arnau, Bayamon
Hospital de Psiquiatria Dr. Ramon Fernandez Marina
Hospital del Maestro
Hospital Industrial CFSE
Hospital Oncologico Dr. Isaac Gonzalez Martinez
Hospital Pavia-Hato Rey
Hospital Pavia-Santurce
Hospital San Francisco
Hospital Universitario Adultos
Mayagüez Medical Center Dr. Ramón E. Betances
Metropolitano Hospital- Metro Health Inc- San Juan
Perea Hospital- Metro-Mayaguez Hospital Inc
San Jorge Children's & Women's Hospital
San Juan Capestrano Hospital
San Juan Municipal Hospital
Sistema de Salud Menonita-Guayama
University of PR -Pedriatric Hospital
University of Puerto Rico, Dr. Federico Trilla, Carolina

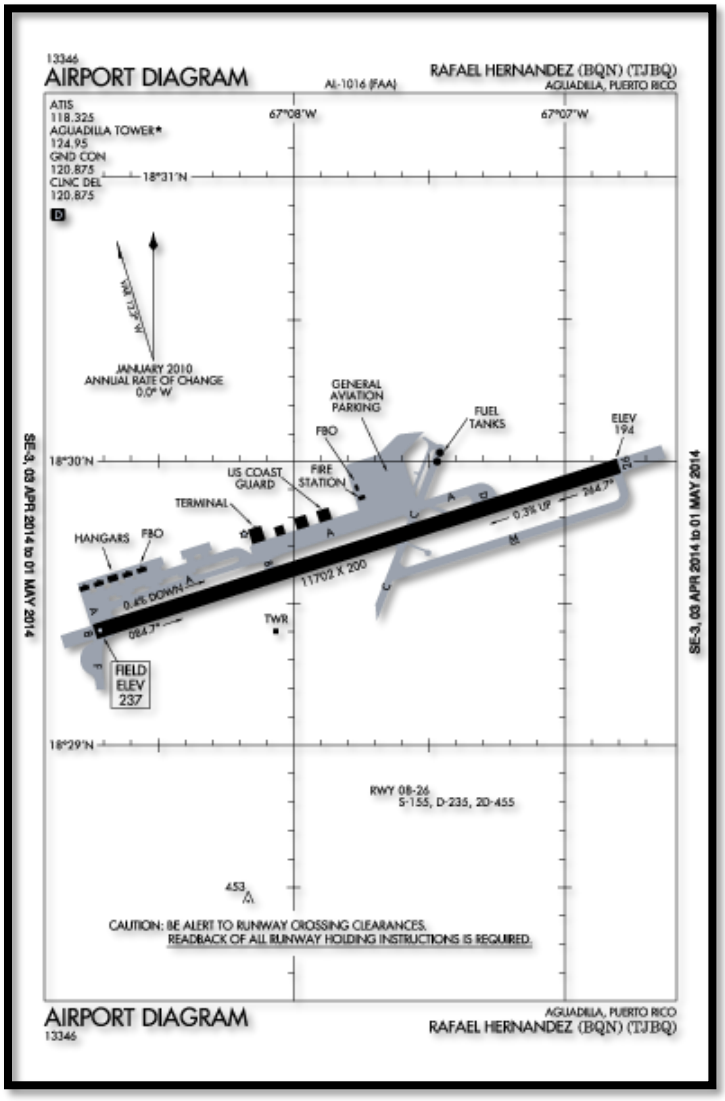
FCC/PRC Airports

PRIMARY AIRPORT



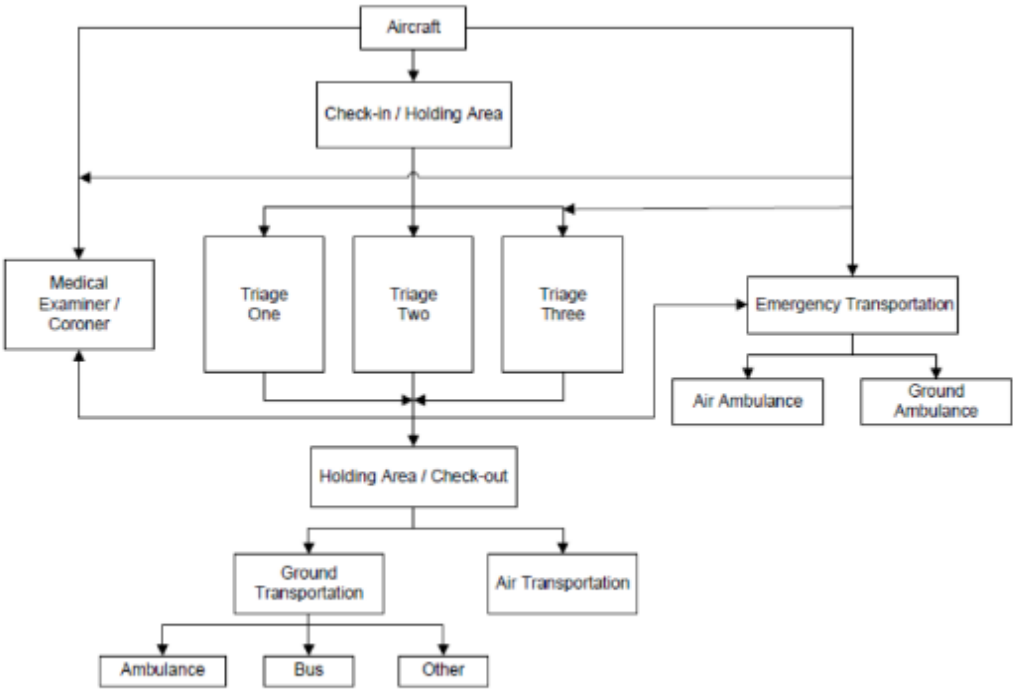
VA WAREHOUSE CAROLINA, P.R.

SECONDARY AIRPORT



RAFAEL HERNANDEZ INTERNATIONAL AIRPORT

FCC PRT Airport Layout



Terms and Definitions.

ACOS	Associate Chief of Staff
ACOS/AC	Associate Chief of Staff for Ambulatory Care
ACOS/E	Associate Chief of Staff for Education
AD	Assistant Director
AECC	Aeromedical Evacuation Control Center
AEM	Area Emergency Manager
AMC	Air Mobility Command
AMMS	Acquisition and Material Management Services
ASCMD	Associate Chief Medical Director
ASD	Associate Director
GPMRC	Global Patient Movement Requirements Centers Medical Regulating Office
BDOC	Bed Days of Care
CHS	Contingency Hospital System
CONPLAN	Contingency Plan
CONUS	Continental United States
COS	Chief of Staff
DHS	Department of Homeland Security
DHCP	Decentralized Hospital Computer Program
DMRIS	Defense Medical Regulating Information System
DOD	Department of Defense
EMPO	Emergency Medical Preparedness Office
FMS	Facility Management Service
EOC	Emergency Operations Center
ERP	Emergency Response Plan
FCC	Federal Coordinating Center
FM	Frequency Modulation
FORSCOM	Forces Command
IOC	Independent Outpatient Clinic
ITOPS	Information Resource Management Section
ISC	Installation Support Center
JCAHO	Joint Commission Accreditation of Hospital Organization
MCC	Military Coordinating Center
MCD	Director
MEMO	Memorandum
MOU	Memorandum of Understanding
MPAT	Military Patient Administration Team
NDMS	National Disaster Medical System
NSC	Non-Service Connected
PRA	Primary Receiving Area
PRC	Primary Receiving Center

PRT	Patient Reception Team
REM	VISN Emergency Manager
REOC	VISN Emergency Operations Center
SC	Service Connected
SSC	Secondary Support Center
SPD	Supply Processing and Distributions Section
TBA	To Be Announced
TBD	To Be Determined
UHF/FM	Ultra High Frequency/Frequency Modulation
US	United States
USPHS	United States Public Health Service
VA	Veterans Administration
VACO	Veterans Administration Central Office
VAMC	Veterans Administration Medical Center
VA/DOD	Veterans Administration/Department of Defense
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WOC	Without Compensation

14. References.

a. National Response Framework (NRF), October 2019

b. Robert T. Stafford Disaster Relief and Assistance Act, 42 U.S.C. 5121 et seq

c. Public Law 97-174, VA and DoD Health Resources Sharing and Emergency Operations Act (4 May 1982)

d. Public Law 107-188, Public Health Security and Bioterrorism Preparedness and Response Act of 2002

e. MOA, National Disaster Medical System currently under revision

f. Memorandum of Understanding between the Veterans Health Administration and the Department of Defense Military Health System Health Care Resources Sharing Guidelines Agreement Number DHA-2019-S-1214

g. NDMS Federal Coordinating Center Guide June 2018

h. NDMS Definitive Care Reimbursement Program

i. VA/DoD Contingency Regulation (PL 97 174)

j. HHS ASPR NDMS: Joint Patient Assessment and Tracking System

k. TRANSCOM Regulating Command & Control Evacuation System (TRAC2ES)

l. Homeland Security Exercise and Evaluation Program (HSEEP) 2020

m. National Disaster Medical System, VA Federal Coordinating Center Guidebook, January 25, 2020.

n. VHA Directive 0320.04, VHA Participation in Federal Patient Movement and Definitive Care, January 3, 2022.

ANNEX 1.8

Evacuation Plan

1. Purpose

The purpose of this Evacuation Plan is to provide information necessary for an effective and safe evacuation response to all incidents that could potentially affect VA Caribbean Healthcare System (VACHS). This Hospital Evacuation Plan is meant to provide planning assistance and support a hospital in refining and augmenting its efforts to prepare for the possible evacuation of part or all the facility.

2. Policy

a. Evacuation orders are given by the Incident Commander or designee in collaboration with the Veterans Integrated Service Network 8 (VISN) 8 other public agencies. It is the policy of VACHS to maintain a comprehensive plan addressing the safe and efficient patient movement and evacuation procedures during emergencies and disaster incident when the facilities' infrastructure has been or will be adversely impacted and unable to sustain healthcare operations.

b. During adverse weather conditions, VACHS will post information concerning Medical Center operating status and other important information on the VACHS Website and Facebook. Staff must check these sites regularly to ensure they receive the most up to date information. Medical Center policy will be to evacuate the entire Medical Center when threatened by storms rated at Category 2 or when surge can affect critical infrastructure, buildings or cause Medical Center to be isolated due to surge. Outlying buildings may be evacuated during any storm to include Tropical Depressions, Tropical Storms or Category 1 Hurricanes. Any system that has a storm surge of 4 feet will constitute an evacuation of outlying buildings.

c. Bed Management Solution (BMS) will be the VISN 8 mandatory tool used to manage patient evacuation and movement activities during emergency or disaster situations.

3. Situation

Patients must have a safe environment for receiving care, and staff must have a safe environment to provide care. When these are or may be potentially compromised, VACHS may be evacuated in part or in total. VACHS' location makes it vulnerable to hurricanes and other severe weather conditions that may adversely affect the facility and its ability to provide patient care. VACHS may be affected due to flooding, structural damage, or loss of utilities.

4. Scope

To provide a safe environment for patients, staff, and visitors within the hospital or during evacuation following an incident that impacts the structural integrity or service availability of the hospital.

5. Planning Assumptions

a. Typically, the reason for evacuation is that critical systems have been or will be, adversely impacted; however, in some instances such as a fire or a hurricane event, the facility, or parts thereof, may be severely damaged and/or destroyed thereby rendering it unusable. Individual Service policies and plans must address the potential for vertical, horizontal, or total evacuation should the facility experience a loss of these mission-critical systems.

b. Any of the following conditions could interfere with an employee's ability to quickly evacuate a building:

(1) Limitations which interfere with walking or using stairs (joint pain, mobility device user (i.e., wheelchair, canes, crutches, walkers).

(2) Reduced stamina, fatigue, or tire easily (due to a variety of temporary or permanent condition.

(3) Respiratory (cardiac conditions, asthma, emphysema, or other symptoms triggered by stress, exertion, or exposure to small amounts of dust or smoke, etc.)

(4) Emotional, cognitive, thinking, or learning difficulties (may become confused when dealing with unfamiliar and unusual activity during an emergency, loss of sense of direction, or may require emergency directions be given in simple steps or basic concepts).

(5) Vision loss (may require assistance in learning emergency evacuation routes or assistance in moving downstairs).

(6) Hearing loss (may require modification to the standard emergency announcements/notifications instructions are provided).

(7) Temporary limitations resulting from surgery, accidents, or injuries (sprains, broken bones, etc.), pregnancy.

(8) Reliance on technology which may not work in an emergency (hearing aids, scooters, wheelchairs, elevator lighting, sounds).

(9) Employee responsibilities for assisting mobility impaired patients, visitors and staff include:

(a) Move any immobile patient to another area or unit near an elevator lobby in a different smoke compartment or a fire exit that is farthest from the fire zone.

(b) Evacuate mobility impaired patients down elevators last.

(c) Inspect corridors nearest to each unit for visitors or employees who are impaired.

(d) Mark rooms that have been evacuated per protocol.

(e) If it is determined that the elevators are shut down, move the persons with the mobility impairment last to exit the stairs through the fire exit.

(f) If the person is in a wheelchair and cannot be carried down the stairs in the wheelchair, do the following:

1. Remove the immobile person from the wheelchair and place him/her into a Stryker Evacuation Chair.

2. Carry him/her down the stairs (minimum two employees needed).

3. Fold the chair and bring with patient, if possible, wheelchairs should not be retrieved at the cost of time to remove others or if it put staff in harm's way. Electric Wheelchairs and scooters will not be transported downstairs.

4. If the immobile individual is too heavy to carry down the stairs, use a Sled2Go to assist the person down the stairs.

6. Roles and Responsibilities

a. **Emergency Management and Medical Center Leadership** will monitor National and Regional Weather Services' bulletins on current weather conditions and forecasts, while also maintaining communication with the Puerto Rico Weather Bureau. Emergency actions will be appropriately escalated, as conditions warrant. The intent of this plan is to give Medical Center personnel advance warning and allow them adequate time to prepare in the event of a hurricane.

b. **The Director** will be responsible for upholding and supporting all established requirements by this policy as necessary to ensure compliance with this Memorandum within. In those instances when the Network takes control and starts making movement decisions of assets and resources for the facilities then the Network Director will be responsible for directing the establishment of the Area Command for the Network Emergency Management Coordinating Center (NEMCC).

c. **NEMCC** will be responsible for operating as the coordinating and support structure that assists facilities with all aspects of their patient movement and evacuation activities. BMS will be integrated into the NEMCC operations to assist facilities with the management of patient evacuation and movement activities during emergency or disaster situations.

d. **Medical Center Directors** will be responsible for ensuring that their written patient movement and evacuation procedures address the necessary steps to safely

evacuate the Medical Center in a safe and efficient manner. **See Attachment A, Evacuation Checklist.**

(1) Identification and contact information from nearby hospitals and other alternative health care facilities.

(2) Ensuring the designation of a physician, nurse, pharmacist, and Nutrition and Food Services (N&FS) points of contacts (POCs) that will assist with coordinating all clinical aspects of the patients' transfer activities. All communication and coordination activities will be channeled through the Operations Section Chiefs from command systems for the sending and receiving facilities.

(3) Identification of ambulance services and other patient transportation assets and resources needed to support their patient movement and evacuation plan.

(4) Ensuring that the facility has resources required to support their evacuation plan.

(5) Ensuring BMS usage by all applicable clinical/administrative staff, and for the inclusion of BMS capability in their incident management processes (i.e., evacuation procedures and designating BMS roles on the IMT) to ensure smooth implementation of management of patient movement activities.

7. Types of Evacuations

a. In addition to determining the level of an evacuation, the hospital Incident Commander will determine the priority for moving groups of patients based on the conditions of the event. The underlying principle will be to maximize lives saved with respect to the constraints of available resources and time. Once an evacuation order is given it may be conducted in one or a combination of three Response Models based on the amount of time available for a given evacuation and the other resources (especially transport resources) available:

(1) Geographic Model: The internal evacuation of areas at greatest risk within the Medical Center or select individual care units to evacuate sequentially as entire units to a safer location on property. This may occur when the Medical Center has significant notice and/or has the required time to evacuate based on the geographic location of patient units and size of storm for the below locations. This type of evacuation will only be considered during weak Tropical Depressions or Tropical Storms that are forecasted to produce little to no surge and have no chance of intensifying into a stronger storm.

(2) Resource Model: This evacuation focuses on utilizing available resources in the most efficient manner possible. Evacuation would occur vertically (top to bottom if elevators are available or reversed if not) while identifying evacuees that require scarce resources. Therefore, patient prioritization will be directly linked to resource availability (e.g., ICU patients would be evacuated in a way that makes the best use of ambulances equipped to handle ICU patients).

(3) Acuity Model: This evacuation process will account for patient acuity in the prioritization of patients during the evacuation operation. Evacuations are conducted in the same top-down or bottom-up method as described in the Resource Model, however, in this model, patient acuity is the primary driver of the evacuation order decisions. This model will allow the Medical Center to evacuate the most ill and most resource-intensive patients first if there are sufficient transport resources and receiving facilities to accommodate them. This model rapidly decreases the medical workload on the evacuating hospital staff as high-acuity patients are transferred, and protects those patients if power, suction, oxygen, or other systems fail as the evacuation progresses.

8. Plan Activation

a. **Activation of Incident Command System (ICS) and notification procedures**

(1) Upon identifying an incident that has impaired or has the potential to adversely impact a facility and compromises the facility's capability to sustain healthcare operations VACHS will immediately notify the VISN Office via telephone call. For support and coordination purposes the local Emergency Operations Center (EOC) and Emergency Medical System (EMS) will also be notified regarding potential and/or intent to evacuate the facility. During weekends, Holidays, and non-regular tours of duty facilities will follow their cascade reporting procedures.

(2) VACHS will submit an Issue Brief (IB) to VISN Office within two hours of the event recognition, detailing information related to the incident. VISN Office will review IB (s) and submit to VHA Central Office (CO) following the established IB submission procedures.

(3) Under those circumstances where facilities experience network outages and where BMS and/or CPRS become unavailable, facilities will default to their manual contingency plans. All patient transfer information will be comminuted via hard copies of the patients' medical records, transfer notes, and the use of Attachment E (VISN 8 Patient Tracking Tool).

(4) Timely and continued communication between NEMCC and the IMTs from sending and receiving facilities will be instrumental for the prompt and safe transfer of patients. Attachment I (Hospital Census and Bed Availability Report) will be the tool that will be used to exchange information on bed availability.

b. **Communications**

(1) During patient movement events VACHS will deploy radios that have been programed with a specific channel (EMS) to prevent communications overload. EMS channel will be used for the command-and-control for ICS functions and/or determined areas/services.

c. **Patient Manifesting, Regulating, Tracking and Flow Process**

(1) The emergency management function in BMS begins with the regular and continuous assignment of emergency management icons to patients to identify patient needs during an emergency.

(2) Please refer to Attachment B (Patient manifesting, regulating, tracking and flow process) for detailed information on the steps to be followed to conduct the patient movement and evacuation activities.

(3) Once the decision is made by the hospital's Incident Commander (IC) to activate the hospital evacuation procedures the BMS responsible party will turn on the evacuation radio button. To place a facility in an evacuation status, you must have administrative rights to BMS.

(4) When evacuation is initiated, the system will automatically search for those patients with the "E" icon and place them on the Patient Pending Bed Placement (PPBP) list. BMS pulls the Admitting Diagnosis from VistA and displays it as the presenting problem.

(5) At the VISN Office the Area Commander at the NEMCC will assign a BMS responsible party to assist with the coordination with other facilities and the national BMS team to identify the appropriate locations to transfer patients. Factors such as capability and bed availability will be considered to make this determination.

(6) Emergency management reports are available in BMS to facilitate the evacuation of patients. There are three emergency management reports:

(a) Roster report - displays patients requiring evacuation and could be used by the nurse manager or emergency management coordinator organizing the evacuation.

(b) Regulate report - displays patient information along with their transportation requirements and transportation provider. It could be used by the individual at the entrance of the hospital directing patient traffic.

(c) Manifest report - provides patient information and transportation information to be used by the driver of the patient transport.

d. **Clinical Coordination of Transfers**

(1) To assure continuity of care and a smooth transfer of patients, there must be a dialogue between the patients' attending physicians at the evacuating and receiving facilities and between the patients' nursing staffs at the evacuating and receiving facilities. If possible, the health summary from Computerized Patient Records System (CPRS) at the evacuating medical center will be printed and will accompany the patient during transfer.

(a) Nursing

1. Sending facility nurses will complete Attachment C (Nursing Interfacility Transfer Notes) for each patient in CPRS prior to patient transfer. Downtime procedures will be implemented to complete the note if emergent conditions exist that prevent timely entry of the note and/or CPRS/network system is down. The evacuating medical center will print/copy the note and it will send note with the patient during transfer.

2. Once the Area Commander at the NEMCC determines and assign patients to the appropriate facilities, receiving facilities will begin with process of assigning beds to incoming patients.

3. Sending facilities' Nursing Service will provide the essential information to Nursing Supervisors, NOD's, or designee at receiving facilities for each patient to assist with the determination of bed assignment as follows:

a. Name

b. Last 4

c. Gender

d. Diagnosis

e. Code status

f. Whether patient is Baker Act

g. Allergies

h. Isolation type if any

i. Bariatric needs

j. Current treating specialty and level of care (ICU, PCU, acute care, SCI, rehab, inpatient pain program, mental health, CLC, etc.)

k. Any reason why the patient would need a single room bed

(1) The Associate Director for Patient Care Services (ADPCS) from the sending facility will coordinate with ADPCS at the receiving facility to arrange the verbal handoff/report. Nurse Managers will make every attempt to batch patient reports during these calls.

(2) Nursing report/hand off will follow the Subject Background Assessment and Recommendations (SBAR) process to include the necessary information for seamless care transition. Information will also include the name and contact number of the reporting and receiving nurse in case report updates are needed if patient condition changes prior to transfer.

(b) Providers (Physicians/APPs)

1. Clinicians without an active inpatient responsibility, or who can safely travel, be deployed to assist with other functions including providing care at assembly point locations for patients that have been evacuated from their floors.

2. Providers will prepare inpatients for evacuation. They will prioritize the most critical patients and the patients with the most complex needs.

3. Providers will enter in CPRS either an Interfacility Transfer Note or a Discharge Summary for each patient. Providers also will perform a Medication Reconciliation for patient. This information should enable providers at the receiving facilities to enter delayed orders and make any additional necessary preparations that may be required for each patient. The Transfer Note or Discharge Summary must include:

a. Age

b. Primary Diagnosis and Active Comorbid Conditions

c. Condition / Current Level of Care / Code Status

d. History of Present Illness

e. Physical Exam and pertinent physical findings

f. Relevant Test Results including labs, imaging, and procedures

g. Hospital Course

h. Assessment / Plan including recommended testing and procedures

i. Pending test results

j. Active Inpatient Medications

k. Diet / Activity

l. Special Needs such as Oxygen, Isolation, Sitter/Observation/1:1/BA52, wounds/drains/tubes, Dialysis, wound care, procedures, dementia, fall risk, aspiration risk, blindness, hearing impaired, Tube Feeds, TPN

m. Next of Kin Information

n. Clinician’s Contact Information

4. Receiving facility providers will contact the sending facility providers as needed for verbal hand off. Information exchanged will include the name and contact number of the reporting and receiving provider in case report updates are needed if patient condition changes prior to transfer.

5. Downtime procedures will be implemented to complete the note if emergent conditions exist that prevent timely entry of the note and/or CPRS/network system is down. The evacuating medical center will print/copy the note and it will send note with the patient during transfer.

6. Receiving facility providers will review notes in Joint Legacy Viewer (JLV) and enter delayed admission orders prior to the patients' arrival.

7. The Chief Hospitalist and Chief of Nursing or their designees at the transferring facility together with their counterparts at the receiving facilities will assign patients to appropriate beds in the receiving facility

8. Providers at the transferring facility will call report to the providers at the receiving facility

9. Once these physician handoffs have been completed, nurses at the transferring facility will call report to the nurses at the receiving facility

(c) Medications

1. Prior to a patient transfer, and after communication and coordination with the Operations Section Chiefs from the sending and receiving facilities, the Chief of Pharmacy from the receiving and sending facilities will communicate determine pharmacy related information needed for the transfer.

2. The Chief of Pharmacy from the receiving facility will then determine whether the facility can meet all the patient's pharmaceutical needs with their current stock. If not, the Chief of Pharmacy from the sending facility will need to send any medication requested by the Chief of Pharmacy from the receiving facility, in the format (e.g., outpatient prescriptions or unit-dose) and quantity requested minimum of 14-day supply.

3. It is essential that the Medication Administration Records travel with the patient at the time of transfer. Patient care teams are required to follow the established procedures for the management of medications and controlled substances brought onto the transport vehicle.

(d) Nutritional Needs

1. As part of the planning process VACHS will address the evacuating patient's nutritional needs during transport.

2. Attachment D – Emergency Menu Lunch Boxes, provides basic guidance with a patient menu example.

(e) Patient Transport Process

1. Patient transport resources, including personnel to assist with evacuation may be limited during evacuations. The policy of this Medical Center will be to prioritize

patients with urgent conditions with the most logical transport resources available. When time is critical the ICU and other critical care units will be first. Units of different acuity levels may be evacuated in parallel, when possible, to avoid heavy use of ALS resources.

2. All facilities are required to integrate the use of BMS emergency management features to support coordination and have oversight during operations involving bed availability, regulating, tracking, and transportation/movement of patients. In addition to the electronic forms that BMS automatically generates during the activation of the evacuation protocols, Attachment E (VISN 8 Patient Tracking Tool) will be the manual form used for patient tracking purposes.

3. Local EMS providers and private contracted transportation services must be considered the primary source for inpatient transportation. Only during extreme circumstances when transportation resources from these providers are not readily available facilities' organic transportation resources such as Dual Use Vehicles (DUVs) will be considered. Facilities will comply with all requirements established by VHA Directive 0320.07: Dual use Vehicles (DUV) Program.

4. For patients/residents (ex. Community Living Center and Domiciliary) that are able and deemed safe to be transported with standard transportation assets the facility should consider the possibility of using organic resources (ex. DUVs, shuttle busses, etc.) to accomplish this task.

5. There should be at least two teams who will be responsible for loading patients into vehicles and ensuring patients can safely be transported to their destination. Each team will include:

a. Clinician (experienced ED clinician who can confirm that the appropriate staff, supplies, and equipment needed are present).

b. Biomedical engineer (to retrieve or track hospital equipment travelling with the patient).

c. Loader (anyone physically fit who can help lift patients into vehicles) NOTE: must be supervised by EMS to ensure that they do not injure themselves or the patients with improper loading/lifting techniques.

d. Patient tracking representative to document the specific vehicle used for transport and time of departure for each patient

6. Elevators will be used to evacuate patients unless the evacuation is driven by an event that prevents this capability. In such cases the Medical Center possess evacuation devices (Sled2Go's and Stryker Chairs) to assist with stairwell evacuations.

7. As part of the planning process for transportation of patients, the Medical Center will also identify and address the following:

a. Identify patients that require special needs and assistance, such as those with dementia, vent patients, isolation, Psychiatric, Bariatric, etc.

b. Those resources necessary to address patient needs during transport (e.g., Patient Evacuation and Care packs “go kits”, food, water, medications, etc.). Refer to Attachment F (Guide for Assembling Patient Care Backpacks)

c. Identify staffing that will accompany patients to the receiving facility. Identify and coordinate for staff lodging.

d. To expedite access to CPRS and enhance a seamless transition of patient care, the sending facility will originate a VISN EPAS for all providers accompanying patients. When entering the EPAS you will check the box next to the site for which you need access. They should be followed to request appropriate EPAS

(1) Go to the link https://epas.r02.med.va.gov/

(2) Click Submit Document

(3) Select VISN 8 Access Request

(4) Select Create Document

(5) Fill out the Request form (Attachment G: VISN 8 Remote Site Request) as comprehensively as possible. The supervisor can be the same person for all providers. This will expedite the supervisor approval process. The supervisor should be authorized to approve all requests. They should also be notified to expect the EPAS approvals so they can process as soon as received. Otherwise, a provider’s normal supervisor should be used.

(6) Fill out the Type of Access tab/form (Attachment H: EPAS Type of Access) as comprehensive as possible. Training certificate is important. On the Comments Tab enter “Emergency XXXXXX Issue”. XXXXXX is the name of the event the access is required for. Click Save and submit.

(7) The EPAS is initiated from the location the provider is coming from. If the receiving location is unable to process the EPAS requests, they will be processed at a different location. Access can only be provided to live systems. This process will be coordinated between correspondent command centers in cooperation with OIT.

(8) The Request Tab and the Type of Access tab are provided as attachments showing each form that should be filled out at the link above.

(9) A coordinated effort will be conducted between sending and receiving hospitals, and the NEMCC to identify appropriate and safe evacuation routes available (travel distance and time, safe routes, alternate routes, tolls and rest areas, fuel points, appropriate size of roads for DUV size). GPS system installed in DUVs will assist with vehicle tracking while in-route.

(10) The NEMCC will support the patient movement coordination efforts through the identification of beds available in specific treatment categories identifying beds available within VISN 8 and across VHA facilities. The NEMCC will also provide additional support that includes, but is not limited to bed availability reports, patient transportation assets and resources, human resources, and others as deemed necessary.

(11) Transfer of care will be considered complete once the patients arrive to the receiving facility. Sending and receiving facilities will follow their established protocols for communicating with patients and their family members.

(f) Network Outages

1. Under those circumstances where facilities experience network outages and where BMS and/or CPRS become unavailable, facilities will default to their manual contingency plans. All and patient transfer information will be comminuted via hard copies of the patients' medical records, transfer notes, and the use of Attachment E (VISN 8 Patient Tracking Tool). Timely and continued communication between NEMCC and the IMTs from sending and receiving facilities will be instrumental for the prompt and safe transfer of patients.

2. Attachment I (Hospital Census and Bed Availability Report) will be the tool that will be used to exchange information on bed availability.

(g) Family Notification

1. Patient Family Assistance Branch Director under the Operations Section will be responsible for notifying family members and other related and responsible parties about patient transfer destinations, answering calls, and responding to family member questions concerning patient welfare and location. Social Work will be responsible for fulfilling this task. Roles and responsibilities include:

a. Contacting patients' families to notify them about the impending evacuation.

b. Managing a phone bank that will answer calls from families looking for information.

c. Rounding at the Assembly Point to support patients, gathering information about their condition, and updating families as possible.

d. Managing and determining locations for the primary and secondary family waiting areas for families that are on-site during the evacuation if they will not or cannot leave.

e. Social Work should encourage families to stay home until the patient has been transferred to the new facility.

f. Patient Tracking Manager will provide Family Notification Unit with list of names of those patients evacuated.

(h) Facility Shutdown

1. When the nature or cause of an evacuation dictates that a hospital building or campus is to be left unoccupied for a period (exceeding 24 hours), the physical plant must be shut down and secured in an orderly manner. This is vital to maintain the security, integrity, and mechanical functions of the physical plant.

2. The following activities are the responsibility of the Operations Section and Logistics Branch.

a. Medical gasses

b. Natural gas

c. Boilers

d. Generators

e. Heating/air conditioning plants

f. Telecommunications and data systems (Logistics)

g. Electrical power

h. Water

i. Sewer/Sanitation pumps

(i) Securing the Utilities

1. At the direction of the Incident Commander, the following steps shall be taken to perform a shutdown and secure all utilities:

a. The Maintenance Supervisor will dispatch mechanics to standby medical gas and vacuum systems and await instructions if a campus wide shutdown is in order

b. If a partial shutdown is required a mechanic will be sent to the affected area to await instructions from the Infrastructure Branch Director.

c. A Maintenance Technician will standby at their computer to perform an emergency shutdown of HVAC systems and domestic water systems

d. Mechanics will be assigned to the oxygen farm to standby for orders to shut down main feeder valves for the bulk oxygen system

f. If a partial shutdown is required, the mechanic assigned to shutdown local medical gas systems will perform the oxygen shutdown

g. Maintenance will standby for instructions to possibly shutdown chilled water systems and boilers

h. If the need arises for a partial electrical shutdown, the Maintenance Supervisor will assign electrical staff to standby and await instructions

i. If a full campus shutdown of the electrical systems is necessary, engineering shall be notified to perform this process. The maintenance technicians will stand by to disable the backup generators.

j. Shutdown of utilities should be the final steps performed in an evacuation and shall only be initiated by order of the Incident Commander.

k. Once the Incident Commander deems it is clear to perform a safe and orchestrated shutdown of the utilities, the sequence of shutdowns will be coordinated with the Infrastructure Branch Director, who will direct the actions of the appropriate unit leaders or mechanics/technicians standing by to perform the shutdown.

l. As utilities are secured, the mechanic/technician securing shall follow all necessary lock out/tag out procedures and shall report the final disposition to the Infrastructure Branch Director.

2. Stay Team

Depending upon the circumstances, a Stay Team may be left behind to secure and safeguard the facility and/or effect the physical plant shutdown. The Stay Team will be led by a delegated Incident Commander, Logistics, Police, Utility, Safety & Emergency Management, Doctor, Nurse, and Grounds and Housekeeping staff. The number of team members will be based on the work to be done and the risk assessment for the Stay Team. For example, if evacuating due to an impending storm, the team should be minimal and focus on securing the facility. If the evacuation is secondary to a fire now extinguished, the team size may be significant and focused on recovery, restoration, and clean-up activities.

3. Stay Team Welfare and Security

a. When a Stay Team will remain after an evacuation, the following safety considerations must be considered.

b. A safety and security assessment shall be conducted by the Incident Management Team, with a clear understanding of the risks facing the Stay Team Personnel.

c. Mitigation measures or considerations shall be addresses in the HICS 215A Incident Action Plan (IAP) Safety Analysis. The IAP shall include provisions for Stay Team evacuation and recovery, should conditions deteriorate and pose a threat to life.

d. The Stay Team must maintain at a minimum of two alternate means of communications with off-site leadership and public safety organizations in addition to landline phones. Satellite phones and radios are used to fulfill this requirement, team members shall also maintain internal radio communications between team members on site.

e. Food, water, and other life sustaining provisions shall be provided for at least 96 hours.

f. Shelter and environmental considerations shall be addressed. Team members shall shelter in one location that is considered safe from current threat.

(j) Resolutions of Emergency Condition

1. The IC will declare when the emergency concluded, and reconstitution will begin.

2. Re-entry into the hospital facility will be at the direction of Incident Commander.

3. Procedure for inspecting the hospital will be the responsibility of Police, Engineering, and Safety Office.

4. Transportation of patients back to hospital will be coordinated by the Transportation Unit Leader. Should additional resources be needed to assist with transportation of patients, mutual aid agreements will be enacted.

5. Patients who will not be re-admitted will be discharged at by admitting/discharge staff.

6. Patient evacuation team will begin process of returning patients evacuated to other facilities if applicable.

7. Pharmacy will begin inventorying remaining pharmaceutical cache, medication, and supplies.

(k) Re-Occupancy Decision

1. Determination shall be made by the Incident Commander that the site is safe for re-occupancy. This plan assumes that before these assessments begin, the structural soundness of the buildings has been established and the buildings have been deemed safe for human presence (i.e., no chemical, biological, or radiological contamination; no dangerous cracks in supporting walls).

2. Other issues that could pose safety hazards for the assessment teams must also be addressed before a full hospital assessment can take place. Such determination shall be based on input and recommendations from stakeholders including (as applicable), but not limited to:

a. Hospital executive administration

b. Clinical and nursing leadership

c. Staff representatives

d. Patient representatives

e. Community representatives

(l) Recovery & Re-Occupancy Planning

1. From the moment that an evacuation begins, leadership planning should initiate recovery and re-occupancy planning. Once the cause of an evacuation has been resolved, the HICS organization can then apply full focus and energies to a timely re-occupancy.

2. During this phase, employees designated as part of the recovery team will return to supplement or relive staff as needed.

(m) Recovery Planning

1. Consider criteria for reopening facility and departments:

a. Partial or complete

b. Determine priorities, (Establish essential functions)

c. Determine resource need

d. Determine security needs

e. Determine personnel numbers and specialties needed

f. Certification by local authorities

g. Corporate influence considerations

h. Psychological considerations

i. Legislated regulatory considerations

j. Funding

2. Consider notification for reopening to

a. HICS will determine who will notify staff and the community

c. HICS will determine how will staff and community be notified

d. Staff

e. Other hospital/healthcare facilities

f. Local Emergency Operations Center

g. Media

h. Patient families

3. Consider restoration:

a. Support area

b. Clinical area

c. Outpatient services

d. Lab services

e. HVAC and medical gases

f. Food service

g. Environmental Management Service

4. Assign responsibilities and coordinate a Disaster Recovery Team (internal) to outline activities that may be required to bring VACHS back to its pre-disaster/emergency state.

a. Incident Commander will determine if criteria have been met for partial or complete re-opening of the facility and will order re- opening and repatriation of patients.

b. This plan will be activated at the direction of the IC or his/her designee and will be guided by the nature of the emergency and its aftermath. This will occur once the immediate response to the emergency has been completed.

c. In the early stages following the termination of the emergency, the Disaster Recovery Team will ensure that hospital officials are informed of the status of the activities of the recovery process, including the resources necessary to continue facility recovery.

d. Maintain a log(s) in the recovery process to include, but not limited to, salvage, records and files, communication (include computer equipment), medical supplies, and other equipment.

e. Pictures and/or videos will be taken of all damage to VACHS property.

f. Appropriate inspections will be arranged to determine safety for occupancy.

g. Restore internal and external communication systems.

h. Maintain essential functions after an emergency

i. Plan for personnel, supplies, and modified operations in incident that require an extended period of recovery (e.g., weeks-months)

j. Have mechanism for re-staffing

k. Plan to ensure employee health and well-being including rest, rehabilitation and feeding

l. Follow up with staff injury reports

m. Mechanism for pharmacy re-stocking

n. Clear debris and secure unsafe areas.

o. Return equipment from holding site

p. Plan for patient re-registration

q. Offer modified normal clinical operations in the event of an incident (e.g., canceling/rescheduling surgeries, outpatient services, etc.)

r. Gradually return medical care operations and non-essential services (as defined by hospital policy) to normal.

s. Inventory supplies and equipment and plan for replacement as needed.

t. Notify the community through local media about resumption of hospital services.

u. Keep detailed records and ensure that documentation is protected.

5. Recovery Roles

a. Command staff is responsible for:

(1) IC- will oversee restoration of normal hospital operations

(2) PIO- conduct final media briefing

(3) Liaison officer- notify community partners of re-opening of facility

(4) Safety- Oversee the safe return to normal operations and repatriation of patients

b. Operations sections is responsible for:

(1) Restoring patient care and management activities

(2) Repatriate evacuated patients

(3) Re-establish visitation and non-essential services

c. Planning section is responsible for:

(1) Finalizing the actual Incident Action Plan and demobilization plan.

(2) Ensuring appropriate archiving of incident documentation.

(3) Writing after-action report and corrective action plan for the incident.

4. Logistics section is responsible for:

(1) Implementing facility cleaning and restoration.

(2) Maintain inventory supplies, equipment, food, and water, and return to normal levels

(3) Telecommunications and data systems

(4) Each service line/critical function is expected to provide by available means to the logistics section, within one hour of activation of the medical center incident command, the resources that it has available, the expected duration of this resources and the contingency plan to conserve these resources, should replenishment of supplies be in jeopardy.

5. Finance section is responsible for:

(1) Compiling final response and recover cost and expenditure and estimated lost revenues summary and submit to the IC for approval.

Attachment A- Evacuation Checklist

	Incident Commander
	Notify NEMCC/VISN 8 and all employees (On and off Duty) of Medical Center Emergency Plan (EOP) activation.
	Determine Level of Evacuation, Shelter-In-Place, Horizontal, Vertical, Limited Area or Full
	If Full Evacuation Instruct Fleet Management to Inspect, Fuel and Rig DUV Buses for Evacuation. • Initiate any transportation contracts with Ambulance Services. • Request MOU's or availability of Charter Bus through contracting. • Notify Community Emergency Operations Center (EOC)
	Notify Safety Office to gather Litters (stretchers) for DUV Buses.
	Evacuation Time Frame (Immediacy of Evacuation)
	Prioritize Patient Evacuation
	Identify and Broadcast Assembly Point and Discharge Site Locations
	Request Labor Pool Activation
	Appoint a Deputy Operations Section Chief to oversee evacuation activities
	Designate physicians, nurses, pharmacist, and Nutrition and Food Service (N&FS) points of contact that will assist with coordinating clinical aspects of patient transfer activities.
	Document status of equipment and critical supplies that will be needed if an evacuation is ordered by the Incident Commander.
	Evaluate and document immediate staffing levels.
	Identify how many patients can be discharged early, how many are stable enough to evacuate, how many require specialize evacuating resources.
	If Sheltering-In-Place assess staff numbers that will need to be fed and require sleeping arrangements and communicate those number to EOC.
	Communicate unit status, including resource needs, unit closure requirements, and staffing shortages to Emergency Operations Center (EOC).
	Communicate any safety issues that may require unit to shut down and/or relocate services.

	Identify Alternate location within VISN 8 to evacuate patients
	Evaluate ongoing staff needs based on existing and predicted levels of human resources available.
	Evaluate ongoing staff needs based on existing and predicted levels of human resources available.
	Implement alternative staff resource options, including labor pool staffing requests that may supplement staffing needs.
	Instruct Service Chiefs to notify staff to report to their duty stations as outlined in their plan.
	Instruct Service Chiefs or designee to compile a list of employees present and available for assignments.
	Instruct Service Chiefs or designee to compile a list of clinical staff that will accompany patients to their evacuation location.
	Once all assignments are complete and patients are safely evacuated, discharged, or transferred, supplementary staff members may be assigned to the Labor Pool to assist in other locations.
	Early discharge or transfer of patients to other VA facilities will be coordinated through the Emergency Operation Center (EOC) as directed by the Incident Commander (IC).
	Service Chief or designee will appoint staff members to organize current patient census and mix numbers.
	Ensure that all team personnel continue to comply with safety procedures and instructions

Deputy Operations Section Chief	
	Once notified by IC the need for external evacuations, internal patient movements, and/or recovery of the patients who were evacuated, this will be implemented under the Deputy Operations Section Chief.
	Provide Leadership with Physician Staffing (Team A, Team B) for the storm and contact information.
	Obtain from Section Chiefs the roster of the Medical and Surgical Subspecialists who will remain throughout the storm. Ascertain what services will / will not be available during the storm.
	Limit / Stop additional hospital admissions.
	Request Patient Tracking Manager Activation
	Request Patient Assembly Point Leader Activation
	Request Patient Destination Coordinator Activation
	Request Transportation Unit Leader Activation
	Request Vehicle Staging Manager Activation
	Coordinate with ED Chief the closure of the ED and determine which ED patients will require evacuation and which will require admission.
	Contact Medicine Section Chiefs to ensure elective admissions and procedures have been cancelled.
	Meet with Patient Registration Unit Leader to obtain current roster of all Medical, Mental Health, GEC, and any other inpatient patients from the Bed Management System (BMS) report.
	Identify patients that can be discharged. Marshal all hospital services (e.g., Social Services,
	Prosthetics, Transportation, Pharmacy, Nursing, Surgical and Medicine Subspecialties) to facilitate and expedite discharges
	Generate roster of patients requiring evacuation and a separate roster of those that will remain.

	• Each Roster will include Diagnoses, Location, patient needs (e.g., Oxygen, Telemetry, Sitter, BA52, Isolation, Hemodialysis, negative pressure room, ongoing chemotherapy, transfusion dependence, nutrition especially TPN/PPN, laboratory and radiographic monitoring, complex wound management such as wound vac, continuous or frequent IV infusions, required mode of transport inside and outside of the hospital, respiratory therapy.
	Meet with Nursing, HAS, Pharmacy, Laboratory, Radiology, Blood Bank Section, Nutrition, and Logistics, Fleet Manager Chiefs/Leadership to determine what services/supplies will/will not be available.
	Meet with Nursing and EMS Leadership to determine exactly what rooms/beds will be available for use by patients and plan to reconfigure wards and relocate patients to optimize deployment of Nursing and other personnel during the storm.
	Direct Hospitalists to do a Discharge Summary and Medication Reconciliation for each patient to be evacuated.
	Assign remaining inpatients to the Hospitalists that are staying throughout the storm. Confirm with these Hospitalists where each will be sheltered during the storm and if each has special needs during the storm.
	Identify the Physicians/Nurses who will comprise the Code Team. Determine a secure location(s) for the code cart(s). Ensure the carts are stocked adequately and staged.
	Meet with Emergency Manager representative, Nursing and MUST determine alternate ED site in case the primary ED is flooded.
	Meet with Emergency Manager representative, Nursing and Fleet Manager to determine internal patient evacuation routes and vehicle staging, loading, and unloading locations.
	Direct/re-locate/transfer/receive patients as needed according to emergent situation need.
	Will lead cell post storm to receive and/or transfer patients back from/to other facilities.
	Provide IC clinical recommendation as to when hospital can return to normal operations post storm/emergent situation.
	Identify and mobilize nursing staff needed per Nursing Service Plan.
	Meet with Hospitalist/HAS leadership to obtain current roster of all Medical, Mental Health, GEC, and any other inpatient patients from the Bed Management System (BMS) report.
	Veteran flow staff to confirm location and clinical needs of patients listed on BMS and then provided confirmation to Nursing leader in Pt. Evacuation Cell.

	Assist with discharges of any patients that Hospitalist leader determines can be discharged. Marshal all hospital services (e.g., Social Services, Prosthetics, Transportation, Pharmacy, Nursing, Surgical and Medicine Subspecialties) to facilitate and expedite discharges. All discharges to be verified by Veteran flow staff to keep roster current.
	Obtain roster from HAS of patients requiring evacuation and a separate roster of those that will remain. • Each Roster will include Diagnoses, Location, patient needs (e.g., Oxygen, Telemetry, Sitter, BA52, Isolation, Hemodialysis, negative pressure room, ongoing chemotherapy, transfusion dependence, special nutrition instructions, laboratory and radiographic monitoring, complex wound management such as wound vac, continuous or frequent IV infusions, required mode of transport inside and outside of the hospital, respiratory therapy. • Veteran flow staff to confirm location and clinical needs of patients listed on BMS and then provided confirmation to Nursing leader in Pt. Evacuation Cell.
	Meet with Hospitalist, HAS, Pharmacy, Laboratory, Radiology, Nutrition, and Logistics, Fleet Manager Chiefs/Leadership to determine what services/supplies will/will not be available.
	Meet with Nursing and EMS Leadership to determine exactly what rooms/beds will be available for use by patients and plan to reconfigure wards and relocate patients to optimize deployment of Nursing and other personnel during the storm.
	Assign nursing staff to necessary positions needed for proper flow and prepare patients from evacuation or to receive patients from other facilities.
	Ensure transport and lift equipment is staged.
	Identify the Physicians/Nurses who will comprise the Code Team. Determine a secure location(s) for the code cart(s). Ensure the carts are stocked adequately and staged.
	Meet with Emergency Manager representative, Nursing and HAS to determine alternate ED site in case the primary ED is flooded.
	Meet with Emergency Manager representative, Hospitalist and Fleet Manager to determine internal patient evacuation routes and vehicle staging, loading, and unloading locations.
	Collaborate with HAS/EMS with the direction/re-location/transfer pts. as directed by pt. evacuation cell Hospitalist leader.
	Ensure that all team personnel continue to comply with safety procedures and instructions

Patient Tracking Manager	
	Appoint Patient Tracking Team personnel
	Roles may include the following responsibilities: • Checking-in patients to both the Assembly Point and the Discharge Site • Discharging patients from both the Assembly Point and the Discharge Site • Updating patient location information in electronic information systems and/or using manual paper logs as backup • Providing routine patient tracking reports for the hospital EOC • Participating in the Patient Destination process • Notifying receiving hospitals when patients are in route • Contacting receiving facilities to confirm patient arrivals • Obtaining location and contact information data from the receiving hospitals for sending to clinicians and patient families
	Track patient movement outside of the hospital with local authorities and other health systems through the Liaison Officer.
	This position will monitor BMS across the VISN to look for opportunities to transfer patients based upon the current inpatient mix at VACHS.
	Will ensure staffing is adequate on each Wards to prepare discharges.
	Will coordinate to the HAS Supervisor or Lead on each Ward that patient records are secured and prepared for transport prior to each ward being ready for transport.
	Maintain constant communication with HAS staff on Wards and ED regarding patient movements and other pertinent information as determined by Hospitalist lead.
	Will coordinate accuracy report of the manifest of patients on each vehicle with a secondary check by HAS staff in the loading area before the patient boards the vehicle.
	Ensure contingency for patient tracking is in place in the event of a power failure.
	Will coordinate HAS communication and staff accesses at VISN facilities for staff traveling with evacuated patients.
	Collaborate with Nursing/EMS with the direction/re-location/transfer pts. as directed by pt. evacuation cell Hospitalist leader.
	Provide status updates to the Planning Section Chief regularly to discuss the Incident Action Plan (IAP), advising of accomplishments and issues encountered

	Assure the status updates and information provided to Hospital Incident Management Team (HIMT) are accurate, complete, and current
	Continue to track and display patient location and time of arrival for all patients; regularly report status to the Situation Unit Leader
	Monitor and report to the Situation Unit Leader, projected shortages of critical supplies or equipment that may affect response capacity or strategy
	Ensure that all team personnel continue to comply with safety procedures and instructions

Assembly Point Leader	
	Make sure all the key departments are present to set up the Assembly Point (AP)
	Ensure the AP is set-up correctly
	Ensuring appropriate signage is displayed at AP
	Communicate with Clinical Supervisor, Vehicle Staging Manager, and Transportation Unit Leader
	Monitoring the arrival of individual patients and units to the AP
	Monitoring the care of patients in the AP
	Responding to requests for information from the Incident Commander or Deputy Operations Chief
	Assess Assembly Point operations and solving any problems or bottlenecks as they surface
	Ensure any resource shortages are identified quickly and addressed
	Communicating with the Patient Destination Team and Staging Area leaders to ensure patients flow out of the AP as quickly as possible
	Escalate any other issues as appropriate
	Ensure all relevant departments are present and working to set up support at the AP. • ED (Emergency Medical Stabilization Area) • Patient Tracking • Environmental Management Services (Supply and Signage Setup) • Buildings and Grounds (Power, Lighting, Heating/Cooling Setup) • Pharmacy • Materials Management • Lab (if needed) • Food and Nutrition Services • Police • Clinical Supervisor
	Ensure signage is posted in lobby/entrance/key areas.
	Communicate regularly with the Deputy Operations Section Chief to monitor and assess activities for problems or bottlenecks. Address issues and resolve. Communicate issues as needed.
	Communicate with the Patient Destination Team and Staging Area leaders to ensure patients flow out of the AP as quickly as possible.

	Ensure that all team personnel continue to comply with safety procedures and instructions
	Supplies • Any supplies readily available in-patient rooms can be packed with the patient. • General medical supplies will be available at the Assembly Point, so do not take time to pack from the supply room. • Unit-specific supplies and/or equipment will be transported to the Assembly Point.
	Patients on Oxygen • If possible, any patient currently on oxygen should remain on oxygen during transport. • Patients should stay on room oxygen as long as possible to preserve portable oxygen resources.
	Patients on Ventilators • During an evacuation, respiratory therapists will be dispatched to the units to assist you. • If a travel ventilator isn't available, the patient will be bagged during transport. The ventilator should accompany the patient and be reconnected, if possible, at the Assembly Point.
	Patients on Monitors • Only patients who have a potentially life-threatening indication will travel with portable monitors.

Discharge Site Unit Leader	
	Upon issuing the order to evacuate, the hospital Incident Commander (or designee) may decide to open a dedicated discharge site to facilitate rapid and safe discharge of inpatients who would otherwise need to be transferred away from the hospital to other institutions.
	Discharge Site Staffing: • Leadership: one physician or nursing leader who is responsible for Discharge Site operations • Registered nurses: one RN for approximately every 6-8 patients • Clinical support staff: one nursing assistant for approximately every 12-16 patients • Administrative support staff: one clerical staff and two volunteers for approximately every 20 patients • Case manager: two case managers for approximately every 30 patients • Pharmacy: one pharmacist per Discharge Site • Medical staff: one physician, PA, or NP per Discharge Site • Medical records: one representative per Discharge Site • Patient tracking/admitting: one person per Discharge Site • Security: one officer per Discharge Site
	Discharge Site Operations staff take charge of care for patients who, following the evacuation order, have been deemed appropriate for safe, rapid discharge from the hospital.
	Ensure that supplies and staff are ready and organized to supervise patients while they wait for transport to their home or other appropriate location.
	Responsible for patients when they “check-in” and provides support until they leave the hospital. In a gradual or planned evacuation, patients may be discharged directly from the unit.
	Ensure care units send the patients with all medications that may be needed for a 4-6 hour stay at the Discharge Site.
	Each patient’s clinician (MD, NP, or PA) determines, based upon the patient’s clinical situation, that the patient is suitable for discharge from the hospital.
	The clinician documents a summary of all the items below in the patient’s chart or will communicate this information to the patient’s nurse. *If the patient’s responsible or responding clinician is not immediately available, the patient should be transported to the Assembly Point*. • The patient is suitable for discharge and discharge order is written • All necessary prescriptions are written • All treatments required following discharge are specified • The patient’s follow up plan following discharge is clarified • Any pertinent signs or symptoms the patient may need to watch for following discharge

	All patients should have an identification bracelet documented to be in place before transfer to the Discharge Site.
	Staff nurses who are preparing patients for transfer to the Discharge Site should provide the following information: • Completed Patient Evacuation Form summarizing key information • A short nursing discharge note
	All personal items and relevant medical data should travel with the patient including: • Medical record • Medications and treatment supplies • Belongings • Place card
	Patient may then be transported to the Discharge Site, accompanied by staff or volunteer if possible.
	The patient's name and medical record information should be added to the tracking sheet upon arrival at the Discharge Site.
	Patients will be discharged from the Discharge Site when family or other appropriate individuals arrive to transport the patient. The patient's name and medical record information should be documented with the time of discharge. Patient tracking staff should routinely report the number of discharged patients to the hospital EOC.

Patient Destination Team	
	Identifying all patients who require transfer to other hospitals
	Work with admitting, nursing, physician, case management, and other hospital representatives to identify the destination and transportation needs of the evacuating patients
	Work with VISN and receiving VA hospitals to ensure that the process of bed finding runs smoothly
	Identifying the timeline for bed availability at receiving hospitals and communicating that timeline to the Deputy Operations Chief and Incident Commander
	Ensuring that patient placement decisions are communicated to the Assembly Point and Staging Leaders
	Escalate issues as appropriate
	You should notify the Deputy Operations Chief about the following: • Any tracking logs from the patient care units that are missing • Physicians who are circumventing the process • Need for additional resources
	Obtain a radio/phone for communication. Use a runner if all communication systems are offline. • Also, get a list of the Assembly Point and Staging Area Leaders so your team can communicate placement and transfer decisions
	Assemble the team, making sure it includes the following role groups • Admitting • Inpatient clinical supervisors • Case management • Inpatient physician representatives • Specialty service representatives as appropriate
	Quickly have team review the number and types of patients in-house to gain basic situational awareness of the evacuation needs.
	Review patient tracking logs from all patient care units as they are faxed or delivered • If logs are missing, inform Deputy Operations Chief ASAP
	Determine which patients will be a priority for direct transfer to another facility. • Patients requiring direct transfer to an OR or ICU (bypassing the Assembly Point) • Patients requiring secure transfer (bypassing the Assembly Point)
	Begin matching patients with appropriate beds and level of transport required. Assign team members to be responsible for specific functions. • Recording decisions • Contacting Hospital Incident Command Center to confirm destination

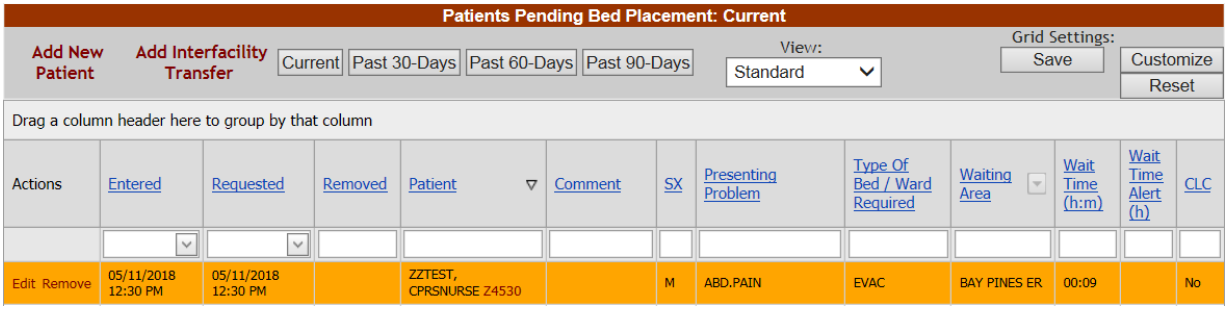
	• Contacting Assembly Point and Staging Leaders with decisions or requests for more information • Contacting the “Evacuation Coordinators” to facilitate the timing for the direct, priority transfers
	Ensure that all team personnel continue to comply with safety procedures and instructions
Vehicle Staging Manager	
	Brief area personnel on the situation, strategies, and tactics, and designate time for next briefing
	Identify vehicle holding areas within the Staging Areas, as appropriate
	Have a listing of available vehicles and corresponding drivers necessary including those with CDL licenses.
	Coordinate the delivery and assignment of needed vehicles, working with the Logistics Section Transportation Unit
	Establish and maintain contact with the Planning Section Materiel Tracking Manager and the Logistics Section Transportation Unit Leader to share information and vehicle status
	Ensure vehicles are requested, staged and ready to transport patients. EMS will have a liaison to assist with ambulance staging.
	Ensure that all area personnel comply with safety procedures and instructions
	Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed

Transportation Unit Leader	
	Vehicle's status will be evaluated compared to corresponding wards ready for evacuation.
	Ensures that keys and fuel are accessible to vehicles used in evacuations
	Evaluate current capabilities and resources for patient transportation within the hospital
	Evaluate internal and external transportation support contingencies; coordinate issues with the Liaison Officer and the Supply Unit
	Verify vendors' ability to support or expand hospital operations per contract or agreement
	Verify availability of secondary vendors as needed
	Designate resources (e.g., people and gurneys or carts) to move patients, equipment, or supplies within the hospital as needed; coordinate with the Operations Section Staging Manager and the Medical Care Branch Director
	Locate existing inventories of wheelchairs, stretchers, etc., and move them to locations designated in hospital plans
	Designate resources (e.g., people and wheelchairs) to support movement of patients and equipment to ambulance or other loading areas during a controlled patient discharge or evacuation; coordinate with the Operations Section Staging Manger and the Medical Care Branch Director
	Coordinate requests for ambulance or medical air transport of patients to and from the hospital in concert with the Operations Section Medical Care Branch Director and the Liaison Officer
	Consider activation of local agreements for transportation services (bus companies, hotel shuttle operators, other local vendors)
	Ensure that all unit personnel comply with safety procedures and instructions
	Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques
	Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Employee Health and Well-Being Unit
	Ensure personal protective equipment (PPE) is available and utilized appropriately
	Record the time vehicles depart the station and estimated ETA upon reviewing route and traffic conditions.
	Will communicate with drivers in route, arrival time and report vehicle status, including logistical constraints for safe return such as low fuel and driver fatigue.

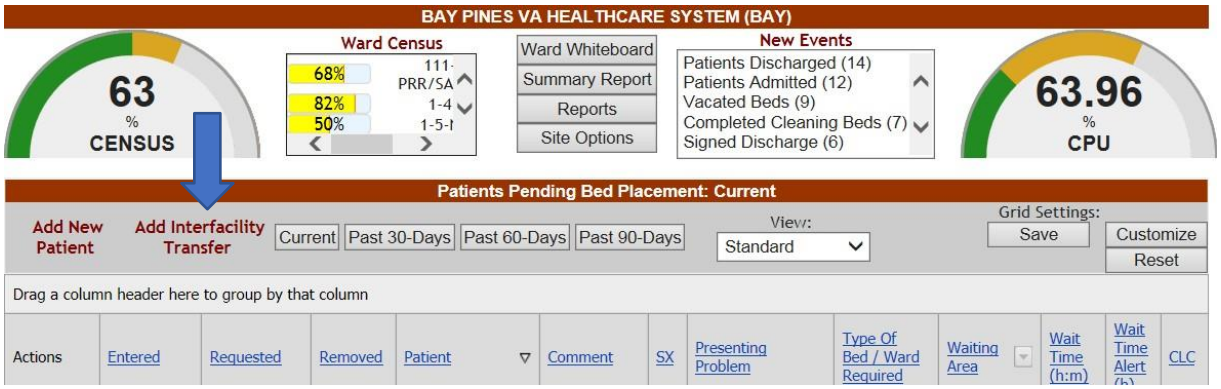
	Confirm with the HCCC to validate all clear to return to facility. In cooperation with the HCCC: • Inform all personnel that the emergency no longer exists • Implement a service priority-based phased approach to reconstitution of the department.

Attachment B – Patient Manifesting, Regulating, Tracking and Flow Process Algorithm

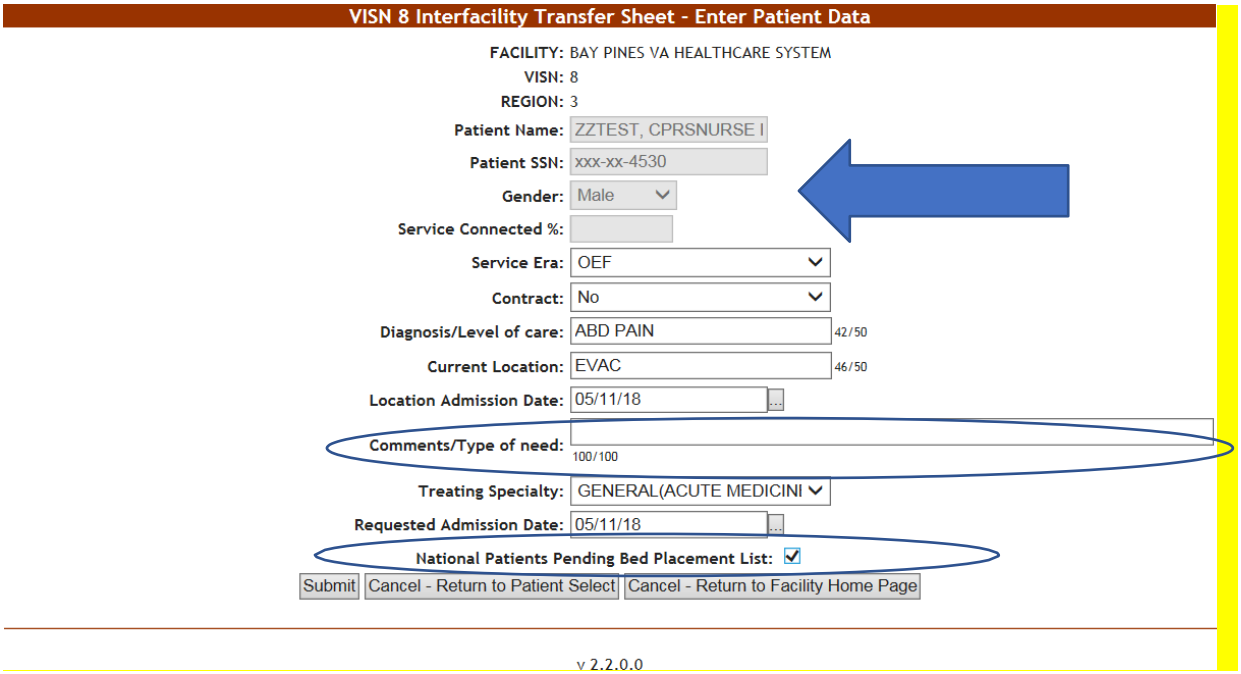
1. When the evacuation radio button is turned on patients will auto-populate to your facility Patient Pending Bed Placement (PPBP) List:

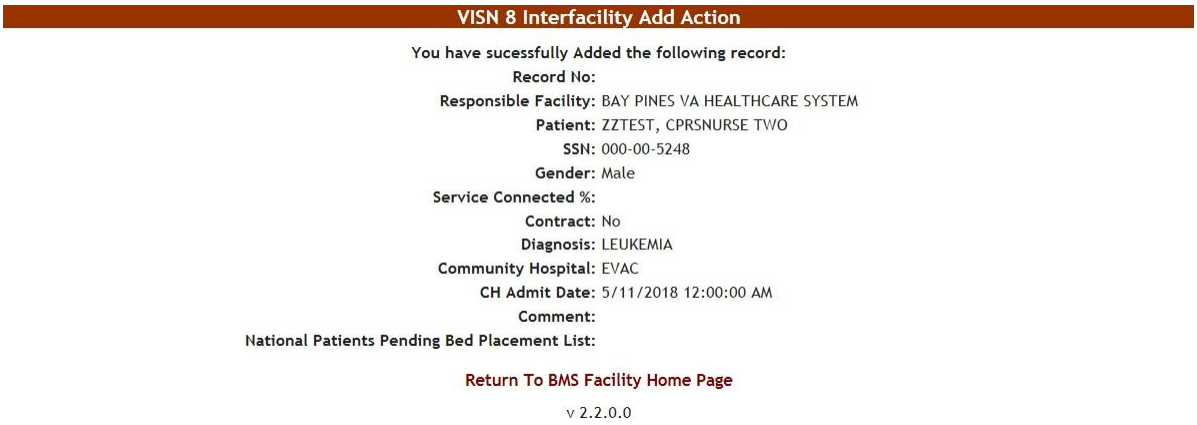


2. From the user's facility list, you will select a patient and select Add Interfacility Transfer as shown below:



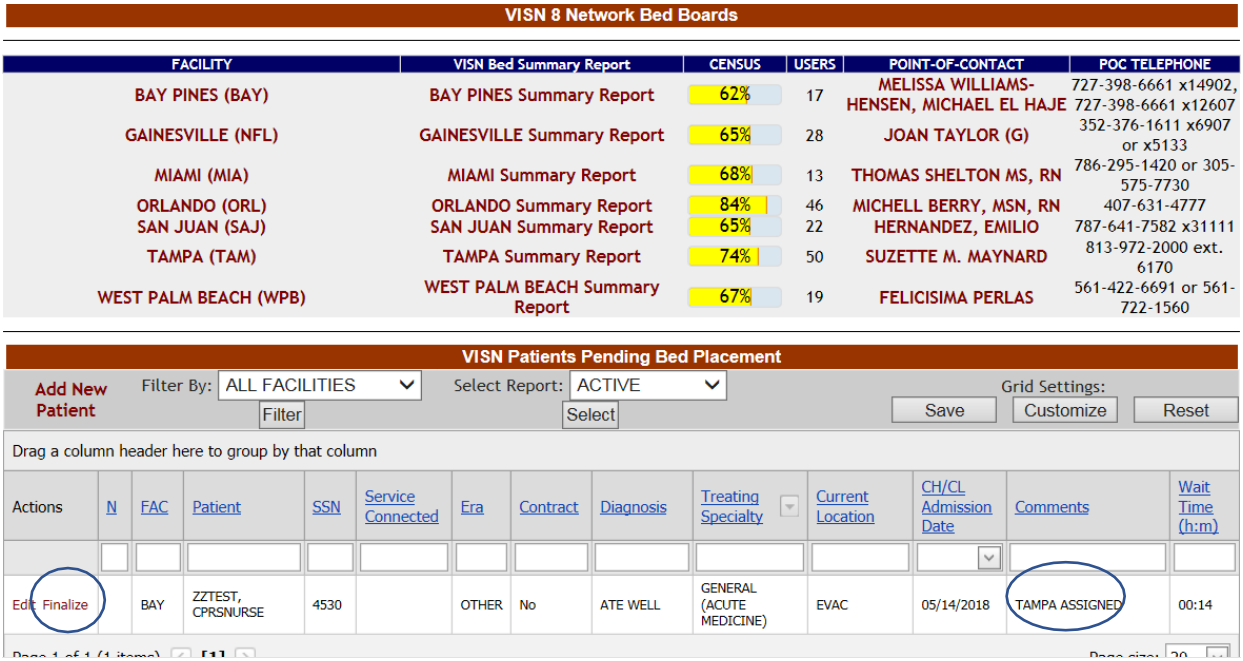
3. This will open your screen to the VISN Transfer Page. There are manual entries that will need to be placed. As noted by the gray boxes this information is auto- populated. The additional boxes are manual entries. Once your Command Center has informed you of where your patient is going to be transferred place this information in your comment box (as shown below). **DO NOT** check the National Patients Pending Bed Placement box (see below) unless you are moving patients out of your VISN. Select Submit.





4. After you have placed the patient from to the VISN PPBPL. **You must remove the patient from your facility PPBPL.**

5. Your facility BMS POC who has VISN access will then finalize (see below) the patient movement on the VISN PPBP list when informed of the accepting facility e.g., Bay Pines to Tampa. Click on the transferring patient and hit EDIT.



VISN 8 Network Bed Boards

FACILITY	VISN Bed Summary Report	CENSUS	USERS	POINT-OF-CONTACT	POC TELEPHONE
BAY PINES (BAY)	BAY PINES Summary Report	62%	17	MELISSA WILLIAMS-HENSEN, MICHAEL EL HAJE	727-398-6661 x14902, 727-398-6661 x12607
GAINESVILLE (NFL)	GAINESVILLE Summary Report	65%	28	JOAN TAYLOR (G)	352-376-1611 x6907 or x5133
MIAMI (MIA)	MIAMI Summary Report	68%	13	THOMAS SHELTON MS, RN	786-295-1420 or 305-575-7730
ORLANDO (ORL)	ORLANDO Summary Report	84%	46	MICHELL BERRY, MSN, RN	407-631-4777
SAN JUAN (SAJ)	SAN JUAN Summary Report	65%	22	HERNANDEZ, EMILIO	787-641-7582 x31111
TAMPA (TAM)	TAMPA Summary Report	74%	50	SUZETTE M. MAYNARD	813-972-2000 ext. 6170
WEST PALM BEACH (WPB)	WEST PALM BEACH Summary Report	67%	19	FELICISIMA PERLAS	561-422-6691 or 561-722-1560

VISN Patients Pending Bed Placement

Add New Patient | Filter By: ALL FACILITIES | Filter | Select Report: ACTIVE | Select | Grid Settings: Save | Customize | Reset

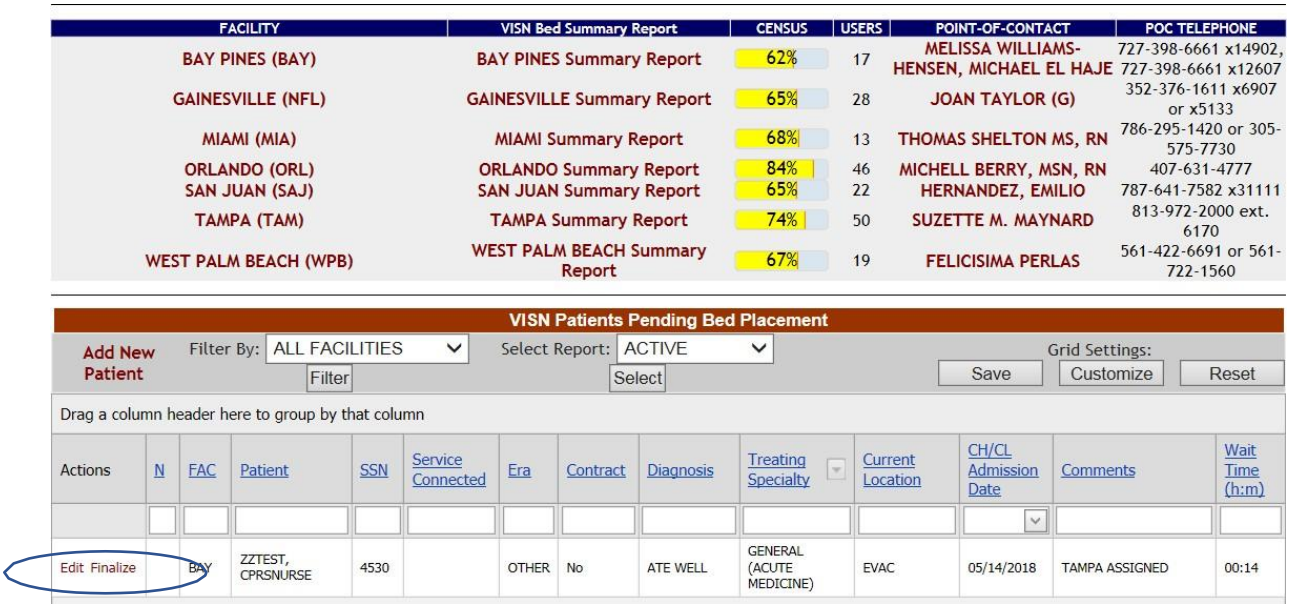
Drag a column header here to group by that column

Actions	N	FAC	Patient	SSN	Service Connected	Era	Contract	Diagnosis	Treating Specialty	Current Location	CH/CL Admission Date	Comments	Wait Time (h:m)
Edit Finalize		BAY	ZZTEST, CPRSNURSE	4530		OTHER	No	ATE WELL	GENERAL (ACUTE MEDICINE)	EVAC	05/14/2018	TAMPA ASSIGNED	00:14

6. The ACCEPTING facility has the option of viewing the VISN PPBP list and tracking the patients coming to them.

7. HAS/MAS must register the patient in the VISTA system and ADT file.

8. Once this is achieved the transfer can then be finalized on the VISN page and will auto-populate to the accepting facility PPBPL. Select finalize.



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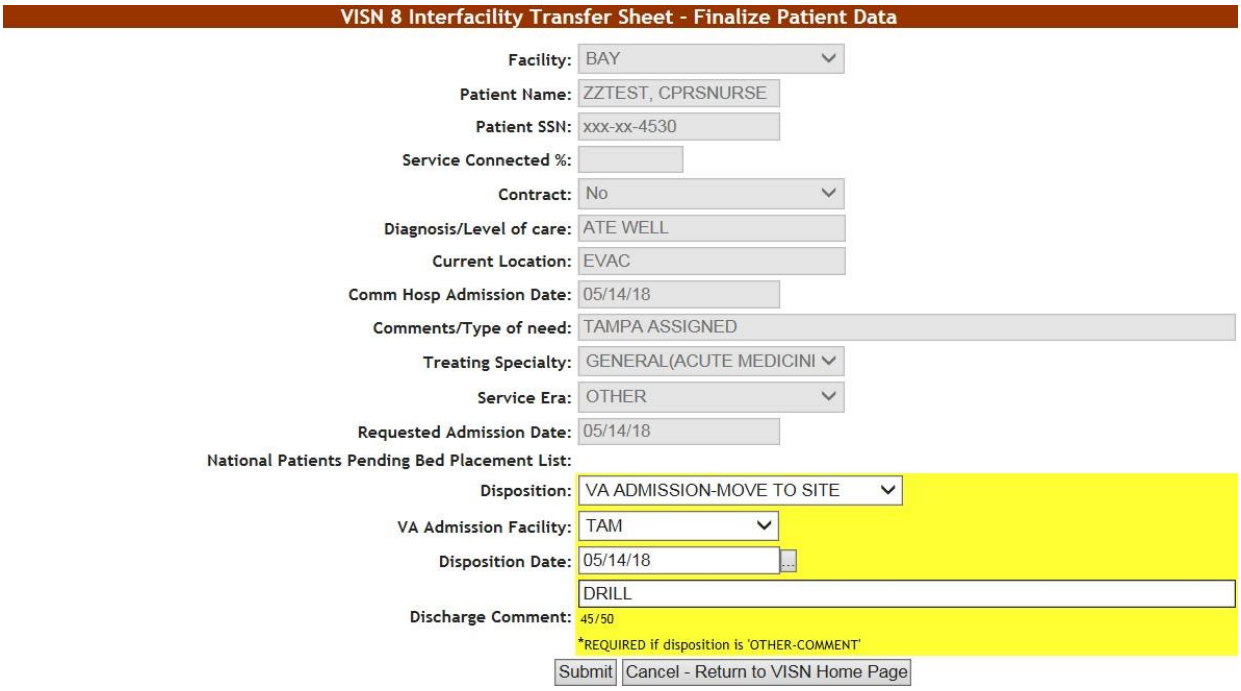
VISN Patients Pending Bed Placement

Add New Patient | Filter By: ALL FACILITIES | Filter | Select Report: ACTIVE | Select | Grid Settings: Save | Customize | Reset

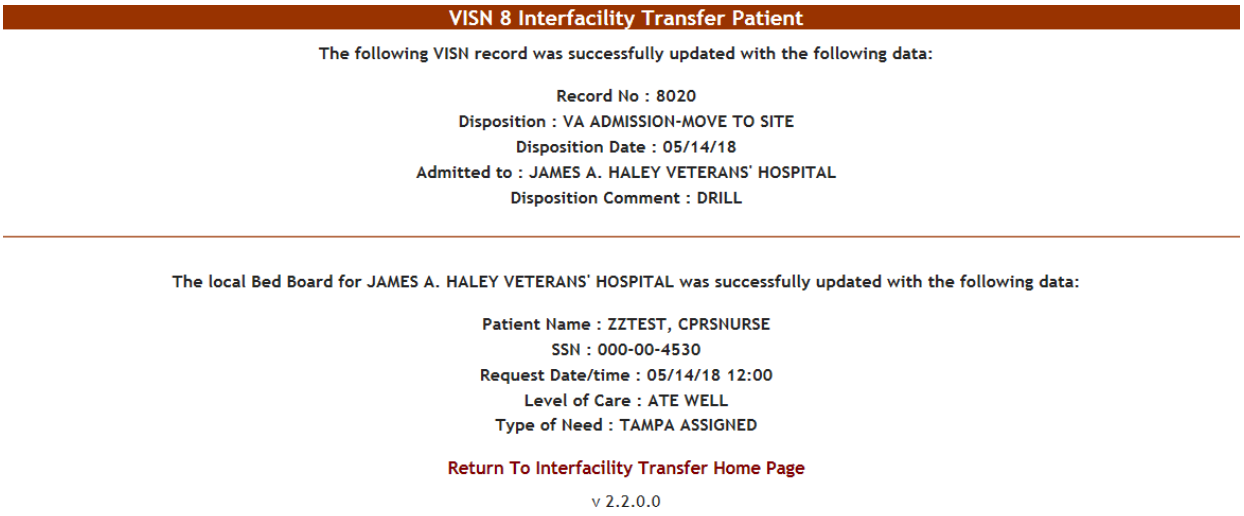
Drag a column header here to group by that column

Actions	N	FAC	Patient	SSN	Service Connected	Era	Contract	Diagnosis	Treating Specialty	Current Location	CH/CL Admission Date	Comments	Wait Time (h:m)
Edit Finalize		BAY	ZZTEST, CPRSNURSE	4530		OTHER	No	ATE WELL	GENERAL (ACUTE MEDICINE)	EVAC	05/14/2018	TAMPA ASSIGNED	00:14

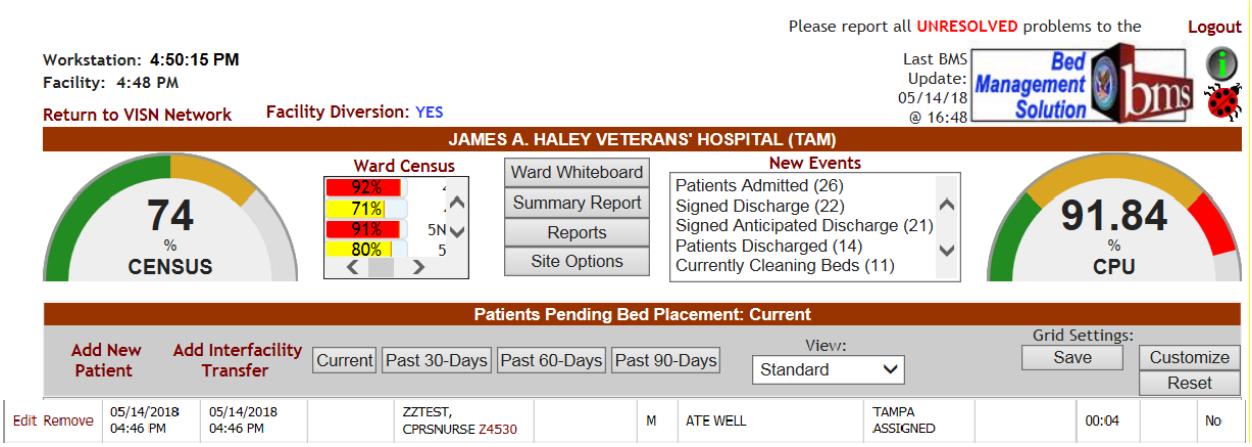
9. The following page will populate, and the user will fill in the yellow highlighted areas:



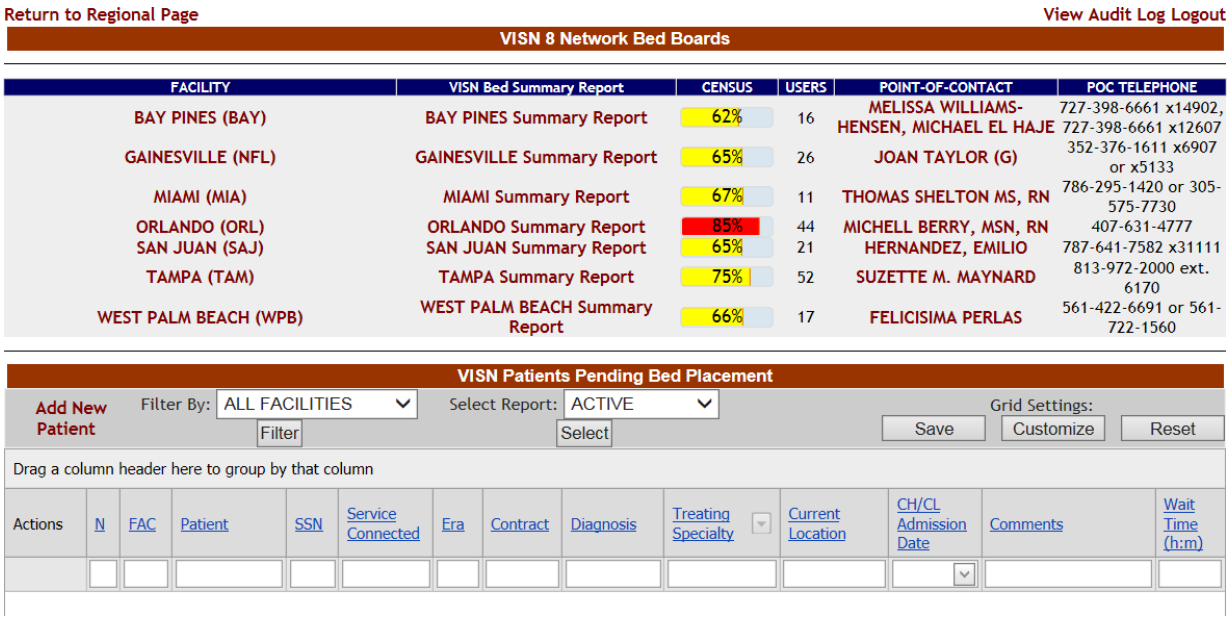
10. Select Submit.



11. Admission will be located on Tampa's PPBP list.



12. The patient is no longer on the VISN PPBP List.



Attachment C – Emergency Management Nursing Interfacility Transfer Hand Off Note

Date**:**

Name of facility from which patient is being transferred:

Sending Facility RN report given by:

Nursing report received by:

Time report called:

Primary Diagnosis:

Code Status:

A copy of the State DNR or VA Life Sustaining Treatment notes included in thetransport documents. ☐ N/A ☐ Yes ☐ No

Baker Act:
☐No ☐Yes
Reason for
Baker Act:
High Risk Suicide Flag:

☐No ☐YesAllergies:

Isolation Precautions:

☐No ☐Yes1:1: ☐No

☐Yes

INITIAL VITAL SIGNS: (MOST RECENT)
Temp:
Pulse:
Resp:
B/P:
Weight (if readily

available):O2
requirement:

Belongings:

☐ Money, ☐Wallet, ☒Watch, ☐Ring, ☐Chain, ☐Earrings, ☐Shirt, ☐Pant,
☐ Shoes/Socks, ☐Hearing Aid, ☐Eyeglasses, ☐Contacts, ☐Dentures full, ☐DenturesUpper, ☐Dentures Lower, ☐Partial Upper, ☐Partial Lower, ☐W/C, ☐Cane, ☐Walker,
☐ Cell Phone, ☐Keys, ☐Computer, ☐iPad, ☐ Other:
Last pain medication:

Medication/Dose:

Diet:

IV Access:

Foley: ☐ No ☐Yes Insertion Date:

Method of transporting patient:

An active medication list was printed and included with the transfer documents

The transfer instruction documentation was reviewed with patient and/or family with time to answer questions, printed, and handed to the patient, their surrogate, or EMS/transportation prior to transfer from the facility.

DATE AND TIME OF DISCHARGE:

EMERGENCY MENU				
MEAL SUBSTITUTION				
DIET CONSISTENCY				
Regular/VHA Healthy	Dysphagia Advance	Dysphagia	Puree	* For thick liquids
Peanut Butter & Jelly Sandwich	Peanut Butter & Jelly Sandwich no crust	Peanut Butter & Jelly Sandwich no crust	Ensure oral supplement	Provide 2 packets of thickener/patient
*Tuna canned (PC) 2 pkts mayo with 3pkts saltine	*Tuna canned (PC) 2 pkts mayo with 3pkts saltine	*Tuna canned (PC) 2 pkts mayo		
4 oz Apple Juice	4 oz Apple Juice	4 oz Apple Juice	4 oz Apple Juice	4 oz Apple Juice- Honey
1/2 cup Vanilla pudding (PC)	1/2 cup Vanilla pudding (PC)	1/2 cup Vanilla pudding (PC)	1/2 cup Vanilla pudding (PC)	4 oz Water - Honey

* Alternative for individuals which have nut allergies

SNACK				
Regular/VHA Healthy	Dysphagia Advance	Dysphagia	Puree	* For thickliquids
1/2 c Fruit Cocktail (PC)	1/2 c Fruit Cocktail (PC)	1/2 c Fruit Cocktail (PC)	1/2 c Applesauce	Provide 2 packets of thickener/patient
2 Pkt. Graham Crackers	2 Pkt. Graham Crackers	2 Pkt. Graham Crackers	1/2 c Chocolate pudding	
4 oz Crangrape juice	4 oz Crangrape juice	4 oz Crangrape juice	8 oz Ensure Clear supplement	4 oz Cranberry juice - Honey

8 oz Lemonade *	8 oz Lemonade *	8 oz Lemonade *	8 oz Lemonade *	4 oz Water - Honey

* For Additional Hydration

PC Fruit Cocktail maybe substituted by: Diced Peaches, Diced pears or applesauce depending on availability disposable ware kit: fork, knife, spoon, napkin, wet napkin

Note: Consider using the non-crust sandwiches - these are PBJ without crust individually wrapped - frozen product

Purchasing needs: canned or individual portions of Tuna

VISN 8 Patient Tracking Form

Facility Name: _____

Date: _____

Event Name: _____

Transportation Care Needs (BLS/ALS)	**Transportation Needs (Ambulatory, Wheelchair, Gurney)**	**Special Medical Needs (O2, Vent, etc.)**	**Other Special Needs / Patient Personal Equipment**	**# of Bags Transported with Patient**	**Transferring VAMC**	**Date/Time Patient Ready for transfer**	**Receiving Hospital Name**	**Transportation Provider Name Unit Number**
BLS	Ambulatory	Vent	Test, Test, Test, Test	0	Bay Pines VAMC	8/12/14 12:30 PM	Tampa VAMC	Freds #626

Attachment F Guide for Assembling Patient Care Backpacks

Purpose: To provide continuous care of patients during evacuation for disasters/emergencies.

What is a Patient Care Pack: A Patient Care Pack is a clear (see-through) backpack for specific use in storage and transporting of essential patient care items for delivery ofpersonalized care during evacuation.

How to use a Patient Checklist: The Patient Checklist is used to ensure that items needed for care are available during transport. Check each item as it is placed in the Patient Care Pack.

Assembling a Patient Care Pack:

- **Front Pocket:** For insertion of a Patient Identification Form.

- **Middle Pocket:** For storage of Checklist, Health Summary, Medication Administration Records (MAR) and prescribed drugs.

- **Large Back Pocket**: Large area for storage of IV fluid bags, dressing supplies, red bags, hygiene kits, etc. specific to each patient.

DIRECTIONS:

FRONT POCKET

1. Fully open the zipper of the front pocket and remove the form.

2. Use a dark wide permanent marker to write in the following:

   a. Patient's first, middle and last name

   b. Full social security number.

   c. Service, i.e., Medicine, Surgery, Neurology, GEM, etc.

3. Check one box for Mode of Transport.

4. Check one box for Transporting to and write in ward or type of ICU, if known

5. Return the completed form to the front pocket and close the zipper.

MIDDLE POCKET

Items stored in the middle pocket should include:

1. Checklist of Items for Patient Care Pack.
2. Prescribed Drugs.
3. Continuing and PRN Medication Administration Records.
4. Medications for 3 days, and up to 14-day supply.
5. Health Summary.

LARGE BACK POCKET

ITEMS STORED IN THE LARGE BACK POCKET ARE AS FOLLOWS:

1. Intravenous fluid to last during evacuation, if ordered.
2. Dressing supplies, if a dressing change is ordered.
3. Supplies for other treatments, if ordered.
4. Red biohazard bags for refuse.
5. A Urinal or Female bedpan, as appropriate.
6. Sterile or unsterile gloves, as needed.
7. Hand wipes.

NOTE: *The Middle and Large Back Pockets Must Be Zipped Closed to Avoid Loss of Items*

Patient Identification Form

XYWZ VA MEDICAL CENTER
ADDRESS

Patient name: _____

Patient SSN: _____

Service: Medicine

(Check one)

DNR ☐ ☐

(Check one)

	ALS	BLS	Bus/VAN	DUV
Type of transportation:	☐	☐	☐	☐

(Check one)

	Wheelchair	Stretcher	Ambulatory
Mode of transportation:	☐	☐	☐

Transported to: Facility name

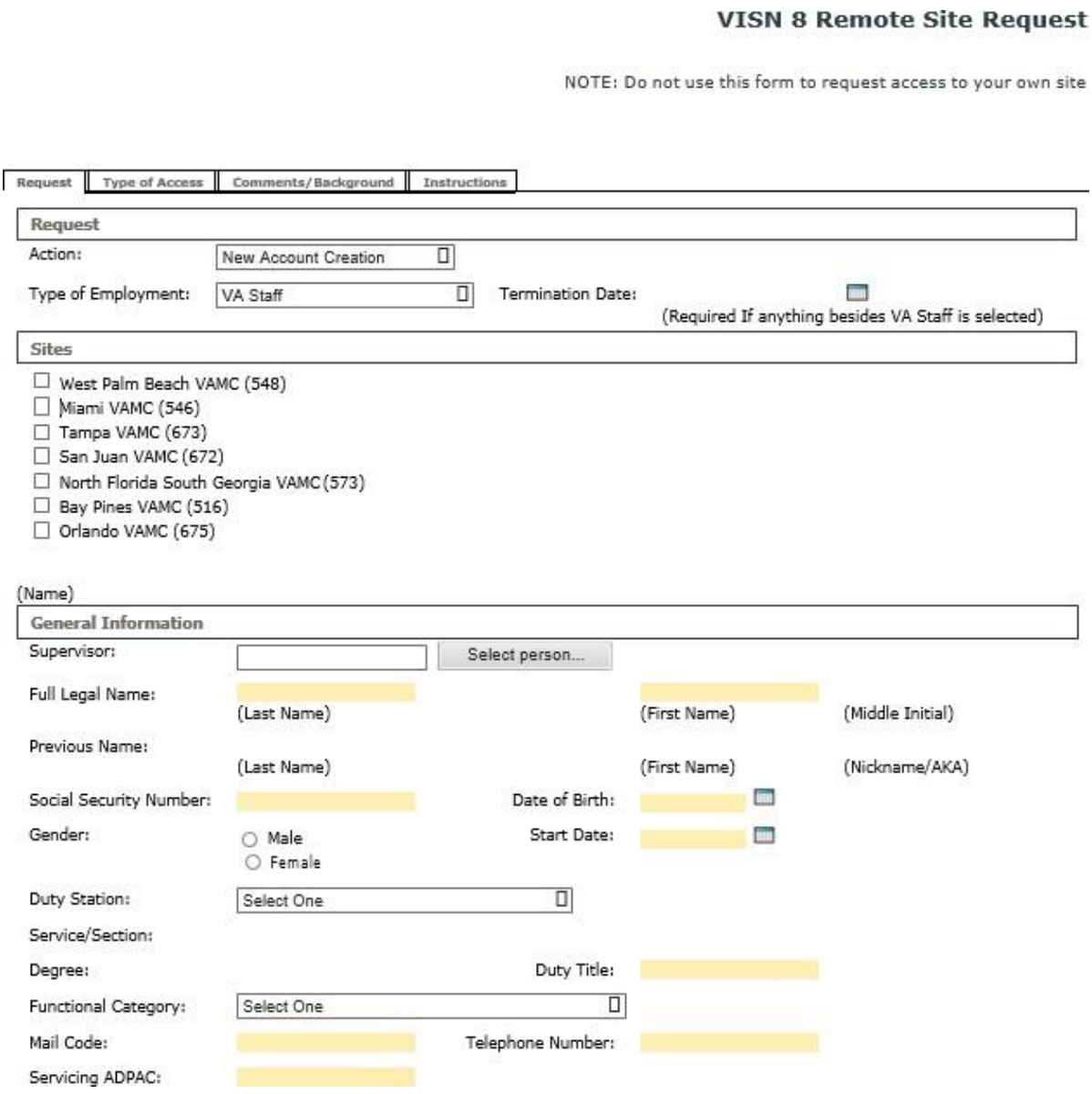
Admitting unit/ward:

CHECKLIST OF ITEMS FOR PATIENT CARE PACK		
NAME:	**SSN:**	**DIET:**

ITEMS FOR MIDDLE POCKET			
DRUGS	**YES**	**NO**	**N/A, COMMENT**
1. Are medications ordered for this patient?			
2. Is there a Continuing Medication Administration Record (MAR)?			
3. Is there a PRN Medication Administration Record?			
4. Are medications written on MAR's for up to 14 days of administration?			
5. If yes is checked, are medications packed for 3 days of administration, excluding narcotics?			
IS THERE A HEALTH SUMMARY?			
ITEMS FOR LARGE BACK POCKET			
IV FLUIDS & TREATMENT SUPPLIES	**YES**	**NO**	**N/A, COMMENT**
1. Is there enough intravenous fluid to last during evacuation, if ordered?			
2. Is there enough dressing supplies packed, if a dressing change is ordered?			
3. Are there supplies for other treatments? If yes, describe:			
4. Are there enough Red biohazard bags for refuse?			
5. Is there a Urinal or bedpan, as needed?			
6. Are there sterile or unsterile gloves, as needed?			
7. Are hand wipes packed?			
8. is the hygiene kit included?			

STORE CHECKLIST AS 1ST ITEM IN THE MIDDLE POCKET, WHENCOMPLETED.

Attachment G



VISN 8 Remote Site Request

NOTE: Do not use this form to request access to your own site

Request | Type of Access | Comments/Background | Instructions

Request

Action: New Account Creation

Type of Employment: VA Staff Termination Date:
(Required If anything besides VA Staff is selected)

Sites

- ☐ West Palm Beach VAMC (548)
- ☐ Miami VAMC (546)
- ☐ Tampa VAMC (673)
- ☐ San Juan VAMC (672)
- ☐ North Florida South Georgia VAMC (573)
- ☐ Bay Pines VAMC (516)
- ☐ Orlando VAMC (675)

(Name)

General Information

Supervisor: Select person...

Full Legal Name: (Last Name) (First Name) (Middle Initial)

Previous Name: (Last Name) (First Name) (Nickname/AKA)

Social Security Number: Date of Birth:

Gender: ○ Male ○ Female Start Date:

Duty Station: Select One

Service/Section:

Degree: Duty Title:

Functional Category: Select One

Mail Code: Telephone Number:

Servicing ADPAC:

Attachment H – Hospital Census and Bed Availability Report

Bed Availability Status Overall

BED Types	BMS Total	DIF	BMS Active	DIF	% Occupied	DIF	# Occupied	DIF	# Available	# Unavailable
All	422	0	340	8	64.1%	-7.0%	218	-18	122	82
(-) Pressure	121	0	118	0	55.9%	-12.7%	66	-15	52	3

Bed Availability Status by Service

BED Types	BMS Total	DIF	BMS Active		% Occupied	DIF	# Occupied	DIF	# Available	# Unavailable
ICU	39	0	37	0	75.7%	-13.5%	28	-5	9	2
Med/Surg	156	0	156	0	60.3%	-3.8%	94	-6	62	0
Mental Health	34	0	15	0	86.7%	-13.3%	13	-2	2	19
PM&R	20	0	16	0	43.8%	-12.5%	7	-2	9	4
Blind Rehab	12	0	12	0	0.0%	0.0%	5	-1	7	0
SCI	20	0	20	0	50.0%	5.0%	10	1	10	0
CLC	141	0	84	8	72.6%	-11.6%	61	-3	23	57
Totals	**422**	**0**	**340**	**8**	**64.1%**	**-7.0%**	**218**	**-18**	**122**	**82**

Occupied Beds By Patient Type

Patient Type	Covid-19 Confirmed	DIF	PUI	Dif	Non COVID	DIF	Total Occupied	DIF
Occupied Beds	13	-3	0	0	205	-15	218	-18

Information Based On BMS Icons Dif Numbers are Based on Last Work Day Data

ANNEX 1.9

BOMB THREAT PROCEDURE

1. Description of the Threat/Event.

A bomb threat may be received in the form of an actual threat such as those communicated telephonically or observing a suspicious package or material. While most threats are false or misleading, there is always the potential that a threat is real; and therefore, life threatening. Correct and consistent procedures allow for the best decisional options based on the information known. There are normally three alternatives when faced with a bomb threat:

a. Ignore the threat.

b. Evacuate immediately.

c. Search and evacuate, if warranted.

2. Purpose.

To establish reactions to bomb threats and bomb discoveries.

3. Policy.

Plans to handle bomb incidents shall be specific as to control, authority, publicity accorded incidents, coordination with local authorities, task organization and exact procedures to be followed in critical situations.

4. Responsibilities.

a. **All employees** are responsible for observing their workplaces and reporting to Police Service any unusual articles or unknown devices not customary to their workplace. Do call the telephone operator (ext. 111444) and give location.

b. **Telephone switchboard operators** are responsible for reporting immediately to the Chief, Police Service, the Director, the Deputy Director, the Associate Director, and the Chief of Staff whenever a bomb threat call is received. They will complete and bring to the immediate attention of the Hospital Police the Bomb Threat Call Checklist.

c. **Employees** are responsible for notifying their supervisors of any clear and positive threat of harm or destruction overheard, or written threat received.

d. **Hospital Police** will interview the reporting employee, complete Bomb Threat Record and deliver it to the Director's Office.

e. **The Director, Deputy Director, Associate Director, or the Chief of Staff** will retain complete responsibility and decision authority over the actions to be taken in response to bomb threats or bomb discoveries.

f. **The Hospital Incident Command System Command Group** is responsible for a prompt evaluation of the bomb threat and to initiate any actions dictated by the Incident Commander (Director).

g. **The Safety Engineer** will report to the threat scene. He/she shall aid in the evacuation process and shall assist the Bomb Disposal Team with fire prevention apparatus.

h. **Service and Section Chiefs** will be responsible for reporting to the Hospital Police and Director any bomb threat.

i. **The Chief, Police Service** will designate a team for the search of exterior areas.

j. **All employees** are responsible for observing their workplaces and reporting to Police Service any unusual articles or unknown devices not customary to their workplace.

5. Procedures.

a. Do call the telephone operator (ext. 11444) and give location.

b. During duty hours the Office of the Director and the office of Police Service shall be immediately notified by any person receiving or overhearing a clear and positive threat of harm or destruction. During off-duty hours, weekends, and holidays the Administrative Officer of the Day (AOD) will be notified immediately. The Director, Associate Director and Chief of Staff will be contacted at their homes and kept informed of the situation. The Police on duty shall immediately interview the person reporting the threat, complete Bomb Threat Record and deliver it to the Director's Office or the AOD during off-duty hours. The Chief, Police Service or his designee shall make an evaluation of the situation and give the information to the Director or the AOD, if after duty hours. If the situation warrants, call the State Police Bomb Disposal Unit (Tel. 787-793-1234) requesting the on-site standby of this unit. Response agreement from the Bomb Disposal Unit shall be obtained. The Safety Engineer shall be promptly notified by Police Service.

c. Radio, television, and newspaper reports of bomb threats and after reaction will be deliberately avoided. Only official information will be released by the Public Information Officer or the Office of the Director.

d. The following groups will take the indicated necessary actions:

(1) The Hospital Incident Command System (HICS) Command Group. During duty hours, this group will be composed of the Director; the Associate Director; the Chief of Staff; Associate Director for Nursing Services, Liaison Officer, Public Information Manager, Safety Officer, and the Chief, Police Service, and general staff (Logistics, Operations, Finance and Planning Officers) the Chief, Mental & Behavioral Healthcare; and the employee receiving the bomb threat.

(2) After duty hours, this group will consist of the AOD, and the Supervising Policeman on duty. The threat evaluation preparations will be as follows:

(a) Do call the telephone operator (ext. 11444111444) and give location.

(b) Notify Safety Engineer at home.

(c) Hospital Police should interview the reporting employee immediately, complete a Bomb Threat Record, and deliver it to the Director's Office or if after duty hours, to the AOD.

(d) Bomb Threat Records should not be completed to record a grievance, dissatisfaction, or for any cause other than an actual threat to cause harm or destruction. All reports of threats will be retained in file in the Office of the Director.

(e) Telephone switchboard operators will be provided with copies of the Bomb Threat Call Checklist. Following receipt of a telephone bomb threat, the checklist should be completed and brought to the immediate attention of Hospital Police who will immediately interview the person receiving the threat. Police Service will complete the Bomb Threat Record and report the incident to the Director, or AOD if during off-duty hours. Written threats received by any employee will similarly be delivered to the Office of the Director. The Director, Associate Director and Chief of Staff shall be contacted at their home and kept informed.

(f) The Director or AOD along with the police will immediately begin an evaluation of the threat by seeking a possible identification of the caller by a comparison of the information contained in the Bomb Threat Checklist or written message with the file of Threat Records. If the threat caller claims to be a member of a locally active militant group, the FBI and/or local police authorities should be notified immediately. When a comparison of a Threat Record with information contained in the Bomb Threat Checklist contains three points of similarity (i.e., male, deep voice, foul language) and no significant dissimilarity, this and the suspect caller's name, address and telephone number should be provided to the FBI and/or local police for their immediate investigation. Full search or evacuation decisions will not be deferred pending the outcome of the investigation requested.

(g) The exact wording of a threat, a caller's indecisive or contradictory answers to questions asked, and the caller's voice description (slurred or incoherent could indicate intoxication) should serve management in assessing a threat as being false. All assessments, however, require the accurate recording of positive threat statements and the orientation of employees, particularly switchboard operators.

(h) When the evaluation seems to indicate probable cause to believe the threat is real, the State Police Bomb Disposal Unit will be called. Phone number is 787-793-1234.

(3) Service Zone Search Teams. Each Service and Section Chief will be responsible for the search of the area occupied by his/her activity during duty hours.

Pre-designated rooms and areas will be assigned to each member of the search teams. During the evaluation process by the Hospital Incident Command System Command Group, the exterior search team will proceed with maximum discretion to check the foundation line, ground window ledges, water tank footing, and perimeters of the building. This team should then conduct an interior search of the first floor of the building; public areas first to include waiting area, elevators, hallways, ceilings, open ceiling boards and bathrooms, then functional areas last. If the control group decision is to initiate a full search or an evacuation of the building, Service and Section Chiefs will be notified. Service Chiefs will promptly assemble their personnel assigned to search and commence the directed task. After duty hours, the Supervising Policeman on Duty will be responsible for establishing a search team, consisting of Police Officers, Facility Management Service employees, and any other personnel possibly on duty in the area of the Bomb Threat.

d. **Full Search:**

(1) A decision by the Director that a full search of the building is necessary due to the nature of the threat shall result in both a rapid and thorough search execution. This requires that specific employees of each Service conduct search and the Service Zones of responsibility be clearly delineated.

(2) Rooms, which are kept locked at all times, should be omitted from search plans. However, if a bomb search is required after normal business hours, persons assigned to search plans should be called in for duty. These services are listed further on and will be contacted by the switchboard operator at the order of the Director or designee. Doors to rooms normally unlocked during the business day but locked at closing shall be included in searches conducted during closed down periods.

e. **Bomb Discovery:**

Upon discovery of an unusual device, package, or parcel in a room or area, the following actions shall be taken:

(1) Clear the area of all personnel.

(2) Assign a policeman or employee to prevent anyone from moving or touching the object.

(3) Notify the Director's Office or AOD if during off-duty hours, and the Police Office.

(4) Question all room or area occupants (employees assigned in the area and patients awaiting treatments) for knowledge concerning the object. Pursue all possibilities of object ownership (i.e., patients in an admission area will often place a personal package against a wall when called to a treatment room).

(5) If the object cannot be identified after a reasonable and prompt area inquiry has been made, the Director or the AOD if during off-duty hours should then direct:

(6) A request for State Police Bomb Disposal assistance.

(7) Lateral evacuation of all space within 300 feet of the device.

(8) Floor by floor evacuation in order of proximity to danger; first, the floor immediately below the device location, followed by evacuation of the floor above the device location and so forth.

(9) A Facility Management Service maintenance team should shut down utilities (gas, electricity, oxygen, etc.) in evacuated areas after having consulted with Nursing Service.

(10) A fire alarm should NOT be given. However, the Safety Engineer and the Rio Piedras and Puerto Nuevo Fire Stations shall be notified of the situation and will be requested to report to the scene and will summon fire apparatus when and if the Bomb Disposal Team asks for it.

6. References.

a. VHA Emergency Management Program Guidebook
http://vaww.ceosh.med.va.gov/01HP/Pages/guidebooks.shtml

b. US Department of Homeland Security site: https://www.dhs.gov/how-do-i/report-suspicious-activity

BOMB THREAT RECORD

Time and Date Reported: _____

How Reported: _____

Exact Words of Caller: _____

_____

_____

Questions to Ask: _____

1. When is bomb going to explode? _____
2. Where is bomb right now? _____
3. What kind of bomb is it? _____
4. What does it look like? _____
5. Why did you place the bomb? _____
6. Where are you calling from? _____

Description of Callers Voice: _____

Male _____ Female _____ Young _____ Middle Age _____ Old _____ Accent _____

Tone of Voice _____ Background voice _____ Is voice familiar? _____

If so, who did it sound like? _____

_____

Other voice characteristics: _____

Time Caller Hung up: _____Remarks: _____

_____

Name, Address, Telephone of Recipient: _____

_____

BOMB THREAT CHECKLIST

RECORD:

1. Date _____ and time _____

2. Exact language used _____

_____

_____

3. ☐ Male ☐ Female

☐ Adult ☐ Child

4. Speech (Check applicable boxes)

☐ Slow ☐ Excited ☐ Disguised

☐ Rapid ☐ Loud ☐ Broken

☐ Normal ☐ Normal ☐ Sincere

Accent _____

5. Background noises _____

_____

_____

6. Name of person receiving the call _____

7. Phone number or extension of person receiving call _____

8. Service of person receiving the call _____

FEDERAL AND LOCAL CONTACT AGENCIES FOR HOSPITAL POLICE USE Area code 787

1.	State Bomb Disposal Unit	793-1234
2.	Puerto Nuevo Police Station	793-5290 782-1050 782-0298
3.	Puerto Nuevo Fire Station	783-2331
4.	Rio Piedras Fire Station	754-2330 763-1170
5.	Hato Rey Fire Station	754-1007
6.	F.B.I.	754-6000

Note: VA Caribbean Healthcare System Police Officers will call the State Police, then the Bomb Disposal Unit, and the FBI Special Agents.

MEDICAL CENTER AREAS NOT ACCESSIBLE BY MASTER KEY

The below portions of the Medical Center are not accessible by the Police Service master key. In the case of an after-duty bomb threat, the Chief of each service or his or her representative will be contacted by the switchboard operator in order that they arrive and inspect their service area:

Nutrition and Food
Veterans Canteen Service, Retail Store and Cafeteria
Business Office-all sections
Pharmacy Service
Human Resources Management Service - Personnel Records Room
Business Office4 - Mail Room
IRM - Computer Room
Facility Management Service - Linen Valet
Business Office-Prosthetics & Sensory Aids Section
Surgical Service - Operating Room
Office of the Director - Director's Suite
Business Office - Agent Cashier
Caribbean Community Living Center (CLC) (Nursing Home Care Unit)
Office of Regional Counsel
Fire alarm panel closets

Each of these services must ensure that somebody from the service is available at all times to enter their service area.

ANNEX 1.10

FIRE EMERGENCY RESPONSE

1. Fire Emergency Response

a. **Description of the Threat/Event**

Fires in the Medical Center have the potential to stress its response readiness and require a quicker response than most emergencies. Whether they are the cause of a local failure or the result of another event, any major fire in a medical center will test its response capabilities to the fullest and may result in significant numbers of casualties and extreme property damage.

b. **Impact on Mission Critical Systems.**

If a major fire develops, this is a strong indication that possibly the fire protection system and alarm/detection system has fully or partially failed. Smoke production is the first and greatest hazard to patients, employees and visitors, and smoke travel will impact HVAC systems. Fires may also impact all other critical engineering systems.

c. **Key Personnel with Responsibility to Manage this Threat/Event.**

(1) Director

(2) Safety Officer

(3) Safety Engineer

(4) Chief of Police

(5) Chief Nursing

(6) Chief of Staff

(7) Chief Facilities Management

(8) Chief Environmental Management

(9) Emergency Program Manager

(10) Area Emergency Manager

(11) Service Chief(s) directly affected

d. **Mitigation/Preparedness Activities of the Threat/Event:**

(1) Hazard Reduction, Preparedness Strategies and Resource Issues.

(2) Fire safety inspections.

(3) Requiring procurement of fire safety materials.

(4) Install and properly maintain fire protection, detection, and alarm systems.

(5) Conduct training and evaluation of drills/exercises.

e. **Response/Recovery from the Event/Threat.**

(1) Hazard Control Strategies and Resource Issues.

(a) In event of fire, follow R. A. C. E.:

1. R - RESCUE any patient or person in immediate danger, preferably through the nearest fire door. See EVACUATION PROCEDURES.

2. A - ALARM by pulling the nearest fire alarm box. Then call the telephone operator giving information on exact location (room number) and estimated size of fire. See FIRE ALARM SYSTEM.

3. C- CONTAIN the fire by closing all doors in the area. Make sure no stairwell door has been propped open. See FIRE DOORS AND PARTITIONS.

4. E- EXTINGUISH fire by using the nearest fire extinguisher. Do not fight fire if it is too big or spread out. See USE OF FIRE EXTINGUISHER. CLOSE off oxygen at zone control valve. Get acquainted with location of those valves in your area.

5. Employees, who work adjacent to the affected area, must arrive to the scene and help with the procedures mentioned before.

(b) Evacuation procedures in case of fire:

1. Evacuate patients from affected area to designated non-affected area, for more detail. Two plans exist:

a. Partial Evacuation. When fire or emergency is in a single room or small area, evacuate all patients and personnel from the immediate danger, and then horizontally through the nearest Fire Door.

b. General Evacuation. If a large fire or emergency occurs, evacuate all patients and personnel through the nearest Fire Door and then down to floor(s) below, using any stairwell. In case of fire, do not use elevators; they may be out of service or being used by the firefighting personnel.

2. Evacuate patients according to their physical limitations. Evacuation priorities are as follows:

a. 1st Priority - Ambulatory patients: Lead them to safe adjacent areas. Have someone in charge to account for them at the new site. Patients left alone may panic.

b. 2nd Priority - Wheelchair patients: Move or carry wheelchair patients to safe areas. Evacuated patients may lend their carts to evacuate others.

c. 3rd Priority - Non-ambulatory patients: Those close to the danger area are to be evacuated first. Carry or roll patient in blanket and drag along the floor to safe adjacent areas. Note: The floor is the most comfortable area in smoke-filled room. Orthopedic patients on traction as well as other bedridden patients should be rolled out of rooms on the bed, if possible. Remove from tractions only if absolutely necessary.

3. Do not use elevators. They may be out of service or being used by firefighting personnel.

4. Close doors to isolate emergency area. Closing the door will confine a fire to the point of fire origin until firefighting can take place.

5. Move to adjacent safe areas, wards, and Triage areas (see Triage Area) to continue with the processing and emergency care of patients and other affected personnel.

6. Remember to maintain low, close to the floor in a smoke-filled area. The smoke will begin to fill an area from the top to the bottom.

7. Ward Responsibility and Command: The person in charge of the ward in order of seniority will assume the leadership until a higher-ranking supervisor takes over. The person in command will make sure that:

a. All patients are cared for.

b. All patients are accounted for.

c. Patient's chart accompanies the patient.

(c) Fire Alarm System:

1. When using the wall mounted alarm pull stations activates the fire alarm, a coded signal is immediately transmitted throughout the hospital (gong and chimes). Codes are listed permanently throughout the VA Caribbean Healthcare System.

2. When the fire alarm is activated, it is automatically transmitted directly to the Rio Piedras Fire Department where a signal is received showing a fire at the VA Medical Center. The information given in the call to the telephone operator giving exact location of

the fire will be relayed to the Rio Piedras Fire Department by the telephone operator and will speed up arrival of firemen at exact location of fire.

3. Do not call the telephone operator to obtain fire location when alarm sounds. Use the code locations in this manual or posted throughout the facility to identify the location of the fire.

4. There are high hazard areas in the hospital (shops, warehouse, storage rooms, laundry, research, pharmacy, etc.) that have sprinkler systems. If a sprinkler head goes off due to high heat, an alarm is automatically transmitted to the Rio Piedras Fire Department and will sound the local gongs and chimes.

5. If the gongs are sounding do not pull a fire alarm pull station as this will only confuse the fire department. Do call the telephone operator and give location (ext. 111444).

(d) Fire Doors and Partitions:

1. This hospital is sectionalized into fire zones that are separated by fire partitions and fire-rated doors. These doors have a fire rating of 1 1/2 hours, which create safe evacuation areas.

2. All other corridor doors are primarily to prevent smoke from entering the corridors. Corridor doors and walls will prevent spread of fire for a short period of time.

3. Under no circumstances will any corridor door, stairwell door, or fire apparatus closet door be blocked by anything that will prevent instant use of the corridor or stairwell in an emergency. Fire doors (including stairwell doors) will not be blocked open by wads of paper, wedges or any other foreign material.

(e) General Firefighting Rules:

1. Use fire extinguisher to combat the fire only if the fire is small and has not spread out. Do not use hoses. The hoses in each fire apparatus closet are for the use of trained firefighters from the P.R. Fire Department.

2. Fire extinguishers are located throughout the facility in designated areas. Fire extinguishers are also located in all corridors inside fire apparatus closets, which are identified by a RED LINE on the floor in front of each closet.

3. All fire extinguishers in this facility (except in Nutrition and Food Service) are of the ABC - (A) MULTIPURPOSE type, which are good against any type of fire in this facility. Nutrition and Food Service fire extinguishers are of the carbon dioxide type, good against flammable liquid (B) and live electrical (C) fires only.

4. Instructions for operating the fire extinguishers are posted on each extinguisher. Even though the operation of a fire extinguisher is simple, fighting a fire is no simple

matter, and should be done only if the fire is small. Otherwise, firefighting must be left to the P.R. Fire Department.

5. Use blankets for smothering fire. A slight blaze can be extinguished in this manner.

6. Close doors to confine smoke and fire. Do not take any burning equipment, mattresses or supplies outside the burning area, as this may spread the smoke through the corridors.

(f) Triage Area:

1. The Triage Officer will establish the safest day room nearest to the emergency location for victims of Internal Emergencies. The Center's Medical Intensive Care Unit (MICU) or Surgical Intensive Care Unit (SICU) will be used for severe emergency victims. Except inpatients, all other casualties and emergencies will be referred to the Emergency Room where a second Triage Area may be established if the Triage physician deems it necessary.

2. See Service responsibilities for specific actions.

f. **Recovery Strategies**

(1) Assess critical systems performance continuously and initiate repair as soon as feasible.

(2) The Director will be notifying of the improvement in recovery process.

g. **External Notification Procedure.**

(1) Within VA.

(a) VISN Directors, VACO

(2) Other Federal Agencies.

(a) OSHA – Notify within eight (8) hours of one (1) employee fatality, or three (3) employee hospitalizations resulting from a single incident.

(3) Other.

(a) The Joint Commission (TJC).

(4) Community Entities.

(a) Rio Piedras Fire Department

(b) San Juan Municipality Emergency Management Agency

(c) PR Department of Health

f. **Specialized Staff Training.**

(1) Conduct emergency patient transfer techniques.

(2) Conduct vertical evacuation training.

g. **References and Further Assistance.**

(1) VHA Emergency Management Guidebook.
http://vaww.ceosh.med.va.gov/01HP/Pages/guidebooks.shtml

(2) Center Memorandum No. 00-19-81, Safety Management Plan

Fire Alarm Codes

Main Building		
Code	Zone	Location
1112	A	Sub-Basement
1113	B	Sub-Basement
1114	C	Sub-Basement
1121	D	Sub-Basement
1122	B-1	Basement, Research and Development, Nuclear Medicine
1131	B-2	Basement, Canteen Service, Retail Sales Store
1133	B-3	Basement, Food & Nutrition Service
1141	B-4	Basement, Trash Collection Room (D-38)
1144	B-5	Basement, X Ray storage, Projects and Planning Section, PPM
1211	B-6	Basement, SPD, Receiving Area, Environmental storage
1212	B-7	Basement, FMS & Shops, Morgue, Male lockers
1221	B-8	Basement, Generator Room (C-39)
1222	B-9	Basement, Switchgear Room (C-37)
1311	B-10	Basement, Transformer Room (C-38)
1313	B-11	Basement, Laundry
1331	B-12	Basement, Boiler Building
1115	SICU	SICU area
1333	1-1	1st Floor, Clinical Laboratory
1411	1-2	1st Floor, Radiology, Cardiology Lab, Urology
1334	1-3	1st Floor, Surgery, Operating Rooms, Ambulatory Surgery, Recovery
1441	I-4	1st floor, OT, Dental Service, Orthopedic
1444	1-5	1st Floor, PT, Sub-Specialty Clinics
2111	1-6	1st Floor, PIC, ITOPS, Fee Basis, SPD storage
2112	1-7	1st Floor, Employee Health, Audiology, C&P, Women clinic
2121	1-8	1st Floor, Telehealth, ID Card, Means Test, Chief Police
2122	1-9	1st Floor, Escorts, Voluntary, Communication Center
2123	1-10	1rst Floor, MICU
2124	1-11	Waiting area D1107
2211	2-1	Wards 2A1 & 2A2
2212	2-2	2nd Floor, Chapel, Social Work Svc, Psychology Svc
2221	2-2A	2nd Floor, Mechanical Room (Room A-203)
2222	2-3	2nd Floor, Wards 2D-1 & 2D-2
2223	2-4	2nd Floor, Chaplain, Patients Library, AFGE, Nursing offices, Inpatient Pharmacy
2232	2-5	2nd Floor, Nursing Svc, Recreation
2233	2-5A	2nd Floor, Mechanical Room (Room C-201)
2322	2-6	2nd Floor, Wards 2B-1 & 2B-2
2323	2-7	2nd Floor, Medical Library, Medical Media Production Svc
2331	2-8	2nd Floor, Education Center & Intermediate Care Unit
2332	2-9	2nd Floor, Auditorium
3111	3-A	3rd Floor, Center Director, Chief of Staff, Medical Service,
3113	3-B	3rd Floor, Personnel Svc, ACOS for Education
3131	3-C	3rd Floor, Computer Center
3133	4-A	4th Floor, Ward 4A
3222	4-B	4th Floor, Ward 4B
3223	5-A	5th Floor, Ward 5A
3232	5-B	5th Floor, Ward 5B

3233	6-A	6th Floor, Ward 6A, Hemodialysis
3311	6-B	6th Floor, Ward 6B, CCU
3313	7-A	7th Floor Ward 7A
3322	7-B	7th Floor Ward 7B
3323	8-A	8th Floor Ward 8A
3331	8-B	8th Floor, Ward 8B
3332	9-A	9th Floor, Ward 9A
3333	9-B	9th Floor, Ward 9B
4111	EL-1	1st Floor, Elevator Lobby (Passenger & Service)
4114	EL-2	Basement & Floors 2 thru 9, Elevator Lobbies (Passenger & Service)
1142	Admin Building	
4211	South Bed Tower	
4141	MREL	Elevator Machine Room (Uppermost Floor above Penthouse)
4411	PH	PH Penthouse
6111	OPA	Outpatient Addition Building (OPA)
7111	DC	District Counsel Building

Community Living Center & Blind Rehabilitation

Code	Location	
5111	1st floor	OT
5112	1st floor	Blind Rehab Offices
5113	1st floor	Wood Shop, Kitchen
5116	1st floor	Storage Room
5117	1st floor	Dining Room
5121	1st floor	Lobby
5122	1st floor	Nurse Station
5123	1st floor	Ward A
5131	1st floor	Ward B
5124	1st floor	Ward C
5211	2nd floor	Blind Rehab
5212	2nd floor	Dining Room and Elevator Lobby
5222	2nd floor	Nurse Station
5223	2nd floor	Ward A
5231	2nd floor	Ward B
5124	2nd floor	Ward C

Outpatient Area (OPA)

Code	Zone	Location
1112	I-1	Lobby, Hallway to Main Building, Police Service, Elevators, Cashier, Fee Basis, Travel
1122	I-2	Laboratory, Radiology, GI, Pulmonary
1211	I-3	Administration offices, Restrooms
1121	I-4	Ophthalmology, ENT, Neurology, & Cardiology Clinics
1113	I-5	Waiting Area & Counters at Primary Care Clinics, Hema Onco & ACOS/Ambulatory Offices
1131	I-6	Primary Care and Hema-Onco offices
1311	I-7	Pharmacy Outpatient
1322	I-8	Admissions, Emergency Room & Triage
2111	B-1	Basement – Parking
2112	B-2	Basement - Office area

South Bed Tower

Code	Zone	Location
1111		Basement FMS
1121		Basement Elevators
1112		Basement Fire Pump
1211	J	First Floor MICU/CCU
1131	K	First Floor SCID
1311		First Floor Elevators
1113	J	Second Floor Surgical
1411	K	Second Floor PACT
1141		Second Floor Elevators
1114	J	Third Floor Hospice
1123	K	Third Floor PM&R
1132		Third Floor Elevators
1231	J	Fourth Floor - Medicine Area
1213	K	Fourth Floor - Medicine Area
2111		Fourth Floor –Elevators
2211	J	Fifth Floor - Medicine Area
2311	K	Fifth Floor - Medicine Area
2121		Fifth Floor – Elevators
2131	J	Sixth Floor - Medicine Area
2112	K	Sixth Floor - Medicine Area
3111		Sixth Floor – Elevators
3211		Penthouse - Mechanical Room
3121		Penthouse - Switchboard
3112		Penthouse - Elevator Machine Room
4111		Penthouse - Emergency Switchboard

ANNEX 1.11

RADIATION INCIDENTS

1. Purpose.

Disaster Type	Center's Response
Incident which involves patients being exposed to radioactive material, contamination, or injuries either internal or external to the facility.	Prepare for reception and care of these patients. Prepare hospital staff with protective equipment and establish a triage and a decontamination area adjacent to the Emergency Room to protect staff and patients.

a. **Major Objective**

In an event of a natural or other disaster involving radioactive material, contamination or injuries either internal or external, the Center's response is to process or evacuate patients, personnel, and supplies to designated areas in the Medical Center, alert staff and outside cooperating agencies and control further radiation exposure and contamination.

b. **Objectives**

(1) To mobilize emergency personnel by assigning medical and nonmedical staff to implement this emergency plan.

(2) To proceed with decontamination procedures.

(3) To control exposure of workers to contamination.

c. **Responsibilities:** Operating units and key personnel with responsibility to manage this threat event.

(1) Medical Center Director - Incident Commander:

(a) Coordinates Medical Center response and assures normal Medical Center operations.

(b) Works with PIO in reassuring public with truthful and forthright communication.

(c) Obtain the most information possible about the incident from the person notifying you of the Radiation Incident.

(d) Contact the Area Emergency Manager or designee and have him/her contact the Chief, Nuclear Medicine Service, and the Radiation Safety Officer (RSO). Contact Nuclear Medicine if the Area Emergency Manager is not available.

(e) If the Chief Nuclear Medicine indicates that patients affected by radiation will likely be arriving, activate the Emergency Management Plan, Radiation Emergencies Section (Annex K).

(f) Call in Key Incident Command Staff (Annex C) and have initial planning meeting in the Command Post, 3rd Floor, and Conference Room 5M512. Hand out Job Action Sheets (Annex C).

(g) Request Public Information to establish an Information Center.

(h) Instruct Safety Manager to ensure Safety of all Staff.

(i) Instruct Police Service to implement stricter security and safeguard areas where patients will be treated.

(j) Direct Chief of Staff to prepare to receive casualties, stress Safety of Staff, emotional care of staff and patients and availability of necessary ancillary support.

(k) Instruct Associate Center Director or Administrative Section Chief to provide resource support to assist clinical staff in managing this emergency. Stress supplies, communication, and transportation resources. Instruct him/her to establish a plan of action within 30 minutes.

(l) Request a list of all resources, safety equipment, status of incident and detailed documentation of all that takes place. Instruct the Fiscal Officer to maintain cost to station, stress potential OWCP claims and third-party claims that may be made from veteran patients.

(m) Incident Commander can assign the Radiation Safety Manager as Operations Officer.

(n) Liaison with local, state and emergency personnel, VHA Medical Emergency Radiation Response Team (MERRT).

(o) Maintain Command, Control & Communications.

(2) Associate Center Director - Planning Section Chief

Once the Director has completed the initial planning meeting, you will consider the following:

(a) Hand out your Planning Section's Job Action Sheets (Annex C).

(b) Brief your Chief of Operations, Planning, Fiscal, Communications Section, and HAS. Have the Communications Section hand out phones or your Facility Management Service hand out the two-way radios to all areas that are activated to include the Triage

Area (in front of the EMU), the Decontamination Area (special area adjacent the EMU), the Hospital Emergency Room, Casualty Assistance Area (Tele Care Area), Public Affairs Officer, VA Police, Labor Pool (Room C34, Basement), and to the Command Post (CR 316).

(c) Ask Logistics Chief to report to you within 20 minutes how will the necessary supplies be purchased and to prepare for storage and disposal of contaminated liquids generated in the decontamination area. Request availability of vehicles and drivers, and ambulance companies or other transport services.

(d) Instruct the situations Status Officer to document everything, number of Nuclear Medicine Staff available that can operate Geiger Counters, how many people in Labor Pool, how many vehicles available, and the hospital census.

(e) Instruct the Fiscal Officer to activate the fund for incident related costs.

(f) Decide whether to contact VISN Director and/or VISN Public Affairs Officer.

(3) Chief of Staff

After initial meeting with the Director or whoever is Incident Commander, you take the following actions:

(a) Convene with Chief, Nuclear Medicine, RSO, Associate Director for Patient Care Services (Medical Staff Officer), ACOS for Primary Care (Triage Chief), Chief of Medical Service, (Treatment Group Leader), and Chief of Psychiatry Service (Human Services Leader) and brief them on what is the situation. Hand out Job Action Sheets (Annex C)

(b) Consolidate all the resources needed and have her inform the Planning Chief (Associate Center Director). Should obtain a hospital census in order to inform the Planning Chief.

(c) Have Chief, Medical Service determine the ancillary services that will be required to deal with these patients.

(d) The decontamination area in front of the ER has to be activated.

(e) Have the Chief of Psychiatry Service form the three Psychosocial Trauma Teams (PTT) described later in this plan. There may be family members of victims coming to the Medical Center so VA Police may have to assist and communicate the Tele Care phone numbers so, they can call to find out about their relatives.

(f) Activate the Employee Health Physician who may have many claims from staff afraid of being affected by radiation.

(g) Work closely with the Associate Center Director to ensure protective gear is available and that work areas are safe.

(h) Activate MERRT if necessary, after consultation with Incident Commander.

(4) Chief Associate Director for Patient Care Services- Operations Chief

(a) Assists physician with medical procedures, collection of specimens and decontamination; assesses patient's needs and intervenes appropriately.

(b) Direct all Nursing Service operation.

(c) The Associate Director for Nursing Services serves as the Operation Chief in the HICS.

(5) Radiation Safety Officer

(a) Supervises all aspects of monitoring and contamination control. Facilitates proper mandatory notification of regulatory agencies in an event.

(b) Assures that personnel in the triage, decontamination and medical areas have sufficient monitors and training in their use and that monitoring for radiation occurs at all significant events and drills.

(c) Radiation Safety Officer (RSO) - extensions 111053

(d) Alternate RSO – Health Physicists - extensions 111790

(e) The RSO will exercise the following functions:

1. Determine, jointly with the Chief Nuclear Medicine, the type of emergency, which procedures are needed, and which personnel must be called.

2. Provide instrumentation and means to monitor areas and personnel for radiation exposure and contamination, as required.

3. Establish and direct decontamination procedures and designate areas to be used for that purpose, jointly with the Chief Nuclear Medicine. Supervise disposition of contaminate material.

4. Identify and mark any areas which are contaminated with radioactive material.

5. Maintain close liaison with the Command Post in order to maintain contact with State Agency for Emergency Management authorities in connection with fallout shelter functions.

(6) Other Designated Radiological Response Personnel (Key Positions and Functions)

Role**	Function
Security Personnel	1. Control of access to area 2. Mobilization of government vehicles to allow DECON 3. Safety of environment 4. Provide three lines of defense 5. Route victim's relatives 6. Secures the radiation emergency area and controls crowds. 7. In a Mass Casualty Incident assures facility lockdown with controlled access. 8. Handles chain of custody.
Team Coordinator	1. Leads, advises, and coordinates with attention to specifics of an event involving radiation 2. Assures laboratory activation for initial and follow-up sampling.
Triage Officer	1. Performs triage with attention to Radiation Triage protocol.
Patient Tracker	1. Tracks and records movement of patients with suspected or known Radiation Contamination.
Designated Physician or Senior Medical Clinician	1. May function as Team Coordinator or Triage Officer. 2. Provides emergency medical care with diagnosis and treatment of immediate problems, with attention to acute radiation effects and interaction of radiation with trauma. 3. Assures referral mechanisms for follow-up of intermediate and long-term radiation effects.

Role**	Function
Technical Recorder	1. Records and documents medical and radiological data.
Nuclear Medicine RSO/Radiation Safety Staff/Radiology/Radiotherapy	1. Direction and control of overall emergency operation, 2. Control of workers exposure 3. Medical team assemble -Confirm roles 4. Supply radiation monitors and detection equipment (RSO) 5. Provide dosimeters (RSO) 6. Control of spread of contamination within the Hospital 7. Radiological triage of victims 8. Decontamination 9. Monitors patient and area. 10. Advises on contamination, with attention to preventing contamination of diagnostic equipment in areas patient must visit for testing or treatment. 11. Advises on exposure control, tracks time and dose for personnel entering area. 12. Maintains survey equipment and assures proper use. 13. Treatment of radiation injuries 14. Provide support to RSO
Laboratory Technician	1. Assists with collection and analysis of biological samples, with specific attention to collection of initial and follow-up CBC and differential counts, and initial nasal, oral, and wound swabs. 2. Provides routine clinical analysis of biological samples.
Public Information Officer (PIO)	1. Releases accident information to public media. 2. Specific training on Risk Communication in radiation events is advised for any Public Information personnel who may be placed in this role.
FMS	1. Aid in preparation of the Radiation Contamination Control Treatment Area (RaCCTA). Following event, coordinates cleanup with Radiation Safety Staff. 2. Ensure proper equipment for whole body decontamination in terms of disposal of contaminated water 3. Provide paper to cover floors, cover areas to be used 4. Provide radiation waste bags 5. Cover stretchers and wheelchairs as needed 6. Provide identified waste baskets and other devices as necessary 7. Assist with decontamination of areas 8. Provide 2-way communication devices 9. Coordinate with Hospital safety and security 10. Coordinate Laundry services for Triage Area 11. Coordinate Clean up and recovery phase as directed by RSO

Human Resource Management	1. In a Mass Casualty Incident involving the community, provides information to significant others or family of workers on site 2. Acts as liaison during an extended event 3. Is in charge of labor pool
Patient Liaison	1. Provides education to the victim on the event 2. Obtains information to answer specific questions for the patient concerning radiation and hazards 3. Facilitates stress reduction through identifying patient needs and mobilizing the appropriate team member.
Pathology	1. Handling deceased victims
Surgery	1. Management of combined injury 2. Management of wounds in non- contaminated victims
Medical	1. Evaluation of samples results 2. Treatment and follow up of victims
EMU	1. Treatment of non- contaminated victims 2. Treatment of critically injured victims 3. Ensure adequate care to patients other than accident casualties 4. Traumatic Triage
Nursing	1. Provide nursing care and support medical care on ER, OR and triage area 2. Take blood samples from victims (CBC with lymphocyte count, chromosomal damage, urine samples, fecal samples) 3. Take samples from mouth and nostrils 4. Take vital signs from victims
Nutrition and Food	1. In charge of Oasis Emergency Room, Green Area at OPA Lobby, and Staff Debriefing Area at CLC Terrace 2. Schedule nutrition service for patients in Green Area at OPA Lobby and patients transferred from EMU to patient receiving areas (GI at OPA, Cardiac Cath Lab., H/O at OPA) 3. In charge of Oasis at ER, Green Area at OPA Lobby and Staff Debriefing Areas at CLC Terrace

Psychiatry/Psychology/Social Work/Chaplain	Psychiatry 1. Treatment of psychological trauma of victims 2. Support workers Psychology 1. Treatment of victims and workers trauma 2. Provide support to relatives of victims Social Work 1. Provide support to victims and relatives 2. Coordinates information between victims, their significant others and family Chaplain 1. Provides spiritual counsel and comfort to the victims, their significant others and family, with special emphasis on those victims who are terminal.
Finance	1. Economic support and approve purchases
HBAS	1. Identification and medical records of victims 2. Documentation of incident, 3. Documentation of operation
Telecommunications	1. Provide telephone lines 2. Facilitate communication with outside personnel 3. Facilitate communication with workers' relatives
Logistics Service	12. Distribute medical equipment 13. Ensure adequacy of supplies 14. Provide surgical and burns carts 15. Provide radiation protection suits
Pharmacy	1. Provision of CACHE 2. Provide Medication to OR at EHU
Voluntary	1. Assist health physicists 2. Assist supplies personnel 3. Assists in Drills

** As soon as possible upon assignment to these positions, specific education on the unique features of responding to radiation events should be completed.

d. **Procedures.**

(1) Exposure to ionizing radiation may occur from medical therapy or research, hospital or industrial accident or terrorist event. Because radiation is invisible and most people are unaware of the extent of ongoing daily exposure from natural sources, the personal response to an event involving radiation exposure is likely to be one of panic. Consideration of both panic and the effects of radiation must be included in all phases of event management. Similarly, because radiation is an invisible danger, the identification

that radiation has been released in an event may be delayed, unless screening procedures are consistently practiced. Identification of radiation involvement in an event will be facilitated by appropriate inquiry upon initial facility contact regarding a potential event, and by appropriate inquiry and radiation screening at the point of perimeter entry.

In radiation events involving a radiological dispersal devise (RDD or dirty bomb) or a nuclear weapon, radiation may be accompanied by trauma from the explosive force of the delivery device. For some victims, radiation exposure and external damage may be minimal, while internal injury from the shock wave may be severe. Secondary fires may also produce additional injury. This sample Standard Operating Procedure (SOP) is intended to cover the radiation aspects of such an event.

If an event involves chemical agents, the event should be managed primarily with attention to the chemical agents, and secondarily with attention to the radiological agents.

Factors that must be considered in implementation of the response plan include:

(a) How many victims are involved?

(b) Are the involved victims also injured?

(c) Are victims exposed to or contaminated with radiation?

(d) If victims are contaminated, is the contamination external, internal or both?

(e) If internal contamination is involved, was the route inhalation, ingestion, or penetration?

(f) What is the radiation source?

(g) What is the degree of radiation exposure or contamination?

(h) What victim-specific factors must be considered? Is a special population involved, such as infant, pregnant, elderly, or frail victims, etc.?

(2) Impact on Mission Critical Systems. Contamination by radioactive particles may present a significant risk to the critical mission of the VAMC. Remediation will occur after the emergency and may be extensive and costly. Thus, detection of radiation contamination of victims and equipment entering the facility following an event is important. More important is the understanding that treatment of life-threatening trauma always precedes decontamination and consideration of exposure when radiation is the only contaminant. The Medical Management of Radiological Casualties Handbook (Military Medical Operations Office, Armed Forces Radiobiology Research Institute, International Medical Publishing, Inc. McLean, Virginia) describes the accepted principle in managing radiation victims as: No living victim may be so radiological contaminated so as to constitute an immediate hazard to personnel. Techniques exist to minimize hospital contamination if victims must enter the hospital for procedures prior to final

decontamination. The handling of radiation victims' arrival based upon the probability classification into 3 groups is helpful: Combined (Radiation Contamination + Trauma), External Contamination and Internal Contamination. Victims with external contamination are at risk for internal contamination leading to incorporation. Incorporation, or uptake of the radioactive material into internal organs, occurs as a result of internal contamination and is a serious hazard to the patient. Because victims with external contamination are at risk for internal contamination leading to incorporation, decontamination is urgently needed after patient stabilization. Thus, screening for radiation should occur as soon as life-threatening conditions have been stabilized.

Management of contaminated materials and wastes is necessary to avoid facility and environmental contamination. Wastewater should be contained and/or properly disposed of only after clearance by the Radiation Safety Officer (RSO). However, concern over release of contaminated water should not delay decontamination of the victim. All contaminated items should be bagged, preferably in sealed plastic bags; labeled; and placed in clearly marked containers. The RSO should oversee management of all radioactive materials and items. The importance of maintaining the legal chain of custody in these procedures must be recognized. For additional information on the types of contamination and control, see Addendum 1.

(3) Operating Units and Key Personnel with Responsibility to Manage this Threat/Event. The facility Emergency Medical Response Team (EMRT) should address the radiation response component as emphasized below. Use of the all-hazards approach to disaster management, with screening for radiation in any potentially deliberate incident, should be considered. The RSO is a critical member of the team responding to an incident involving radiation, and involvement with the existing facility disaster response team rather than establishing a separate team should be considered. Facilities without an EMRT may designate selected individuals for the roles and functions described below. Designation of this function in writing to the involved individual is recommended. The team positions delineated above are identified to facilitate handling of a radiological event with multiple victims. In smaller events, certain positions may be combined for management with fewer team members.

(4) Mitigation/Preparedness Activities of the Threat/Event.

(a) Pre-Event Education and Planning. Damage mitigation for a radiation/nuclear event starts prior to the event. Because panic associated with the concept of a dirty bomb or other nuclear/radiological event may result in as much or more harm to the public than the actual radiation itself, on-going staff and public education is a significant mitigating action. Specific education is a highly feasible mitigation strategy for this threat because of the limited number of radiological agents and the very specific technical mitigation strategies. Such education can reduce much of the advantage of nuclear/radiological agents to terrorists and prepare hospital personnel to respond in a rational and safe manner to any event with a radiation release. Thus, basic education on radiation should be incorporated into the annual facility-wide education program.

This education should include, at a minimum, the following components:

1. The nature of radiation, background versus significant exposure with the associated risks and benefits.

2. Recognition of the radiation hazard symbols.

3. Risk reduction measures.

4. Some information on the hospital/community protocols for handling a radiation event.

5. Decontamination techniques in radiation events.

The facility education program should be identified by Administration as a facility contribution to the public health needs of the community and nation. Adequate pre-event planning requires a consistent ongoing effort that begins with administrative commitment for facility preparation through team support and development. The identification of enthusiastic interested team members with ready access to supportive administration is essential. Following identification of these elements, a systematic program combining didactic education with mini drills, culminating in major drills should be developed. After expertise is developed and demonstrated in these exercises, ongoing practice to maintain the team skills will be required.

(b) Identification of a Radiation Event. Early identification of the presence of radiation is needed to minimize the risk to the mission of the VAMC by radioactive contamination. Identification may occur through notification of the facility by community authorities, through appropriate screening of victims during their initial facility contact, or by radiation monitoring during the event. Screening should occur whenever a victim of a possible hazardous material (HAZMAT) incident or deliberate event contacts the facility, and whenever a victim arrives at the perimeter entry point. The screen should include an inquiry concerning whether signs or symbols indicating radiation hazards were noted and whether symptoms or physical signs of radiation injury are present. In addition, a radiation detection instrument should be used at the decontamination site for all HAZMAT events.

(c) Initial Facility Contact and Event Verification. When the hospital receives a call reporting an event possibly involving radiation, certain information is needed to facilitate adequate actions in preparation for arrivals. This information includes the number of victims, type and severity of both injuries and symptoms, whether contamination is known to be present and, if known, whether the contamination is external or internal. This information should be collected and documented in a systematic manner and is best achieved by a preformatted protocol. (See Addendum 2, Potential or Known Radiation Event - Initial Facility Contact Report; and Addendum 3, Initial Multiple Radiation Victim Report.) The Initial Facility Contact Report form should be completed first. The Initial Multiple Radiation Victim Report would be used only if multiple victims are involved and if the situation allows sufficient time. To reduce anxiety on the part of the call recipient and increase the ease and accuracy of data collection, routine “initial contact” mini drills should be conducted using the forms. After each contact drill, participants should be allowed to

discuss their participation experience and ask for further information. This educational practice will serve to enhance performance and calmness, should a real-world event occur.

(d) Radiation Monitor Screening. Any event involving multiple casualties that may be intentional should utilize screening with a radiation monitor to exclude the possibility of covert radiological dispersal. The threat of a dual-release event must be considered, and only active screening at an event can exclude the possibility of radiation. A number of radiation survey instruments are available for this purpose. Proper utilization of these devices requires device calibration, battery maintenance and training, with emphasis on proper screening technique and avoidance of survey meter contamination. (See Addendum 4: Radiation Events Supplies and Addendum 5: Radiation Instrumentation and Screening.)

(e) Plan for Reception of Possibly Contaminated Victims - Facility Lockdown and Restricted Access. In a major event involving radiological or nuclear materials, such as a radiological dispersal device or nuclear weapon, immediate facility lockdown with limitation of access may be necessary to avoid contamination of the facility and to assure continuity of operations. Immediate facility lockdown with restricted access should be considered as part of a standing facility protocol upon notification of a radiological/nuclear event until the risk of contamination is known. If the initial facility contact raises the question of contamination and this cannot be ruled out prior to arrival, the facility decontamination plan should be activated. Assume victims are contaminated until this possibility is excluded by screening. However, in a radiological or nuclear event, the purpose of this lockdown is not to exclude the entry of patients with life-threatening injuries. The goal of lockdown in radiation emergencies is to channel patients with life-threatening conditions into the facility along designated routes to allow contamination control until the patient can be stabilized sufficiently to safely undergo decontamination. If special traffic patterns and entrance routes are specified in this plan, be certain ambulance and other transport personnel are notified. Some facilities may elect to use stationary pre-deployed signage or to deploy temporary directional marquis to delineate these routes (See Addendum 6: Maps for Procedures during a Radiological Event).

The ratio of doors to security personnel for many facilities renders lockdown solely by security personnel impractical due to the time involved. This difficulty can be overcome by pre-assignment of lockdown of specific doors to designated personnel by area throughout the facility. The use of mini drills documenting time to simulated lockdown will verify the effectiveness of the assignments and knowledge of procedures by personnel.

Adequate planning for radiation events includes establishment of a Radiation Event Supply Inventory (See Addendum 4 for a suggested list), and pre-identification of appropriate areas for decontamination of patients without serious injury and for an internal radiation contamination control treatment area.

(5) Response/Recovery from the Event/Threat

(a) Preparation for Patient Arrival and Reception Any call received by the Medical Center indicating that there has been a radiological disaster will be responded to in accordance with the Addendum 2 titled. The call has to be verified before any action is taken in the Medical Center. Once the call is confirmed, the Medical Center Director should be contacted. The Medical Center Director will then contact the Chief, Nuclear Medicine, and the radiation Safety Officer (RSO) to determine whether the plan should be activated.

(b) Activation Procedures. Verify that hospital decontamination procedures are activated and that external perimeters have been secured and appropriate directional signage posted.

(c) The HICS command post will be responsible to call the Radiation Safety Officer (Ext. 19153) and the Nuclear Medicine Service Chief (Ext.10153), to inform of the arrival of such case to the Hospital and will provide the information available on the case.

(d) From this information the Radiation Safety Officer will determine which type of emergency this is, the procedures that should be followed, which personnel should be involved, and which facilities are needed. The RSO will provide the instrumentation needed to monitor personnel and survey meters (from the Nuclear Medicine Service or Radiology) for radiation measurement. Operational survey instruments may be found in Room A-62 and in the Hot Laboratory (Nuclear Medicine Service) and in Radiotherapy.

(e) Upon notification that an individual contaminated with radioactive material, is to be transferred to this Medical Center, information about the incident should be obtained. Medical history and details of the incident will assist in the early management of radioactively contaminated persons and preparation of the emergency room and other facilities to receive such individual.

(f) Useful information includes radioisotope involved, type and amount of radioactive material involved, chemical form, the patient's location within the exposure zone, the time of the occurrence and the time of the patient's exposure, injuries and potential medical problems present, exposure to toxic or corrosive materials, decontamination efforts attempted, therapeutic measures, such as blocking agents given, if clothing has been removed at the site of the incident and if bioassay samples have been collected.

(g) Establish Perimeter. Prepare the Perimeter Entry Point Team with appropriate personal protective equipment (PPE). Level C PPE with a PAPR is appropriate for decontamination procedures involving radioactive material. However, this level of protection is not needed in many situations, and the following protective clothing is usually sufficient as described in the REAC/TS discussion under Response

(h) Team Preparation:

1. Protective Clothing - The purpose of protective clothing is to keep bare skin and personal clothing free of contaminants. Members of the radiological emergency response teams should dress in surgical clothing (scrub suit, gown, mask, cap, eye protection, and

gloves). Waterproof shoe covers also should be used. All open seams and cuffs should be taped using masking or adhesive tape. Fold-over tabs at the end of each taped area will aid removal. Two pairs of surgical gloves should be worn. The first pair of gloves should be under the arm cuff and secured by tape. The second pair of gloves should be easily removable and replaced if they become contaminated.

2. A radiation dosimeter should be assigned to each team member and attached to the outside of the surgical gown at the neck where it can be easily removed and read. If available, a film badge or other type of dosimeter can be worn under the surgical gown. A waterproof apron can also be worn by any member of the team using liquids for decontamination purposes.

3. This protective clothing is effective in stopping alpha and some beta particles but not gamma rays. Lead aprons, such as those used in the X-ray Department, are not recommended since they give a false sense of security - they will not stop most gamma rays." http://www.orau.gov/reacts/care.htm#Techniques.

(i) Self-Decontamination Area. Establish or verify that supplies are available in the appropriate area for self-decontamination. If possible, this should be a pre-selected external site.

(j) Staff Selection. If staff numbers allow selection of those who will work with the contaminated victims, exclude those who are pregnant or potentially pregnant staff. If time allows, consider obtaining a baseline CBC and differential for staff selected to work in the contaminated area and a pregnancy test, where applicable.

(k) Staff Briefing. Brief the nurses and other involved personnel on radiation safety precautions. Emphasize that staff risk is considered low if these standard precautions are followed.

(l) Selection and Preparation of a Radiation Contamination Control Treatment Area (RaCCTA).

(m) If possible, this should be a pre-selected internal site.

(n) The controlled area should be large enough to accommodate the anticipated number of victims.

(o) If possible, select a treatment area:

1. Close to the entrance used from the outside decontamination area into the hospital.

2. That is not critical to facility functions.

3. That does not contain major stationary equipment.

4. That is not in a frequently used traffic pathway, and that is as far away from the nursing station and areas used by other personnel as feasible with provision of good medical care.

5. With private sanitary facilities.

6. Without carpet.

7. Where ventilation can be controlled. Although control of ventilation may be desirable, this is not mandatory. If available, choose a room with a dedicated or isolated ventilation system. However, it is considered unlikely that significant quantities of radioactive contaminants will become airborne through the ventilation system. (Reference American Medical Association, A Guide to the Hospital Management of Injuries Arising from Exposure to or Involving Ionizing Radiation, 1984.)

(p) Remove equipment that will not be needed in treatment of the victims, and cover equipment that will remain in the room. Large items such as tables or chairs may be covered with leak proof absorbent paper. Saran wraps or plastic bags may be used to cover smaller items such as telephones, doorknobs, call system controls, and equipment handles.

(q) Demarcate the controlled area with tape or floor markings. This control line distinguishes the contaminated from the uncontaminated area. Place a wide strip of tape on the floor around the entrance to the internal radiation treatment area. Clearly label the contaminated and the uncontaminated areas. The contaminated area is the controlled area. Use a buffer zone or secondary control line for added security.

(r) Cover the treatment table or bed with several layers of waterproof disposable sheeting.

(s) Cover the floor area with brown wrapping paper or butcher paper. If paper is unavailable, square absorbent pads may be used. Tape the floor covering securely to the floor to reduce the fall hazard.

(t) Line several large containers, such as waste containers or boxes, with plastic garbage bags. Apply the Radiation Hazard label to some of these and clearly label one for contaminated disposable items, one for contaminated non-disposable items, and one for linens. Management and labeling of biohazard waste must be in accordance with facility infection control policies. All radiation contaminated items, including linens, clothing, etc., must be appropriately labeled and handled in accordance with standard infection control policies.

(u) Prepare for laboratory sampling of contaminated patients. Assure that adequate CBC tubes and supplies needed for blood drawing are in the treatment area. Nasal swabs, 24-hour urine collection jugs appropriately labeled for radiation, zip lock plastic bags with patient identification and radiation labels will be needed. A deep tray or box lined with absorbent paper and a plastic bag to contain any spills sufficiently large to contain the urine jugs will be needed.

(v) Access Route Preparation. Selection and Preparation of the route and access to the Radiation Contamination Control Treatment Area (RaCCTA). See Addendum 6.

(w) If possible, the route and alternates should be pre-selected.

1. Entrance: Ambulances will access the hospital through the entrance in front of ASSMCA.

2. Traffic will be one way in the Hospital premises. Traffic will be through the left side and ambulances will leave through a ramp into the OPA Parking.

3. The ambulances will have an assigned area for decontamination shortly after turning left at the gate of the OPA outside parking lot.

(x) Pre-DECON area: Before entering the loop, the ambulance will drop the patient at the Pre-DECON, which is part of the HOT ZONE. In the Pre-DECON area, only selected life-threatening preventive measurements will be undertaken (i.e., ambu-bag, control of an external hemorrhage). The Nuclear Medicine staff assign will assess contamination in the patients. At this area the triage officer will be a surgeon to determine if the patient needs management (surgical or medical) without going through the decontamination process.

(y) DECON area (HOT ZONE): All patients will be decontaminated in the decontamination tent. Patients must remove all their clothing and other personal items (including jewelry). Decontamination will be achieved with a continuous water jet as well as hand-held shower- heads. Trained staff will supervise decontamination processes.

(z) Post DECON area (BUFFER ZONE): After decontamination is completed, the patient will be dressed in a gown and shoe covers and a new radiation reading by the Nuclear Medicine staff must be done to ensure the patient is adequately decontaminated. If the presence of contamination is noted, the patient will go through a second decontamination process, which includes scrubbing.

(aa) Prevent tracking of contaminants by covering floor areas. Cover the floor area from the entrance to be used by the contaminated victims to the Radiation Contamination Control Treatment Area (RaCCTA). This is most easily accomplished by unrolling rolls of brown wrapping paper or butcher paper. Again, tape securely to floor to prevent falls.

(bb) Restrict access to the controlled area. Rope off the route to prevent unauthorized entry. Tape the floor along this route to indicate the clean area outside the route. This will aid in post-event surveying and cleanup.

(cc) Preparation to Survey.

1. Check survey instruments: test battery.

2. Prepare survey instrument by covering probe or window with thin plastic wrap (such as Saran wrap) or a plastic baggie to avoid contamination of the instrument.

3. Check and record the background radiation levels for the treatment area, the corridor, and the facility entrance. If your facility has an outside decontamination area, record background for it also.

4. Review survey procedures. (See Addendum 5: Radiation Instrumentation and Screening.)

(dd) Patient Arrival, Radiation Screening, and Triage

NOTE: *When chemical contamination is involved, the Standard Operating Procedure for chemical contamination should be used. Chemical decontamination takes precedence over radiation decontamination.*

(ee) Perimeter Entry Point Screening and Direction.

1. At the perimeter entry point if the patient is sufficiently stable, screen the ambulance or transportation vehicle and patient for radiation with an appropriate radiation survey meter. Contamination is possible whenever a radiation survey meter reading above background is obtained. Question all patients about recent nuclear medicine tests. Depending upon the situation, consider whether Addendum 2,3,4,5,6,7,8,9 or 10 may be helpful at this point.

2. If it is known that the patient has not been contaminated, then direct the patient through the designated clean route into the facility.

3. If contamination is identified and the patient is sufficiently stable, direct the patient to the decontamination area for decontamination prior to entry into the facility. However, when contamination involves only radioactive material, the patient with serious trauma or life-threatening medical problems should always receive medical stabilization before decontamination. This difference from chemical decontamination exists because of the accepted principle that radioactive contamination from a living patient will not endanger the life of a healthcare worker (reference Medical Management of Radiological Casualties Handbook: Military Medical Operations Office, Armed Forces Radiobiology Research Institute, International Medical Publishing, Inc. McLean, Virginia). Incorporation of a pre-decontamination trauma stabilization area into the triage plan for radiation events should be considered to address this contingency. However, direct entry into the prepared radiation containment area should not be delayed if required for lifesaving intervention.

4. If contamination is identified and the patient is not medically stable, if possible, without significant delay or harm, remove clothing, linens, etc. prior to hospital entry. All clothing or items removed should be bagged, labeled, and handled as legal evidence. Appropriate procedures must be followed to maintain the legal integrity of the chain-of-custody for these items. Do not delay the patient for clothing removal if the delay will compromise the patient. Wrap the patient and stretcher in clean sheeting and secure it to

contain any contamination. Direct the patient to the Radiation Contamination Control Treatment Area. Transportation personnel and the vehicle should be regarded as contaminated and should not leave until surveyed and released by the RSO.

(ff) Triage and Radiation-Specific Prioritization for Victims in a Radiological Event:

1. General Triage - Triage of victims from a radiological event should follow the same principles used in sorting victims of any incident. Since the degree of radiation injury will not be initially apparent for many of the victims, triage criteria will be based primarily on associated injuries and complaints. The triage method and tagging system used will vary according to local facility practices. See Annex 7 for a suggested Radiation Patient Intake Screening Tool that provides a quick method for screening and documentation of symptoms, signs and injuries for victims presenting from a potential radiation event.

2. Prioritization of Radiological Patients - General principles to assist in appropriately prioritizing patients who have been exposed to radiation include:

3. Combined injury patients, those with both radiation and injury, constitute the most serious patient population. The mortality from injury may be significantly increased if the patient has received radiation.

4. Decontamination, although not a medical emergency should be performed as soon as possible (ASAP), since internal contamination and subsequent incorporation may follow. Incorporation can result in future adverse health effects if the amount of incorporated radioactive material is high. See Internal Contamination below.

5. Irradiation of the whole body or some specific body part does not constitute a medical emergency, even if the amount of radiation received is high. Medical treatment, although needed, is not needed emergently because the effects of irradiation usually are not evident for days to weeks. Patients with severe symptoms occurring shortly after exposure and that are related to radiation alone will most likely have received a lethal radiation dose.

6. Severe Radiation Exposure - Victims who have received very high doses of radiation may exhibit signs and symptoms indicating the level of exposure. Early neurological signs, such as confusion and delirium, when due only to radiation, indicate a lethal dosage of radiation. Other signs of lethal radiation injury include a high fever, profuse vomiting, and bloody diarrhea within 2 hours of exposure (nearly 100% mortality). In a mass casualty incident such patients should be triaged as Expectant and managed as Palliative Care patients until the patients who are expected to survive have been triaged and received appropriate medical care.

7. After patient is adequately decontaminated, he will go to a second triage by an EM physician. Priority will be assigned based on the severity of the injury using a color-coded scale:

a. RED – Emergent patient

b. YELLOW – Urgent patient

c. GREEN – stable patient

8. Red patients will go to the EM Unit Surgical, and Critical 1-2 sections if contaminated and Bed 10-16 if decontaminated. ER physician will manage these patients.

9. Yellow patients will go to the EM Unit Bed 10-16 sections. An ER physician and the radiation expert physician will manage these patients. The radiation expert physician will be prepared to enter ER contaminated area, if needed, after properly protected with personal protective equipment.

10. Green patients will go to the OPA Lobby. Ambulatory Care physicians will manage these patients.

11. If there are patients in the EM Unit, beds 10-16, they can be moved to the GI Clinic or Hematology-Oncology Clinic as needed via transfers. Patients will continue with pharmacy and diet care in this area. Nurses will accompany these patients in the GI Clinic and Hematology-Oncology Clinic until final disposition. Physicians at the different mentioned areas will provide the medical management.

12. If a patient needs a surgical procedure and has not been decontaminated, the Emergency Room Minor Surgery Suite will be used as an Operating Room. A ventilator will be needed, and anesthesia will be given using IV narcotics and paralyzing agents. A cart containing OR equipment will be localized at this area. This area will be staffed with surgeons, anesthesiologists, OR nurses, OR technicians, and nurse anesthetist. After emergency surgery the patient will be send to OR #8 for final surgical procedures within 6 hours of first emergency surgical intervention.

13. Respiratory therapy support will be available in contaminates and clean area at the EMU.

(gg) Treatment of Non-Contaminated Patients/Clean Area Patient Management

1. Patient Management. On arrival in the clean area, the patient should again be questioned concerning potential exposure and, if exposure was possible, a baseline CBC and differential drawn, and a baseline urinalysis obtained. All specimens should be dated and timed.

2. Whenever possible, it may be helpful to obtain a historic, pre-event CBC baseline from the patient's medical record for comparison. A radiation survey meter should be available in the clean area; and if a question arises regarding contamination, the person should be re-screened carefully.

(hh) If Radioactive Contamination Is Discovered After Patient Has Been Admitted.

1. Continue attending to the patient's medical needs. Secure entire area where victim and attending staff have been. Do not allow anyone or anything to leave the area until cleared by the RSO. Establish control lines and prevent the spread of contamination.

2. Completely assess the patient's radiological status. Personnel should remove contaminated clothing before exiting area; they should be surveyed, showered, dressed in clean clothing, and be re-surveyed before leaving area.

(ii) Decontamination of Radioactively Contaminated Patients without Life-Threatening Conditions.

1. All patients with possible or proven contamination with radioactive materials whose medical condition is sufficiently stable should undergo decontamination prior to entry into the facility. The purpose of decontamination is to prevent or reduce incorporation of the material (internal contamination), to reduce the radiation dose from the contaminated site to the rest of the body, to contain the contamination, and to prevent it's spread (REAC/TS). Removal of clothes is estimated to remove over 80% of external contamination, with some sources stating this removes over 95%. Decontamination with water or soap and water should then follow, including the hair and all portions of the body.

2. Shampoo with conditioner or soap with lotion conditioners should not be used, as conditioners may increase radiation particle adherence. The teeth should be brushed, and mouth and nose rinsed. Swabbing the nostrils and mouth prior to rinsing for documentation of radioactivity is preferred. Even if radioactivity is totally removed from the mouth and nose by rinsing, radioactivity on swabs from these areas indicates the probability of internal contamination through inhalation or ingestion.

3. After decontamination, the victim should be re-screened with a radiation detector (usually a GM meter), and any areas still positive for radiation so indicated with indelible pen. Thus, decontamination follows the same procedure as for chemical decontamination with the following exceptions:

a. Medical Priority: Patients with radioactive material contamination should always have life-threatening conditions stabilized before decontamination.

b. Radiation Decontamination Cycle: The pattern of decontamination for radioactive material contamination is a repetitive cycle of survey, scrub, rinse, and resurvey. For each cycle, the survey count should be dropping. The goal is less than 100 counts per minute over an area of 10 square cm, or until further reduction is not achieved. Continue the survey, scrub, rinse, and resurvey procedure until this goal is reached. If this goal cannot be reached, then contain the area with a sealed plastic dressing and obtain professional assistance. The continued presence of radioactivity may indicate an imbedded radioactive fragment or other internal contamination. Marking around the site with an indelible pen will allow for ready localization of the site for repetitive decontamination efforts.

c. Radiation Safety Principles: Safety criteria for workers in the contamination area are based upon the three protective factors which limit radiation exposure: Time, distance and shielding. Accurate tracking of personnel and time served in the contaminated zone is

essential for safety. Personnel should be rotated frequently to minimize time of exposure, and a record of time spent maintained for permanent records. Distance is a major factor in reducing exposure, so personnel working in the decontamination area should remain as far from the victim as is possible without limiting the decontamination efforts. Special shielding other than usual decontamination gear is not usually warranted in the decontamination area. Any radioactively contaminated objects that must be handled should be handled with forceps or tongs with as long a handle as is available and feasible. Even centimeters can significantly reduce radiation exposure from many sources.

(jj) Management of Contaminated Materials

1. Contaminated water or fluids should be contained and/or released only after clearance by the RSO. However, concern over release of contaminated water should not delay decontamination efforts.

2. Clothing, jewelry, and other contaminated items should be bagged preferably in sealed plastic bags, labeled, and placed in clearly marked containers.

3. Uncontaminated items should be labeled for identity and stored separately.

4. If a contaminated patient uses a toilet, it should be flushed three times and the RSO notified for screening/cleansing.

(kk) Management of the Contaminated Injured Patient in the Radiation Contamination Control Treatment Area

1. Procedures in the Radiation Contamination Control Treatment Area (RaCCTA). [See above sections also on Protective Clothing discussion and Selection and Preparation of a Radiation Contamination Control Treatment Area (RaCCTA).] The following control measures should be used to minimize the spread of contamination and control exposure:

a. Use of strict isolation precautions, including protective clothing and double bagging.

b. At a minimum, protective clothing for staff should include gowns, double gloves surgical masks with eye shield, caps, boots. If available, gowns should be water resistant.

c. Staff should wear radiation dosimeters, if available.

d. Change outer gloves whenever the potential for contamination has occurred. Many gloves will be needed for multiple changes.

e. Change instruments, drapes, etc., when they become contaminated.

f. Double bag all contaminated items, including shrapnel and other embedded items, and clearly label with victim identification, date, and time. Chain-of-custody procedures should be followed. Plastic bags in all sizes will be needed for bagging contaminated items. Place metallic shrapnel in a lead-lined container, if available. If a lead-lined

container is unavailable, move radiation-contaminated shrapnel to a location at least six feet away from personnel.

g. Use waterproof materials to limit spread of contaminated liquids

h. Use plastic-lined containers for clothing, linens, dressings, etc., to control waste.

i. Control ventilation as possible.

j. Designate a secured storage area for wastes (outside hospital).

k. It may be helpful to establish a “safe line” in the room containing a contaminated patient who will be there for some hours and may need staff in the room but not in actual contact.

l. Seek the RSO’s assistance in establishing this line, which can be marked on the floor with tape. (See preceding paragraphs also.)

m. Patients who have been identified with life-threatening injuries requiring stabilization prior to decontamination may arrive with their clothing intact or partially or totally removed depending on the situation prior to arrival to the RaCCTA. Upon arrival, stabilization with attention to the ABCs of life support assumes priority over any decontamination efforts. (See Addendum 11, General Order of Medical Care for the Contaminated Injured Patient.)

(1) The approximate order of priority for patient medical management is:

(a) First aid and resuscitation - attend to the ABC’s and emergency treatment protocols to obtain medical stabilization.

(b) Medical stabilization with attention to defining all injuries.

(c) Definitive treatment of serious injuries or life-threatening medical conditions.

(d) Prevention/minimization of serious injuries.

(e) Assessment of external contamination and decontamination.

(f) Treatment of other minor injuries.

(g) Containment of contamination to treatment area.

(h) Minimization of external radiation to treatment personnel.

(i) Assessment of internal contamination.

(ll) Treatment of internal contamination. (Note: Contaminated patients admitted with an airway or endotracheal tube must be considered to be internally contaminated.)

1. Assessment of local radiation injuries/radiation burns: Note: Burns from radiation usually develop days to weeks later. Initial signs of erythema (redness) should be recorded as possible indication of exposure sites, but this initial redness is usually from dilation of blood vessels rather than a true burn and usually disappears after several hours. Burns present initially are usually thermal or chemical.

2. Long-term follow-up of patients.

3. Counseling of patients and family members about long-term effects and risks (Reference NCRP 138).

4. Although resuscitation and medical stabilization take priority, attention to the method of clothing removal, when necessary, during medical care, may minimize the spread of contamination. Cut clothing with minimal disturbance of the cloth, rather than ripping or unsnapping. Roll the cut clothing so the outer surface is wrapped inward, thus containing the contamination.

(mm) Baseline essential diagnostic testing. Collect, date and time, and process patient specimens using spill precautions for:

1. Blood for CBC and DIFF.

2. Baseline urinalysis.

3. Urine, 24-hour collection.

4. Swab each nostril and collect the swabs in separate, labeled containers.

5. Swab each wound separately and label swabs.
6. Emesis.

7. Sputum, if significant quantity is being produced.

8. Feces, 24-hour collection.

9. Send the urine, feces, emesis, sputum, and individual swabs for radiation counting.

10. All urine from contaminated patients should be collected in appropriately labeled 24-hour urine collection containers. Keep these containers in a deep tray or box lined with absorbent paper and a plastic bag to contain any spills. Contact the RSO for appropriate shielding for the collection box. If shielding is not available, store this at least 6 feet from any working area with personnel.

(nn) Laboratory Involvement: In an event with possible radiation victims, prediction of both severity of illness and future survival depends upon the total dose of radiation exposure. The most critical information for estimation of this radiation exposure dosage is the rate of decline of the total lymphocyte count (TLC), which is obtained from a CBC with differential count. Thus, deployment of a laboratory technician for immediate drawing of a stat CBC with differential count with notation of date and time for each victim is helpful. The TLC from the time closest to the actual exposure will serve as the post-event baseline. Each radiation exposure victim that remains on site for 3 to 6 hours should have a second CBC with differential drawn, with repeat testing every 3 to 6 hours for the first 48 hours. This TLC count is plotted against time and compared with the Andrew's nomogram for estimation of the severity of exposure. If after 48 hours the TLC has not fallen significantly, the possibility of a significant radiation exposure can be excluded for that patient. The CBC and TLC data should accompany the victim wherever he/she is transferred.

1. Most current hematology analyzers automatically calculate the absolute lymphocyte count. When the instrumentation does not have this automated function, the TLC is obtained by multiplying the total White Blood Cell (WBC) count by the percentage of lymphocytes from the differential cell count.

2. Whenever possible, a historic pre-exposure baseline should be obtained from the patient's medical record for comparison purposes to exclude a preexisting low baseline TLC. Most adults have a normal white blood cell count (WBC) in the 5000 to 10,000 cells/ccm range, but some ethnic groups tend to have significantly lower levels (2,500 to 5,000 cells/ccm) without adverse effects.

3. The most accurate assessment possible for prediction of survival probability can be achieved through combining this quantitative information with the symptomatic and historical information. Chromosomal analysis can be added at a later time, preferably drawn at 24 hours (or thereafter) post-exposure, as confirmatory data. (See Addendum 12: Cytogenetic Assessment of Radiation Dose.)

4. Urine and fecal samples should be obtained in the emergency area, and the RSO contacted for instructions on storage and sampling for legal and medical data. After the initial baseline urinalysis is obtained, all subsequent urine from contaminated patients should be collected in appropriately labeled 24-hour urine collection containers. Keep these containers in a deep tray or box lined with absorbent paper and a plastic bag to contain any spills. Contact the RSO for appropriate shielding for the collection box. If shielding is not available, store this at least 6 feet from any working area with personnel.

(oo) Decontamination of injured patients. Injured patients contaminated with radiation require decontamination after stabilization. Wounds should be decontaminated first to reduce absorption of radioactive material, and because the open tissue is more easily damaged by radiation or chemicals. Care must be taken not to recontaminate the wound during further decontamination.

1. The order of decontamination for the body is:

a. Wounds.

b. Orifices.

c. Areas of high contamination.

d. Areas of low contamination.

2. Wound Care - Irrigate open wounds and cover with sterile dressing. For a procedural demonstration of wound care go to http://www.orau.gov/reacts/procedures.htm.

3. Intact Skin - It is important not to damage intact skin with overly aggressive decontamination, as broken or irritated skin will allow increased damage to tissue by radiation and increased absorption of any chemicals that are present.

4. Decontamination should include the following:

a. Survey and mark radioactive areas with waterproof marker.

b. Brush teeth and rinse mouth frequently if oral contamination.

c. Soap and water showering (including hair). Note: Do not use a shampoo or soap that includes conditioner or moisturizer, as these can increase the binding of radioactive materials.

d. Repeat the survey. The goal is less than 100 counts per minute over an area of 10 square cm, or until less than twice background, or until further reduction is not achieved. The cycle used is to survey, scrub, rinse, and resurvey until this goal is reached.

e. If this goal cannot be reached, then contain the area with a sealed plastic dressing and obtain professional assistance.

f. This decontamination procedure is effective for mixed radiation/chemical contamination. However, the chemical decontamination protocol should be followed when it is known that chemicals are involved.

(pp) Special treatment considerations for the irradiated patient

1. The principle of wound closure in the irradiated patient. Debride and close wounds primarily rather than allowing to heal by secondary intention, if at all possible. The usual principle for contaminated wound management in the trauma patient is to leave the wound open and allow it to heal by secondary intention. However, wound healing is compromised following radiation, and an open wound serves as a potential site of fatal infection. Even if extensive debridement or surgery is required to allow early closure, this may significantly reduce the risk of fatal infection from the site.

2. Window for invasive repair procedures in the irradiated patient. Wound and burn care, surgery and orthopedic repair should be done in the first 48 hours or delayed for 2 to

3 months. Many patients who have suffered trauma (from an explosion or burn) combined with an acute exposure to penetrating radiation will have an increased chance of dying as compared to patients who have suffered from the same dose of radiation without trauma. If a patient has received an acute dose greater than 200 rads, efforts should be made to close wounds, cover burns, reduce fractures and perform surgical stabilization and definitive treatments within the first 48 to 72 hours after injury. After 48 to 72 hours, surgical interventions should be delayed until recovery of the hematopoietic system and tissue repair processes, usually a period of 2 to 3 months.

3. Referral for specialized consultations. Consultation with specialists in hematology/oncology, radiation, and infectious disease should be obtained as indicated.

4. Extent of radiation injury from exposure.

a. Exposure to high levels of penetrating radiation can involve the whole body (uniformly or non-uniformly), a significant portion of the body, or a small, localized part. The exposure can be acute, protracted, or fractionated over time.

b. Local Injury - Most radiation injuries are local injuries, frequently involving the hands. These local injuries seldom cause the classical signs and symptoms of the acute radiation syndrome.

(a) Consider local radiation injury in the differential diagnosis if the patient presents with a skin lesion without a history of chemical or thermal burn, insect bite, or history of skin disease or allergy. If the patient gives a history of possible radiation exposure (such as from a radiography source, X-ray device, or accelerator) or a history of finding and handling an unknown metallic object, note the presence of any of the following: erythema, blistering, dry or wet desquamation, epilation, ulceration. Local injuries to the skin evolve very slowly over time and symptoms may not manifest for days to weeks after exposure.

(b) Conventional wound management is usually ineffective in these cases. Consultation with experts regarding definitive diagnosis, tissue dose, treatment, and prognosis is recommended.

c. Generalized radiation exposure. When an extensive area of the body is involved, systemic effects are more likely and depend both on the body area and site and the radiation dose.

5. Prevention and Treatment of Internal Contamination and Incorporation. Treatment of internal contamination should be addressed quickly, since incorporation, the actual entry of radioactive materials into the cell, may follow and can result in future adverse health effects. Radioactive materials are processed by the body in the same manner as materials that are not radioactive. The amount of radiation that is incorporated depends on the physiological status of the patient as well as the physical and chemical nature of the contaminant.

6. The rate of incorporation is variable, and can occur rapidly within minutes, or slowly over days to months. Thus, time can be critical and treatment (preventing incorporation and enhancing decorporation) urgent. Several methods of preventing incorporation (e.g., catharsis, emesis, gastric lavage, diluting and alkalinizing medications) might be applicable depending upon which radioactive material was involved, and can be prescribed by a physician. Some of the medications or preparations used in decorporation should be stocked locally.

7. If the event involved a nuclear release, then Potassium Iodide (KI) may be used as a blocking agent to reduce incorporation of radioactive iodine. Most people have heard about KI pills for use in nuclear accidents.

8. However, many people do not know when this is indicated, when it will not work and when it should not be used or used with much caution. KI is usually indicated when given within 3-4 hours of radioactive Iodine plume exposure. It is effective only in preventing the uptake of radioactive iodine by the thyroid gland. Only one dose is necessary, unless exposure continues due to the short half-life of radioactive iodine, which results in its quick decay.

9. If exposure to radioactive iodine is prolonged, the dose may be repeated once each 24 hours except in infants, nursing mothers and pregnancy. KI may produce severe hypothyroidism with resultant mental retardation in the unborn and in infants. When it is used in these conditions, a physician should guide the treatment and follow the TSH; and if this is abnormal, the Free T4. Because KI should be avoided in certain conditions, it is advisable when time permits for the victim to consult their physician prior to taking this medication.

a. If internal contamination is suspected or has occurred, obtaining biological specimens is crucial. The contaminated patient admitted with an airway or endotracheal tube must be considered to be internally contaminated.

b. Decorporation is the process of releasing radioactivity from the body; and certain medications are known to increase this, thus reducing the harmful effects of the radiation. Some of the medications or preparations used in decorporation might not be available locally and should be stocked when a decontamination station is being planned and equipped. Examples of specific agents used for selected radionuclides are given in Addendum 8. Expert guidance is available from NCRP 65, Poison Control Centers (1-800-222-1222), or call REAC/TS (865-576-3131) or the 24-hour emergency number (865-576-1005). Please refer to the REAC/TS website for more information on decorporation agents, such as Prussian blue and DTPA compounds.

10. Acute Radiation Syndrome. Acute radiation syndrome (ARS) is an acute illness caused by irradiation of the whole body (or a significant portion of it). It follows a somewhat predictable course and is characterized by signs and symptoms that are manifestations of cellular deficiencies and the reactions of various cells, tissues, and organ systems to ionizing radiation.

11. The acute radiation syndrome is produced if enough radiation reaches enough sensitive tissue. Important factors in development of ARS are a high dose, a high dose rate, penetrating irradiation, and the degree of body exposure.

12. The source of radiation does not matter if the dose is high enough; it will produce the same effect (i.e., reactor, nuclear weapon, industrial source, medical therapy source).

13. Immediate, overt manifestations of the acute radiation syndrome require a large (i.e., hundreds of rems, usually whole-body) dose of penetrating radiation delivered over a short period of time. Penetrating radiation comes from a radioactive source or machine that emits gamma rays, X-rays, or neutrons. The signs and symptoms of this syndrome are non-specific and may be indistinguishable from those of other injuries or illness.

14. The ARS is characterized by four distinct phases: a prodromal period, a latent period, a period of illness, and one of recovery or death. During the prodromal period patients might experience loss of appetite, nausea, vomiting, fatigue, and diarrhea; after extremely high doses, additional symptoms such as fever, prostration, respiratory distress, and hyperexcitability can occur. However, all of these symptoms usually disappear in a day or two, and a symptom-free, latent period follows, varying in length depending upon the size of the radiation dose. A period of overt illness follows, and can be characterized by infection, electrolyte imbalance, diarrhea, bleeding, cardiovascular collapse, and sometimes short periods of unconsciousness. Death or a period of recovery follows the period of overt illness.

15. In general, the higher the dose the greater the severity of early effects and the greater the possibility of late effects. Depending on dose, the following syndromes can be manifest:

a. Hematopoietic Syndrome - characterized by deficiencies of WBC, lymphocytes, and platelets, with immunodeficiency, increased infectious complications, bleeding, anemia, and impaired wound healing.

b. Gastrointestinal Syndrome - characterized by loss of cells lining intestinal crypts and loss of mucosal barrier, with alterations in intestinal motility, fluid and electrolyte loss with vomiting and diarrhea, loss of normal intestinal bacteria, sepsis, and damage to the intestinal microcirculation, along with the hematopoietic syndrome.

c. Cerebrovascular/Central Nervous System Syndrome - primarily associated with effects on the vasculature and resultant fluid shifts. Signs and symptoms include vomiting and diarrhea within minutes of exposure, confusion, disorientation, cerebral edema, hypotension, and hyperpyrexia. Fatal in short time.

d. Skin Syndrome - can occur with other syndromes; characterized by loss of epidermis (and possibly dermis) with “radiation burns.”

e. The most important clinical laboratory test to obtain is a STAT CBC with differential. Repeat in 4-6 hours, then every 6 to 8 hours for 24 to 48 hours. Look for a drop in the absolute lymphocyte count if the exposure was recent (see Annex I). If the

initial WBC and platelet counts are abnormally low, consider the possibility of exposure a few days to weeks earlier.

(qq) Management of the Dead

1. Cadaver storage will depend upon the number of victims and amount and type of contamination. Consult with the RSO for determination of the safety of storage in the usual morgue area and whether decontamination of the body/bodies is needed.

2. Autopsies, Embalming, Burial and Cremation: Consult with the RSO for determination of relative risk for the specific victim. Most victims with low-level radiation contamination can be safely autopsied with appropriate contamination control techniques and protective clothing. The time of exposure may be limited by rotating the individual performing the post-mortem examination.

(rr) Event Follow-up should be coordinated with or directed by the RSO and include:

1. Personnel follow-up: Measurement of the incorporated radiation burden of all personnel who were involved in the event should be considered if internal radioactive contamination was involved. For example, if radioactive iodine was the isotope involved, the thyroid burden should be measured. Which procedures, if any, are applicable should be determined in consultation with the RSO.

2. Collection of waste for disposal, decay-in-storage, or decontamination.

3. Decontamination and survey of the involved areas. Before returning any of the radioactive contamination control area to usual function, it must be decontaminated and released by the RSO.

4. Removal of Radioactive signage should occur only after clearance by the RSO.

(ss) Psychological Stress in Radiation Events

1. Anxiety and psychological stress should be anticipated in both patients and staff. Anticipate that the majority of patients who present from an event involving radiation will be experiencing acute anxiety and are at risk for both acute psychological stress and post-traumatic stress disorder.

2. Adequate information provided early in the course of the event may alleviate some of this emotional/ psychological reaction and reduce the risk of subsequent post-traumatic stress disorder. Brief the patient on the anticipated screening procedures and provide the opportunity to ask questions.

3. If you do not know the answers, take the patient’s name, and contact information and assure him/her that you will have someone provide the information to him. Do this only if you will follow-up and verify that this is done. A patient liaison is helpful for this purpose. Staff and patients should both receive after-action debriefing and counseling to

reduce the risk of Post-Traumatic Stress Disorder (PTSD). Although the risks and benefits of debriefing and counseling have not been definitely documented, at this time it is thought these are most likely beneficial.

(tt) External Notification Procedures.

1. Notification requirements and pathways are determined by the amount and type of radioactive material involved, the quantity of exposure, and the circumstances in which the incidents occurred. The RSO for the facility will identify the appropriate regulatory agencies requiring notification and coordinate this with the Medical Center Director.

2. Radiation emergencies requiring activation of the Emergency Plan may need to be reported to the VISN, the VA National Health Physics Program (NHPP), the State Radiation Control Program, the Nuclear Regulatory Commission (NRC) and OSHA, depending upon the specific circumstances. Consult the RSO for reporting requirements.

3. Community Entities. If the nature of the event could affect the community, contact:

a. State/Local OES.
b. State/local Health Department (or entity assigned responsibility for radiation control).

(uu) Specialized Staff Training.

1. Each member of this team should be familiar with the hospital's written plan and be required to participate in scheduled drills. More frequent drills (quarterly or semiannually) should be considered by subgroups such as decontamination, triage, or radiological monitoring.

2. Special training must be instituted to accommodate staff turnover.

3. The training should include demonstrations and actual hands-on use of equipment, as well as classroom instruction. Technical staff should be aware of the additional resources and current information referenced in this SOP.

4. The emergency plan training program should also include training, as needed, for those outside agencies which may be required to respond to an emergency, such as police, fire, ambulance, and emergency medical personnel.

5. This training should include specific instruction in the institution's procedures for notification, basic radiation protection, site access and the expected roles of the trainees.

e. **References**

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(a) Excellent information with multiple links related to numerous aspects of radiation emergencies (www.bt.cdc.gov/radiation/index.asp and http://www.bt.cdc.gov/radiation/clinicians.asp).

(b) Communicating in the first hours: Radiation Emergencies: Initial communications with the public in a possible terrorist event. (http://www.bt.cdc.gov/firsthours/radiation.asp)

(c) Guidelines for handling decedents contaminated with radioactive materials. (http://www.bt.cdc.gov/radiation/pdf/radiation-decedent-guidelines.pdf)

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(b) Presentation: Hospital Response Following a Terrorist Event Involving Radioactive Material. 2006. http://hps.org/hsc/documents/MassCasualtyRev1_2.ppt

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(26) Many other federal agencies and entities have resources for current advice and assistance. Three prominent groups for peacetime response are:

(a) Oak Ridge Institute for Science and Education
REAC/TS (Radiation Emergency Assistance Center/Training Site)
Attn: Pat Cooley
P.O. Box 117, MS 39
Oak Ridge, TN 37831-0117
Phone: 865-576-3131
FAX: 865-576-9522

(b) Medical Radiobiology Advisory Team (MRAT)
Armed Forces Radiobiology Research Institute
National Naval Medical Center
8901 Wisconsin Avenue, Building 42
Bethesda, MD 20889-5603

301-295-0316

(c) VHA Medical Emergency Radiological Response Team (MERRT)
Team Leader: Lawrence Flesh, MD
Emergency Management Strategic Healthcare Group (EMSHG)
VA Medical Center
Albany, NY 12208
Phone: 518-626-5515 (Administrative)
518-626-7315 (Clinical)

Acknowledgement: Much of the material in this document is from http://www.orau.gov/reacts/guidance.htm .

f. **Addendums' List**

(1) Types of Radiation Exposure and Radioactive Contamination.

(2) Potential or Known Radiation Event: Initial Facility Contact Report, Treatment for Selected Internal Contaminants.

(3) Initial Multiple Radiation Victim Report.

(4) Radiation Event Supplies.

(5) Radiation Instrumentation and Screening.

(6) Maps for Procedures during a Radiological Event

(7) Radiation Patient Intake Screening Tool.

(8) Treatment for Internal Contaminants.

(9) Estimation of External Radiation Dose Based Upon Time of Vomiting Onset* and Hematologic Parameters

(10) Patient Information Forms

(11) General Order of Medical Care for the Contaminated Injured Patient.

(12) Cytogenetic Assessment of Radiation Dose.

(13) Radiation in Combination with Other Agents.

(14) Management of the Moderately to Severely Irradiated Patient.

Addendum 1

Types of Radiation Exposure and Radioactive Contamination

A. Irradiation

Irradiation occurs when all or part of the body is exposed to penetrating radiation from a radioactive source. This radiation can be absorbed by the body or can pass completely through. This is similar to an ordinary chest x-ray. After external exposure, the person is not radioactive and can be treated like any other patient. Decontamination is not required when the victim has only been irradiated.

B. External Contamination

Contamination means that radioactive materials in the form of gases, liquids and/or solids are released into the environment. People who have radioactive materials on their skin, hair, clothing or in orifices such as the mouth and nose are contaminated. If radioactive materials enter the body through the lungs, gastrointestinal tract or wounds, the contaminant can be deposited internally. Persons with external contamination require decontamination after acute medical stabilization in order to prevent internal contamination and reduce the risk of local tissue damage. Contamination of the mouth and nose incurs a high risk for internal contamination from inhalation or ingestion. Prolonged skin contact with radioactive materials may result in tissue injury or occult biological damage. Whenever possible, victims with external contamination to skin or clothing should be decontaminated prior to entry into the facility. Facilities located in climates with extreme heat or cold should identify the best area for indoor decontamination of radiation contamination before an event occurs. This site should be well publicized among staff and periodic drills utilizing this area conducted. If victims with external contamination enter the facility prior to complete decontamination, the ventilation system to that area may be shut down. However, most authorities do not recommend this because the likelihood of contamination through airborne particulates is low.

C. Internal Contamination

Internal Contamination victims are those possibly exposed to radiation through inhalation, ingestion, or injection. These require initial medical screening followed by medical evaluation for immediate and late effects of radiation. All victims of external contamination are potential candidates for internal contamination. Any victim presenting with an

endotracheal tube is considered to have internal contamination.

D. Incorporation — Incorporation is the uptake of radioactive materials by body cells, tissues, and target organs such as bone, liver, thyroid, or kidney. In general, radioactive materials are distributed throughout the body based upon their chemical properties. Incorporation cannot occur without internal contamination by inhalation, ingestion, penetration, or absorption.

Addendum 2

Potential or Known Radiation Event:
Initial Facility Contact Report

Instructions to the Operator, AOD, Emergency Room Call Intake, Other Call Intake:
We hope this protocol is never needed in a real-world event. However, in this post-911 era, we are preparing for all-hazards. The primary problem with a dirty bomb, nuclear power plant incident or other radiation event is not the radiation itself, but the panic it produces. For such events, the panic can cause many more injuries than the radiation itself. A calm, orderly response to a caller who is concerned about a possible radiation hazard is essential and may be lifesaving. To achieve such a response, this facility will be conducting radiation event notification scenarios on a routine basis. You will have the opportunity to ask questions and provide input into the form after each test notification. You must treat each call as if it is Real World. We hope you will be enthusiastic as you participate in these exercises. Thank you for your contribution to increasing the safety of our institution, community, and nation.

A. Call Receiver:
   1. Completes Information Intake.
   2. Notifies: Operator or AOD.

B. Operator or AOD:
   1. Confirms call by calling back to number, if other than known communication source. (If call is of suspicious nature, keep the caller on the line as long as possible and attempt to have call traced.)
   2. Notifies all of the following:
      a. Office of Center Director
      b. Radiation safety Officer
      c. Safety Officer
      d. Chief Nuclear Medicine Service

C. CURRENT EMERGENCY NUMBERS:
   1. AOD: _____
   2. Radiation Safety Officer: 111053, 111790
   3. Chief Nuclear Medicine Service: 110153, 110106
   4. Administration:
      a. _____
      b. _____
      c. _____
      d. _____

D. Information Intake for Potential or Known Radiation Event:
   1. Name of Caller_____
   2. Location of Caller_____
   3. Telephone Number of Caller_____
   4. Time of Call_____
   5. Date of Call_____
   6. Call Receiver_____

E. Event Description (Exact Wording of Reported Event**)** _____
   _____
   _____

F. If known Radiation Event, skip directly to question number 5. If possible, Radiation Event, ask the following questions:
   1. Do you know what a Radiation Identification Symbol looks like?
      _____Yes _____No (If Yes, skip to question number 3.)

   2. The Radiation Identification Symbol is a picture that looks like the blades on a fan or a propeller. They are usually yellow. The words Radiation may or may not be on the sign. Do you see a picture like the Radiation Identification Symbol on the object or anywhere in the involved location?
      _____Yes_____No

   3. If the problem involves a container with radioactive material, is the container broken, leaking, or intact?
      _____Broken_____Leaking_____Intact

   4. How many people have the material on them or have touched the material?
      _____ (Enter Number)

   5. How many of these people have injuries? _____ (Enter Number)
      (Note: If the caller initially identified people as injured or involved in a bomb blast or other trauma, the trauma screening tool should be used at once. Only after emergency first responders have been contacted should this radiation call screening tool be used.)

   6. How many people appear: Sick_____ Have Nausea and Vomiting_____
      Have Diarrhea_____ Have Rash or Red Skin_____
      Have Headache_____ Appear Confused_____

   7. The injuries need to be treated first. I will connect you with our _____ Emergency Room (or appropriate party).

   8. Do not relocate the suspect radioactive material under any circumstances; clear the area and call the RSO or local health department if incident is off station.

   9. If anyone has the material on them, they should remove their clothing, wash with water, don a clean robe and report to the decontamination area immediately. They should lock the area they leave until it has been screened and decontaminated.

G. If a number of victims are involved, now complete the Initial Multiple Radiation Victim Report, unless the caller must attend to the injured.

Note: As soon as this is completed, hand delivered to the Office of the Director in the 3rd Floor Room 312. If you cannot hand deliver, please call Extension 113122 or (787) 641-3667. It is required that you document with whom you spoke in the phone at the Office of the Director

Addendum 3

Initial Multiple Radiation Victim Report

Date_____Time_____Intake Recorder_____
Total Number of Victims_____Radiation Source_____

Victim	Injury Type and Severity*	Symptoms Type and Severity*	Contamination					
	E Erythema (Redness) B Burn L Laceration A Amputation F Fracture FB Foreign Body	I Acutely Ill N Nausea V Vomiting D Diarrhea C Confusion	External			Internal		
			Yes	No	Unkn	Yes	No	Unkn
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

*Severity - Use a Scale 0-10, 10 being maximum.

Addendum 4

Radiation Event Supplies

A. Radiation exposure can be limited by:
   1. Maximizing the distance from the source.
   2. Minimizing the time of exposure.
   3. Increasing the shielding from the source.
   4. Avoiding internal contamination (avoid breathing, eating, or injecting radioactive material).

B. Maintenance of a special supply cart is recommended for rapid availability of the materials needed to institute measures to limit exposure. The location of the cart should be appropriately close to the probable reception site for victims, but sufficiently distant to avoid contamination of the cart.

C. Immediately upon activation of the plan to receive potential radiation victims, the radiation supply carts should be taken to the predetermined location by a pre-designated person(s).

D. Radiation Supply Inventory*

   1. Long-handled forceps (every centimeter between fingers and the source reduces the exposure dose).
   2. Rolls of butcher paper or brown wrapping paper, three to four feet wide, for floor covering.
   3. Large absorbent paper or pads for floor covering.
   4. Surgical scrubs.
   5. Surgical gowns, preferably waterproof.
   6. Surgical masks with eye shields.
   7. Waterproof aprons.
   8. Large rolls of Saran wrap or equivalent.
   9. Plastic bags: Gallon, Quart, Garbage Size.
   10. Radioactive Waste Labels.
   11. Containers labeled for: Radioactive Waste
   12. Disposable gloves.
   13. Tape for marking area on floor.
   14. Radiation Area signs.
   15. Radiation Materials signs.
   16. 24-hour unbreakable urine collection jugs from the Laboratory; disposable urine collection vehicles; and wide mouth, anti-splash funnels. **
   17. Sharps container.
   18. Glass container.
   19. Perimeter caution tape.
   20. Radiation Survey Meters. ***
   21. Trauma and wound debridement supplies and/or disaster cart.

*This specifies supplemental supplies specific to a radiological event.
**Obtain from the laboratory.
***Obtain from the Radiation Safety Officer or from the designated location.

Addendum 5

Radiation Instrumentation and Screening

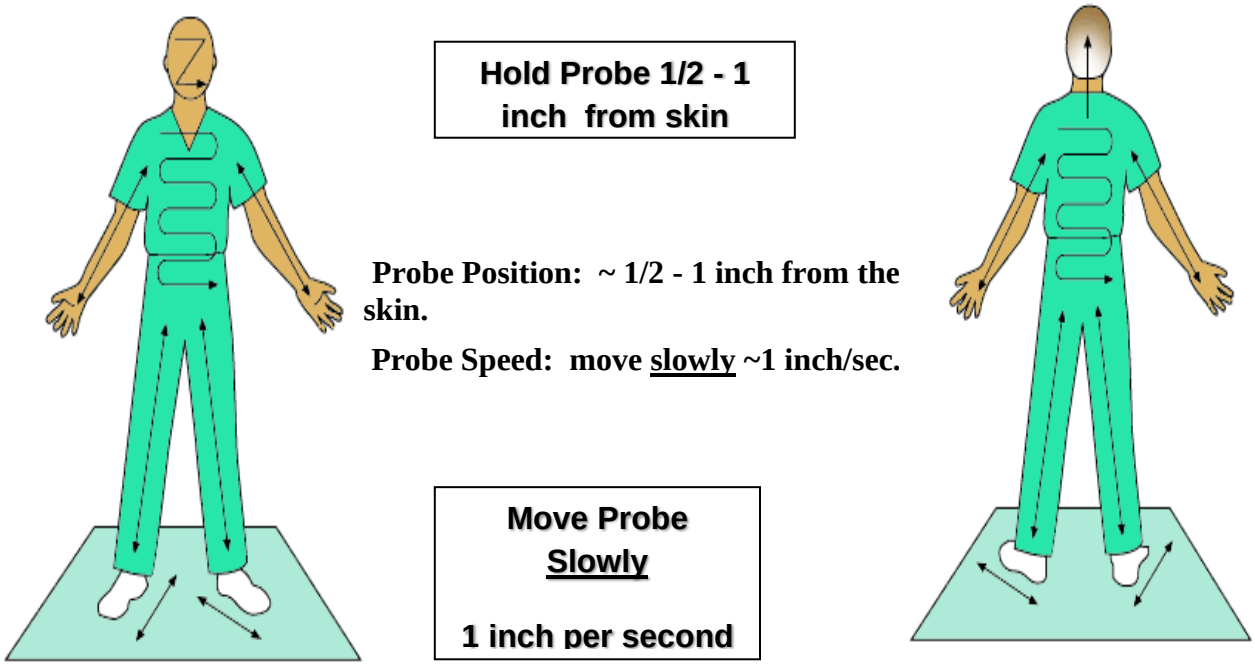
A. Radiation Instrumentation

1. Radiation Survey Meters - Multiple survey meters are available. The Geiger-Mueller Survey Meter (Geiger Counter, GM) will detect gamma, most beta, and alpha radiation. This instrument is used to measure background radiation levels and evaluate potentially contaminated victims. The GM meter with a pancake or end window probe is highly recommended as the standard meter for general screening. During planning, consult with the facility Radiation Safety Officer to assess whether additional instrumentation is indicated for the local situation. The Radiation Safety Officer should be involved in an actual event.
2. Personal Dosimeters - Radiation monitoring badges are recommended for all persons involved in decontaminating victims of HAZMAT events. A number of other dosimetry types are available, including ring and wrist badges and instantaneous read-out dosimeters.

B. Radiation Screening Procedure

1. This diagram shows the general procedure for screening with a Geiger counter. For full review of this procedure, please refer to the REAC/TS web site for further information, from which it was used with permission. http://www.orau.gov/reacts/detect.htm#How%20to%20Survey.

C. Adapted from REAC/TS, Oak Ridge Associated Universities



D. Have the person stand on a clean pad.

E. Instruct the person to stand straight, feet spread slightly, arms extended with palms up and fingers straight out.

F. Monitor* both hands and arms; then repeat with hands and arms turned over.

G. Starting at the top of the head, cover the entire body, monitoring carefully the forehead, nose, mouth, neckline, torso, knees, and ankles.

H. Have the subject turn around and repeat the survey on the back of the body.

6. Monitor the soles of the feet.

*The position of the probe during monitoring is very important. It should not touch the surface being surveyed and should not be more distant than ½ to 1 inch from the skin. Touching the surface may contaminate the probe; holding the probe too far away may result in missing the contamination or obtaining an inappropriately low reading.

*The speed of the probe movement during monitoring is very important. It should move slowly at the rate of approximately 1 inch per second. Faster movement may not allow detection of radiation.

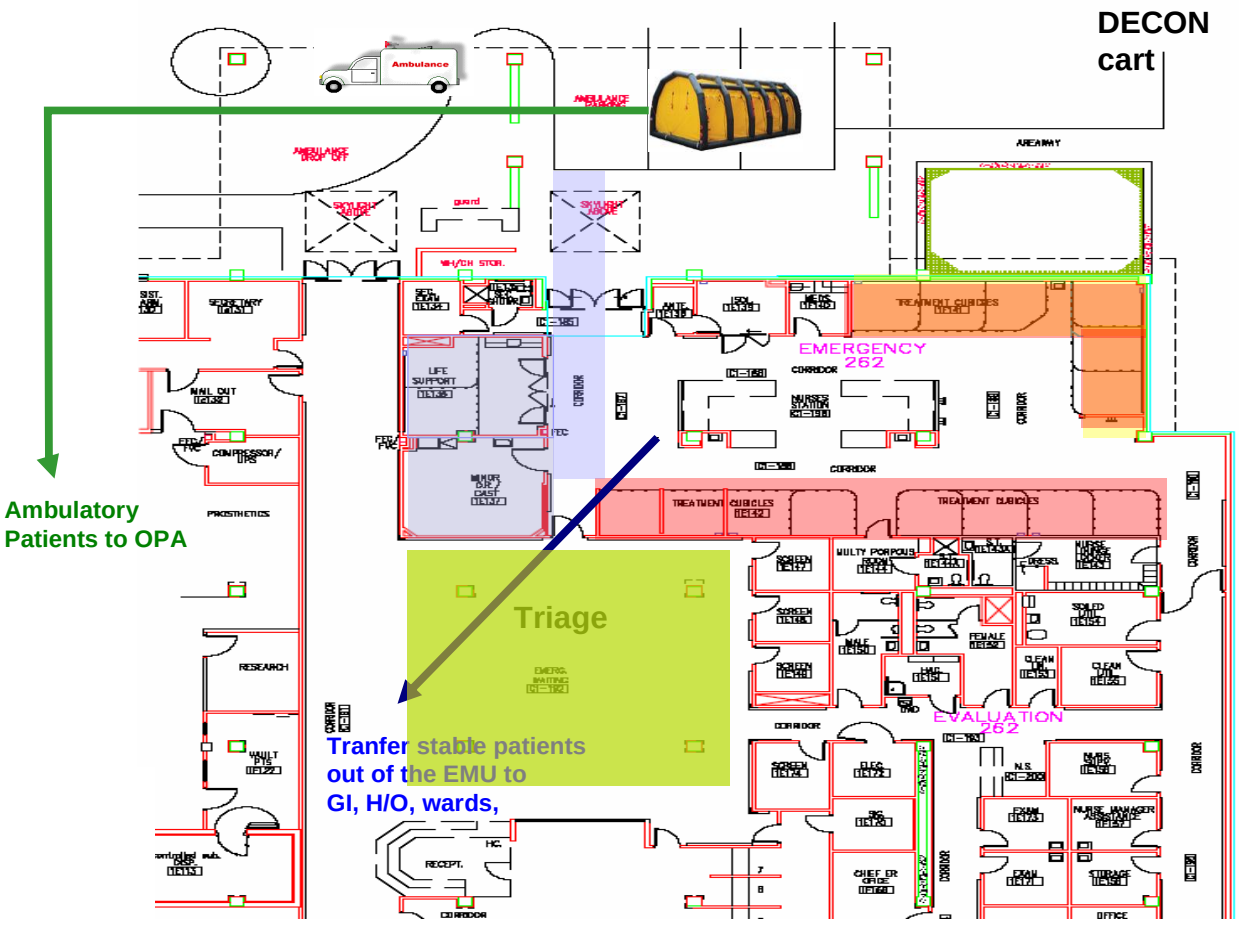
Addendum 6

Maps for Procedures during a Radiological Event

VA Caribbean Healthcare System
Ambulance Traffic

Triage

1. One-way decon
2. Pts waiting for bed
3. Transferred to H/O, GI, Ward
4. Green pts to OPA lobby
5. Red/Yellow pts to EMU
    a. Decontaminated Area
    b. Contaminated Area
        i. Critical Care and OR

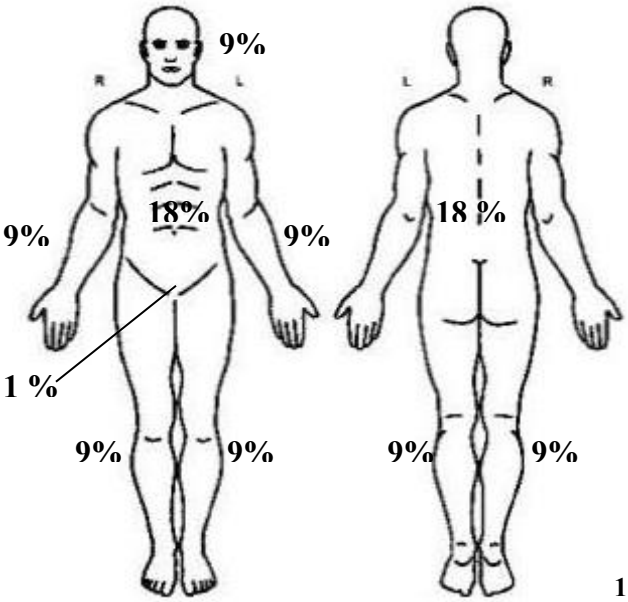


Addendum 7

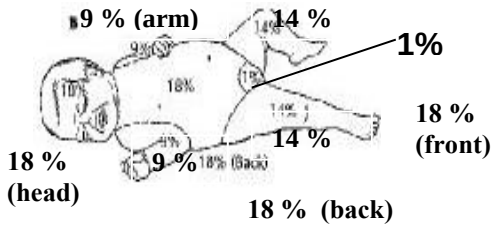
Radiation Patient Intake Screening Tool		
Name	Age	DOB
Date	Date of exposure	Time of Exposure
Location when exposed		
Have you had any recent nuclear medicine testing or treatment? ____Yes____No When? _____		

Symptom	**Time of Onset**	**Severity (Scale 0-10, 10 max)**
Nausea		
Vomiting		
Dizziness		
Confusion		
Diarrhea		
Other:		

Erythema, Burn, Radiation and Trauma Diagram



1. Indicate area of injury on drawing.
2. Label:
   - E Erythema (Redness)
   - B Burn
   - L Laceration
   - A Amputation
   - F Fracture
   - FB Foreign Body
   - REAH Radiation Exposed Area by History
3. Total Burn Area: _____%
4. Total Erythema Area: _____%
5. Total REAH: _____%



Addendum 8

Treatment for Selected Internal Contaminants

Radion nuclide	Medication	For Ingestion/Inhalation	Principle of Action
Iodine	KI (potassium iodide)	130 mg (tabl) stat, followed by 130 mg q.d. x 7 if indicated	Blocks thyroid deposition
Rare earths Plutonium Transplutonics Yttrium	Zn-DTPA Ca-DTPA	1 gm Ca-DTPA (Zn-DTPA) in 150-250 ml 5 percent D/W IV over 60 minutes	Chelation
Uranium	Bicarbonate	2 ampules sodium bicarbonate (44.3 mEq each; 7.5%) in 1000 cc normal saline @ 125 cc/hr; alternately, oral administration of two bicarbonate tablets every 4 hours until the urine reaches a pH of 8-9	Alkalinization of urine; reduces chance of acute tubular necrosis
Cesium Rubidium Thallium	Prussian Blue [Ferrihexacyano - Ferrate (II)]	1 gm with 100-200 ml water p.o. t.i.d. for several days	Blocks absorption from GI tract and prevents recycling.
Tritium	Water	Force fluids	Isotopic dilution

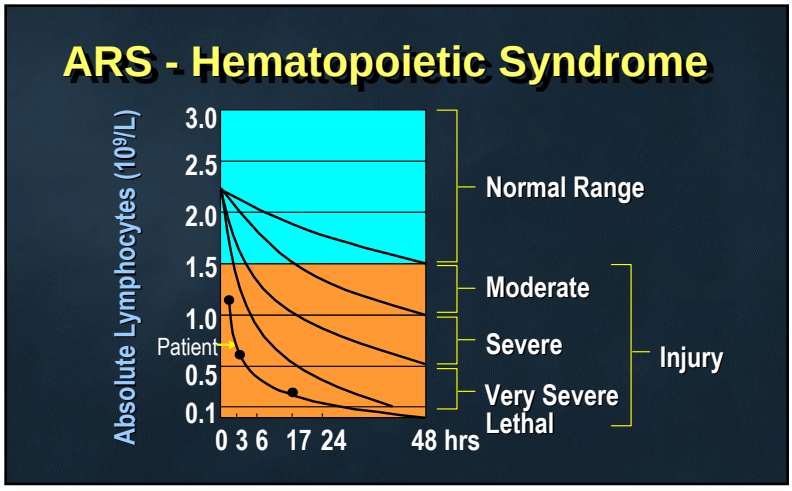
Addendum 9

Estimation of External Radiation Dose Based Upon Time of Vomiting Onset* and Hematologic Parameters

Estimation of External Radiation Dose Based Upon Time of Vomiting Onset*		
Time of Vomiting Onset Following Exposure (minutes)	Estimated Dose (Gray)**	ARS Severity
Less than 10	Above 8	Lethal
10 - 30	6 - 8	Very Severe
Less than 60	4 - 6	Severe
60 - 120	2 - 4	Moderate
Greater than 120	Less than 2	Mild

* Only applies to acute external radiation exposures. Table adapted from: Berger ME, Leonard RB, Ricks RC, Wiley AC, Lowry PC. Hospital Triage in the First 24 Hours After a Nuclear or Radiological Disaster. REAC/TS (Radiation Emergency Assistance Center/Training Site); http://www.orau.gov/reacts: 2004.

** Gray (Gy) is the SI (System International) unit of measurement for radiation absorbed dose. One Gray = One Radiation Absorbed Dose



Addendum 10

Patient's Information Forms

THE FOLLOWING INFORMATION SHOULD BE DOCUMENTED

Note: Each patient should be identified with as much of the following accident and treatment information as is available before sending to decontamination center or hospital. Health Physicist or physician at the site should keep in contact with the hospital to supply additional information as needed.

A. Initial Notification

1. Date of Incident_____ Time _____

B. ISOTOPES INVOLVED Ca-45 Co-60 Mo-99 I-131 U-234 U-238 Cs-137 Po-210 I-129 I-125 Sr-85 Sr-90 Pu-239 Am-241 Pr-147 H-3 Ra-226 C-14 U-*235

C. Other isotope_____

1. chemical form_____
2. probable solubility _____
3. possible particle size_____
4. toxic or corrosive chemicals_____

D. Triage Officer

1. Arrival Time at the Hospital _____
2. Name of patient, employer, employee number_____
3. Symptoms:
    a. nausea Y N
    b. vomiting Y N
    c. skin erythema Y N
4. External Contamination Y N
5. E. External exposure to penetrating radiation suspected Y N

E. Pre-DECON Area – Nursing Assistant

1. Time initial samples taken _____
2. Nasal counts Y N
3. Mouth counts Y N
4. Wound counts Y N
5. Bioassay samples collected by _____and taken to Nuclear Medicine.

F. Treatment Area

1. Feces samples		Y	N
2. Urine samples		Y	N
3. CBC/differential/ platelet taken	take daily for one-week	Y	N
4. HLA-sub typing		Y	N
5. CMV, HbsAg, HCVAb, HI, VZV		Y	N

G. Radiation Surveys at Pre-DECON

1. Name of patient, employer, employee number_____
2. Skin surface contamination Y N
3. Clothing removed Y N
4. Initial dose rate_____ time_____
5. Identification of clothing Y N
6. location_____ initial dose rate_____ time_____
7. location_____ initial dose rate_____ time_____
8. location_____ initial dose rate_____ time_____
9. location_____ initial dose rate_____ time_____
10. Wound contamination Y N
11. Tissue samples taken Y N

H. Radiation Surveys at Post-DECON

1. Name of patient, employer, employee number_____
2. dose rate after final decon_____ time_____
3. dose rate after final decon_____ time_____
4. dose rate after final decon_____ time_____
5. dose rate after final decon_____ time_____
6. dose rate after final decon_____ time_____

I. Administrative Staff at Treatment Area

1. Name of patient, employer, employee number_____
2. Precise location and position of the patient relative to the source of radiation at time of exposure_____
3. Exact time and duration of exposure_____
4. Indicate if dosimeter was worn, where it was worn and type_____
5. Indicate if the dosimeter was collected Y N
6. By whom_____ and where is it located_____
7. Treatment administered before arrival Y N
8. What treatment? _____
9. Physician in charge at accident site _____
10. Name and phone number of company health physicist or physician for additional information_____

Addendum 11

General Order of Medical Care for the Radioactively Contaminated Injured Patient

A. The general objectives in approximate order of importance for the management of contaminated, injured patients are as follows:

1. First aid and resuscitation.
2. Medical stabilization.
3. Definitive treatment of serious injuries and life-threatening medical conditions.
4. Prevention/minimization of serious injuries.
5. Assessment of external contamination and decontamination.
6. Treatment of other minor injuries.
7. Containment of contamination to treatment area.
8. Minimization of external radiation to treatment personnel.
9. Assessment of internal contamination.
10. Treatment of internal contamination.
11. Assessment of local radiation injuries/radiation burns.
12. Long-term follow-up of patients.
13. Counseling of patients and family members about long-term effects and risks (Ref: NCRP 138). http://ncrponline.org/publications/reports/ncrp-reports-138/

Addendum 12

Cytogenetic Assessment of Radiation Dose

A. Cytogenetic analysis performed by a laboratory qualified in radiation cytogenetics is more definitive but is less readily available and less timely than other methods of assessment.

B. The blood sample for cytogenetic analysis should be taken at approximately 24 hours post-exposure but can be taken up to a few weeks following the irradiation.

C. Dicentrics, the presence of two centromeres per chromosome, are a hallmark of radiation exposure. These are measured in a metaphase chromosomal spread from peripheral blood lymphocytes**.**

D. Increased dicentrics indicate a dose of 0.2 - 5 Gy. The usual incidence of dicentrics is 1 in 1000 metaphases. The minimum number of metaphases scored in a mass casualty incident per victim should be 20 - 50.

E. The presence of prematurely condensed chromosomal material in the lymphocytes indicates a dose of 0.2 - 20 Gy.

Radiation in Combination with Other Agents

A. The effect of combining radiation with chemical or biological agents has not been well defined.

B. Radiation may act in a manner to increase the susceptibility to either chemical agents or to biological exposures:

    1. Less spores required for anthrax to produce disease.

    2. Less concentration of chemicals to produce damage but further data is needed.

C. Recent radiation exposure may reduce the efficacy of immunization.

D. Vaccination with live agent following radiation exposure may result in disseminated infection.

E. Trauma and radiation together have a much greater mortality than either alone.

Addendum 14

Management of the Moderately to Severely Irradiated Patient

A. Detailed discussion of the management of the moderately to severely irradiated patient is beyond the scope of this Emergency Management Guide. When the number of victims is low, management by or in consultation with the appropriate subspecialty is the best option. However, in a terrorist mass casualty event referral service may be overwhelmed, and available practitioners may be called on to treat patients they would ordinarily refer. Thus, the facility should develop a protocol for management of the neutropenic patient in conjunction with Internal Medicine, Hematology/Oncology, Infectious Disease and Radiation Oncology. The protocol should be clear, and able to be easily understood and followed by practitioners without significant experience in treating such patients until such time as resources become available for transfer of the patient.

B. The following information is not comprehensive and is included as an initial guide to beginning considerations for management.

    1. Early measures prior to neutropenia (low white blood cell count). When it is known that a moderate to severe dose of radiation has been received, consider measures to limit pathogen exposure by instituting standard universal precautions, providing foods with low microbial content, and consider air filtration.

    2. Neutropenic phase, afebrile. The following measures should be considered for patients who are neutropenic but not yet febrile:

        a. Reverse isolation
        b. Antibiotic prophylaxis
        c. Use of cytokines (stimulants for blood cell growth)

    3. Neutropenic phase, febrile. The febrile neutropenic patient may appear stable and yet die of overwhelming sepsis within a brief period (less than one hour). Standard testing may produce confusing results to practitioners unfamiliar with such patients. For example, a urinalysis may show no white blood cells although containing many bacteria and be the source of urosepsis. Thus, it must be clear to ward and clinic personnel, as well as providers (physician, APN, RNP, or PA) that the provider must be notified to see the patient immediately if fever, unstable vital signs, or other signs of infection appear. Gram stain and cultures of blood, urine, and sputum should be obtained immediately, and the gram-stained specimens reviewed urgently for bacteria. (Caution is needed in interpretation of sputum results due to the problem of contamination with normal oral flora.) Stains and cultures for AFB and fungus should also be performed.

4. Chest X-Ray should be obtained as soon as possible to exclude pneumonia, even if the examination of the lungs is within normal limits. Fungal and other opportunistic infections of the lung may not provide signs of pneumonia on initial examination.
5. If these initial examinations do not reveal the source of the infection, sinus x-rays may show an occult sinusitis, prostatic massage may identify prostatitis or rectal examination may reveal a perirectal abscess, among other occult sources. Cerebrospinal fluid examination to include studies and cultures for fungus and tuberculosis should be considered.
6. Empiric antimicrobials are effective in many patients with febrile neutropenia.

RADIOLOGICAL EVENT AND TERRORISM READINESS PLAN

a. **Introduction.**

The Radiation Event and Terrorism Readiness Plan is a component of the VA Medical Center's Emergency Operations Plan (EOP). The Plan is used for any radiological hazard situation, accidental or intentional. The Plan is structured to operate under the umbrella of the Incident Command System (ICS), implementing the Standard Operating Procedures (SOPs) specific to radiological events. The Plan provides an emergency response framework to protect the physical infrastructure, employees, and patients of the VA Medical Center (VAMC).

b. **Purpose.**

The purpose of the Radiation Event and Terrorism Readiness Plan is to describe how the VA Medical Center responds to radiological threats. The Plan identifies operating procedures and areas of concern encountered for response to a radiological event. Specific information and response protocols are detailed in the: Annex K.

c. **Scope.**

The Radiological Event and Terrorism Readiness Plan applies to all employees and operates within the framework of The Joint Commission (TJC), Nuclear Regulatory Commission (NRC), National Health Physics Program (NHPP), Occupational Safety and Health Administration (OSHA), and Environmental Protection Association (EPA) requirements.

d. **Policy.**

In the event of a radiological emergency, the HICS Incident Commander will initiate the ICS. This ensures that the necessary services and functions are provided to ensure a safe working and patient care environment. The VA Medical Center will work closely with community response agencies to achieve effective interaction during response and recovery operations. The Radiological Event and Terrorism Readiness Plan and associated SOPs facilitate the preparedness, mitigation, response, and recovery efforts needed to minimize any adverse impact on the VA Medical Center.

(1) Radioactive Material and Terrorist Events. VA Medical Centers must be adequately prepared to handle and treat victims exposed to radiation or contaminated with radioactive materials. Radiation exposure or contamination that result in acute high radiation doses can occur in the following scenarios: nuclear detonation, radiological dispersal device or an irradiation device or accident. The facility Health Physicist (Radiation Safety Officer) is an indispensable resource when dealing with radiation emergencies.

(2) Radiological Dispersal Device (RDD). A Radiological Dispersal Device (RDD), or dirty bomb, uses conventional explosives in combination with radioactive materials. The

explosion causes the radioactive material to be dispersed over a wide area, contaminating bystanders, buildings, vehicles, and anything in the blast radius. Due to the dilution of the radioactive material being spread out over a wide area, the health impact of the radiation itself is expected to be low, and not result in a significant increase in potential health effects on a large scale. Acute localized radiation injuries are possible if radioactive materials such as cobalt-60, cesium-137, or strontium-90 are used in the RDD. The main concern with an RDD is injuries from the blast (shrapnel and static overpressure), psychological effects and environmental contamination. The fear of radiation exposure could cause a mass panic reaction among the general public, and the cost of environmental cleanup could be very high.

(3) Nuclear Detonation. A nuclear detonation can produce extremely high radiation dose rates during the first 60 seconds of the blast and then from fission activation products in the form of fallout near ground zero. Sources could be an Improvised Nuclear Device (IND), backpack or suitcase device or a military weapon produced by one of the terrorist-sponsoring countries or the former Soviet Union. This scenario is least likely to occur compared to an RDD event or industrial accident due to the difficulty in acquiring such a device.

(4) Irradiation Device. An irradiation device is a container with radioactive material that emits radiation and exposes individuals in close proximity to the source. The individuals receive exposure to gamma or beta radiation but are not contaminated themselves with radioactive material. Accidents have occurred with radioactive sources used for industrial radiography. A variety of health effects are possible, depending on the activity of the source and the amount of time spent in close proximity. Health effects can range from localized radiation injuries to death.

(5) Contamination and Exposure. Radioactive contamination occurs when radioactive material is deposited on or in an object or person. Unlike chemical contaminants, radioactive material that is active enough to constitute an exposure threat can be detected at great distances. Gamma radiation (penetrating) can cause whole body irradiation; beta emitters left on the skin can cause burns and scarring; and alpha emitters (non-penetrating) will not penetrate the intact epithelium. It is highly improbable that a living patient would be so contaminated that he or she would constitute a health hazard to responders.

(a) External Contamination. External contamination occurs when radioactive material comes into contact with a person’s skin, hair, or clothing. The radioactive material can be liquid, mixed with dirt or dust or powder. The contamination is deposited on the outside of the body.

(b) Internal Contamination. Internal contamination occurs when radioactive material is internalized by inhalation, ingestion, absorption through the skin or mucous membranes or entry through a wound. Internal contamination may result in incorporation, which is the entry of radioisotopes across cell membranes into the cell.

(c) Incorporation. Different radioisotopes have varying affinities for different organs and have varying residence times in the body. Some may collect in the bone, whereas others may collect in the thyroid or other organs. The radioactive form of a substance is processed through the same metabolic pathways as the non-radioactive form of that substance. Thus, physiological changes, medications and procedures that alter the usual metabolic pathways for a chemical will alter the likelihood and rate of incorporation. The radioactive material is eliminated from the body through sweat, blood, tears, urine, and feces. This process of elimination is referred to as de-corporation, and the rate of release may be increased by certain medications.

(d) Exposure or Irradiation. Radioactive materials give off energy in the form of photons or particles. The photons or particles behave like light waves coming from a light bulb, but at a much higher energy level, and are invisible. When an individual is exposed to radiation (also termed irradiation), he or she is not contaminated; but rather the radiation passes through the body. A patient getting a chest x-ray is a good example of irradiation; the patient has been exposed to radiation but is not contaminated. An exposed individual is not radioactive and presents no hazard to response personnel.

(6) Adverse Health Effects. To properly care for the radiation accident victim, a timely diagnosis of the magnitude of the accident must be determined. Adverse health effects of radiation exposure can range from mild effects, such as reddening of the skin, to long-term effects, such as cancer or even eventual death. The severity of health effects is determined by the amount of radiation absorbed by the body, the type of radiation, the route of exposure and the exposure time. There are several resources for the management of the clinical manifestations of the radiation accident patient. An important resource is the Radiation Emergency Assistance Center/Training Site (REAC/TS) www.orau.gov/reacts.

(7) Protection of Response Personnel.

(a) Time, Distance and Shielding. Time, distance, and shielding are the three golden principles of radiation protection. These three principles are common sense, when you think about them. The less time you spend near a radioactive source, the less your radiation exposure will be. Increasing your distance from the radioactive source is a very effective tool in reducing your exposure. For gamma and x-ray sources (penetrating radiation), every time you double your distance away from the source, the exposure rate drops by four times; therefore, even a small amount of distance can make a big difference in your exposure. Many materials can be used as shielding; lead and concrete are two effective shielding materials. Make use of existing shielding, such as concrete walls or something as simple as stepping around the side of a building. Utilize time, distance and shielding together to minimize your radiation dose. (Example: when you do not have to be right next to the contaminated patient, take a step or two back, reducing the time and increasing the distance in order to lower your exposure.)

(b) Respiratory Protection. For situations involving airborne particulate radioactive material, standard surgical masks are usually sufficient. A higher level of protection

would be a High Efficiency Particulate Air (HEPA) filter, such as the N95 mask that is commonly available in the hospital setting. Fit testing and training must be provided for the N95 mask. If radioactive vapors (such as iodine 131) are involved, a respirator with an organic vapor cartridge must be employed.

(c) Skin Protection. Personal protective equipment (PPE) includes all clothing and protective gear worn to protect individuals from hazards. The wearer must demonstrate competency to don and doff properly and provide proper maintenance. Protection levels for PPE are classified as A, B, C and D, with D being the least protective. Level C is usually sufficient when working with a radiation contamination event. Hospital surgical gowns or Tyvek suits with nitrile gloves are examples of appropriate protective clothing

(d) Dosimetry. Personnel handling contaminated victims must wear radiation dosimetry badges in order to monitor the amount of their radiation exposure. One type of dosimeter is a clip-on badge containing film or other radiation-sensitive material, such as a thermo luminescent dosimeter (TLD). Other types are pocket ionization chambers, electronic dosimeters, or electronic alarming rate meters that chirp when the radiation level exceeds a pre-set level. The later has been referred to as “radiation pagers.” The Radiation Safety Officer will distribute dosimeters.

(8) Medical Considerations of Contaminated Victims. Medical conditions and traumatic injury must be assessed before consideration is given to radiation contamination. Triage and stabilization of patients take first priority before initiating decontamination procedures. Removal of the clothing removes approximately 80-90% of the contamination. The next priority will be the decontamination of skin and wounds. Signs and symptoms of high radiation exposure should be noted. An important step in radiation dose determination is the time to onset of emesis. Swabs of all body orifices should be taken for radiation analysis. Nasal swab activity represents approximately 5% of the deposition in the lung. An initial blood count should be taken and repeated every 4 hours to monitor the lymphocyte count.

(9) Decontamination of Victims. Decontamination procedures should only be initiated after the patient is medically stabilized. Conventional trauma injuries always take first priority, as skin or wound contamination is almost never immediately life threatening. Open wounds should be covered during skin decontamination to prevent contamination from re-entering the wound. Clothing removal reduces contamination up to 80-90%. Contaminated clothing should be placed in plastic bags and held for proper disposal. Personal items should also be placed in plastic bags for later decontamination and a proper chain-of-custody procedure followed.

(a) Skin Decontamination. After clothing removal, the skin should be gently washed with soap and water, using gentle brushing. Do not scrub hard enough to abrade the skin; this could potentially cause internalization of the contamination. The goal is to remove as much contamination as possible. The radiation level should be reduced to twice background or lower. If successive decontamination attempts fail to reduce the contamination level by 10%, the contaminated area should be covered, and standard blood borne pathogen precautions should be utilized when handling the patient. When

covered, sweating will reduce the contamination level to some extent. Hair may be decontaminated with any commercial shampoo or by clipping. Fluid may prevent weak beta or alpha emitters from being detected.

(b) Wound Decontamination. Abrasions, lacerations, and puncture wounds compromise the skin's integrity, thus increasing the route to internalize the radioactive material. Following contamination with radioactive material, wounds may contain radioactive dust or shrapnel. Radioactive shrapnel should be handled with forceps and, if found to be radioactive, placed in a lead-lined container (if available) at least six feet from personnel.

(c) Internal Treatment. The first priority is to assess traumatic injuries or other emergent medical conditions. When the patient's condition permits, steps should be taken to assess if internal contamination has occurred. Swabs from all body orifices and urine and fecal samples should be taken and analyzed for radioactive material content. If internal contamination is confirmed, treatment should begin in order to reduce internal contamination. Internal contamination may be reduced by minimizing absorption of radionuclides and increasing the excretion. The chemical toxicity must also be considered when eliminating internal contamination. Side effects of de-corporation of radionuclides must be weighed against the long-term effects of the radiation exposure. Available pharmaceuticals for immediate treatment include the administration of potassium iodide (KI), if radioiodine is a suspected agent; antacids to decrease gastrointestinal absorption for uranium or strontium; and, cathartics to decrease residence time/absorption in the bowel, such as biscodyl or phosphate soda enema to flush the colon quickly. Aluminum-containing antacids are particularly effective for decreasing the uptake of strontium between 50-85%. For large intakes of ingested radioactive material, gastric lavage is effective, but only if given within one to two hours after ingestion.

(10) Radiological Assessment and Biodosimetry. Assessing injured victims includes taking radiation measurements and collecting information relevant to decontaminating and treating the patient. Medically stable patients should not be released for ambulance transport until a radiological survey has been performed. The instrument used to conduct the radiation survey should be able to detect penetrating and non-penetrating radiation (a Geiger-Mueller Counter with a pancake or end-window probe). The probe should be moved about one inch per second, taking care not to touch the probe to the potentially contaminated patient. The distribution of contamination on the patient should be recorded, and nasal swabs taken to assess if contaminants were inhaled. Information about the nature of the radioactive source should be collected from the patient. If details of the source and time of exposure are determined, a reasonable radiation dose estimate may be possible. Consult the facility Radiation Safety Officer for radiological assessment information and interpretation.

(11) Biodosimetry Assessment Tool. The Biodosimetry Assessment Tool (BAT), developed by the Armed Forces Radiobiology Research Institute (AFFRI), is a software program that aids in the collection and interpretation of clinical manifestations of radiation exposure. The BAT archives and analyzes clinical information and provides a

radiation dose estimate for the patient. The program can be downloaded at: http://www.afrri.usuhs.mil/www/outreach/biodostools.htm – software

(12) Morgue Operations.

(a) Autopsies. Performing autopsies of cadavers with minimal contamination only requires contamination control methods and appropriate protective clothing. Highly contaminated cadavers with exposure readings of 0.1 to 1.0 mGy/hr should have several individuals split the task. If the exposure event is being handled as a criminal case, the case must be performed in coordination with the medical examiner or coroner.

(b) Embalming/Cremation. Embalmers should wear protective clothing and preferably have radiation safety staff present to monitor contamination. Embalming and cremation are contingent upon the amount and type of radioactive material the cadaver is contaminated with. Burial is usually not an issue, unless there are long-lived radionuclides present that may enter the environment. Cremation is dependent on the type and concentration of radionuclides released to the environment by incineration or by ash disposal. If the radionuclide is short-lived, waiting a few weeks before cremation may be advisable.

(13) Psychological Aspects of a Radiological Event. An attack with the release of radioactive material can create fear, anxiety, and mass panic reactions among the general public. Following an attack, the management of psychological and behavioral responses can be just as important as the medical treatment and decontamination of the victims. For the majority of the people, psychological symptoms related to the traumatic event will fade over time. Although for others, symptoms may persist, affecting function at work and home, and may result in further psychiatric complications. Acute stress disorder, post-traumatic stress disorder, depression, increased substance abuse, family conflict and generalized anxiety disorder may also be experienced.

(14) Exercise Scenarios.

(a) Radiological Dispersal Device (Dirty Bomb).

1. Scenario Description - A terrorist group has obtained approximately 250 grams of Plutonium-238 (Pu-238) and has constructed a radiological dispersal device (RDD). The explosive device is constructed with plastic explosives that incorporate immediate and delayed blasting caps and flyer plate technology to penetrate a propane storage tank and detonate the expanding propane cloud within one second after the explosion. The explosive device and radioactive material (Pu-238) are placed on a 1500-gallon propane tank located in a central area of the city. The device is detonated mid-afternoon on a normal workday.

2. Effects - The explosion causes small fires in the vicinity of the propane tank. The Pu-238 is dispersed primarily in the blast direction. The wind speed is 15 mph from the north with humidity at 50%. A 500 mRem/hour zone extends 400 feet wide and

one-half mile in length. Pu-238 deposition of 4 uCi/square meters occurs along the dispersion area.

3. Actions - Local police and fire units respond to the explosion, and local area residents come to see the fire. Fifteen people in the vicinity of the blast have traumatic injuries and radioactive contamination. Forty-five individuals in the dispersion area are contaminated, but not injured. The local newspaper has received a call from the terrorist group claiming the explosion has spread radioactive material all over the city. Greater than 1000 patients are estimated to present for decontamination citywide.

(b) Improvised Nuclear Device (IND).

1. Scenario Description - A terrorist group has acquired a sufficient amount of highly enriched uranium (HEU) and has constructed an IND with a gun implosion mechanism. The IND is put in a car trunk on the top level of a five-story parking garage. The parking garage is open on the sides and top and is located approximately 100 yards adjacent to the County Court building in a large metropolitan city. The weapon is detonated mid-afternoon on a normal workday. The explosive yield is 1.5 kilotons.

2. Effects - The explosion causes a shock wave of greater than 200-psi static overpressure at ground zero. The parking garage and County Court building are destroyed. All of the 750 individuals in the County Court building are killed, and 50 people in the parking garage are also killed. The blast radius projects 360 degrees, and the amount of devastation varies from total destruction near ground zero to moderate damage at the edges of the blast radius. The maximum overpressure at 440 yards from ground zero is approximately 15 psi, 5 psi at one-half mile, 3 psi at three-quarters mile, and 2 psi at one mile. Several thousand individuals are killed, and many have sustained traumatic injuries from the blast with second-degree burns from the intense heat generated. Thermal burns are experienced as far as two miles out. Glass windows in buildings in a one-mile radius are shattered, causing additional injuries. Unprotected individuals within one-half mile of the detonation have received lethal doses of gamma and neutron radiation. Radioactive fallout is dispersed downwind, contaminating individuals and the environment. Electric power in the area is knocked out, and water and natural gas lines are ruptured.

3. Actions - Local police and fire units respond to the explosion. The newspaper gets a call from the terrorist group claiming the explosion was a nuclear weapon and that there are more bombs around the city. Greater than 100,000 patients are likely to present for decontamination citywide.

Addendum 1

Radiological Performance Evaluation Matrix

Annex A to Radiology Event Readiness Plan

Radiological Performance Evaluation Matrix

Competency Areas (Assess for basic or advanced knowledge in subject area.)	Awareness Level (Employees)	Operations Level (Responders)
1. Know the potential use for radiological weapons or accidents: Hazards, associated risks, outcomes.		
2. Know signs and symptoms of radiological exposure.		
3. Knowledge of questions to ask caller to get critical information.		
4. Recognize trends that may indicate a radiological event.		
5. Make proper notification and communication of the radiological event.		
6. Understanding of radiological terms.		
7. Knowledge of personal protective equipment (PPE) and proper use of such.		
8. Understanding the risks of operating in PPE during radiological events.		
9. Knowledge of radiological decontamination procedures.		
10. Knowledge of crime scene and evidence preservation.		
11. Knowledge of chain of custody for collecting legal evidence.		
12. Knowledge of emergency first aid and triage priorities.		
13. Knowledge of hazard and risk of radiological agents.		
14. Understanding of handling and transport of contaminated items.		
15. Operational knowledge of radiation detection instruments.		

Competency Areas (Assess for basic or advanced knowledge in subject area.)	Awareness Level (Employees)	Operations Level (Responders)
16. Knowledge of contaminated patient transport procedures.		
17. Are “contamination zone” boundaries clearly marked?		
18. Are personnel and equipment/samples in contamination zone surveyed with radiation detection meter before exiting area?		
19. Is floor covered to prevent spread of contamination?		
20. Has the Radiation Safety Officer been notified?		
21. Are contaminated waste and items labeled with radioactive symbols?		
22. Have patient symptoms, samples, timelines, and contaminated areas been properly recorded?		

ANNEX 1.12

CHEMICAL AND BIOLOGICAL INCIDENTS

1. PURPOSE

a. **Description of the Threat/Event.**

There are more possibilities of an external incident near our facility with that should generate victims that were exposed to chemical spill than the threat of terrorist utilizing chemical or biological agents to bring his or her cause to public attention. In both incidents it will require the notification and activation of the First Receivers Decontamination Team of VA Caribbean Healthcare System if victims arrive without notice or if local emergency management authorities request to VAMC leadership our assistance.

As a result, this emergency operations plan provides the procedures to alert and response to a chemical and biological incident by using the first receiver decontamination program under high security and safely measures.

b. **Major Objectives:**

(1) Prevent injuries to persons and remove patients, staff, or visitors out of danger.

(2) Protect staff, visitors and standers-by from being contaminated by agents brought in by patients.

(3) Undertake rescue and decontamination of victims.

(4) Provide immediate emergency treatment and medical care.

(5) Resume normal operations as soon as possible.

c. **Impact on Mission Critical Systems.**

Implementation of heightened security measures will have an adverse impact on patients, visitors, and staff. The conducting of 100% identification checks, bag checks/inspections, checking incoming mail and supply shipments, etc., will result in delays and oftentimes cause aggravation to patients, staff, visitors, and vendors.

2. RESPONSIBILITIES

a. Operating Units and Key Personnel with Responsibility to Manage this Threat/Event.

(1) Medical Center Director

(2) Chief of Staff

(3) Chief, Police

(4) Logistics, Program Manager

(5) Facilities Engineering, Program Manager

(6) Director, Medical Services

3. MITIGATION/PREPAREDNESS ACTIVITIES OF THE THREAT/EVENT.

a. **Preparedness Strategies and Resource Issues.**

(1) The Medical Center has developed a First Receivers Decontamination Program course to train key emergency personnel on the use of proper PPE and techniques for decontamination of patients and personnel on the event of a terrorist event. Target employees for this course are those who work on the following areas: Emergency Medicine Section, Police, FMS, Infection Control, Nuclear Medicine, and volunteers.

(2) Adequate decontamination equipment and PPE is maintained at the Emergency Medicine Unit and in a room in the basement parking area close to the VA Federal Credit Union.

(3) The Office of Emergency Management offers an orientation to all employees every two years on how to identify potential terrorist threats and other emergency management topics.

(4) VACHS current decontamination capability is for 25 victim's totals, based on current equipment, staff and allocated resources.

4. RESPONSE/RECOVERY FROM THE EVENT/THREAT.

a. **Hazard Control Strategies and Resource Issues.**

(1) Security Alert Level 1: A general threat of possible terrorist activity exists, the nature and extent of which are unpredictable, yet circumstances do not justify full implementation of Alert Level 2. Actions to be taken must be capable of being maintained for extended periods of time or possibly indefinitely if required.

(a) Staffing: Normal staffing levels will be maintained; however, a heightened state of alertness and readiness will be paramount.

(2) Security Alert Level 2: An increased and more predictable threat of terrorist activity exists. Actions taken must be capable of being maintained for weeks without significantly affecting day-to-day operations.

(a) Staffing: Staffing may need to be increased. Normally, additional staffing will be accomplished through adjustments to the schedule using Operations personnel or through voluntary/mandatory overtime in 4 or 8-hour increments. (All at the discretion of the Medical Center Director.)

(3) Security Alert Level 3: An incident occurs, or intelligence is received indicating some form of terrorist action is highly likely. Actions to be taken may affect day-to-day operations and increase operating costs.

(a) Staffing: Mandatory 12-hour shifts may be implemented. Police Officers working in operational positions may also work 12-hour shifts. Days off and scheduled annual leave may be reduced and/or canceled to meet staffing needs. (All at the discretion of the Medical Center Director.)

(4) Security Alert Level 4: A terrorist attack has occurred, or intelligence is received that a terrorist action against a specific location or person is imminent. Normally, this alert level is declared as a result of a localized condition.

(a) Staffing: All VA Police personnel may work 12-hour shifts. All days off and annual leave will be canceled. Additional police support will be requested from local police authorities. (All at the discretion of the Medical Center Director.)

b. **Resource Issues.**

(1) Continue to monitor intelligence reports as received.

(2) Maintain routine contact with local and Federal Law Enforcement agencies to stay abreast of local terrorist activity or civil disturbances, etc., if any.

(3) Attend and participate in local law enforcement meetings to discuss and exchange ideas on how to handle terrorist threats and/or activities. Such groups will consist of local/area Chiefs of Police and representatives from Federal Law Enforcement agencies and security heads from private industry.

(4) VACHS can establish victim Decontamination operations within 2 hours of received notification from local authorities

c. **Hospital Command Center**

(1) Command Post will remain as in the plan, in the third floor Conference Room 5M512. The Key Incident Command Staff shall immediately report to the Command Post. After duty hours, the AOD, will serve as Incident Commander, the Nursing Disaster Coordinator will serve as Chief, Operations Branch, Graphic Control will serve as Chief FMS, Logistics Branch, and Police & Security Service will serve as Planning Branch in addition to its security responsibilities. Fiscal Branch will be opened when the first Fiscal employee arrives on station. The Planning Branch Chief will hand out Job Action Sheets to the available staff that arrives to the Command Post. These will remain in place until relieved by the indicated official as stated in the checklist.

(2) A planning section has to be quickly established to begin collecting incident data from the emergency room or from the community if that is where information is available.

(3) The first concern in a terrorist incident with unknown agents is the safety of all staff or persons in the treatment area. If a chemical agent is suspected, no patient should be handled until the highest level of protective equipment is donned by emergency users. If respiratory apparatus is required, the Hospital Decontamination Team will be activated to provide initial decontamination.

(4) If a Biological Agent is suspected and a large number of unusual symptoms are being diagnosed, universal precautions should suffice but all employees should take extreme care when handling suspected patients.

(5) Patient Information Area: For this type of incident, the Patient Information area will be established at the discretion of the Public Affairs Officer but should be safely away from where contaminated patients might be present.

(6) Triage will take place after patients have been decontaminated. Decontamination can take place in two locations.

(7) Ambulance bay in front of emergency room where the decontamination area is established.

(8) If ambulance bay cannot be used the Hospital Decontamination Team Leader in coordination with the Incident Commander would designate an alternate site.

d. **Incident Commander.** Once evacuation has been ordered the Incident commander will provide the following instructions:

(1) Determine if the press is inquiring or if a press release should be prepared to inform the public of our facilities and how to contact family members that might be affected. Ask where the Public Information Officer will be established to deal with external requests.

(2) Have Police safeguard the contaminated area being careful that no Police Staff are contaminated. Request that Police & Security provide a report on entrance and access routes.

(3) Instruct the Liaison Officer to contact local resources to inform of the situation and to begin obtaining available resources that can assist in staff safety.

(4) Instruct the Safety Manager to ensure the safety of all staff in the affected area.

(5) Instruct the Planning Branch Chief (Associate Center Director) to provide the following:

(a) A plan of action based on the information you have regarding the incident.

(b) Verify where the Command Post will be set up and what phones are in operation if any.

(c) Request that Human Resources Officer begin to determine what instructions will be provided to staff regarding work

(d) Prepare a report to discuss with the VISN Director the actions taking place.

(e) Have him/her recommend the time and place of the next planning meeting.

(6) Instruct the Logistics Branch Chief to provide a listing of the availability of the following resources:

(a) Communications equipment

(b) Transportation assets, vehicles, and drivers.

(c) After the Medical Center is back to normal operations, ask the Logistics Branch Chief to provide a detailed After-Action Report and a Mitigation Plan to address projects or actions that can be implemented to avoid future recurrences of problems found after this incident.

(7) Instruct the Finance Branch Chief to do the following:

(a) A plan to account for all costs that are related to this event beginning immediately.

(b) After the event, ask the Finance Chief, (Chief, Fiscal Service) to prepare a recovery plan.

(c) Activate the Claims officer in case staff have on-the-job injuries or are affected by the contaminated substance.

(8) Instruct the Operations Section Chief (Associate Director for Patient Care) to do the following:

(a) Provide a list of current patient census and determine how many patients can be discharged.

(b) Provide a list of which of his staff will be required to be on hand to continue providing patient care.

(c) Activate the HAZMAT Branch and establish response operations.

(d) Provide a plan of ensuring that staffs working in hostile conditions are taken care of.

(8) Schedule a follow-up meeting to report on the status of all of these actions in an appropriate amount of time. Remember to try to allow staff to stagger schedules in order to allow each to take care of personal needs, home, etc. prior to returning.

e. **Decontamination Procedures:**

(1) Address response procedures for managing no-notice, self-presenting ambulatory patients.

(a) As soon as contamination is identified, the patient must be attended by Emergency Department (ED) staff wearing universal precautions personal protective equipment (PPE). Additional staff must be identified to initiate donning of level C PPE.

(b) If ambulatory, the patient is guided toward the single decontamination shower located outside the ED. Patient must be instructed to disrobe, locate clothing in a plastic bag.

(c) Patient should take a shower with water and soap before re-entering the Emergency Department. As soon as staff wearing Level C PPE is ready, they must assist the patient in the shower.

(2) Address response procedures for managing no-notice, self-presenting non-ambulatory patients.

(a) If the arriving patient is non-ambulatory, he/she must be assisted/attended by ED staff with Level C PPE. Patient can be transferred to the outside shower in a stretcher for decontamination procedures.

(3) Assessment needs to be done of the situation that caused contamination. If there is the risk of additional contaminated patients presenting to the hospital, then VA Police and Hospital Leadership must be notified to consider incident management team (IMT) activation.

(4) Steps for Patient-Directed Self Decontamination

a. Proceed to the designated area.

b. Prepare to undress behind the privacy curtain.

c. Open the plastic bags.

d. Place all of your valuables (wallet, keys) into the small plastic bag and seal it. If you have prescription glasses or hearing aids, keep them with you.

e. Remove ALL of your clothing.

f. Put clothes into the large plastic bag.

g. Put the small valuables bag in the large bag with your clothing and place them in the designated drum/location.

h. Put on the wristband or neck identification (TRIAGE-TAG).

i. Now step into the shower area.

Shower Area

j. Wet yourself all over in the shower.

k. Thoroughly wash with soap and water, paying attention to hair, ears, etc.

l. Rinse for at least one minute.

m. Step out of the shower area, and we will have a towel and covering for you.

n. We will keep you covered.

o. Then, we will take you to the treatment area.

p. If it is safe, we will give you back your clothes and valuables after they can be decontaminated.

(5) Ambulatory contaminated patients

(a) Direct patient to Decontamination Area.

1. Children should be kept with their parents, if possible, or older siblings.

2. Patient should be given personal Decontamination Set, along with Instructions:

3. The kit stays with the patient as they proceed through Decontamination except for the clothing.

4. Open the bag; it has three parts.

5. Take out the plastic bags now.

(b) Patient should quickly remove all clothing, putting valuables in the clear small bag. Clothing goes into the large bag. Both bags are then put into the HAZMAT bag; and it is sealed. The bags are all numbered to identify the owner. The numbered tag should correspond to the TRIAGE-TAG.

(c) The bags will be placed in HAZMAT drums.

(d) Patients name and number will be recorded by the Triage team on the patient Decontamination record.

(e) Patient should move forward through the Decontamination area.

(f) Patient should quickly rinse themselves from head to toe with water.

(g) Patient should next wash with soap and water in a systemic fashion from top to bottom for 3-5 minutes (longer if needed). Discourage the patient from washing too vigorously, as it may make the absorption worse.

(h) The Decontamination Team should closely monitor each victim to assure thorough washing and decontamination. Particular attention should be made to assure they wash all areas, creases, folds and hair.

(i) Once the washing is completed, each patient should rinse thoroughly. This should take about a minute.

(j) Decontamination soap, rags and sponges should be put into waste cans provided for this purpose.

(k) After the rinse/wash/rinse cycle is completed, the patient should proceed to the drying area. They should complete drying off and put the towel into a special drum designated for them.

(l) Following drying off, have the patient put on a Tyvek/Bunny Suit. The Triage Officer/Team Leader will then Triage them.

(m)Additional treatment will be limited to those interventions deemed lifesaving by the Clinician in charge of the area. Antidote administration should be by IM after cleaning the affected area.

(n) Decontamination Team Members should be alerted to the possibility that an ambulatory patient may clinically deteriorate, requiring immediate attention and removal to the non-ambulatory line.

(6) Handle of Non-Ambulatory contaminated patients.

(a) Patient should be brought to the Decontamination Hot area, attended by a minimum of 4 Decontamination Team members.

(b) Each patient should be put on a backboard.

(c) All patient clothing should be removed; valuables should be put into a clear plastic bag and clothing into a large clear plastic bag. The small bag should go into the large bag. Both of these bags will then be put in a drum.

(d) Attention should be paid to minimizing the aerosolization spread of particulate matter by folding or rolling clothing inside out as it is removed from the victim and by dabbing the skin with sticky tape and/or vacuuming.

(e) Patients should have their clothing bag tag/TRIAGE-TAG around their wrist and keep it with them.

(f) The clothing bags will be set aside in drums with the patient's name and number recorded on the patient Decontamination record.

(g) While the patient is resting on the Decontamination rollers, they should have a thorough rinsing from head- to-toe.

(h) Then the patient should be thoroughly washed with soap and water, using a sponge in a systemic fashion, cleaning airway first followed by open wounds; then in head-to-toe fashion for approximately 3-5 minutes until the agent is non-persistent. More washing should be done if the contaminant is persistent. Avoid rubbing too vigorously, as it may cause the skin to absorb the contaminant quicker.

(i) The patient should be rolled on his/her side for washing of the posterior. Attention for potential neck injuries should be given.

(j) Careful attention should be given to washing the voids and creases.

(k) The patient should then be rinsed for about a minute in a head-to-toe fashion that minimizes contaminant spread. The minimization of over-spray and or holding the nozzle too close should be completed.

(l) Decontamination Team members should be alert to the possibility that the non-ambulatory victims may require ABC support and administration of intramuscular injections. If medications are administered in Decontamination, the Clinician administering should mark an "A" for Atropine, or a "2" for 2-Pam Chloride on the victim's forehead with an indelible marker.

(m)The patient should be dried off, put in a hospital gown or tyvek/bunny suit and transferred to a stretcher for Triage.

(n) Decontamination soap will normally be liquid. The sponges and solution for each zone will stay in that zone.

(o) The Triage Officer will triage the victim and assign to a treatment area.

(7) Handle of Special Needs contaminated patients

(a) Glasses/Contact Lenses:

1. Patients with glasses should keep them on. They should be decontaminated with the victim.

2. Contact lenses should be removed and placed with the valuables.

(b) Canes/Walkers: Patients who use walking assistive devices may retain them, but the devices must be decontaminated along with the victim.

(c) PIC Lines/Saline Locks:

1. Unless contaminated PIC lines and saline locks should be covered with Tegaderm or plastic wrap before being decontaminated.

2. After the area is cleaned and dried in Triage/Cold Zone, a dressing should be applied by a Clinician.

(d) Hearing Aids: Hearing aids **cannot** be immersed or soaked in water. Thus, they should be removed and placed in the valuable bag, when possible. If the patient cannot hear without the aid, it may be removed and wiped down with a clean damp rag or gauze. It may then be given to the victim in the Cold Zone.

(e) Dentures:

1. Unless the oral cavity is contaminated, the dentures should remain in place and no Decon is needed.

2. If the oral cavity is contaminated, then the dentures should be removed and placed with the victim's valuables

(8) Law Enforcement Officers with Weapons.

(a) Normally a Law Enforcement Officer that is injured will have his/her weapon removed before the Decontamination Team receives them. However, if that is not the case, the weapon should be left in the holster, and the holster belt removed as a unit. It should be placed in a plastic bag and labeled as all valuables are. The bag should then be passed to the Triage area where it may be given to another Police Officer or the Safety/Decon Officer. Weapons should be always left in their holsters if possible. If it must be removed, it should be done by a Decon Team Member who is experienced with weapons, renders it safe, places it in a numbered bag, identifies it to the victim and gives it to a fellow Officer.

(b) Decontamination Team personnel should be aware that often a Police Officer will carry a back-up weapon, normally in a holster near the ankle, a shoulder holster or in a pocket of the vest. These will be handled in the same manner.

(9) Decon of Pediatric Patients.

(a) General Guidelines:

1. Separation of families during decontamination should be avoided, especially under conditions of large number of patients in a chaotic situation but medical issues take priority.

2. Older children may resist or be difficult to handle out of fear, peer pressure, and modesty issues (even in front of their parents or caregivers).

3. In order to avoid the risk of hypothermia, keep the water at least no lower than 98°F; the risk of inducing hypothermia increases proportionately with the smaller, younger child.

4. Attention to airway management is a priority throughout decontamination showers.

5. Parents or caregivers may not be able to decontaminate both themselves and their children at the same time and as such, Decontamination Line staff may have to provide any necessary assistance.

6. ***The smaller the child, the bigger the problem*** regarding any of these considerations such as hypothermia, airway management, separation of families, and ability to effectively decontaminate the child.

(b) Decontamination Recommendations Based on Age of Child:

1. **Children less than 2 years of age (infants and toddlers):** Children and their families (parents or caregivers) should not be separated unless critical medical issues take priority.

2. **Infants and toddlers** should be placed on a stretcher and disrobed by either the child's caregiver or Decontamination Line personnel.

a. All clothes and items that cannot be decontaminated should be placed in appropriate containers or bags as provided and labeled. Each child should then be accompanied through the decontamination shower by either the child's caregiver or DECON Line personnel. ***It is not recommended that the caregiver carry the child due to the possibility of injury resulting from a fall, or from dropping a slippery and squirming child.***

b. Special attention (as may be necessary) must be given to the child's airway while in the shower.

3. **Children 2 to 8 years of age (pre-school/early school):**

a. Ambulatory children should be assisted in disrobing by either the child's caregiver or Decontamination Line personnel. All clothes and items that cannot be decontaminated should be placed in appropriate containers or bags as provided by the hospital and labeled. Consider allowing children to leave underwear on.

b. Each child shall be directly accompanied through the shower by either the child's caregiver or Decontamination Line personnel.

c. Once through the shower, the child's caregiver or a Cold Zone Support Nurse will be given a towel to dry off the child; the child shall then be provided a hospital gown.

d. Immediately, the child should be given a unique identification number, which connects them with their parent or caregiver on a wristband, and then triaged to an appropriate area for medical evaluation.

4. **Children 8 to 18 years of age (school age).**

a. Ambulatory children should disrobe when instructed to do so by Decontamination Line personnel. All clothes and items should be placed in appropriate containers or bags and labeled. Consider allowing children to leave underwear on.

b. Each child should then walk through the decontamination shower, preferably in succession with their parent or caregiver, and essentially decontaminate him/herself.

c. Once through the shower, each child will be given a towel to dry and then provided a hospital gown.

d. Immediately, the child should be given a unique identification number that connects them with their parent or caregiver on a wristband, and then triaged to an appropriate area for medical evaluation.

5. **Non-ambulatory children.**

a. Non-ambulatory children will be placed on a stretcher by Decontamination Line personnel and disrobed (using trauma shears if necessary). All clothes and items should be placed in appropriate containers or bags and labeled. Children should be allowed to leave on their underwear.

b. Each non-ambulatory child should then be escorted through the decontamination shower by either the child's caregiver and Decontamination Line personnel to ensure that the child is thoroughly decontaminated. Special attention must be paid to the child's airway, as may be necessary, while they are in the shower.

c. Once through the shower, the child's caregiver or Cold Zone Triage Nurse will be given a towel to dry off the child along with and a hospital gown.

d. Immediately, the child should be given a unique identification number on a wristband and then triaged to an appropriate area for medical evaluation.

f. **After "All Clear" Has Been Received:**

(1) All Service Chiefs will submit a report to the Medical Center Director within three working hours after "All Clear" has been received, including the following:

(a) Damage caused in their areas of jurisdiction.

(b) Man-hours worked overtime by their subordinates.

(c) A critique of the functioning of the Chem.-Bio plan, with recommendations for improvement, if any.

(d) Within one week after the critique, the Mitigation Team will discuss any projects or special actions that can be taken in order to prevent damage to areas, or to improve the capability of response in future terrorist incidents.

g. **Recovery Strategies.**

(1) Meet with key medical center staff on a routine basis to discuss current intelligence data and information obtained from local law enforcement agencies.

(2) Provide updates on current status of heightened security and impact it is having on medical center operations as well as the human impact on patients, visitors, and staff.

EXTERNAL NOTIFICATION PROCEDURES.

a. VA Police #111444

b. VISN 8 Director & Emergency Manager email group VISN 8 Issue Brief Notifications

c. VHA Watch Office 202-461-0268/69

d. Local Homeland Security investigations (HIS) ICE 787-729-5151

e. Federal Bureau of I

f. Investigations (FBI) 202-324-3000

g. OSHA – within eight (8) hours if one (1) employee fatality, or three (3) employee hospitalizations from a single incident. 1-800-321-6742

SPECIALIZED STAFF TRAINING.

a. Key medical center personnel are adequately trained on procedures for implementing Command Post Operations.

b. Medical center staffs are adequately trained on all emergencies and disaster contingency plans and what role they play in each. This should include protection and safety of patients, visitors, and other staff personnel as well as the security of equipment and biological/chemical substances that in the hands of a terrorist could cause serious harm or death to large numbers of personnel.

c. Ensure the VA Police and augmentation forces (VA employees other than VA Police) are adequately trained and equipped to provide heightened security measures that would be perceived as a viable obstacle to terrorist components. Heightened security measures should ensure that patients, visitors, and staff is comfortable in using, visiting, or working in the Medical Center and that everything is being done to enhance their security and safety.

REFERENCES.

a. VHA Directive 0320.06 First Receivers Decontamination Program, October 2016.

ANNEX 1.13

EARTHQUAKE PLAN

1. PURPOSE

a. **Description of the Threat/Event.**

Earthquake affecting the VA Caribbean Health Care System or affecting parts of the Island but not the VA Caribbean Health Care System at San Juan like our Clinics. In the case of a high intensity earthquake, staff are to protect themselves as much as possible, take shelter, if possible, protect your patients and remain as calm as possible for the duration of the earthquake. Try to avoid standing close to tall objects, which could fall given extreme motion. When movement has terminated, move cautiously, and visualize the area that you are in. If you work in a patient care area, check to see if patients appear to be safe.

Provide aid first to any patients or colleagues that may be injured or are in particular distress. Report as quickly as you can to your supervisor and inform him or her of your condition and of the situation of your particular area. Supervisors should then report to their supervisors with the status reports. These reports, a sample of which is included as Appendix A-C, should then be communicated to the Chief, Police Service. They should be sent in person because over the phone, the lines will be tied up unnecessarily. Additionally, there may be no phones functioning.

An earthquake is a series of waves or vibrations in the crust of the earth that are caused by the sudden shifting of layers under great strain along geologic faults. A fault is considered active if periodic movement or slow creepage occurs. This movement is the result of energy forces deep within the earth. Large crystal blocks, which are separated by these faults, are held in place by friction. As pressure from the earth's core, which is in a molten state, increases over time, a certain threshold is met in which these frictional forces are overcome. The result is the sudden and unpredictable shifting, slippage, or readjustment along the fault lines. That movement is known as an earthquake.

The earthquake's epicenter is a reference point located on the earth's surface directly above the focus. The focus is the point of origin of the quake and is sometimes called the hypocenter. Earthquakes are measured in magnitude and intensity. Magnitude quantifies the energy released at the earthquake's point of origin. The measurements are recorded from seismographs and expressed on the Richter scale. Usually, the recordings will be recorded as a number between 0 and 10. Measuring the duration and amount of seismic waves or vibrations determines the intensity of an earthquake.

Several contributory factors are important in determining the amount of damage and level of injuries that may be sustained from seismic activity:

(1) Intensity.

(2) Magnitude.

(3) Distance from the epicenter.

(4) Depth of quake below the surface.

(5) Type of slippage or movement along the fault.

(6) Type of rock layer and soil transmitting the quake's energy.

(7) The type of structure, including design, age, and construction material.

b. **Major Objectives:**

(1) Prevent injuries to persons and remove patients, staff, or visitors out of danger.

(2) Provide immediate emergency treatment and medical care.

(3) Undertake immediate rescue and evacuation of casualties and entrapped persons.

(4) Furnish casualty and damage information promptly.

(5) Resume normal operations as soon as possible.

c. **Impact on Mission Critical Systems.**

Earthquakes may negatively impact all mission critical systems:

(1) Municipal utilities, including electrical power, water, and natural gas.

(2) Medical Center normal and emergency electrical power distribution systems.

(3) Medical Center water distribution (potable and non-potable).

(4) Sanitary sewer and storm drainage systems.

(5) Natural gas supply and distribution system.

(6) Steam generation and distribution systems (impacting heating, cooling, cooking, and sterilization capabilities).

(7) Medical gas (air, oxygen, nitrous oxide) and vacuum systems.

(8) Diagnostic and therapeutic medical equipment.

(9) Fire detection and suppression systems.

(10) Voice and data communications (e.g., electronic patient records and images, cellular phones, telephones, and paging systems).

(11) Heating, ventilating and air conditioning systems.

(12) Vertical and horizontal transport systems (elevators, pneumatic tubes).

(13) Refrigeration systems (e.g., blood bank, nutrition, laboratory, morgue, and research).

(14) Liquid fuel systems (e.g., propane, diesel, gasoline).

(15) Roadways and bridges.

(16) Waste handling and disposal (regular and bio-hazardous).

(17) Secondary effects of an earthquake can be more disastrous than the quake itself. The two primary causes of secondary damage are fires and floods. Fires can be caused by the ignition of natural gas leaks or by short circuits in the electrical power distribution system. Flooding is typically caused by the rupture of major lines in potable and chilled water distribution systems.

(18) The damage that can be caused by earthquakes is not limited to the physical or infrastructure domain. The psychological stress that is caused to individuals can be significant. The sights and sounds of death and destruction may render many individuals unable to cope for hours or even days. Since human resources are the institution's most valuable and critical assets, such potential problems arising from the earthquake must be addressed.

2. RESPONSIBILITY TO MANAGE THIS THREAT/EVENT.

All Operating Units will have responsibilities to manage mitigation/preparedness and response/recovery to an earthquake. Since there may be multiple primary and secondary effects resulting from earthquakes, it may be necessary to implement several of the Standard Operating Procedures provided in the Emergency Management Plan.

3. MITIGATION/PREPAREDNESS ACTIVITIES OF THE THREAT/EVENT.

Specific earthquake mitigation and preparedness activities are divided into two general categories: Facility and individual.

a. **Facility Hazard Reduction/Preparedness Strategies and Resource Issues.**

Mitigation. (The terms "secure" means to anchor or brace in accordance with applicable VA, American Institute of Architects (AIA), state, municipal, National Fire Protection Association (NFPA), or other directives and best practice engineering specifications or recommendations.)

(1) Secure all major power conditioners, uninterruptible power supplies and battery banks in Information Management Systems and telephone rooms.

(2) Secure all electrical generator sets and associated battery systems, fuel systems and control panels.

(3) Secure all shelves, furniture, file cabinets, tool racks and the like firmly to wall studs.

(4) Secure water heaters by strapping to wall studs or on stands bolted to floor.

(5) Secure direct exchange, fan coils and window A/C units.

(6) Secure all major building service equipment, such as:

(a) Chillers and air handling units

(b) Medical vacuum and air sources

(c) Bulk oxygen storage tank and manifold

(d) Sub-stations, transformers, switchgear, power conditioners

(e) Fire suppression systems

(f) Boilers

(g) Water tanks

(h) Nutrition and Food Service systems (e.g., re-thermo, tray lines, freezers, dishwashers)

(7) Secure all bulk or portable gas storage tanks (e.g., propane, acetylene, carbon dioxide, nitrogen, nitrous oxide, and oxygen).

(8) Hang heavy items such as artwork, displays, bulletin boards, calendar boards away from where people may sit, such as in a waiting room.

(9) Brace all overhead light fixtures properly (see NFPA guidelines); brace all electrical conduit, pneumatic and water lines in accordance with NFPA or other applicable standards.

(10) Anchor or brace indoor or outdoor fuel tanks.

(11) Anchor all fixed medical equipment, including:

(a) Diagnostic and therapeutic radiographic equipment

(b) Nuclear Medicine

(c) Research

(d) Laboratory

(e) Dialysis (e.g., water purification system)

(f) Pulmonary (e.g., barometric chamber)

(g) Physical therapy

(h) Urology

(12) Ensure electrical and gas distribution systems are maintained in good condition to minimize fire and explosion risks.

(13) Ensure fire suppression systems are maintained in good condition.

(14) Ensure potable, irrigation and chilled water distribution systems are maintained in good condition to minimize flooding.

(15) Ensure adequate drainage capability for rooms at ground level or below which house patient records.

(16) Store flammable materials in closed, rated cabinets with latches to minimize explosion risk and damage.

(17) Store hazardous and radioactive materials securely with proper containment to minimize damage from spills and leaks.

(18) Store breakable items such as glassware in closed cabinets with latches and secure items in display cases with “earthquake putty”.

(19) Place large or heavy objects on lower shelves whenever possible.

(20) Repair deep or structural cracks in ceilings or foundations.

(21) Install earthquake shutoff valves for water, gas, and steam distribution systems.

b. **Preparedness**

(1) Ensure adequate as-built drawings.

(2) Ensure adequate backup fuel storage capacity and supply.

(3) Ensure adequate battery powered emergency fixed lighting systems, particularly for operating rooms, intensive care units, emergency room, procedure rooms, and corridors and stairwells for safe egress.

(4) Ensure adequate, documented, and tested back-up communication systems (e.g., point-to-point handheld radios, satellite phones, and runners).

(5) Ensure ready availability of portable toilets (e.g., vendor contract).

(6) Ensure availability of camp stoves or barbecues to cook outdoors for feeding staff and rescue workers during recovery.

(7) Ensure access to adequate potable water supplies, such as water tanker trucks from Army Corps of Engineers or local military base.

(8) Ensure presence of duplicate sets of keys for all vehicles in the event that keys are missing or inaccessible as a result of the earthquake.

(9) Ensure availability of up-to-date copies of drawings for key isolation shut-off valves for all major gas and water systems.

(10) Ensure all record drawings are current (e.g., architectural, electrical, mechanical, and plumbing)

(11) Ensure availability of sufficient number of portable electric generators.

(12) Ensure availability of adequate number of portable lighting systems.

(13) Ensure availability of adequate fire extinguishers.

(14) Ensure that medical records are stored in an area with adequate drainage or ready availability of submersible pumps.

(15) Ensure dual site storage of research data.

(16) Ensure availability of hazardous and radioactive material inventories, including locations, and Material Safety Data Sheets (MSDSs).

(17) Ensure availability of alternative waste disposal means or temporary storage.

(18) Ensure Emergency Preparedness Plan includes alternate triage sites in case main site is unusable.

(19) Ensure capability to adequately maintain patient records during prolonged utility or VISTA outages.

(20) Prepare response plans for hazardous and radioactive leaks or spills.

(21) Prepare a back-up plan to relocate and secure patient records in the event of imminent flooding.

(22) Prepare patient evacuation plan.

(23) Prepare potable water testing protocols.

(24) Prepare evacuation plans for research animals.

(25) Prepare for inaccessibility of electronic patient records.

(26) Prepare and periodically update a list of multiple alternate suppliers for critical supplies (e.g., diesel fuel, electric generators, portable toilets, portable water, and gasoline).

(27) Identify seismic deficiencies (structural and non-structural); prepare abatement strategies and document in Capital Asset Plan.

(28) Retain licensed Professional Engineering (PE) structural team to be summoned on demand.

(29) Conduct and document earthquake preparedness drills.

(30) Document employee education on personal mitigation and preparation.

4. RESPONSE

Individual Hazard Reduction Strategies and Resource Issues.

a. **During the Quake**

(1) Drop, cover, and hold on.

(2) Take cover under a desk or table; if this is not possible, seek out cover against an interior wall, and protect the head and neck with arms; hallways are safest; laboratory areas, canteen, kitchen and garage areas are most unsafe; avoid large windows, heavy hanging objects and tall furniture.

(3) Hold securely on to the furniture during the shaking, when the shaking stops immediately evacuate the building to nearest designated safe area.

(4) If outdoors, move to a clear area away from trees, buildings, signs, or electrical wires (fallen or intact).

(5) If on a sidewalk, duck into a doorway protecting self from falling objects.

(6) If driving, pull to the side of the road and stop; avoid overpasses, power lines and trees; stay inside vehicle until shaking is over.

(7) If in a wheelchair, stay in it. Lock the wheels and protect head with arms.

(8) If in an auditorium, theatre, or other large gathering place, stay in seat and protect head with arms; and when the shaking is over exit in a calm and orderly manner.

(9) If in parking structure, move near a column.

(10) Wait for the shaking to stop.

b. **Immediately After the Quake**

(1) Evaluate the immediate surroundings and move away from any immediate hazards.

(2) If indoor, find a safe route to exit the building (if conditions permitted). Beware of:

(a) Fallen light fixtures

(b) Flooded areas (electrocution risk)

(c) Broken glass and other sharp objects

(d) Leaking gas (explosion and fire risk)

(e) Hazardous material releases

(3) If outdoors, find a safe area. Beware of:

(a) Fallen electrical lines

(b) Flooded areas

(c) Broken glass

(d) Leaking gas

(e) Hazardous materials releases

(f) Cracks/fissures in the ground

(g) Follow the Emergency Management Plan. Remember to report all identified hazards up the chain of command.

5. RECOVERY FROM THE THREAT/EVENT.

a. **Hazard Control Strategies.** Primary hazard control comprises the following four concurrent activities. Relative priorities of the four activities are difficult to project and will be continually adjusted dependent upon the individual situation.

(1) Save Lives and Prevent Injury. - While it is important to set up the Emergency Operations Center as quickly as possible, it is urgent to address the safety of patients, particularly those who may be immobile or on life support. Clinical staffs are key in this effort. As the Emergency Operations Center is set up and communication lines are established, information must be routed to the Command Post with all possible speed as to the assessment of the injury and safety status of all patients. A determination may have to be made as to whether evacuation is required from any or all damaged buildings at the Medical Center.

(2) Establish Communication Paths. - Effective and timely communication is essential to minimize the loss of life or property immediately following the earthquake.

Back-up plans and Standard Operating Procedures to address severed communication paths must be deployed at once. The earthquake may disable normal routes of communication, including telephones (landline and mobile), two-way radio systems, PBX, and localized intercom systems.

(3) Activate the Evacuation Plan if needed. - Special attention should be paid to begin the massive transportation needs and coordinate the safe transfer of patients. It is important to track and document patient movement and prepare patient records in advance of transport to other health care facilities.

(4) Check and Secure Utility Systems. - Include all components of distribution systems (e.g., supply and return lines, risers, shut-off and isolation valves, manifolds, switchgear, transformers, and sub-stations) for the following lifeline utilities:

(a) Normal and emergency electrical power distribution systems.

(b) Water distribution (potable, chilled and irrigation).

(c) Sanitary sewer and storm drainage systems.

(d) Natural gas supply and distribution system.

(e) Steam generation and distribution systems.

(f) Medical gas (air, oxygen, nitrous oxide) and vacuum systems.

(g) Fire detection and suppression systems.

(h) Voice and data communications (e.g., electronic patient records and images, cellular phones, telephones, and paging systems).

(i) Heating, ventilating and air conditioning systems.

(j) Vertical and horizontal transport systems (e.g., elevators, pneumatic tubes).

(k) Refrigeration systems (e.g., blood bank, nutrition, laboratory, morgue, and research).

(l) Liquid fuel systems (e.g., propane, diesel, gasoline).

b. **Secondary hazard control includes the following activities:**

(1) Assess damage. - The Chief, Facilities Management Service should assign teams to gather information in accordance with the Emergency Management Program. This is critical information that may be required by coordinating agencies, such as state police, health, fire and rescue and Veterans Health Administration hierarchy.

(2) Determine Access Levels for all Areas and Structures. - (Appropriate signage should be placed to control the flow of staff, equipment, and transport vehicles as quickly as possible.):

(a) Green - unrestricted access, building's original seismic integrity has not been compromised.

(b) Yellow – temporarily usable, or usable with caution (e.g., hardhat entry).

(c) Orange – limited entry by authorized personnel only, no occupancy.

(d) Red – restricted no access and no occupancy.

(3) Check and Reset Systems after the Earthquake. - Examples include:

(a) Fire detection and suppression systems (e.g., alarm panels, smoke and fire doors, pumps).

(b) Dampers and traps.

(c) Intrusion and panic alarms.

(d) Central energy management computer system.

(e) Line isolation monitors.

(f) Security access systems.

(g) Information management systems.

(h) Elevator motor control centers.

(i) Medical gas (air, oxygen, nitrous oxide) and vacuum systems.

(4) Check for Fires and Fire Hazards. - Fires ignited as the result of an earthquake cause significant damage and injury. The Safety Manager must take the lead to check the entire site for fires and fire hazards (e.g., gas leaks). Ensure the use of the proper type of extinguisher for any fires that may be encountered. Any findings should be immediately reported to the Chief of Facilities through the Emergency Operations Center for proper area clearance or restriction.

(5) Check for and Contain Asbestos Releases. - The Safety Manager must quickly ascertain whether the release of Asbestos Containing Material (ACM) may have occurred. Use the ACM assessment as a guide to locate potential problem areas. Some areas may have to be limited to controlled access for those with appropriate certification and personal protective equipment. In some cases, quick decisions will be needed to weigh standard safety precautions against serious injury or loss of life.

(6) Find, Contain and Clean up Chemical Hazards and Spills. - The Safety Manager and the Environmental Regulatory Section Chief must take the lead to inspect the entire site for chemical hazards and spills. Use the existing hazardous materials inventory as a guide to locate likely problem areas and MSDS to determine appropriate actions (e.g., contain, evacuate, clean). Any findings should be immediately reported to the Chief, Facilities through the Hospital Command Center for proper area clearance or restriction.

(7) Find, Contain, and Clean up Radioactive Material Releases. - Nuclear Medicine, Radiology and Research Service Chiefs should work closely with the Radiation Safety Officer to check for radioactive spills. Use the existing radioactive materials inventory as a guide to locate and secure problem areas. The Radiation Safety Officer must determine the means and methods for cleanup. Any findings should be immediately reported to the Chief of Facilities through the Hospital Command Center for proper area clearance or restriction.

(8) Address Special Transportation Needs. - There may be an acute need for ambulance or lay-down transport for an unusually large number of patients within a small-time window. Check evacuation paths before beginning to ensure they are clear. It is important for clinical staff to prioritize the transportation sequence of patients. Remember to track patient movement.

(9) Preserve Patient Records. - Ensure someone is assigned responsibility for the preservation and availability of patient records. Be aware of the possibility of damage from fire or flood. Paper medical records are usually stored at ground level or below. These areas may not have adequate drainage to withstand a massive introduction of water, which could damage or destroy the records. The responsible person may need to initiate the immediate removal for safe keeping of all patient records.

(10) Preserve Perishable Foods and Supplies. - The Chief, Nutrition and Food Service must evaluate immediately the condition of perishable food and supplies and coordinate disposition with logistics (e.g., Logistics Service and Facilities Management Service). If refrigeration is lost, consume the most perishable foods first.

(11) Address Matters of Public Interest. - The Public Information Officer must monitor and control all contacts with the media. Every effort must be made to maintain the public trust in a time of crisis. The Public Information Officer anticipates high-level contact from VISN and VACO, and it is entirely possible that coordinated responses to media inquiries may be necessary.

(12) Preserve Research Specimens, Materials and Data. - The ACOS for Research must take action to minimize the immediate loss of research materials and data from fire, flood, or electrical power outages. Be prepared to activate the research animal evacuation plan.

(13) Assess Damage to facilities and utilities.

(14) Prepare for Aftershocks. - All staff should be prepared for the expected aftershocks that follow the major shake. It is important to remain calm and follow the individual hazard reduction strategies.

(15) Beware of Electrical Hazards. - Fallen power lines and light fixtures, exposed electrical wiring and submerged electrical distribution equipment (e.g., transformers, wall outlets, cables) are common following an earthquake. The increased presence of wet areas poses a higher risk of electrical shock or electrocution. Rescuing any person in contact with a live electrical line is extremely dangerous and must only be attempted as a last resort. If necessary, use a dry, non-conductive pole like a wooden broom handles to flip the wire away from the trapped person.

(16) Verify Potable Water Sources. - No one should drink any tap water until a determination is made on whether sewer lines are intact. Contamination could occur, and only bottled or otherwise contained; safe or treated water should be used until that determination is made. Use bottled water in interim and activate pre-arranged testing protocols.

(17) Activate the Medical Center's water conversation plan as necessary.

(18) Replace all Telephone Receivers. - All staff should ensure that telephone handsets are placed back on the cradle so that if telecommunications are intact, they can be quickly used.

c. **Hazard Monitoring Strategies.** Ongoing monitoring and documentation of the status of patients, facilities, staff, and cost is critical. This can be accomplished by creating and updating monitoring spreadsheets.

(1) Monitor patient condition and location. - The Planning Officer and Chief of Staff or designee must maintain a monitoring spreadsheet listing the current status for each patient, including the following information:

(a) Patient name

(b) Identifying number

(c) Condition

(d) Pre-earthquake ward or location

(e) When and how transported (as appropriate)

(f) Current location

(2) Monitor safety of occupied areas. - The Safety Officer or designee must establish a team to conduct periodic (e.g., every four hours) safety rounds of the occupied areas on campus. Information should be transmitted to the Hospital Command Center to update the hazard monitoring spreadsheet.

(3) Monitor status of facilities. - The Chief, Facilities Management Service must set up and maintain a continuous damage assessment monitoring system. This should be documented at the Emergency Operations Center in a spreadsheet. This information is necessary for transmission to VISN, VACO or other places where needed. Any printed matter should be annotated with date and time.

(4) Monitor staff deployment. - The Planning Officer and Human Resources Officer must maintain a monitoring spreadsheet listing the current status for each employee, including the information listed below. At the end of each day, the Human Resources Officer will provide the Fiscal Officer with a record of actual hours worked that day.

(a) Name

(b) T&L unit

(c) Duty status

(d) Current assignment

(e) Current location

(5) Monitor resources and costs. - Based on input from Service Chiefs, the Finance Officer and Chief, Fiscal Service or designee must monitor and document all costs incurred as a result of the earthquake, using a spreadsheet that includes:

(a) Normal and overtime labor costs for all staff.

(b) Fee basis costs for displaced Services or transferred patients.

(c) Rental costs for major medical equipment systems.

(d) Transportation costs.

(e) Interim facility construction costs.

(f) Loss of referral income.

(g) Expenses for supplies, materials, equipment and logistics during recovery and response phase.

(h) Structural engineering and other disciplines (architectural, electrical, mechanical, estimators) consultative costs.

(i) Repairing, re-calibrating or replacing damaged equipment.

d. **Hospital Command Center / Incident Command Post**

(1) If the earthquake is minor and utilities remain functioning, the Hospital Command Center will remain as indicated in this plan, in the third floor Conference Room 5M512. If the earthquake is severe and there is a loss of electricity and other utilities, then the Incident Command Post will be established in the Office of the Chief of Police Service near the entrance of the hospital or any other safe facility identified by the Chief, Facility in accordance with the Continuity of Operations Plan (COOP). The Key Incident Command Staff shall immediately report to the Command Post. After duty hours, the AOD, will serve as Incident Commander, the Nursing Coordinator will serve as Chief, Operations Branch, Graphic Control will serve as Chief, Infrastructure Branch, and Police Service will serve as Security Branch in addition to its security responsibilities. Fiscal Branch will be opened when the first Fiscal employee arrives on station. The Planning Branch Chief will hand out Job Action Sheets to the available staff that arrives to the Command Post. These will remain in place until relieved by the indicated official as stated in the checklist.

(2) A planning section has to be quickly established to begin collecting incident data from all parts of the Medical Center. Each unit should prepare the attached handout (appendix) titled Emergency Situation Report Form as soon as possible. During normal duty hours, each Service should collect this report. A representative from each Service will then send the form to the Planning Branch Chief in the Command Post. After duty hours, each ward or unit that is in operation will either send the report to the Emergency Operations Center/Command Post or call it in by phone if phones are working.

(3) The first concern in an earthquake is the safety of all persons in the building, especially patients. All in-patient units are urged not to begin evacuation of patients out of the building unless informed to do so by the Emergency Operations Center/Command Post. Patients may be moved within units if the staff feels their safety is in danger. In patients should be attended to and comforted as much as possible. Police Service will check all hallways and review exit routes. If there is any doubt as to the Safety of the building, Police Service will recommend that outpatients be moved through the breezeway, out of the facility through Old Ambulance Bay exit (near hospital main entrance). Staff will assist the patients out of the facility at all times.

(4) The Hospital Command Center/Command Post will issue a report on whether patients can re-enter the facility or whether they should depart the facility.

(5) The Hospital Command Center/Command Post will continue to receive status reports on the structure from Logistics Branch and based on that information, and the reports from Police Service regarding exit routes and the availability of exits. If it is considered that the facility is potentially dangerous, the Incident Commander will make the decision to evacuate the hospital. Based on the communications available, the order will be disseminated to the entire hospital. If the phones are working, it will be via the switchboard. If not, radios or messengers will inform all in-patient units of the order.

e. **Evacuation Plans:** There are a number of exit routes from the facility. Unless the Hospital Command Center/Command Post provides different instructions, the following exits will be used to egress the building:

(1) Outpatients: Police Service verifies once the exit routes and evacuation is dictated by the Emergency Operations Center/Command Post, outpatients should be removed from clinics and depart the hospital by use of the Breezeway exit. Police Service should coordinate this movement and obtain staff from the Labor Pool to assist in guiding this traffic. All patients in the OPA can easily exit through all identified exit doors.

(2) Inpatients: South Bed Tower (SBT)

(a) First floor patients (Intensive Care & SCID) will egress the facility through the SBT first floor main corridor to the main entrance leading to the building exterior, or to the main building.

(b) Second to sixth Floor: After classification of patients, those Ambulatory Patients will be escorted through the SBT center stairs first. If additional manpower is required, it should be requested from the Labor Pool who will be located in the Facility Management Offices in the basement. Staff from the Labor Pool will report to the floors as requested. Once each floor is certain that all ambulatory staff are back, the staff will initiate movement of inpatients down the stairwell closest to the original hospital entrance. Evacusleds will be used to move non-ambulatory patients down the east and west stairs only. If Evacusled equipment is not available, the Assist -O- Kinetics techniques will be utilized to move these patients down the stairs. SBT east and west discharge to the outside of the building. Upon reaching the ground floor, litters and wheelchairs obtained from areas on the first floor will move these patients towards Outpatient Clinic (OPA) facility and exit through the emergency exit.

(c) Patients from the Psychiatry In-patient units as well as Intermediate Care will depart the facility by means of the exterior stairwells leading to the ground floor.

(3) Patient Information Area: For an earthquake, the Patient Information area will have to be outside of the hospital building. Potential locations could be Outpatient Clinic (OPA) Terrace, Emergency Room parking area or any area deemed appropriate by the Chief, Social Work Service.

(4) Any additional triage will be performed in the area identified by the Triage officer in the area of the Emergency Room. The triage will be to determine whether those patients need to be transferred to another facility or whether they can be discharged. Health Information Management employees will maintain this information and forward it to the Finance and Planning Branch Chiefs to begin coordinating transfers or disposition.

(a) Once outside of the building, the Nursing Service will continue to treat the patients whose charts should have been brought with the patients in the evacuation.

(b) Logistics Section and Support Branch should assist employees in providing comfort and linen, attention and other assistance until the crisis is over.

f. **Incident Commander.**

Once evacuation has been ordered the Incident commander will provide the following instructions:

(1) Instruct the Planning Branch Chief (HAS Director) to provide you the following:

(a) A plan of action based on the information you have regarding the earthquake.

(b) A plan to account for all costs that are related to this earthquake beginning immediately.

(c) Verify where the Hospital Command Center/Command Post will be set up and what phones are in operation if any.

(d) Request that Human Resources Officer begin to determine what instructions will be provided to staff regarding work through the night and to the next day or days. A message to inform staff what they are expected to do, another message to be sent to appropriate media regarding the status of clinics.

(e) Prepare a report to discuss with the VISN Director the actions taking place. Determine if the press is inquiring or if a press release should be prepared to inform the public of our facilities and how to contact family members that were hospitalized.

(f) Ask where the Public Information Officer will be established to deal with external requests.

(g) A list of Administrative Section Chief employees that will be remaining to man an Emergency Operations Center/Command Post.

(h) Have him/her recommend the time and place of the next planning meeting.

(2) Instruct the Logistics Branch Chief to provide a listing of the availability of the following resources:

(a) Communications equipment

(b) Transportation assets, vehicles, and drivers

(c) Food

(d) Water

(e) Fuel

(f) Request that Police Service provide a report on entrance and access routes.

(g) After the Medical Center is back to normal operations, ask the Logistics Branch Chief to provide a detailed After-Action Report and a Mitigation Plan to address projects or actions that can be implemented to avoid future recurrences of problems found after this earthquake.

(3) Instruct the Operations Section Chief (Associate Director for Patient Care Services) the following:

(a) Provide a list of current patient census and determine how many patients can be discharged

(b) Provide a list of which of his staff will be required to be on hand to continue providing patient care until all patients are discharge.

(c) Provide a plan of ensuring that staffs working in hostile conditions are taken care of.

(d) Provide an action plan for what will be done in the satellite or community-based clinics most affected by the earthquake.

(4) After the earthquake, ask the Finance Chief, (Fiscal Officer Chief) to prepare a recovery plan.

(5) Schedule a follow-up meeting to report on the status of all of these actions in an appropriate amount of time. Remember to try to allow staff to stagger schedules in order to allow each to take care of personal needs, home, etc. prior to returning.

g. **After the first Incident Planning Meeting, you will take the following actions:**

(1) Activate the Chief Logistics, (Chief, Logistics Service), (Chief, Human Resource Management), Planning Chief, (Chief, HAS), Finance Branch Chief (Fiscal Officer), and Communications Officer (Chief, ITOPS). Since it is an earthquake, the Labor Pool is automatically activated. Hand out Job Action Sheets, especially if an official is acting in another capacity. Instruct them to do the following:

(2) Logistics Chief, (Chief, Logistics Service):

(a) Request a full report on the status of the facility after the Earthquake. Inquire as to the potential time it will take to get some of the utilities back.

(b) Request a Communications update to see what equipment is functioning and how wards are communicating with the Hospital Command Center / Command Post and with each other.

(c) Request the status of the food service and how food will be provided to patients removed from the Medical Center.

(d) Request photos of all areas that are severely damaged for review.

(e) Request the number of vehicles and drivers available in case of having to transport patients or staff.

(f) Request that teams be established to clear exit ramps and remove debris from key evacuation areas.

(g) Request that a report be given on what is being done to prepare the Emergency Room parking area for receiving patients. Also, patients may be massed in the Emergency Room Parking area and also may need support.

(h) Verify freshwater levels in water tower tank and underground water storage tank and ensure that inlet water system can be turned off in the event of a contaminated water supply.

(i) Ensure that the emergency power plant is in condition to operate properly for extended periods in the event of power failure.

(j) Provide for availability and appropriate storage of emergency lanterns, fuel, sandbags, etc.

(k) Make arrangements to contract for Ice Making capability for after the earthquake using the station's auxiliary power.

(l) Take any other appropriate precautions considered necessary.

(3) Provide the Labor Pool Officer, (Chief, HRMS) the following instructions:

(a) Prepare a list of alternative actions to recommend to the Director regarding the work status that Medical Center employees will be expected to follow and how this will be communicated to the staff.

(b) Work with Voluntary Service to coordinate support of potential volunteers

(c) Identify Staff that will be available to work various shifts in the services that must continue to support in-patients.

(4) Have the Planning Branch Chief, (Associate Center Director) do the following:

(a) Have him/her begin documenting all earthquake information, damaged areas, patients, and staff wounded, locations particularly hard hit, status of utilities, power, water, communications, anything having to do with the earthquake. Need hospital census, number of patients that need to be transferred and which can be discharged.

(b) Document all resources available to react to the earthquake, such as fuel, water, food, ice, communications equipment, vehicles, drivers, fans, and medical supplies.

(c) Have planning Chief suggest plans to segregate patients outdoors into different service areas for security reasons.

(d) Establish a schedule of manning the Situation Status area and Documentation Status area for continuous coverage after the earthquake. Should work closely with the communications section in manning the communication system.

(e) Begin preparing a plan of action to present to the Incident Commander in the next Planning Meeting.

(f) Be ready to begin calling other facilities that may receive some of our patients.

(g) Obtain transportation resources to move these patients to other facilities.

h. **Recovery Strategies and Resource Issues.** Between 24 and 72 hours after the earthquake, the Medical Center should anticipate a transition from first response to the beginning stages of recovery. During this period, the Medical Center will begin formulating and implementing strategic plans for recovery. This is the first opportunity for leadership to address issues beyond first response. While it is difficult to project every need, the following have been identified as key:

(1) Evaluate damaged equipment. - The first stages of the recovery phase include the recalibration, repair, or replacement of damaged equipment and utilities.

(2) Medical equipment. - Certain fixed and portable medical equipment is extremely sensitive and should be inspected for damage and function before use on a patient. Some require calibration or alignment to exacting standards. (Refer to Medical Equipment Management Program requirements.) Examples include:

(a) Nuclear Medicine (e.g., windows, scanners).

(b) Radiographic and fluoroscopic equipment.

(c) Diagnostic ultrasound equipment.

(d) Laboratory equipment (e.g., blood gas or blood chemistry analyzers).

(e) Research equipment (e.g., electron microscope, gas chromatograph).

(f) Radiation oncology equipment.

(g) Lasers.

(h) Microscopes.

(i) Dialyses machines and re-use systems.

(j) Operating Room and ICU equipment.

(3) Non-medical equipment. - Certain non-medical equipment also should be inspected for damage and function before use. Examples include:

(a) Fume hoods (biohazard and chemical).

(b) Lifts (e.g., fixed patient lift systems, loading dock, auto shop).

(4) Utility equipment. - Certain building service equipment should be checked for damage and function. Examples include:

(a) Valves.

(b) Air handlers.

(c) Compressors.

(d) Pumps.

(e) Condensers.

(f) Transformers.

(g) Automatic transfer switches.

(h) High-capacity circuit breakers.

(5) Seek assistance from experts. - VHA is staffed with a wealth of talented professionals, and the Medical Center should not hesitate to call upon these resources. For example, Engineering and Biomedical Engineering teams from VISN or other Medical Centers can be assembled to assist in the recovery effort of restarting the physical plant and all medical equipment. In addition, these teams can be used to help formulate medium and long-term solutions for displaced or disabled functions.

(6) As Medical Center employees are intimately familiar with the plant and its housed equipment, they can concentrate on immediate and short-term needs, while specialized teams can focus upon medium and perhaps longer-term problematic issues. The same principle could apply for other direct patient care disciplines.

(7) Use and maintain as-built drawings. - The Medical Center should be aware that inaccurate drawings might pose hazards during short and long-term construction recovery. Pay attention during any drilling, digging, or other excavation since undocumented, buried high voltage electrical feeders, major chilled or potable water supply and return lines, natural gas or other major utility lines may result in further damage or injury. All field changes must be continuously documented on as-built drawings.

(8) Keep staff informed. - The Chief of Staff Officer should designate a team member to be responsible for keeping staff apprised of recovery efforts and future disposition of the Medical Center through daily/weekly updates. Failure to do this will unnecessarily increase the stress everyone experiences as a result of the earthquake.

(9) Provide employee counseling. - Psychiatry, Psychology and Social Work Services should arrange for counseling to all staff who are suffering from stress or other symptoms related to the earthquake. The Medical Center acknowledges the importance of maintaining staff health and well-being, particularly during the short- and medium-term recovery phases.

(10) Develop post-quake construction projects. The HICS Infrastructure Branch Chief (Chief, Facilities Management Service) should start preparing a list of potential Post-Earthquake Recovery Construction Projects. Each designated project should be accompanied with parametric cost estimates. A parametric cost estimate is defined as being equivalent to the 35% design stage, with an approximate +35% margin of error as compared to fully developed budget estimates based upon final designs.

(11) Develop Capital Investment Proposals. - The Medical Center must submit Capital Investment Proposals in order to obtain funding for disaster recovery construction projects.

6. EXTERNAL NOTIFICATION PROCEDURES.

a. Within VA. VA Police #111444

b. VISN 8 Director & Emergency Manager email group VISN 8 Issue Brief Notifications

c. VHA Watch Office 202-461-0268/69

d. OSHA - within eight (8) hours if one (1) employee fatality, or three (3) employee hospitalizations from a single incident. 1-800-321-6742

e. Other Federal Agencies. Federal Emergency Management Administration (FEMA), Human Health Services (HHS) as necessary.

f. Other. Local fire, policy, health, and rescue agencies as appropriate.

(1) Municipal utilities for lifeline systems, such as water, electricity, sewage, and storm drain.

(2) Pre-arranged partners for transport of patients, as necessary.

7. AFTER "ALL CLEAR" HAS BEEN RECEIVED

All Chiefs of Services will, within three working hours after "All Clear" has been received, submit a report to the Medical Center Director including the following:

a. Damage caused in their areas of jurisdiction.

b. Man-hours worked overtime by their subordinates.

c. A critique of the functioning of the Earthquake Plan, with recommendations for improvement, if any. Within one week after the critique, the Mitigation Team will discuss any projects or special actions that can be taken in order to prevent damage to areas, or to improve the capability of response in future earthquakes or evacuations.

8. SPECIALIZED STAFF TRAINING

a. All staff must be trained in earthquake preparedness and individual hazard reduction strategies

b. Technical staff (e.g., Engineering, Safety) should be trained in post-earthquake evaluation and recovery strategies.

9. REFERENCES

a. VHA Emergency Management Guidebook.

b. The Joint Commission Environment of Care and Emergency Management Standards.

c. Department of Homeland Security, National Response Plan

d. VHA Directive 7512; Seismic Safety of VA Building.

e. Executive Order (E.O.) 12699, Executive Order for Seismic Safety of New Federal Buildings.

f. E.O. 12941, Executive Order for Seismic Safety of Existing Federal Buildings.

g. Public Law 101-614, National Earthquake Hazard Reduction Program Reauthorization Act.

h. www.oes.ca.gov.

i. www.lafd.org/eqhbtext.htm

j. http://geology.er.usgs.gov/eastern/earthq.html.

k. http://webstore.abag.ca.gov.

l. http://www.eqnet.org.

m. http://www.fema.gov/hazard/earthquake/index.shtm

Most of these sites provide additional earthquake-related links so that targeted research can be performed to address specific concerns.

Addendum

Earthquake Emergency Supply Inventory

Key Activity Management Tool/Structure

Emergency Operation Center (EOC) Checklist

Emergency Situation Report Form

Addendum 1

Earthquake Emergency Supply Inventory

Medical Equipment/Supplies.

- ❑ Portable, battery-powered suction pumps.
- ❑ Portable physiological monitors with spare batteries.
- ❑ Back-up batteries (e.g., ventilators, defibrillators, intra-aortic balloon pumps).
- ❑ Medical air and oxygen tanks (H and E sizes).
- ❑ Stretchers and gurneys.
- ❑ Chair carriers (for carrying patients' downstairs).
- ❑ Waterless antiseptic for hand washing in absence of water.

Disaster Supplies and Materials.

- ❑ Flashlights and batteries.
- ❑ Portable battery-operated radios.
- ❑ Charging bank for battery operated two-way radios.
- ❑ Charging bank for cellular telephones.
- ❑ Potable water.
- ❑ Small and large plastic bags.
- ❑ Tarp (PVC or canvas).
- ❑ Personal protective equipment (PPE); e.g., asbestos, electrical, infection control, HazMat.
- ❑ Sleeping bags, blankets.
- ❑ Cheesecloth (to strain particles from water).
- ❑ Dry food.
- ❑ Spare clothing.
- ❑ Toilet paper.
- ❑ Hand soap.
- ❑ Matches, fire-starting lighters.

Earthquake Emergency Supply Inventory

- ❑ Wooden studs (2 x 4, 2 x 6, 2 x 8, 2 x 10, 2 x 12) to be used for temporary structural seismic bracing.
- ❑ Submersible pumps.
- ❑ PVC piping and fittings of all necessary sizes.
- ❑ Sheet rock, plywood, and lumber supplies.
- ❑ Heavy-duty visquine.
- ❑ Rope, twine, duct tape.
- ❑ Construction hard hats.
- ❑ Medium and high voltage electrical cable (500 MCM, 350 MCM), connectors, crimpers, conduit, and splicing materials.
- ❑ Medium voltage circuit breakers.
- ❑ Tent or other cover for outside Emergency Operations Center.
- ❑ Cash to purchase supplies if Government Credit Cards unusable.
- ❑ Police barricade tape to block restricted areas from access.
- ❑ Prefabricated access designation signs (green, yellow, orange, red).
- ❑ Materials and writing tools for interim signage.
- ❑ Potable water testing kits.

Addendum 2

Alternate Hospital Command Center (HCC) Checklist

LOCATION: OPA Conference Room 1st Floor

KEY: Police Service, Hospital Incident Command System

1. Commander shall activate the Disaster Plan

    a. The hospital Switchboard will be informed by a member of the Incident Command Group within the Hospital Command Center to activate the disaster plan. The HCC contact must also tell the switchboard operator and tell them to activate the Labor Pool. The switchboard will contact all services as listed in Communication Annex.

    b. Day or night emergency telephone cascade will be put into effect by the switchboard operator upon the instruction of the Medical Center Director or whoever is in command based on the Chain of Command, HICS Annex.

2. Turn on the following communications devices:

    a. Police Service will communicate with State Emergency Management Agency radio band.
    b. Television to local channels
    c. Internet on computer if phone lines are available
    d. Medical Center Base Radio

3. See that portable two-way radios are delivered to:

    a. Incident Commander
    b. Incident Management Group
    c. Triage Officer (ACOS Ambulatory Care)
    d. Human Resource Officer (Chief, HRMS)
    e. Casualty Assistance Officer (Chief, Social Work)
    f. Information Center (Public Information Officer)
    g. If possible, to all floors of the Hospital.

4. Receive Nursing Service ward checklist.
5. Receive damage reports from various services.
6. Prepare list of beds available for admission.
7. Receive Emergency Situation Report Form.

Addendum 3

Emergency Situation Report Form

Operator shall use this form to write down information received on emergency situation reports. It is essential to record all pertinent information on this form. When completed, the operator shall notify the Chief, Police Service to pick up form and deliver it to the Medical Center Director (HCC Commander) or to the HCC, if it has already been established.

Date: _____ Name of Person Calling _____

Time_____ Floor and Unit _____

Hospital Official: _____

Time of Emergency: _____

Location: _____

Estimated Number of Casualties: _____

Types of Injuries: _____

Where Are the Casualties initially being sent? _____

_____

Additional Information: _____

_____

ANNEX 1.14

HURRICANE PLAN

1. PURPOSE

a. **Description of the Threat/Event.**

For the purpose of this plan, the official hurricane season in Puerto Rico starts June 1 and ends on November 30 each year. Hurricanes strike more frequently during the months of August and September. During this season, measures must be taken to be ready for the possibility of a hurricane striking this area, for conduct during the hurricane and for resuming all activities immediately after the hurricane.

Hurricanes and tropical storms are cyclones with tropical origins. When the sustained winds of a tropical storm (winds 39 to 73 MPH) reach a constant speed of 74 MPH or more, it is called a hurricane. Hurricane winds blow in a large spiral around a relatively calm center known as the “eye.” The “eye” is generally 20-30 miles wide, and the storm may have a diameter of 400 miles across. A hurricane can bring torrential rains, high winds, and storm surge as it nears land. More dangerous than the high wind of a hurricane is the storm surge – a dome of ocean water that can be 20 feet high and 50 to 100 miles wide.

2. POLICY

a. **Major Objectives**

(1) Prevent injuries to persons and damage of loss of property and indispensable records.

(2) Undertake immediate rescue and evacuation of casualties and entrapped persons.

(3) Reducing the in-patient census, and essential staffing, equipment, and supplies

(4) Provide immediate emergency treatment and medical care.

(5) Furnish casualty and damage information promptly.

(6) Resume normal operations as soon as possible.

b. **Operating Units and Key Personnel with Responsibility to Manage this Threat/Event.**

(1) Medical Center Director’s Office

(2) Facilities Management Services (FMS) (Engineering)

c. **Mitigation/Preparedness Activities for the Threat/Event.**

(1) Hazard Reduction Strategies and Resource Issues.

(a) 96 hours prior landfall VAMC Key Staff will perform a planning meeting to discuss mitigations strategies and inventory of resources of six TJC critical areas (i.e., Fuel, food, staff, supplies hurricane cache, medicine, blood, etc.).

(b) For facilities potentially affected by storm surge, total medical center evacuation is the best hazard reduction strategy.

(c) For facilities not potentially affected by storm surge, attention should be paid to preventing damage due to high winds (e.g., hurricane shutters), reducing the in-patient census, and essential staffing, equipment, and supplies.

(2) Preparedness Strategies and Resource Issues.

(a) Storm location, strength and track should be monitored closely. Incident action plans should address priorities at 72-, 48- and 24-hours prior to landfall for protecting patients, employees, and the VA Medical Center's mission-critical systems.

(b) VA Medical Centers potentially affected by storm surge should be fully evacuated by the 24-hour timeframe.

d. **Response/Recovery from the Event/Threat.**

(1) Hazard Control Strategies

By landfall, the VA Medical Center should concentrate on:

(a) Maintaining contact with local authorities.

(b) Assessing impacts on mission-critical systems.

(2) Hazard Monitoring Strategies:

(a) Hurricane Condition Alerts:

1. Hurricane Warning: Less than 24 hours away - strong possibility.

2. Hurricane Watch: 24-48 hour away - likely possibility.

e. **Alert Spread News:**

(1) When a Hurricane Watch exists, Key Personnel will be alerted by the Area Emergency Manager or by any member of the staff. Key Incident Command Staff will be notified at this time.

(2) During a Hurricane Watch, if projections show the storm headed in the direction of either the USVI or of any part of Puerto Rico, the Director will call an initial planning meeting of the Key Incident Command Staff.

(3) When a Hurricane Warning has been issued, the Incident Action Plan established in the planning meeting held during the hurricane watch will be implemented. Based on the intensity of the storm and the potential for our area or that of any of our outlying facilities, different actions will take place. The Command Post/ Emergency Operations Center will be established, and the staff tasked with carrying out response actions will be placed in their respective locations.

(4) The Area Emergency Management, Emergency Program Manager and Safety Officer will maintain regular contact with the local Emergency Management Agency.

3. RESPONSIBILITIES

Key Personnel with Responsibility to Manage this Threat/Event

a. **Incident Commander, Medical Center Director:**

Will perform the following duties:

(1) June 1-Notify all services that the Hurricane season has begun. Remind all persons to safeguard their offices and homes and that they keep informed of their responsibilities in the Incident Command System.

(2) Upon Hurricane Watch -If during the week, confer with immediate hospital incident command staff, the Liaison Officer (Area Emergency Manager), the Public Information Manager (Public Affairs Officer), the Safety Officer (Safety Engineer) and the Security Officer, (Chief of Police Service), Medical Director (Chief of Staff) and obtain a report on projected paths. If during a weekend or holiday, confer with the Area Emergency Manager by telephone and establish a potential meeting time if the storm continues to head in our direction.

(3) Upon Hurricane Warning -Activate the immediate hospital incident command staff, as stated above, Liaison Officer, Public Information Officer, Safety Officer, and Security Officer, Medical Director and general staff (Logistics, Operations, Finance and Planning Officers) call a meeting of the Hospital Incident Command System Staff, (see Annex L, Key Incident Staff) whether it is a weekend or holiday, or normal working day. Hand out the appropriate Job Action Sheets to each staff member.

(4) As soon as all these worksheets are handed out, he/she should then call a planning meeting of all service chiefs to inform them of the decision to implement the Hurricane plan.

(a) Instruct the Logistics Chief (Chief Logistics Service) to provide the following:

1. A plan of action based on the information you have regarding the storm.

2. A listing of the availability of the following resources:

a. Communications equipment

b. Transportation assets, vehicles, and drivers

c. Food, contacting both Canteen Service and Nutrition and Food Service

d. Water

e. Fuel

f. Window shutters in place, including Isolation Rooms

g. A plan of the people who will be remaining in the hospital before, through and after the storm

h. Prepare to sign out cots for all staff that will be remaining in the facility before, during and after the storm

i. Status of Window shutter placement, including isolation rooms

j. Numbers of vehicles, drivers, and contract ambulances available and how much staff will need to be fed.

k. Inspect for condition and function of all windows, doors, and protective panels devices in the building and in the area.

l. Require that all unanchored items in the area, such as pipes, lumber, equipment tools, etc., be removed or secured.

m. Inspect and verify anchorage and security from high winds and possible flooding conditions such items as cooling towers, antennas, and portable shelters, etc.

n. Take appropriate measures against possible flooding of machine rooms and other subsurface spaces through air intakes and other ground openings.

o. Verify freshwater levels in water tower tank and underground water storage tank and ensure that inlet water system can be turned off in the event of a contaminated water supply.

p. Ensure that the emergency power plant is in condition to operate properly for extended periods in the event of power failure.

q. Provide for availability and appropriate storage of emergency lanterns, fuel, sandbags, etc.

r. Provide for sealing against entry of water to all subsurface doors and other openings.

s. Make arrangements to contract for Ice Making capability for after the storm using the station’s auxiliary power.

t. Take any other appropriate precautions considered necessary.

u. A list Communications Equipment, including Satellite Phones and have a communications check with all the satellite and community clinics.

v. Prepare to give out communications equipment to Branch Chiefs or others requiring radios or phones.

w. A list of staff under Logistics that will be remaining in the facility and where they will be housed and fed. This list needs to be given to the Planning Chief.

(b) Instruct the Planning Chief, (Associate Center Director) to provide:

1. Establish and staff a Command Post Emergency Operations Center in Conference Room 5M512 that will begin to take calls and document information regarding the location and progress of the storm.

2. They will also keep lists of staff that are present, their phones and pagers and any other phone numbers or other means of contacting all necessary staff. Have him/her begin documenting all storm information, location, speed, expected landfall areas, and begin posting this information

3. Establish a schedule of manning the Situation Status area and Patient Tracking area for continuous coverage leading to the storm. Should work closely with the communications section in manning the communication system.

4. Document all resources available to react to the storm, such as fuel, water, food, ice, communications equipment, vehicles, drivers, fans, and medical supplies. Get this information from the Logistics Chief.

5. Have Planning Chief suggested plans to consolidate patients into limited areas in order to maximize the effectiveness of limited staff.

6. Prepare a message to inform staff (Task Labor Pool Leader with that task) what they are expected to do, another message to be sent to appropriate media regarding the status of clinics.

7. Prepare a list of alternative actions to recommend to the Incident Commander regarding the work status that Medical Center employees will be expected to follow and how this will be communicated to the staff.

8. Get a listing from the Services that will require personnel to stay before, during and after the storm

9. Prepare a (Incident, Operational Checklist, Issue Brief, Status (SITREPS) reports to discuss with the Veterans Integrated Service Network (VISN) Director the initial actions plan (IAP) taking place.

10. Decide whether a Labor Pool or Medical Pool will be established and where they will be located.

11. Begin tracking any movement of patients if discharges are being made and if extended care or other special patients are being admitted.

12. Be prepared to establish a Casualty Assistance area that will provide information to families of veterans if the storm is particularly dangerous.

13. Schedule a follow up meeting to obtain reports of progress on that, which has been requested. Should plan the frequency of meetings to take place both until the storm arrives and after passage of the storm.

14. After storm passes, schedule an After-Action Report (AAR) Meeting and a Mitigation meeting to assess potential projects to mitigate effects of disasters in the future.

15. Announce Time and place of the next planning meeting. Begin preparing a plan of action to present to the Incident Commander in the next Planning Meeting.

16. Provide a list of staff under Planning that will need to be housed and fed.

(c) Instruct the Finance Chief (Chief, Fiscal Service) to:

1. Account for all costs that are related to this storm beginning immediately.

2. Make preliminary projections on long-range costs that may occur after the passage of the storm.

3. Confer with Logistics to determine if additional resources are required either for overtime or for the purchase of materials.

4. Provide a list of staff under Finance Branch that will need to be housed and fed.

(d) Instruct the Operations Section Chief (Associate Center Director for Patient Care Services) to do the following:

1. Provide a list of current patient census and determine how many patients can be discharged

2. Determine from ACOS for Geriatrics Extended Care if Home Care Program Patients/Clients will have to be brought into the Medical Center for their Safety.

3. Provide a list of which of his staff will be required to be on hand before, during and after the storm.

4. Provide a plan of housing these staff if they are to remain in the facility during an extended period of time.

5. Provide an action plan for what will be done in the satellite or community-based clinics most in the potential path of the storm.

(e) After the storm has passed, ask the Planning Branch Chief, (Associate Center Director) to prepare the recovery plan.

(f) After the Medical Center is back to normal operations, ask the Planning Branch Chief to provide a detailed After-Action Report and a Mitigation Plan to address projects or actions that can be implemented to avoid future recurrences of problems found after this storm.

(g) Schedule a follow-up meeting to report on the status of all of these actions in an appropriate amount of time based on the proximity of the storm. Remember to try to allow staff to stagger schedules in order to allow each to take care of personal needs, home, etc. prior to returning.

b. **Operations Section Chief, (Associate Director for Patient Care Services)**

After the first Incident Planning Meeting you should take the following actions:

(1) Contact the Inpatient Unit Leader (ACOS for Primary Care) and have the Group leaders convened, (Inpatient Areas Director, Treatment Area Director, Ancillary Services Director, and Human Services Director) Pass out the Job Action Sheets to all.

(2) Ask the Outpatient Unit Leader (ACOS for Primary Care) for a report on the Satellite Clinics and the Community Based Clinics, especially if the storm is threatening one of those areas.

(3) Obtain a report from the Clinical Support Service Unit Leader regarding the ancillary services that will be needed to provide care for the patients that will remain in house. Need to know the number of special care beds available in case the community requires assistance.

(4) Ensure that the Logistics Chief and Planning Chiefs coordinate for the lodging and assistance of staff that will have to remain in the hospital, prior to, during and after the storm.

(5) Ensure that a plan is activated to take care of any dependents of staff that may be housed in the Medical Center (in the unusual case this might happen). Plans may be required to care for children and pets of potentially injured parents.

(6) Establish a plan to have appropriate staff comfort and provide assurance to persons working under stressful conditions and to patients who may have lost loved ones or have suffered severe economic losses.

(7) Have the Medical Care Branch Director coordinate all this information and provide it to you on time for presenting in the next planning meeting.

(8) Get a good report on hospital census and where patients may be discharged and where remaining in-patients may be consolidated for maximizing existing staff.

(9) Determine what staff will have to be in the medical center before, during and after the hurricane.

(10) Establish a time for a follow-up meeting to obtain status reports on all the actions you have requested. Establish an approximate time for meeting after the storm to begin recovery efforts and set up times to discuss after actions and potential mitigation projects to avoid storm effects in the future.

(11) Contact the ACOS for Extended Care to see if any of their patients will require to be hospitalized for their safe keeping.

5. PROCEDURE

a. **Recovery Strategies and Resource Issues.**

(1) After "All Clear" Has Been Received:

(a) All Chiefs of Services will, within three working hours after "All Clear" has been received, submit a report to the Hospital Command Center/Command Post, Incident Commander (Medical Center Director) through the Operations Section Chief on the following:

1. Damage caused in their areas of jurisdiction.

2. Man-hours worked overtime by their subordinates.

3. A critique of the functioning of the Hurricane Plan, with recommendations for improvement, if any.

4. Within one week after the critique, the Mitigation Team will discuss any projects or special actions that can be taken in order to prevent damage to areas, or to improve the capability of response in future hurricanes. Post-storm priorities include checking the welfare of patients, employees and the assessment and repair of mission-critical systems.

6. EXTERNAL NOTIFICATION PROCEDURES

a. Within VA. VA Police #111444

b. VISN 8 Director & Emergency Manager email group VISN 8 Issue Brief Notifications

c. VHA Watch Office 202-461-0268/69

d. OSHA - within eight (8) hours if one (1) employee fatality, or three (3) employee hospitalizations from a single incident. 1-800-321-6742

e. Other Federal Agencies. Federal Emergency Management Administration (FEMA), Human Health Services (HHS) as necessary.

f. Other. Local fire, policy, health, and rescue agencies as appropriate.

g. Municipal utilities for lifeline systems, such as water, electricity, sewage, and storm drain.

h. Pre-arranged partners for transport of patients, as necessary.

7. REFERENCES AND FURTHER ASSISTANCE

a. VHA Emergency Management Guidebook.
http://vaww.ceosh.med.va.gov/01hp/pages/guidebooks.shtml

b. Department of Homeland Security, National Response Framework
http://www.fema.gov/national-response-framework

c. NOAA National Hurricane Center: http://www.nhc.noaa.gov/

d. FEMA Hurricane Web Site: http://www.fema.gov/hazard/hurricane/index.shtm

ANNEX 1.15
CONTINUITY OF OPERATIONS (COOP)
READINESS PLAN & BUSINESS RELOCATION

CONTINUITY OF OPERATIONS PLAN (COOP)

1. Executive Summary

Federal Continuity Directive (FCD 1), published by the Federal Emergency Management Agency (FEMA), requires all federal field facilities, including VA Medical Centers, to have Continuity of Operations Plans (COOP). Community Based Outpatient Clinics (CBOCs) do not require a COOP Plan. The VA Caribbean Healthcare System is required to have the capability to maintain continuous operations in accordance with Executive Orders 12656 or 12472. Each organizational element therefore must be prepared to continue to function during an emergency or threat of an emergency, and to resume critical operations efficiently and effectively if they are interrupted. Planning for meeting the demands of a wide spectrum of emergency scenarios is necessary and is accomplished by developing continuity of operations plans.

The VA Caribbean Healthcare System is an integrated VA healthcare system comprised of one VA medical center (VAMC), one healthcare center and seven community-based outpatient clinics (CBOCs). The VA Caribbean Healthcare System consists of the main medical center located in San Juan, Puerto Rico, with satellite clinics located in Ponce, southern part of the Island, and Mayagüez, the western coast. There are Community Based Outpatient Clinics (CBOCs) in St. Thomas and in St. Croix (U.S. Virgin Islands), Arecibo and Utuado (northwest Puerto Rico), and Guayama (southeast Puerto Rico), Ceiba (northeast), Comerio (north), and the island of Vieques (east coast). The medical center includes multi-disciplinary ambulatory facilities, 348 authorized hospital beds, 12 blind rehabilitation beds and 120 nursing home beds. The Center services a population of approximately 150,883 veterans in Puerto Rico and in the U.S., Virgin Islands according to 2000 U.S. Census figures.

a. **Mission**

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

b. **Vision**

To be a patient-centered integrated health care organization for Veterans providing excellent health care, research, and education; an organization where people choose to work; an active community partner; and a back-up for National emergencies.

This plan ensures that the capability exists to continue essential agency functions across a wide range of hazards. The VACHS COOP objectives include the following:

(1) Ensuring continued performance of essential functions

(2) Reducing loss of life and minimizing damage

(3) Ensuring succession to office of key leaders

(4) Reducing or mitigating disruptions to operations

(5) Protecting essential assets

(6) Achieving a timely recovery and reconstitution

(7) Maintaining a test, training, and exercise program for program validation

There are several critical planning considerations for the VACHS COOP Plan. At a minimum this plan must be capable of implementation at any time, with or without warning, during duty and non-duty hours. This plan must provide full operational capability for essential functions within 12 hours of activation and be capable of sustaining operations for up to 30 days. VACHS will develop operating procedures and acquire resources necessary to sustain operations for up to 30 days. This plan includes regularly scheduled tests, training, and exercises. VACHS will train members of their emergency staff and practice COOP procedures to ensure their skills stay current.

Equipment and communications will be tested periodically to ensure they are operable. There are eight key elements of this plan. They are as follows:

(1) Essential Functions

(2) Delegations of authority

(3) Alternate Facilities

(4) Interoperable communications

(5) Vital Records and databases

(6) Human capital management

(7) Training, tests, and exercises

(8) Reconstitution

2. Introduction

Governments at all levels have a fundamental responsibility to provide uninterrupted essential service to the public, regardless of circumstances. COOP planning includes the activity of individual departments and agencies and their sub compartments to ensure that their essential functions are performed. COOP planning must incorporate a

wide range of emergencies and events, whether natural, man-made, or technological in nature.

3. Purpose

The purpose of this document is to provide guidance to VACHS staff on the development of consistent and practical procedures for Continuity of Operations (COOP). COOP planning is an effort to protect patients, visitors and employees and assure that the capability exists to continue essential VHA field functions across a wide range of potential emergencies.

4. Applicability and Scope

This Plan applies to all VACHS employees; it complies with Federal Preparedness Circular (FPC) 65 and Joint Commission (JC) requirements, as well as VHA policies and federal regulations; and implements the VACHS strategy for responding to all emergency events. It is designed to ensure that essential functions are adequately continued to protect the well-being of patients, employees and all occupants within the VACHS, protect the physical infrastructure and allow for business continuity to the fullest extent possible.

a. This plan must be capable of implementation at any time, with or without warning, during duty and non-duty hours. This plan will provide full operational capability for essential functions within 12 hours of activation and be capable of sustaining operations for up to 30 days. VACHS will develop operating procedures and acquire resources necessary to sustain operations for up to 30 days. This plan includes regularly scheduled tests, training, and exercises. All mission essential personnel will be trained to perform their emergency support functions to ensure their skills stay current. Equipment and communications will be tested periodically to ensure they are operable.

This plan may have cause to be activated due to a wide range of events whether natural, man-made, or technological that includes but is not limited to:

(1) Internal: Major fires, explosions, building or structural collapse, construction accidents, bomb threats, terrorist activity, hazardous material release, power/utility failure, severe weather, or flood.

(2) External: Hurricane, flash flood, industrial accident or structural collapse, civil disturbance, widespread fire, or major explosion.

In the event of an emergency or disaster, the VACHS will implement the Emergency Operations Plan (EOP) to make certain that necessary services are provided to ensure a safe environment for all patients, employees, and visitors. As required, the VACHS will work closely with the community to ensure effective interaction during response and recovery. The VACHS EOP and all Standard Operating Procedures (SOP) developed as a result of the Hazard Vulnerability Analysis (HVA) define the mitigation, preparedness, response, and recovery efforts necessary to minimize the potential adverse impact from all threats and events.

b. When activated, this Plan will provide for continued performance of essential VACHS office functions under all circumstances. It also:

(1) Defines a decision process for determining appropriate actions in implementing COOP plans and procedures.

(2) Establishes a roster of fully equipped and trained personnel with the authority to perform essential functions and activities.

(3) Provides a system for employee advisories, alerts and COOP activations plans with instructions for response with and without warning, during regular duty and non-duty hours.

(4) Provides for personnel accountability throughout the duration of the emergency.

(5) Establishes reliable policies, processes, and procedures to acquire resources necessary to continue essential functions and sustain operations.

5. Essential Functions.

Essential Functions, as determined by the VACHS Emergency Management Committee are:

Priority	Essential Function
1	Provide for safety and security of staff, patients, and visitors.
2	Maintain the integrity of the facility physical plant.
3	Provide support and guidance to VACHS facilities, including technical support and information to assist in planning and restoration.
4	Establish and maintain communications with all the clinics, VISN 8, Incident Command Center(s) and other emergency response departments and agencies, as appropriate.
5	Continuation/restoration under COOP Plan of outpatient services.
6	Support requests for assistance from state and local partners
7	Maintain documentation necessary for reconstitution

6. Authorities and References

a. The National Security Act of 1947, dated July 26, 1947, as amended.

b. Executive Order 12148, Federal Emergency Management, dated July 20, 1979, as amended.

c. Executive Order 12472, Assignment of National Security and Emergency Preparedness Telecommunications Functions dated April 3, 1984.

d. Executive Order 12656, Assignment of Emergency Preparedness Responsibilities, dated November 18, 1988, as amended.

e. Federal Preparedness Circular 60, Continuity of the Executive Branch of the Federal Government at the Headquarters Level during National Security Emergencies, dated November 20, 1990.

f. VHA Directive 0320, Emergency Medical Preparedness, May 1, 1997.

g. Presidential Decision Directive 62, Protection Against Unconventional Threats to the Homeland and Americans Overseas, dated May 22, 1998.

h. Presidential Decision Directive 63, Critical Infrastructure Protection, dated May 22, 1998.

i. Homeland Security Presidential Directive 3, Homeland Security Advisory System, dated June 11, 2002.

j. Homeland Security Presidential Directive 5, Management of Domestic Incidents, dated February 28, 2003.

k. Homeland Security Presidential Directive 7, Critical Infrastructure Identification, Prioritization, and Protection dated December 17, 2003.

l. Homeland Security Presidential Directive 8, National Preparedness, dated December 17, 2003.

m. 41 CFR 101-2, Occupant Emergency Program, revised July 1, 1998.

n. 36 CFR 1236, Management of Vital Records, revised as of July 1, 1998.

o. Presidential Decision Directive 67, Enduring Constitutional Government and Continuity of Government Operations dated October 21, 1998.

p. Federal Preparedness Circular 65 dated June 15, 2004.

q. VA Directive 0320, Emergency Medical Preparedness, dated October 18, 1999.

r. VA Handbook 0320, Emergency Preparedness Planning Procedures and Operational Requirements dated October 18, 1999.

s. Executive Order 13247, Providing an Order of Succession Within the Department of Veterans Affairs, dated December 18, 2001.

7. Concept of Operations.

The Incident Command System (ICS) will be used to plan, organize, staff, direct and control emergency situations including any COOP event. As described in the VACHS Emergency Operations Plan the Incident Commander (IC) will determine, based on

available information, what type and magnitude of response is required. Should the IC determine that services may no longer be provided from existing facilities this COOP plan will be implemented to ensure minimal disruption of care to patients and disruption to staff.

The activation of the COOP plan involves the relocation and re-establishment of the San Juan VA Medical Center staff and presumption of management functions in an alternate location. This envisions an event of severe consequence that renders the physical plant of the San Juan VA Medical Center, unusable for an extended duration. Only those personnel considered mission critical will relocate and re-establish management. These personnel are expected to be capable of relocating within 8 hours and continuing to operate in this alternate location for an extended duration without break. A reasonable expectation of minimum duration without relief is 10 – 15 days but may be longer depending upon circumstances.

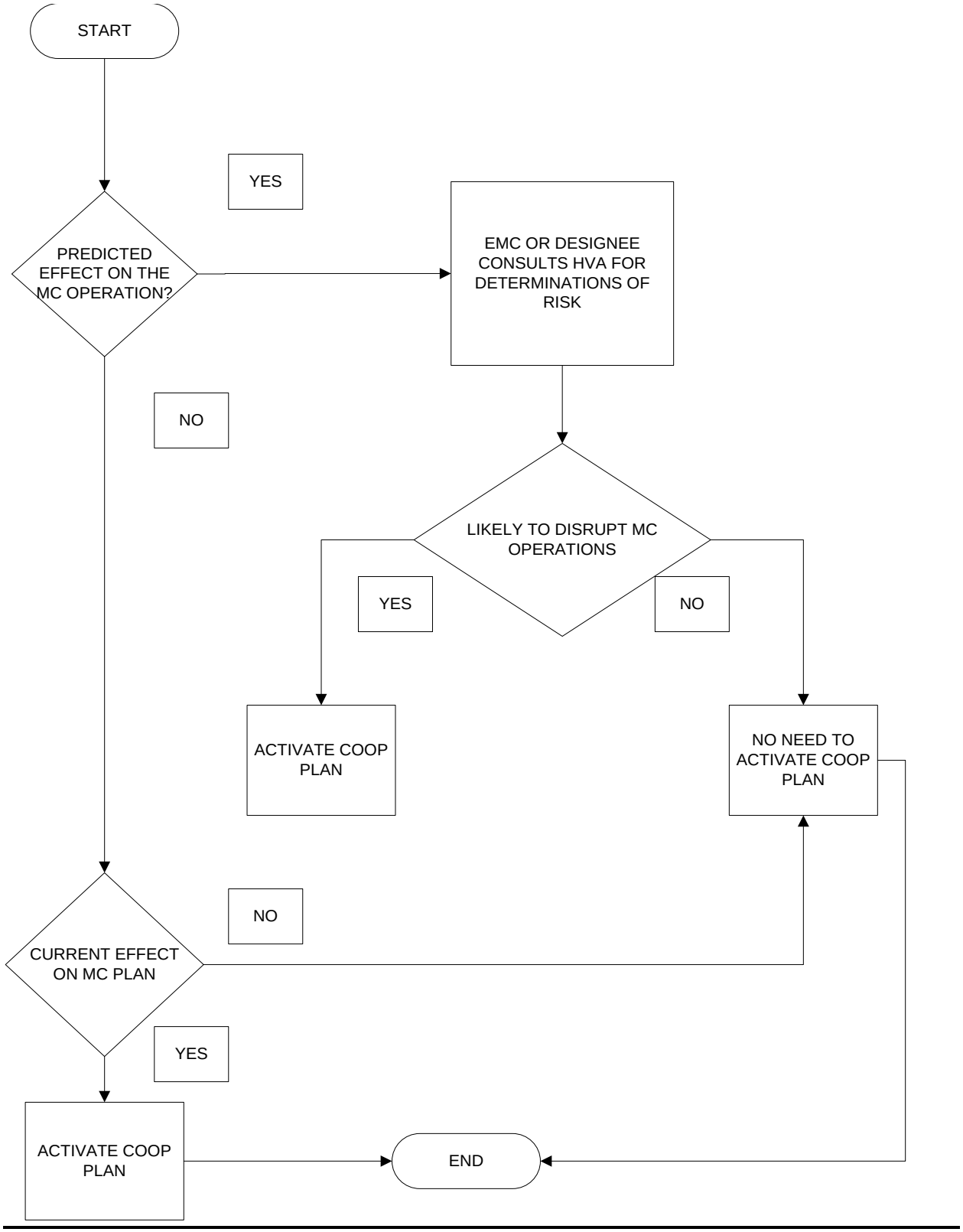
a. **Activation and Relocation**

In the event of activation, the relocated personnel will operate an Emergency Operations Center (EOC) as described in the VACHS Emergency Operations Plan. The focus of this EOC will be on Business Continuity and ensuring patient well-being but will also encompass physical plant assessment and repair and employee health and well-being. Those employees not relocated initially may be called upon later for activation if needed. The option to work-from-home (telework) will be considered and will be at the discretion of senior management and the employee's immediate supervisor.

b. **Situation:** San Juan VAMC operations impacted requiring EOC activation at VA Euripides Rubio Outpatient Clinic, Ponce: It is anticipated that the alternate location for the EOC in the event of a San Juan VAMC Leadership closure or suspension of services for the first 48-72 hours will be the VA Euripides Rubio Outpatient Clinic, Ponce. The Ponce CBOC is providing for access to the San Juan VAMC and patient population database, is a San Juan VAHCS owned government facility, is designed and constructed to withstand a category 5 hurricane, has security systems in place, has adequate space and parking to accommodate assigned personnel, and has community resources available to provide adequate support to relocated personnel.

Room number:	Telephone numbers:	Fax number:	Seating:
Conference Room	787-812-3030	787-651-4321	20-35
PC capable			
Ponce CBOC Command Post			

c. **VACHS Decision Process**


START
YES
PREDICTED EFFECT ON THE MC OPERATION?
EMC OR DESIGNEE CONSULTS HVA FOR DETERMINATIONS OF RISK
NO
LIKELY TO DISRUPT MC OPERATIONS
YES
NO
ACTIVATE COOP PLAN
NO NEED TO ACTIVATE COOP PLAN
NO
CURRENT EFFECT ON MC PLAN
YES
ACTIVATE COOP PLAN
END

d. **Mission critical personnel.** A roster of critical staff organized by Incident Management functions, may include but is not necessarily limited to the following positions.

Command Section

On-Site Incident Manager (designated by IC and remains at the San Juan Facility to assess damages and initiate recovery operations)

NOTE: *Limited staff may be required to ensure actions are completed safely*

Incident Commander (Director/Designee)

Associate Director (s)/Designee

Assistant Director

Public Information Officer

VA Police

Safety Officer

Liaison Officer

NOTE: *Limited support staff as may be required*

Operations Section Chief

Medical Care Branch Director

Infrastructure Branch Director

Business Continuity Branch Director

Patient Family Assistance Branch Director

Planning Section Chief

Situation Unit Leader

Documentation Unit Leader

Resources Unit Leader

Demobilization Unit Leader

Logistics Section Chief

Communications Unit Leader

IT/IS Unit Leader

Employee Health & Well-being Unit Leader

Supply Unit Leader

Finance and Administration Section Chief

Time Unit Leader

Procurement Unit Leader

Cost Unit Leader

Compensation Unit Leader

e. **Key functions and considerations:**

(1) Ensure all patients have access to on-going healthcare.

(2) Manage staff/family support (Annex S)

(3) Initiate hazard reduction strategies.

(4) Complete Incident Action Plans (IAP)

(5) Assess IAP response actions (goals and objectives) and re-adjust as needed.

(6) Initiate recovery actions when warranted.

(7) Complete Situation Reports (SITREPS) and forward to VISN 8.

(8) Conduct critique of response actions and make changes as necessary.

f. **Leadership.**

(1) Order of Succession. The order of succession procedures for VACHS is as follows: The Director will assume full responsibility for operation of VACHS. Upon the absence of the Director, successors are identified in the order in which they will assume command when the previous person on the list of successors is unavailable during an emergency. Each successor will be relieved of their temporary responsibilities when either the emergency ends, or the next higher successor is available to assume command. The VACHS Emergency Manager or the Area Emergency Manager is responsible to train potential successors for these emergency duties and to maintain documentation of training. The successors are listed in the Addendum 3.

(2) Delegation of Authority.

(a) Identifies the programs and administrative authorities needed for effective response and recovery operations during COOP operations.

(b) Documents the necessary authorities at all points where response and recovery actions are required.

(c) Ensures that officials who may be expected to assume authorities in during COOP operations are trained to carry out their duties.

In addition to the authorities not already delegated to the members of the Incident Management Team by virtue of their regular positions within the VACHS, all of the authorities of the Director are hereby delegated as identified in the table above. This is to ensure a smooth and effective transition of authority in the event of an emergency.

The authorities delegated by this "Plan" are to be exercised only in the case of emergencies and only in cases where the Director is unavailable or unable to perform his/her duties. These authorities may be exercised by members of the Incident Management Team named above, as they are available and able and in the order in which they are listed, until such time as the Director is available to exercise such authorities.

g. **Alternate Facility Operations**

This section will address how the personnel will operate in the alternate facility. All Incident Management Team (IMT) personnel may be directed by the facility Director or designee or Administrative Officer of the Day (AOD) to report to VA Euripides Rubio Outpatient Clinic-Ponce, Emergency Operations Center (EOC). All Non-IMT personnel may be directed to remain at their primary domestic residence, on an ON-CALL Basis. Service Chiefs/Supervisors will utilize the Emergency Cascade Call Back rosters, to account for the whereabouts of all supervised staff and report this information to the IMT. Additionally, the alternate Incident Command Post (ICP) location has been detailed in page 426 paragraph aiii.

h. **Mission Critical Systems**

The section will address the organization's mission critical systems necessary to perform essential functions and activities. Organizations must define these systems and address the method of transferring/replicating them at an alternate site.

System Name	Ponce Clinic HCC Location
Internet Connectivity	Conference Room
Telephone Connectivity	Conference Room
Radio Communication	Conference Room

i. **Vital Files, Records and Databases.** This section addresses the VACHS organization's vital files, records, and databases, to include classified or sensitive data,

which are necessary to perform essential functions and activities and to reconstitute normal operations after the emergency ceases. Organizational elements should pre-position and update on a regular basis those duplicate records, databases, or back-up electronic media necessary for operations. Each Service Chief/Program Manager maintains their vital records and provides for their security. Commonly shared information is maintained by the Chief Information Officer, with appropriate checks and security. Access to these records is essential and must be maintained at all times. A secure share point has been created to provide storage of vital records, critical documents, and other resource information.

There are three categories of records to be reviewed and prioritized, then transferred (either hard copy or electronic media) to an alternate location (secure share point):

(1) Emergency operations records.

(2) Legal/financial records; and,

(3) Records used to perform national security preparedness functions and activities.

The following table shows the vital files, records, and databases for the VACHS:

Vital File, Record, or Database	Form of Record (e.g., hardcopy, electronic)	Pre-positioned at Alternate Facility	Hand Carried to Alternate Facility	Backed up at Third Location
GIP Database (Inventory) & Blueprints	Electronic	X		X
List of emergency supply vendors	Hardcopy	X		
Emergency Cascade Call list of all Services	Hardcopy	X		
Contracts Active	Hardcopy		X	
COOP Plan	Electronic	X		
COOP Plan	Hardcopy	X		
VACHS CEMP	Electronic	X		
VACHS CEMP	Hardcopy	X		
CPRS Snapshot taken three times daily	Electronic	X		

j. **Reconstitution (Termination and Return to Normal Operations)**

(1) Inform all personnel, including non-emergency personnel, that the threat of or actual emergency no longer exists, and provide instructions for resumption of normal operations.

(2) Supervise an orderly return to the normal operating facility, or movement to other temporary or permanent facility (ies) using a phased approach if conditions necessitate.

(3) Report status of relocation to the VISN 8 Network Office and other agency points of contact (POC), if applicable; and,

(4) Conduct an after-action review of COOP operations and effectiveness of plans and procedures as soon as possible, identify areas for correction, and develop a remedial action plan.

9. COOP Planning Responsibilities. Listed below are the key personnel and their responsibilities in the VACHS COOP Plan:

a. **Medical Center Director** or designee is responsible for carrying out the duties of the Management Official. He/she is responsible for all VACHS response/recovery actions and for coordination with the VISN 8 Network Office and external public officials.

b. **Medical Center Associate Director** is responsible for carrying out the duties of Incident Commander (IC) for incidents that do not include significant medical/health issues. He/she also oversees all EOC operations and Business Continuity functions.

c. **Chief of Staff and/or the Associate Director for Patient Care Services** are responsible for carrying out the duties of the Operations Chief for incidents involving significant medical/health issues. He/she is responsible for ensuring proper medical, health, and treatment care services are provided.

d. **Emergency Manager** is responsible for carrying out the duties of Liaison Officer. He/she ensures that the EOP is current, assists the IC with internal (Key Operations Managers) and external (community or agency) coordination.

e. **Safety Manager** is responsible for carrying out the duties of the incident Safety Officer. He/she monitors and initiates actions to ensure safe actions are taken during the emergency event.

f. **Public Affairs Officer** will act as the point of contact for the media that may request information concerning the incident and its impact upon patients, staff, and facility.

g. **Chief, Logistics** are responsible for carrying out the duties of the Logistics Chief. He/she coordinates the logistical function as it relates to providing facilities, transportation, supplies, equipment, services, etc.

h. **Chief Fiscal** is responsible for carrying out the duties of the Finance Chief. He/she coordinates funding and tracking expenses that relate to VISN HQ response to the emergency event.

i. **Service Chiefs** responsible for identifying essential functions for their services. They are also responsible for identifying employees who would relocate to alternate

care sites and/or work from home. They must secure vital equipment, records and other key assets as required to carry out the essential functions. They also must ensure that all employees are trained on their responsibilities in the COOP plans.

j. **All VACHS Staff:**

(a) Maintain normal operating procedures to the best of their ability.

(b) Notify Security or facility operator of any disturbance or emergency (i.e., fire, bomb threat, external community disaster, etc.) that may affect the medical center Director's office.

(c) Immediately check for injuries among staff and offer assistance, as practical. Seriously injured persons should not be moved unless they are in danger of further injury.

(d) In the event of fatalities, area staff should cover the bodies and report to their immediate supervisor, section supervisor or service chief as soon as possible.

(e) Secure/protect records and other official files.

(f) Ensure forwarded communications.

(g) Shall:

1. Be trained on the overall VACHS CEMP and procedures for their assigned area.

2. Be provided the portion of the VACHS COOP commensurate with their responsibilities.

3. Be familiar with basic fire and other emergency responses. Where possible, staff should act to protect the life and safety of visitors and fellow employees.

4. Participate in VACHS training and exercises. These exercises are intended to practice emergency response activities and improve readiness.

5. Make suggestions during the planning phase to VACHS Emergency Manager on how to improve the planning response activities.

6. Participate in emergency response activities as directed by VACHS leadership.

7. Participate in orientation and education, as required.

Responsibility	Position
Review and update, if necessary, COOP plan annually	Emergency Manager / Emergency Management Committee
Update Service's Cascade Callback rosters biannually	All Service Chiefs

Review status of vital files, records, and databases	All Chiefs, Managers and Supervisors
Conduct alert and notification tests	Emergency Manager or designee
Participate in the development of COOP training	Emergency Management Committee
Participate in COOP exercises	Incident Management Team

10. Logistics

a. **Alternate Location** – The VA Euripides Rubio Outpatient Clinic-Ponce HCC is an outpatient healthcare clinic, providing outpatient services 5 days a week with extended hours; as such, services will not relocate to the alternate facility during an emergency. Ponce CBOC HCC Incident Management Team and will furnish the following functional access:

(1) At least three telephones

(2) Access to a fax

(3) Access to at least three (3) computers

(4) Access to a white board

(5) Access to cable television

(6) Emergency Power

(7) Copy of the VACHS CEMP/ Emergency Operations Plan

(8) Copies of Job Action Sheets (JAS)

(9) HICS Vests

(10) Sufficient space and equipment

(11) Interoperable communications

NOTE: *San Juan VAMC Incident Management Team (IMT) will bring their government issued cell phones or black berries. IMT members having government laptops will bring those assets to the relocation site.*

b. **Interoperable Communications.** VACHS maintains communications within the network by cell phones, and blackberries. Interoperable communications are available through e-mail, GETS cards, VSATs, MSAT radio/telephones and satellite telephones.

Interoperable communications will provide:

(1) Capability of communicating with essential functions

(2) Ability to communicate with essential personnel

(3) Ability to communicate with other agencies, organizations, and customers

(4) Access to data and systems

(5) Ability to support COOP operational requirements

NOTE: *The following VACHS communications asset locations are:*

- Two (2) portable VSATs at San Juan VAMC

- One (1) portable VSAT at Ponce CBOC HCC

- Two (2) portable MSAT radio/telephones at San Juan VAMC

- One (1) fixed MSAT radio/telephone in the Ponce CBOC HCC EOC.

- Two (2) handheld Iridium satellite telephones at San Juan VAMC

- One (1) handheld Iridium satellite telephone at Ponce CBOC HCC

- Seven (7) handheld Iridium satellite telephones at; one at each of the CBOCs

11. Test, Training and Exercises (TT&E)

a. Notification Tests will be managed using the Emergency Alerting and Accountability System (EAAS) Automated Emergency Management platform.

b. Training on this plan will be conducted by the VACHS Emergency Manager. As the plan evolves the training will be updated and fielded to all VACHS Staff.

c. Exercises will be conducted in the alternate facility at least once every two years.

COOP Test, Training & Exercises should provide:

(1) Individual and team training of VACHS personnel.

(2) Internal testing and exercising of COOP plans and procedures.

(3) Testing of alert and notification procedures.

(4) Refresher orientation for COOP personnel.

(5) Joint interagency of COOP plans, if appropriate.

NOTE: *Records and critiques of the exercises are maintained by the VACHS Emergency Manager.*

12. COOP Plan Maintenance

This VACHS COOP Plan will be evaluated at least annually and updated as needed by the VACHS Emergency Management Committee. There shall be training opportunities provided to all staff regarding emergency management, including elements of the plan.

Review Date. Annually.

Annex A: Operational Readiness Checklist

This checklist includes activities you can complete to ensure your operational readiness. This checklist should be completed as soon as possible and prior to an actual activation of the COOP Plan. Use the blank lines at the end of the checklist to add other operational readiness actions you will need to complete.

Completed	Not Required/ Applicable	Activity
		Identify vital files, records, and databases needed for COOP operations and verify their accessibility at the alternate facility (e.g., pre-position them at the facility, place them in a drive-away kit) or on the secure share point.
		Prepare a drive-away kit (if applicable)
		Visit assigned workspace at the alternate facility
		Identify additional software requirements and forward them to ITOPS
		Identify additional hardware requirements and forward them to ITOPS or Engineering
		Identify office furniture and equipment requirements and forward them to Interior Design
		Determine the essential functions you will perform
		Read COOP-related plans, policies, and procedures

Annex B: Location and facility information

Originating facility:

VA Caribbean Healthcare System
San Juan VA Medical Center
10 Casia Street
San Juan, PR 00921-3201

Phone: 787-641-7582 Or 787-641-7582
Fax: 787-641-4557

Hours of Operation
24 hours a day 7 days a week.

Alternate facility (COOP site):

VA Eurípides Rubio Clinic-Ponce OPC- Outpatient Clinic
Paseo Del Veterano #1010
Ponce, PR 00716-2001
Phone: 787-812-3030 Fax 787-651-4321
Toll Free 1-800-563-5086

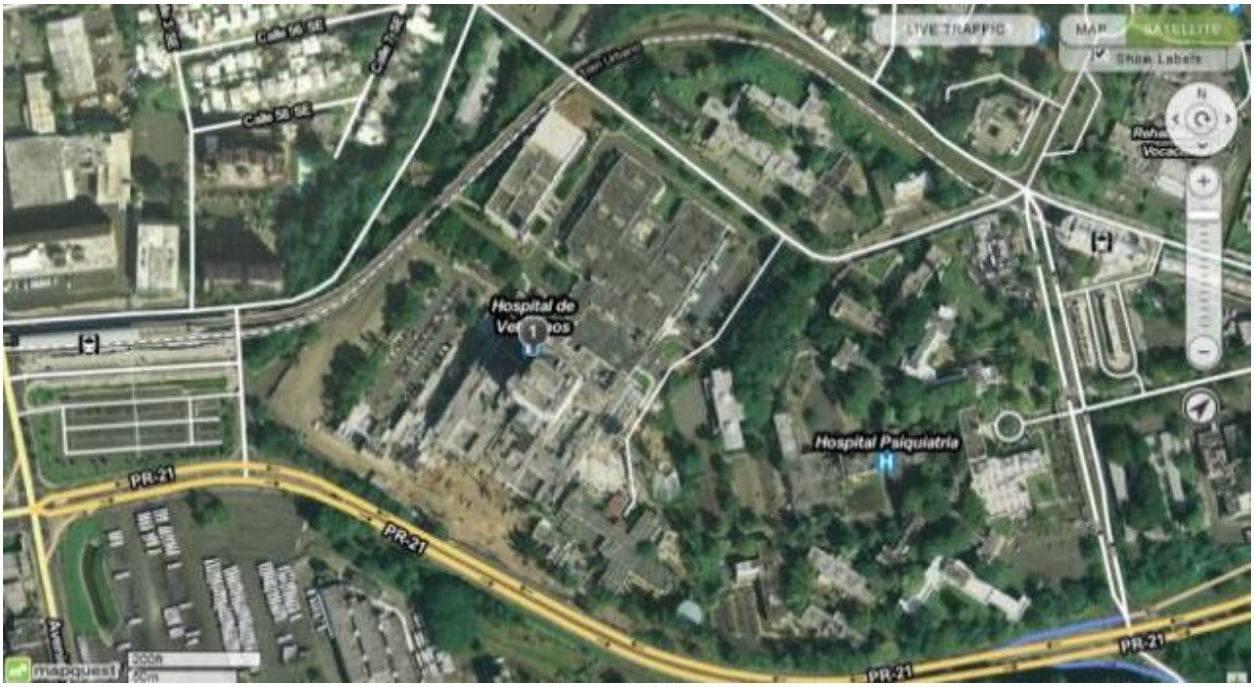
Internet: http://www.caribbean.va.gov/locations/VA_Eur_pides_Rubio_Clinic_Ponce.asp

Hours of Operation

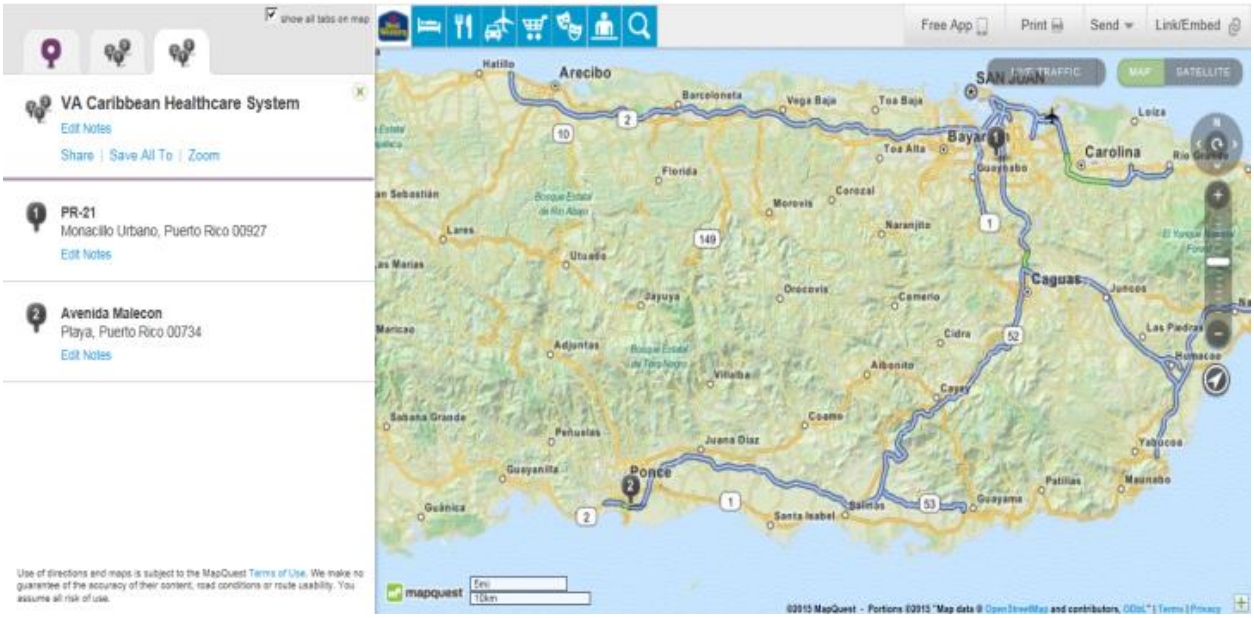
8:00 a.m. – 4:30 p.m.
Monday – Friday
This location offers extended hours by appointment only

Annex C: Maps and Routes

San Juan VAMC operations area of impact requiring Command Post to be relocated to Ponce CBOC or Mayaguez CBOC



Route to the VA Eurípides Rubio Clinic-Ponce OPC- Outpatient Clinic



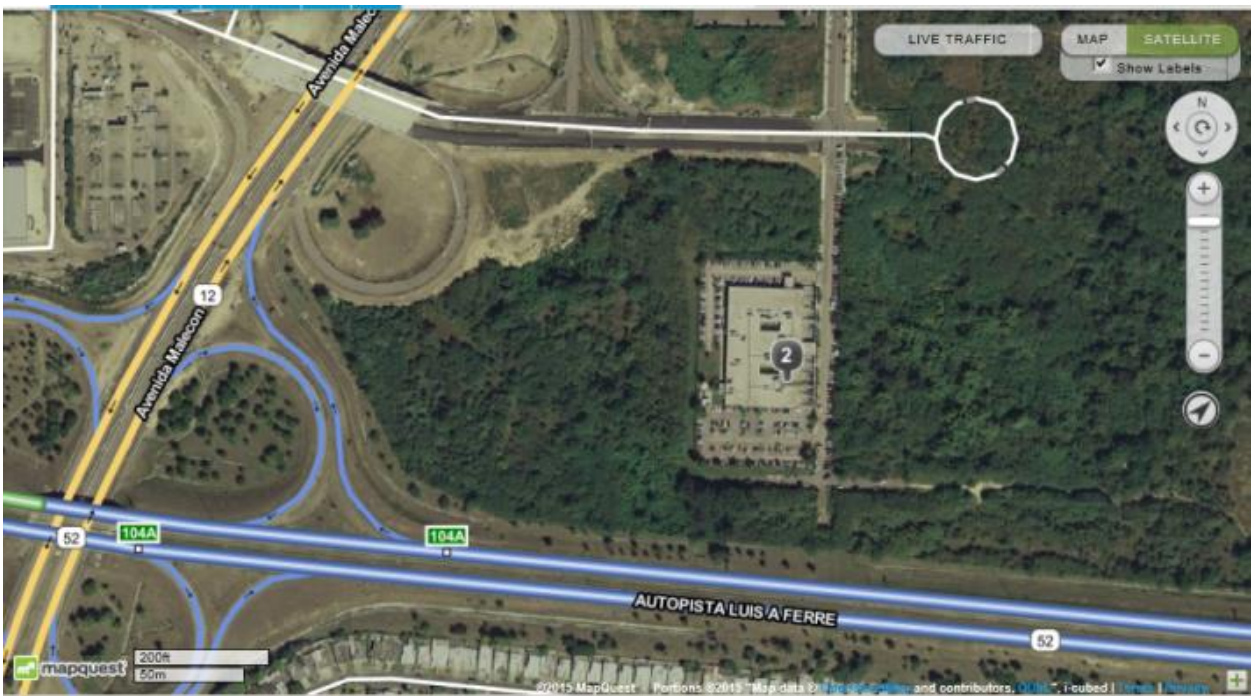
VA Caribbean Healthcare System
A San Juan VA Medical Center
10 Casia Street
San Juan, PR 00921-3201

1.Head east on Rotonda Principal toward Calle Maga - 0.2 km
2.Turn right onto Calle Maga - 0.7 km
3.Calle Maga turns slightly left and becomes Calle Teniente César Luis González - 0.2 km
4.Turn right to merge onto PR-18 Partial toll road- 2.0 km

5.Continue onto Expreso Luis A. Ferré/PR-52 Toll road- 105 km
6.Take exit 104A for PR-12 N Partial toll road- 0.5 km
7.Keep right to continue toward Av Rafael Cordero Santiago - 0.2 km
8.Turn left onto Av Rafael Cordero Santiago - 0.3 km

VA Eurípides Rubio Clinic-Ponce OPC- Outpatient Clinic
B Paseo Del Veterano #1010
Ponce, PR 00716-2001
Phone: 787-812-3030 Fax 787-651-4321
Toll Free 1-800-563-5086

Alternate location: VA Eurípides Rubio Clinic-Ponce OPC- Outpatient Clinic



Annex D: COOP Deployment Family Planning Checklist

The checklist on the following pages can help prevent couples and family members from being overwhelmed or frightened when sharing responsibilities is not possible. It lists actions you can take in advance of a deployment to keep family ties close and family finances in great shape. Blank lines have been added to each section of the checklist so you can add items as required.

Completed	Not Required/ Applicable	Activity
Budgeting Tasks		
		Decide how much of your budget should be set aside for long-distance calls (opportunities to call may vary, but you should include this expense in your budget).
		Determine your expenses while on deployment (e.g., food, gas).
		Create a schedule of due dates for bills – when paid, where sent, extra payments, etc.
		Ensure your partner is aware of all potential expenses.
		Review your home budget.
Banking Decisions		
		Set credit card limits for you and your partner. (Limits will help prevent you both from adding to your credit card debt, if you have any). Also, decide who will be using which cards during your deployment.
		Ensure that your partner/another trusted individual has access to your electronic payroll deposit.
Vehicles		
		Identify a trusted mechanic or automotive garage where you or a friend has taken a car for service. Make sure the garage's name and number are readily accessible.
		Start and keep a record of the correct type of battery, tires, oil, etc., for the car.
		Keep track of when automotive registration, insurance, emissions, inspections, or oil changes are due.
		Store vehicle titles in a safe place.
		Make sure you have the registration for all vehicles you own.
Home/Apartment Maintenance		
		Identify trusted repair companies/personnel for appliances, heating/air conditioning, and plumbing. Make sure their names and phone numbers are readily accessible.
		Conduct a home security check—inside and outside. Be sure to include testing (or installing) smoke alarms, and checking door and window locks, as well as outdoor lights or motion detectors (if you have them).

Completed	Not Required/ Applicable	Activity
		Review your homeowner's or renter's insurance policies. Note the policy expiration date. Make sure the policy number(s) and insurance company's phone number are readily accessible.
Emergency Plans		
		Try to save at least one month's pay in a savings account to use in case of an emergency.
		Make sure at least two trusted individuals (such as your partner and a family member) have your Social Security Number and your emergency telephone number.
		Find out about the services that are available to your family through the American Red Cross in case of an emergency that involves you or a family member.
Legal Issues		
		Make sure that the correct beneficiary is listed on any applicable policies, accounts, etc.
		Visit a lawyer to have wills drawn up for you and your partner, if applicable. This may seem like a particularly difficult task, but you will want to take control instead of letting the courts decide for you.
		Decide whether or not you need a power of attorney. This is a legal designation by an individual for another person to execute certain duties on behalf of the individual during his or her absence.
		Consider establishing a special medical power of attorney for a trusted neighbor, grandparents, and/or childcare providers. For example, these individuals would be authorized to take action in the event of an emergency should the parents be unavailable.
		Before deployment, make sure that you and your partner/another trusted individual both know the location of important documents such as wills, marriage and birth certificates, and insurance policies.
		Make sure you and your partner/another trusted individual know how to obtain updated identification documents.
Medical Issues		
		Be sure that all of your immunizations and those of family members are up to date.
		Make sure you and your partner/another trusted individual know the location of medical and dental records.
		Make sure that your partner/another trusted individual knows where to go for medical assistance.
		Consider creating a list of trusted, reliable sitters for absences or emergencies.

Annex E: Definitions and Acronyms

1. **Activation-** when a COOP plan has been implemented, whether in whole or in part.

2. **Alternate facility-** a location, other than the normal facility, used to conduct essential functions in a COOP situation

3. **Continuity of Operations (COOP)-** the activities of agencies and their subcomponents to ensure that their essential functions are performed throughout an emergency situation and its short-term aftermath. This includes plans and procedures that:

a. Delineate essential functions.

b. Specify succession to office and the emergency delegation of authority.

c. Provide for the safekeeping of vital records and databases.

d. Identify alternate operating facilities.

e. Ensure personnel readiness; and

f. Validate the COOP capability through tests, training, and exercises

4. **COOP Event-** any event that causes VACHS to activate its COOP plans and procedures to assure continuance of its essential functions

5. **Delegation of authority-** specifies who is authorized to act on behalf of the agency head and other senior management and technical personnel for specific purposes

6. **Devolution-** the capability to transfer statutory authority and responsibility for essential functions from an agency's primary operating staff and facilities to other employees and facilities, and to sustain that operational capability for an extended period

7. **Emergency operating records-** records that support the execution of an agency's essential functions

8. **Essential functions-** functions that enable the agency to:

a. Provide vital services; and

b. Maintain the safety and well-being of employees, contractors, customers, and the general public.

9. **Essential resources-** resources that support the agency's ability to provide essential functions

10. **Interoperability-** the ability of systems, personnel, or agencies to provide services to and accept services from other systems, personnel, or agencies and to use the services so exchanged to enable them to operate effectively together. This word can also be used to describe the condition achieved among communications-electronic systems or items of communication-electronics equipment when information or services can be exchanged directly and satisfactorily between them and/or their users.

11. **Legal and financial records-** records that are needed to protect the legal and financial rights of VACHS and of the persons affected by its actions

12. **Mission critical data-** data essential to supporting the execution of an agency's essential functions

13. **Orders of succession-** provisions for the assumption of senior agency offices during an emergency in the event that any of those officials are unavailable to execute their legal duties

14. **Originating facility-** the site of normal, day-to-day operations; the location where the employee usually goes to work

15. **Reconstitution-** the process by which the affected agency resumes normal operations from the original or replacement primary operating facility

16. **Telecommuting locations-** those locations set up with computers and telephones that enable employees to work at a location closer to their house than their main office

17. **Test, training, and exercises (TT&E)-** measures to ensure that an agency's COOP program is capable of supporting the continued execution of its essential functions throughout the duration of a COOP situation

18. **Vital databases-** information systems needed to support essential functions during a COOP situation

19. **Vital records-** electronic and hardcopy documents, references, and records needed to support essential functions during a COOP situation. The two basic categories of vital records are emergency operating records and legal and financial records.

20. **Work-from-home-** when an employee performs work duties at their residence rather than their official duty station.

Acronyms

CBOC *Community Based Outpatient Clinic*
COOP *Continuity of Operations Plan*
EMPP *Emergency Management Preparedness Program*
ESF *Emergency Support Function*
EOC *Emergency Operations Center*
EOP *Emergency Operations Plan*
FEMA *Federal Emergency Management Agency*
FRP *Federal Response Plan*
SOP *Standard Operating Procedure*
EPC *Emergency Preparedness Coordinator*
VA/DoD *Department of Veterans Administration/Department of Defense*
NRF *National Response Framework*
NDMS *National Disaster Medical System*
VSO *Veterans Service Organization*
SITREP *Situation Report*
AAR *After Action Report*
EMSHG *Emergency Management Strategic Healthcare Group*
AEM *Area Emergency Manager*
VAMC *VA Medical Center*
VHA *Veterans Health Administration*
VHACO *VHA Central Office*
VISN *Veterans Integrated Service Network*

This Continuity of Operations Plan (COOP) was prepared in accordance with direction from the Department of Veterans Affairs Directive 0320 and subsequent implementing guidance in Federal Preparedness Circular 65.

Addendum
1. VA Caribbean Healthcare System Mission
2. VA Caribbean Healthcare System Capabilities
3. Line of Succession

Addendum 1

VA CARIBBEAN HEALTHCARE SYSTEM MISSION

Our Mission
Honor America's veterans by providing exceptional health care that improves their health and well-being.

Vision
To be a patient-centered integrated health care organization for veterans providing excellent health care, research, and education; an organization where people choose to work; an active community partner; and a back-up for National emergencies.

Core Values

Integrity
Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

Commitment
Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA’s mission. Fulfill my individual responsibilities and organizational responsibilities.

Advocacy
Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

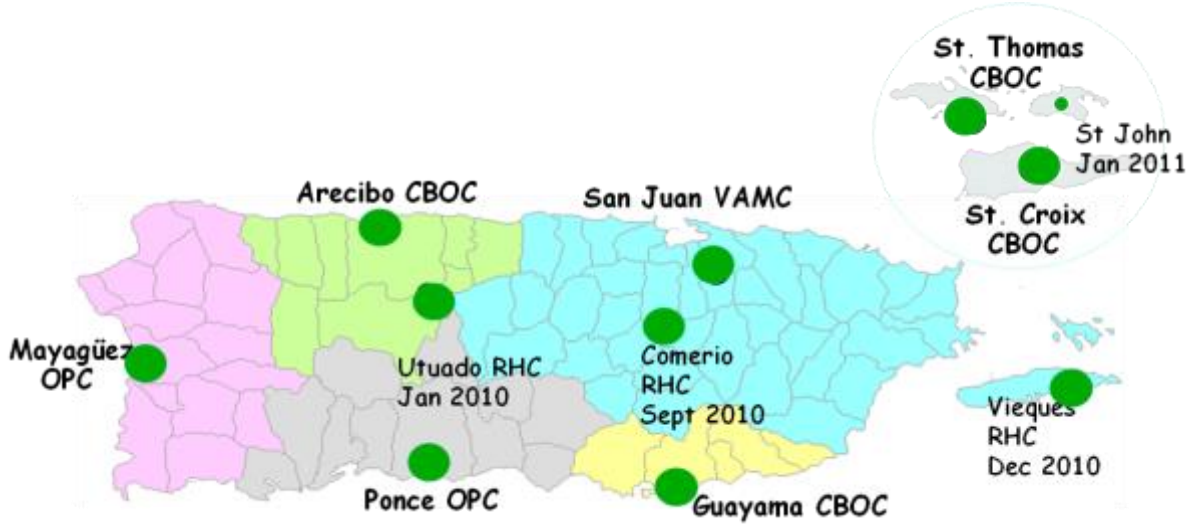
Respect
Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

Excellence
Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them

Addendum 2

VA CARIBBEAN HEALTHCARE SYSTEM CAPABILITIES

The VA Caribbean Healthcare System consists of the main medical center located in San Juan, Puerto Rico, with satellite clinics located in Ponce, southern part of the Island, and Mayagüez, the western coast. There are Community Based Outpatient Clinics (CBOCs) in St. Thomas and in St. Croix (U.S. Virgin Islands), Arecibo and Utuado (northwest Puerto Rico), and Guayama (southeast Puerto Rico), Ceiba (northeast), Comerio (north), and the island of Vieques (east coast). The medical center includes multi-disciplinary ambulatory facilities, 348 authorized hospital beds, 12 blind rehabilitation beds and 120 nursing home beds. The Center services a population of approximately 150,883 veterans in Puerto Rico and in the U.S., Virgin Islands according to 2000 U.S. Census figures. The VA Caribbean HCS registered 9,548 admissions and treated 68,364 unique patients at all clinic areas in Puerto Rico and the U.S. Virgin Islands and providing 835,746 outpatient visits.



Affiliations

The VA Caribbean HCS as active affiliations with the three Liaison Committee for Medical Education (LCME) accredited Medical Schools in Puerto Rico: University of Puerto Rico (UPR), Ponce School of Medicine and Universidad Central del Caribe Medical Schools and the UPR Dental School. Over 900 trainees residents, interns, and students are trained at this facility each year. There are medical residents from 23 different specialties residency-training programs, seven of which are sponsored by the San Juan VA Medical Center. Has an institutional Accreditation Council Graduate Medical Education Council (ACGME) accreditation plus accreditation from the American Dental Association and the American Dietetic Association. Has training programs in Clinical Psychology and Primary Care Pharmacy. There are academic affiliations with nine different Nursing schools and also Dental, Pharmacy, Dietetics, Social Work,

Occupational and Physical Therapy, Psychology, Laboratory, Radiography, Surgical, Cardiovascular Technology and Respiratory Therapy academic affiliations.

Authorized Beds

348 beds

Type of Facility

The VA Caribbean Healthcare System is a tertiary care facility. It is a teaching hospital, providing a full range of patient care services, with state-of-the-art technology as well as education and research. Comprehensive health care is provided through primary care, tertiary care, and long-term care in areas of medicine, surgery, physical medicine and rehabilitation, neurology, spinal cord injury, mental health, oncology, dentistry, geriatrics, and extended care. The VA Caribbean Healthcare System with all its clinics in Puerto Rico and U.S. Virgin Islands are part of the VA Sunshine Healthcare Network, VISN 8.

Special Programs

The VA Caribbean Healthcare System has various specialized services that are unique in Puerto Rico. The facilities comprise programs such as: Open Heart Surgery, Rehabilitation, Spinal Cord Injury, Nursing Home, Hospital Based Care, Day Treatment Center, Alcohol and Drug Dependence Treatment, a Post Traumatic Stress Disorder program, Pulmonary Function and an Immunology Evaluation Clinic for HIV positive patients, among others. This facility serves also as a Cancer Center. Compensation and pension examinations are performed at the SJVAMC. There is a Counseling program and Veteran Readjustment Counseling Centers located in San Juan, Arecibo, Ponce and in both, St. Thomas and St. Croix of the U.S. Virgin Islands.

The San Juan VA Medical Center is the largest federal medical facility in Puerto Rico and serves the entire Caribbean Basin. In military terms, and especially considering the volatility and proximity of Latin American countries such as Colombia, Cuba, El Salvador, Honduras, Dominican Republic and Nicaragua, Puerto Rico has assumed increasing importance for the Department of Defense as a result of the departure of the United States from the Panama Canal Zone. The only military base with significant care facilities in the Caribbean is the U.S. Army Health Clinic in Ft. Buchanan which operates as primary care clinic. Consequently, the VACHS has comprehensive VA/DOD sharing agreements with the U.S. Army Health Clinic in Ft. Buchanan, which has no inpatient facility. This latter agreement helps take care of regular Army, Reserve and National Guard component.

VA | U.S. Department of Veterans Affairs
Veterans Health Administration
VA Caribbean Healthcare System

LINE OF SUCCESSION (LOS) FOR THE VA CARIBBEAN HEALTHCARE SYSTEM

I. The line of succession procedures for the VA Caribbean Healthcare System (VACHS) are as follows:

A. The Director will assume full responsibility for operation of the VA Caribbean Healthcare System.

B. The Deputy Director will assume full responsibility for operation of the VACHS upon the absence of the Director.

C. Further successors are identified in the order in which they will assume command when the previous person on the list of successors is unavailable.

D. Each successor will be relieved of their temporary responsibilities when an event ends, or the next higher successor is available to assume command.

II. The following list identifies the VACHS Line of Succession, ranked in order of succession:

Leadership LOS		
	Name	Title
1	Carlos R. Escobar	Executive Director
2	George Velez	Deputy Director
3	Jaime E. Marrero	Associate Director
4	William Acevedo, MD	Chief of Staff
5	Iris Hernandez, RN	AD for Patient Care Services

III. EXPIRATION DATE: April 2023

CARLOS R. ESCOBAR, BED-Arch, MSHP, FACHE
Executive Director

VA Caribbean Healthcare System (VACHS) Line of Succession *March 2021*

ANNEX 1.16

TSUNAMI PLAN

1. PURPOSE

a. **Description of the Threat/Event.**

(1) Tsunamis are ocean waves created by earthquakes and undersea landslides. A tsunami is actually a series of waves that can travel at speeds averaging 450 (and up to 600) MPH in the open ocean. In the open ocean, ships would not feel a tsunami because the wavelength would be hundreds of miles long, with amplitude of only a few feet. As the waves approach the coast, their speed decreases, and their amplitude increases. Wave heights have been known to be as large as 100 feet, with the average being 10 to 20 feet high. Time between the waves varies between 5 and 90 minutes, with the first wave usually not being the most significant.

(2) Areas of greatest risk are less than 25 feet in elevation and within one mile from the coastline. According with the Puerto Rico Seismic Network of the University of Puerto Rico historical records, modeling and research efforts suggest that low lying coastal areas of the Puerto Rico and Virgin Islands region can be impacted by tsunamis. The main sources of tsunamis for the region are earthquakes and submarine landslides.

(3) The hazard associated with volcanic activity is low given the distance of the volcanoes. Faults around the Puerto Rico region have the potential of generating local tsunamis. The PRVI region can also be affected by distant tsunamis. These tsunamis travel more than 1000 km.

(4) There are three types of Tsunamis:

(a) Local Tsunamis

Curtis and Pelinovsky (1999) defined local tsunamis as those that have up 24 minutes of travel time. These tsunamis could be generated by a local earthquake within the PRVI. The PRVI is defined as the region between latitudes 17o and 20 o N and longitudes 63.5o and 69 o W. The 1867 and 1918 earthquakes are examples of historical local tsunamis.

(b) Regional Tsunamis

Regional tsunamis are considered as those that would take between 24 minutes and 2 hours. For Puerto Rico and the Virgin Islands earthquakes generated within the Caribbean or just beyond the Caribbean and North America/South America plate boundary. A historical example of such a tsunami was the one generated by the August 4, 1946, earthquake.

(c) Distant tsunamis

Distant tsunamis are those that would have travel times of over two hours to Puerto Rico and the Virgin Islands. For the PRVITWS, the source of these tsunamis would be in the Atlantic Ocean and Western Caribbean. The 1755 Lisbon earthquake generated such a tsunami.

b. **Impact on Mission Critical Systems.**

VA Caribbean Healthcare System, Medical Center at San Juan is located in a high and secure area for tsunamis, but some clinics like: Ponce PR and Saint Thomas USVI, are in vulnerable areas for tsunamis. According with the PR Seismic Network Mayaguez Outpatient Clinic is outside of the Tsunami Risk Area (see Mayaguez Evacuation Plan for Tsunami).

c. **Operating Units and Key Personnel with Responsibility to Manage this Threat/Event.**

(1) Medical Center Director's Office

(2) Facilities Engineering

2. MITIGATION/PREPAREDNESS ACTIVITIES FOR THE THREAT/EVENT

a. **Hazard Reduction Strategies and Resource Issues.** For Medical Centers located less than 25 feet in elevation and one mile from the coastline, vertical evacuation is the only hazard reduction strategy due to the speed of onset.

b. **Preparedness Strategies and Resource Issues.** Medical Centers located less than 25 feet in elevation and one mile from the coastline should be connected to the Tsunami Warning System.

c. A tsunami warning system has been under development for the Puerto Rico/Virgin Islands (PRVI) region since 2000 as part of the Puerto Rico Tsunami Warning and Mitigation Program (PRTWMP). This system is in response to the historical tsunamis which have impacted Puerto Rico and the Virgin Islands and the potential for tsunamis to affect the region in the future. This emergent warning system has five thrust areas: definition of the tsunami scenarios, tsunami detection, tsunami protocol, communication, dissemination, and education. The detection capabilities of the system are based on the detection of potentially tsunamigenic earthquakes by the Puerto Rico Seismic Network (PRSN) and the Pacific Tsunami Warning Center (PTWC).

3. RESPONSE/RECOVERY FROM THE THREAT/EVENT

a. **Hazard Control Strategies.** Upon notification that a tsunami is imminent, the VA Medical Center should:

(1) Alert and warn all patients, visitors, and staff.

(2) Evacuate lower floors to upper floors.

b. A protocol to respond to a potential tsunami has been developed. The messages would be broadcast through the Civil Emergency Alert System of the San Juan Field Office of the U. S. National Weather Service in coordination with the Puerto Rico Seismic Network (PRSN) and the Puerto Rico State Emergency Management Agency. Educational initiatives have been taken so that the threatened population is aware of the hazards and can respond effectively in case of a tsunami.

(1) Felt earthquake messages are issued for all felt events which meet one or more of the following criteria and for which there is no potential for a tsunami:

(a) Magnitude of less than 6.5 in the PRVI/local region, 7.5 in the region or 8.0 at greater distances.

(b) Earthquakes with a focal depth greater than 60 kilometers.

(c) The earthquake is generated under land.

(d) The event is felt with an intensity less than VII

(2) A tsunami warning would call for an evacuation of all the low-lying coastal areas vulnerable to tsunamis. The PRSN will recommend a tsunami warning if there was the possibility that a tsunami could affect the Puerto Rico and Virgin Islands within 2 hours. For this, one or more of the following conditions would have to be met:

(a) An earthquake of intensity VII or greater is felt in Puerto Rico or the Virgin Islands.

(b) An earthquake of magnitude 6.5 or greater and shallower than 60 km is detected by the PRSN or the PTWC offshore in the PRVI. A threshold of 6.5 is used because of the potential for seismically induced submarine landslides.

(c) An earthquake of 7.5 or greater is detected by the PRSN or PTWC beyond the PRVI region, but within a two-hour travel time as calculated with the Tsunami Travel Time program of Gusiakov (2000). In the Caribbean Sea, this corresponds to all regions roughly East of Longitude 80o W and in the Atlantic Ocean between Longitudes 35 o and 75 o W and Latitudes 10 o and 35 o N (Figure 4). This area corresponds roughly to southern Cuba, Jamaica, Haiti, Dominican Republic, the Lesser Antilles, and northern Venezuela.

(d) Reliable reports were received that a tsunami has been observed locally, in the Eastern Caribbean or the western mid Atlantic Ocean as defined in 3.

(e) There is the possibility that warnings could be issued, and no tsunami be generated, but we feel the level is acceptable. If local and regional sea level monitoring data existed and were incorporated into the system, unnecessary evacuations could be reduced.

(3) A tsunami watch would instruct the population to make preparations for a possible evacuation because of a potential tsunami. The PRSN will recommend a Tsunami Watch under the following conditions:

(a) An earthquake of magnitude 8.0 or greater at a depth shallower than 60 km is generated in the Caribbean Sea roughly west of Longitude 80o W, in the Gulf of Mexico or in the Atlantic Ocean beyond the longitudes 35 o and 75 o W and Latitudes 10 o and 35 o N.

(b) Reliable reports are received that a tsunami has been observed which has the potential of reaching the Caribbean.

(4) A cancellation, “all clear” of the tsunami watch or warning would indicate that the region is no longer at imminent risk from a tsunami. The PRSN would recommend a cancellation under the following conditions:

(a) The PRSN determines that the conditions to issue the warning or watch were not met.

(b) Within an hour of the conditions being met no reports are received that a tsunami has been generated.

(c) The behavior of the sea has returned to normal levels according to reliable reports.

4. HAZARD MONITORING STRATEGIES

Safety Office will maintain regular contact with local Emergency Management Agency.

5. RECOVERY STRATEGIES AND RESOURCE ISSUES

Post-wave priorities include checking the welfare of patients, employees and the assessment and repair of mission-critical systems.

6. EXTERNAL NOTIFICATION PROCEDURES

a. Within VA. VA Police #111444

b. VISN 8 Director & Emergency Manager email group VISN 8 Issue Brief Notifications

c. VHA Watch Office 202-461-0268/69

d. OSHA - within eight (8) hours if one (1) employee fatality, or three (3) employee hospitalizations from a single incident. 1-800-321-6742

e. Other Federal Agencies. Federal Emergency Management Administration (FEMA), Human Health Services (HHS) as necessary.

f. Other. Local fire, policy, health, and rescue agencies as appropriate.

g. Municipal utilities for lifeline systems, such as water, electricity, sewage, and storm drain.

h. Pre-arranged partners for transport of patients, as necessary.

7. SPECIALIZED STAFF TRAINING

a. Staff and patient education should address home preparedness and family evacuation considerations. Staff and patients must be oriented to:

b. Review the tsunami inundation maps that have been prepared for Puerto Rico to become familiar with the extent of the potential flooding.

c. Learn to recognize the natural signs of an impending tsunami emergency.

(1) An earthquake of intensity VII or greater

(2) Water along the coast sea recedes or advances in an uncharacteristic fashion.

(3) Under either of these circumstance people should immediately move inland, towards higher ground or up a building or object.

(4) Evacuate or prepare to evacuate if a tsunami warning or watch is issued.

(5) The documentary “Tsunami in Puerto Rico: The Forgotten Danger”. Is available online at our intranet, in both English and Spanish with subtitles and sign language.

8. REFERENCES AND FURTHER ASSISTANCE

a. Emergent Tsunami Warning System for Puerto Rico And the Virgin Islands Christa G. Von Hillebrandt-Andrade, Víctor Huérfano Moreno Puerto Rico Seismic Network, University of Puerto Rico. 2006: http://poseidon.uprm.edu/prtwsystem.pdf

b. Puerto Rico Seismic Network Tsunami Program – Flood and Evacuation Maps (PR & USVI): http://redsismica.uprm.edu/English/tsunami/maps.php#

c. FEMA Tsunami web page: http://www.fema.gov/hazard/tsunami/index.shtm

ANNEX 1.17

TRAUMA MANAGEMENT IN A MASS CASUALTY INCIDENT (MCI) ALL HAZARDS CONSIDERATIONS

1. PURPOSE

The purpose of this Plan is to describe how the VACHS will respond to both terrorist related threats/events or to naturally occurring disasters involving multiple trauma casualties. This readiness plan addresses policy requirements, assumptions and processes for a VAMC-wide coordinated response that uses the Incident Command Structure and related SOPs. This plan focuses on a safe and effective delivery of care in trauma events, thus enhancing protection for our patients, employees, facility, and community.

2. SCOPE

This Plan applies to all employees, ensures compliance with The Joint Commission (TJC) requirements, and implements the VACHS strategy for responding to all emergency events potentially involving trauma that requires activation of the Emergency Operations Plan (EOP). It is designed to facilitate a response that protects the wellbeing of patients, employees, and the community, while protecting the physical infrastructure, and fully allowing for business continuity possible.

Information based on trauma situations most frequently encountered can be found in this Plan. However, this plan is not to be used as a medical treatment guide. It is not possible to cover all trauma scenarios in this plan or to provide clinical care guides as such an endeavor would encompass the specialties of emergency medicine and surgery. Thus, the introductory basics for the most lifesaving and frequently anticipated scenarios are addressed and are designed to serve as a stimulus for further study and development.

3. POLICY

In the event of an emergency or disaster with anticipated multiple trauma victims, the VACHS will implement this Plan to provide the necessary services to ensure a safe environment for all patients, visitors and staff and to provide necessary medical services to victims of the event. The VACHS will work closely with the community to ensure effective interaction during response and recovery. (Disclaimer: The clinical information in the Plan is not intended to be used as the primary source for treatment information. Clinicians are responsible for providing care within their level of expertise and credentialing.)

4. PROCEDURES

a. **Description of the Threat/Event.**

(1) Trauma and the Mass Casualty Incident (MCI) in the US. Many physicians throughout the U.S. treat trauma-related injuries daily. However, relatively few health care providers have managed a mass casualty event with multiple trauma victims. Even fewer US providers have been involved in an MCI with overwhelming numbers of living victims. Such numbers would have occurred in this country on September 11, 2001, if injuries rather than fatalities had resulted. Even greater casualties could occur if a tsunami similar to the devastating one of December 2004 in the Indian Ocean, which killed approximately 226,000 in Asia, were to strike the US coastline. The rapid surge of victims that can occur following an MCI was illustrated in the Madrid bombings of June 2004, when 272 patients were received within 2.5 hours by the closest hospital.

Either non-natural (such as terrorism) or natural phenomena may result in an MCI with multiple trauma victims. Terrorists frequently select explosives as their weapon of choice. According to statistics of the Federal Bureau of Investigation, bombing was involved in 209 (65.7%) of the 318 terrorist events investigated from 1980-2005. In the US, skills in the diagnosis, treatment, and management of blast injuries from bombs and explosive events are usually limited to those practitioners with military experience. Natural disasters such as earthquakes, hurricanes, tornados, tsunamis, and others may result in hundreds to tens-of-thousands of trauma victims. A comparison of photographic documentation of terrorist bombings with natural disasters, industrial chemical accidents, or nuclear accidents quickly reveals their similarities, indicating that trauma is highly probable in all such events. As the population density in certain areas of the country increases, the possibility of overwhelming numbers of trauma casualties in a disaster is rising. The risk of terrorism is also increasing. Thus, the national capacity to manage events with trauma patients must increase as both the risk of terrorism and the population density in the United States increase.

An MCI is any event in which the number of patients and the severity of injuries exceed the resources of the VAMC. The imbalance of needs to resources may be due to the large number of patients, to the number or severity of the injuries, to limited equipment, supplies or staff, or to the presentation of victims with conditions beyond the medical capability of staff. During usual daily events, accurate Emergency Medical Service (EMS) pre-hospital triage and transport of trauma victims to the hospital of the appropriate trauma level for definitive trauma care mitigate this problem. However, in a true mass casualty event, all appropriate trauma treatment facilities may be completely overwhelmed and other healthcare facilities that do not routinely provide trauma care may receive victims out of dire necessity.

Additionally, non-trauma hospitals may receive trauma patients through self-referral, delivery by privately owned vehicle, and by default when transportation routes to the usual sites of trauma care are blocked. Thus, these non-designated facilities will become de facto triage and emergency treatment areas. Arrivals must not be denied life saving measures simply because the facility is not designated as a Trauma facility but must receive emergency care and stabilization until transport to the appropriate site is possible. Although this SOP addresses such a contingency, the victim should not be transported to a non-trauma or lower-level facility when access is available to an

appropriately designated facility or a facility with more appropriate resources. Activation of this SOP will occur primarily in response to a Mass Casualty Incident.

(2) Goal of Trauma Care and the Critical Timing of Intervention. An effective trauma response plan has the primary goal of reducing the morbidity and mortality of injured victims through timely provision of the most appropriate care available. Achieving this goal requires rapid stabilization of the patient by providing safe and effective treatment at the earliest possible time, with maximum efficiency of patient transfer and transport to an appropriate facility for definitive care.

Following acute trauma, three peaks in death occur. The first peak occurs within seconds to minutes following the trauma, and salvage of the victim is unlikely due to the severity of injury. The second peak in deaths occurs within the next few minutes to two to three hours following the trauma and is the primary focus of acute intervention. The third peak in deaths occurs between three- and five-weeks post-trauma. Rapid intervention can significantly mitigate the second peak through the immediate saving of life and has given rise to the concept of the “golden hour” of trauma care delivery. Effective rapid trauma intervention may also reduce the delayed third peak in deaths by reducing the time spent in hypotension-related organ hypo-perfusion that leads to delayed organ failure and by reducing the risk of infection.

To achieve these goals the plan must incorporate effective internal and external communication pathways. VA Caribbean Healthcare System (VACHS) utilizes the Hospital Incident Command System (HICS) to affect these communication pathways. Ongoing local needs analysis and situation status reports enhance the efficiency of the response.

VACHS facilities must have trauma response policies in place authorizing rapid implementation of appropriate measures by the appropriate staff to a potential or actual event. A community emergency department communication system, with a pre-event Memorandum of Understanding (MOU) between all community medical facilities and a well-developed community-transfer coordination center are essential in achieving the maximum patient outcome from a community or larger mass casualty event.

(3) Characteristics of Trauma and Event Mitigation. Important characteristics of trauma include the mechanism of injury; the severity, type and extent of injury; prior health status or special characteristics of the victim (i.e., pregnancy, pediatric or geriatric patient, pre-existing disabilities, underlying medical conditions, etc.), and wound contamination.

Management of an event with multiple trauma victims necessitates an understanding of the epidemiology of patient presentation. The availability of effective trauma response protocols will serve as a major mitigation strategy. Sufficient personnel and equipment, along with the availability of decontamination, and an understanding of indications for decontamination, are critical to a safe and effective response plan. A cooperative response plan including the Medical Center surgical team, emergency department providers, primary care, and medical providers, along with clinical leadership, hospital

administration and clinical support services working together as a team, make an effective trauma response plan possible.

In an event requiring activation of the Trauma Management in Mass Casualty Incident Plan, an extensive internal communication network is needed. This network must include: the hospital Director, Police, Chief of Staff, Chief of the Emergency Department, Chief of Surgery and surgical subspecialty chiefs, Chief of Anesthesiology, Operating Room personnel, Chief of Medicine, Blood Bank and Clinical Laboratory personnel, Radiology personnel, Chaplain Service, Social Work Service, Logistics Service, Public information Officer, hospital Safety, Engineering and Environmental Management Services. Indeed, all other clinical and administrative service chiefs and healthcare providers will probably be needed. External notification will include the Network Director and may include the Federal Bureau of Investigation (FBI) field office, the American Red Cross Blood Bank, burn centers and organ transplantation affiliates.

Commitment to periodic disaster preparedness drills is necessary to assure operative capability. The use of both mini drills to refine components of the plan and major full-scale drills to test program effectiveness will promote improvement in readiness and response capacity. In addition, encouragement of participation by physicians and nurses in specific training in trauma management will improve the ability to minimize morbidity and mortality in such events.

Skillful dissemination of information will enhance the community response and reduce panic. Thus, pre-event training in risk communication is helpful. On-going communication with other local medical facilities will be necessary to ensure appropriate transfer of the victims at the proper time and best utilization of beds available within the community.

(4) Psychological Aspects of Trauma. The personal response to an event involving trauma is likely to be one of anxiety, fear, and panic, although this has been debated. The psychological management of patients, staff, family, and members of the community is pivotal in reducing long-term effects of psychological stress. (Further information is available through the CDC at http://www.bt.cdc.gov/masscasualties/copingpub.asp.)

(5) Trauma and Contamination. Whenever patients present from a mass casualty incident, the possibility of terrorism with secondary contamination must be considered. Appropriate inquiry upon initial facility contacts regarding a potential event and by appropriate inquiry and screening at the point of perimeter entry upon arrival of victims will facilitate identification of potential contamination. Signs of involvement with a chemical event may include:

(a) Notation of chemical warning placards or identifiers in the vicinity of the event.

(b) Characteristic or peculiar odors in the vicinity.

(c) The sudden onset of symptoms and signs not related to the trauma.

(d) Notation of dead birds/animals/foliage in a pattern that would not be anticipated from the event itself.

(e) Other victims presenting with a cluster of similar signs and symptoms who were not close enough to be involved in the trauma.

(f) Signs of involvement in a radiation event include:

1. Patients presenting with a cluster of symptoms that may include nausea and vomiting, diarrhea, red skin, headache, confusion, and fever.

2. Notation of radiation warning symbols in the area.

3. Contact with or observation of a metal cylindrical object or objects in the area, especially objects noted to be excessively warm but without an apparent source of the heat.

(g) Radiation screening at the point of perimeter entry with a standard radiation survey meter will aid in early identification of contamination with radioactive material. (Please refer to other attachments of the Emergency Management Program Plan for further information on decontamination, biological, chemical, and radiological event detection and management.)

(h) When the trauma victim is contaminated with chemicals, decontamination takes precedence over treatment to avoid contamination of personnel and the facility, which may result in the facility being unavailable for reception of patients. When the trauma occurs from an incident involving radioactive materials, treatment of traumatic injuries always takes precedence over concerns about radiation. This SOP is intended to cover the aspects of such an event that is related to trauma.

(i) Factors that must be considered in implementation of the response plan include:

1. How many victims are involved?

2. What is the type of event and the commonly associated injuries? (See Addendums A, B and C.)

3. Is it likely from the estimated number of victims that the VACHS will need to receive trauma victims and provide emergency care and stabilization until another facility can accept them for definitive care or until the definitive care can be made available at the VACHS?

4. Are the involved victims also contaminated?

5. If victims are contaminated, what is the contaminant?

6. What victim-specific factors must be considered? Is a special population involved, such as infant, pregnant, elderly, or frail victims, etc.?

(j) The number of victims and mechanism of injuries (i.e., degree of explosive force if blast involved) will be the prime determinant of the extent of response required. An MCI (such as a transportation accident involving explosive materials, detonation of an improvised nuclear weapon or the structural collapse of a stadium during a tornado) may require activation of the facility and community disaster plans.

(6) Legal Aspects of an MCI with Trauma. The importance of maintaining the legal chain-of-custody in these procedures must be recognized. Exclusions to the Emergency Medical Treatment and Active Labor Act (EMTALA) may apply when an MCI/disaster has occurred.

b. **Impact on mission critical systems.**

A mass casualty incident with trauma may quickly overwhelm several mission-critical systems including staffing, critical supplies (i.e., ventilators, blood supply, antibiotics) and operational space. If the incident is due to terrorism and contamination is involved, all the risks related to the type of contamination must be mitigated.

4. Operating units and key personnel with responsibility to manage this threat/event.

The facility Emergency Medical Response Team (EMRT), or equivalent, should be a component of the TRADR Plan. Use of the all-hazards approach to disaster management, with screening for chemical and radiation contamination in any potentially deliberate incident, should be considered. The Radiation Safety Officer (RSO) is a critical member of the team responding to an incident involving radiation, and involvement with the existing facility disaster- response team rather than establishing a separate team should be considered.

a. **Responsibilities.**

(1) Medical Center Director or Designee is responsible to act as the Incident Commander/Manager (IC) and is responsible for all VACHS response planning and actions.

(2) Emergency Program Manager (EPM) is responsible to ensure that the EOP is current, assists the IC with internal (Key Operations Managers) and external (community or agency) coordination.

(3) Chief of Staff is responsible for providing proper medical, health and treatment care services.

(4) Associate Director is responsible for monitoring and ensuring VACHS operations and services as they relate to patient services are implemented.

(5) Emergency Department Director (EDD) is responsible for ensuring Emergency Department personnel are familiar with the Plan and SOP and participate in trauma-related educational endeavors and drills to assure ability to respond to an MCI with trauma. The EDD also has a key role in developing and maintaining functional trauma procedures/protocols in conjunction with Chief of Surgery for an MCI with trauma.

(6) Emergency Room Personnel have key roles in patient reception, triage, stabilization, treatment, and disposition. They also have a key role in ensuring that all other medical emergency capabilities (i.e., cardiac emergencies) are maintained and operational.

(7) Chief of Surgery is responsible for developing and maintaining functional trauma procedures/protocols in conjunction with the Emergency Department Director.

(8) Chief of Anesthesiology/Anesthesiology Staff are responsible for providing supportive services to assist with intubation and airway access, intravenous access, and anesthesiology services as indicated.

(9) Chief of Medicine is responsible for assuring ongoing patient care, providing appropriate medical services as needed in support of patients from the event, for collaborating with the Emergency Department Director and Chief of Surgery as needed to assure optimum patient support.

(10) Medical Service has a key role in clinical care of patients in conjunction with Surgery Service to assure timely and appropriate stabilization and treatment of patients. This service also has a key role in maintaining continuity of patient care operations and monitoring clinical patient workload. An additional key role is in identifying clusters of clinical signs or symptoms that could indicate exposure to a chemical, biological, or radioactive contaminant in the incident.

(11) Chief of Nursing/Nursing Service has a key role in tracking patient census, staffing utilization and need for additional staff. Another key role is to encourage nursing staff in educational endeavors on trauma management.

(12) Chief of Radiology/Radiology Staff are responsible for providing radiological support services. In an MCI with trauma, the number of functional x-ray machines and the rate of processing may be the limiting factor in the processing of victims. Interventional Radiology services will probably be needed to assist with line placement and diagnostic testing. CT, MRI, and Ultrasound services will have key roles in patient assessment.

(13) Infection Control Team will have a key role in providing information as needed, for healthcare providers, employees and patients regarding concerns related to infection control, with emphasis on exposure to blood and body fluids.

(14) Clinical Laboratory plays a key role in collection and analysis of biological specimens as needed to support clinical care. Blood Bank is responsible for providing type and cross matching and blood components as indicated.

(15) Safety Officer is responsible for monitoring and initiating actions to ensure safe actions are taken during the emergency event.

(16) Safety Officer/Industrial Hygienist - When potential or actual contamination is involved, key role as the point of contact with HAZMAT agencies in substance sampling or environmental sampling. Key role in monitoring and proper use of specialized PPE resources as needed.

(17) Public Affairs will act as the point of contact for the media and other governmental agencies that may request information concerning the incident and its impact upon patients, staff, and facility.

(18) Police Chief ensures that lockdown and police procedures such as traffic and crowd control, crime scene and investigation, and perimeter control are implemented.

(19) Police Service is responsible for perimeter control and incident site access. Police Service also has a key role in maintaining chain-of-custody for all potential evidence during investigation of potential terrorist events when the event occurs within the VACHS or when victims of the incident enter the VACHS.

(20) Occupational/Employee Health has a key role in monitoring occupational health conditions/risks and employee concerns and prophylactic therapy as needed. An additional role is tracking and providing care and documentation for any employee exposed to blood or body fluids.

(21) Chief Engineer is responsible for protecting, repairing, and maintaining plant utility systems, communications, and medical equipment necessary for patient care and VACHS operation.

(22) Chief Logistics is responsible for logistical function as it relates to providing facilities, transportation, supplies, equipment, services, etc.

(23) Chief Fiscal is responsible for providing funding and tracking expenses that relate to VACHS response to the emergency event.

(24) Social Work is responsible for coordinating information between victims and their significant other and family.

(25) Chaplain has a key role in providing spiritual counsel and comfort to the victims and their significant other and family, with special emphasis on those victims who are terminal.

(26) Human Resource Management has a key role in a Mass Casualty Incident involving the community, to provide information to significant others or family of workers on site and acts as liaison during an extended event in coordination with Public Affairs.

5. Mitigation/Preparedness Activities for the Threat/Event.

a. **Hazard Reduction Strategies and Resource Issues.** N/A.

b. **Preparedness Strategies and Resource Issues.** Develop a basic capability to organize a response to an MCI with trauma. Pre-event education and planning may include:

(1) Staff Training: Train staff on the principles of trauma management (e.g., triage, first aid, stabilization and emergency treatment of the trauma victim, appropriate transfer and transport, and psychological, ethical and legal issues) and on recognition of symbols indicating hazardous materials.

(2) Provider Training: Encourage providers to pursue training in trauma management through recognized courses, such as:

(a) Advanced Trauma Life Support for Doctors (American College of Surgeons).

(b) Advanced Trauma Course for Nurses (Society of Trauma Nurses).

(c) Pre-hospital Trauma Life Support course (National Association of Emergency Medical Technicians).

(d) Advanced Burn Life Support Pre-Hospital Course (http://www.ameriburn.org/ABLSCourseDescriptions.htm.

(e) Advanced Disaster Life Support.

(f) Basic Disaster Life Support.

(g) VACHS's Hospital Emergency Decontamination Course (HEDCo)

(h) Other trauma courses and training opportunities in the local community

c. **Protocol Development:** Encourage development of appropriate cooperative inter-departmental protocols for management of overwhelming numbers of patients from an MCI with trauma. Determination of which screening and assessment tools the facility will have available for use for rapid patient intake, assessment and tracking prior to an event is important. Appropriate training must follow protocol development.

d. **Development of lists of closest referral centers** (local, regional, state, and national) and their referral procedures:

(1) Trauma centers: Puerto Rico Medical Center, Rio Piedras

(2) Burn centers: Industrial Hospital, Rio Piedras

(3) Micro-vascular replantation centers: N/A

(4) Dialysis centers.

e. **MOU and Mutual Aid:** Encourage development of appropriate Memorandum of Understanding for mutual aid with area healthcare facilities. Participate with the Emergency Medical Transport Services and community healthcare facilities in community-wide drills with simulated patients.

f. **Contingency Provider Resource Development:** Encourage development of appropriate policies

and procedures to allow development of a contingency list of surgeons trained in trauma in the community who would provide services in the facility on an emergency basis in the event of an MCI with trauma. Develop the list; obtain their credentials; and maintain them up to date.

g. **Equipment Readiness:** Have ready the basic equipment that may be necessary (e.g., command vests, signage, forms/tags, backboards, crash cart, oxygen, ventilators, IV fluids, thoracotomy trays, chest tubes, cricothyroidotomy kits, Dopplers, ultrasound units, etc.). Pre-stocked disaster/trauma carts are helpful.

6. Response/Recovery from the Threat/Event

a. **Hazard Control Strategies:** Preparation for Patient Arrival and Reception.

(1) Receive/Verify Notification: Receive and confirm the information that an MCI with multiple trauma victims has occurred by a callback to the source, unless the source is verified at the time the call is received.

(2) Provide Internal Notification: Healthcare facilities may be the initial site of response to terrorism events involving traumatic injuries. If a terrorism event is suspected, local emergency response systems should be activated. Notification should immediately include the hospital Director, Police, Chief of Staff, Chief of the Emergency Department, Chief of Surgery and surgical subspecialty chiefs, Chief of Anesthesiology, Operating Room personnel, Chief of Medicine, all other clinical and administrative service chiefs, healthcare providers, Blood Bank and clinical Laboratory personnel, Radiology personnel, Chaplain Service, Social Work Service, Logistics Management Service, the Public Affairs Officer, hospital Safety, Engineering and Environmental Management Services.

(3) If appropriate, the Office of the Director will activate the Hospital Command Center (HOC) and will coordinate with all internal services, VISN Director, Department

of Health, FBI field office, local police, and medical emergency services. The HCC will coordinate patient tracking with the Emergency Department and Surgical and Medical Services and monitor all patients and potentially exposed staff, reporting data through the Office of the Director to the appropriate agencies.

(4) The VACHS Emergency Department has a Disaster Activation Checklist that can be used for initial activation of critical resources for the preparation of the Emergency Department while the rest of the activations are executed by the switchboard and Hospital Command Center, as appropriate.

(5) Facility Lockdown and Restricted Access: Alert Police to establish traffic and access control procedures, including facility lockdown, when appropriate. If contamination is considered possible or if it is an intentional act, consider activation of the hospital decontamination program and include the Radiation Safety Officer until contamination can be ruled out.

(6) Staff Briefing: Brief the nurses and other involved personnel on the anticipated arrival of trauma victims. The physicians most skilled/experienced in trauma and emergency medicine at the facility should report to the Emergency Department, and roles clarified.

(7) Designate Triage and Treatment Areas: The ambulance bay in front of the Emergency Department is the predestinated area for triage. Prepare the area by having pre-stocked disaster or trauma treatment carts delivered to the area. Each designated Treatment Area should have equipment prepared and ready to use to allow proper airway access such as laryngoscopes, ET tubes, LMA and/or Combitubes. Crash carts, oxygen, IV fluids (warmed Ringer's lactate or Normal Saline), thoracotomy trays, chest tubes, cricothyroidotomy kits and Dopplers should be immediately available. If radiation-contaminated victims are likely, then prepare an area for stabilization prior to decontamination (see appropriate sections on management of radiation emergencies in Sections 6 and 7 of the Emergency Management Program Guidebook).

b. **Patient Reception.**

(1) General Triage: Triage, the sorting of victims according to the severity of injury and need for treatment, will have been initiated in the pre-hospital setting if the patient is transported by Emergency Medical Service transportation. However, many victims arrive by private conveyance and have not received any medical screening. All patients will need to receive triage immediately upon arrival; repeat triage for those arriving by medical transport, and initial triage for the others. This should not take over 1 minute per patient. The preferred triage protocol at VACH is the START Triage and patient identification is performed by placing triage tag on right arm. Using START Triage patients are categorized as Immediate, Delayed, Minor and Deceased.

(2) An understanding of the "upside down" presentation of disaster victims is necessary to avoid delay in attention to critical arrivals that may result from early congestion of treatment rooms by the "walking wounded." In a mass casualty incident,

the less severely injured will present themselves initially to the closest hospitals at which they can obtain care, with subsequent arrival of the more severely injured. Plans must be in place to anticipate these later arrivals with greater injuries and provide appropriate access to the needed level of care.

(3) Prioritization and flow of Patients: Patients triaged as Immediate should be transported directly to the prepared treatment areas and the Primary Survey performed. Patients triaged as Delayed, and Minor should be monitored with close observation and ongoing reassessment for destabilization and the need to re-designate their status.

(4) In order to have more beds available to receive the victims at the Emergency Department, once a possible MCI is notified or confirmed, stable patients on stretchers at the Emergency Department can be evacuated to alternate sites in the VACHS such as:

(a) Medical and Surgical wards

(b) Intensive Care Units

(c) Gastroenterology Section

(d) Hematology / Oncology Section

(e) Other areas with capabilities to monitoring patients, as appropriate pre-designated area for treatment of Immediate and Delayed patients is the Acute Care Area of the Emergency Department, where patients can be accommodated on stretcher and kept in constant cardiac monitoring. Minor patients could be evaluated on the Fast-Track area or the Waiting Area of the Emergency Department, depending on the number of patients. If the number of stretchers inside the Acute Care Area of the Emergency Department is not enough, the waiting area can be used to accommodate additional stretchers and cots. Immediate patients will remain in the Acute Care Area and Delayed patients will be moved to the Waiting Area. In this case, Minor patients will be evaluated at the Primary Care Clinic Area (PCC) in the OPA building. Before moving patients to the PCC Area, it must be confirmed that appropriate staff and supplies have been designated and deployed to receive patients at PCC.

(5) Estimation of Casualties for Needs Assessment: Following an event that involves blast trauma, approximately half of the initial casualties are expected to seek medical care within the first hour.

c. **Patient Stabilization and Treatment.** A general principle to follow with all trauma patients is that continued re-evaluation of the patient is necessary to identify all injuries. Regardless of the type or mechanism of injury, the following sequential approach is helpful in assuring the most rapid provision of optimum care:

(1) Primary Survey: The following sequential assessment, which may be performed simultaneously, constitutes the Primary Survey. During the primary survey, life-threatening conditions are treated when they are identified.

(a) A Airway establishment/maintenance with cervical spine protection.

(b) B Breathing and ventilation.

(c) C Circulation and Control of hemorrhage:

(d) Level of consciousness (LOC).

(e) Skin color.

(f) Pulse.

(g) D Disability/Neurological status.

(h) E Exposure and Environmental Control.

(2) Specific points to note regarding the Primary Survey:

(a) Any patient with multi-system trauma should be assumed to have a cervical spine injury, and the neck must be stabilized and remain so until ruled out with cervical spine x-rays. These x-rays may be obtained as soon as life-threatening conditions have been sufficiently stabilized. Cervical Spine X-rays or other imaging's are required unless the history is not suggestive of neck trauma. The neurological examination alone will not exclude a cervical spine injury.

(b) Airway compromise: Adequate speech usually indicates adequate airway patency; this can deteriorate, so reassessment is mandatory.

(c) Assess the airway for foreign bodies, ENT fractures.

(d) Auscultate the chest for adequacy of ventilation. Percuss the chest for evidence of pneumothorax (increased resonance) or internal bleeding (dullness).

(e) Inspect the chest visibly and by palpation for flail chest, rib fractures, major hematomas.

(f) Identify and control external hemorrhage in the primary survey. Assume low blood pressure indicates blood loss until this is ruled out. Signs which may indicate significant hypovolemia include:

1. Reduced LOC.

2. Ashen, grey, or white skin.

3. Loss of femoral or carotid arterial pulses.

4. Loss of peripheral pulses.

5. Rapid thready pulse (other etiologies also).

(g) Control visible hemorrhage with direct pressure on the wound and/or primary pressure points. Do not use tourniquets except in extreme cases such as traumatic amputation; they promote tissue loss.

(h) Rapid Neurological Examination:

1. Mental Status: AVPU (Alert, Verbal, Pain response, Unresponsive).

2. Consider performance of the Glasgow Coma Scale (GCS), this may be deferred to the Secondary Survey. (See Addendum D.)

3. Check pupillary size, reactivity and equality, check for lateralizing signs, and check for spinal cord injury level. If closed head injury has occurred, frequent reassessment is necessary with rapid consultation with a Neurosurgeon if neurological level deteriorates.

(i) Exposure: Clothing should be entirely removed from each patient and a quick but thorough head-to-toe front and back examination for injuries performed.

(j) Environmental Control: Hypothermia is a major life-threatening risk to trauma patients. Use warming blankets with attention to the warming of infusing solutions in most situations.

(k) Patient factors may obscure appropriate diagnosis (i.e., Beta Blockers may mask tachycardia as a sign of blood loss).

(3) Trauma Resuscitation: Follow standard treatment practices for the resuscitation of the trauma patient. Specific points include:

(a) Provide supplemental oxygen to all patients with significant trauma.

(b) Establish a definitive airway if maintenance of airway integrity is in question or the level of consciousness is reduced with a risk of aspiration, with caution to maintain cervical spine stability. Use a CO2 monitor with all endotracheal tubes to detect incorrect placement or dislodgement. Note: These do not verify correct placement.

(c) Insert a minimum of two large bore IV catheters and obtain lab. Lab should include blood for type and cross match, CBC, basic metabolic studies including electrolytes and renal function, and clotting functions. Include a pregnancy test in all females of childbearing age, and a fibrinogen and Rh factor test in all pregnant patients.

(d) Control bleeding by direct pressure or operative intervention.

(e) Administer warmed (98.6-104F/37-40C) IV fluid rapidly, preferably Ringer's lactate. Large volumes may be required in the adult patients, such as 2-3 liters of solution.

(f) If hypovolemia persists, give blood:

1. 1st choice - cross-matched blood.

2. 2nd choice - type-specific uncross-matched blood.

3. 3rd choice - O negative blood.

(g) Control continued hemorrhage by operative intervention. Avoid vasopressor use for control of hypovolemic hypotension.

(h) Hypothermia may develop rapidly, be lethal, and should be avoided.

(i) Monitor the EKG in all trauma patients. (See Addendum E - Dysrhythmias in the Trauma Patient.)

(j) Check Arterial Blood Gases (ABGs) in all trauma patients.

(k) Monitoring of pulse oximetry is indicated in most trauma patients. However, this should not replace a check of the Arterial Blood Gases (ABGs).

(l) Perform a rectal and genitourinary examination and consider placement of a urinary catheter unless urethral injury is suspected, in which case obtain a retrograde urethrogram. Signs of possible urethral injury include Hematuria, blood in the penile meatus, blood in the scrotum, pelvic fracture, or a non-palpable or very high prostate.

(m) If gastric distension is present, consider decompression with a nasogastric tube. Do not use a nasogastric tube if a cribriform plate fracture is suspected (tube may go intracranially).

(4) Diagnostic Studies in the Trauma Patient:

(a) Obtain a Stat portable AP CXR, lateral cervical spine film, AP pelvic x-ray as soon as possible during the Initial Survey without interfering with resuscitation measures. Note: CXR should be obtained regardless of pregnancy.

(b) Other techniques that may be indicated depending upon the skill of the provider and the clinical situation are diagnostic peritoneal lavage (DPL) and abdominal ultrasonography; but these are generally performed during the Secondary Survey.

(c) Other diagnostic studies such as CT scanning and MRI may be indicated at a later point in patient evaluation but are usually accomplished after the Secondary Survey.

(5) Secondary Survey:

(a) The Secondary Survey is done after completion of the primary survey and after resuscitation efforts are stabilizing the patient.

(b) The Secondary Survey consists of the complete history and physical and includes:

1. Complete history including allergies, current medications, past medical history, pregnancy and ob-gyn history, time of the last meal, and history of the events and environment related to the trauma with specific questioning for contaminants and exposure to chemicals, biologicals, and radioactive materials.

2. Complete examination or re-examination of the entire body.

3. Complete neurological examination.

4. Glasgow Coma Scale, if not done earlier.

(6) Diagnostic Procedures Following the Secondary Survey: Following the Secondary Survey and stabilization of the patient, further diagnostic studies may be obtained as indicated.

(7) Re-evaluation and Pain Control: Ongoing re-evaluation is necessary in trauma patients, with attention to the emergence of previously unrecognized problems as they appear. Continuous monitoring of vital signs, pulse oximetry for the critical patient, end-tidal carbon dioxide monitoring for the intubated patient, EKG monitoring in the critical patient, and urinary output is indicated. Target urine output in the adult patient is 0.5ml/kg/hour. Target urine output in the pediatric patient older than 1 year is 1ml/kg/hour.

(8) Transfer and Definitive Care Issues: As soon as the physician determines that the patient will require more resources than are available at the facility, arrangements for transfer to an institution with an appropriate level of care can be started. Administrative personnel can begin these arrangements, but direct communication from transferring physician to receiving physician is essential.

(9) Legal Issues:

(a) Careful record keeping, and documentation is essential.

(b) Informed consent should be obtained prior to treatment if possible. However, life-saving treatment should be provided with the presumption of consent in a life-threatening emergency.

(10) Immunization: If the wound is clean, non-punctured, adequately debrided, and the patient has had at least 3 prior doses of adsorbed tetanus toxoid, no tetanus prophylaxis is needed if the last dose was given in less than 10 years for non-tetanus prone wounds or less than 5 years for tetanus-prone wounds (CDC). Regardless of the wound, if less than three prior doses have been given, and then Td prophylaxis is recommended. If the wound is tetanus-prone (puncture or question regarding adequacy of debridement) and less than 3 prior tetanus immunization doses have been received, then passive immunization with 250 units of human tetanus immune globulin (TIG) should be given IM. For patients over the age of 7 years, Td (tetanus and diphtheria toxoids, absorbed) is preferred to Tetanus Toxoid alone.

(11) Follow-up: Appropriate discharge includes identifying appropriate follow-up and providing instructions appropriate to the specific injury. Many, if not most, trauma patients will require discharge to a situation where they are checked at appropriate intervals by another person who can identify a need for attention, should signs of further injury or complications develop. The caregiver should be provided with specific instructions on symptoms and signs that would indicate the need to return. Similarly, the time and site for follow-up of injuries should be specified. Written instructions should be provided if at all possible. Wounds and injuries of the head, eye, or ear, as well as stress-related complaints, should have close follow-up.

d. **Other Issues in Management of the Trauma Patient.**

(1) If Radioactive Contamination Is Discovered After Patient Has Been Admitted - Continue attending to the patient's medical needs. Secure entire area where victim and attending staff have been. Do not allow anyone or anything to leave the area until cleared by the Radiation Safety Officer. Establish control lines and prevent the spread of contamination. Completely assess the patient's radiological status. Personnel should remove contaminated clothing before exiting area; they should be surveyed; shower, dress in clean clothing and be re-surveyed before leaving area. See specific information on the necessity of primary wound closure for all wounds in the irradiated patient and on the early timing of operative intervention.

(2) If Chemical Contamination Is Discovered After Patient Has Been Admitted - Immediately notify the Safety Officer and HAZMAT Team; follow appropriate notification procedures and facility protocol for dealing with a HAZMAT Incident. If the type of chemical is known, immediately consult with the Safety Officer/Industrial Hygienist and check the Material Safety Data Sheet or with Poison Control (1-800-222-1222) for determination of toxicity and the need for evacuation, decontamination, or other actions.

e. **Special Considerations for Specific Trauma Types.** Detailed discussion is beyond the scope of this SOP. A few major considerations are mentioned here. Please refer to provided references and pursue further study.

(1) Blast Injuries.

(a) Components of Blast Injury:

1. Compression wave.

2. Thermal wave.

3. Flying debris.

4. Structural Collapse.

5. Psychological Trauma.

6. Physical Exertion (Escape or rescue efforts).

(b) Blast injuries associated with a bomb or explosion are classified into three types:

1. Primary blast injuries result from the pressure wave produced by the blast and result in greatest injury to the gas-containing organs.

2. Secondary blast injuries result from flying debris.

3. Tertiary blast injury results from the person being thrown against an object or the ground.

(c) Greater morbidity and mortality occur when explosions occur within a confined space or when structural collapse occurs.

(d) Tympanic membrane (eardrum) rupture is a sensitive indicator of the force of the Primary Blast Wave and may rupture at a pressure exceeding 2 atmospheres. Thus, examination of the tympanic membrane should be done in all victims presenting from a blast injury. However, tympanic membrane rupture alone is not a predictor of mortality.

(e) Injuries from the secondary blast effects are typical of penetrating trauma.

(f) In a secondary blast injury related to terrorism, penetrating objects may have been embedded in the bomb and include nails, screws, glass, or other objects. Such objects may be intentionally coated with toxins, infectious agents, or drugs such as the superwarfarins (long-acting anticoagulants).

(g) Injuries from the tertiary blast effects are typical of blunt trauma.

(h) Traumatic amputation in association with a blast injury is a predictor of mortality.

(i) Blast injury produces certain specific organ injuries:

1. Blast Lung:

a. Is the most common fatal injury in initial survivors and presents immediately and up to 48 hours post-blast.

b. Symptoms are dyspnea or apnea, cough, hemoptysis, or chest pain.

c. Clinical Triad - Apnea, bradycardia, and hypotension.

d. CXR (obtain in all blast victims): Classic “butterfly” pattern.

e. Chest tube recommended prior to general anesthesia or air transport.

f. Results from bleeding into the lung tissue, ranging from scattered petechiae to frank hemorrhage, resulting from the pressure wave.

2. Blast Abdomen:

a. May present immediately or only later after complications arise.

b. Symptoms are abdominal pain, nausea, vomiting, hematemesis (vomiting blood), rectal pain, testicular pain, and tenesmus.

c. Clinical Findings - Any suggesting an acute abdomen, unexplained hypovolemia (low fluid volume usually manifested as low blood pressure.)

d. Results from bowel perforation/rupture, abdominal/intestinal hemorrhage (as in blast lung), lacerations of the solid organs, mesenteric shear injuries, testicular rupture.

3. Blast Brain Injury:

a. Traumatic Brain Injury may be minimal or major.

b. If minimal, may mimic Post Traumatic Stress Disorder (PTSD).

c. Symptoms are headache, fatigue, lethargy, depression, anxiety, poor concentration, and insomnia.

d. Results from the primary blast wave.

4. Other Blast Complications:

a. Air Embolism:

(1) Presentation - stroke, MI, acute abdomen, spinal cord injury, blindness, deafness, claudication.

(2) Consider hyperbaric oxygen; may be effective.

b. Inhaled Toxins:

(1) Carbon Monoxide, cyanide, phosgene, and other chemicals released secondary to associated fires.

(2) Check for methemoglobinemia:

(a) Treatment includes high concentration oxygen.

(b) When cyanide is involved, the Cyanide Antidote Kit can be lifesaving.

c. Hearing Impairment:

(1) Sudden temporary or permanent deafness may occur. Tinnitus (ringing in the ears) may occur.

(2) May have to communicate in writing to obtain history and provide instructions.

d. Wound Contamination:

(1) Consider delayed primary closure for contaminated wounds unless patient is a victim of significant radiation.

(2) Assess the need for tetanus prophylaxis.

(3) Assess the need for antibiotic prophylaxis.

(4) In radiation events with significant irradiation of the patient, all wounds should be closed primarily if at all possible. (Note to Writer: Refer to sample Radiation SOP, Sample 6-23, Section 6, in the Emergency Management Program Guidebook.)

(j) For further information, refer to: Centers for Disease Control and Prevention publication Explosions and Blast Injuries: A Primer for Clinicians (http://www.bt.cdc.gov/masscasualties/explosions.asp).

(2) Burns.

(a) Respiratory tract burns should be suspected if:

1. Soot is noted in the nose, mouth, or sputum; may also appear inflamed.

2. The eyebrows, nasal or facial hair is singed.

3. Face or neck is burned.

4. Hoarseness is noted.

5. History of confinement in a burning area.

6. Greater than 10% carboxyhemoglobin level after a fire.

(b) Respiratory tract burns require immediate care including airway support; and transfer to a burn center is indicated.

(c) If stridor is present, immediate intubation is indicated.

(d) Early intubation is indicated in any patient with circumferential neck burns due to the risk of airway compression from progressive tissue swelling.

(e) Burns of the eyes require urgent examination before swelling prevents adequate examination.

(f) IV fluid support is indicated for any patient with more than a 20% BSA burn area unless the burn is only first degree. Place Foley catheter for hourly measurement of urinary output. (See Management portion below.)

(g) Estimation of the percent of Body Surface Area burned is essential. The rule of nines is useful in the adult patient.

(h) Assessment of the depth of the burn is also essential.

1. Third degree, full-thickness burns are painless and usually dry; may be red but does not blanch; may appear dark and leathery or waxy white or mottled.

2. Second degree, partial-thickness burns are very painful, appear red or mottled with blistering and swelling; may be weeping and wet.

3. First degree, relatively minor burns (i.e., sunburn) have varying degrees of pain; are red and dry; do not have blisters; are not life threatening and do not require fluid resuscitation.

(i) Management of thermal burns includes following the primary and secondary trauma survey protocols, and:

1. High-flow oxygen by non-rebreathing mask (facilitates CO removal).

2. Fluid resuscitation for 2nd and 3rd degree burns (need is greatest for 3rd degree burns):

a. Burn Resuscitation Formula: 2-4ml Ringer's Lactate x body wt. (kg) x % BSA with 2nd and 3rd degree burns = total volume to give within the first 24 hours from the time of burn (TOB). Give ½ of this total calculated volume within the first 8 hours from TOB; give the remaining ½ calculated fluid volume over the next 16 hours.

b. For 3rd degree burns, begin with 4ml/kg/% burn and reduce quantity as indicated clinically.

c. Urine output goal:

(1) Adults: 0.5-1.0ml/kg/hour

(2) Children less than 30kg: 1.0ml/kg/hour

3. Place Foley catheter for hourly measurement of urinary output.

4. Frequently monitor electrolytes to avoid electrolyte imbalance.

5. Provide continuous EKG monitoring.

6. Airway management as indicated and as discussed above.

7. Initiate a burn management flow sheet upon admission.

8. Obtain lab as discussed for trauma patients, with carboxyhemoglobin.

9. Remove all jewelry from burned areas.

10. Assess for peripheral pulses (Doppler if available) and intact sensation, with repetitive reassessment to monitor for development of a compartment syndrome and need for fasciotomy or escharotomy.

11. Pain management should be by small frequent intravenous doses, not the intramuscular route; for example, Morphine Sulfate 2mg IV every 5 minutes until pain relieved. To avoid respiratory depression, follow pulse oximetry and respiratory rate.

12. Cover burns with clean linen to relieve pain; do not apply ointment, unless advised by Burn Center. Maintain blisters intact.

13. Provide tetanus prophylaxis.

14. With burns over 20% BSA, insert a gastric tube to suction.

15. Reserve antibiotics for treatment of infection.

16. Contact the local or regional burn center to discuss criteria for transfer. (See Annex F, Burn Center Transfer Guidelines.)

(j) Management of chemical burns includes following the primary and secondary trauma survey protocols and:

1. Do not flush dry chemicals with liquid; brush them away first. Some chemicals ignite with water, such as white phosphorus.

2. Flush with large amounts of water for 20-30 minutes, longer for alkali burns.

3. Continuously irrigate the eye in the case of alkali burn for 8 hours.

4. Do not replace fluid by the Burn Formula for most chemical burns. Fluid loss in a chemical burn is less than for thermal burns. Use of the standard burn formula for IV fluid replacement in a chemical burn patient may result in fluid overload and pulmonary edema.

(3) Fractures.

(a) Fractures of the long bones and pelvis indicate that major force was involved in the trauma and that other injuries should be sought.

(b) Long bone and pelvic fractures can result in major hemorrhage, which may result in shock. Several units of blood can be lost into the surrounding tissue space. Pelvic fractures have the potential for 1 to more than 5 liters (L) of blood; femur fractures, 1-4 L; spine fractures, 1-2 L; leg fractures 0.5-1 L; and arm fractures, 0.5-0.75 L.

(c) Initial fracture splinting and immobilization will:

1. Reduce motion, thus reducing further tissue damage.

2. Assist with hemorrhage control.

3. Reduce pain.

4. Assist in realignment toward an anatomic position.

(d) Hemorrhage in an open fracture can usually be controlled by application of a sterile dressing.

(e) Physical examination should include notation of:

1. Perfusion (color, capillary refill, pulses).

2. Deformity (position, rotation, or angulation, shortening).

3. Sensation (verification of intact nerve supply).

4. Edema.

5. Bruising or open wounds.

6. Palpation for areas of tenderness, especially focal point tenderness over bone, which frequently indicates a fracture.

7. Cautious range of motion testing and checks for ligamentous instability.

(f) Cervical or spine fractures should be evaluated by a lateral C-spine x-ray if possible, during the primary survey and followed by a full C-spine series during the secondary survey. The C-spine or portion of the spine with possible fracture must be immobilized until fully assessed.

(g) All open fractures require surgical exploration and debridement.

(h) With hemorrhage and swelling from a fracture involving an extremity, pulses and sensation must be monitored for development of a compartment syndrome and the need for decompression with a fasciotomy.

(i) Pelvic fractures may be associated with genitourinary system injury.

(j) Fat embolization can result in hypoxia and Central Nervous System (CNS) impairment.

(k) Consult with Orthopedics for further management.

(4) Crush Injuries (Traumatic Rhabdomyolysis).

(a) Characteristics - Hemorrhage into soft tissue with massive swelling, bruising and hematoma formation.

(b) Major history point - How long was the tissue crushed prior to removal of the crushing object?

(c) Crush injury to the chest may produce traumatic asphyxia. Petechiae, swelling (may include cerebral edema) and redness from vascular congestion may be present over the face, arms, and upper body due to compression of the superior vena cava.

(d) Risk of compartment syndrome, neurovascular damage, rhabdomyolysis and tissue necrosis, hyperkalemia, myoglobinuria, acute renal failure (may require dialysis), hypocalcemia, metabolic acidosis, hypovolemia, and disseminated intravascular coagulation (DIC).

(e) Testing - Follow serum creatine phosphokinase (CK), potassium (K), acid-base status; check urine for myoglobulin; urine will appear dark amber and hemoglobin test will be positive.

(f) Prevention of Renal Failure - Usual goal for urine output is 100 ml/hour; may alkalinize urine with sodium bicarbonate to prevent precipitation of myoglobin.

(g) Prevention of Limb Loss - Aggressive monitoring for compartment syndrome with fasciotomy for circulatory compromise.

(h) Crush injuries in children may involve the growth areas of the bones and result in abnormal growth and development.

(5) Traumatic Amputation.

(a) Do not let this divert your attention from more life-threatening injuries, which may be missed while attending to the amputation.

(b) Immediate Care - control bleeding with direct pressure and elevation; re-establish normal intravascular volume; gently cleanse the wound and cover with a sterile dressing; immobilize extremity until evacuation; reduce dislocations and angular deformities with monitoring of neurovascular status; obtain early surgical debridement. Use tourniquets only for life-threatening bleeding when other methods of control have failed, due to risk of distal tissue loss.

(c) Intervening care in event of delayed definitive treatment - antibiotics (parenteral cephalosporin, such as cefazolin 1 gram IV, unless allergic), tetanus prophylaxis; limited open wound irrigation and debridement; splint or cast extremities; monitor for compartment syndrome; consider other complications, such as deep vein thrombosis, osteomyelitis and fat embolus syndrome.

(d) Limb loss may be considered as a severe type of open fracture.

(e) Severe open fractures may result in amputation when limb cannot be salvaged, due to prolonged ischemia and severe tissue injury.

(f) Vascular injuries to a limb must be repaired within 6 hours to avoid tissue necrosis and potential limb loss.

(g) Psychological, as well as physical, trauma; anticipate grief reaction from loss.

(h) Reimplantation:

1. Is not indicated in the critical patient with multiple injuries requiring resuscitation or surgery for other injuries, or in the patient with pre-existing major systemic disease.

2. Is not indicated when the amputated limb has been severely crushed.

3. May be indicated in a clean, sharp amputation of an extremity (sharp guillotine injuries are best candidates).

4. Amputated limb care:

a. Avoid freezing; do not use dry ice; do not allow direct contact of ice with tissue.

b. Do not soak limb in container of solution.

c. Wash well in isotonic solution (Ringer's Lactate or Normal Saline); wrap in sterile gauze soaked in the solution containing 100,000 units of aqueous penicillin per 50 ml of isotonic solution (if NOT penicillin allergic); then wrap in sterile towel moistened with the same solution; place in plastic bag; transport (preferably with the patient) in an ice chest (use crushed wet ice, not dry ice) or in a refrigerated container at 4ºC (~ 40ºF).

5. Immediate cooling may increase the time of amputated limb salvage from the usual 6 hour maximum to 12-24 hours.

(6) Abdominal Wounds with Evisceration.

(a) Do not replace exposed organs into the abdominal cavity.

(b) Cover with gauze wet with normal saline.

(c) Obtain surgical consultation immediately.

(7) Sucking Chest Wounds.

(a) Do not place a chest tube through the site of the wound.

(b) Occlude the wound with Vaseline impregnated gauze, plastic wrap or other occlusive dressing taped on three sides. This allows the dressing to seal the wound with inspiration and lets the leaking air escape with exhalation. Occluding on all 4 sides without a chest tube inserted may allow the leaking air to accumulate in the chest, producing a tension pneumothorax.

(c) Placement of a chest tube through uninvolved skin is indicated by an experienced practitioner.

(8) Closed Chest Trauma.

(a) Evaluate for signs of a pneumothorax or hemothorax. Respiratory distress and if unilateral decreased breath sound with increased resonance on percussion, r/o pneumothorax; with decreased resonance on percussion, r/o hemothorax.

(b) Immediately obtain pulse ox, ABGs, chest x-ray. Do not delay intervention for results in a life-threatening situation when the clinical diagnosis warrants immediate intervention.

(c) Recognize signs of Tension Pneumothorax: chest pain, respiratory distress, absent breath sounds with hyper-resonance on the affected side of the chest, hypotension, tracheal deviation, may have jugular venous distention. If tension pneumothorax is diagnosed, immediate decompression is indicated. Inset a large-bore needle in the second intercostal space in the mid-clavicular line on the affected side. Follow when indicated (in most cases) with chest tube insertion, usually just anterior to the mid-clavicular line in the 5th intercostals space.

(d) Recognize signs of Cardiac Tamponade: The classic triad is jugular venous distension plus muffled heart sounds plus reduced blood pressure. However, these signs are not specific and may be absent. Electrical Alternans is an infrequent but diagnostic sign; the QRS complex on the EKG alternates between positive and negative. Also, on the EKG, the QRS voltage may be low (less than 5 mm in amplitude).

f. **Special Considerations in Specific Trauma Patients.** In no situation when other more appropriate resources are available should pregnant trauma patients or pediatric trauma patients be transported to or treated at the VACHS. However, when such patients arrive, every effort should be made to minimize morbidity and mortality by providing emergency care and stabilization until more appropriate care is available. Two methods of obtaining this care are possible: the preferable solution is the rapid transfer of the patient to an appropriate facility; a less optimal contingency that should be considered is establishment and maintenance of a credentialing file of Obstetricians and Pediatricians who can be called to report to the hospital when indicated in a Mass Casualty Incident. Consideration should be given to developing a contingency plan that includes pre-event identification and credential verification for qualified Obstetricians, Surgeons and Pediatricians skilled in management of obstetric and pediatric trauma patients who would plan to report to the facility Emergency Department for activation of temporary privileges when the EOP and Trauma SOP are activated due to an event, and local pediatric facilities are overwhelmed or inaccessible.

(1) The Pregnant Trauma Patient:

(a) Pregnancy should be considered in girls and women between the ages of 10 and 50 years of age, and pregnancy testing should be considered in females in this age range. Inquiry into the menstrual history will assist in excluding this possibility in younger and older patients.

(b) Two patients are being assessed and treated: both the mother and the unborn. The life of the unborn depends upon the mother’s health; thus, direct initial management toward maternal resuscitation.

(c) The best initial care for the unborn is the provision of optimum resuscitation and care for the mother and early assessment of the unborn.

(d) Order of care should be: Initial Survey and Resuscitation for the Mother; Fetal Assessment; Secondary Survey of the Mother to include Pelvic Examination preferably

by an Obstetrician. Fetal heart rate monitoring is indicated at greater than 20-24 weeks gestation.

(e) Pregnancy produces changes in both anatomy and physiology that alter both injury patterns and the response to trauma.

(f) Significant change includes increased oxygen consumption; thus, early provision of supplemental oxygen is indicated and hypervolemia of pregnancy indicating the need for early fluid resuscitation.

(g) Early consultation with both a qualified Obstetrician and a Surgeon should be obtained in all pregnant trauma patients.

(h) Full discussion of this is beyond the scope of this document, and qualified medical practitioners must attend to these patients as soon as possible. (See Annex G for a summary of some of the considerations in management of the pregnant trauma patient.) Some conditions of concern include uterine rupture, abruption placenta or placental separation, amniotic fluid embolization, disseminated intravascular coagulation and fetal loss (See Annex H).

(i) Peri-mortem Cesarean Section within 4-5 minutes of maternal cardiac arrest may be successful, unless the mother has been hypovolemic. In cases of hypovolemia, this is unlikely to be successful due to prolonged fetal compromise.

(j) Disseminated intravascular coagulation (DIC) may occur rapidly in the pregnant trauma patient. Findings include low fibrinogen (less than 250mg/dl), low platelet count and reduction in other coagulation factors. Management includes urgent uterine evacuation and management of the depleted factors.

(k) Consider Rh immunoglobulin therapy within 72 hours in all Rh-negative pregnant trauma patients with possible fetomaternal hemorrhage (any degree of trauma of the abdomen or thorax) to avoid Rh sensitization.

(2) The Pediatric Trauma Patient. Treatment of the pediatric patient requires specialized knowledge of normal developmental stages, pharmacology with calculation of drug dosages on a weight basis and avoidance of specific drugs, and specialized knowledge of Pediatric Advanced Life Support. Consideration should be given to developing a contingency plan that includes pre-event identification and credential verification for qualified Pediatricians and Surgeons skilled in management of pediatric trauma patients who would plan to report to the facility Emergency Department for activation of temporary privileges in an event when the EOP and Trauma SOP are activated, and when local pediatric facilities are overwhelmed or inaccessible. Sources must be identified for rapid availability of pediatric supplies and equipment, and these must rapidly be obtained as soon as such a situation is recognized.

(3) The Elderly Trauma Patient. Fatality rates with trauma are increased in the elderly patient, but no good criteria exist to determine which factors are determinants of

mortality. Aggressive early treatment has been shown to improve survival in the elderly trauma patient. Many of these patients return to their pre-injury level of function after recovery. Ethical considerations warrant that the patient's right to self-determination as expressed in pre-existing Advance Directives should be considered in the massively injured elderly patient. It is inappropriate to withhold care based upon consideration of age. Consideration of age-related changes in physiology and reduced reserve capacity is necessary to provide optimal care.

g. **Event Monitoring Strategies.** Police should coordinate with local authorities and monitor the progress and duration of the event. Nursing, Chief of Staff, Hospital Director and Clinical Services should document clinical data and assist in patient tracking and disposition.

h. **Recovery Strategies and Resource Issues.** An assessment of mission-critical systems, medical resources, and personnel needs should be conducted every 12 to 24 hours during the event and forwarded to the Hospital Command Center (HCC) so that a Situation Report (SITREP) can be compiled.

7. Notification Procedures.

a. Within VA. VA Police #111444

b. VISN 8 Director & Emergency Manager email group VISN 8 Issue Brief Notifications

c. VHA Watch Office 202-461-0268/69

d. OSHA - within eight (8) hours if one (1) employee fatality, or three (3) employee hospitalizations from a single incident. 1-800-321-6742

e. Other Federal Agencies. Federal Emergency Management Administration (FEMA), Human Health Services (HHS) as necessary.

f. Other. Local fire, policy, health, and rescue agencies as appropriate.

g. Municipal utilities for lifeline systems, such as water, electricity, sewage, and storm drain.

h. Pre-arranged partners for transport of patients, as necessary.

8. Specialized Staff Training.

a. Train staff on the principles of trauma management (e.g., triage, first aid, stabilization, and emergency treatment of the trauma victim; appropriate transfer and transport; and psychological, ethical, and legal issues).

b. Encourage providers to pursue training in trauma management through recognized courses, such as:

(1) Advanced Trauma Life Support for Doctors (American College of Surgeons).

(2) Advanced Trauma Course for Nurses (Society of Trauma Nurses).

(3) Advanced Burn Life Support Pre-Hospital Course

(4) Pre-hospital Trauma Life Support course (National Association of Emergency Medical Technicians).

(5) Basic Disaster Life Support.

(6) Advanced Disaster Life Support.

(7) VACHS's Hospital Emergency Decontamination Course (HEDCo)

c. **Conduct tabletop exercises to evaluate response readiness.**

d. **Participate in community-wide exercises.**

e. **Conduct drills and mini drills.**

9. References and Resources

a. Advanced Trauma Life Support for Doctors, American College of Surgeons https://www.facs.org/quality-programs/trauma/atls/about

b. Air & Surface Transport Nurses Association. Transport Nurse Advanced Trauma Course (TNATC) (http://www.astna.org/TNATC.html.)

c. The American Association for the Surgery of Trauma Web net (http://www.aast.org/).

d. Centers for Disease Control and Prevention, Mass Trauma Data Instrument (http://www.cdc.gov/masstrauma/response/rapidassessment_notes.pdf).

e. Centers for Disease Control and Prevention, Mass Casualty Information for Health Professionals (http://www.bt.cdc.gov/masscasualties/essentialspro.asp).

f. Centers for Disease Control and Prevention, Coping with a Traumatic Event; more about post-traumatic stress disorder and what you can do. (http://www.bt.cdc.gov/masscasualties/copingpub.asp).

g. Centers for Disease Control and Prevention, Explosions and Blast Injuries: A Primer for Clinicians (http://www.bt.cdc.gov/masscasualties/explosions.asp).

h. Centers for Disease Control and Prevention, Blast Lung Injury: What Clinicians Need to Know (http://www.bt.cdc.gov/masscasualties/blastlunginjury.asp).

i. Centers for Disease Control and Prevention, Blast Lung Injury: An Overview for Prehospital Care Providers (http://www.bt.cdc.gov/masscasualties/blastlunginjury_prehospital.asp).

j. Centers for Disease Control and Prevention; National Center for Injury Prevention and Control; Sasser SM, et al. In a Moment's Notice: Surge Capacity in Terrorist Bombings. 2007 (http://www.bt.cdc.gov/masscasualties/pdf/surgecapacity.pdf).

k. Centers for Disease Control and Prevention, Traumatic Incident Stress: Information for Emergency Response Workers. (http://www.cdc.gov/niosh/unp-trinstrs.html).

l. Center for Mental Health Services/Division of Prevention, Traumatic Stress, and Special Programs/Emergency Mental Health and Traumatic Stress Services Branch, Emergency Mental Health and Traumatic Stress. (http://www.mentalhealth.org/cmhs/EmergencyServices/links.asp).

m. Community Emergency Response Team (CERT) Training, FEMA: Chapter III. Disaster Medical Operations Part; Chapter IV. Disaster Medical Operations Part 2 (http://transit-safety.volpe.dot.gov/training/Archived/EPSSeminarReg/CD/documents/CERT/tcintro.doc).

n. Current Emergency Diagnosis and Treatment; Stone KC, Humphries RL; 2004 5th edition; Lange Medical Books/McGraw-Hill.

o. Emergency Nurses Association. Course in Advanced Trauma Nursing (http://www.ena.org/catn_enpc_tncc/catn/main.asp).

p. International Atomic Energy Agency and World Health Organization. How to Recognize and Initially Respond to an Accidental Radiation Injury (http://www-pub.iaea.org/MTCD/publications/PDF/IAEA-WHO-L-Eng.pdf).

q. Lavonas E and Pennardt A., Blast Injury. Online in eMedicine from Webb MD Last Updated: January 17, 2006. (http://www.emedicine.com/emerg/topic63.htm).

r. National Center for Post-Traumatic Stress Disorder (PTSD), Department of Veterans Affairs. (http://www.ncptsd.org/).

s. Disaster Mental Health: Dealing with the Aftereffects of Terrorism. Brief Information for the Public and the Professional. National Center for PTSD, Veterans Affairs (http://www.ncptsd.org/disaster.html).

t. US Department of Justice, Federal Bureau of Investigation. Terrorism 2002-2005. (http://www.fbi.gov/publications/terror/terrorism2002_2005.pdf).

u. VHA Emergency Management Program Guidebook.

v. ER Trauma Guide, (1st Edition), 2004, Stanford, CT, MIS Inc. (This is a pocket card.)

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x. Livingston, DH; Hauser, CJ; Trauma to the Chest Wall and Lung; in Trauma; McGraw-Hill Medical Publishing Division, New York, NY; 5th Edition, 2004; ISBM 0-07-137069-2.

y. Morgan OW, et al; Mass Fatality Management following the South Asian Tsunami Disaster: Case Studies in Thailand, Indonesia, and Sri Lanka. PLOS Med 3:6; June 2006. (http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=16737348).

z. The Mont Reid Surgical Handbook; Fischer, DR, Kelly, BS (eds); Elsevier Mosby Publisher, Cincinnati, OH; 5th Edition, 2005.

aa. Trauma; Moore, EE; Feliciano, DV; Mattox, KL (eds); McGraw-Hill Medical Publishing Division, New York, NY; 5th Edition, 2004; ISBM 0-07-137069-2.

Addendums:

a. Common Trauma in Natural Disasters

b. Common Trauma in Non-Natural Disasters

c. Secondary Effects of Disasters

d. Glasgow Coma Scale

e. Dysrhythmias in the Trauma Patient

f. Burn Center Transfer Guidelines

g. Special Considerations in the Pregnant Trauma Patient

h. Assessment of the Unborn and Uterine Injury: Approach to Selected Issues

Addendum A

Common Trauma in Natural Disasters

Type of Disaster	Common Trauma Mechanisms	Common Trauma Types
Earthquake	Structural collapse Falling Debris Fires Falls Disruption of Infrastructure (Loss of power, food, water, public safety) Environmental Exposure	Crush Injuries Fractures Head Injury Spinal Cord Injury Amputations Lacerations Contusions Hypothermia Infection Exacerbation of chronic medical problems
Flood	Flooding from rains Landslides from soil instability Loss of agriculture and food supply Loss of clean water supply Loss of power	Drowning Vector borne diseases Famine
Ice Storm		Fractures Lacerations Contusions Closed head injury
Tornado/ Severe Storm	Flying debris Structural Collapse Falls	Head injuries Crush Injuries Fractures Contusions Lacerations Blunt and penetrating trauma
Hurricane/ Typhoon/ Tropical Cyclone	High winds (may be > 150mph): Flying debris/ Structural Collapse Flooding from rains Landslides from soil instability	Trauma from debris Crush injuries Drowning
Tsunami	Sudden tide of very high water at great speed	Drowning Trauma
Volcano	Falling debris Structural collapse (ash weight, mudslides, lava flows) Fires	Blunt trauma Burns Crush injuries Asphyxiation

Addendum B

Common Trauma in Non-Natural Disasters

Type of Disaster	Common Injury Mechanisms	Common Injury Types
Explosion/Bomb Blast	Heat Toxic gas production Structural collapse	Thermal burns Crush injuries Fractures Internal organ rupture Penetrating trauma
Hurricanes/Typhoons/ Tropical Cyclones Tsunamis Floods Earthquakes	Landslides from soil instability Loss of agriculture and food supply Loss of clean water supply Loss of power Loss of public safety	Starvation from famine Infectious disease from loss of sanitation/water Violence (Beatings, stabbings, shootings, rape, theft)
Hurricanes/ Typhoons/ Tropical Cyclones Tsunamis Floods Earthquakes	Landslides from soil instability Loss of agriculture and food supply Loss of clean water supply Loss of power Loss of public safety	Starvation from famine Infectious disease from loss of sanitation/water Violence (Beatings, stabbings, shootings, rape, theft)
Fire	Heat Toxic Gas Production Structural Collapse	CO Asphyxiation Toxic Gases Thermal Burns
Transportation Accident: Railway, Highway, Airplane	Multiple	Fractures Contusions Lacerations Head Injury Blunt Thoracic Injury Blunt Abdominal Injury
Industrial Accidents	Multiple, dependent upon nature of event and agents involved	Asphyxiation Respiratory distress Skin and eye irritation/wounds Multiple non-trauma medical effects
Radiation and Nuclear Accidents	Blast effects Toxic chemical exposure Radiation effects (late)	See Explosion/Bomb blast above (Annex A)
Other acts of violence	Gunshot wounds	Penetrating trauma

Addendum C

Secondary Effects of Disasters

Types of Disaster	Mechanism	Effect
Hurricanes/Typhoons/ Tropical Cyclones Tsunamis Floods Earthquakes	Landslides from soil instability Loss of agriculture and food supply Loss of clean water supply Loss of power Loss of public safety	Starvation from famine Infectious disease from loss of sanitation/water Violence (Beatings, stabbings, shootings, rape, theft)

Addendum D

The Glasgow Coma Scale

The Glasgow Coma Scale is the most widely used scoring system used in quantifying level of consciousness following traumatic brain injury. It is used primarily because it is simple, has a relatively high degree of interobserver reliability and because it correlates well with outcome following severe brain injury.

It is easy to use, particularly if a form is used with a table like the one above. One determines the best eye-opening response, the best verbal response, and the best motor response. The score represents the sum of the numeric scores of each of the categories. There are limitations to its use. If the patient has an endotracheal tube in place, they cannot talk. For this reason, many prefer to document the score by its individual components; so, a patient with a Glasgow Coma Score of 15 would be documented as follows: E4 V5 M6. An intubated patient would be scored as E4 Vintubated M6. Of these individual factors, the best motor response is probably the most significant.

Other factors which alter the patient's level of consciousness interfere with the scale's ability to accurately reflect the severity of a traumatic brain injury. So, shock, hypoxemia, drug use, alcohol intoxication, metabolic disturbances may alter the GCS independently of the brain injury. Obviously, a patient with a spinal cord injury will make the motor scale invalid, and severe orbital trauma may make eye opening impossible to assess. The GCS also has limited utility in children, particularly those less than 36 months. In spite of these limitations, it is quite useful and is far and away the most widely used scoring system used today to assess patients with traumatic brain injury.

Glasgow Coma Score		
Eye Opening (E)	**Verbal Response (V)**	**Motor Response (M)**
4=Spontaneous 3=To voice 2=To pain 1=None	5=Normal conversation 4=Disoriented conversation 3=Words, but not coherent 2=No words.....only sounds 1=None	6=Normal 5=Localizes to pain 4=Withdraws to pain 3=Decorticate posture 2=Decerebrate 1=None
		Total = E+V+M

Addendum E

Special Considerations in the Pregnant Trauma Patient*

Issue	Change Due to Pregnancy	Change in Management
Maternal versus Fetal Treatment	Two patients: Priority treatment for the mother usually provides the best outcome for the unborn.	Usual order of care: 1. Primary survey and resuscitation of mother. 2. Assessment of the unborn. 3. Secondary survey of mother.
Patient Position: Left is usually best	Supine position may cause uterine compression of the inferior vena cava and worsen shock by reducing blood return to the heart.	1. Transport/maintain patient on the left side, except when spinal injury is suspected. 2. Supine Positioning: Log roll patient 4-6 inches to the left and support the abdomen.
Vital sign (VS) Interpretation: Maternal versus Fetal	Increased intravascular volume of pregnancy: Maternal VS's may remain stable but the unborn may be hypotensive and hypovolemic	1. Administer crystalloid fluids and blood early. 2. AVOID vasopressors (reduce uterine blood flow, result in fetal hypoxia).
Gastric emptying time	Prolonged: Increased risk of aspiration	1. Assume the stomach is full. 2. Early placement of gastric tube for decompression.
Seizure Etiology: Head Injury versus Eclampsia	Eclampsia: Hypertension Hyperreflexia Peripheral Edema Proteinuria	STAT Consultation with Neurologist and Obstetrician to assist with differential diagnosis and treatment of seizures
Associated injuries	1. Abruprio placentae 2. Fetal loss (~80% in maternal survivors of hemorrhagic shock) 3. Uterine injury increases with increases in uterine size	1. Admit <u>all</u> pregnant patients with major injuries to an appropriately specialized facility. 2. Closely observe <u>all</u> pregnant patients, even with minor injuries.

*Early consultation with both a qualified obstetrician and a surgeon skilled in trauma should be obtained in all pregnant trauma patients. Full discussion of this topic is beyond the scope of this document and qualified medical practitioners must attend to these patients as soon as possible.

Addendum F

Burn Center Transfer Guidelines

The American Burn Association (ABA) has identified burn injuries which should be referred to a burn center. Further information on the treatment of burn injuries and guidelines for transfer may be found on the ABA website: http://www.ameriburn.org/

The referral criteria* listed can be grouped into four categories:

- Burn degree or extent:
  - Third degree burns, regardless of patient age
  - Partial- thickness of greater than 10% of total body surface area
- Special burn locations:
  - Face, hands, feet, genitals, perineum, or major joints
  - Inhalation injury
- Special burn types:
  - Electrical (including lightning)
  - Chemical
- Special patient characteristics:
  - Preexisting medical disorders impacting recovery or outcome
  - Concomitant trauma (will increase risk of morbidity/mortality); note that trauma stabilization/treatment may be needed prior to transfer to a burn center
  - Children, if hospital does not usually treat children
  - Patients requiring special intervention for social, emotional, or rehabilitation.

*http://www.ameriburn.org/BurnCenterReferralCriteria.pdf?PHPSESSID=61f68faad19e5b5d90e465c71ea15f82

* This reference site notes that their criteria were “Excerpted from Guidelines for the Operation of Burn Centers (pp. 79-86), Resources for Optimal Care of the Injured Patient 2006, Committee on Trauma, American College of Surgeons.”

Addendum G

Dysrhythmias in the Trauma Patient

Observation	Consider
Atrial Fibrillation Tachycardia, Unexplained Premature Ventricular Contractions (PVCs) ST Segment Changes	Blunt Cardiac Trauma
Pulseless Electrical Activity (PEA)	Hypovolemia Tension Pneumothorax Cardiac Tamponade
Bradycardia Aberrant Conduction Premature Atrial Contractions or PVCs	Hypoxia Hypovolemia Hypothermia

Addendum H

Assessment of the Unborn and Uterine Injury: Approach to Selected Issues

Issue	Approach (Sign recognition)	Other
Fetal Assessment	1. Perform Doppler auscultation of fetal heart tones (~ 10 weeks gestation). 2. Perform continuous fetal monitoring at greater than 20 to 24 weeks gestation.	1. Obtain Obstetric Consultation immediately. 2. Normal fetal heart rate: 120-160 beats/minute. 3. Fetal heart rate is sensitive sign of both maternal and fetal status.
Fetal Distress	Recognize fetal distress signs: -Frequent uterine contractions -Abnormal fetal heart rate: -- Less than 120 or over 160 -- Repeated decelerations -- No beat-to-beat rate change -- Loss of accelerations	Obtain STAT Obstetric Consultation for any of these.
Premature rupture of the chorioamniotic membrane	- Amniotic fluid in the vagina (pH 7-7.5)	Urgent Obstetric Consultation
Uterine Rupture	- Abdominal pain or cramping - Hypovolemia or shock - Rigid abdominal wall - Abdominal tenderness, guarding, or rebound - Transverse or oblique fetal position - Palpation of fetal parts outside of the uterus - X-ray findings of free intraperitoneal air, extended fetal extremities, or abnormal fetal position - Difficulty palpating uterine fundus	Mandatory Operative Exploration
Abruptio Placentae	- Abdominal pain or cramping - Vaginal Bleeding (~ 70%) - Uterine irritability, frequent contractions, or tetany - Uterine tenderness -Hypovolemia or shock	Immediate Obstetric Care

ANNEX 1.18

MASS FATALITY MANAGEMENT

1. PURPOSE

This procedure outlines steps that VA Caribbean Healthcare System (VACHS) must follow in the management of a mass fatality event as a result of an internal or external disaster.

a. **Description of the Threat/Event.**

A mass fatality incident is defined as any situation in which there are more fatalities than can be handled in a timely and professional manner using the usual available local resources to address a single incident or multiple incidents. These incidents may be a result of but not limited to natural or man-made events including fire, flood, hurricane, tornado, earthquake, weapons of mass destruction (WMD's), bomb/blast, chemical, nuclear, biological, pandemic, structural collapse, and transportation disasters. The Puerto Rico Forensic Institute is responsible for determining the cause of death for all fatalities resulting from acts of homicide, suicide, or accident, and those constituting a public health hazard. The Puerto Rico Forensic Institute is responsible for the medico-legal investigation of the incident. It is also the responsibility of the Puerto Rico Forensic Institute for documentation, identification, disposition, certification of death of all remains as well as all morgue operations. Additional assistance from other agencies is subject to the discretion and approval of the Puerto Rico Forensic Institute.

b. **Impact on Mission Critical Systems.** N/A.

c. **Operating Units and Key Personnel with Responsibility to Manage this Threat/Event.**

(1) Command Staff

(2) Operations Section

(3) Medical Care Director

(4) Discharge Unit Leader

(5) Morgue Unit Leader

d. **Mitigation/Preparedness Activities for the Threat/Event.**

(1) Hazard Reduction Strategies and Resource Issues. N/A.

(2) VACHS main morgue current capability to store and handle human remains is approximately 32 human remains (ideal capacity) at any given time. In addition, external mobile morgues can handle a total of 90 additional human remains.

(3) Preparedness Strategies and Resource Issues.

(a) The VACHS will maintain resources necessary for proper identification, storage and handling of human remains. These resources will be procured and maintained by the Pathology & Laboratory Medicine Service (P&LMS) and the Health Benefits Administration Service (HBAS) Detail Section.

(b) VACHS has developed a training MOU with the US Army reserve to provide hand-on training in the handling of human remains to soldiers.

(c) Puerto Rico Forensic Institute Standard Operating Procedure (SOP) will be periodically reviewed by P&LMS and HBAS to ensure that procedures are followed. P&LMS will request a copy of this plan annually.

(d) Temporary storage of human remains which could not be stored inside the Morgue and the VA Mobile Morgues (trailers) will be stored inside rental of additional refrigerated containers. Procurement of these containers will be in accordance with Blanket Purchase Agreement.

e. **Response/Recovery from the Threat/Event.**

(1) Event Control Strategies.

(a) Human remains should not be moved prior to notification of the Puerto Rico Forensic Institute. If, upon notification, the Puerto Rico Forensic Institute states their response will be delayed, seek instructions on how to manage the situation.

(b) In the event that additional resources are needed to increase VACHS capability to handle human remains, coordination with external local, state, and federal agencies will be in accordance with established resources requests procedures. This includes the option to increase the capability to store and process human remains in mobile trailers with freezers or tents, because of a mass fatality event.

(c) If guidance is lacking, do the following:

1. Human remains should not be moved until the scene is adequately documented (e.g., Police will sketch and photograph the area).

2. Identification and personal effects on the body should be collected, and the body placed in a body bag or other suitable container. This activity will be coordinated by the Discharge Unit.

(d) The bodies should be stored in a refrigerated area until the Puerto Rico Forensic Institute can accept them.

(2) Event Monitoring Strategies. The Command Staff will monitor fatality management operations.

(3) Recovery Strategies and Resource Issues. Employees participating in the response to a mass fatality event will receive stress counseling.

f. **External Notification Procedures.**

(1) Within VA. VA Police #111444

(2) VISN 8 Director & Emergency Manager email group VISN 8 Issue Brief Notifications

(3) VHA Watch Office 202-461-0268/69

(4) OSHA - within eight (8) hours if one (1) employee fatality, or three (3) employee hospitalizations from a single incident. 1-800-321-6742

(5) Other Federal Agencies. Federal Emergency Management Administration (FEMA), Human Health Services (HHS) as necessary.

(6) Other. Local fire, policy, health, and rescue agencies as appropriate.

(7) Municipal utilities for lifeline systems, such as water, electricity, sewage, and storm drain.

(8) Pre-arranged partners for transport of patients, as necessary.

g. **Specialized Staff Training.**

(1) Pathology and Laboratory staff education should address fatality management procedures.

h. **References and Further Assistance.**

(1) Mass Fatality Incident Management: Guidance for Hospitals and Other Healthcare Entities
http://www.cidrap.umn.edu/sites/default/files/public/php/353/353_guidance.pdf

(2) Fatality Management Toolkit Alabama Public Health Department
http://www.adph.org/CEP/assets/FatalityManagementToolkit.0409.pdf

(3) Puerto Rico Forensic Science Institute: “Puerto Rico Institute of Forensic Sciences Act” Act No. 13 of July 1985:
http://www2.pr.gov/presupuestos/Budget_2012_2013/Aprobado2013Ingles/suppdocs/baselegal_ingles/189/189.pdf

ANNEX 1.19

SHELTER IN PLACE PLAN

1. Purpose

It is the intent of the VA Caribbean Healthcare System to have defined procedures to protect the life and safety of both patients and staff should there be a hazard that causes the healthcare incident command system (HICS) to decide either to shelter-in-place or to evacuate. However, the facility leadership may decide to both evacuate parts of the facility and also shelter-in-place in another part of the facility.

2. Decision to Shelter-in-Place versus Evacuation

a. The staff person, who identifies an internal hazard or who is notified of an external hazard, is responsible to notify the VA Medical Center (VAMC) main switchboard immediately (ext. 111444).

b. Administrative Officer on Duty (AOD) is responsible for command of internal facility operations but must collaborate with the Response Agency Incident Commander or Unified Command if it is established.

c. Shelter-in-place is the preferred option, unless the decision is made by the Incident Commander to evacuate, considering the circumstances of the incident.

d. The AOD or VACHS Incident Commander is responsible to initiate its Emergency Management Plan and operate under the Incident Command System.

e. The VAHCS Incident Command will assess the need for the diversion of incoming patients. Diversion plan will activate as established: “911” (dispatch) is to be notified by the ER Liaison Officer if patients are to be diverted.

f. The appropriate referral facilities/agencies are to be notified those admissions are canceled. The VACHS ER Liaison Officer is also to notify the Command Post, if activated through the Planning Section.

g. The decision to shelter-in-place or evacuate is to be made in consultation with the response agency Incident Commander and also Unified Command, if established, e.g., the local Emergency Management Director, Fire Department, Law Enforcement, Public Health, EMS, Human Services and others, as appropriate.

h. If there is no response agency Incident Commander, VAMC Incident Command is to do all that is necessary to protect the life and safety of its patients, staff, and visitors. Hospital Incident Command Liaison is to notify Regional/State Office of Emergency Management/911 (dispatch) of its decision.

i. Prior to the actual need to shelter-in-place or evacuate, the VACHS is to consult with the local Emergency Management Director, Fire Department, Law Enforcement,

Public Health, EMS, Human Services and others, as appropriate so that these agencies are aware of and are in agreement with this plan and its procedures.

j. It is recommended that the top 8 positions of the Incident Command System be reviewed for use by all hospitals: Incident Commander, Safety Officer, Public Information Officer, Liaison Officer, Operations Chief, Planning Chief, Logistics Chief, and Finance Chief. These positions are functions and not necessarily individual persons. One person can fulfill more than one function, if necessary.

k. Annual educational activities on hazard-specific shelter-in-place procedures are coordinated at the Service Level as they are essential for maintaining staff awareness of emergency procedures and the effectiveness of Shelter in Plaice plans.

3. Decision to Shelter-in-Place

a. The VACHS Incident Command is to make an assessment whether the VAMC faces an internal or external hazard or both.

b. Threat, situations, or conditions that may trigger SIP:

(1) Internal: Major fires, explosions, building or structural collapse, construction accidents, bomb threats, terrorist activity, hazardous material release, power/utility failure, severe weather, or flood.

(2) External: Hurricane or other severe weather, flash flood, industrial accident or structural collapse, civil disturbance, widespread fire, major explosion, or any other incident/event in the community that may affect Veterans, staff and or general public.

c. If the decision is made to shelter-in-place due to an internal and/or external environmental hazard4, the VAMC Incident Command will notify local authorities by calling 911 (dispatch), if appropriate, and will make an assessment for the need to initiate environmental engineering interventions. The primary decisions are:

(1) The decisions on how to protect patients, staff, and visitors by movement to a more secure area will be made by VAMC Incident Command in collaboration with the response agency Incident Commander or Unified Command, as appropriate.

(2) The VAMC is to consider the most likely to occur hazards as identified in the Hazards Vulnerability Analysis (VA). Tornados, fire, power outages and floods are the major hazards that VACHS facilities have faced historically.

(3) The decisions on how to protect the building will be made by VAMC Incident Command, based on the known hazards and their effects on the building and its inhabitants in collaboration with the response agency Incident Commander or Unified Command, as appropriate.

d. The VAMC is to initiate a process to secure the building (lockdown).

e. Staff is to be advised to stay within the building and to advise all patients and visitors to stay within the building until further notice.

(1) The Incident Commander will authorize the use of the Emergency Alerting and Accountability System (EAAS) to provide detailed information to all employees about the need to SIP and the logistics for the procedures and resources required.

(2) The Service Chiefs and supervisors will receive instructions from Logistic using Outlook, delineating the procedures to follow in a SIP scenario.

(3) The Clinical Service or Clinics will be responsible to orient the Veteran/Family/Visitors using all means possible (in person at the Clinic, PA System, v-text, etc.) or to return to their home if the clinics have been canceled due to the emergency or will refer them to the Patient Family Assistance Branch if temporary SIP is necessary due to a facility luck-down.

f. If shelter-in-place is expected to last for more than 24 hours, the VAMC Incident Command is to inform all departments that all resources are to be conserved. For example: (the following list is not meant to be inclusive)

(1) This is the Incident Command System Branch that puts carries out all activities related to the management of the incident. (Operations),

(2) establish a patient management plan, including identifying the current census, the cancellation of elective admissions and procedures, etc.; establish a workforce plan, including a plan to address staff needs for the expected duration of the shelter-in-place (Planning),

(3) establish communications and a back-up communications plan with the local Emergency Management, Fire Department, Law Enforcement, Public Health, EMS, Human Services, and others, as appropriate and the Emergency Operations Center (when activated). The VAMC Public Information Officer is to refer all communications through the EOC. (Liaison)

(4) provide local Emergency Management with a “situation report”, including resources needed, e.g., the amount of generator fuel available and the duration that this fuel is expected to last (Logistics).

g. Each department head/critical function is expected to provide in writing to the Logistics Chief, within one hour of the activation of VAMC Incident Command, the resources that it has available, the expected duration of these resources and the contingency plan to conserve these resources, should replenishment of supplies be in jeopardy.

h. VAMC Incident Command is to determine in collaboration with the response agency Incident Commander or Unified Command, as appropriate, when shelter-in-place can be terminated and to identify the issues that need to be addressed to return to

normal business operations, including notification of local authorities about the termination of shelter-in-place.

i. When required Social Distancing an area of 10' X 10' per employee and his belonging will be established. Usage of personal offices as sleeping quarter, is highly recommended. (For additional Infection Control measures refer to ATTACHEMENT V)

4. Decision to Evacuate (please refer to Evacuation Plan - Annex H)

5. On-Station Temporary Shelter for Veterans and Family members – Temporary sheltering will be order when there is a lock down in the facility and the Veteran cannot return home or when the Patient needs to be brought to a VA Facility because his/her life is in imminent danger at the living geographical area/municipality.

a. **Procedures:**

(1) Providers from the Emergency Room, Inpatient Wards and Outpatient Clinics will refer Veterans in need of temporary Sheltering.

(2) The Veteran must be considered a "well-baby" capable of self-care.

(3) The Veteran and his/her family will receive ID such as a wristband and must use it at all times while in the Shelter.

(4) The Veteran and his Family must always obey the Temporary Shelter the same general rules.

(5) The Veteran and his Family must complete the Veteran Registration Form as part of the entering process.

(6) Infants and children 0-17 years old will always have to be under Parent supervision.

6. Veterans in Community Shelters – During an Emergency, VACHS will identify and assess Veteran's medical needs while on community shelters.

a. The VA will receive a daily report from the Local Housing Authority that includes the Shelters where Veterans have been identified.

b. VA Staff will visit the Community shelter where a Veteran have been identified to make necessary assessment using the "Veterans in Community Shelter Needs Assessment Form". This assessment will allow the provider to link the patient's medical needs with resources whiting the VA or in the Community.

7. Clear

a. In the case of a partial evacuation and shelter-in-place, VAMC Incident Command will provide directives according to its communications policy, e.g., notify the switchboard to announce all clear and return to normal operations can commence.

b. In the event of a complete evacuation, the VAMC Public Information Officer will contact the EOC, if activated, and request that the local media make an announcement notifying VAMC employees when they should return to work.

8. Recovery

a. The VACHS have a policy on business continuity name Continuity of Operations Plan (COOP) - Annex O, so as to provide direction for the return to normal operations.

b. The VACHS have a plan for Mental Health to assist staff in their recovery.

9. Definitions

a. **Alternate Care Site:** a building or facility to which patients from the evacuated health care facility can be taken to for continued care and treatment and shelter

b. **Assembly Area:** In a complete evacuation, this is an area(s) where patients are processed before going to the Patient Staging Area(s) for transport out of the VAMC. (The Assembly Area(s) could be the patient rooms)

c. **Bed Management** Solutions Veterans Health Administration (VHA) is responsible for providing timely access to Veterans for acute inpatient services across the country. This capability is especially important during natural disasters, such as hurricanes, so that Veterans may be transferred safely to alternative care locations.

d. **Complete Evacuation:** evacuation of the entire facility.

e. **Command Post:** a post at which the Incident commander receives orders and exercises command.

f. **Emergency Management Plan (Disaster Plan):** the procedures, developed by the VAMC, to manage an internal or external hazard that threatens patient, staff, and visitor life and safety.

g. **Emergency Operations Center (EOC):** a village, town, city, county, regional, state central command and control facility responsible for managing an emergency situation

h. **VAMC:** a facility where patients/residents, who need assistance in caring for themselves, are supervised by healthcare professionals

i. **VAMC Incident Command:** This is used to refer to the authority that makes any decision, coming from the VAMC Command Center.

j. **Horizontal Evacuation:** evacuation beyond corridor fire doors and/or smoke zones into an adjacent secure area on the same floor.

k. **House Supervisor:** for the purposes of this policy, this refers to the person, who has the authority, at any given moment, to intervene to protect patient, staff, visitor, and facility safety

l. **Incident Site Evacuation:** evacuation of persons from the room or area of the incident.

m. **Local Authorities:** for the purposes of this policy this includes, but is not limited to the chief elected official, local Emergency Management Director, Law Enforcement, Fire Department, Public Health, and EMS.

n. **Partial Evacuation:** an evacuation of certain groups of patients/ residents or of areas within the facility.

o. **Patient Transport Area:** In a complete evacuation, this is an area(s) to which patients are sent for transport out of the VAMC.

p. **Remote Vehicle Staging Area:** In a complete evacuation, this is a remote area(s) at which vehicles that will transport patients from the evacuated facility will wait until summoned by the VAMC Transportation Supervisor.

q. **Response Agency Incident Commander:** The person, usually first on-scene, such as the Fire Department, Law Enforcement, etc. that assumes command and is responsible for the management of the incident.

r. **Shelter-in-Place:** a protective action strategy taken to maintain patient care within the facility and to limit the movement of patients, staff, and visitors to protect people and property from a hazard

s. **START:** a rapid assessment of every patient, determining which of four categories patients should be in and visibly identifying these categories for rescuers, who will treat the patients.

t. **Triage Tag:** this is “slip of paper” that is attached to a patient, usually by Emergency Medical Services (EMS) in the field, to provide key information about the patient. The “tag” includes and identification number and a color-coded system to document the acuity level of the patient.

u. **Unified Command:** a structure that brings together the "Incident Commanders" of all major organizations, involved in the incident, in order to coordinate an effective response while at the same time carrying out their own jurisdictional responsibilities.

v. **Vertical Evacuation:** evacuation from one floor(s) to the floor(s) below or above.

APPENDIX A

FAMILY SUPPORT PROGRAM (FSP)

1. PURPOSE

To explain the how the VA Caribbean Healthcare System (VACHS) will manage staff support needs (for example childcare, elder, care, pet care, communication)

a. **Description of the Event**

Activation of the Family Support and Pet Holding Programs will allow vital staffs, who otherwise have no other options, to have a safe environment for their family and pets when they are working. Due to the volume of employees, we encourage you to use other resources first. However, staff members designated as "mandated" during emergency activation of the VA Caribbean Healthcare System (VACHS) Hurricane Plan may have their immediate family members report with them to the Hospital. This will go into effect when Phase I of the Emergency Management Plan is activated. If it is necessary to use these programs, staff/family members must review and abide by the VACHS Family Support Program (FSP) Regulations (See Annex A). These Programs will be available (unless the emergency situation occurs at the VACHS and/or the VACHS has damage to the building as a result of an emergency situation) to "mandated" employees during the emergency situation, and until the employee is released from duty by the Hospital Director or his Designee. No staff and/or family may remain in the FSP at the Hospital once released by the Hospital Director.

2. DEFINITIONS

a. **Pre-registration:** A poll of anticipated mandated employees who may need to utilize the FSP will be completed in advance to help the hospital's FSP plan meet needs of employees and their families/significant others by filling out a Registration Form (see Annex B). This form must be signed by the employee's supervisor verifying the employee is designated as mandatory and required to report for/remain on duty. All forms will be forwarded to the Chief, Social Work Service.

b. **Staffing:** Service Chiefs will identify in advance employees to be assigned to work in the FSP area through the Manpower Pool (employee should be child-oriented, and all three shifts will need to be covered). A list of these employees and their extensions will be forwarded to Chief, Social Work Service.

c. **Registration:** All individuals that will be staying in the shelter must register at the FSP Registration Site (this includes those who pre-registered by filling out the Registration Form). Those who did not pre-register will complete a Registration Form at the FSP Registration Site (see Annex B). This form must be signed by the employee's supervisor verifying the employee is designated as mandatory and required to report for/remain on duty. Only registered individuals will be allowed to stay in the FSP. This includes family members of mandated employees and family members of inpatients who are accepted to

the FSP, i.e., SCI, NHCU, which will help us prepare for sleeping arrangements, meals, and for tracking purposes.

During the registration process, volunteers will be identified and may be asked to assist in duties such as childcare activities.

d. **Immediate family:** Only immediate family members will be accepted to the FSP. Immediate family members are defined as spouse and/or significant other living in the same household, i.e., wife, husband, son, daughter, mother, father. While we will have VA staff supervising the program, it is not designed to provide supervision for infants and young children or individuals with special medical needs. Individuals with special medical needs should be pre-registered with the Local Municipality EOC to stay in one of the Municipality Special Needs Shelters.

e. **Registration Site:** Registration will be conducted in the Hospital Auditorium on the second floor, which is also where the program is housed. Family members must register when they enter the hospital (if not pre-registered, the Registration Form must be completed at that time and will have to be signed by the employee's supervisor verifying the employee is mandatory and must remain on duty). The employee/staff member MUST accompany the family/significant others, show their ID badges, and be on the list of mandated employees submitted by their Service. A representative of Social Work Service and staff members from HAS (or the Manpower Pool) will be responsible for performing the registration process, including a spreadsheet of all enrollees. Families will be assigned to a room and provided with FSP information and regulations. Each family member will be required to wear an ID wristband, which will be issued during the registration process. Employees are discouraged from bringing their families to their work area. Under no circumstances will families be allowed in patient care areas or allowed to roam about the facility.

f. **Family Support Program Sites:** The Family Support Program site is the Hospital Auditorium on the second floor. Additional areas and rooms may be used to temporarily house family members and employees who must remain on duty. Chief, Social Work Service will maintain a list of the areas, and those areas to be used at the time of the emergency will be designated by the Hospital Incident Command Post (HICP).

g. **Designated Family Dining Areas:** There will be designated eating areas assigned by Chief, Nutrition and Food Service.

3. RESPONSIBILITIES

a. **Program Monitors/Coordinators** – The Chief, Social Work Service will designate individuals to monitor/coordinate the FSP. These individuals will be designated in advance from the Manpower Pool as pre-identified by the Services. Any information obtained by these coordinators will be presented to Chief, Social Work Service, who will then report to the HICP.

b. **VA Police** – Police Service will lock down all hospitals' entry doors with the exception of the receiving site as soon as the emergency activation is declared. They will develop a system to patrol and monitor all areas of the hospital. All staff's family members must follow VACHS/P.R. law enforcement regulations during the activation of the FSP.

c. **Health Administration Service** - The Chief, HAS will supply one or more clerks to perform the registration process by checking the Registration Form for completion and entering the information in a data base in the "Swap Folder". They will also assign the enrollees to a room, provide them with the FSP information and regulations, and give them an ID wristband which they will be required to wear while in the facility.

d. **Chief, Nutrition and Food Service** - FSP enrollees should bring their own food/drinks with them or purchase meals in the Canteen or elsewhere. If approved by the Director, the Chief N&FS will set up a designated area in the FSP site(s) and provide bottled water and meals to family members and/or employees who must remain on duty.

e. **Medical Media** - The Chief, Medical Media will supply and set up TVs, VCRs, etc. to FSP area.

f. **ITOPS** - The Chief, ITOPS will supply and set up computers in the FSP area with external internet access.

g. **PM&RS** - The Chief, PM&RS will supply games, crafts, etc. and one or more employees to remain in the FSP area to coordinate activities.

h. **LMS** - The Chief, LMS will supply and set up beds, mattresses, linens, tables, chairs, etc. in the FSP area.

i. **Service Chiefs** - All Service Chiefs are responsible for:

(1) Identifying employees who are child-oriented who can be assigned to work in the FSP area from the Manpower Pool (all three shifts must be covered). A list of these employees and their extensions will be forwarded to the Chief, SWS

(2) Identifying mandatory employees who must report/remain on duty during a hurricane and supplying a list of these employees to the Command Post

(3) Explaining the requirements/limitations of the FSP to the mandatory employees who must utilize the FSP in order to report/remain on duty.

(4) Having their employees fill out a FSP Pre-registration form and providing them with a copy of the FSP Regulations (Addendum A).

(5) Having the employees' supervisors approve the employee's participation in the FSP by signing the Pre-registration forms and forwarding them to the Chief, SWS.

4. SUPPLIES

a. **Family members shall be required to bring 2 to 3 days of supplies including the following:**

(1) Bottled water (one gallon per person per day minimum)

(2) Sufficient clean bedding (i.e., pillows, blankets, linens, air mattress or sleeping bags)

(3) Clean clothing

(4) Non-perishable food/snacks/drinks

(5) Sufficient money to purchase meals in the Canteen or elsewhere. Local ATMs should be utilized prior to coming to the hospital as ours will quickly become depleted.

(6) Entertainment – games, books, etc. (and extra batteries)

(7) Toiletries

(8) Flashlights (and extra batteries)

(9) Medications

Addendum A

FAMILY SUPPORT PROGRAM REGULATIONS

Welcome We hope that your stay here will be as pleasant as possible, under the circumstances. Please take a few minutes to read this sheet, as is contains important information that you will need about staying in the VA Caribbean Healthcare System Family Support Program.

Registration Please sign in at the registration area if you have not already done so. Registration is required so we have the necessary records.

ID wristband you will be assigned a color-coded ID wristband. Upon registration you will be designated a room assignment. You must wear the issued ID wristband at all times while in the Hospital.

Room assignments All family members/significant others must remain in their assigned rooms unless instructed otherwise by the room coordinator. Employees are discouraged from bringing their families to their work area. Under no circumstances will families be allowed in patient care areas or allowed to roam about the facility.

Smoking You are not allowed to smoke, use matches or use lighters inside the hospital. Ask one of our FSP coordinators for the designated smoking areas.

Personal belongings The VA Caribbean Healthcare System cannot assume responsibility for your personal belongings. We recommend that valuables be locked in your car, out of sight, if possible or do not even bring valuables with you.

Pets We understand that pets are very important to you. For health and safety reasons pets are only allowed in the designated pet shelter area. Please contact one of our FSP coordinators for specific information about the Hospital's Pet Holding guidance.

FAMILY SUPPORT PROGRAM REGULATIONS (Con't)

Children

Parents are responsible for keeping track and controlling the actions of their children at all times. Please do not leave the children unattended. They must be escorted when leaving their assigned room. While we will have VA staff supervising the program, it is not designed to provide supervision for infants and young children or individuals with special medical needs.

Medical problems or injuries

If you have any medical condition or are not feeling well, please contact one of our FSP coordinators.

Alcohol, drugs or weapons

Possession or use of alcohol or illegal drugs in any part of this hospital, or its premises, is not allowed. No weapons are allowed in the Hospital.

Responsibilities

Adults staying in the hospital may be asked to help with duties needed to run the FSP. These duties may include assisting in childcare activities.

Appropriate behavior

Inappropriate behavior WILL NOT BE TOLERATED. Employees will be held accountable for the behavior of their family/significant others.

Telephones

All FSP participants are asked to only use the public pay phones. The Hospital telephones are reserved for communications with emergency authorities and hospital employees.

Housekeeping

Please help keep your temporary home clean. Please pick up after yourself and help us with clean up when possible. Food and drinks, other than water, are not allowed in the sleeping areas. Please eat only in designated areas.

Quiet Hours

Quiet hours are enforced in all sleeping areas between the posted hours (normally between 10:00 p.m. and 7:00 a.m.). However, sleeping areas should be kept as quiet as possible at all times of the day. Some staff may work night shifts or may not feel well and want to sleep during the day.

Problems and Complaints

please direct all your comments to one of our FSP coordinators.

Addendum B

FAMILY SHELTER REGISTRATION FORM
VA Caribbean Healthcare System

Employee's name: _____ Service: _____

Supervisor's name: _____ Extension: _____

Service chief name: _____ Extension: _____

Please list all family members or a significant other that will accompany you to the Hospital if an emergency alert is effective. All information below must be completed.

Guest Name (Last, First)	Age (if under 18)	Relationship (to employee)	Guest Room Location during stay	Are there any special needs?	Comments

Home address: _____

Home Telephone Number (include area code): (_____)
_____

I have been informed of the rules and regulations of the VA Caribbean Healthcare System Family Shelter Program and agree that I will abide by these regulations.

Employees signature Date

I certify that the above employee has been designated as a mandated employee and must report to the VA Caribbean Healthcare System during the emergency activation of the hurricane plan

Supervisor signature Date

All family members must remain in their assigned rooms unless instructed otherwise by the coordinator. No family member may be at the work site. Latest revision: June 2016

ANNEX 1.20

SURGE CAPACITY PLAN

1. PURPOSE

a. **Description of the Threat/Event.**

The purpose of the Surge Capacity Response plan is to support the Medical Center's Emergency Management response for the need to increase its bed capacity due to an all-hazard incident. This plan will utilize the strategies outlined below to increase its bed capacity, to support the delivery of urgent and non-emergent care within the Medical Center and clinical settings.

b. **Impact on Mission Critical Systems.** N/A.

c. **Operating Units and Key Personnel with Responsibility to Manage this Threat/Event.**

(1) The Medical Center Director or his/her designee will activate the Surge Capacity Response Plan within the Medical Center. The Medical Center Director will make the decision to activate the Hospital Command Center (HCC) in total or in part.

(2) Service Chiefs will maintain up to date, timely inventories of all staff contact information, staff competencies, and equipment and supplies to rapidly identify and access those assets required to effectively respond.

(3) All Providers will utilize the Emergency Census Rapid Discharge Tool form to determine the potential number of patients anticipated to be discharged within 24 hours.

d. **Mitigation/Preparedness Activities for the Threat/Event.**

(1) Hazard Reduction Strategies and Resource Issues. N/A.

(2) Preparedness Strategies and Resource Issues. Develop a basic capability to organize a response to a medical surge.

(a) Train staff on the principles of surge plan. (e.g., triage, first aid, etc.).

(b) Have ready the basic equipment that may be necessary (e.g., command vests, signage, forms/tags, backboards, crash cart, oxygen, etc.).

e. **Response/Recovery from the Threat/Event.**

(1) Hazard Control Strategies.

(a) Receive/verify notification from local authorities that a surge may occur.

(b) Alert Clinic Supervisors to prepare for the arrival of casualties.

(c) Alert Police to establish traffic and access control procedures.

(2) Alert Medical Center Director's Office and Public Affairs.

(a) The Medical Center Director or designee: Will make the decision to activate the Medical Facility's Command Center (HCC) in part or in total and notify the Incident Commander.

(b) The Service Chiefs will:

1. Inform the hospital staff to complete all patients in process and prepare the appropriate examination and bed space required for the receipt of urgent and non-emergent incident related victims, during regular hours of operation.

2. Initiate the process for bed assessment.

3. Inform all patients awaiting care that a disaster has been declared and that clinic visits will be suspended. Patients who have declared themselves too sick to leave, without receiving care will be triaged for care within the immediate service area. All others will be instructed to call to be rescheduled on a priority basis. Patients too ill to leave would be registered and tracked utilizing Patient Registration Log within their immediate treatment area. Minimal demographic collection to include Last Name, First Name, Age, Sex, SSN and DOB are to be collected when possible.

4. Patients arriving to the Medical Center related to the incident or referred to the Emergency Department will have rapid triage at a forward triage location established by the Emergency Department.

5. All patient fatalities will receive the appropriate standard of care within the provider's scope of practice and training being overseen by the Chief, Pathology and Laboratory.

6. The designated alternate morgue/overflow are the rental freezer containers near loading dock area.

(3) Acute Admission:

(a) All patients will receive a rapid triage assessment upon their presentation to the Medical Center by a Physician or Registered Professional Nurse for life threatening injuries.

(b) A comprehensive assessment by a Physician or Registered Professional Nurse will be performed within the 24 hours after the patient's admission. The admission assessment and database, which includes the screening criteria for

referral to Dietetic, Skin Care Nurse, and Social Work programs, will be used to document the assessment.

(c) This assessment shall be used as a baseline for planning and implementing Interdisciplinary care throughout the patient's hospital stay as well as for initiating discharge planning.

(d) Information contained on this form will also be utilized as a patient assessment database by other disciplines as appropriate. Other disciplines are responsible for reviewing the information obtained by the RN on the Admission Assessment Database and to implement a plan based on identified patient needs.

(4) Patient Discharge Planning:

(a) Medical and Surgical Chiefs will implement their Discharge Planning process by completing the following.

1. Discharge Instructions (coordinate with the Pharmacy for less than 24 hrs. notice for medication dispensing)

2. Discharge Summary

3. Discharge Orders

(b) Rapid and Comprehensive Discharge Planning assures that the patient is discharged as soon as acute hospital care is no longer indicated.

(c) The decision to discharge a patient from acute care status depends primarily on three

1. Basic conditions being met:

a. The patient's medical condition no longer requires acute inpatient care.

b. All indicated outpatient medical, nursing, or home care needs have been identified and arrangements made in advance of the patient's departure from the Medical Center.

c. All discharge education needs have been addressed.

(5) Patient Transfer Plan:

(a) Patients that are unable to be discharged from the medical facility due to their medical condition with less acute levels of care may be admitted to the Nursing Home.

(b) Patients who are not medically or mentally able to be discharged from the facility will remain assigned to their patient care unit.

(6) Patient Diversion Planning:

(a) Once the Medical Center has reached its patient surge bed capacity to provide safe patient care in relationship to available staff, the Incident Commander will inform the Director of the medical facility of our inability to provide safe environment for the staff and patients.

(b) The Medical Center Director or designee will communicate the status of the medical facility to the VISN 8 and local Mutual Aid Facilities (As needed).

(7) Staffing:

(a) Incident related staffing will be configured as usual and customary for the Medical Center.

(b) Supervising physicians will monitor the activities of residents assigned to the Medical Center and clinic as appropriate. Should additional provider, resident, nursing, or support staff be required, the request will be made through the HCC in accordance with Hospital Incident Command System protocol.

(c) Staffing of the incident(s) that are declared during non-administrative hours will require the activation of the staff notification protocol of Medical Center in coordination with the Incident Commander.

(8) Notification Plan:

(a) Should the size and scope of an incident be deemed too large as to overwhelm Medical Center's resources, the Incident Commander will notify the AOD to activate the Call Back System Notification Plan.

(b) Should the size and scope of the incident be deemed too large as to overwhelm

Medical Center's resources after the activation of the Call Back System Notification Plan, the Incident Commander will notify the VISN 8 for the need of additional personnel via the Disaster Emergency Medical Personnel System (DEMPS).

(9) Essential Clinics and Services:

(a) Clinics and Services determined to be essential during the incident period will continue their usual operating procedures and activate their notification plan.

(b) The Clinical Service Chiefs or designee will inform their Section Chief regarding their status of personnel, supplies, and equipment.

(10) Non-Essential Clinics and Services:

(a) Clinical Services determined to have non-essential operations will immediately be suspended. Once the Clinics and Services have discontinued their operations, the Director or designee will notify their Section Chief and all additional personnel will report to labor pool in Room 1M102 upon its activation.

(11) Equipment and Supplies:

(a) The acquisitioning and replenishment of the Incident related supplies required beyond the regular shelf stock in the care venue will be supplemented though the Material Management Disaster Plan via the Logistics Section Chief upon activation of the Medical Center's Emergency Operations Plan.

(b) Sharing of the resources and assets with other healthcare organizations within and outside of Veterans Affairs community, will be decided and authorized only by the Medical Center Director or designee.

(12) Security:

(a) In the event that lock-down procedure is ordered by the Medical Center Director or his/her designee in either whole or in part will be for the purpose of achieving two distinctly different levels of security and entrance/egress control levels within the facility.

1. Level One: This is the highest level of egress/exit control which will only be accomplished in conjunction with the activation of the Emergency Operation Plan

2. Level Two: This is the lowest level of egress/exit control where a specific building and/or area may be targeted.

3. During lock-down procedures only appropriately identified VA personnel and/or patients needing medical treatment will be granted access to the Facility.

4. VA Police have the responsibility for enforcement of all parking rules and regulations at the Medical Center.

(b) All employees, volunteers, consultants/attending, residents, and contractors shall wear the photo identification (ID) card, with the picture side showing at all times while on VA Medical Center grounds. The photo ID card will be worn in plain view and will be used to enter into the Medical Center by those required to wear it.

(13) Event Monitoring Strategies. Police will coordinate with local authorities and monitor the progress and duration of the event.

(14) Recovery Strategies and Resource Issues. An assessment of mission-critical systems will be conducted every 12 hours during the event.

(15) External Notification Procedures.

(a) Within VA. VA Police #111444

(b) VISN 8 Director & Emergency Manager email group VISN 8 Issue Brief Notifications

(c) VHA Watch Office 202-461-0268/69

(d) OSHA - within eight (8) hours if one (1) employee fatality, or three (3) employee hospitalizations from a single incident. 1-800-321-6742

(e) Other Federal Agencies. Federal Emergency Management Administration (FEMA), Human Health Services (HHS) as necessary.

(f) Other. Local fire, policy, health, and rescue agencies as appropriate.

(g) Municipal utilities for lifeline systems, such as water, electricity, sewage, and storm drain.

(h) Pre-arranged partners for transport of patients, as necessary.

(16) Specialized Staff Training.

(a) Medicine Staff and education should address principles of MCI management.

(17) References and Further Assistance.

(a) U.S. Department of Health & Human Services, Public Health Emergency Medical Surge
http://www.phe.gov/Preparedness/planning/mscc/handbook/chapter1/Pages/whatismedicalsurge.aspx

ANNEX 1.21

MANAGEMENT OF PANDEMIC INFLUENZA, BIOLOGICAL PATHOGENS AND OUTBREAKS PLAN

1. BACKGROUND AND DESCRIPTION OF THE THREAT

Influenza is a viral respiratory disease that produces significant morbidity and mortality. Its great capacity to change its antigenic structure is responsible of seasonal outbreaks and pandemic or global outbreaks.

One of the most concerning pandemics occurred in 1918-1919. This pandemic called the “Spanish Flu” caused the highest number of known deaths caused by influenza. There were more than 21 million deaths worldwide and more than 500,000 died in the United States either from influenza or from its secondary complications. This pandemic was caused by the Influenza A H1N1 virus.

Two other pandemics occurred in the 20th Century besides the 1918-1919 one. In 1957-1958, the “Asian flu” first identified in China spread to United States causing about 70,000 deaths. In this case the responsible virus was identified as Influenza A H2N2. In 1968-1969, the “Hong Kong flu” was responsible of about 34,000 deaths in the United States and the identified virus was Influenza A H3N2. The last pandemic occurred in 2009-2010, the “Swine Influenza”, and the first infections were detected in Mexico in late June and early April 2009. The pandemic alert was raised to the highest level (Phase 6) by the World Health Organization in June 2009 and pandemic was declared to be over in August 2010. The identified virus was Influenza A H1N1. More than 214 countries and territories reported laboratory-confirmed cases of pandemic H1N1 influenza A. The US Centers for Disease Control and prevention (CDC) estimated that between April 2009 and April 2010, approximately 61 million cases of pandemic H1N1 influenza occurred in the US including approximately 274,000 hospitalizations and 12,470 deaths.

One of the factors responsible of the genetic diversity of Influenza A viruses is its ability to infect and replicate in many animal species besides human, including particularly birds and pigs, and to a minor extent horses and marine mammals. All three pandemics of the 20th Century were caused by influenza viruses containing a combination of genes from human influenza virus and avian influenza virus. The virus from 2009-2010 was a quadruple reassortment of two swine strains, one human strain and one avian strain of influenza an avian-swine-human virus in which the largest portion of genes came from the swine influenza viruses and a strain not seen before in pigs or humans and to which no immunity was present.

The cyclic pandemics of influenza occur at about 30 years intervals. For the last pandemic there was an interval of 40 years from the prior one of 1968-69.

Symptoms of influenza typically begin 2-3 days after exposure. The symptoms usually start with a sudden onset of fever, severe fatigue and muscle pain, sore throat, and dry cough. Uncomplicated cases commonly lead to 3-5 days of acute illness with prostration, fever, weakness and with residual cough that can last 2 or more weeks. A new strain may present a different clinical course. However, about 3%-5% of influenza cases require hospitalization, especially in the elderly and debilitated population. Between 12%-15% of complicated cases require mechanical ventilation and the mortality can be around 17%-20%. In the 2009-2010 pandemic, higher rates of morbidity and mortality were seen among children and young adults worldwide.

Influenza pandemics occur in "waves" of viral activity that are separated one from the other by months. Two waves were seen in the 2009-2010 pandemic. This makes the pandemic to last much longer. The absence of control measures such as available vaccines or drugs will impact substantially the damages that such a pandemic can bring.

In a pandemic, there will never be enough vaccines, antiviral agents, hospital beds, doctors, nurses, pharmacists, protective equipment, etc. The number of health-care workers and first responders are expected to be reduced for up to 40% due to personal illness since they are at high risk of illness, or because have to take care of their own sick family members. However, we should respond with all of the capabilities and capacities we have available.

An influenza pandemic can overwhelm a VA Medical Center and/or its community-based outpatient clinics normal capacity. VAMC can become sites of intensive exposure for staff and non-infected patients. Unanticipated exposures may overwhelm a facility by exposing personnel that may require quarantine of the whole facility.

To assure a prompt and effective response to an influenza pandemic, it is important to have a preparedness plan prepared in advance. Plan should be based on existing hospital capabilities, and it should be adapted to existing plans for other respiratory diseases outbreaks including biological weapons plans.

Plan will include three phases: Pre-pandemic phase actions, pandemic phase actions, and post-pandemic phase actions. During pandemic phase, recommendations and guidelines provided by the Department of Health and Human (HHS), Centers for Disease Control and Prevention (CDC), Veterans Health Administration (VHA), State and local Department of Health should be followed.

The purpose of this preparedness plan is to modulate and moderate the impact of an influenza pandemic if it occurs.

2. EMERGENCY PLAN ACTIVATION THRESHOLDS

The plan is divided in the different periods and phases of an influenza pandemic as defined by the World Health Organization (WHO). These periods and phases are:

Period	WHO Phase	Description
Inter-Pandemic	Phase 1	No new influenza virus have been detected in humans. An Influenza virus that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
	Phase 2	No new influenza virus have been detected in humans. However, a circulating animal influenza virus poses a substantial risk of human disease.
Pandemic Alert	Phase 3	Human infection(s) with a new virus but no human-to-human spread or at most rare instances to spread to a close contact.
	Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well, adapted to humans
	Phase 5	Larger cluster(s) with limited human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet fully transmissible (substantial pandemic risk).
Pandemic	Phase 6	Pandemic phase: increased and sustained transmission in the general population.
	Phase 6A	Country not affected.
	Phase 6B	Country affected.
	Phase 6C	First wave subsided.
	Phase 6D	Next wave.
Post-Pandemic		Return to the Inter-Pandemic Period (Phase 1)

These period and phases define thresholds for activation of different components of the response plan. The VA Caribbean Healthcare System will follow VA Central Office (VACO) and VISN 8 instructions regarding activation of the different periods and phases. If a Federal Disaster Declaration was requested

by the Governor of Puerto Rico and approved by the President of United State (Robert T. Stafford Disaster Relief and Emergency Assistance Act) the National Response Plan (NRP) will be activated and all the Federal Government Agencies will respond to the Emergency (including VA) under the authority of the Secretary of the Department of Homeland Security (DHS).

3. PRE-PANDEMIC PHASE ACTIONS

a. **Identification of a Task Force:** A multidisciplinary task force is formed.

Responsibility of the task force: Create an emergency plan addressing preparedness needs and implement interventions according to the plan.

Task force is composed of representatives from:

(1) Hospital Epidemiologist/Chief, Infectious Diseases - Team Leader

(2) Infection Control/Infectious Diseases

(3) Area Emergency Management/ Emergency Preparedness Coordinator

(4) Emergency Room

(5) Pulmonary/Respiratory Care, and Critical Care

(6) Medicine Department

(7) Nursing Department

(8) Surgical Department

(9) Ambulatory Care Department

(10) Pathology and Laboratory

(11) Pharmacy

(12) SPD

(13) Security

(14) Safety

(15) Human Resources

(16) Engineering

(17) Fiscal

(18) Quality Management/Risk Management & Performance Improvement

Once the plan is created and approved, the Hospital Epidemiologist/Chief Infectious Diseases will revise it making any changes and updates and presents the updates to the Emergency Management Committee at least twice yearly or less if indicated.

b. **Estimation of the needs for the VA Caribbean Healthcare System (using Flu Surge 2. 0)**

In case of a pandemic, it is estimated that beds and staff availability must be increased by 15% to 20% using an Influenza attack rate estimated in 25% (15%-35%), however, our institution's attack rate will probably be higher than this 25% since 45% of our served population are elderly > 65y/o. Duration of influenza epidemic wave is estimated in 12 weeks. During the wave there will be a bell distribution with a peak in admissions.

c. **The present VA Caribbean Healthcare System capabilities are:**

(1) Serve a population of 66,817 veterans (30,068 are > 65 y/o)

(2) Staffed ICU beds: 25

(3) Staffed Non-ICU beds: 200

(4) Number of ventilators: 25 (average 12-20 in use/day)

(5) Number of admissions/weeks: 197 (135 admissions are to Medical Service)

(6) Number of deaths/weeks: 13

(7) Morgue capacity: 8 bodies

(a) At present morgue handles average of 3-4 bodies/day

(b) Average turnaround time is 2-4 days

d. **With the above capabilities it is estimated that in the most likely scenario:**

(1) There will be a total of 16,704 served veterans affected (7,517 in >65 y/o).

(2) There will be 50% of these 16,704 veterans, i. e. 8,352 patients (3,759 will be > 65 y/o), seeking healthcare (8,352 outpatient's visits).

(3) 22% of the patients seeking healthcare will be hospitalized, i. e. 1,837 veterans (827 will be >65y/o).

(4) 6,515 patients (2,932 will be > 65 y/o) will be managed as out-patients.

(5) 15% of the hospitalized patients will require ICU care, i. e. 276 patients (124 will be >65 y/o).

(6) 50% of ICU care (7. 5% of admitted influenza patients) will require mechanical ventilation, i. e. 138 patients (62 will be >65 y/o).

(7) 25% of hospitalized patients will die, i. e. 459 patients (207 will be > 65 y/o).

e. **Additional assumptions are:**

(1) Average length of non-ICU hospital stay for influenza-related illness is 5 days (9,187 non-ICU patient days).

(2) Average length of ICU stay for influenza-related illness is 10 days (2,760 ICU patient-days; 1,378 ICU patient-days not on MV).

(3) Average length of ventilator usage for influenza-related illness is 10 days (1,378 MV days).

(4) The daily increase in cases arriving compared to previous day is 3%.

f. **With all these capabilities and assumptions:**

(1) There will be weekly additional admissions to hospital that go from 18 admissions/week at the first week of the pandemic (~ 2-3 per day) to 276 admissions/week at mid-pandemic, weeks 6-7, (~ 43 per day).

(2) There will be 1-2 patients/day in the first week of pandemic that will require ICU care and 8-9 patients/day at mid-pandemic will require ICU care. Since the average time patients will be at ICU is 10 days, at mid-pandemic week this will be 243% of our capacity.

(3) There will be also one patient/day requiring mechanical ventilation during the first week, and 4-5 patients/day at mid-pandemic that will require mechanical ventilation. Since the average time of ventilator usage is 10 days, at mid-pandemic weeks this will be 119% our mechanical ventilators and respiratory therapists' capabilities.

(4) There will be 2-39 additional admissions/day (18-276/week).

(5) There will be about 3-48 additional deaths in hospital/week. This will exceed the actual morgue capacity of 8 bodies. If necessary, the air-conditioned morgue can store additional 10-15 cadavers. Additional mass storage may be accomplished by renting refrigerated vans.

From week 5 - 9 of pandemic wave we will be using most of our 200 beds (88% - 105%) for influenza patients in hospital; and from week 3 - 11, ICU capacity needed for influenza patients in ICU is from 97% - 113% (peak 243%). More space will be needed for non-ICU patients and non-ventilated ICU patients (estimated 50-60 beds).

g. **Since more beds cannot be built and more staff cannot be hired, and it is estimated a shortage in staff of about 40% (due to illness, fear, and family issues), it will be necessary to:**

(1) Stop elective admissions to hospital including elective surgeries to both protect patients and to create additional beds and staff. Stopping elective surgeries permits that SICU can take critically ill patients without influenza from MICU and CCU to create ICU spaces for influenza patients at the MICU and CCU.

(2) Stop routine appointments to primary care clinics and subspecialty clinics to increase number of staff that can be used to care of acutely ill patients.

(3) Review daily hospitalized patients to determine if they can be discharged home to make beds available for patients with influenza.

(4) Designate entire wards as influenza wards (the 9th floor, wards 9A & B, can be dedicated to care patients with influenza) changing, if necessary, some of the step-down units (as Transitional Unit, PM&R ward, Spinal Cord ward) into acute-care units for the managements of regular patients admitted to the wards now designated for influenza patients.

(5) Diverting physicians and nurse's assignments from non-acute care to acute-care duties as necessary.

At present, Respiratory Care Unit consists of 19 staff respiratory therapists that also provide support to the Home Oxygen Program. If out-patient services are cancelled or diminished to a minimal, three (3) additional respiratory therapists will be available for direct patient care increasing the staff of the unit to 21 therapists. Since elective surgeries will be cancelled, Anesthesiology staff will receive pertinent training to assist with mechanical ventilator management.

If additional mechanical ventilators are needed, the Respiratory Care Unit will contact the Hospital Command Center (HOC) a request through the Logistics Officer, Business Office and the Area Emergency Manager (AEM) for the loan of additional units and/or additional equipment on emergency basis. AEM will notify the Federal Emergency Management Administration (FEMA) Region II, the Department of Health and Human (HHS), Centers for Disease Control and Prevention (CDC), Veterans Health Administration (VHA) Emergency Management Strategic Healthcare Group (EMSHG), State and local Department of Health Emergency Coordinators and request the support to supply mechanical ventilators.

4. IDENTIFICATION OF PANDEMIC RESPONSE TEAM BY EACH HOSPITAL SERVICE

a. **All Medical Service, Pharmacy Service, Housekeeping, Police, Respiratory Therapy, SPD, and Nursing Service personnel will be members of the Pandemic Response Team.** However, each Chief of Service from other units such as PM&R, SCI, Long-Term Care, Surgery, and Transitional Unit is responsible of preparing their plan to identify personnel in their service to serve in the Pandemic Response Team and possible number of beds in their respective wards that can be used for acute care of influenza non-ventilated patients and/or non-influenza patients. According to these plans, medical staff necessary to cover such additional beds will be estimated since these beds are already staffed by nursing and other services, but medical staff may be necessary to care of patients since regular medical staff in these units is usually non-internal medicine staff.

b. **Pulmonary Section** will prepare a plan to assure the availability of Respiratory Therapists and ventilators during a pandemic response according to estimated number of ventilators that will be required.

c. **Radiology Service** must be prepared to an increase in radiology requests. The possibility of designating a portable x-ray machine dedicated to the Emergency Room and/or designated wards for influenza should be considered to expedite evaluation of patients and decrease exposure of staff, visitors and other patients during the transportation of patients to the Radiology Department for the required chest-x-ray.

d. **Chief Pathology and Laboratory** will prepare a plan to assess how they will manage the increase in the need of laboratory personnel and morgue capabilities during the pandemic phase. The possibility of performing rapid test for influenza at ER and CBOCs should be considered to expedite evaluation of patient on site. Arrangements with other facilities to manage the overflow of dead bodies, if necessary, should be planned in advance.

e. **Chief Pharmacy Service** will prepare a plan to assure the availability of pharmacists and medicines necessary to respond to the pandemic. It will be the responsibility of the Pharmacy Service to review and maintain an adequate stock of antiviral medications. At the present time, the medication recommended for this purpose is Oseltamivir (Tamiflu®, from Roche Pharmaceuticals). The Pharmacy Service will review this stock as well as all other essential supply that is under the Pharmacy Service Care and is identified in the supply inventory section of this plan to make the necessary arrangements to maintain it adequately. Pharmaceutical Cache will be activated, if necessary, by the VA Medical Center Director in accordance with Center Memorandum “Pharmacy Drug Cache”.

Same plans will be prepared by SPD, Security, and Housekeeping.

f. **Mental health professionals**, social workers, and chaplains will also be required to help in their respective expertise during the pandemic response by giving support for both patients and staff. Plans should be done by respective chiefs.

It is enforced that All Services will identify the personnel from their section that will be members of the Pandemic Response Team. It is important to remember that in the event of an influenza pandemic, staffing shortages are expected (due to illness, fear, and family issues), and this shortage should be taken in mind when preparing the individual services' plans. Individuals identified for this team may be relocated to other services to help care for patients with pandemic disease. If possible, staff to care for influenza patients will be accompany, and employees in these tasks will be given the highest priority to receive vaccines or prophylaxis if available. Employees who recover from influenza and return to work can be assigned to care for influenza patients since they will acquire immunity to the disease.

5. SUPPLY INVENTORY

The impact of pandemic influenza is unpredictable. Transmissibility and virulence of the pandemic strain, availability and impact of countermeasures, duration of the pandemic wave, subsequent waves, are all factors among others that will influence how pandemic will affect the community. Also, how many veterans will seek care from the VA facilities and how many will seek care in the community is not clear.

Flu Surge 2.0 model had been used to estimate these needs. To estimate the demand, we used the number of unique patient enrollees of FY15 at the VA Caribbean Healthcare System as described in Page 5: Estimation of the needs for the VA Caribbean Healthcare System.

SPD will be responsible for the acquisition, storage, and maintenance of the emergency supply identified as essential supply in an influenza pandemic. SPD will use the established acquisition and contracting programs unless other dispositions are indicated to them by the VISN-8.

a. **The emergency supply will be composed of: (for total numbers see Appendix 1)**

(1) Mechanical Ventilators

(2) Ventilator supplies

(a) Nebulizer and filters and masks

(b) Endotracheal and tracheal tubes and supplies (holders, etc.)

(c) Other ventilator supplies (circuits, adapters, etc.)

(3) Isolation supplies

(a) Surgical Masks

(b) Respirators (N95) all sizes (reusable and non-reusable)

(c) Gloves (Med, Large, X-large)

(d) Goggles

(e) Gowns

(4) Respiratory supplies

(a) suction catheters and kits

(b) Ambu Bag

(c) Facial tissue

(d) Oxygen masks and tubes

(5) Syringes and needles for vaccine administration

(6) Hand Hygiene supplies (Alcohol-based hand cleaner, antimicrobial soap)

(7) Blood gas kits

(8) Morgue packs

(9) Thermometers

(10) IV pumps

(11) Central lines kits

(12) IV solutions

b. **Pharmacy supply will include:**

(1) Nonsteroidal anti-inflammatory drugs (pill and liquid forms)

(2) Acetaminophen (pill, suppository, liquid)

(3) Antivirals (oseltamivir)

(4) Antibiotics (consider ciprofloxacin, a respiratory fluoroquinolone PO and IV, vancomycin, piperacillin/tazobactam, ceftriaxone, azithromycin)

(5) Vaccines

(6) Vasopressors

(7) Benzodiazepines

(8) Proton pump inhibitors

(9) Bronchodilators

(10) Cough suppressants

c. **“Home care kits” for patient to be managed at home will include:**

(1) Thermometer

(2) Acetaminophen

(3) Cough suppressant

(4) Oral rehydration mix packs

(5) Surgical masks for patient and care providers

(6) Home care instructions

6. EDUCATION ACTIVITIES

In the pre-pandemic phase, education will be offered to both health care workers and patients on basic influenza concepts and infection control practices. Specific protocols to be followed in the event of an influenza pandemic should be provided and explained to healthcare workers. These protocols should include recognition of signs and symptoms of influenza and how staff should proceed if they become ill. Non healthcare workers will be also training on Pandemic Flu Preparedness Awareness Level during the pre-pandemic phase by first line supervisor to learn about their role in the Pandemic Flu Emergency Plan.

7. COMMUNICATION

The Hospital Epidemiologist will keep the Hospital Command Center (HCC) and Emergency Management Committee informed of the preparedness plans required and the information available from the Department of Health and Human (HHS), Centers for Disease Control and Prevention (CDC), Veterans Health Administration (VHA), State and local Department of Health on the epidemiological status of a pandemic in accordance with the Center Memorandum “Emergency Preparedness Plan” Annex B “Activation and Communications” and Annex C “Hospital Incident Command System (HICS) and Job Activation Sheets”.

Any needs of communication to the media and the public will be managed through the Public Relations Office. The information will be disclosed by the

Public Relations Office according to the standard procedures approved in the facility to disclose information to the public explained in Center Memorandum, Annex C ". Hospital Incident Command System and Job Activation Sheets".

8. SURVEILLANCE ACTIVITIES

No specific surveillance activities other than routine for influenza are needed during the pre-pandemic phase period.

9. SECURITY

Chief Police Service is responsible of: Preparing a plan to be activated as soon as a pandemic response is required. The plan should include the areas that must be activated during a pandemic response (described in the Security part on the Pandemic Phase Actions).

Assure that Security personnel is trained in the use of PPE either as first receivers of patients with possible influenza or as first responders to disturbances.

Assure that Security personnel know their plan of action and receive education on influenza as any other health care worker.

10. COMMUNITY-BASED OUTPATIENT CLINICS

ACOS for Primary Care and the Director of each clinic are responsible for preparing and execute a local plan to deal with patients with pandemic influenza. The education and clinical management guidelines that apply for the Medical Center also apply to the CBOCs.

11. HOME CARE

Home-based primary care teams (HBPC) can work with the Department of Health, CDC, VISN-8, and other agencies communicating with patients and families for the recommendations and enforcement of home isolation or quarantine measures and providing home care patients with appropriate supplies, medications, and health care.

Medical Director of HBPC is responsible for the preparation of the plan of action for this effort.

12. FATALITY MANAGEMENT (See attachment R)

Chief of Pathology is responsible to prepare a plan to take care of bodies in the event of a pandemic. If more resources are needed due to an increase in the number of dead bodies, a formal request for support (refrigerator van, body bag, dry ice and others), Forensic Medicine must be forward to the HICS Logistics Chief at the Hospital Command Center.

13. PANDEMIC PHASE ACTIONS

a. **Activation Triggers, Communication and Event Coordination**

As soon as a pandemic is notified, the Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), Veterans Health Administration (VHA), State and local Department of Health directions will be followed. VACHS Hospital Command Center (HCC) will be activated, and Services Emergency Management Plans activated.

Based on the apparent magnitude of Pandemic Phases, the Incident Commander (Medical Center Director) will establish and direct the Hospital Command Center/ Incident Command Post in Conference Room # 316 in the 3rd floor in compliance with the National Incident Management System (NIMS). The Incident Commander will designate individuals to assume the HEICS positions for the Command and General Staff for the responsibilities of Liaison, Public Information Officer, Security/Safety, Operations, Logistics Finance and Planning. Each of these individuals should read their respective Job Action Sheets (JAS) carefully Center Memorandum “Emergency Preparedness Plan”, Annex C.

Once the HCC is activated an initial planning meeting will be conducted to define the objectives and actions to be taken during the emergency. Public Information Officer will be in charge of all internal and external public communications.

Hospital Epidemiologist will be added to the Command Staff as an advisor to the incident commander and will be responsible to keep the HCC updated on the epidemiological issues.

b. **Surveillance**

Infection Control will be responsible for implementing surveillance activities, consolidating the data, and communicating it to the Hospital Epidemiologist at the HCC.

The facility will be in alert until the first influenza case activity is identified in the facility. The Infection Control measures, and triage system described below will be activated. As soon as one patient meets the case definition or is confirmed for influenza, Infection Control Office will immediately notify the Director’s Office and the Department of Health, and the Pandemic Phase Plan will be subsequently fully activated.

No special surveillance for pandemic influenza is required during the pandemic period. Infection Control will be responsible to:

(1) Adopt HHS/CDC case definition

(2) Receive daily communication from ER and laboratory, tabulate, analyze data, and report to incident command status of influenza activity within the facility.

(3) Track patients with suspected or confirmed influenza

(4) Track employee absenteeism (Human Resources should report daily to the HICS Planning Chief at the HCC)

(5) Follow HHS/CDC, VHA, State and local Department of Health reporting requirements

(6) Data collection, trending, and reporting, including the review of the data to be transmitted by the HCC.

c. **Activation of infection control measures** (environmental and facility management)

At the beginning of a pandemic of influenza outbreak, health care facility staff will be advised to use Airborne Infection Isolation and Contact Precautions. Initially, fit-tested N95 level masks or powered air purifying respirator, gowns, gloves, and goggles.

Patients identified as suspected or confirmed of influenza will be placed in negative air flow room to provide maximum protection of staff until the mode of transmission has been established (initially the mode of transmission of the virus will not be established for some time and so we will take a conservative approach that will provide a high level of protection for health care facility staff). Throughout the pandemic period, the level of infection control practices and isolation will be adjusted according to capability of the facility and epidemiology of the pandemic.

Hand hygiene practices (hand washing with soap and water or alcohol-based hand rubs after contact with respiratory secretions and/or contaminated patients, objects, and materials for both patients and staff) will be maintained at all times.

Respiratory hygiene practices (cover noses and mouths when sneezing, use facial tissues to contain respiratory secretions and dispose of them in a waste container for both patients and staff) will be maintained at all times.

Visitor restrictions procedures (including the Facility Lockdown) will be implemented.

For pre-exposure prevention and for the duration of the outbreak, immunization, medications, and PPE will be provided to high-risk staff (staff most likely to be exposed) to protect them against respiratory infection and minimize transmission of disease. Post-exposure treatment should be provided for 10 days after exposure to staff who did not receive it and have a possible exposure.

d. **Triage system**

(1) Identification of persons who might have influenza.

Incoming patients to the facility will be screened for influenza-like illness. A clearly established person will identify such patients (ER and PCC). Up-to-date algorithms will be used for clinical symptoms, travel history, and recent exposure.

(2) Influenza patients will be separate from others to reduce risk of disease transmission

Separate waiting areas for persons with respiratory symptoms will be designed. Patients with respiratory symptoms should wear masks until evaluated. Staff taking care of these patients until evaluated should wear surgical or procedure-type masks and maintained within 3 feet of patients.

(3) Use rapid testing for influenza A to differentiate influenza from other respiratory illnesses

Laboratory will organize personnel to assure 24 hrs./7 days Flu test determinations.

As soon as influenza is confirmed, patient will be placed in negative air flow room. It will be determined whether patient can be treated in an outpatient setting at home or require hospitalization.

e. **Criteria for Intensive Care Unit**

The senior CCM attending and the Pulmonary/CCM fellows as needed, in conjunction with the Emergency Room staff will provide the triage for CCM services. Final decisions regarding the need for ICU admission will be the responsibility of the MICU director or designee.

In the event that critical care needs exceed the availability of MICU personnel, SICU, CCU and Med-Surg ward staff will be assigned to assist in the delivery of care based on a two-tiered staffing model. If the number of patients exceeds the capacity of the hospital ICU beds, patients will be managed outside the ICU in medical and/or surgical wards. These areas outside ICU's will be clustered on specific wards. Minimal monitoring availability will include BIBP, oxygen saturation, temperature, and urine output. P/CCM staff will each be responsible for directly caring for 6 ICU patients and coordinating the care provided by up to four non-CCM physicians. If ICUs are filled with critically ill patients, ICU nurses will be primarily responsible for direct patient care. Non-ICU nurses will be assigned primary responsibility for patient assessment, nursing care documentation and medication administration.

In as much as possible, any ICU nurse will not be responsible for direct care of more than two ICU patients, although they could be called to collaborate in the care provided by up to three non-ICU nurses.

f. **Respiratory Care and Mechanical Ventilators**

In the event that a pandemic is declared, Chief of Pulmonary & Critical Care Section will activate the emergency program for Respiratory Care Unit. Respiratory Care will evaluate and determine the needs on a daily basis. They will maintain information on the location and number of patients on mechanical ventilation, number of mechanical ventilators available for use, and location and number of patients on medication nebulizer and on high flow oxygen and BIPAP/CPAP system.

g. **Nursing Service**

Nursing Service will be a cornerstone in the Pandemic Phase by helping in the following areas:

(1) assisting physicians in determining the patients that can be discharged early based on their condition

(2) identifying employees with risk factors for complications

(3) provide vaccination and implement immunization protocols

(4) identifying staff that can be shifted to increase number of staff to care for acutely ill patients

(5) assisting in changing non-acute care wards into acute-care units for the management of regular patients admitted to the wards now designated for influenza patients

(6) distributing nursing personnel from non-medical unit (as surgical units) to care for patients without influenza

(7) inventory of beds

(8) identifying needs and request equipment in coordination with SPD

(9) coordinate, request and administrate pharmacy medications and home care kits

(10) education of patients, healthcare providers and visitors regarding pandemic influenza transmission mode, protective equipment use, preventive measures, and emergency plans rules and regulations

(11) identification of rooms with negative airflow to provide maximum protection to staff

(12) enforcing hand and respiratory hygiene practices

(13) coordination with security preventive rounds and accomplish visiting hours regulation as established

h. **Designated telephone lines/telemedicine**

Telephone lines will be designated for influenza plan. Phone triage can be used to separate patients who need emergency care and those who can receive non-urgent care in an out-patient clinic or need home care. Phone information can be used to give orientation to patient that are discharged to be cared for at home and has questions or doubts that need clarification, otherwise they will come to the facility to get such information exposing others to their disease. It can be considered to use staff that are recovering or need to be out from work for quarantine or family care for this purpose.

i. **Homecare guide for influenza**

For patients that can be managed at home, information will be provided with their home care kits.

j. **Potential VA expanded responsibilities**

Provide medication, vaccine, and PPE to family members of staff to keep health care staff healthy and available to take care of patients (depending on inventory).

Provide facility-based child-care as needed if available. Voluntary Service may help in some of these duties.

k. **Communication**

The Hospital Epidemiologist will keep the Healthcare System and Emergency Preparedness Committee informed of the information available from CDC, Local Health Department, and VHA on the epidemiological status of the pandemic.

Any needs of communication to the media and the public would be managed through the Public Relations Office. The information will be disclosed by the Public Relations Office according to the standard procedures approved in the facility to disclose information to the public.

l. **Daily staff accounting**

Account for staff will be done on a daily basis. Staff should be screened for influenza-like illness to identify on a timely manner ill staff. Rapid testing for influenza should be offered to suspect ill staff. If staff is suspected or confirmed

with influenza, or after high-risk exposure from duty, staff should stay at home. Authorized absences should be granted as appropriate.

m. **Education**

Employees, visitors, and patients will be provided with educational materials on influenza pandemic status, and infection control issues.

During the pandemic period education and training will be intensified. Updated information on the pandemic status should be given as well as updated in protocols used during the pandemic phase. Training should be specifically directed to:

(1) HICS/HCC members

(2) Medical providers

(3) Nursing staff

(4) Respiratory therapy staff

(5) Triage staff

(6) Police

(7) Housekeeping staff

(8) Pharmacy

(9) Other members of the Pandemic Response Team

n. **Security**

Security Service will have a key role in crowd control and in the management of the flow of patients and visitors. They are also responsible of protecting the critical supplies required in the management of the event.

Security staff should be provided with appropriate PPE to ensure their welfare and safety so that they can perform their duties:

(1) To limit visitor access and ensure that entry to and exit from the facility is limited and secure.

(2) Enforce visitor restrictions.

(3) To provide guard staff for personnel to ensure their welfare and safety.

(4) To provide security to equipment, vaccines, and medications.

For security purposes there should be only one entrance for patients and visitors. This entrance should be identified. A triage station can be started at this entrance and all visitors and patients can be pre-screened at this point.

o. **Employee Health Unit**

They will refer all personnel coming to work with influenza-like illness to the Emergency Room for appropriate triage, testing, and treatment as appropriate. After this evaluation, they will exclude ill staff from work if indicated.

They will evaluate all personnel returning to work after out of work due to influenza to determine if they can be allowed back to work according to Infection Control guidelines and criteria.

p. **Community-Based Outpatient Clinics**

Each CBOC will triage and care for patients with suspected or confirmed influenza following the following principles:

(1) Triage will be done at the first point of contact using standard case definitions and tolls and staff should use appropriate PPE.

(2) Patients who meet the case definition for influenza will be separated from the other patients and their evaluation will be prioritized.

(3) A pre-designated area will be designated for the evaluation of such patients.

(4) Patients who require hospitalization will be transported to the Medical Center using the transportations methods available appropriate for the condition of the patient remembering that influenza patients cannot be transported in the same vehicle with non-influenza patients. Any guideline following directives from HHS, CDC and VHA will be provided by Infection Control when available.

14. POST-PANDEMIC PHASE ACTIONS

a. The Incident Commander will dissolve the Incident Command Post or HCC after an official notification of the Secretary of Department of Health and the VACHS Epidemiologist

b. Infection Control will maintain surveillance for signs and/or symptoms of influenza in returning staff, patients, and visitors.

c. Staff will be alert to the possibility of returning to the pandemic state.

d. Depleted supplies should be re-stocked.

e. Usual standards of health care should resume.

f. A post-event evaluation meeting will be held to review operation of the pandemic plan and performance and correct any failures in the system operation.

g. An after-incident report will be prepared by the Planning Chief at HCC including morbidity, mortality, lessons learned, and other information relevant to the event.

h. The essential supplies, staff requirements, and medications needs is estimated based on the following assumptions:

(1) For Outpatients seeking healthcare but not requiring admission: (n=6515)

(a) 1 MD contact

(b) 2 nursing contacts

(c) 1 social worker or mental health, or other ancillary contact

(d) 1 administrative contact

(e) One disposable mask per patient

(f) One home care kit per patient

(2) For Outpatients in ER requiring admission: (n=1,837)

(a) 3 MD contacts

(b) 5 nursing contacts

(c) 1 radiology tech contact

(d) 2 administrative contacts

(e) 3 respiratory tech contacts

(f) 1 escort contact

(g) One disposable mask

(h) Oxygen

(i) IV fluids: Saline, tubing, IV line

(j) Antipyretics

(k) Antibiotics

(l) Oseltamivir

(3) For Inpatients, non-ICU, per day: (n=1,561) 5 days

(a) 2 MD contacts

(b) 6 nursing contacts

(c) 1 radiology tech contact

(d) 6 respiratory tech contacts

(e) 1 social work, mental health, or other ancillary contact

(f) 1 phlebotomy contact

(g) 1 housekeeping contact

(h) Antipyretic

(i) Antibiotics: ceftriaxone + azithromycin, or moxifloxacin, Oseltamivir?

(j) IV fluids (saline, tubing)

(k) Oxygen via nasal cannula or face mask

(4) For Inpatients, ICU, not on mechanical ventilator, per day: (n=138) 10days

(a) 4 MD contacts

(b) 24 nursing contacts

(c) 2 radiology tech contacts

(d) 12 respiratory tech contacts

(e) 1 social work, mental health, or other ancillary contact

(f) 1 housekeeping contact

(g) IV fluids (saline, tubing)

(h) Oxygen via face mask or non-rebreather mask

(i) 6 Nebulizations with circulaire masks

(j) Albuterol unit dose

(k) Antipyretics

(l) Antibiotics: vancomycin + piperacillin/tazobactam, Oseltamivir?

(m) Central line kit

(n) 3 blood gas kits

(5) For Inpatients, ICU, on mechanical ventilation, per day: (n=138) 10 days

(a) 4 MD contacts

(b) 24 nursing contacts

(c) 2 radiology tech contacts

(d) 6 respiratory tech contacts

(e) 1 social work, mental health, or other ancillary contact

(f) 1 housekeeping contact

(g) IV fluids (saline, tubing)

(h) 0. 2 ventilator circuit and filters

(i) Oxygen via face mask or non-rebreather mask

(j) Albuterol

(k) Antipyretics

(l) Antibiotics: vancomycin + piperacillin/tazobactam, Oseltamivir

(m) Central line kit

(n) 3 blood gas kits

(o) 1 suction kit

(p) Sedation: midazolam, propofol

(q) Vasopressors

(r) Proton puma inhibitors

(s) Pain control: morphine

(5) Personal Protective equipment for staff:

Staff with intermittent patient contact: administrative personnel (per contact):

(a) 1 disposable N95 respirator

(b) 1 disposable gown

(c) 1 pair of disposable gloves

Staff with prolonged periods of exposure and direct patient contact:

(a) 1 reusable N95 respirator with 3 sets of filters (each set lasts ~ 30 days). If no fit-test done, disposable N95 masks should be used until fit-testing.

(b) 1 goggle

(c) 1 pair of disposable gloves per contact

(d) 1 disposable gown per contact

Staff with prolonged periods of exposure but no direct patient contact: police

(a) 1 reusable N95 respirator with 3 sets of filters (each set lasts ~ 30 days). If no fit-test done, disposable N95 masks should be used until fit-testing.

(b) 1 goggle

(c) 1 disposable gown per shift

Staff Requirements

a. MD contacts	41,427
b. RN contacts	143,490
c. Respiratory tech contacts	85,442
d. Radiology tech contacts	16,537
e. Phlebotomist contacts	9,187
f. Housekeepers contacts	12,944
g. Other HCW contacts (mental health, etc.)	18,458
h. Administrative contacts	10,190
i. Escort contacts	1,837

Personal Protective Equipment Requirements

a. Gloves	814,828
b. Gowns	407,414
c. N95 disposable respirators	22,027
d. Goggles	1,186
e. Reusable respirators	1,186
f. Reusable respirator filter cartridges	3,557
g. Disposable mask (for patients)	10,023

Essential Supply Requirements

a.	Oxygen nasal canulas	1,837
b.	Oxygen masks	3,216
c.	Non-rebreather masks	1,378
d.	Circulair nebulizers	2,113
e.	Circulair masks/filters	2,113
f.	IV tubing	31,237
g.	Hep lock kits	5,779
h.	Central lines kits	276
i.	Blood gas kits	17,456
j.	Suction kits	1,378
k.	Ambu bags	138
l.	Alcohol-based hand cleaners	3,395
m.	Disposable ventilators	71
n.	Ventilator supplies	138
o.	Morgue packs	459

Pharmacy supply Requirements

a.	Home Care Kits	6,515
b.	IV fluids: D5NS (1 L bags)	42,262
c.	Antipyretics	13,781
d.	Ceftriaxone (in DDD)	8,728
e.	Azitromycin (in DDD)	8,728
f.	Moxifloxacin (in DDD)	2,297
g.	Vancomycin (in DDD)	2,756
h.	Piperacillin/tazobactam (in DDD)	2,756
i.	Albuterol unit doses	53,287
j.	Sedation (midazolam or propofol in DDD)	1,378
k.	Norepinephrine (in DDD)	1,378
l.	Proton pump inhibitors, IV (in DDD)	1,378
m.	Morphine (in DDD)	1,378

“Home care kits” for patient to be managed at home

Each kit will contain:

(1) Thermometer

(2) Acetaminophen

(3) Cough suppressant

(4) Oral rehydration mix packs

(5) Surgical masks for patient and care providers

(6) Home care instructions

Reference:

VACHS Center Memorandum: CM-11B-18-06, Management of Influx of Infectious Patients/Staff from the Community or Inpatient Outbreak.

ANNEX 1.22

INFLUX OF RESPIRATORY ILLNESS AND HIGH CONSEQUENCE INFECTIONS (HCI) PREPAREDNESS AND RESPONSE PLAN

1. PURPOSE

To provide a document that contains the protocols that will serve as guidelines for the risk assessments (screening), triage, transportation, and management of patients with possible/confirmed HCI throughout the VACHS including its clinics.

Because travel to high-risk areas is one of the risk factors for transmission of HCI, these guidelines address patients who are considered at high risk for HCI who meet travel criteria. Exposure to a known HCI patient has also been included in the assessment to be implemented when indicated.

2. BACKGROUND

Large community outbreaks of contagious infectious diseases are uncommon but when they do occur, they may overload the normal capacity of the healthcare system. These emergencies are different from others in that they may be sustained for extended periods of time; they require special practices, equipment, and/or countermeasures to prevent transmission within the facility; and they may be local or widespread within the community.

These infections may be transmitted through contact, respiratory droplets or aerosol, fomites, food or water, or any combination of them.

Examples of infections covered under this policy include pandemic (or severe seasonal) influenza, SARS, measles, COVID-19, and other infections capable of producing large outbreaks of transmissible disease, including intentional release of biological agents.

High-Consequence Infectious Diseases (HCID) are infections caused by highly lethal viral, bacterial, prion and other diseases of unknown origin. Are infectious diseases that occur rarely but are associated with high rates of death in otherwise healthy persons and have substantial societal and economic costs.

Prion Diseases include:

- CJD (Creutzfeldt-Jakob disease, classic) (https://www.cdc.gov/prions/cjd/index.html)

- vCJD (variant Creutzfeldt-Jakob disease) (https://www.cdc.gov/prions/vcjd/index.html)

- BSE (bovine spongiform encephalopathy, or mad cow disease) (https://www.cdc.gov/prions/bse/index.html)

- CWD (chronic wasting disease) (https://www.cdc.gov/prions/cwd/index.html)

Bacterial Diseases include:

- Anthrax
- Brucellosis
- Buruli ulcer (https://www.cdc.gov/buruli-ulcer/index.html)
- Capnocytophaga (https://www.cdc.gov/capnocytophaga/index.html)
- Elizabethkingia (https://www.cdc.gov/elizabethkingia/index.html)
- Glanders (Burkholderia mallei)
- Hansen's disease (Leprosy)
- Leptospirosis
- Melioidosis (Burkholderia pseudomallei)
- Pasteurella sp. infections

Viral Diseases include:

- Ebola virus (https://www.cdc.gov/vhf/ebola/index.html)
- Marburg virus (https://www.cdc.gov/vhf/marburg/index.html)
- Lassa fever virus (https://www.cdc.gov/vhf/lassa/index.html)
- Rift Valley fever virus (https://www.cdc.gov/vhf/rvf/index.html)
- Crimean-Congo hemorrhagic fever virus (https://www.cdc.gov/vhf/crimean-congo/index.html)
- Arenavirus (https://www.cdc.gov/vhf/virus-families/arenaviridae.html)
- Hantavirus (https://www.cdc.gov/hantavirus/index.html)
- Smallpox and Monkeypox
- Rabies
- Severe Acute Respiratory Syndrome (SARS) – caused by a novel coronavirus

- COVID-19 - Coronavirus Disease 2019 (COVID-19) | CDC

(Almost all these viruses are classified as Biosafety Level 4 (BSL-4) pathogens and must be handled in special facilities designed to contain them safely.)

Despite low incidence of HCID, maintaining a preparedness to tackle the challenges posed by the emergence or reemergence of some of these pathogens should remain a priority. Public health resources are wisely spent by adequately preparing for the inevitable emergence or reemergence of infectious diseases that might currently be of low incidence but have the potential to spread to immunologically naive populations.

Preparedness should include awareness of unexplained sudden illnesses and deaths that can be sentinels for the recognition of newly emerging infections and for the early detection of outbreaks of naturally occurring or intentionally released infectious agents.

3. POLICY

Prevention of HCI transmission requires a multi-layered approach and includes early detection of infectious patients, prompt isolation and institution of precautions, minimizing the exposure of others through administrative controls and monitoring exposed contacts for potential secondary cases. This medical center will follow current CDC and Veterans Affairs Central Office (VACO) guidelines to ensure all components of transmission prevention are in place.

4. DEFINITIIONS

a. **Bed Management Solution (BMS):** a near real-time web-based VistA interface tool used for tracking patient movement and bed availability. The goal for BMS utilization is to expedite safe patient flow/transfers within, between, and among VA medical facilities and community care medical facilities nationally, to include patient flow/transfers across VISNs as appropriate.

b. **Case:** A case is defined as when an individual meets a standard set of criteria for defining the ID event.

c. **Case Definition:** The case definition includes specific clinical criteria for the ID and then restrictions for time, place, and person based on an outbreak investigation.

d. **Cluster:** A cluster is an aggregation of cases within a given area over a specific time, without regard to whether the number of cases is more than expected.

e. **Ebola Virus Disease (EVD):** is a hemorrhagic fever with a typical case-fatality rate historically ranging from 50%-90%.

f. **High Consequence Infection (HCI)** is a highly pathogenic infectious disease with known or unknown origin that poses a significant risk of infection and death. HCI could be represented by but is not limited to the following: SARS, Middle East Respiratory Syndrome MERS, Ebola, Influenza, ZIKA, Dengue Fever, etc.

g. **Hospital Incident Command Center (HICS):** an incident management system based on principles of the Incident Command System (ICS), which assists hospitals and healthcare organizations in improving their emergency management planning, response, and recovery capabilities for unplanned and planned events.

h. **Incident Command System (ICS):** a management system designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure.

i. **Influenza (FLU):** a highly contagious viral infection of the respiratory passages causing fever, severe aching, and catarrh, and often occurring in epidemics.

j. **Middle East Respiratory Syndrome Coronavirus (MERS-CoV), or EMC/2012 (HCoV-EMC/2012)** is a novel positive-sense, single-stranded RNA virus of the genus Betacoronavirus.

k. **Observed versus expected case numbers:** The observed cases are compared to the expected cases. The expected cases are usually the number from previous few weeks or months, or a comparable period during the previous few years.

l. **Outbreak:** An outbreak or an epidemic is the occurrence of more cases of disease than expected within a given area or among a specific group of people over a specific time.

m. **Severe Acute Respiratory Syndrome (SARS)** is a viral respiratory disease of zoonotic origin caused by the SARS Coronavirus (SARS-CoV).

5. CDC CASE DEFINITION FOR HIGH CONSEQUENCE INFECTION (HCI)

a. **Person Under Investigation (PUI)** – A person who has consistent symptoms and risk factors as follows:

(1) Epidemiologic risk factors within the past 21 days before the onset of symptoms, such as contact with blood or other body fluids or human remains of a patient known to have or suspected to have HCI; residents in—or travel to—an area where HCI transmission is active; or direct handling of bats, or non-human primates from disease-endemic areas.

(2) Clinical criteria, which includes fever, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage, respiratory symptoms, etc.

6. PROCEDURES

a. **Pre-Emergency Awareness and Preparation Actions**

(1) The VACHS will maintain an All-Hazards Emergency Cache (AHEC) containing pharmaceuticals and non-pharmaceutical supplies in accordance with VHA Directive 1047, “All Hazards Emergency Cache Program” dated April 21, 2020.

(2) The Hospital Epidemiologist/Chief Infectious Disease and/or the Infection Control Program obtain current clinical and epidemiological information from VA and Public Health authorities regarding new infections that could cause an influx of potentially infectious patients.

b. **Emergency Event Actions**

(1) Activation Triggers

(a) Given the widespread nature of an infectious disease outbreak, the VACHS will follow CDC and VHA directions on the progressive activation of the HICS and the various components of this plan.

(2) Situational Awareness and Surveillance

(a) The Hospital Epidemiologist/Chief Infectious Disease, serving as the Medical Technical Advisor to the Incident Commander (IC), will monitor pertinent clinical and epidemiological information from the community. Sources of information may include:

1. CDC

2. Local and State Department of Health

3. VA Central Office and VISN communications

4. Scientific and Professional Society communications

(b) Infection Control is responsible for implementing surveillance activities, consolidating the data, and communicating it to the IC, through the Medical Technical Advisor. Surveillance activities during the event period may include:

1. Syndromic surveillance in the ER and other points of entry

2. Tracking of patients with suspected/confirmed infection

3. Tracking employee absenteeism

Infection control will follow CDC/DOH/VHA tracking/trending/reporting requirements.

(3) Rapid Recognition and Isolation

(a) Initial Risk Assessment and Triage: Initial risk assessment will start at first point of contact of the patient to the Healthcare System: Emergency Department, Primary Care Clinics, Community-Based Outpatient Clinics and Rural Clinics and Kiosks.

(b) ALL patients will be screened by a Medical Support Assistant (MSA), who will question the patient on the travel/exposure criteria:

1. Travel Criteria: Have you travel (in the last 21 days) to a country where HCI is present?

(c) The risk factor considered is recent travel, in the last 21 days, to a country where wide spread of HCI is reported.

1. Exposure criteria: Have you been exposed to any persons with HCI in the last 21 days? (Exposure criteria will be included if indicated when there are transmissions documented).

(d) If travel or exposure criteria are met (positive), surgical mask will be handed to the patient immediately. All direct contact with patient will be avoided.

(e) The MSA will call a nurse immediately.

(f) Nurse will escort the patient to a designated private room for further assessment, keeping an appropriate distance from the patient to avoid contact. Room's door will remain closed for temporary isolation. Find designated room in area-specific plans, as follows:

1. For Emergency Department details refer to ED Plan for HCI Virus Disease. (Attachment A)

2. For outpatient setting (Satellite Clinics, CBOC's and Rural Clinics) details refer to ACOS Primary Care Outpatient Setting Plan for HCI, Attachment B

(4) Personal Protective Equipment (PPE): The amount of PPE used will be determined by contact the healthcare worker will have with the suspected case and the duties s/he will perform with this patient. The PPE worn as indicated for the agent. PPE will include one or more of the following:

(a) Gloves

(b) Gown (fluid resistant/ impermeable)

(c) Surgical mask or Mask with integrated face shield

(d) Coverall

(e) Face shield

(f) Disposable hood

(g) Respirator

(h) Leg covers

(i) Shoe covers

(j) Hair net, if needed

c. **Initial Assessment:**

(1) A clinician wearing the appropriate PPE will re-confirm the travel/exposure criteria and then will assess the patient with the symptoms criteria indicated for the agent, for example:

(a) Does patient have fever?

(b) Does patient have any HCI symptoms?

1. Chills

2. Weakness

3. Body aches

4. Abdominal pain

5. Joint muscle aches

6. Headache

7. Lack of appetite

8. Vomiting

9. Diarrhea

10. Hemorrhage (epistaxis, gum bleeding and other)

(2) If BOTH criteria (travel/exposure criteria AND symptoms criteria) are present the assessment is considered positive, and the person classified as a Person Under Investigation (PUI).

d. **Confirmation of suspected HCI illness (PUI):**

(1) If patient meets criteria for Person under investigation (PUI) as described above:

(2) Evaluating clinician needs to activate CODE YELLOW "HCI" by dialing Emergency Line 111444 and notifying the operator.

(a) Tell the operator to "activate Code Yellow-HCI for clinic (your clinic)". Clearly state your name and the phone extension number where you can be contacted.

(b) This action will immediately alert the hospital Infection Control personnel and Infectious Diseases physicians who will respond to the suspected HCI case alert and will confirm the case as a PUI. (ED Plan for HCI Virus Disease Attachment C-Investigation Form from CDC or PR Department of Health, as indicated for the agent)

(c) Infection Control and Infectious Diseases physician will call the clinic and confirm that the patient meets the criteria for PUI.

(d) Infection Control will notify hospital leadership and Puerto Rico Department of Health (PRDH) and will follow PRDH process for PUI identification and transport.

(e) Hospital leadership (Chief of Staff) will activate Hospital Incident Command System (HICS).

(f) Infection Control/Infectious Diseases will call clinic to notify physician PRDH authorization to transfer the case to ASEM as PUI.

(g) Physician must call ASEM at 787-777-3707 to notify receiving physician of the patient to be transferred. Physician must also call 911, according to PRDH instructions for patient's transport.

(h) If patient is medically stable, the patient will be kept in the designated private room, with the appropriate isolation precaution sign in door, until arrangements to transfer PUI are completed. (ED Plan for HCI Virus Disease Attachment D)

(i) If patient is in San Juan Primary Care Clinics and is in need of immediate medical care, ED will be notified to arrange transfer of patient to the ED. Patient should not be transferred to the ED without prior notification, to prepare airborne

infection isolation room and ensure ED is prepared for patient arrival. Patient management at ED is described in Attachment A.

(j) Infection Control Coordinator will prepare report and provide copy to COS, Chief Emergency Department, Associate Director for Patient Care Service and Area Emergency Manager.

(k) The Chief of Staff will provide required reports as per HCI notification process as required.

(l) The Director will send report to VA Central Office.

7. PROCEDURES FOR ADMISSION OF PATIENT TO HOSPITAL

a. **Inpatient services:** Due to the potential number of seriously ill patients, additional inpatient areas may need to be activated. Incident Commander may ask for input from Chief of Staff, Associate Director Patient/Nursing Service, Chief Facilities, Infection Preventionists, etc. for recommendations on cohorting and segregating inpatients based on diagnosis.

(1) ED physician will start arrangements for transferring the PUI to hospital, as soon as possible, without having a laboratory-confirmed infection.

(2) Specific Hospital for admission will depend on patient's location at the time of PUI confirmation.

(3) If patient is located at San Juan VACHS, the patient will be admitted to the assigned inpatient ward. However, admission to the ward will not be done until the ward is activated, as described below.

(4) Admission will be granted for patients assessed by the provider/hospitalist/ID physician.

b. **Activation of the HCI Ward:**

(1) Hospital leadership will activate HCI Unit before patient's arrival and will ensure the unit is ready to receive patients. Refer to VACHS Bed Surge Plan SBAR, refer to Attachment E.

(2) The ED physician will start arrangements to ensure that there are rooms available and ready for the patient to be admitted. The patient CANNOT be transferred until the unit is ready to receive the patient.

(3) The patient will be transferred when the unit is ready to receive the patient.

c. **Transfer of the patient to the HCI Unit:**

(1) Patient will be taken to the HCI Unit using a wheelchair or stretcher, as indicated.

(2) Patient will be dressed with a new mask and covered with a clean sheet.

(3) Personnel with adequate PPE will transfer the patient to the unit.

8. DESCRIPTION OF HCI UNIT

a. The HCI Ward is the result of an extensive collaboration of different departments. It is designed to care for patients with highly contagious infectious diseases in a safe environment for health care workers and patients. The unit is located at Wards 5J/5K and Ward 3J. In addition to that the VACHS has the Emergency Department with Negative pressure and the single Airborne Isolation Rooms: 1K 1218-1219, CCU J1158-1159, MICU J1150-1151, 4J J4421-4423-4425-4429, 4K K4485-4489-4491-4493, 6J J6621-6623-6625, 6K K6685-6689-6691-6693, SICU 1H 110-108.

b. When the unit is active, it has restricted access of all persons entering it.

c. The unit is an airborne infection isolation ward (negative pressure) in relation to the surrounding area and all are private rooms, with private bathroom. Each room is entered only through one door.

d. All personnel having access to the unit receive special training on care and management of patients with serious communicable diseases and all PPE and infection control measures related to highly contagious infectious diseases. PPE is designed to keep people safe and not to keep people comfortable.

e. Internal Medicine physicians specially assigned and trained in all PPE and infection control measures related to highly contagious infectious disease serve as primary physicians for patients admitted to the unit. An Infectious Disease physician is available 24/7 for any consultation required. Subspecialty care is provided as needed.

f. Nursing care is provided by a specially trained group of nurses working in the hospital system. The provision of nursing care is available 24/7. Nurses assigned to the care of patients admitted to the unit give service only to the unit while they are assigned to it. They will not be assigned to other duties in the hospital while actively working in the unit. Nursing is responsible of maintaining annual competency in this staff. When the unit is activated, Chief of Nursing is responsible to ensuring coverage of the unit 24/7.

g. The level of staffing is dependent on the number of patients admitted to the unit and on the care needs of the patient. The amount of PPE needed is also dependent on the number of patients admitted and care needs; however, nurses assigned to these patients have wide skills in order to cover the majority of

patient’s care minimizing traffic in and out of the patient’s room and number of staff entering the room.

h. Other personnel such as laboratory, environmental services, and support personnel are allowed into the unit ONLY if they have the required PPE.

i. Any staff and providers who are pregnant, breastfeeding, or immunocompromised will not be assigned to provide care in the unit.

j. An Infection Preventionist (IP) will be assigned to the unit when patients are admitted to it. This staff will coordinate all interventions with the State Health Department. The IP will also ensure daily that practices for prevention the transmission of infectious pathogens is followed. An IP will be available while unit is active.

k. Chief Environmental Management Section/Facility Management Service is responsible for the cleaning and disinfection, and safe handling of potentially contaminated materials. They are also responsible for the appropriate training of their staff on the PPE required and of maintaining annual competency in this staff. They are responsible of maintaining adequate stock of all approved EPA disinfectants and disposable cleaning supplies.

l. Chief Environmental Regulatory Section/Facility Management Service is responsible for the logistics and coordination with Environmental Protection Agency of the proper disposition/incineration of biomedical waste.

m. Linen will be disposable as well as patient gowns or will be sent to the Laundry depending on HCI agent indication.

n. Dedicated medical equipment, preferably disposable, should be used for the provision of patient care, such as:

(1) Thermometers

(2) Sphygmomanometer cuff

(3) Stethoscopes

All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and hospital policies.

o. Decisions regarding visitors to the Unit will be made on an individual basis by the ID Physician in consultation with the primary care physician of the unit and with appropriate indicated experts.

9. PATIENT FLOW

a. **Absent or low disease activity in the community:**

(1) During this stage the Medical Center and Clinics will continue working without major interruptions. Elective procedures, Outpatient Clinics, and Community Base Clinics will continue working without cancellations. Surveillance protocols will be established at the Outpatient Clinics and Emergency Department. Response staff will be trained in specific appropriate infection control and clinical management protocols, on the correct use of personal protective

(2) Outpatient Clinics will continue working as scheduled and will implement their “frontline healthcare facility” triage and evaluation protocols.

(3) The Emergency Department will implement its “frontline healthcare facility” triage and evaluation protocols. As the need for isolation areas in the ED increase, alternative places will be identified.

(4) Patients requiring hospitalization will be admitted to isolation rooms.

(5) Patients who do not need to be hospitalized will be discharged home following current guidance for medication and instructions at the provider’s discretion.

b. **High disease activity in the immediate community:**

(1) The number of infected patients and/or employees compromises the integrity and functions of the Medical Center. It may be necessary to cancel outpatient clinics and elective procedures to accommodate the volume of patients and to prevent unnecessary exposures. Staff from clinics that are closed will be reassigned to other areas as needed.

(2) The response during this phase is tiered. Interventions are implemented in alignment with the epidemiological circumstances in the community. There is a great amount of flexibility in the plan, due to uncertainty regarding the severity, duration, and overall impact of the event, and due to the unpredictable influence of external interventions and availability of countermeasures. It is expected that VACHS leadership, with guidance from VACO, CDC, and the DOH, will adjust the response as needed. The statements below describe responses that may be taken, as warranted, depending on the impact of the pandemic on the hospital’s operations, the availability of space and supplies, the workforce status, and guidance from VACO and other agencies.

(3) Ambulatory/Primary Care clinics and Elective procedures at the Medical Center and in the Community Base Outpatient Clinics may be cancelled.

(4) Plans for staff telework activities and expansion of Virtual Care modalities will be developed.

10. INPATIENT MANAGEMENT AT THE HCI UNIT

a. **Clinicians and hospital personnel will follow guidelines for the safe management of patients with HCI.**

b. **Patient Placement:**

(1) Patient will be admitted to a single patient room with private bathroom with toilet and shower.

(2) The patient's room door will be kept closed.

c. **Personal Protective Equipment (PPE):**

(1) PPE should be worn by HCP upon entry into patient rooms, point of care and care areas within the unit. Upon exit from these areas, PPE should be carefully removed and discarded, according to guidelines. Refer to (Attachment F)

(2) Hand hygiene should be performed immediately after removal of PPE.

d. **Patient Care Considerations:**

(1) Limit the use of needles and other sharps as much as possible.

(2) Phlebotomy, procedures, and laboratory testing should be limited to the minimum necessary for essential diagnostic evaluation and medical care.

(3) Depending on the severity of the HCI agent, the samples may or may not be sent to the hospital clinical laboratory.

(4) The nurse in care of the patient will perform phlebotomy. For detailed Phlebotomy Procedure. (Attachment G)

(5) All needles and sharps should be handled with extreme care and disposed in puncture-proof, sealed containers.

(6) Follow safe injection practices as specified under Standard Precautions.

(7) Duration of precautions should be determined on a case-by-case basis, in conjunction with local, state, and federal health authorities.

e. **Aerosol Generating Procedures (AGPs):**

(1) Avoid AGPs for patients with HCI.

(2) If performing AGPs, use a combination of measures to reduce exposures from aerosol-generating procedures when performed on HCI HF patients.

(3) Limiting the number of HCP present during the procedure to only those essential for patientcare and support.

(4) Conduct the procedures in a private room and ideally in an Airborne Infection Isolation Room (AIIR) when feasible. Room doors should be kept closed during the procedure except when entering or leaving the room, and entry and exit should be minimized during and shortly after the procedure.

(5) HCP should wear double gloves, a coverall, a gown, disposable leg covers, and shoe covers, and a face shield that fully covers the front and sides of the face, and respiratory protection that is at least as protective as a NIOSH certified fit-tested N95 filtering face piece respirator or higher (e.g., powered air purifying respiratory or elastomeric respirator) during aerosol generating procedures.

(6) Conduct environmental surface cleaning following procedures.

(7) If re-usable equipment or PPE (e.g., Powered air purifying respirator, elastomeric respirator, etc.) are used, they should be cleaned and disinfected according to manufacturer instructions and hospital policies.

f. **Infection Control assessment:**

(1) In collaboration with Puerto Rico Department of Health, Infection Control will assess risk exposures for HCI (high-risk, low risk, no known exposure) to identify patient and/or employees exposed and search for additional cases where and when cases are identified depending of the agent exposed to.

g. **Radiology:**

Only trained X-ray technologists on the PPE and protocols of the HCI unit are authorized to operate the machine and will work as two-person teams, either with another trained technologist or a nurse of the unit.

h. **Nutrition and Food Services:**

(1) Nutrition and Food Service will deliver the tray to the nursing station. Nutrition and Food Service staff will not enter the HCI Unit.

(2) Nursing staff with appropriate PPE will deliver the tray to the patient.

(3) After patient is through with the meal, the tray as well as all unused food will be disposed if disposable tray, flatware, cups, plates and bowels were used.

(4) Food will not be removed from patient’s room to be heated or refrigerated.

i. **Handling of Human Remains of HCI patients in Hospitals:**

(1) PPE: Prior to contact with body, postmortem care personnel must wear the appropriate PPE.

(2) PPE should be in place BEFORE contact with the body, worn during the process of collection and placement in body bags, and should be removed immediately after and discarded appropriately (see Interim Guidance for Environmental Infection Control in Hospitals for HCI Virus. Use caution when removing PPE as to avoid contaminating the wearer. Hand hygiene should be performed immediately following the removal of PPE. If hands are visibly soiled, use soap and water.

(3) Preparation of the body: At the site of death, the body should be wrapped in a plastic shroud. Wrapping of the body should be done in a way that prevents contamination of the outside of the shroud. Change your gown or gloves if they become heavily contaminated with blood or body fluids. Leave any intravenous lines or endotracheal tubes that may be present in place. Avoid washing or cleaning the body. After wrapping, the body should be immediately placed in a leak-proof plastic bag not less than 150 µm thick and zippered closed. The bagged body should then be placed in another leak-proof plastic bag not less than 150 µm thick and zippered closed before being transported to the morgue.

(4) Surface decontamination: Prior to transport to the morgue, perform surface decontamination of the corpse-containing body bags by removing visible soil on outer bag surfaces with EPA-registered disinfectants which can kill a wide range of viruses. Follow the product's label instructions. The visible soil has been removed, reapply the disinfectant to the entire bag surface and allow to air dry. Following the removal of the body, the patient room should be cleaned and disinfected. Reusable equipment should be cleaned and disinfected according to standard procedures. For more information on environmental infection control, please refer to "Interim Guidance for Environmental Infection Control in Hospitals for HCI Virus

(5) Individuals driving or riding in a vehicle carrying human remains: PPE is not required for individuals driving or riding in a vehicle carrying human remains, provided that drivers or riders will not be handling the remains of a suspected or confirmed case of HCI, and the remains are safely contained, and the body bag is disinfected as described above.

(6) VACHS will not perform autopsies on any deceased PUI or HCI patients.

j. **Environmental Cleaning and Disinfection:**

Environmental cleaning and disinfection should follow infection control recommendations for the safe handling of potentially contaminated materials (Attachment H)

(1) Personnel performing environmental cleaning and disinfection should wear recommended PPE and additional barriers (such as shoe and/or leg coverings) if indicated.

(2) Be sure environmental services staff wear PPE to protect against direct skin and mucous membrane exposure of cleaning chemicals, contamination, and splashes or spatters during environmental cleaning and disinfection activities.

(3) Be sure staff is instructed in the proper use of personal protective equipment including safe removal to prevent contaminating themselves or others in the process, and that contaminated equipment is disposed of appropriately.

(4) Use a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus (e.g., norovirus, rotavirus, adenovirus, poliovirus) to disinfect environmental surfaces in rooms of patients with suspected or confirmed HCI virus infection. Although there are no products with specific label claims against the HCI virus, enveloped viruses such as HCI are susceptible to a broad range of hospital disinfectants used to disinfect hard, non-porous surfaces. In contrast, non-enveloped viruses are more resistant to disinfectants. As a precaution, selection of a disinfectant product with a higher potency than what is normally required for an enveloped virus is being recommended at this time. EPA-registered hospital disinfectants with label claims against non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, and poliovirus) are broadly antiviral and capable of inactivating both enveloped and non-enveloped viruses.

(5) Avoid contamination of reusable porous surfaces that cannot be made single use. Use only a mattress and pillow with plastic or other covering those fluids cannot get through. Do not place patients with suspected or confirmed HCI virus infection in carpeted rooms and remove all upholstered furniture and decorative curtains from patient rooms before use.

(6) To reduce exposure among staff to potentially contaminated textiles (cloth products) while laundering, discard all linens, non-fluid-impermeable pillows or mattresses, and textile privacy curtains into the waste stream and disposed of appropriately, if required by the infectious agent.

(7) If the HCI virus is classified as Category A infectious substance regulated by the U.S. Department of Transportation’s (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180). Any item transported offsite for disposal that is contaminated or suspected of being contaminated with a Category A infectious substance must be packaged and transported in accordance with the HMR. This includes medical equipment, sharps, linens, and used health care products (such as soiled absorbent pads or dressings, kidney-shaped emesis pans, portable toilets, used Personal Protection Equipment (gowns, masks, gloves, goggles, face shields, respirators, booties, etc.) or

byproducts of cleaning contaminated or suspected of being contaminated with a Category A infectious substance.

k. **Employee Health:**

(1) Daily Monitoring - The nurse supervisor of the unit is responsible to assess daily the staff assigned to the unit for any symptom of HCI.

(2) Monitoring after last direct care exposure - All employees involved in the direct care or waste management of the patient admitted to the HCI Unit that was confirmed of having HCI will be monitored for 21 days after the last direct care exposure with the patient. Employee is required to complete symptom survey twice daily. Occupational Health will follow this monitoring.

(3) Immediate care after exposure - Health care personnel (HCP) with percutaneous or mucocutaneous exposures to blood or body fluids, secretions, or excretions from patients with suspected or proven HCI should follow the following steps:

(a) Stop working and immediately step into the anteroom.

(b) Wash the affected area with soap and water. Mucous membranes (e.g., conjunctiva) should be irrigated with copious amounts of water or eyewash solution.

(c) Doff PPE with doffing protocol.

(d) Immediately contact Occupational Health/supervisor and Infection Control.

(e) Additional monitoring and management will be determined by Infection Control based on level of exposure.

(4) Monitoring and Management of Potentially Exposed Personnel

(a) Occupational Health Service will develop policies for monitoring and management of potentially exposed HCP.

(b) Human Resources Service will develop sick leave policies for HCP that are non-punitive, flexible, and consistent with public health guidance.

(c) Ensure that all HCP, including staff who are not directly employed by the healthcare facility but provide essential daily services, are aware of the sick leave policies.

(d) HCP who develops any sign or symptom after an unprotected exposure, (i.e., not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with HCI should:

1. Not report to work or should immediately stop working

2. Notify their supervisor

3. Seek prompt medical evaluation and testing

4. Notify local and state health departments

5. Comply with work exclusion until they are deemed no longer infectious to others

(e) For asymptomatic HCP who had an unprotected exposure (i.e., not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with HCI:

1. should receive medical evaluation and follow-up care including fever monitoring twice daily for 21 days after the last known exposure.

2. discuss potential symptoms and document fever checks.

11. EMPLOYEE SLEEPING QUARTERS

a. VACHS will offer sleeping quarters for those employees activated for direct care of HCI patients that wish to remain at the hospital overnight rather than returning to their homes.

b. One room will be for male employees and another for female employees.

c. Locker rooms will also be available.

d. Lounge area will also be designated for those employees choosing to stay overnight.

e. Choosing to stay overnight at the hospital is voluntary. All expenses for meals and incidentals will be the responsibility of the employee. VACHS is not responsible for personal belongings stored in the locked storage.

12. EDUCATION AND TRAINING

During the event period, education and training will be intensified. Infection Control/Infectious Disease, Nursing Service, Emergency Manager, Safety Officer, and the ACOS/Education will collaborate to provide focused education on the following topics:

a. Updated information on the infection and its behavior, transmissibility,

b. Case definitions and classifications, recommended treatment, prophylaxis, etc.

c. Screening and triage protocols

d. Infection Control practices required to care for patients with the infection

e. Medical, nursing, respiratory care protocols

f. Education will also be provided to patients and visitors using a variety of formats and printed material.

13. STAFFING AND HUMAN RESOURCES

a. In the event of a large outbreak of infectious diseases, staffing shortages can be expected due to illness, fear, and family issues.

b. Individuals in disciplines who might be working directly with ill patients may be relocated from other services to help care for patients with the infectious disease. Appropriate education, training and competency checks will be delivered and implemented.

c. Employees with expected direct patient contact will be given the highest priority to receive vaccines or chemoprophylaxis, if available.

d. Occupational Health and Infection Control/Infectious Disease will provide guidelines and criteria to determine when to exclude ill staff from work and when to allow them back.

e. Emergency privileges, changes in scope of practice, and other emergency actions may be considered and implemented by the Incident Commander (IC).

(1) Access control and security measures

(a) VA Police will maintain security to prevent or minimize civil unrest and limit visitor access, as necessary. VA Police will also ensure that medical countermeasures products, equipment and supplies are secure, including personal protective equipment, vaccine, and antiviral medications.

(b) Access to the VA Medical Center and Clinics will be modified and restricted as appropriate.

(c) Screening procedures at entry points will be developed and implemented as appropriate. Staff at these locations will be provided with appropriate PPE and other tools necessary to perform these operations in a safely manner.

(d) Visitation policies and general masking requirements will be developed and implemented as applicable.

14. RESIDENTIAL PROGRAMS

Residential Programs may be closed or cancelled when Outpatient Clinics are ordered to do so. While open, each residential program will implement established surveillance and screening procedures related to the incident.

15. COMMUNITY LIVING CENTER (CLC) AND HOSPICE

Management of patients and staff from CLC and Hospice will follow the established CDC and VA protocols.

16. HOME-BASED PRIMARY CARE (HBPC) PATIENTS

Management of patients and staff from HBPC will follow the established CDC and VA protocols.

17. INFECTION CONTROL

a. Strict hand hygiene and standard precautions are mandatory for all events.

b. At the beginning of a large community outbreak, health care facility staff members will be advised on the appropriate transmission-based precautions (contact, droplet, airborne) and personal protective equipment (gowns, gloves, masks, respirators, boots, eye protection, etc.), as required by the outbreak illness.

c. The level of infection control practices and isolation throughout the outbreak period will be adjusted according to capability of the facility and epidemiology of the epidemic. The Chief Infectious disease will monitor guidelines provided by VHA and the CDC and advice the IC on precautions needed.

d. Screening of patients, quarantine and other public health measures, and visitor restriction policies will be considered and implemented as needed and recommended by VHA and CDC.

18. PATIENT CARE MANAGEMENT

a. Telephone hotline and a FAQ section on the website may be implemented. A telephone triage/care center and referral to web-based self-triage algorithms may also be implemented.

b. To maximize the ability to care for patients with the outbreak illness, the following actions will be considered by the IC:

c. Postponing elective hospital admissions and appointments

d. Discharging patients capable of being cared at home. Where possible provide guidance on home care, offer advice lines, and contact Information, and consider the use of home care kits.

e. The Hospital Epidemiologist/Chief Infectious Disease, through the IC, will provide the clinicians and triage personnel with case definitions, triage guidelines, and clinical care guidelines, including the use of point-of-care and non-FDA approved diagnostic tests as the outbreak unfolds, following the directions from the VISN and the CDC.

f. Criteria and processes for decisions regarding the allocation of resources that may not be available in enough quantities will be transparent and available to all the staff and patients.

g. Healthcare Standards may be altered after authorization from the Incident Commander and following VHA standards. The table below provides a framework for this modification.

Stage of Disease in the Population and Demand for Medical Services	Health Care Standards			
	Normal Medical Care Standards	Near Normal Medical Care Standards (alternate sites of care, use of atypical devices, expanded scope of practice for clinicians)	Focus on Key Lifesaving Care	Total System/ Standards Alteration (triage care according to local demands and capabilities)
Pre-Pandemic	X			
Early Pandemic	X	X		
Moderate Demand		X	X	
Severe Demand			X	X

Figure 1: Framework for Altered Standards of Care

Chart adapted from Altered Standards of Care in Mass Casualty Events, Agency for Healthcare Research and Quality, HHS, 2005; original source Dr. Michael Allswede, University of Pittsburgh, UPMC Medical System

19. FATALITY MANAGEMENT

a. Staff handling patient's remains will use appropriate precautions, depending on the disease and recommendations of Infectious Disease/Infection Control. Surge capacity plans for management of remains will be activated.

20. RECOVERY AND RETURN TO NORMAL ACTIVITIES

a. Local facility plans for demobilization and resume day-to-day operations will be implemented by the IC. Some of the actions to be undertaken include:

b. Maintain surveillance for signs of the outbreak disease returning to staff, patients, and the community.

c. Restocking depleted supplies

d. Closing alternate sites of care

e. Resuming usual standards of health care

f. Prepare an after-incident report, including morbidity and mortality rates, financial and operational impacts, and lessons learned, including psychological sequelae.

21. PHYSICAL INFRASTRUCTURE

a. In selecting the appropriate physical space, the facility must consider size, accessibility, security, and separation from “sick” areas.

b. The space or spaces must be large enough to accommodate the volume of patients expected.

c. At least 6 feet of distance should be maintained between residents in isolation areas.

d. Cots or beds should be placed at least 6 feet apart with temporary barriers between them.

e. Bathroom facilities should be near the isolation area and separate from bathrooms used by well residents.

f. The design must take into consideration the different stages of patient flow (registration, education, and clinical), required furniture and storage, and private areas for clinical evaluation and counseling, if necessary. Registration, medical care, portable radiology, POC testing, limited procedures, and pharmaceutical dispensing may need to be done within the area selected.

g. The area must be easily accessible from outside the facility, so that patients don’t need to go across the hospital to reach the event area. It needs to be secure, both to control crowds, to prevent looting of scarce medical countermeasures, and to manage disruptive and/or violent patients.

h. The area must be able to maintain negative pressure ventilation with respect to the rest of the facility and be able to support critically ill and non-critically ill patients.

i. If a suitable space is not available inside the facility, consideration should be made to alternate sites of care, such as tents.

j. Layout should have a smooth traffic flow and accessibility (especially for those with disabilities).

ACTIVITY	**RESPONSIBLE PARTY**		
Staffing plans	HR		
Staff education and upskill training	Education Service Infection Control Infectious Disease		
Logistics procedures for cross- levelling resources	Logistics Service		
Supply burn rates	Logistics Service		
Curtailment and expansion of services			
Laboratory testing protocols	Laboratory and Pathology Service		
Facilities' modifications: Neg pressure rooms, physical barriers	Facility Management Service		
Social distancing requirements	Technical advisor/FMS/Infection Control		
Screening procedures at points of entrance	Screening Service		
Cleaning and disinfection procedures	FMS/EMS		
Contact tracer procedures	Infection Control/Occupational Health Service		
Testing protocols for patients and staff	Technical advisor		
PPE assessment	Safety/Infection Control/Emergency Management		
Bed expansions	HAS		
Staff telework plans			

Virtual care plans			
Management of Vulnerable Patient Population			
Use of BMS			
Moving forward Reopening plans			
TTX/AARs/IPs to validate processes and procedures			
Vaccination plans			

22. REFERENCES

a. The VA Pandemic Influenza Plan - The VA Respiratory Infectious Diseases Emergency Plan (an amendment to the VHA Emergency Management Guidebook). Available at: https://www.prevention.va.gov/flu/pandemic/index.asp

b. Local, County, State Health Departments: http://www.salud.gov.pr/Pages/Home.aspx

c. Federal Web sites on VHA High Consequence Infection (HCI) Preparedness Program https://dvagov.sharepoint.com/sites/VACOVHAPublicHealth/HCI/SitePages/Home.aspx

d. Phone Numbers:

(1) VACO Office of Public Health and Environmental Hazards - 202-273-8575, extension 8567

(2) VACO Pharmacy Benefits Management: 708-786-7886

e. The Joint Commission E-dition Emergency Management Standards https://e-dition.jcrinc.com/MainContent.aspx.

f. Department of Health and Human Services Draft Guidance on Allocating and Targeting Pandemic Influenza Vaccine, October 2007.

g. Occupational Safety and Health Administration, Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers.
https://www.osha.gov/sites/default/files/publications/OSHA_pandemic_health.pdf

h. “Meeting the Challenge of Pandemic Influenza: Ethical Guidance for Leaders and Health Care Professionals in the Veterans Health Administration."

i. Centers for Disease Control and Prevention https://www.cdc.gov/

ATTACHEMENT A
SAN JUAN VAMC EMERGENCY DEPARTMENT (ED)

Initial Identification and Isolation of a Person Under Investigation (PUI) for Possible HCI

Criteria to Identify patients at risk:

- **Travel history to/from**: Have you travelled to Western Africa (Guinea, Liberia, and Sierra Leone or other countries where HCI transmission has been reported by WHO) within the last 21 days? and/or
- **Exposure criteria** Have you been exposed to any persons with HCI in the last 21 days? (Exposure criteria will be included if indicated when there are transmissions documented outside West Africa).

AND

- **Symptom criteria such as:** Fever, headache, joint and muscle aches, weakness diarrhea, vomiting, stomach pain and lack of appetite and in some cases bleeding.

If travel and/or exposure criteria and symptoms criteria are met (positive), surgical mask will be handed to the patient immediately. All direct contact with patient will be avoided.

Emergency Department SOP for Person Under Investigation (a person who has consistent symptoms and risk factors for HCI as above)

1. Instruct the patient to wear a surgical mask.
2. If the patient is at the registration counter, immediately notify triage nurse to make **Triage Room A** available for the patient.
3. Triage nurse must instruct patient to sit and wait inside triage room A.
    a. Explain to the patient that staff with **Screening Personal Protective Equipment (PPE)** will come to complete screening interview.
    b. Close the door
    c. Post special isolation sign on the door. **Attachment D of HCI Plan**
4. If the patient is already at another Triage Room or in a Fast-Track exam room, he/she must remain in that room. Staff who identified the patient will follow the same instructions listed above in bullets #1 and #3.
5. Notify ED nurse and physician in charge.
6. Any companion with the patient must be questioned about possible risk factors as well (travel/exposure/symptoms).
    a. If the companion has no symptoms, he/she should remain at the waiting

room. Keep him/her informed of patient's condition. His/her name must be provided to the PRDH for monitoring of fever/symptoms within the next 21 days.

b. If the companion has risk factors and symptoms consistent with HCI he/she must be treated as another PUI and follow Infection Control/PRDH instructions.

7. ED nurse in charge will make coordination to have the ED Isolation Room (ER#3) available if the patient needs emergent medical intervention.
8. Physician in charge will be assisted to put on the Screening PPE.
9. Triage Nurse will stay outside the triage room, on standby, wearing gloves, ready to assist the physician as needed.
10. Charge Nurse will assign one person as "runner" to be the intermediary between the triage RN and the ED. The runner will not have contact with the patient and doesn't need PPE.
11. Physician wearing Screening PPE will interview the patient to confirm the travel/exposure criteria and assess the patient's specific symptoms.
    a. Does the patient have fever?
    b. Does the patient have any HCI symptoms?
        i. Chills, weakness, body aches, abdominal pain, joint muscle aches, headache, lack of appetite, vomiting, diarrhea, hemorrhage.
12. If the patient has vomit, bleedings or diarrhea, **Comprehensive PPE** will be worn and the patient transferred to the ER#3.
13. After confirmation, the Physician will call **extension 111444**; instruct the operator to activate CODE YELLOW HCI and **inform his/her name, location and telephone extension number**.
    a. Infectious Disease physician will call back and confirm that the patient meets criteria for PUI.
    b. Infection Control will notify hospital leadership and the Puerto Rico Department of Health (PRDH).
    c. Infection Control/Infectious Disease will call ED to notify when PRDH authorize transfer to Centro Medico, Rio Piedras.
    d. Once transfer has been authorized, Physician will call Centro Medico (787-777-3707) to notify receiving physician/facility.
    e. The only EMS system authorized to transfer a PUI is **Cuerpo de Emergencias Medicas de Puerto Rico**. Coordination must be done

by calling **9-1-1**.

f. If the patient cannot be transferred to Centro Medico, VACHS Leadership in coordination with PRDH, will activate the HCI Unit (Ward 2K) for admission.

14. Nurse in charge will assess the status of the ED to consider:

    a. Possible Lock Down of the ED to prevent more patients to arrive to the ED. **Only the Center Director can authorize the Lock Down with the recommendation from ED staff.**

    b. Possible evacuation of patients from the ED. Other patients in the ED could be safely discharged or transfer to other areas of the hospital, as per mass casualty plan.

15. If the patient needs emergent interventions, designated ED staff wearing **Comprehensive PPE** will escort the patient to ER#3.

    a. Patient must be wearing surgical mask and covered with clean sheets before transferring from triage to ED Isolation Room.

    b. Wheelchair or stretcher used to transfer the patient must remain inside the isolation room with the patient

    c. Keep isolation room closed

    d. Post special isolation sign on the door. **Attachment D of HCI Plan**

16. Only emergent interventions will be performed with the patient. Routine blood samples will not be taken at the ED.

17. If the patient is stable, he/she will remain in the triage room until transferred to Centro Medico or admitted to HCI Unit (Ward 2K).

    a. ED staff wearing **Screening PPE** will remain close to the patient for monitoring and assistance as needed.

18. Transport from ED to Centro Medico or the inpatient unit

    a. Patient must be covered with clean sheets or coverall, wear gloves and a surgical mask

    b. Coordination must be made with VA Police to keep route clear during transport to the ambulance or the ward.

19. All areas exposed to the patient must remain closed until cleaned and disinfected by trained staff from the Environmental Management Section / Facility Management Service.

ATTACHMENT B
VA Caribbean Healthcare System
Procedure to Manage Patients with Suspected HCI at Primary Care Level

Initial Identification and Isolation of a Person Under Investigation for Possible HCI

1. Identification of patients at risk:

- Medical Support Assistant (MSA) will ask for travel history in last 21 days to West Africa (Guinea, Liberia, and Sierra Leone) to patients at check in.
- Patients making check-in at kiosks will be questioned of travel history by LPN, or HT taking vital signs
- MSA or LPN/HT will provide a surgical mask to patient with positive history of travelling within last 21 days and will contact Team RN immediately.

2. Procedure to handle of patients with positive travel history:

- RN will escort patient to designated room (Refer to Table 1) maintaining at least 3 feet of distance between the patient and himself/herself and avoiding all direct contact. If possible, will ask for symptoms such as: fever, headache, joint and muscle aches, weakness, fatigue, vomiting, diarrhea, lack of appetite or bleeding.

Table 1. Rooms for temporary isolation of suspected HCI cases

Facility	**Room for temporary isolation**
San Juan	1G-176 2G-122
Ponce	E-112
Mayaguez	401 F
Arecibo	102-A
Guayama	110
Ceiba	136
Vieques	Room # 1
Comerío	107
St. Thomas	116
St. Croix	118
Utuado	109

- Once in the room, will tell the patient to wait for subsequent

evaluation, close the door and put on office door a yellow sign alerting of special *Droplets and Contact precautions*. **Attachment D of HCI Plan**

- RN will ask another team member to watch door (from outside) to prevent anyone without appropriate personal protective equipment (PPE) to enter the room.
- In **San Juan Primary Care Clinics** RN will notify physicians at extensions 31715/31338/ 31280 who will don *Screening PPE* to further assess patient and confirm travel and symptoms criteria. If patient has vomit or diarrhea, use *Comprehensive PPE*. If both, travel/exposure and symptom criteria are confirmed, the patient is considered a Person Under Investigation (PUI).
- In **Primary Care Clinics outside of San Juan** RN will call assigned physician (name of assigned clinic provider), who will don *Screening PPE* to further assess patient and confirm travel and symptoms criteria. If patient has vomit or diarrhea, use *Comprehensive PPE*. If both, travel/exposure and symptom criteria are confirmed, the patient is considered a PUI.
- RN will call 111444 to activate CODE YELLOW HCI and inform his /her localization and telephone number.
- RN will follow HCI care team instructions regarding transporting patient: to ED or HCI suite if in the VAMC, or to assigned hospital according with HCI care group instructions if patient is in a CBOC, rural clinic or the Virgin Islands. Staff involved in patient transportation will wear *Comprehensive PPE*.
- Once patient is evacuated from assigned holding area, healthcare staff must call Environmental Management Section at Extensions 10242/ 10295/10296 for cleaning the area and disposition of waste (other areas, like the Kiosk, may need to be cleaned as well)

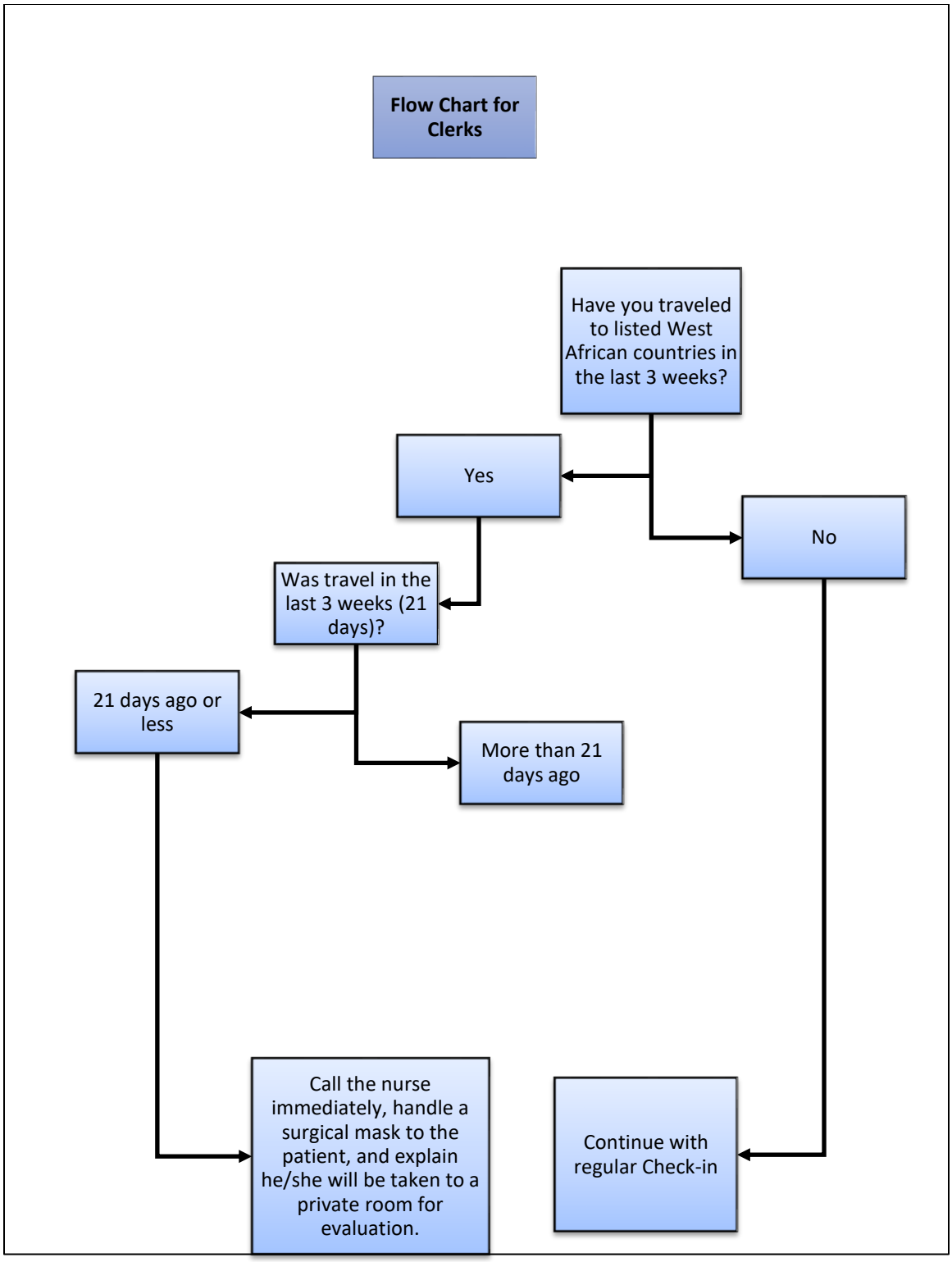
If patient has no symptoms but has a positive history of travelling to mentioned countries within 21 days, there is no need to activate CODE YELLOW. Patient can continue his/her evaluation as routine for the purpose of the visit. However, patient's name will be reported to Infection Control Program at extension 12156.

Please note that **no healthcare provider** is authorized to call the PR Department of Health; the HCI care group at VACHS will do this once the CODE YELLOW is activated. Further management related to transportation and admission to hospital of the patient will be decided by the HCI care team in collaboration with the State Health Department.

In addition, remember that information cannot be released to the media; this must be

done by the Public Affairs Office.

Clinic Director or designee will contact Facility Management Service-Environmental Sanitation Program Chief Office at extension 10249 or after duty hours to Graphic Control at extension 10264 and will notify that room for temporary isolation of suspected HCI case is ready to be clean. One Housekeeping Supervisor and one housekeeping aid will proceed to report to the clinic with necessary equipment to provide decontamination services. **Attachment G of HCI Plan** will be followed for cleaning and waste handling. Waste boxes must be clearly labeled and be delivered to the designated biohazard room waste holding area of each of the clinic.


Flow Chart for Clerks
Have you traveled to listed West African countries in the last 3 weeks?
Yes
No
Was travel in the last 3 weeks (21 days)?
21 days ago or less
More than 21 days ago
Call the nurse immediately, handle a surgical mask to the patient, and explain he/she will be taken to a private room for evaluation.
Continue with regular Check-in

ATTACHMENT C
STEPS IN THE RESPONSE OF INFECTION CONTROL PERSONNEL AND INFECTIOUS DISEASES PHYSICIANS

1. Call back to phone number 787-641-7582 extension 111482.

2. Confirm that Code Yellow-HCI was activated.

3. Call the clinic and person who activated the called as specified on the alert.

4. Discuss the case and confirm that patient meets criteria for PUI.

5. Infection Control will notify leadership through Chief of Staff.

6. Infection Control Staff will report immediately to Puerto Rico Department of Health any PUI:

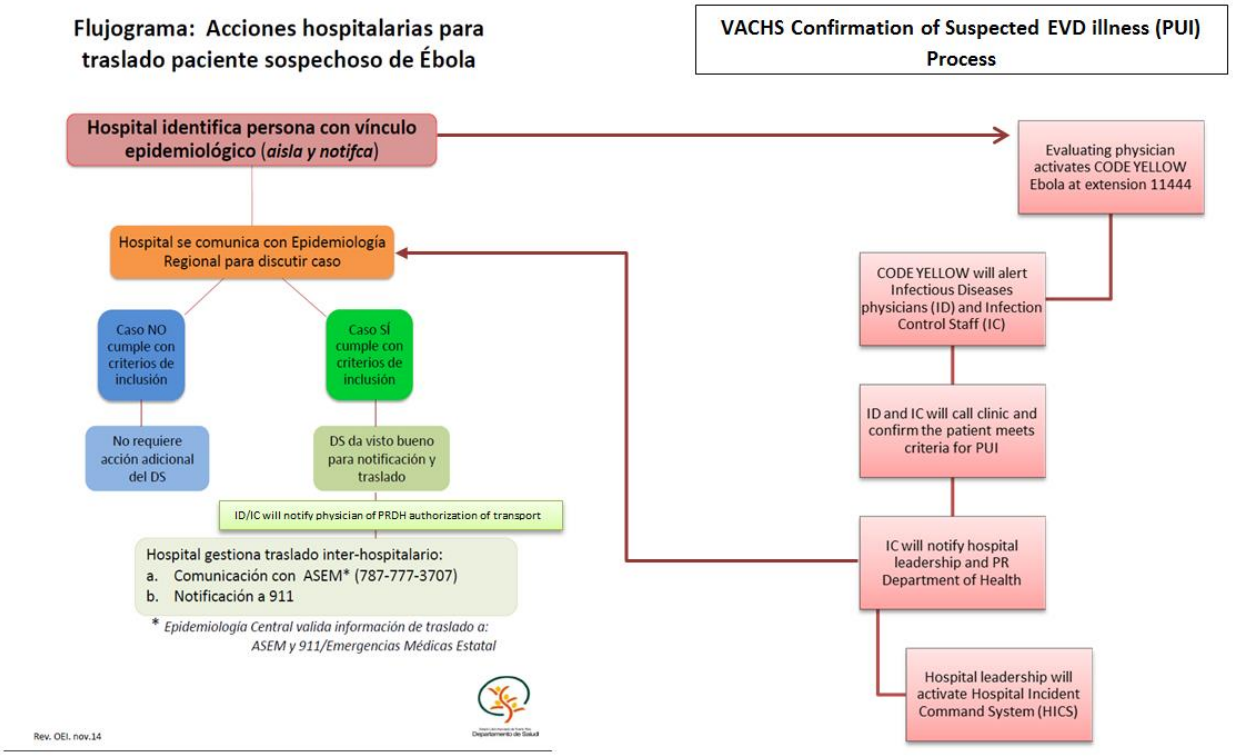
REGIÓN ARECIBO			
Sr. Juan Méndez	**Epidemiólogo**	**787-692-6273**	**jmendez@salud.gov.pr**
Sra. Aurea Soto	**Supervisora de Enfermera**	**787-879-3246, 787-880-5538 787-816-4677 (fax)**	**aureasoto@salud.gov.pr**
REGIÓN BAYAMÓN			
Sra. María del Pilar Díaz	**Epidemióloga**	**787-692-6284**	**mpdiaz@salud.gov.pr**
Sra. Wanda Díaz	**Enfermera**	**787-780-7973, 939-225-2098 787-995-0123 (Fax)**	**wediaz@salud.gov.pr**
REGIÓN CAGUAS			
Sra. Jazmín Román	**Epidemióloga**	**787-692-6205**	**jroman@salud.gov.pr**
Sra. Carmen Valentín	**Enfermera**	**787-653-0550 Ext. 1170 787-286-0880 787-744-1748 (Fax)**	**cevalentin@salud.gov.pr**
REGIÓN FAJARDO			
Sra. Edna I. Ponce	**Epidemióloga**	**787-692-6275**	**eponce@salud.gov.pr**
Sra. Nydia Morales Piña	**Enfermera**	**787-801-5922 787-863-2841 (Fax)**	**nmorales@salud.gov.pr**
REGIÓN MAYAGÜEZ			
Sra. Zaida López Pérez	**Epidemióloga**	**787-692-6172**	**zaidalopez@salud.gov.pr**
Sub-Región Aguadilla			
Sra. Noelia Esteves Pérez Sra. Georgina Cortés	**Supervisora de Enfermera Enfermera**	**787-997-0164 787-882-9092 787-891-2045 (Fax)**	**nestez@salud.pr.gov gcortes@salud.pr.gov**
Sub-Región Mayagüez			
Sra. María S. Pérez Sra. Luz E. Rodríguez Balaguer	**Supervisora de Enfermera Enfermera**	**787-832-3640 787-831-0262 787-834-0095 (Fax)**	**marperez@salud.gov.pr lerodriguez@salud.gov.pr**

REGIÓN METRO			
Srta. Chanis M. Mercado	**Epidemióloga**	**787-692-6206/ 787-751-8381**	**cmercado@salud.gov.pr**
Sra. Pilar Torres Rodríguez	**Enfermera**	**787-250-1330/1336, Ext. 256 787-281-6144 Fax**	**ptorres@salud.gov.pr**
REGIÓN PONCE			
Sra. María Ramos Zapata	**Epidemióloga**	**787-692-6272**	**maramos@salud.gov.pr**
Sra. Viviana Vargas Colón Sra. Damarys Velázquez Echevarría	**Enfermera Enfermera**	**787-844-4682, 787-841-4555 (Fax)**	**davelazquez@salud.gov.pr vvargas@salud.gov.pr**

7. If the case occurs in St. Thomas or St. Croix, Infection Control will report to US Virgin Island Department of Health to:
    a. Dr. Esther Ellis, Territorial Epidemiologist, (340) 626-1654
    b. Francine Lang, PH Preparedness Director (340) 642-3111
    c. Commissioner Darice Plaskett (340) 244-6177

8. ED physician will start arrangement for transferring the patient to hospital.

Algorithm for Suspected Ebola Patient management and transport, modified from PR Department of Health



ATTACHMENT C: Investigation Forms, according to the HCI Agent, example below

ESTADO LIBRE ASOCIADO DE PUERTO RICO
Departamento de Salud

Hoja de Cernimiento - Posible Caso de Ébola

Facilidad que reporta caso: _____ Persona prepara informe: _____
Teléfono(s): (_____) - _____ - _____ / (_____) - _____ - _____ Fecha (mm/dd/aaaa): _____/_____/_____

Información Sociodemográfica			
Nombre:		Fecha de Nacimiento: _____/_____/_____ (día / mes / año)	Edad:
Sexo: ☐ M ☐ F	Estado Civil:	Teléfono: (_____) - _____ - _____	Tel. Alterno: (_____) - _____ - _____
Dirección Física:			
Municipio:		Código postal:	

Información Clínica		
Fecha de comienzo de síntomas (mm/dd/aaaa): _____/_____/_____		
Signos y Síntomas (marque todos los que apliquen)		
☐ Fiebre, indique temperatura _____ °	☐ Cefalea (Dolor de cabeza)	☐ Dolor muscular
☐ Dolor abdominal (de estómago)	☐ Nausea	☐ Vómito
☐ Diarrea	☐ Hematomas (Moretones)	☐ Hemorragia
☐ Debilidad extrema	☐ Rash (salpullido)	☐ Otro(s):
¿Paciente reporta consumió algún medicamento para controlar la fiebre antes de ser atendido? ☐ Sí ☐ No		

Información Epidemiológica
¿Paciente ha viajado en los 21 días previos al comienzo de síntomas a un país en África Occidental? ☐ Sí ☐ No
De contestar sí, indique cual (es): ☐ Guinea ☐ Liberia ☐ Mali ☐ Sierra Leona ☐ Otro: *(indique)*
Propósito del viaje: ☐ Turístico ☐ Misionero/Humanitario ☐ Trabajo/Negocio ☐ Deportivo ☐ _____
Durante el viaje, ¿tuvo contacto directo con casos sospechosos y/o confirmados de Ébola? ☐ Sí ☐ No

Contactos familiares/amigos en los pasados 3 días antes del comienzo de síntomas		
Nombre	Relación	Teléfono(s)

Manejo de paciente	
¿Cómo llegó el paciente a su facilidad? ☐ Carro propio ☐ Ambulancia ☐ Otro: *(indique)*	¿A qué área de su facilidad llegó el paciente? ☐ Emergencias ☐ Clínicas externas ☐ Otro: *(indique)*
¿El paciente tuvo contacto con alguna persona mientras esperaba a ser atendido? ☐ Sí, especifique ☐ No	

Contacto ocupacional en facilidad que recibe el paciente: incluya personal clínico, clerical, limpieza, seguridad...				
Nombre	Posición	Tarea(s) realizada(s)	¿Utilizó EPP?	Teléfono
			☐ Sí ☐ No	
			☐ Sí ☐ No	
			☐ Sí ☐ No	
			☐ Sí ☐ No	
			☐ Sí ☐ No	

CGGM, LMCM 11/2014
RVS-1, BRG 11/2014

ATTACHMENT D

AIRBORNE + CONTACT PRECAUTIONS

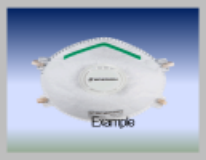
STOP PARE

1. Wear model of particulate respirator for which you were fit tested to enter the room. Not complying with this requirement constitutes a safety and health violation.
2. Wear gown and gloves.
3. If you are going to perfume an aerosol generating procedure use a coverall.
4. Limit movement and transport of patient. If transport is necessary, the patient must wear a surgical mask.
5. Remember to remove all PPE inside the room, remove the N-95 Respirator outside the room.
6. If patient had diarrhea, use shoe covers.
7. Perform hand hygiene.

1. Para entrar al cuarto use el modelo de respirador de partícula para el cual usted fue ajustado. No cumplir con este requisito constituye una violación de seguridad y salud.
2. Use bata y guantes.
3. Si va a realizar un procedimiento que genere aerosol utilice un overol.
4. Limite mover o transportar al paciente. De ser necesario transportar al paciente, éste debe usar una mascarilla quirúrgica.
5. Todo el EPP debe remover antes de salir del cuarto, remueva el respirador N-95 una vez fuera.
6. Si el paciente tiene diarreas, use cubre zapatos.
7. Recuerde lavado de mano.

NO Visitors allowed / NO se permiten visitas.

AIRBORNE PRECAUTIONS



1. Wear model of particulate respirator for which you were fit tested to enter the room. Not complying with this requirement constitutes a safety and health violation.
2. Wear gown and gloves if necessary.
3. Limit movement and transport of patient.
4. If transport is necessary, the patient must wear a surgical mask .
5. Remember hand hygiene practices.

1. Para entrar al cuarto use el modelo de respirador de partícula para el cual usted fue ajustado. No cumplir con este requisito constituye una violación de seguridad y salud.
2. Use bata y guantes si es necesario.
3. Limite mover o transportar al paciente.
4. Si es necesario transportar al paciente, éste debe usar una mascarilla quirúrgica.
5. Recuerde las prácticas de lavado de mano.

Visitors: Speak to the nurse before entering room.
Visitantes: Hablar con la enfermera antes de entrar al cuarto.

DROPLET PRECAUTIONS

1. The use of surgical masks is indicated at all times.
2. Gowns and gloves are indicated if handling infective materials.
3. Limit movement and transport of patient.
4. If transport is necessary, the patient must wear a surgical mask .
5. Remember hand hygiene practices.

1. Se requiere el uso de mascarillas quirúrgicas todo el tiempo.
2. Batas y guantes son indicados para el manejo de materiales infectados.
3. Limite mover y transportar al paciente.
4. Si es necesario transportar al paciente, éste debe usar una mascarilla quirúrgica.
5. Recuerde las prácticas de lavado de mano.

Visitors: Speak to the nurse before entering room.
Visitantes: Hablar con la enfermera antes de entrar al cuarto.

CONTACT PRECAUTIONS


Wash Hands


Gown


Gloves


Wash Hands

1. Gowns and gloves are indicated if providing direct patient care and/or having contact with equipment or environment.
2. Wash hands after touching the patient or potentially contaminated articles, and before taking care of another patient.
3. Single use PPE is disposed in regular trash. If PPE is heavily soiled or saturated with blood, blood products or other potentially infectious material then must be discarded in biohazard waste.

1. Batas y guantes son indicados si va a proveer cuidado directo al paciente y/o tener contacto con el equipo o el medioambiente.
2. Lávese las manos después de tocar al paciente o artículos potencialmente contaminados y antes de proveer cuidado a otro paciente.
3. Disponer de su EPP en basura regular. Si su EPP está bien sucio o saturado con sangre u otros materiales potencialmente infecciosos debe ser descartado en basura biomédica.

Visitors: Speak to the nurse before entering room.
Visitantes: Hablar con la enfermera antes de entrar al cuarto.

CONTACT PLUS PRECAUTIONS


Wash Hands


Gown


Gloves


Wash Hands

1. Gowns and gloves are indicated if providing direct patient care and/or having contact with equipment or environment.
2. Wash hands with **SOAP AND WATER ONLY** after touching the patient or potentially contaminated articles and before taking care of another patient.
3. Single use PPE is disposed in regular trash. If PPE is heavily soiled or saturated with blood, blood products or other potentially infectious material then must be discarded in biohazard waste.

1. Batas y guantes son indicados si va a proveer cuidado directo al paciente y/o tener contacto con el equipo o el medioambiente.
2. Lávese las manos con **AGUA Y JABON SOLAMENTE** después de tocar al paciente o artículos potencialmente contaminados y antes de proveer cuidado a otro paciente.
3. Descartar su Equipo Personal Protectivo (EPP) en basura regular. Si su EPP está sucio o saturado con sangre u otros materiales potencialmente infecciosos debe ser descartado en basura biomédica.

Visitors: Speak to the Nurse before entering room.
Visitantes: Hablar con la enfermera antes de entrar al cuarto.
Nursing: Please remember to use EPA approved disinfectant for cleaning and disinfecting.

ATTACHMENT E

COVID-19 Bed Surge Plan VACHS

Situation: As the COVID-19 infection rates increase once again in the Puerto Rico community, the VA Caribbean Healthcare System (VACHS) develops a surge plan to effectively manage the latest surge while maintaining healthcare operations.

Background: The COVID-19 Delta variant has caused a world-wide surge wave and has impacted healthcare operations in many hospitals in recent weeks, including several VISN 8 VA facilities. Puerto Rico and VACHS have noted an increment in COVID-19 cases in recent weeks. Although vaccination rates amongst VACHS patients and employees are high, the Station must prepare for a possible surge with a comprehensive plan that includes FTEE resources, equipment, negative pressure infrastructure, among others.

1. Assessment:

a. **Acute Care Surge Plan**

(1) Reopen one hallway of 5J ward (negative pressure)

(2) Reopen both hallways 5J ward (dedicated COVID ward)

(3) South Bed Tower isolation rooms: 5K->4J->4K->6J->6K (20 rooms)

(4) Total bed capacity: 40

b. **ICU Surge Plan**

(1) Current Resource: MICU isolation rooms (2); CCU isolation rooms (2); SICU isolation rooms (2)

(2) Reopen COVID ICU: MICU and CCU/ICCU negative pressure installation

(3) Total bed capacity: 22 (shared with non-COVID MICU patient census)

(4) Estimated completion date: November 2021

c. **Recommendations / Request:**

(1) Approval of temporary positions contract extension for all services that will support the current surge and are critical to maintain adequate healthcare operations

(a) Contract extension to September 30, 2022 approved

(b) Total existing FTEEs: 278

(c) New positions: 28

d. **Nursing temporary FTEE recruitment: 76 FTEEs**

e. **Assessment and Screening Service**

(1) Finance Workgroup assessment for temporary FTEE contract extension until 09/30/2022: approved

f. **Security (Police Service)**

(1) Security guards support by contract on an as-needed basis

(2) Contract is current

Comments: COVID Bed Surge SBARR and Comprehensive Plan approved by Clinical Operations Section and SME Dr. Glenda Gonzalez:

COVID Bed Surge Trigger Markers:

Conventional > Contingency:

80% or more COVID-19 bed occupancy for 3 consecutive days in ED/FT

50% or more COVID-19 bed occupancy for 3 consecutive days in Acute Care Medicine

50% or more COVID-19 bed occupancy for 3 consecutive days in ICU level of care

CONTINGENCY> CRISIS:

80% or more COVID-19 bed occupancy for 6 consecutive days in ED/FT

50% or more COVID-19 bed occupancy for 6 consecutive days in Acute Care Medicine

50% or more COVID-19 bed occupancy for 6 consecutive days in ICU level of care

HAS leadership/Admissions Section and Bed Czar will be responsible to inform HICS members at the onset of every bed occupancy trigger mark

Regular meetings with interdisciplinary Bed Surge team

Non-COVID Bed Surge Trigger Markers:

CONVENTIONAL>CONTINGENCY:

80% or more non-COVID-19 bed occupancy for 3 consecutive days in ED/FT

80% or more non-COVID-19 bed occupancy for 3 consecutive days in Acute Care Medicine

80% or more non-COVID-19 bed occupancy for 3 consecutive days in ICU level of care

CONTINGENCY>CRISIS:

80% or more non-COVID-19 bed occupancy for 6 consecutive days in ED/FT

80% or more non-COVID-19 bed occupancy for 6 consecutive days in Acute Care Medicine

80% or more non-COVID-19 bed occupancy for 6 consecutive days in ICU level of care

HAS leadership/Admissions Section and Bed Czar will be responsible to inform HICS members at the onset of every bed occupancy trigger mark

Regular meetings with interdisciplinary Bed Surge team

VHA Surge Staffing Models:

Med-Surg Acute Care:

Model 2/Contingency

1 RN 7-8 Beds

1 Staff Physician -30 Beds

6 -7 Support Staff

Model 3/Crisis

1 RN -10 Beds

1 Staff Physician -30 Beds

6 -8 Support Staff

CLC:

Model 2/Contingency

1 RN 7-8 Beds

1 Staff Physician / Nurse Practitioner-30 Beds

6 -7 Support Staff

ICU:

Model 2/Contingency

1 ICU RN 3-4 Beds

1 Staff Physician-10 Beds

1 Intensivist-30 Beds

3 -4 Support Staff

Model 3/Crisis

1 ICU RN -6 Beds

1 Staff Physician-10 Beds

1 Intensivist-30 Beds

6 -8 Support Staff

Nursing: Patient Ratio

Treating Specialty	Conventional	Contingency	Crisis
ED/Fast Track	1:5 (stable)/1:2 (critical)	1:5 (stable)/1:2 (critical)	1:7 (stable)/1:3 (critical)
Acute Care	1:5-6	1:7-8	1:10
ICU	1:2	1:3-4	1:6
Rehabilitation (3K)	1:4-5	1:4-5	1:8
CLC	1:5	1:7	1:8
Spinal Cord Injury	1:4	1:4	1:5

Provider: Patient Ratio

Treating Specialty	Contingency	Crisis
ED	10 patients per MD 10-hour shift	10 patients per MD 10-hour shift
Fast Track	13 patients per MD 10-hour shift	13 patients per MD 10-hour shift
Acute Care	Non-COVID-1:10 COVID-1:7	Non-COVID-1:14 COVID-1:10
MICU (12 Beds) Non-COVID	1:1:2:12 (1 team) (MD:PCMM:IM:patients)	1:1:2:12 (1 team) (MD:PCMM:IM:patients)
COVID ICU (ICU isolation rooms, 5J COVID ICU)	1:1:1:9 (1 team) (MD:PCMM:IM:patients)	2:2:2:17 (2 teams) (MD:PCMM:IM:patients)
SICU (8 beds) Non-COVID	Surgery ICU team (1 team)	Surgery ICU team (1 team)
ISCU (5 beds) Non-COVID	Surgery ICU team (1 team)	Surgery ICU team (1 team)
CCU (10 beds) Non-COVID	Cardiology ICU team (1 team)	Cardiology ICU team (1 team)
Rehabilitation (3K)	1:2:20 (MD:residents:patients)	1:2:20 (MD:residents:patients)
CLC	1:1:12 (MD:resident:residents)	1:1:15 (MD:resident:residents)
Spinal Cord Injury	1:10	1:20

Acute Care Medicine COVID Surge Plan

Surge

Ward	Contingency Bed Surge		Crisis Bed Surge	Negative Pressure Beds
5J COVID (one hallway)	8	3 days with 50% occupancy or more	8	8
5J COVID (second hallway)	10		10	10
SBT Isolation Rooms 5K, 4J, 4K, 6J, 6K	N/A		20	20
5J COVID (Cohort)	N/A		8	8

5J Ward Layout

J5534 MEDICINE	J5536 MEDICINE	J5538 MEDICINE	J5539 MEDICINE/COVID
J5533 MEDICINE	HALLWAY		J5540 MEDICINE/COVID
J5532 MEDICINE	STORAGE ROOM	EQUIPMENT ROOM	J5541-A J5541-B MEDICINE/COVID
J5530 MEDICINE	SOIL ROOM	CLEAN ROOM	J5542-A J5542-B COVID
J5529 MEDICINE	HALLWAY		J5547-A J5547-B COVID
J5525 MEDICINE	PYXIS / LAUNDRY / BATHROOM ROOM		J5548-A J5548-B COVID
J5523 MEDICINE	CC/ANM OFFICE	RESIDENTS ROOM	J5550-A J5550-B COVID
J5521 MEDICINE	PYXIS	CHARTING AREA	J5552-A J5552-B COVID
LUNCHROOM	NURSE STATION		J5553-A/J5553-B ICU COVID
MD OFFICE NM OFFICE	HALLWAY		J5554-A/J5554-B ICU COVID

Acute Care Medicine Non-COVID Surge Plan

Surge

Ward	Contingency Bed Surge		Crisis Bed Surge	Negative Pressure Beds
5J NON-COVID	14		14	14
5K NON-COVID	28	3 days with 80% occupancy or more	24	28
4J MED NON-COVID	14		12	N/A
4J H/ONCO NON-COVID	12		10	N/A
4K MED NON-COVID	14		10	N/A
4K MSDU NON-COVID	8		8	N/A
6J NON-COVID	28		24	N/A
6K NON-COVID (Med observation)	10		10	N/A
6K Surgery***	N/A		10	N/A

Acute Care Medicine Surge Plan

- COVID-19 patients should not cohort based on current Infection Control guidance
- All negative pressure and isolation rooms across South Bed Tower (SBT) should be optimized prior to cohorting considerations
- Surge Contingency and Crisis mode activation include optimization of all available beds within SBT
    - Non-COVID patients: 6K Surgery***
- Current negative pressure bed capacity: 48
    - 28 beds in 5J ward
        - 18 acute care beds
        - 2 rooms reserved as COVID ICU
        - 8 additional beds with cohorting (recommended only in Crisis Mode)
    - 20 isolation rooms in SBT
- 5K Medicine Ward also has negative pressure infrastructure
    - Bed capacity: 20 (28 with cohorting)

ICU Surge Plan

Surge

Ward	Contingency Bed Surge		Crisis Bed Surge	Negative Pressure Beds
MICU/CCU/SICU Isolation Rooms COVID	4 (2 isolation rooms in MICU/CCU)	3 days or more with 50% (COVID) or 80% (Non-COVID) bed occupancy	6 (2-SICU isolation rooms)	6
5J ward COVID ICU	2		3-6	6
MICU/CCU COVID*	10		22**	22**
MICU NON-COVID	10		10	N/A
CCU NON-COVID	8		8	N/A
SICU/ISCU NON-COVID	17 (13)***		15-17 (Isolation rooms may be used for COVID and non-COVID surge)	N/A

*ECD: 11/2021

**Shared ICU space between COVID and non-COVID patients

*** Operational beds in parenthesis

Other Treating Specialties Surge Plan

Surge

Ward	Contingency Bed Surge		Crisis Bed Surge	Negative Pressure Beds
New ED COVID	13 Beds	3 days with 80% occupancy or more	18 (13 beds + 5 geri-chairs)	18
New FT COVID	7 offices		7 offices	7
Old ED NON-COVID	22 (17 beds + 5 geri-chairs)		22	1
Old FT NON-COVID	5 offices		5 offices	0
6K Surgery	14		14	0
3K PM+R	20 (16)**		20 (16)**	1
SCI NON-COVID	20 (17)**		20 (17)**	0
CLC 1 NON-COVID	26		26	0
CLC 2 (3J) QUARANTINE	30		30	0
CLC 3 HOSPICE	21		21	0
BRC	12 (5)**		12 (5)**	0
ABHICU	30 (20)**		30 (20)**	0

**Operational beds in parentheses

ICU Surge Plan

1. Proposed COVID Intensive Care Unit (ICU) Permanent Surge Plan:

a. **Transfer CCU and ICCU patients and staff to SICU/ISCU Unit**

(1) Hybrid intensive care unit with Surgical, Open-Heart Surgery and Cardiology patients

(2) Total bed capacity: 17

b. **CCU/ICCU and MICU conversion to negative pressure infrastructure**

(1) Treating specialty: Medicine Intensive Care Unit for COVID and non-COVID patients

(2) Total bed capacity: 22

(3) Final TAB and Commissioning timeline: Monday, 11/29/21 to Thursday, 12/02/2021

2.COVID ICU Surge Temporary Plan:

a. **Temporary COVID ICU in 5J Ward**

(1) 2-6 rooms capacity

(2) Qualified Nursing staff 1:1

3. Alternative COVID ICU Plan:

a. SICU/ISCU negative pressure reversion

b. Requires up to four (4) calendar days for completion

c. Negative impact on all elective surgeries and Open-Heart Surgery Program

d. Trigger marker for elective surgeries cancellation and implementation of this plan

(1) 50% COVID-19 bed occupancy in Acute Care Medicine 5J ward (10 rooms) and/or ICU (3 rooms), whichever comes first

ATTACHMENT F
Donning PPE

Checklist for donning *Comprehensive Personal Protective Equipment (PPE)* for healthcare worker on direct patient care

		Completed
1	Engage trained observer	
2	Remove personal clothing / items (jewelry, cell phones, pens) and change into surgical scrubs	
3	Inspect PPE	
4	Hand hygiene	
5	Put inner gloves	
6	Shoe cover	
7	Put on coverall	
8	Put on leg covers	
9	Respirator N95	
10	Impermeable gown	
11	Put on Hair net (if long hair) and Surgical Hood	
12	2nd pair of gloves	
13	Face shield	
14	Verify PPE	
15	Disinfect outer gloves	

Healthcare Personnel Name: _____

Buddy Name: _____

Checklist for donning *Trained Observer Personal Protective Equipment (PPE)*

		Completed
1	Remove personal clothing / items (jewelry, cell phones, pens) and change into surgical scrubs	
2	Inspect PPE	
3	Hand hygiene	
4	Put inner gloves	
5	Shoe cover	
6	Put on coverall	
7	2nd pair of gloves	
8	Face shield	
9	Verify PPE	
10	Disinfect outer gloves	

Checklist for donning *Screening Personal Protective Equipment (PPE)*

		Completed
1	Inspect PPE	
2	Hand hygiene	
3	Put inner gloves	
4	Put on gown	
5	Mask with integrated face shield	
6	2nd pair of gloves	
7	Verify PPE	
8	Disinfect outer gloves	

ATTACHMENT F
Donning PPE Detailed Instructions

Use a trained observer to verify successful compliance with the protocol.

1. Engage Trained Observer: The donning process is conducted under the guidance and supervision of a trained observer who confirms visually that all PPE is serviceable and has been donned successfully. The trained observer will use a written checklist to confirm each step-in donning PPE and can assist with ensuring and verifying the integrity of the ensemble. No exposed skin or hair of the healthcare worker should be visible at the conclusion of the donning process.

2. Remove Personal Clothing and Items: Change into surgical scrubs in a suitable, clean area. No personal items (e.g., jewelry, watches, cell phones, pagers, pens) should be brought into patient room.

3. Inspect PPE Prior to Donning: Visually inspect the PPE ensemble to be worn to ensure it is in serviceable condition, all required PPE and supplies are available, and that the sizes selected are correct for the healthcare worker. The trained observer reviews the donning sequence with the healthcare worker before the healthcare worker begins and reads it to the healthcare worker in a step-by-step fashion.

4. Perform Hand Hygiene: Perform hand hygiene with alcohol-based hand rub (ABHR). When using ABHR, allow hands to dry before moving to next step.

5. Put on Inner Gloves: Put on first pair of gloves.

6. Put on Shoe Covers.

7. Put on Coverall: Put on coverall. Ensure coverall is large enough to allow unrestricted freedom of movement. Ensure cuffs of inner gloves are tucked under the sleeves of the coverall.

8. Put on Leg Covers (bootie). Ensure coverall legs are in the booties.

9. Put on N95 Respirator: Put on N95 respirator. Complete a user seal check.

10. Put on Hair Net and Surgical Hood:

a. If you have long hair, cover your hair with a hair net. Make sure all the hair is inside the net to minimize potential exposures.

b. Over the N95 respirator, place a surgical hood that covers all of the hair and the ears, and ensure that it extends past the neck to the shoulders. Be certain that hood completely covers the ears and neck.

11. Put on impermeable gown: Put on full-body impermeable gown to provide

additional protection of the body against exposure to body fluids or excrement from the patient.

12. Put on Outer Gloves: Put on second pair of gloves (with extended cuffs). Ensure the cuffs are pulled over the sleeves of the gown.

13. Put on Face Shield: Put-on full-face shield over the N95 respirator and surgical hood to provide additional protection to the front and sides of the face, including skin and eyes.

14. Verify: After completing the donning process, the integrity of the ensemble is verified by the trained observer. The healthcare worker should be comfortable and able to extend the arms, bend at the waist and go through a range of motions to ensure there is sufficient range of movement while all areas of the body remain covered. A mirror in the room can be useful for the healthcare worker while donning PPE.

15. Disinfect Outer Gloves: Disinfect outer-gloved hands with ABHR. Allow to dry prior to patient contact.

ATTACHMENT F
Doffing PPE

Checklist for doffing or removing *Comprehensive Personal Protective Equipment*

		Completed
1	Engage trained observer	
2	Inspect personal protective equipment. If visibly contaminated, disinfect PPE.	
3	Disinfect outer pair of gloves	
4	Enter into the PPE-removal area	
5	Remove gown	
6	Inspect PPE. If visibly contaminated, disinfect PPE	
7	Disinfect outer gloves	
8	Remove leg covers (sit down, if needed)	
9	Disinfect chair	
10	Disinfect and remove outer gloves	
11	Inspect and disinfect inner gloves	
12	Remove face shield	
13	Disinfect inner gloves	
14	Remove surgical hood and hair net (if worn)	
15	Disinfect inner gloves	
16	Remove coverall	
17	Disinfect inner gloves and discard	
18	Perform hand hygiene and put new pair of gloves	
19	Remove N95 Respirator	
20	Disinfect inner gloves	
21	Remove shoe covers, and step into warm zone	
22	Disinfect and remove inner gloves	
23	Perform hand hygiene	
24	Inspect scrubs and move to private staff room	
25	If scrubs contaminated, remove immediately and notify HC/ IC	
26	Shower, if needed.	

Healthcare Personnel Name: _____

Buddy Name: _____

Checklist for doffing or removing *Trained Observer Personal Protective Equipment*

		Completed
1	Inspect personal protective equipment. If visibly contaminated, disinfect PPE.	
2	Disinfect outer pair of gloves	
3	Enter into the Observer PPE-removal area	
4	Disinfect and remove outer gloves	
5	Inspect and disinfect inner gloves	
6	Remove face shield	
7	Disinfect inner gloves	
8	Remove coverall	
9	Disinfect inner gloves	
10	Remove shoe covers	
11	Disinfect and remove inner gloves	
12	Perform hand hygiene	
13	Inspect scrubs and move to private staff room	
14	If scrubs contaminated, remove immediately and notify HC/ IC	
15	Shower, if needed.	

Checklist for doffing or removing *Screening Personal Protective Equipment*

		Completed
1	Move to the area closest to the room's door and have a biohazard bin available.	
2	Inspect personal protective equipment. If visibly contaminated, disinfect PPE.	
3	Disinfect and remove outer gloves	
4	Inspect and disinfect inner gloves	
5	Remove gown	
6	Disinfect inner gloves	
7	Remove mask with integrated face shield	
8	Disinfect and remove inner gloves	
9	Perform hand hygiene	

ATTACHMENT G
PPE Doffing Detailed Instructions

PPE doffing is performed in the designated PPE removal area. Place all PPE waste in a leak-proof infectious waste container.

1. Engage Trained Observer: The doffing process is conducted under the supervision of a trained observer, who reads aloud each step of the procedure and confirms visually that the PPE has been removed properly. Prior to doffing PPE, the trained observer must remind healthcare workers to avoid reflexive actions that may put them at risk, such as touching their face. Post this instruction and repeat it verbally during doffing. Although the trained observer should minimize touching healthcare workers or their PPE during the doffing process, the trained observer may assist with removal of specific components of PPE as outlined below. The trained observer disinfects the outer-gloved hands immediately after handling any healthcare worker PPE.

2. Inspect PPE: Inspect the PPE to assess for visible contamination, cuts, or tears before starting to remove. If any PPE is visibly contaminated, then disinfect using an EPA-registered disinfectant wipe. If the facility conditions permit and appropriate regulations are followed, an EPA-registered disinfectant spray can be used, particularly on contaminated areas.

3. Disinfect Outer Gloves: Disinfect outer-gloved hands with either an EPA-registered disinfectant wipe or ABHR.

4. Enter to PPE-removal area: Go to delineated PPE-removal zone to remove your PPE.

5. Remove Gown: Remove and discard gown taking care to avoid contaminating gloves by rolling the gown from inside to outside.

6. Inspect PPE: Following gown removal, inspect the PPE ensemble to assess for visible contamination or cuts or tears. If visibly contaminated, then disinfect affected PPE using an EPA-registered disinfectant wipe.

7. Disinfect Outer Gloves: Disinfect outer-gloved hands with either an EPA-registered disinfectant wipe or ABHR.

8. Remove Leg Covers: While sitting down, remove leg covers by rolling them down and turning inside out. Discard.

9. Disinfect chair: After standing up, disinfect chair with an EPA-registered disinfectant wipe.

10. Disinfect and Remove Outer Gloves: Disinfect outer-gloved hands with either an EPA-registered disinfectant wipe or ABHR. Remove and discard outer gloves taking care not to contaminate inner gloves during removal process.

11. Inspect and Disinfect Inner Gloves: Inspect the inner gloves' outer surfaces for visible contamination, cuts, or tears. If an inner glove is visibly soiled, cut, or torn, then disinfect the glove with either an EPA-registered disinfectant wipe or ABHR. Then remove the inner gloves, perform hand hygiene with ABHR on bare hands, and don a clean pair of gloves. If visible contamination, cuts, or tears are identified on the inner gloves, then disinfect the inner-gloved hands with either an EPA-registered disinfectant wipe or ABHR.

12. Remove Face Shield: Remove the full-face shield by tilting the head slightly forward, grabbing the rear strap and pulling it over the head, gently allowing the face shield to fall forward and discard. Avoid touching the front surface of the face shield.

13. Disinfect Inner Gloves: Disinfect inner gloves with either an EPA-registered disinfectant wipe or ABHR.

14. Remove Surgical Hood and Hair Net: Tilt the head slightly to the front, grab the surgical hood at the back and gently remove in a frontward motion, discard. Gently remove, and discard hair net, using the same technique.

15. Disinfect Inner Gloves: Disinfect inner gloves with either an EPA-registered disinfectant wipe or ABHR.

16. Remove Coverall: Remove and discard.

a. To remove coverall, tilt head back to reach zipper or fasteners. Unzip or unfasten coverall completely before rolling down and turning inside out. Avoid contact of scrubs with outer surface of coverall during removal, touching only the inside of the coverall.

17. Disinfect Inner Gloves and discard: Disinfect inner gloves with either an EPA-registered disinfectant wipe or ABHR. Remove and discard gloves taking care not to contaminate bare hands during removal process.

18. Hand hygiene and don new pair of gloves: Perform hand hygiene with ABHR. Don a new pair of inner gloves.

19. Remove N95 Respirator: Remove the N95 respirator by tilting the head slightly forward, grasping first the bottom tie or elastic strap, then the top tie or elastic strap, and remove without touching the front of the N95 respirator. Discard N95 respirator.

20. Disinfect Inner Gloves: Disinfect inner gloves with either an EPA-registered disinfectant wipe or ABHR.

21. Remove Shoe Covers: while standing remove shoe cover and place your foot in the designated warm zone. Remove remaining shoe cover and stand in the warm zone. Discard shoe covers.

22. Disinfect and Remove Inner Gloves: Disinfect inner-gloved hands with either an *EPA-registered disinfectant wipe or ABHR. Remove and discard gloves taking care not to contaminate bare hands during removal process.

23. Perform Hand Hygiene: Perform hand hygiene with ABHR.

24. Inspect scrubs: Perform a final inspection of healthcare worker for any indication of contamination of the surgical scrubs or disposable garments.

25. Scrub contamination: If contamination is identified, remove immediately and inform infection preventionist and health coordinator or their designee before exiting PPE removal area.

26. Shower: Showers are recommended at each shift's end for healthcare workers performing high risk patient care (e.g., exposed to large quantities of blood, body fluids, or excreta). Showers are also suggested for healthcare workers spending extended periods of time in the HCI patient room.

Protocol Evaluation/Medical Assessment: Either nurse manager or their designee or occupational health safety on the unit at the time should meet with the healthcare worker to assess healthcare worker's level of fatigue. Infection Control should be consulted to discuss any concerns about care protocols or patient care activities.

ATTACHMENT H
HIGHLY INFECTIOUS PHLEBOTOMY PROCEDURE

1. Point of care should be notified that a sample is going to be taken

2. All blood samples will be done by a nurse or a trained phlebotomist in the appropriate use of special PPE.

3. Procedure will be performed with appropriate PPE (high-level PPE for patient room) and with an assistant with adequate PPE (same as observer).

4. Assistants go to the point of care and requests a biohazard container. These containers will be kept at all times inside the point of care except for the moment when a sample is going to be taken when the container is taken to the door of the patient's room to transport the samples for there, back the point of care. The container was cleaned on the outside after previous use and kept on a shelf inside the point of care until is going to be used.

5. The person in the point of care will sanitize gloved hands and gives the assistant the biohazard container.

6. Assistants go to the door of patient's room with the biohazard container.

7. Phlebotomist inside patient's room will wipe table in patient's room to disinfect it.

8. Phlebotomist takes the sample (s).

9. Phlebotomist wipes the outside of the sample tubes with disinfectant wipe, allow to air dry and then hand-label the samples (no visible contamination should be on the outside of the samples). (It is not recommended to pre-label the tubes since the ink can fade with the disinfectant.)

10. Phlebotomist sanitizes gloved hands and put samples in a biohazard bag with an absorbent pad. Close bag and wipes outside of bag.

11. Phlebotomist sanitizes gloved hands.

12. Phlebotomist put samples into a second biohazard bag and wipes the outside of the bag with disinfectant wipe.

13. Phlebotomist takes the doubled-bagged specimens and places them into the biohazard container that has the assistant outside the door of the patient's room without touching the outside of the container.

14. Assistant closes the container and hand carries it to the point of care.

15. Assistant sanitizes gloved hands, remove gloves, and put a new pair of gloves.

16. Assistant returns to patient's room door to assist phlebotomist in the doffing of PPE.

17. Phlebotomist removes all PPE as outlined in PPE removal guidelines before exiting the patient's room.

18. Specimen is processed at the point of care by technologist or trained person in processing the samples at the point of care.

19. If the specimen is to be transported outside the facility, it will be prepared according to regulations for this purpose at the point of care.

20. Person at the point of care will revise the inside of the biohazard container. If there is any visible contamination, it will be cleaned with a disinfectant wipe, and gloved hands will be sanitized.

21. The person will clean the outside of the biohazard container with a disinfectant wipe and put the container in the shelf for next use.

Specimens for HCI diagnosis

1. Authorization from Puerto Rico Department of Health is needed prior to collection of HCI testing samples.

2. Specimens collected for HCI testing are considered Category A infectious substances and should be packaged and shipped according to CDC submission process by trained laboratory personnel.

3. Preferred Specimen for HCI Testing is a minimum volume of 4mL whole blood in plastic collection tubes can be used to submit specimens for testing for HCI virus. Do not submit specimens in glass containers or in heparinized tubes. Whole blood preserved with EDTA is preferred, but whole blood preserved with sodium polyanethol sulfonate (SPS), citrate, or with clot activator is acceptable. It is not necessary to separate and remove serum or plasma from the primary collection container. Specimens should be immediately stored or transported at 2-8°C or frozen on cold-packs. Short-term storage of specimens prior to shipping should be at 4°C or frozen.

4. Specimens other than blood may be submitted upon consult with the CDC by calling the Emergency Operations Center at 770-488-7100.

5. The requested test only needs to be identified on the requisition and CDC specimen submission forms.

ATTACHMENT I
High Consequence Infection (HCI) Daily Cleaning, Terminal/Discharge Cleaning, Textile provision, and Waste Removal

1. CLEANING

a. **Equipment:**

(1) Microfiber Mopping System

(2) Dust Mop

(3) Personal Protective Equipment (PPE)

b. **Cleaning Products:**

(1) Environmental Protection Agency (EPA) approved germicidal/disinfectant effective against HCI that are available on VHA Blanket Purchase Agreements (BPAs). Complete list available in Attachment D of EMS Sanitation Procedure Manual: Section 5.B.11.

c. **Cleaning Procedure:**

Daily cleaning procedure and terminal/discharge procedure have different steps.

(1) **Daily Cleaning**

(a) Use *Comprehensive PPE* to enter patient room.

(b) Gather all equipment, cleaning products and supplies required before entering patient room. Cleaning cart **CANNOT** enter patient's room.

(c) Place wet floor sign outside the door entrance of patient room before entering the room.

(d) Enter patient room. Once inside the room, you cannot go outside without appropriate doffing of PPE.

(e) Clean hard non-porous surfaces (bed, night table, basin and all bathroom fixtures and all high touch areas such as call bells, knobs, switches, etc. DO NOT DOUBLE DIP. Allow surfaces to remain wet for the appropriate contact time as specified on the product label of the EPA approved germicide/disinfectant. Wipe mirrors with EPA approved germicide/disinfectant and then clean with glass cleaner. Dispose wipes/cleaning cloths as infectious waste.

(f) Sweep with dust mop starting at the rear of the room. Do not sweep anteroom area. Dispose these materials as infectious waste.

(g) Mop floor starting at the rear of the room. Mop entire room including bathroom but avoiding anteroom area. Dispose these materials as infectious waste.

(h) With a new mop head, mop floor starting at the door of the room. Mop entire room,

including bathroom. Dispose these materials as infectious waste.

(i) Conduct visible room inspection.

(j) Doff PPE in accordance with guidelines.

(k) Once outside, remove wet floor sign from the door entrance.

(l) Perform hand hygiene.

(2) Terminal/Discharge Cleaning

(a) Use *Comprehensive PPE* to enter patient room.

(b) Gather all equipment, cleaning products and supplies required before entering patient room. Cleaning cart **CANNOT** enter patient's room.

(c) Place wet floor sign outside the door entrance of patient room before entering the room.

(d) Enter patient room. Once inside the room, you cannot go outside without appropriate doffing of PPE.

(e) Clean hard non-porous surfaces (bed, night table, basin and all bathroom fixtures and all high touch areas such as call bells, knobs, switches, etc. DO NOT DOUBLE DIP. Allow surfaces to remain wet for the appropriate contact time as specified on the product label of the EPA approved germicide/disinfectant. Wipe mirrors with EPA approved germicide/disinfectant and then clean with glass cleaner. Dispose wipes/cleaning cloths as infectious waste.

(f) Visually inspect mattress, if integrity is compromised the mattress will not be reused. The mattress will be disposed as contaminated materials. Notify supervisor for appropriate disposition.

(g) If integrity is not compromised, clean and disinfect top and side of mattress. Fold mattress over and clean half of mattress and all exterior surfaces. Unfold mattress and repeat process at the other end. If possible and indicated by manufacturer's directions, when finished, turn the mattress over completely so the underside is now the top. Dispose wipes/cleaning cloths as infectious waste.

(h) Clean E-vac-U-sled in accordance with facility procedure. Dispose wipes/cleaning cloths as infectious waste.

(i) Sweep with dust mop starting at the rear of the room. Do not sweep anteroom area. Dispose these materials as infectious waste.

(j) Mop floor starting at the rear of the room. Mop entire room including bathroom but avoiding anteroom area. Dispose these materials as infectious waste.

(k) Mop floor starting at the door of the room. Mop entire room. Dispose these materials as infectious waste.

(l) Conduct visible room inspection.

(m) Doff PPE in accordance with guidelines.

(n) Once outside, remove wet floor sign from the door entrance.

(o) Perform hand hygiene.

2. WASTE HANDLING

All substance, waste and textiles in a suspected or confirmed HCI patient's room are considered to be **Category A** Infectious Substance Waste in accordance with the Centers for Disease Control (CDC) and the Department of Transportation (DOT) 49 CFR Part 171-178 Hazardous Materials (HMR).

a. **Equipment and supplies:**

(1) Approved impervious covered waste container.

(2) Personal Protective Equipment (PPE)

(3) Spill dry material

(4) Biohazard bags

(5) Wiping cloths

b. **Cleaning Products:**

(1) Environmental Protection Agency (EPA) approved germicidal/disinfectant effective against HCI that are available on VHA Blanket Purchase Agreements (BPAs). Complete list available in Attachment D of EMS Sanitation Procedure Manual: Section 5. B.11.

c. **Waste handling Procedure:**

To handle Category A Infectious Substance Waste, gloves should always be worn. Extremely care must be exercised to ensure that hands do not come in contact with the interior of the plastic bag of waste when removed from the waste receptacle. Never allow the plastic bag of waste to brush against the body.

(1) Use *Comprehensive PPE* to enter patient's room.

(2) If you are also going to clean the room, be sure to proceed with steps 2-4 described in cleaning procedures.

(3) Look for protruding objects or sharps in the waste container. Never place your hands on or inside the container.

(4) Spray EPA approved germicide/disinfectant into the bag to coat waste.

(5) Close, twist and tie knot in top plastic waste receptacle liner while it is still in the

container.

(6) Hold the bag far away from your body to prevent contamination or being stuck by a sharp that was accidentally discarded.

(7) Spray the outside of the bag with EPA approved germicide/disinfectant and place into a second bag with your outer gloves. Twist and tie knot in top of plastic bag.

(8) Place Category A Infectious Substance Waste in appropriate container that is at the door of patient room without stepping outside the patient's room. The person in the outside of room will transport the contaminated waste cart to the designated infectious waste holding area.

(9) Wipe all surfaces of the empty waste container in patient's room with EPA approved germicide/disinfectant and allow to air dry.

(10) Re-line container in patient room with appropriate waste liner.

(11) Inspect the level of needle disposal unit. If exchanging is indicated, inspect to ensure that the unit can be handled safely prior to exchanging. Remove the box and dispose it in the biohazard waste container.

(12) Ensure that the outside of the unit and surrounding wall areas are wiped with EPA approved germicide/disinfectant when refills are exchanged.

(13) If you are going to clean the room, proceed with the steps 5- 10 (5-13 for terminal/discharge cleaning) as described previously for daily and/or terminal/discharge cleaning.

(14) Doff PPE in accordance to guidelines.

d. **Transport of Category A Infectious Substances Waste:**

(1) Handling, transfer, and transportation systems must ensure that the integrity of the package is not compromised.

(2) Waste carts must be clearly labeled and be delivered directly to the designated infectious waste holding area.

(3) Category A Infectious Substance Waste must be transported in secure containers and remain under direct control until placed in a designated waste holding area.

(4) Transport to a storage area, autoclave, incinerator or designated area for waste contractor packaging should be using a closed system.

(5) Waste receptacles carts and other transport containers should be wiped down with EPA approved germicide/disinfectant.

e. **Treatment of Category A Infectious Substances Waste:**

(1) Treatment includes, but is not limited to:

(a) Incineration

(b) Autoclaving

(c) Waste Contractor

ANNEX 1.23

INFORMATION SYSTEMS FAILURE PLAN

1. Description of the Threat/Incident.

The threat related to the failure of mission-critical IT systems, or the cascading failures of mission-critical IT systems is the loss of the ability to provide continuous operations in in the area of direct patient care and daily administrative operations at this Medical Center. Mission-critical systems are primarily, for the purpose of this pre-plan, the telecommunication and data systems that sustain operations of the Medical Center. The systems are synonymous with the mission-critical engineering systems, as discussed in the Terrorism Readiness Plan included in the Veterans Health Administration (VHA) Emergency Management Program Guidebook. These systems include, but are not limited to, the following utilities:

a. **Network/LAN.** The physical connectivity both internally and externally provided by the logical and physical communications infrastructure. The Network/LAN provides the incoming and outgoing pathways for all data and digital telephony.

b. **Telephone (PBX) system.** The voice communications system is comprised of three elements: POTS (Plain Old Telephones) also referred to as analog phones, wired desktop IP (Internet Protocol) phones and wireless handheld IP phones.

c. **VistA.** The Veterans Health Information System and Technology Architecture is the operational system that supports all clinical and administrative functions including but not limited to CPRS (Computerized Patient Record System), BCMS (Barcode Medication Administration System), FMS (Financial Management System), and AEMS/MERS (Automated Engineering Management System/Medical Equipment Reporting System).

d. **Beeper System.** The internal hospital radio paging system used to transmit emergency and non-emergency alphanumeric messages to individual staff or staff groups.

e. **Walkie Talkie.** Portable handheld two-way radios used primarily by Facilities Maintenance and Police personnel for routine and emergency voice communications.

2. **Impact on Mission Critical Functions, Processes, and Systems.** The failure of any or all mission-critical systems will affect the operations and continuity of operations of the Medical Center. This is an overarching document that recognizes the commonality of the potential impact of the listed mission-critical systems in sustaining continuity of operations for the Medical Center. It is recognized that each of the mission-critical system listed requires a separate and comprehensive, focused pre-plan addressing the multiple points made in this general pre-plan.

a. **Network/LAN.** Failure of the Network/LAN will impact all operational areas of the Medical Center given that administrative and patient care systems processes, and IP telephony utilize the network/LAN logical and physical connections. Both direct patient care and administrative operations would be negatively impacted as a result of the loss of connectivity within the facility, to the mainland USA and local on island entities. All VistA based applications such as CPRS, BCMA, AEMS/MERS and FMS would be unavailable as well as email, instant messaging, and internet access. All desktop computing devices, including those PCs designated as Contingency PCs, would operate in standalone mode; VistA Read Only (VistaRO) would not be available. In addition, all IP based telephony both desktop and portable handheld would be inoperative.

b. **Telephone system.** Failure of the telephone system would affect the Facility as a whole in that voice communications would be negatively impacted. Primary areas of concern are incoming calls from the community and other hospitals including emergency services and internal/external voice communications among personnel withing the facility.

c. **VistA.** Failure of Vista would render all Vista based applications such as CPRS, BCMA, FMS, and EM MERS to be unavailable. While operational administrative functions that utilize Vista would be impacted, the immediate and most pronounced negative affect would be in the area of direct patient care where the inability to make entries to the patient electronic health record causes an increase in workload both during and after the event since having changed over to a paper-based system all documentation generated on paper would require scanning into the patient record and verification/validation.

d. **Beeper System.** Failure of the internal hospital radio paging system would preclude transmission of emergency and non-emergency alphanumeric messages to individual staff or staff groups.

e. **Walkie Talkie.** Failure of portable handheld two-way radios would impact Facilities Maintenance and Police personnel in their ability to conduct routine and emergency voice communications.

3. Operating Units and Key Personnel with Responsibility to Manage this Threat/Incident. All Operating Units in the VA Caribbean Healthcare System will be affected by some aspect of an information systems failure. Therefore, all Operating Units will have responsibilities to manage mitigation/preparedness and response/recovery plans in the event of a failure of mission-critical IT systems. It may be necessary to implement local contingency plans procedures.

a. **Network/LAN** – Failure of circuit connectivity cause disruption on network activities activating the following plan

b. **Backup** – VA does not provide network backup; the VA PR site has two circuit connections if disrupted there are no backup to sustain the VA Hospital operations or any Puerto Rico Satellite locations.

1. Circuit failure should activate all Sections Contingency Plans to operate without network connectivity based on paper processes.

2. To allow users to access local resources ITOPS will start the Single Sign on request process.

c. Emergency Equipment – emergency equipment to establish limited network connections are available at multiple locations

1. Plum Cases, VSAT, FRU, FAK, MMU, Hot Spot and GFE are some of the available resources.

2. Emergency Equipment will be used to keep VA Mainland connected for reports, site updates, news and other specified on the emergency plan, but limited to Official use only. The Emergency Equipment does not have the capacity to support medical activities or processes.

d. **Telephone system** – Failure of Hospital Telephone systems affects all satellite sites due to the IP phone connections.

e. **Backup** – VA Hospital has the capacity to activate Walkie talkies or Handheld Radios to replace telephones on specific locations

1. Also, GFE, SATPHONE and analog lines are available at limited capacity and depending on their providers

2. If any type of technology is not available, the site can start a runner's structure to support important sections

f. **Vista** – Failure of Vista connectivity affecting many departments including patient care, facilities and others may use the following systems during network disruptions.

1. Vista RO – software that can be use during network disconnect, providing limited support to Hospital activities.

2. It is directly related with the ability to access a computer using the Sigle Sign On.

3. Any Vista activity is dependable of the Data Center Servers availability and the amount of information stored before the emergency.

g. **Beeper System** – Failure of the Beepers/Pager System

1. Walkie Talkie or Handheld Radios are the primary backup system until the Beeper Server is restore to full capacity.

2. If any type of technology is not available, the site can start a runner's structure to support important groups

h. **Walkie Talkie** – Failure of Walkie Talkie or Handheld Radio system

1. If any technology is not available, the site can start a runner's structure to support important sections

Each system and technology failure should be reported/communicated to the Police Communications Center (PCC) at extension #111444. The VA Police Communication center or switchboard will immediately contact the Director as well as the Administrative on Duty (AOD) and inform of the emergency.

4. Mitigation/Preparedness Activities of the Threat/Incident.

a. **Hazard Reduction Strategies and Resource Issues.**

(1) The ITOPS Area Manager participates in the facility-wide annual Hazard Vulnerability Analysis. With this tool, the Area Manager can anticipate mitigation strategies in addressing mission-critical information systems potential adverse impacts.

(2) ITOPS Area Manager maintains an inpatient and outpatient computer contingency plan and VistA RO contingency plan.

(3) ITOPS technicians conducts periodic in-house testing and maintenance to all information systems to prevent mission-critical system failure. Additional actions listed below are also in place:

(a) Routine back up Vista and LAN data done automatically at the national level.

(b) Communication closets are equipped with UPS to minimize the effect of power fluctuations.

(c) Communication Center is equipped backup generators and ABT's (Automatic Bus Transfers) to preclude loss of power to the comm center.

(d) Mirroring of dual core switches (if one were to fail the other would pick up the load making the failure somewhat transparent to the user)

(4) ITOPS participates in the Environment of Care (EOC) monthly inspection program, where recommendations and follow-up on information systems issues are identified and reported. The EOC inspection program includes periodic inspections of all areas of the Medical Center including grounds, outbuildings, and those areas off campus that supply utilities to the Medical Center. Suppliers are questioned on routine

checks and preventive maintenance applied to overhead lines and surface mounted or underground utilities.

(5) ITOPS announces and disseminates information regarding planned shutdowns for maintenance so that this planned event can be used for staff training. Coordination meetings are held with pertinent services to discuss the planned shutdown. An evaluation of all contingency related equipment is conducted and documented prior to the shutdown. In addition, a review / Lessons learned is conducted after each shutdown to identify incidents that occurred and areas of improvement.

(6) ITOPS has local IT specialists on site during planned shutdown events. Enterprise Service Line technicians can also be contacted for assistance as needed.

5. Response to the Threat/Incident.

a. Internal incident Response.

(1) The failure of a mission-critical system may call for the implementation of the Emergency Operations Plan as determined by the Medical Center Director.

(a) The ITOPS Area Manager will serve as SME at the Hospital Command Center and advise on implementation of response strategies.

(2) The completed ISCP (periodically updated) defines the roles and responsibilities in response and recovery of the Medical Center.

(3) ITOPS staff is fully trained in each of the critical areas and have been appointed to effectively respond to an emergency:

(a) Network/LAN

(b) Telephone and beeper systems (PBX)

(c) VistA

(d) Walkie Talkie or Handheld Radio

(4) The ITOPS Area Manager and staff maintain list of vendors with contact information and escalation procedures to provide emergency service to a mission-critical system.

(5) In the event of a prolonged mission critical communications failure due to an emergency, ITOPS will activate available emergency communications equipment to provide connectivity as required.

6. Recovery from the Threat/Incident.

a. Return to normal operations is determined when the affected system is restored.

b. ITOPS personnel will inspect all affected systems and links to certify their operational status. These include but are not limited to: VistA, CPRS, PBX, pharmacy interconnections, and Lab Links.

c. As soon as a mission-critical system fails, the implementation of a continuity of operations plan should be considered. The immediate action is the recall of appropriate IT technical staff to begin troubleshooting. Additionally, the Enterprise Service Lines can be contacted as well as local contracted maintenance personnel. Executive leadership will also be notified of the failure upon occurrence and be provided an estimated time to restoration.

7. Notification Procedures (Internal/External)

a. **Within VA.**

(1) The Director's Office will be notified immediately of any significant failure of a mission-critical system affecting communications connectivity to any of its off sites. The Director's Office will notify the Veterans Integrated Service Network (VISN) leadership as appropriate. Community Based Outpatient Clinics (CBOCs) will be notified of any technical issues at the medical center that may affect their ability to provide direct patient care.

(2) During normal business hours the local IT Helpdesk at extension 125015 will be notified immediately upon any significant failure of a mission-critical system. After normal duty hours the AOD, at extension 131116 or 131117, will be notified. The AOD in turn, will contact appropriate on-call IT staff.

(3) Federal law Enforcement Agencies may be notified if federal laws are broken and depending on incident specific circumstances.

(4) Community Entities.

b. The local Emergency Management Agency may be notified according to the incident.

c. Local law enforcement if a crime is involved or if off-site traffic control is needed.

8. Specialized Staff Training.

a. It is anticipated that local ITOPS staff at the Medical Center will be able to make most repairs to the mission-critical systems; additional technical support is also available from the Service lines

b. Selected outside vendors are also available to assist and when necessary, conduct repairs to the mission-critical systems within their field of expertise.

9. References and Further Assistance.

a. VHA Emergency Management Program Guidebook.

b. The Joint Commission Accreditation Manual for Hospitals.

c. Information Systems Contingency Plane

d. All Utility pre-plans and the Utility Management Plan should be reviewed.

e. All Service/Unit level preventive maintenance procedures should be reviewed.

f. VHA CEMP Analysis Capability Descriptors should be reviewed to ensure the Medical Center's capabilities are sufficient to protect and maintain the mission-critical systems should any failures and disastrous incidents occur unexpectedly.

g. All service level contingency plans archived at the link below should be reviewed at least semiannually:
http://vaww.visn8.portal.va.gov/caribbean/adir/irm/Facility%20Contingency%20Plan/Forms/AllItems.aspx

ANNEX 1.24

BEHAVIORAL HEALTH DISASTER RESPONSE PLAN

1. PURPOSE

To describe the Behavioral Health Disaster Response Plan activation to assist patients, visitors, and staff requiring Behavioral Health Services or support during the mitigation, response, and recovery phases of an emergency. This annex will describe the mission, leadership, location, initial staffing, activation schedule, supplies, training and equipment needed to mobilize behavioral health resources.

2. POLICY

a. VA Caribbean Healthcare System will follow the All-Hazards Emergency Operations Plan and augment specific responses as per Annex of the Behavioral Health Disaster Response Plan. This Annex will focus on the Operations aspects to facilitate the successful completion of Behavioral Health management and response.

b. Behavioral Health Services (Psychiatry, Psychology, Social Work, Prevention Program, Whole Health and Nursing Services) will identify staff to make up several Behavioral Health Disaster Response Teams (BHDRT) for three of our largest facilities; namely, San Juan, Mayaguez and Ponce Outpatient Clinics. The BHDRTs at each of these facilities will include a Team Leader and Clinical Responders (at least four clinical Behavioral health providers).

c. San Juan VAMC will have four BHDRTs, two for the Mitigation Phase, and two for the Response and Recovery phases. Ponce and Mayaguez Outpatient Clinics will have one BHDRT each for the Response and Recovery phases.

3. RESPONSIBILITIES

a. Behavioral Health Unit Leader is responsible for:

(1) Determining the need for organized social, emotional, psychological or spiritual support.

(2) Activating the BHDRT.

(3) Behavioral Health Unit Leader or designee participate as a member in the facility's Disaster Response Team to assure adequate planning and implementation of the EOP.

b. **BHDRT LEADERS** are responsible for:

(1) Deploying Behavioral Health Service staff to pre-designated locations from which the BHDRT will operate.

(2) Coordinating rapid assessment of survivors to determine Behavioral Health status and functional abilities.

(3) Delivering appropriate disaster response Behavioral Health interventions to those affected or survivors, to include triage, education, mobilization of emotional and social supports, crisis management, and brief interventions to address symptoms of acute stress reaction.

(4) Providing assessments, plans and any consultation to BH Unit Lead regarding the need for Behavioral Health support.

(5) Disseminating information regarding the policies and procedures of the BHDRT.

(6) Provide training to Behavioral Health Service staff on procedures for assessment, triage, and intervention methods addressing acute stress reactions and the psychological aftermath of disaster exposure.

(7) Team Leaders will be appointed by the ACOS for Behavioral Health Services.

c. **Clinical Staff assigned to a BHDRT** is responsible for:

(1) Monitoring patients, staff, and visitors within their respective areas for signs that Behavioral Health support may be needed.

(2) Reporting observations about patients, staff, and visitors to the BHDRT Leader at their respective facilities, which in turn will report to the Behavioral Health Unit Leader.

(3) Providing Behavioral Health back-up to the Psychiatric Intervention Center and Psychiatric Acute Inpatient Care Unit, as needed and/or requested.

(4) When required, support in the task of moving survivors away from the disaster site to designated safe areas.

(5) When required, support in diverting unnecessary personnel away from survivors (e.g., onlookers, media).

(6) Providing Behavioral health and spiritual support within the limits of their competencies.

d. **Behavioral Health Disaster Response Team Composition**

(1) The BHDRTs will be staffed by at least three members; one team leader and two clinical staff. Staff to be considered may include but is not limited to psychiatrists, one psychologists, social workers, chaplains, and nurses.

(2) The BHDRT membership may be expanded as needed during the course of its activation depending on the size of the event or emergency.

(3) Non-Clinical Staff may be activated by the ACOS for Behavioral Health upon request of BHDRT Leaders to provide administrative support to the team operations.

4. SITUATION

Extreme stress occurs when people are exposed to horrific, overwhelming, threatening, disgusting, grotesque, demanding, or shocking events that are beyond the range of normal human experience. Such reactions may be experienced when exposed to hurricanes, earthquakes, fires, chemical & biological incidents, and other treats such as those described in the VA Caribbean Comprehensive Emergency Management Plan.

5. ASSUMPTIONS

a. **It is assumed that:**

(1) Untoward effects of extreme stress can be mitigated for most human beings.

(2) Effective disaster management includes timely assessment, education, and intervention by Behavioral Health professionals with expertise in traumatic stress disorders and evidence-based methods of post-disaster intervention.

(3) During the response phase of an emergency, patients, staff, and visitors may require Behavioral Health Services, to include assessment, triage, mobilization of social and emotional supports, and brief counseling methods that enhance on coping and resiliency.

(4) Long-term support for employees of VA Caribbean Healthcare System may be provided through either internal staff or Employee Assistance Program providers.

(5) Long-term support for other affected individuals such as visitors and community members may be coordinated and/or referred to community public and/or private Behavioral Health resources.

(6) Long-term support to patients will be offered through our Behavioral Health Clinics at all the VA Caribbean facilities where there is Behavioral Health staff available.

6. RISK FACTORS

Factors known to increase risk of adverse Behavioral Health outcomes of exposure to trauma or disaster include:

a. Demographic characteristics of survivors (age, gender, race, marital status, socio-economic status, and education.

b. Pre-existing cognitive and emotional functioning of survivors (intelligence, pre-existing psychiatric disorders, prior exposure to trauma and adversity).

c. Characteristics of the stressful event exposure (severity of exposure, extreme emotional reactivity during or immediately following exposure).

d. Post-exposure environment (social and emotional support). Knowledge of risk factors is key to identifying survivors at greatest vulnerability most in need of intervention and resources. Risk of adverse Behavioral Health effects of exposure to disaster is believed to be reduced by timely mobilization of emotional and social support, meeting of basic physical needs, education, supportive counseling, and psychological interventions that promote resiliency and management of stress symptoms.

7. PREPAREDNESS

Preparedness is addressed through the full participation of Behavioral Health staff in Facility drills and the activities of the BHDRT. These preparations include:

a. Organization of clearly identifiable BHDRT membership with designated leadership.

b. Regular meetings of BHDRT membership to review operations and refine assessment, triage, and intervention strategies.

c. Review and refresher training of BHDRT membership and back-up Behavioral Health Service personnel.

d. Routine submission of progress reports to facility and Behavioral Health Unit Lead.

e. Adherence to standards of best practice by attending community-based conferences and conferring with experts in the field of disaster preparedness (examples, National Center for PTSD, Red Cross).

8. ACTIVATION

The activation of the BHDRTs is initiated by the Medical Care Brach Director or the Mental Health Unit Leader. Upon activation, the BHDRT is expected to assume its responsibilities within 24 hours from notification (as soon as possible or when the nature of the event is under control and safe for a BH provider can make assessments/provide services).

9. MITIGATION PROCEDURES

a. When an emergency situation is anticipated such as in the case of hurricanes or others foreseeable threats, the San Juan BHDRT will be activated through the Medical Center Care Branch Director or the Behavioral Health Unit Leader of the VA Caribbean

Emergency Operations Center. The main responsibilities of this BHDRT during the Mitigation Phase will be as follows:

(1) Determining the staff levels needed to facilitate the operations of the Psychiatric Intervention Center (PIC), the Acute Behavioral Health Inpatient Care Unit (ABHICU), and to provide adequate support to the medical & rehabilitation wards at the San JuanVAMC.

San Juan has two BHDR teams for the Mitigation Phase one will serve as a backup for the first BHDRT.

10. RESPONSE PHASE

a. The mission of the BHDRT is to provide short-term intervention and support during the response and recovery phases of an emergency. Behavioral Health Service (Psychiatry, Psychology, Social Work, Whole Health and Suicide Prevention) will work collaboratively in accomplishing this mission. To accomplish the primary objective of providing a safe and secure base for patients, visitors, and staff, the BHDRT Leaders will coordinate Behavioral Health Services personnel to provide a coordinated response including:

(1) Triage

(2) Crisis intervention

(3) Consultation

(4) Post event collaboration / referrals to Employee Assistance Program

(5) Post event employee “town-hall meetings” with staff and other stakeholders.

b. If the requirement for Behavioral Health treatment area(s) is identified during the response phase, the Behavioral Health Unit Leader or the BHDRT will request authorization to activate an appropriate response through the Hospital Incident Command System. When necessary, a Behavioral Health Response Teams will be deployed to the Critical Clinical Services (i.e., Emergency Room, Outpatient Clinics, CBOCs) during the beginning of the incident response phase to assure continuity of care.

c. The BHDRT will utilize the VA Caribbean Comprehensive Emergency Plan when responding to emergencies, events, or incidents. Response will be dependent upon the following: Emergencies, Events, Internal Incidents, External Incidents, Administrative or Off-tour shift. The BHDRT will provide Behavioral Health support to patients, staff, and walk-ins at the Behavioral Health Treatment on established areas (e.g., Identified clinical Group Room, MMU, etc.) to be established for these purposes.

11. RECOVERY

Recovering from Behavioral Health crisis is very situation specific. Such actions include mobilization of response assets; re-opening of impacted areas and services; counseling of staff, patients, and visitors; conducting After Action Reviews; and other actions designed to return the impacted area to its normal level of operations. During this phase, Mental Health and Crisis intervention services may still be required. Behavioral Health staff will participate as part of the Infrastructure Damage Assessment Team deployed. This will assist in the identification of any necessary service needed for Veterans, their family members and/or staff.

12. SUPPLIES AND EQUIPMENT

a. In order to activate the Behavioral Health Disaster Response Plan effectively, the following supplies and equipment are essential to have readily available to the BHDRT members:

(1) Vests to identify BHDRT members allowing hospital-wide access

(2) Radios for communication in event of telephone/power outage (distributed out of the Medical Center Emergency Operations Command Center)

(3) Flashlights in event of power outage

(4) Access to emergency medications identified from the facility emergency medication cache

(5) Paperwork to document care provided following Contingency Plan

(6) Employee Assistance Program Referral cards

(7) Copy of the VA Caribbean Comprehensive Emergency Management Plan, to include the Behavioral Health Disaster Response Plan.

13. REFERENCES

a. VA Caribbean Healthcare Center’s COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.

b. Psychological First Aid: Field Operations Guide, National Center for PTSD, VHA.

FOLLOW-UP RESPONSIBILITY: Mental Health Unit Lead.

ANNEX 1.25

MASS PROPHYLAXIS PLAN

1. INTRODUCTION

a. Recent intentional and natural disease outbreaks in the United States, such as the 2019 COVID-19 pandemic, the 2001 anthrax attacks and the 2003 influenza season, have focused increased attention on the ability of state and local public health authorities to provide affected individuals and communities with rapid, reliable access to prophylactic medications.

b. Considering the substantial health risks posed by anthrax, influenza, coronavirus and other bacteria, spores, toxins, or viruses, the U.S. Federal government has called on all states to devise comprehensive mass prophylaxis plans to ensure that civilian populations have timely access to necessary antibiotics and/or vaccines in the event of future outbreaks.

2. MISSION STATEMENT

VA Caribbean Healthcare System Pharmacy Service will maintain a preparedness level that will allow them to efficiently receive stage, store, distribute and dispense medical materials including the Strategic National Stockpile (SNS).

3. PURPOSE

a. The purpose of the Mass Prophylaxis Plan is to detail the preparedness activities and response actions associated with an incident that requires mass prophylaxis of the VA Caribbean Healthcare System population which is estimated in approximately 60,000 veterans.

b. This plan is intended to allow the VA Caribbean Healthcare System to respond to a worst-case scenario requiring county-wide prophylaxis in a minimal period of time.

c. This operating guide will be used during an emergency when it is necessary to react to an emergency situation.

4. SCOPE

VA Caribbean Healthcare System Pharmacy Service has developed this operating guide for medical materials management. In accordance with VHA requirements, this guide will be reviewed annually to ensure accurate and updated information. Changes will be communicated as needed.

5. ACTIVATION

a. **Prioritizing**

(1) Prior to conducting mass prophylaxis, the Incident Commander may decide to hold priority prophylaxis clinic(s) for essential personnel directly involved in patient care and distribution efforts.

(2) It must be also considered whether or not their immediate family members should be attended. Immediate family members are defined as those individuals living under the same roof as essential personnel. The purpose of first responder clinics is to enable employees to continue providing protection to the community without worrying about the state of their own families.

b. **Plan the Rapid Distribution of Medical Countermeasures:**

(1) During emergency response and recovery phases replacement of medications will be performed in the following manner:

(a) Pharmacy Services may execute their emergency pharmaceutical order with the Pharmaceutical Prime Vendor (PPV).

(b) Pharmacy Service may contact local suppliers

(c) Consider the possibility of CMOP support

(d) Implementation of the existing VISN 8 cross-leveling mechanism as delineated by the “VISN Logistics Support During Disaster Situations” procedure.

(e) Coordinate through the VISN 8 NEMCC the request for national assistance to Pharmacy Benefits Management (PBM)/Emergency Pharmacy Service (EPS). This could potentially include support from the Strategic National Stockpile (SNS) and/or the Mobile Pharmacy Unit (MPU).

(2) Access, distribution and use of the pharmaceutical medical countermeasures, within the medical center and health care system.

(a) Request Incident Commander approval activation to use the All-Hazards Emergency Cache

(b) Use of all pharmaceuticals available within VA Caribbean Medical Center.

(3) Providing physical security for controlled substance components of the pharmaceutical medical countermeasures

(a) To request support of Police Service to provide physical security and relocations of controlled substance.

(b) Notify to the Control Substance Coordination for acknowledge.

(4) Monitoring the quantities of pharmaceutical medical countermeasures

(a) Identify the critical medications depending on the emergency and maintain adequate levels to supply patients' needs during the emergency.

(5) Pharmaceutical medical countermeasures will be distributed to identified areas.

(a) Emergency Department

(b) Inpatient Pharmacy

(c) Outpatient Pharmacy

(d) Hospital medication rooms

(e) Temporary Medical Tents

(6) The facility trains personnel tasked with executing the pharmaceutical medical countermeasures plan.

(a) Provide training to all new Pharmacy employees

(b) Provide training every two years for all Pharmacy Staff

c. **Supply and stocking**

(1) Response capacity to a large-scale bioterrorist attack may be limited by the ready availability of antibiotics and/or vaccines. For this reason, the Federal government has created the Strategic National Stockpile (SNS), composed of several ready-to-deploy "Push Packs" containing medical supplies to treat thousands of patients affected by the highest-priority disease-causing agents, as well as pre-designated pharmaceutical supply caches and production arrangements that may be used for large-scale ongoing prophylaxis and/or vaccination campaigns.

(2) VA Caribbean Healthcare System has a pharmaceutical supply cache which was created as part of the Strategic National Stockpile under the custody of Pharmacy Service that will be utilized during emergencies and/or unusual situations as determined by the Center Director.

(3) Limited amounts of pharmaceutical are secure and ready to deploy as part of a bioterrorism response. Pharmacy Service is responsible for ensuring proper storage, inventory management and security of medications under their custody.

d. **Distribution**

(1) The logistics of transporting materials and pharmaceutical from the stockpile location to identified dispensing areas where they are given to the affected population.

(2) To expedite the dispensing of prophylaxis to the population it is highly recommended that the use of “head of household” be utilized, permitting the “head of household” to obtain medication regimens for up to ten (10) persons in a household without all of these individuals being present.

(3) VA Caribbean Healthcare System “head of household” will be the supervisors, manager and other employees who have been designated as the “head of household” for purposes of obtaining prophylactic medication for the group.

(4) The “head of household” must be capable of reporting to the point of dispensing (POD) with the necessary information for proper dispensing of prophylaxis. The head of household should present at the dispensing site a list of the individuals for whom he/she is receiving medication.

(5) This list should include the following information regarding the household members:

Name (first name, middle initial, last name)
Date of birth
Body weight (If necessary, for the dispensing)

(6) Individuals receiving medications will be provided clear information about the medications dispensed, both from staff while they are at the POD and leaflets to take home. This information will include clear directions on doses, allergic reactions, side effects, or other adverse reactions. This information will be available in different languages (Spanish and English).

e. **Dispensing**

(1) Dispensing operations are the final step in getting prophylactic medications and vaccines to affected populations. Dispensing center functions include mass triage, medical evaluation of symptomatic individuals, pharmaco-therapeutic consultation for drug or dosage adjustment if needed, and provision of antibiotics or vaccination.

(2) A triage area will be set up directly at the entrance to the POD and will serve to immediately screen symptomatic, sick, or known exposed patients before entering the station. Those patients exhibiting symptoms and patients, who are known to be exposed but are asymptomatic, are further screened and will be located to a designated area, medications may be delivered to such area to prevent possible contamination.

(3) The probability of receiving patients medically disabled and persons with physical disabilities must be considered when establishing the POD. Wheelchairs should be available and personal assistance provided as needs is identified in triage. A designated area for individuals in wheelchairs or medical conditions that do not allow prolong standing will be established next to the screening area.

(4) There are two conceptual approaches to mass prophylaxis: “push” and “pull.” The “push” approach consists of bringing medicine directly to individuals or homes in an affected community. The “pull” approach, in contrast, requires that individuals leave their homes or places of work to travel to specially designated centers where they can receive medications or vaccinations.

(5) Each approach has strengths and weaknesses. The “push” approach may enable faster and more widespread coverage of an affected community, but it has little flexibility to handle medical evaluation for contraindications or dosage adjustment and may be infeasible for vaccination campaigns. The “pull” approach may increase efficient use of scarce health care providers and resources enable medical evaluation of potential victims.

(6) It is likely that in large-scale outbreak response, elements of both “push” and “pull” strategies will be utilized.

(7) Pharmacy Service command post will be located at the Inpatient Pharmacy (2nd floor). Logistical and operational requirements will be directed from there as wells as the deployment of resources available.

(8) Ideally, during mass prophylaxis Pharmacy Service will use existing dispensing services such as inpatient and ambulatory pharmacies as point of dispensing (POD). However, to bring the medicine directly to the affected individual’s other areas might be considered as POD depending on the specific situation.

(9) The rapid dispensing method is the process of designing a POD site with express lanes for persons without contraindications and lanes for those persons who will take a little extra time during the dispensing process.

(10) Alternate dispensing methods designing non-traditional POD sites such as: drive-thru PODs, closed PODs limiting the flow of individuals, and bulk dispensing sites must be also considered.

(11) Other alternatives such as mail and contracted outpatient pharmacies are being also considered. For example, if the emergency is affecting the mobility of the individuals we might use the U.S. Postal Service for the delivery of the medication. We might also utilize the VISN 8 Emergent Drug Contract which allows contracted community pharmacies such as Walgreens, Walmart and K-Mart providing prescription in emergency / urgency situations.

(12) In the other hand, for patients in the Emergency room, Pharmacy Service will deliver the bulk medications to the Emergency room and it will become the POD providing medications directly to the individuals. Accessibility issues must be considered when determining the POD’s.

(13) The magnitude of the emergency will determine the need for service on a 24/7 basis or if the service can be provided for fewer hours.

(14) Depending on the nature of the situation the Incident command will determine the need for service on a 24/7 basis or whether the staff will work 8 hours or 12 hours shifts.

(15) Shifts will be no longer than 12 hours. Workers will not work more than 5 consecutive days without a minimum of 24 hours off.

(16) Follow up may include monitoring patients for antibiotic effectiveness or vaccine immune response, identifying patients who require dose modification, and arranging alternative treatment for patients who have adverse effects from the prophylactic treatment

f. **Staffing**

(1) Health care professionals, including nurses, pharmacists, emergency service providers, and physicians, have detailed technical knowledge that can inform planning at numerous stages along the prophylaxis pathway (e.g., triage, materiel storage and packaging, medical evaluation, drug dosing).

(2) The point of dispensing (POD) staff falls into two categories: those engaged in direct patient interaction (or “core staff”) and those providing support functions. Core staff may operate in one of three areas: medical (including triage, medical evaluation, and emergency medical service (EMS)), psychiatric (for acute and sub-acute evaluation and counseling), or pharmaco-therapeutic (for dispensing and evaluation of patients with drug contraindications or other complicating factors). Meanwhile support functions include POD security, communications, custodial services, logistics and site management.

(4) The point of dispensing (POD) will be divided into core and support functions. Both are equally important to the overall success of the plan.

(5) During an emergency Pharmacy Service will maintain both; core functions which include all processes that directly facilitate the dispensing of drugs. pharmacist and pharmacy technicians providing direct patient clinical activities (pharmacotherapy evaluations, dispensing, delivering, patient counseling, etc.) and staff providing support functions which include all processes that take place the core functions (resupply of medications, communication, security, custodial of medications, inventory management).

g. **Support Services**

According to VHA procedures Logistics and Police Services will work in collaboration with Pharmacy Service during the activation and mobilization of the pharmaceutical cache. Since the activation may occur at any time all services must ensure that staff is well trained and capable of performing in an emergency. Fan out and call back rosters

should be developed to ensure that enough personnel will be available to sustain the operation for at least 24 hours. Personnel shall be contacted via phone, pager, email and/or fax and informed where to report.

h. **Security**

The perimeter of pharmaceutical cache and point of dispensing (POD) should be designed to prevent the movement of the crowds into the dispensing areas. Additionally, the entry and exit areas must be limited to authorized personnel only and controlled by Police Services.

i. **Communication**

(1) VA Caribbean Healthcare System maintains redundant communications networks and backup systems to support command and control. The facility maintains land-line phone capability to supplement cellular phones, fax, e-mail radio and satellite communication, which may be overloaded during a terrorist event.

(2) In the absence of radios or cell phones, face-to-face communication, runners, and the written communication shall be used. Voice amplification systems may be also an alternative.

VACCINES STORAGE AND HANDLING GUIDELINES

1. PURPOSE

To provide guidance for the appropriate storage and handling of vaccines. The goal of this policy is to provide general information and specific guidelines for the appropriate use of the most common vaccines used in this hospital facility.

2. POLICY

The mission of this hospital is to look for the integrity and stability of vaccines that will be used in our patients and employees by assuring the best practices in the storage and handling of these medications. It is also the mission of the hospital that these medications are prepared and administered as recommended by manufacturers and that appropriate medical management is followed when there is a vaccine reaction.

3. RESPONSIBILITIES

a. **The Hospital Director** will be responsible for the implementation of this policy and for ensuring that all concerned medical personnel are familiar with and adhere to the requirements of this policy.

b. **Infection Disease Service** will be responsible to provide guidance on the appropriate use of these medications.

c. **Pharmacy Service** will be responsible for the acquisition, storage, and distribution of the vaccines.

d. **Nursing Service** will be responsible for the assurance that vaccines are administered according to recommended guidelines.

4. PROCEDURE

a. **Vaccine Management three components.**

(1) The equipment used for vaccine storage and temperature monitoring is reliable and appropriate.

(2) Staff is knowledgeable regarding proper vaccine storage and handling.

(3) Written storage and handling plans are updated at least annually for:

(a) routine storage and handling of vaccines; and

(b) emergency vaccine retrieval and storage.

b. **Routine Vaccine Storage and Handling Plan four elements**

(1) Ordering and Accepting Vaccine Deliveries

(a) Store vaccines at the recommended temperatures IMMEDIATELY upon arrival.

(b) Store refrigerated vaccines between 35°F and 46°F (2°C and 8°C).

(c) Store frozen vaccines between -58°F and +5°F (-50°C and -15°C).

(d) Order vaccines to maintain an adequate amount to meet the needs of the facility's patients. The amount of vaccine needed can vary throughout the year. Anticipate peak periods such as influenza season.

(e) Order the vaccines and presentations that are appropriate for the ages and types of patients in this facility.

(f) Maintain a vaccine inventory log including:

1. vaccine name and number of doses received.

2. date vaccine received.

3. condition of vaccine on arrival.

4. vaccine manufacturer and lot number; and

5. vaccine expiration date.

(2) Storing and Handling Vaccines

(a) Store vaccines in refrigerator and freezer units which can maintain the appropriate temperature range and are large enough to maintain the year's largest inventory without crowding.

(b) Store vaccine in storage units designated specifically for biologics. Food and drinks should never be stored in the same unit with vaccines.

(c) Utilize a Wireless Temperature Monitoring System to monitor, record, log, and alert when temperature is out of range. System will read refrigerator/freezer temperature every 15 minutes 24/7.

(d) As backup read and document refrigerator and freezer temperatures at least twice each workday- in the morning and before the end of the workday when wireless system is down. Keep temperature logs for at least 3 years.

(e) Store unopened and opened vaccines in their original box with the lid in place until administration. Several vaccines must be protected from light. This practice also helps to ensure different vaccines are not stored together in the same bins or containers which can lead to vaccine administration errors.

(f) Prepare vaccines at the time the vaccine is administered. This includes reconstituting or “mixing” vaccine, if indicated. Use only the diluent supplied by the vaccine manufacturer.

(g) Store diluent according to the manufacturer’s instructions.

(3) Managing Inventory

(a) Rotate stock so vaccine and diluent with the shortest expiration date is used first. Place vaccine with the longest expiration date behind the vaccine that will expire the soonest. Remove expired vaccine and diluent from usable stock.

(b) Keep vaccine stock well organized.

(c) Dispose of all vaccine materials using medical waste disposal procedures.

(4) Managing Potentially Compromised Vaccines

(a) Identify and isolate all potentially compromised vaccines and diluents. Label these “DO NOT USE”. Store separately from uncompromised vaccines and diluents in the recommended temperature range. A clearly labeled paper bag can be used for this purpose. Do not automatically discard the vaccine or diluent.

(b) Contact vaccine manufacturers for appropriate actions that should be followed for all potentially compromised vaccines and diluents.

(c) Staff administering vaccines will have must have knowledge on correct handling and preparation procedures to decrease the likelihood of vaccine or diluent inadvertently being compromised. For example, each vaccine should be prepared just prior to administration.

c. **Emergency Vaccine Retrieval and Storage Plan**

(1) Designate an alternate site where vaccines and diluents can be safely stored. Considerations when choosing a site include types of storage unit(s) available, temperature monitoring capabilities, and back-up generator.

(2) Store an adequate number/amount of appropriate packing containers and materials (e.g., frozen, and refrigerated gel packs, bubble wrap) in the facility that will be needed to pack vaccines for safe transport.

(3) Follow the written procedures for managing potentially compromised vaccines.

d. **General Contraindications**

(1) The only contraindication applicable to all vaccines is a history of a severe allergic reaction (i.e., anaphylaxis) after a previous dose of vaccine or to a vaccine component (unless the recipient has been desensitized.

(2) Severely immunocompromised persons generally should not receive live vaccines.

(3) Because of the theoretical risk to the fetus, women known to be pregnant generally should not receive live, attenuated virus vaccines.

e. **General Precautions**

(1) In general, vaccinations should be deferred when a precaution is present. However, a vaccination might be indicated in the presence of a precaution if the benefit of protection from the vaccine outweighs the risk for an adverse reaction.

(2) The presence of a moderate or severe acute illness with or without a fever is a precaution to administration of all vaccines

f. **General Non-contraindications**

(1) Diarrhea

(2) Minor upper respiratory tract illnesses (including otitis media) with or without fever

(3) Mild to moderate local reactions to a previous dose of vaccine

(4) Current antimicrobial therapy

(5) Being in the convalescent phase of an acute illness

g. **Management of anaphylactic reactions**

(1) If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.

(2) If symptoms are generalized, activate the emergency medical system, and notify the on-call physician. This should be done by a second person, while the primary nurse assesses the airway, breathing, circulation, and level of consciousness of the patient.

(3) Drug Dosing Information:

(a) First-line treatment: Administer aqueous epinephrine 1:1000 dilution intramuscularly, 0.01 mL/kg/dose (adult dose ranges from 0.3 mL to 0.5 mL, with maximum single dose of 0.5 mL).

(b) Secondary treatment option: For hives or itching, you may also administer diphenhydramine either orally or by intramuscular injection; the standard dose is 1–2 mg/kg, up to 50 mg maximum single dose.

(4) Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in supine position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse every 5 minutes.

(5) If EMS has not arrived and symptoms are still present, repeat dose of epinephrine every 5–15 minutes for up to 3 doses, depending on patient's response.

(6) Record all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.

(7) Notify the patient's primary care physician

5. REFERENCES

a. SOP 119-21-22 All-Hazards Emergency Cache, January 12, 2021

b. Vaccines Storage and Handling Guide, Centers for Disease Control and Prevention (CDC), June 8, 2018.
https://www.cdc.gov/vaccines/hcp/admin/downloads/vacc-admin-storage-guide.pdf

ANNEX A

SMALLPOX VACCINE FACT SHEET

WHAT IS THE SMALLPOX VACCINE?

The smallpox vaccine is a live virus vaccine made from a virus called vaccinia, which is a “pox”-type virus related to smallpox. The vaccine helps the body develop immunity to smallpox. It does not contain the smallpox virus and cannot give you smallpox.

WHAT IS THE LENGTH OF PROTECTION?

Smallpox vaccination provides high level immunity for 3 to 5 years and decreasing immunity thereafter. If a person is vaccinated again later, immunity lasts even longer. Historically, the vaccine has been effective in preventing smallpox infection in 95 percent of those vaccinated.

CAN VACCINATION AFTER EXPOSURE PREVENT THE DISEASE?

Vaccination within 3 days after exposure will prevent or significantly lessen the severity of smallpox symptoms in most people. Vaccination 4 to 7 days after exposure likely offers some protection from disease or may lessen the severity of disease.

WHO SHOULD NOT GET THE SMALLPOX VACCINE?

People with any of the following conditions or people who live with someone with the following conditions should not get the smallpox vaccine unless exposed to the smallpox virus.

PEOPLE SHOULD CONSULT WITH THEIR PHYSICIAN ON THEIR HEALTH STATUS.

• Weakened immune systems (e.g., HIV, AIDS, leukemia, lymphoma, other cancers, cancer chemotherapy, radiation therapy, high-dose corticosteroid therapy, other immune disorders, some severe autoimmune disorders, and medications to treat autoimmune disorders)
• Any history of eczema, atopic dermatitis (skin disease characterized by itchy, inflamed skin) or Darier’s disease
• Active skin conditions (e.g., burns, other wounds, impetigo, chickenpox, shingles, contact dermatitis, severe acne, herpes, psoriasis) (wait until these conditions have resolved)
• Women who are pregnant or planning to become pregnant within one month of vaccination In addition, people in the following categories should not receive the vaccine unless exposed to the smallpox virus:
• People with heart disease or certain risk factors for heart disease.
• Women who are breastfeeding
• Currently using steroid medications in eyes (wait until no longer using the medication)
• Allergic to the vaccine or any of its ingredients or have had a serious reaction to the vaccine in the past
• Moderate or severe illness (wait until recovered)
• Are less than 18 years of age?

PEOPLE WHO HAVE BEEN DIRECTLY EXPOSED TO THE SMALLPOX VIRUS SHOULD GET THE VACCINE, REGARDLESS OF THEIR HEALTH STATUS

WHAT ARE THE POSSIBLE SIDE EFFECTS FROM THE SMALLPOX VACCINE?

The live vaccinia virus that is contained in the vaccine may cause mild reactions, such as rash, fever and head and body aches. Complications can occur if the vaccine site comes in contact with other parts of your body or even other people. The risk is minimized by covering the vaccine site and carefully washing hands after contact with the site until healed (up to three weeks).

WHAT ARE THE CHANCES OF SERIOUS COMPLICATIONS FROM THE SMALLPOX VACCINE?

In the past, between 14 and 52 people per one million people vaccinated experienced potentially life-threatening reactions. Based on past experience, between 1 and 2 people per one million people vaccinated may die as a result of life-threatening reactions to the vaccine. People not recommended for vaccination may be at greater risk of severe complications.

HOW IS THE VACCINE GIVEN?

The smallpox vaccine is not given with a normal hypodermic needle and is not a typical shot. The vaccine is given using a bifurcated (two-pronged) needle that is dipped into and holds a droplet of the vaccine. The needle is used to poke the skin several times. The poking is not deep but will cause a sore spot that will form a blister and eventually leave a small scar.

IS THE SMALLPOX VACCINE RECOMMENDED?

The smallpox vaccine is currently not recommended for the general public. The vaccine is now being offered to those who may be called upon to respond in the event of a smallpox case or outbreak. Routine smallpox vaccinations in the U.S. stopped in 1972.

PATIENT FACT SHEET: DOXYCYCLINE

Doxycycline 100-mg Oral Tablet - Doxycycline Oral Suspension

TAKE THIS MEDICINE AS PRESCRIBED.
Doxycycline belongs to a class of drugs called tetracycline antibiotics. It is approved by the Food and Drug Administration (FDA) to treat and protect people who have been exposed to anthrax spores.

HOW TO TAKE DOXYCYCLINE
ADULTS: Take 1 tablet every 12 hours as directed.

SIDE EFFECTS
Common side effects of doxycycline include an upset stomach, vomiting, or diarrhea. If you have problems with any of these symptoms, tell your doctor. Less common side effects include dark urine, yellowing of the eyes or skin, sore throat, fever, unusual bleeding or bruising, fatigue, white patches in the mouth. If any of these symptoms occur, call your doctor right away.

ALLERGIC REACTIONS ARE RARE.
Signs of an allergic reaction are rash, itching, swelling of the tongue, hands or feet, fever, and trouble breathing. If any of these symptoms occur, call you doctor right away.

SPECIAL NOTE FOR PREGNANT WOMEN: There is little data about side effects from the use of this drug during pregnancy. If the mother of an unborn baby takes doxycycline, staining of baby teeth or poor bone development can result. There is a remote chance of severe liver disease in some pregnant women.

PRECAUTIONS
Be sure to tell the doctor if you are allergic to any medicine.
It is very important to tell the doctor the names of ALL medicines that you are currently taking even pills bought at the store such as vitamins and antacids.
Doxycycline can make skin very sensitive to the sun which increases the chance of getting severe sunburn. Avoid the sun as much as possible. When outside, wear a long sleeve shirt and hat and always apply sunscreen (30 SPF).
Birth control pills may not work as well when taking this medication. Be sure to use condoms or another form of birth control until you are finished the entire course of treatment. If you are pregnant or breastfeeding, tell your doctor.
In women, doxycycline can cause vaginal itching and discharge commonly known as a yeast infection. Tell your doctor if this happens.
Tell the doctor if you have ever had problems with your liver or kidneys, or if you have frequent heartburn.

PATIENT FACT SHEET: CIPROFLOXACIN

Ciprofloxacin 500-mg Oral Tablet - Ciprofloxacin Oral Suspension

TAKE THIS MEDICINE AS PRESCRIBED.
Ciprofloxacin, commonly known as cipro, belongs to a class of drugs called quinolone antibiotics. It has been approved by the Food and Drug Administration (FDA) to treat and protect people who have been exposed to anthrax spores.

HOW TO TAKE CIPRO
ADULTS: Take 1 tablet every 12 hours as directed.

SIDE EFFECTS
Common side effects of cipro include an upset stomach, vomiting, diarrhea, fatigue, dizziness, or headache.
If you have problems with any of these symptoms, tell your doctor. Less common side effects include pain in arms or legs, changes in vision, restlessness, ringing in the ears, or mental changes. If any of these symptoms occur, call your doctor right away.
Severe allergic reactions are very rare. Signs of an allergic reaction include rash, itching, swelling of the tongue, hands or feet, fever, or trouble breathing. If any of these symptoms occur, call your doctor right away.

SPECIAL NOTE FOR CHILDREN: This medicine may cause joint problems in infants and children under 18 years of age. If your child has any joint pain while he/she is taking cipro, tell your doctor.

PRECAUTIONS
Be sure to tell the doctor if you are allergic to any medicine, It is very important to tell your doctor about ALL of the medicine you are currently taking even pills that were bought at the store such as vitamins and antacids. Tell the doctor if you have ever had a seizure, stroke, or problems with your kidneys, joints or tendons, liver, or vision. Report any history of unusual bleeding or bruising. If this drug makes you dizzy, use caution driving or doing tasks that require you to be alert. Avoid alcohol in this case as it will make the dizziness worse. Cipro can make skin very sensitive to the sun which increases the chance of getting severe sunburn. Avoid the sun as much as possible. When outside, wear a long sleeve shirt and hat and always apply sunscreen (30 SPF) In women, cipro can cause vaginal itching and discharge commonly known as a yeast infection. Tell your doctor if this happens. If you are pregnant or breastfeeding, tell your doctor. Safety of taking cipro during pregnancy is unknown. If you are pregnant or could become pregnant, tell your doctor. Also, if you are breastfeeding, tell your doctor. Cipro can increase the effects of caffeine and theophylline (a medicine).

ANNEX 1.26

DISASTER MEDICAL PERSONNEL SYSTEM (DEMPS)

1. PURPOSE

This Standard Operating Procedure is to describe the Disaster Emergency Medical Personnel System (DEMPS) program within VA Caribbean Healthcare System (VACHS). It will outline volunteer recruiting methods and procedures to be implemented when asked to support the federal deployment of healthcare personnel following a national, catastrophic disaster. These procedures will also be used for deployment of support personnel within VISN 8 Network, or to another Network/VISN, following an adverse event or emergency.

2. BACKGROUND

In order to provide sufficient healthcare personnel to respond to Network/VISN or national disasters, it is necessary to develop and maintain a nationwide VHA database of available specialized skilled personnel. VHA Handbook 0320.3, dated June 26, 2008, outline policy and basic instructions for implementing and maintaining DEMPS. VACHS will establish DEMPS, maintain a volunteer database, and sustain a recruiting system for soliciting volunteers into the system.

3. RESPONSIBILITY

VACHS will establish and maintain a process for determining personnel available to support VHA and Network DEMPS deployment requests. The following management and staff members of VACHS will:

a. **Director:** Appoint a primary and alternate DEMPS Coordinator, maintain approval authority for personnel to participate in DEMPS, and will assist the Network Director in selecting volunteers for deployments. It is recommended that DEMPS Coordinators be assigned to Human Resources Management (HRM) staff. Implement the DEMPS process, secure and coordinate the appropriate healthcare medical volunteers requested for deployment and maintain a viable DEMPS system.

b. **Emergency Manager:** Serve as the primary and appoint an alternate facility DEMPS Coordinator, maintain the currency of DEMPS volunteer information entered in the DEMPS intranet-based database. Assist the Network AEM with submitting a quarterly summary report of the number of DEMPS volunteers and recruitment activities.

c. **Facility DEMPS Coordinators:** Maintain the currency of DEMPS volunteer information entered in the DEMPS intranet-based database and facilitate facility recruitment and promotion activities, e.g., during new employee orientation, staff meetings, health fairs, distributing information brochures and the VA medical facility Director's town hall meetings. Submit a quarterly summary report of the number of DEMPS volunteers and recruitment activities. Develops and maintain a written VA

medical facility-level DEMPS plan for the recruitment, training, exercise, activation, mobilization, deployment, demobilization, and evaluation input to AARs and IPs for local level DEMPS Program. The plan must address the support of local and national requirements in major emergencies. This plan will be reviewed annually by the VA medical facility's Emergency Management Committee with findings from this review, exercises or real incidents will be incorporated into an IP.

d. **VHA OEM Area Emergency Manager:** Assists and serves as a backup the Facility Emergency Manager overseeing and maintaining the DEMPS database, ensuring appropriate training is provided to Network and Facility personnel, and assist in the recruitment of volunteers. Submit a quarterly report to the VISN Director outlining the number of VISN DEMPS volunteers per facility and DEMPS activities. The VISN Emergency Manager, AEM will advise the VISN Director, Facility Directors, and volunteers following a request for DEMPS volunteer deployment.

e. **Human Resource Management:** Ensures information about VHA Retiree Emergency Reserve Corps (ERC) program is provided to retiring personnel during the retirement counseling phase and/or at time of separation. Ensures retiring VHA personnel make contact with the DEMPS Coordinator for additional DEMPS program information. Processes retired personnel who are approved for deployment or backfill as re-employed annuitants in accordance with applicable policies and regulations. Notifies DEMPS Coordinators when DEMPS volunteers separate from the facility.

f. **Veterans Affairs Voluntary Service:** Ensure that volunteers for the Emergency Reserve Corps (ERC)/DEMPS program are officially enrolled in Voluntary Service. Ensures ERC volunteers are aware of VHA mandatory training and annual mandatory training requirements for retirees are offered. Maintains all ERC training records. Ensuring communication with DEMPS Coordinators on all ERC-related issues. Ensures Credentials office have updated VETPRO Info.

g. **VA Medical Facility Supervisor:** Approves the requests for DEMPS enrollment and from the VA medical facility DEMPS Coordinator for deployment of staff for each mission. NOTE: The Under Secretary for Health, VISN Director or VA medical facility Director may change the approval decision.

h. **Employee Health:** Ensures initial volunteer participation into the program by performing a review of his/her recent physical examination, including an immunization update, as required based on anticipated conditions of previous and/or recent deployment environment. Screens volunteers for physical requirements based on functional requirements of the job to be performed, with the understanding that the volunteer must be able to function, operate and work in a safe manner and be physically capable of performing all required duties in a potentially austere environment. Collaborates with the VA medical facility DEMPS Coordinator to ensure the quarterly review of the information in the DMS database for accuracy is completed by the following dates: April 1, July 1, October 1 and January 1. NOTE: Virtually deployed personnel are not required to have EOH exams or medical clearance.

i. **Facility Travel Clerk:** Coordinates travel arrangements for deployed personnel. Pre- establish procedures to process travel orders and cash advances within 24 hours for any volunteers who may be assigned and deployed to include weekends and Holidays. Establishing a system to have Travel Clerks and Agent Cashiers on call over the weekend and Holidays. Depending on assignment the volunteer may need up to a 14-day cash advance of per diem & miscellaneous amounts. Ensures Approving Official sign all travel orders. Coordinates with the local Facility Point of Contact for authorization of overtime to process the travel orders and cash advance for each employee who is to be deployed.

j. **Facility Timekeeper:** Ensures timekeeping records are certified to reflect deployed personnel's duty hours and amended, as necessary. to reflect overtime, actual time worked, etc. It is VHA policy that, for internal deployments, the sending VA medical facility is responsible for base salaries of deployed staff and the receiving VA medical facility is responsible for reimbursing the sending facilities for overtime and travel expenses.

k. **Telehealth (Telemedicine):** Telehealth (telemedicine) may be implemented to support clinical health care, patient and professional health-related education, public health, or health administration at a distance. Telehealth modalities may be used to deliver care when personnel are deployed virtually through DEMPS.

l. **VA Disaster Emergency Medical Personnel System Personnel:** Full-time VA employees who may volunteer for DEMPS are responsible for completing the qualification requirements and subsequently submitting an electronic application to the VA medical facility supervisor for approval. Coordinates with and receives approval from their supervisor prior deployment. Finally, will provide post-deployment written feedback to the VA medical facility DEMPS Coordinator and VHA DPM.

4. PROCEDURES

The following information will outline methods for recruiting volunteers, maintaining the volunteer database, and the process to identify volunteers available to deploy to areas of national or Network disasters. Annex 1 depicts the deployment sequence and the approval process.

a. **Database Management:** The DEMPS Coordinators, VISN Emergency Manager and AEM will maintain the intranet based DEMPS Database, entering each volunteer's information as they are recruited and deleting those volunteers who can no longer participate in the program. Facility DEMPS Coordinators will review the database quarterly and ensure that the volunteers in the database are still employed by the VA and at their facility.

b. **Volunteer Identification Process:** Due to the urgency of an emergency response, facilities will ensure that these procedures can be implemented during weekends, holiday, and evening/night tours of duty, as well as weekday administrative hours.

(1) Internal Network Response:

(a) In the event an emergency or other event adversely affecting patients care operations at a facility within the Network, the impacted Facility Director may request emergency support personnel assistance from the VISN Director. The affected Facility Director will inform the VISN Director of the nature of incident and the type of assistance required.

(b) The Network Director will notify the unaffected Facility Directors of the request. The Facility Directors and appropriate management staff will determine if their facility can temporarily release staff members without having a negative impact on current patient care activities. When it is determined that the facility can support a VISN DEMPS request, volunteers matching the criteria will be contacted to determine their availability to support deployment. If the DEMPS roster does not contain qualified personnel, or if qualified DEMPS volunteers are not available for deployment, the Facility Director may elect to open the request to other VA personnel meeting the required qualifications.

(c) If adequate emergency personnel support is not available within the VISN, the Network Director may contact the Chief Network Office and the Chief Consultant/VHA OEM to request inter-VISN support.

(2) Federal Response:

(a) The Chief Consultant, VHA Office of Emergency Management (VHA OEM) is responsible for coordinating response activity when VHA is tasked to provide assistance following a presidentially declared disaster. The Chief Consultant/VHA OEM will coordinate with the Chief Network Officer to notify VISN Directors. The request for personnel will generally specify professional background or other skill requirements.

(b) The VISN Director will inform the VISN Emergency Manager, Area Emergency Managers and Facility Directors of the request. The Facility Director and appropriate management staff will determine if their facility can temporarily release staff members without having a negative impact on current patient care activities. The facility DEMPS Coordinator will take the lead in identifying potential volunteers. When it is determined that the facility can support a DEMPS request, volunteers matching the criteria will be contacted to determine their availability to support deployment. If the DEMPS roster does not contain qualified personnel, or if qualified DEMPS volunteers are not available for deployment, the Facility Director may elect to open the request to other VA personnel meeting the required qualifications. The facility DEMPS Coordinator will provide the VISN Emergency Manager, and AEM with the names of personnel approved for deployment and the date they can be released. The AEM will forward this information to the VHA OEM Emergency Operations Center. These procedures will be consistent with suspense times and other reporting instructions provided by VHA OEM.

(3) Inter-Network Responses:

(a) The VISN may receive requests for volunteers to fill inter-Network/VISN needs directly from 10N or through the coordination with VHA OEM.

(b) Process for filling requests from 10N will follow the same process as that described to addressing requests under the National Response Plan; see 4.B.2) above.

5. PERSONNEL DEPLOYMENT

a. Facility DEMPS Coordinator will follow the approval process as outlined in Annex 1 to this Annex. In addition, the facility DEMPS Coordinator will input data (listed below) regarding the deployment in a spreadsheet format; format to be provided at time of request.

b. Volunteer name	Date available to deploy
Position	Arrival date/time
Specialty	Airline/flight
#Facility	Departure date/time
Work phone	Timekeeper name
Home phone	Timekeeper phone
Cell phone	Timekeeper fax

c. **VISN Emergency Manager and Area Emergency Manager:** will provide deploying DEMPS volunteers with as much situation information as is available, e.g., duty location, personal supplies, equipment needs, on-site POC, etc.

d. **Travel Clerk** will coordinate travel arrangements for deployed personnel and submit itinerary to the facility DEMPS Coordinator.

e. **Timekeepers** will ensure arrangements are in place for accurate reporting of assigned duty hours.

6. POST-DEPLOYMENT

a. DEMPS volunteers will notify the DEMPS Coordinator when they return from deployment.

(1) If not accomplished prior to the volunteer's return, the DEMPS Coordinators will assist in scheduling critical incident stress management (CISM) debriefing for the volunteer. CISM services should be provided by an appropriately trained mental health professional at the individual's home facility or will be made available through timely coordination with another VISN facility in close proximity to the volunteer.

b. **The DEMPS Coordinator** will facilitate the collection of any post-deployment survey given to the volunteer and submit this survey to the VISN Emergency Manager and AEM or as instructed on the survey.

7. REFERENCES

a. VHA Handbook 0320.03 Disaster Emergency Medical Personnel Systems, March 26, 2008.

DEPLOYMENT SEQUENCE

Request for volunteers received.

AEM verifies request & actions with VISN 8 EM or designee.

DEMPS Coordinators takes lead on locating volunteers:
- DEMPS database as initial search
- Confirms availability with supervisor and facility

DEMPS Coord. develops a volunteer spreadsheet & submits names to VISN EM and AEM.

AEM submits volunteer data to requesting office with copy to VISN 8 Director, VACHS Director, and VACHS DEMPS Coord.

Requesting office selects volunteers & notifies Network EM and AEM.

Network EM and/or AEM contacts selected volunteer to activate. Network EM and/or AEM notifies DEMPS coordinator of employee activation to assist with travel coordination.

Volunteer deploys

VISN EM and/or AEM sends e-mail list of volunteer status to:
- VISN 8 Director
- VACHS Director
- VACHS DEMPS Coordinator

APPROVAL PROCESS

DEMPS Coord. review volunteer for appropriateness of assignment: e.g. qualifications, known physical limitations, other factors that may negatively

Employee contacted by DEMPS Coord.

Employee seeks supervisor approval

DEMPS Coord. seeks VACHS Director approval

DEMPS Coord. adds name to volunteer spreadsheet & submits same to VISN EM and AEM.

ANNEX 1.27

RESPONSE TO A CATASTROPHIC INCIDENT

1. INTRODUCTION

This Emergency Operations Plan (EOP) describes overall strategy for operating services in the VA Caribbean Healthcare System (VACHS) facilities during a catastrophic incident. This catastrophic incident (CI) EOP identifies "key activities", challenges and limitations in the decision making process for the leadership who will activate the Incident Management Teams (IMT) at Veterans Affairs Central Office (VACO), with the support of Office of Operations, Security, and Preparedness, the Deputy Under Secretary for Health for Operations and Management (DUSHOM) (10N), VA Integrated Operations Center (VAOIC), VHA Office of Emergency Management and Veterans Integrated Service Network (VISN) 8. The crisis management of the emergency will be guided by the National Incident Management System (NIMS) principles.

2. PURPOSE

To guide the VACHS leaders on how should respond and recover from a catastrophic incident, defined as a Category 4/5 hurricane, a major earthquake measuring 7.0 or above in the Richter Scale or by the effects of a Tsunami affecting any part of the coastal areas or islands where facilities of VACHS are (PR and the US Virgin Islands (USVI).

3. RESPONSIBIITIES

a. The priority of the VACHS Director (or Successor) is to provide a safe environment for patients, visitors, and employees.

b. Life safety and continuity of patient care activities will take precedence over other responsibilities.

c. Any employee may take actions necessary to safeguard human life and to help VACHS mitigate, prepare, respond to, recover from, and restore essential services in the aftermath of a catastrophic Incident.

d. When the Director (or Successor) implements this EOP, he or she will notify the Network Director.

e. The Director (or Successor) will continue in charge of emergency operations at the VACHS and will establish an Incident Management Team (IMT) structure that is consistent with the community agencies and those facilities at the VISN 8. The overall goal is to provide continuity of patient care operations. The objectives that support this process include:

(1) Providing maximum safety for patients, visitors, and staff.

(2) Protecting the environment, property, facilities, equipment, and vital records.

(3) Maintaining the integrity of the chain of command.

(4) Having a clearly defined Incident Management Team structure.

(5) Restoring and maintaining all services as quickly as possible following an emergency or disaster.

4. SCOPE

Normal or routine functions not affected by the emergency are outside the scope of this EOP. Those day-to-day functions not directly related to an emergency response may be suspended for the duration of the incident, as determined by the Director (or Successor).

5. PROCEDURES

a. **Situation.** A catastrophic situation is any event that threatens to affect continuity of patient care and/or safety of patients, visitors, and employees. It begins upon recognition or notification that a threat exists; continues while all activities are underway to assess, control and correct on-going adverse or negative effects; and ends when determined by the Director (or Successor).

b. **Concept of Operations.** If a warning or notification is received that a situation threatens to disrupt continuity of patient care and/or poses a risk to patients, visitors and staff, the Director (or Successor) will take the necessary action(s) to assess, organize, mobilize and deploy the organization resources needed to protect patients, visitors, employees, resources and property based upon the threat. Some or all of the following activities may be necessary:

(1) Phase 1- Timeframe: 0-24 Hours:

(a) Actions:

1. VA Caribbean Healthcare System (VACHS) IMT must:

a. If allowed initiate pre-impact preparations.

b. Verify that a threatening situation exists.

c. Alert and notification of VA key staff and:

(1) Executive Team, Service Chiefs, and additional personnel not on shift duties.

d. Contact the Federal, State and Local authorities and partners (Police, Fire, Health, FEMA, HHS, DOD)

e. Send a Heeds up message to VISN 8 follow by Issue Brief (IB).

f. Activate the Hospital Incident Command System (HICS)

g. Initiate the Continuity of Operations Plan (COOP).

h. Conduct rapid structural and hazardous material assessment of facilities.

i. Increase the security

j. Order patient rescue operations and evacuations.

k. Increase morgue capacity.

l. Issuance of an internal warning message and instructions to employees, the patients, and their families

m. Conduct initial facility assessments of needs including need for, additional staffing resources, medical materiel and equipment, status of life –sustaining services and systems like utilities, communications, sheltering in place, food, and water systems

n. Discontinue routine operations and reduce visiting hours.

o. Establish labor pool and credentialing of medical teams and other essential personnel including volunteers

p. Establish mobile medical operations

q. Establish a logistics area

r. Initiate the transition to recovery operations

s. Demobilize unnecessary resources.

t. Conduct an incident After Action Review (AAR)

u. Create an improvement plan from recommended corrective actions.

2. VHAOEM will alert:

a. the VHA Emergency Management Group (EMG)

b. VHA OEM Programs Cadre

c. Verify possible mission assignments from Emergency Support Functions:

(1) #3 Public Works and Engineering

(2) #5 Emergency management

(3) #6 Mass Care, Emergency Assistance, Housing, and Human Services

(4) #7 Logistics Management and Resources Support

(5) #8 Public Health and medical Services

(6) # 13 Public Safety and Security

(7) # 15 External Affairs

3. VISN 8 will:

a. Activate VISN 8 Network Emergency Management Center (NEMC)

b. Update Emergency Resources Inventory

c. VISN 8 will forward the information to VHA OEM, DUHOM and through VAIOC

d. Request assistance from VISN 8 facilities.

c. **Organization.** In the Catastrophic EOP, operating services have been grouped together under the Hospital Incident Command System's functional areas to facilitate the management, coordination and accomplishment of key activities that may be required:

HICS Functional Area	Lead Operating Service	Remarks
Command Staff	Director, Safety, EM,PAO, AEM	Deputy & Chief of Staff
Planning	HAS Chief	
Operations	Nursing Chief	
Continuity	Associate Director Assistant	
Healthcare Services	Chief of Medicine	
Protection & Security	Police	
Logistics	Logistics & Acquisition	
Finance	Fiscal	

6. EXPECTED IMPACT ON MISSION CRITICAL SYSTEMS.

The impact of a Hurricane Category 4 or 5, a major earthquake and Tsunami will be different catastrophic scenarios to our facilities. For the VACHS Medical Center at San Juan which is located in a high and secure area for tsunamis it will be a low-risk event but some clinics like: Guayama, Arecibo, Vieques and all USVI Clinics, are in vulnerable areas for tsunamis according with FEMA Assessment. Other Clinics sites that are less vulnerable for tsunamis but in risk of other incidents are: Ponce, Mayaguez Guayama, Utuado, Comerio and Ceiba. A catastrophic incident may negatively impact all mission critical systems:

a. Municipal utilities, including electrical power, water, and communications (All clinics).

b. Medical Center normal and emergency electrical power distribution systems. (All Facilities).

c. Medical Center water distribution (potable and non-potable).

d. Sanitary sewer and storm drainage systems (All Facilities).

e. Natural gas supply and distribution system (Laboratory).

f. Steam generation and distribution systems (impacting heating, cooling, cooking, and sterilization capabilities).

g. Medical gas (air, oxygen, nitrous oxide) and vacuum systems (Medical Center).

h. Diagnostic and therapeutic medical equipment (Medical Center).

i. Fire detection and suppression systems (All Facilities).

j. Voice and data communications (e.g., electronic patient records and images, cellular phones, telephones, and paging systems) (All Facilities).

k. Heating, ventilating and air conditioning systems (All Facilities).

l. Vertical and horizontal transport systems (elevators, pneumatic tubes). (Medical Center).

m. Refrigeration systems (e.g., blood bank, nutrition, laboratory, morgue, and research). (Medical Center).

n. Liquid fuel systems (e.g., propane, diesel, gasoline) (All Facilities).

o. Access such as roadways and bridges. (All Facilities).

p. Waste handling and disposal services (regular and bio-hazardous). (All Facilities).

q. Secondary water or fire damage.

r. Mental health, behavioral, and resilience issues in employees, patients, and their families

s. Evacuation of Spinal Cord and Critical (Intensive Care: Dialysis, Cardiac, Surgical), patient to VHA Facilities at United States by air transportation must be perform immediately (24 hours).

7. RECOVERY STRATEGIES AND RESOURCE ISSUES.

Stabilization is expected within the first 96 hours of the incident. After that period, the VA Medical Center will initiate a transition to recovery activities. During this period, the leadership will begin formulating and implementing strategic plans for recovery. It will be the first opportunity for leadership to address issues beyond first response. While it is difficult to identify every need, the following have been identified as key:

a. **Evaluate damaged equipment.** - The first stages of the recovery phase include the recalibration, repair, or replacement of damaged equipment and utilities.

b. **Medical equipment.** - Certain fixed and portable medical equipment is extremely sensitive and should be inspected for damage and function before use on a patient. Some require calibration or alignment to exacting standards. (Refer to Medical Equipment Management Program requirements.) Examples include:

(1) Nuclear Medicine (e.g., crystals, scanners).

(2) Radiographic and fluoroscopic equipment.

(3) Diagnostic ultrasound equipment.

(4) Laboratory equipment (e.g., blood gas or blood chemistry analyzers).

(5) Research equipment (e.g., electron microscope, gas chromatograph).

(6) Radiation oncology equipment.

(7) Lasers.

(8) Microscopes.

(9) Dialyses machines and re-use systems.

(10) Operating Room and ICU equipment.

c. **Non-medical equipment.** - Certain non-medical equipment also should be inspected for damage and function before use. Examples include:

(1) Fume hoods (biohazard and chemical).

(2) Lifts (e.g., fixed patient lift systems, loading dock, auto shop).

d. **Utility equipment.** - Certain building service equipment should be checked for damage and function. Examples include:

(1) Valves.

(2) Air handlers.

(3) Compressors.

(4) Pumps.

(5) Condensers.

(6) Transformers.

(7) Automatic transfer switches.

(8) High-capacity circuit breakers.

e. Seek assistance from experts

f. Use and maintain drawings.

g. **Keep staff informed.** - The Chief of Staff Officer should designate a team member to be responsible for keeping staff apprised of recovery efforts and future disposition of the Medical Center through daily/weekly updates.

h. **Provide employee support services.** - Behavioral Health and Social Work Services should arrange for counseling to all staffs who are suffering from stress or other symptoms related to catastrophic incident.

i. Develop post-quake construction projects.

j. **Develop Capital Investment Proposals.** - The Medical Center must submit Capital Investment Proposals in order to obtain funding for disaster recovery construction projects.

8. REFERENCES

a. VHA Emergency Management Guidebook, http://vaww.ceosh.med.va.gov/01HP/Pages/guidebooks.shtml

b. Joint Commission on the Accreditation of Healthcare Organizations, EM Standards, 2018.

c. Department of Homeland Security, National Response Framework: http://www.fema.gov/media-library/assets/documents/32230?id=7371

d. VHA Directive 0320.01 Comprehensive Emergency Management Program (CEMP)

e. VHA Directive 2000-012; Seismic Safety of VA Building.

ANNEX 1.28

FUEL MANAGEMENT PLAN

1. PURPOSE

To establish responsibilities and procedures to be followed for the fuel supply and monitoring of gasoline and diesel fuel to the Department of Veterans Affairs (VA), VA Caribbean Healthcare System (VACHS). To ensure sufficient storage and avoid supply disruptions during normal and emergency hospital operations.

2. POLICY

The following establishes the program procedures governing the fuel storage capabilities in the San Juan Medical Center, Ponce and Mayaguez Outpatient clinics; Community Based Outpatient Clinics that includes Ceiba, Arecibo, Comerio, Guayama, St. Thomas and St. Croix; Rural Clinics in Vieques and Utuado; and Carolina Warehouse.

3. RESPONSIBILITIES

a. **The Director** is responsible for ensuring that all provisions of this policy are followed throughout the VA Caribbean Healthcare System and that utilities are monitor continuously and effectively.

b. **The Chief, Facility Management Service or designee** is responsible for:

(1) Establishing and maintaining a comprehensive management program, including inspection and maintenance, of the diesel and gasoline fuel storage system of the facilities.

(2) Ordering diesel and gasoline fuel to the VACHS facilities and ensuring fuels levels are maintained at the pre-established storage capacity.

(3) Collecting and maintaining utilities data reports for VACHS San Juan Medical Center and the Clinics.

(4) Preparing a comprehensive VACHS Utilities Capacity Report to the Associate Director (AD) and to Incident Command System.

(5) Budgeting for procurement of diesel and gasoline fuel for the next programmatic fiscal year.

(6) Ensuring fuel handling training is provided to all designee/required employees.

c. **Facility Management Fuel Handlers** are responsible for:

(1) Performing periodic operator maintenance (daily, weekly, monthly, and annual requirements).

(2) Preparing deficiency reports of all mechanical problems and environmental concerns (e.g., fuel spills) to the VACHS Fuel Manager.

(3) Escorting fuel delivery vehicles on and off the installation and conducts all required tank gauging (fuel levels) to include gauging before and after fuel deliveries.

(4) Notifying the Fuel Manager or designee of any fuel request to ensure that the pre-established storage capacity is maintained.

d. **VACHS Fuel Manager** is responsible for

(1) Maintaining oversight of fuel management operations at VACHS facilities.

(2) Ensuring that fuel requests are processed and issued for VACHS.

(3) Establishing and maintaining training requirements and assisting in scheduling annual training sessions for fuel handlers.

(4) Be the primary point of contact (POC) for all fuel related issues within VACHS.

(5) Ensuring receipts, bulk fuel request, diesel fuel analysis and invoices are reported into the Defense Logical Agency (DLA) Fuel Automated Management System or Wide Area Workflow (WAWF) for invoice acceptance.

(6) Ensuring receipts, diesel fuel sulfur analysis and related invoices records are properly maintained.

e. **The Network Contracting Office (NCO) VISN 8, Lease Contracting Officer (CO), Contract Officer Representative (COR)** are responsible for:

(1) Prepare and negotiate SLA Agreements with Lessors and incorporate diesel fuel expenses to Lessor Operational Cost.

4. VACHS FUEL STORAGE INVENTORY

The VACHS operates the following fuel storage facilities to sustain critical hospital operations such as emergency power generators, steam/boiler plant and emergency fuel supply to government vehicle fleet. Refer to Annex A for list of fuel storage facilities.

a. **San Juan:** Has sufficient capabilities to sustain operations for at least ten (10) days of: emergency power generation, steam plant operation, and government vehicle fleet fuel supply. These include the following storage capacity:

(1) Total of nine (9) underground storage tanks (USTs) for diesel fuel storage with an effective storage capacity of 163,200 gallons.

(2) Total of five (7) aboveground storage tanks of diesel fuel with total capacity of 6,450 gallons and total effective capacity of 5,886 gallons.

(3) Fuel dispensing facilities (Pumping Station): One (1) aboveground storage tank of 10,000 gallons for gasoline fuel and one (1) aboveground storage tank of 10,000 for diesel fuel. Each tank has an effective storage capacity of 9,000 gallons. This facility is designated as emergency fuel storage if during emergency gasoline stations are not accessible or available.

b. **Outpatient Clinics (OPC):** Fuel requirement operations to sustain emergency power generator.

(1) Ponce Outpatient Clinic (POPC): Two (2) aboveground storage tanks for diesel fuel with an effective capacity of 1,100 gallons.

(2) Mayaguez Outpatient Clinic (MOPC): One underground storage tank for diesel fuel with an effective capacity of 9,000 gallons.

c. **Community Based Outpatient Clinic (CBOC) and Rural Community Clinics:** Fuel requirement operations to sustain emergency power generator.

(1) Arecibo (Temporary Clinic): One (1) aboveground storage tank of diesel fuel with an effective capacity of 900 gallons.

(2) Ceiba CBOC: One (1) aboveground storage tank of diesel fuel with an effective capacity of 400 gallons.

(3) St. Croix CBOC: Two (2) aboveground storage tanks of diesel fuel with an effective capacity of 580 gallons.

(4) Guayama CBOC: One (1) aboveground storage tank of diesel fuel with an effective capacity of 900 gallons.

(5) Utuado Rural Community Clinic: One (1) aboveground storage tank of diesel fuel with an effective of 180 gallons.

d. **Lease Facilities:** The following lease facilities have the responsibility to fuel supply their emergency generators.

(1) Comerio, Guayama, St. Thomas and Utuado and Vieques.

5. FUEL MONITORING

a. The VACHS Operations Control Center (OCC) will monitor daily gasoline and diesel fuel levels at VACHS San Juan through mechanical and Automatic Tank Gauging (ATG)

Monitoring Systems (Inform/Veeder Root Consoles). All VACHS Bulk Storage Tanks (>10,000 gallons) including aboveground and underground storage tanks are monitored by ATG system. Calibrated and readily available readings are accessible 24 hours-7days/week through the ATG system. In the event of the ATG malfunction or failure, manual dip readings must be taken and recorded.

b. OCC will complete VACHS Simplified Utilities Report every Friday and forward this report to Facility Management Service and to VACHS Emergency Management Office. The OCC will notify to FMS Fuel Manager of any fuel requirement below the 90% storage capacity during day-to-day hospital operations, after any emergency/programmed shutdown and after power failure or outages which resulted in fuel consumption. FMS Environmental Regulatory Section (ERS) validate readings and issue fuel requests as needed. Any operating-storage discrepancies will be evaluated and corrected, if applicable. Refer to Annex B, Simplified Utilities Report.

c. Facility inspections are conducted monthly by a contractor to ensure aboveground and underground storage fuel storage facilities are fully operational and in compliance with environmental regulatory laws and regulations. These inspections monitor bacteria (algae) and water accumulation, fuel degradation and fuel leaks. Additionally, fuel will be analyzed yearly for product quality parameters to ensure compliance with The Joint Commission Standards.

d. FMS Electrical Shop and Preventive Maintenance (PM) Contractors conducts monthly load tests to the VACHS emergency generators to ensure equipment are operating properly. Diesel fuel levels, oil and coolant level amount among other parameters are also monitor and recorded during these tests. FMS Electrical Shop notifies the FMS ERS of fuel needs if levels are below the ¾ fuel tank storage capacity.

e. Lease Facilities: The Contracting Officer shall request that each designated or alternate contract representative be responsible for reporting diesel fuel readings to OCC, for each leased clinic. The following information shall be provided:

(1) Diesel level must be reported in gallons or in percentage (if available). Notify these levels to the OCC at extension 110264.

(2) If fuel levels are under the threshold 90% (effective capability) and the emergency generator and associated fuel storage tanks are Contract-owned, then the CO is responsible to notify to the Lessor to refueling their fuel storage facilities.

(3) The CO must inform to the OCC when Lessor has fill up storage tanks and their respective levels.

f. FMS will prepare a VACHS Utilities Report and utilities dashboard for the Incident Command System (ICS) and Executive Leadership to maintain informed of data status in percentage, days available and metering gauging. This report will include consolidate fuel data from VACHS San Juan, OPC and CBOC and Rural Clinics. This report assists forecasting fuel capacity and availability in days based on actual fuel consumption rates

(per hour, days) and manufacturer's data specifications. Refer to Annex C, VACHS Utilities Report.

6. FUEL REQUEST

a. A fuel request will be placed by the VACHS Fuel Manager or designee to maintain to a maximum of 90% of fuel storage levels through VACHS facilities. Fuel requests to bulk storage tanks (including diesel and gasoline) are placed directly through the Defense Logistics Agency (DLA) nation-wide contract. When product shortages occur, DLA will assist in locating alternate suppliers during the emergency. Fuel orders are submitted through the DLA Enterprise External Business Portal (EEBP) system 4 weeks in advance to ensure that fuel supply deliveries are continuous.

b. **Purchase Credit Card Orders:** A purchase card orders are placed for facilities with storage capacity of 1,000 gallons or less. The DLA contract does not provide fuel for facilities with small storage capacity. A 2237 request form and justification will be prepared for companies that have provided fuel services to VACHS facilities.

c. **Emergency Fuel Supplier:** An emergency Blank Purchase Order (BPA) service contract will be prepared for emergency fuel supply during emergency situations such as product shortage.

7. FUEL DISPENSING FACILITIES

a. The VACHS has a gas station facility with dispensing pumps located at Gate 4 with two (2) 10,000 gallons aboveground storage units one (1) for gasoline and one (1) for diesel fuel. Each tank has an effective storage capacity of 9,000 gallons. This facility is designated as emergency fuel storage if during an emergency event, authorized GSA gasoline stations are not accessible or available.

b. A Fuel Dispensing logbook must be used to record fuel amount, type, vehicle, license plate, pump meter readings (initial and final) and mission. Contact FMS Environmental Regulatory Section or OCC for use of these facilities. An automatic fuel gauging and dispensing system project will be completed for fuel usage and tracking of these facilities. Refer to Annex D, Fuel Dispensing Logbook.

8. FUEL SPILLS

a. All fuel spills must immediately be reported to Facility Management Service (FMS) Environmental Regulatory Section (ERS) at x-110248, 110369, 110197, 110425, or to OCC at x-110264. Spill kits and spill control materials are available at each or near fuel storage units. Refer to Annex E for Fuel Loading and Unloading Procedures Checklist and Annex F Oil & Hazardous Substance Spill Report.

9. ANNEX

a. VACHS Fuel Storage Facilities Inventory

b. Simplified Utilities Report

c. VACHS Utilities Report

d. Fuel Dispensing Logbook

e. Diesel Fuel Loading and Unloading Procedures Checklist

f. Oil & Hazardous Substances Spill Report

g. Point of Contact List

READINES

FUEL MANAGEMENT OPERATIONS
EMERGENCY OPERATIONS

This document has been prepared by the Chief, Facility Management Service (FMS). It is a support plan to the functional procedures set out in the VA Caribbean Healthcare System (VACHS) Comprehensive Emergency Management Plan (CEMP).

The plan provides:

- Emergency procedures to address fuel disruptions, shortages and fuel distribution to sustain critical VACHS facilities including, but not limited to: VA San Juan Medical Center, Outpatients Clinics in Mayaguez and Ponce; Community Out Based Clinics in Arecibo, Ceiba, Comerio, Guayama, Utuado, St. Croix and St. Thomas and Rural Clinics in Utuado and Vieques.

- Potential emergency scenarios such as Hurricanes, Flooding, and Strikes, Power Outages, and National Fuel Shortages. Readiness for Earthquakes and tsunamis are limited to preparedness and adequate planning due to the unpredictable nature of the event. However, recovery efforts will be essential to ensure rapid response and re-establishment of hospital operations to the extent possible. Response procedures to all these scenarios are included.

- Readiness planning framework for fuel management operations during emergency situations.

FUEL PROTOCOL: ❶

Purpose: To provide (1) a readiness planning framework between VACHS, fuel distributors, and (2) fuel supply prioritization to VACHS critical customers.

HURRICANES/ TROPICAL STORMS

Prior to event (72 hours)	Initial
1. Conduct inventory of fuel supply and their storage facilities: VACHS San Juan Medical Center and Satellite Clinics: • Send Emergency Readiness email/phone requesting status of fuel capacities to Network Contracting Office (NCO) VISN 8, Lease Contracting Officer. If NCO is not available, proceed to contact each Clinic/facility to obtain fuel levels. • Ensure Emergency Readiness report is received within 4 hours of the request.	
2. Deploy FMS employees/contractors to ensure generators and fuel storage tanks are secured and properly operating. Report Operational Status to the FMS Command Post.	
3. Evaluate fuel demand forecasts based on Utilities Capabilities Report.	
4. Report Utilities Capabilities Report to FMS Command Post and to Incident Command System (ICS), as required.	
5. Place Department of Logistic Agency (DLA) fuel requests for 14,000 gallons/day for VACHS San Juan Medical Center. Email these requests to DLA Fuel Coordinator to ensure requests were informed, if communications failed after the event.	
6. Contact fuel vendors and provide purchase orders with estimated fuel volumes needs.	
7. Coordinate with Contracting Officers Representatives (CORs)/or designee to receive fuel delivery: • Send Fuel Delivery Notification email with the fuel supplier (vendor) and fuel amounts. • Ensure fuel service receipts are signed and final fuel levels are reported to the FMS Command Post.	
8. Evaluate fuel storage facilities and auxiliary fuel dispensing equipment & supplies • Conduct inventory Heavy-Duty vehicle fleet, portable storage tanks • Evaluate operation of fuel dispending portable equipment, procure additional equipment if needed. Report status equipment to FMS Command Post. • Assembly fuel dispensing equipment kit (portable units, fuel pumps and auxiliary equipment) based on fuel needs and location.	
9. Ensure fuel operations personnel are: • brief on the current situation, • designated to fuel demand locations, if needed. • are equipped with personal protective equipment (PPE).	
10. Evaluate Labor pool needs to deploy additional employees to VACHS Fuel Gas Station fuel dispensing to VACHS employees, if activated.	
11. Update status readiness (deployment) to FMS Command Post and to ICS.	

Prior to event (48 hours)	Initial
1. Ensure fuel storage facilities San Juan and Clinics are full in capacities.	
2. Update Fuel Utilities Capabilities Report.	
3. Report Utilities Capabilities Report to FMS Command Post and to ICS.	
4. Contact Logistics Service for Emergency Funds, if needed.	
5. Contact Lease Contracting Officers Representatives (CORs)/or designee and ensure fuel delivery orders were completed. • Contact fuel supplier (vendor) and request delivery time. • Ensure fuel service receipts are signed and final fuel levels are reported to the FMS Command Post.	
6. Determine activation to establish emergency contract provisions with vendors and ability to transport fuel if re-fueling contractors are not available.	
7. Activate backup fueling plan if fuel suppliers cannot complete delivery within 48 hours.	
8. Ensure fuel operations trained personnel are: • brief on the current situation, • designated to fuel demand locations, if backup fuel plan is activated.	
9. Ensure all fuel tanks from GSA vehicle fleet including designated fuel operations fleet are full in capacity.	
10. Secure fuel operations equipment is stored and ready for assembly. Ensure assigned fuel personnel have access these storage areas including Fuel HAZMAT Storage located next to the laundry entrance.	
11. Review fuel delivery transportation routes with assigned personnel.	
12. Determine fuel needs and resources if additional equipment such as emergency generators, or Dual Use Vehicle (DUV), Mobile Medical Unit (MMUs), portable storage tanks will be deployed as part of the ICS Recovery Plan.	
13. Prepare a list of employees assigned to VACHS Fuel Gas Station fuel dispensing operations. These operations include but are not limited to dispensing for internal/external missions and for VACHS Employees, if activated.	
14. Update status readiness (deployment) to FMS Command Post and to ICS.	

Prior to event (24 hours)	Initial
1. Conduct inventory of fuel supply and their storage facilities: VACHS San Juan Medical Center and Satellite Clinics: • Send Emergency Readiness email/phone requesting status of fuel capacities to Network Contracting Office (NCO) VISN 8, Lease Contracting Officer. If NCO is not available, proceed to contact each Clinic/facility to obtain fuel levels. Refer to Annex G for Emergency Readiness Point of Contact List. • Ensure Emergency Readiness report is received within 4 hours of the request.	
2. Ensure fuel monitoring systems (Veeder Root consoles) are in condition to operate properly, if system fails, use manual gauging/reading. Record fuel levels in the Annex B Simplified	

Prior to event (24 hours)	Initial
Utilities Report.	
3. Update Utilities Capabilities Report to FMS Command Post and to ICS.	
4. Ensure fuel vendors are on standby to proceed with fuel delivery schedule for San Juan and satellite clinics after the event. Revise estimated fuel volumes needs.	
5. Ensure designated employees for fuel operations are standby before, during and after the event. Determine rotating shifts to ensure safeguard of employees.	
6. Coordinate with Contracting Officers (CORs)/or designee to receive fuel delivery: • Send Fuel Delivery Notification email with the fuel supplier (vendor) and fuel amounts. • Ensure fuel service receipt is signed and final fuel levels are reported to the FMS Command Post.	
7. Secure assembled fuel dispensing equipment kits (portable units, fuel pumps and auxiliary equipment). Ensure stored equipment and fuel storage facilities are not blocked.	
8. Establish transportation (roads and highway) routes including ferry or vessel (e.g., Vieques and or St. Croix Clinics) based on Hurricane/Storm trajectory and the projected impact area.	
9. Secure all fuel storage facilities (fill ports are sealed, and cover manholes are in-place and locked) to prevent water from entering the tanks and displacing fuel.	
10. Ensure fuel operations trained personnel are: • brief on the current situation, • designated to fuel demand locations, if needed • are equipped with personal protective equipment (PPE)	
11. Relocate and secure spill kits and communicate their location to the FMS Command Post.	
12. Update status readiness (deployment) to FMS Command Post and to ICS.	

After the event (Follow ICS Operational Period)	Initial
1. Evaluate the fuel operations at VACHS San Juan and obtain a status report from Satellite Clinics.	
2. Ensure designated employees for fuel operations are standby after the event. Determine rotating shifts to ensure safeguard of employees.	
3. If power failure occurred during the event, ensure fuel levels are sufficient to sustain facilities operations including satellites clinics.	
4. Update Utilities Capabilities Report to FMS Command Post and to ICS.	
5. Check all equipment including pumps, valves, fill pipes and vent lines for proper operation.	
6. Relocate spill kits back to their designated areas and communicate status to the FMS Command Post.	
7. Inspect any fuel leaks, water and or debris that might have entered the fuel storage tanks. Report any failure or damage to FMS Command Post.	
8. Contact VACHS Underground Storage Tank (UST) Contractor if fuel storage and distribution	

After the event (Follow ICS Operational Period)		Initial
	system were damaged and is malfunctioning.	
9.	Activate backup fueling plan, if fuel suppliers are unable to deliver due to obstruction and damage to their facilities. Establish rotating shifts to ensure safeguard of employees.	
10.	Establish transportation (roads and highway) routes including ferry or vessel (e.g., Vieques and or St. Croix Clinics) based on Hurricane/Storm trajectory and impacted area.	
11.	Designate the amount of supplies and fuel dispensing kits (gallons) to be distributed into the vehicles based on the route, clinic location, and fuel needs.	
12.	If roads and highways are accessible, deploy FMS employees/contractors to ensure generators and fuel storage tanks were not affected by the event, and still secured and properly operating. Report Operational Status to the FMS Command Post.	
13.	Prepare and relocate heavy duty vehicles, forklifts and portable tanks and bulk containers next to the VACHS Fuel Gas Station for fuel dispensing operations.	
14.	Contact DLA Fuel Coordinator and notify hospital operational status and request status on expected daily bulk diesel fuel deliveries to VACHS facilities.	
15.	In the event of fuel shortage, evaluate and prepare a fuel rationing plan to ensure only critical operations are sustained.	
16.	Provide fuel supply to mission support agencies (including but not limited to National Cemetery Administration, American Red Cross and organizations authorized by the ICS.	
17.	Request activation of Memorandum of Understanding (MOU) with DoD for fuel supply and distribution, if deemed necessary. Only activation is authorized by ICS and Emergency Management Office.	
18.	Update status readiness (deployment) to FMS Command Post and to ICS.	

Backup Plan

Activation Backup Plan	**Initial**
1. Evaluate availability of Emergency Management Logistics Support Vehicle (LSV) with 100 gallons pony tank and the portable diesel fuel tank (1,000 gallons) for immediate activation: • Request availability of support vehicles and Transportation Heavy Duty Pick-up for the mobilization and distribution of diesel fuel to VACHS facilities. • Evaluate availability Send Emergency Readiness email/phone requesting status of fuel capacities to Network Contracting Office (NCO) VISN 8, Lease Contracting Officer. If NCO is not available, proceed to contact each Clinic/facility to obtain fuel levels. Refer to Attachment G for Emergency Readiness Point of Contact List. • Ensure Emergency Readiness report is received within 4 hours of the request.	
2. Ensure fuel monitoring systems (Veeder Root consoles) are in condition to operate properly, if system fails, use manual gauging/reading. Record fuel levels in the Attachment B Simplified Utilities Report.	
3. Update Utilities Capabilities Report to FMS Command Post and to ICS.	
4. Ensure fuel vendors are on standby to proceed with fuel delivery schedule for San Juan and satellite clinics after the event. Revise estimated fuel volumes needs.	
5. Ensure designated employees for fuel operations are standby before, during and after the event. Determine rotating shifts to ensure safeguard of employees.	
6. Coordinate with Contracting Officers (CORs)/or designee to receive fuel delivery: • Send Fuel Delivery Notification email with the fuel supplier (vendor) and fuel amounts. • Ensure fuel service receipt is signed and final fuel levels are reported to the FMS Command Post.	
7. Secure assembled fuel dispensing equipment kits (portable units, fuel pumps and auxiliary equipment). Ensure stored equipment and fuel storage facilities are not blocked.	
8. Establish transportation (roads and highway) routes including ferry or vessel (e.g. Vieques and or St. Croix Clinics) based on Hurricane/Storm trajectory and the projected impact area.	
9. Secure all fuel storage facilities (fill ports are sealed, and cover manholes are in-place and locked) to prevent water from entering the tanks and displacing fuel.	
10. Ensure fuel operations trained personnel are: • brief on the current situation, • designated to fuel demand locations, if needed • are equipped with personal protective equipment (PPE)	
11. Relocate and secure spill kits and communicate their location to the FMS Command Post.	

Activation Backup Plan	Initial
12. Update status readiness (deployment) to FMS Command Post and to ICS.	

ANNEX 1.29

DEALING WITH SUSPICIOUS MAIL OR PACKAGE PLAN

1. THINGS TO LOOK FOR WHEN DEALING WITH SUSPICIOUS MAIL OR PACKAGE

a. Suspicious packages might bear restricted endorsements such as "personal" or "private." This is important when the addressee does not normally receive personal mail at the office.

b. The addressee's name and/ title might be inaccurate.

c. Suspicious packages or articles might reflect distorted handwriting, or the name and address might be prepared with homemade labels or cut-and-paste lettering.

d. Suspicious packages or articles might have protruding wires, aluminum foil or oil stains visible, and might emit a peculiar odor.

e. Suspicious packages or articles might have an excessive amount of postage.

f. Letter bombs might feel rigid or appear uneven or lopsided.

g. Suspicious packages or articles might be unprofessionally wrapped with several combinations of tape used to secure the package and might be endorsed "Fragile-Handle with Care" or "Rush-Do Not Delay."

h. Suspicious packages or articles might have an irregular shape, soft spots, or bulges.

i. Suspicious packages or articles might make a buzzing or ticking noise or sloshing sound.

j. Pressure or resistance might be noted when removing contents from an envelope or parcel.

2. IF YOU DISCOVER A SUSPICIOUS PACKAGE OR LETTER AND ARE UNABLE TO VERIFY THE ADDRESSEE OR SENDER

a. If you have any reason to believe a package or article is suspicious, do not take a chance. Immediately contact Police Service 111444

b. Do not move, alter, open, examine or disturb the article.

c. Do not put in water or a confined space such as a desk drawer or filing cabinet.

d. If possible, open windows in the immediate area to assist in venting potentially explosive gasses.

e. Isolate the suspicious package or article and clear the immediate area until the Police arrives.


SUSPICIOUS MAIL OR PACKAGES
Protect yourself, your business, and your mailroom.
If you receive a suspicious letter or package:
• Stop. Don't handle.
• Isolate it immediately.
• Don't open, smell, or taste.
• Activate your emergency plan. Notify a supervisor.
Restrictive markings.
Misspelled words.
Badly typed or written.
Possibly mailed from a foreign country.
Excessive postage.
Sealed with tape.
Unknown powder or suspicious substance.
No return address.
PERSONAL!
CHIEF EXECUTAVE
222 N. HARVIE ST.
DO NOT X RAY TAPE ENCLOSED
Operations Manager
5032 D 1ST
Anapolis, MD
Protruding wires.
Rigid or bulky.
Lopsided or uneven.
Excessive tape.
Incorrect title or addressed to title only.
Oily stains, discolorations, crystallization on wrapper.
Strange odor.

ANNEX 1.30

RECOVERY PLAN

Background

Recovery after a disaster/emergency can be the most prolonged and complex phase of emergency management. Recovery includes the restoration and strengthening of key systems and resources that are critical to the medical facility. Recovery planning should be distinguished from continuity of operations (COOP) planning which seeks to maintain functions during and following an incident through response and mitigation activities. (For additional information regarding COOP, refer to annex 1.15)

1. Planning for recovery is just as essential as planning for response. Some actions may include: to minimize interruptions to the normal operations, to limit the extent of disruption and damage, to establish alternative means of operation in advance and to provide for smooth and rapid restoration of service. The VAHCS Executive Director or Incident Commander (IC) have the authority to establish the objectives, discuss the strategy and order when the recovery plan will start.

2. Concept of Operations Planning Section will brief the IC once the recovery plan gets the assessment and approval of all the members of Incident Management Team (IMT) General Staff.

3. All Chiefs of Services will, within three working hours after "All Clear" has been received, submit a report to the Medical Center Director including the following:

a. Damage caused in their areas of responsibilities.

b. Man-hours worked overtime by their subordinates.

c. A critique of the functioning of the Emergency Operations Plan, with recommendations for improvement, if any. Within one week after the critique, the Mitigation Team will discuss any projects or special actions that can be taken to prevent damage to areas, or to improve the capability of response in future events.

d. Activate Behavioral Mental Health Plan may be necessary.

Post-Disaster Recovery Actions

a. The Incident Management Team (IMT) will be responsible for overseeing hospital recovery operations.

b. Determine essential criteria and processes for incident demobilization and system recovery

c. In case of structural damages to buildings, ensure that a comprehensive structural integrity and safety assessment is performed

d. If evacuation is required, determine the time and resources needed to complete repairs and replacements before the facility can be reopened

e. Organize a team of hospital staff to carry out a post-action hospital inventory assessment; team members should include staff familiar with the location and inventory of equipment and supplies. Consider including equipment vendors to assess the status of sophisticated equipment that may need to be repaired or replaced

f. Provide a post-action report to hospital executive leadership, emergency managers and appropriate stakeholders that includes an incident summary, a response assessment, and an expenses report.

g. Organize professionally conducted debriefing for staff within 24–72 hours after the occurrence of the emergency incident to assist with coping and recovery, provide access to mental health resources and improve work performance.

h. Establish a post-disaster employee recovery assistance programmed according to staff needs, including, for example, counselling and family support services.

i. Show appropriate recognition of the services provided by staff, volunteers, external personnel and donors during disaster response and recovery.

ANNEX 1.31

DEMOBILIZATION PLAN

1. PURPOSE AND AUTHORITY

a. The purpose of this standard operating procedure (SOP) is to establish procedures on demobilization process for VACHS resources, facilities, equipment, supplies and personnel.

b. Planning for the demobilization process will be initiated concurrently with alert, activation, response and mobilization of resources. this process will end once the response concluded, by conducting local level After Actions Report (AAR), Improvement Plans (Ips) and providing specific demobilization guidelines to help facilitate a more organed and expedited return to normal operating conditions.

2. PROCEDURES

a. **The requestor will:**

(1) Ensure that all assets being mobilized have been fully inspected and have received all required safety and preventive maintenance (PM), as applicable. Provide the requesting service with detailed information of safety and maintenance requirements for the deployed assets. This will assist the receiving service in ensuring the safe return of resources to their original location and status.

(2) Complete a https://vaww.va.gov/vaforms/va/pdf/VA134.pdf to document all assets and resources that are being transferred and/or transported to the receiving service.

(3) Maintain financial records of the assets being deployed. This will assist with the facility's reimbursement process.

(4) Ensure that assets are being loaded following all safety and regulatory requirements for transport in public ways.

(5) Create and submit a detailed load plan for all cargo and assets being provided to the requesting service, identify appropriate staff that will travel to the designated location to ensure that assets are transported, deployed, and set-up in accordance with the established specifications.

b. **The requesting service will:**

(1) Initiate on-scene check-in process as soon as assets arrive on scene. This will be accomplished by reviewing and completing the VA Form 134 initiated by the sending service.

(2) Coordinate with the team from sending service to deploy and set-up the mobilized assets at the designated location.

(3) Establish a mechanism to track and monitor the use of all expendables (ex. water, food, fuel, and other one-time-use supplies) and non-expendable assets (ex. generators, tower lights, tent systems, etc.).

c. **Strategies for Managing Resources and Assets**

(1) During the activation of Surge EOP, the VAMC will manages pharmaceutical medical countermeasures by obtain and replenish medications and related supplies that will be required throughout the response and recovery of an emergency, including access to and distribution of caches that may be stockpiled by the hospital (not including All Hazard Emergency Cache (AHEC). VAHCS Logistics Service maintains supplies on site that may be required for an extended emergency lasting up to 96 hours.

(a) The amount, location, and process for obtaining and replenishing medical and pharmaceutical supplies, are established before an event. For the duration of the emergency – including response and recovery phases – the Operations Section Chief and Staging Manager are responsible for monitoring the inventory of supplies, equipment, and with the support of the Resources Manager Leader at Planning Section as well as the Logistics Section Chief. Replenishment from storage areas will occur on an as needed basis.

(b) Resources are requested through HICS Logistics Section using a HICS Form 213. If the resource isn't available in the facility inventory, VISN 8 NEMCC Logistics Chief will be notify of the request of resources, for potential transfer of resources between Network facilities and/or VHA National Stockpile. A SBAR will be forward by the requestor for Incident Commander/VAMC Director's awareness and approval.

(c) The amount and location of current supplies have been evaluated to determine how many hours the facility can sustain before replenishing. This gives the facility a par level on supplies and aids in the projection of sustainability.

(d) Upon activation of the emergency operation plan (EOP), the Operations Section Chief and Staging Manager will coordinate the initial delivery of supplies, equipment, and pharmaceuticals to patient care with the support of the Logistics Section Chief. Prioritization will be given to those areas either immediately affected by the emergency or are likely to be so. Carts containing pre-positioned supplies and equipment will be sent to designated staging areas.

(e) Replenishing those supplies once the par level decreases also include a list of the vendors and contractors that deliver and sell required supplies.

(2) The hospital will share resources and assets with other healthcare organizations outside the community:

(a) Depending on the nature, scope, and duration of the emergency, it may be possible to share resources and assets with other healthcare organizations in the community. These assets and resources include, but are not necessarily limited to:

1. Beds

2. Transportation

3. Ventilators

4. Linen

5. Fuel

6. Personal Protective Equipment

7. Medical Equipment and Supplies

8. Vaccines

(b) Prior to making such assets and resources available, the request from the community must be route to the Logistics Section Chief for review and them with a SBAR forward to the Incident Commander for approval. During a declared emergency and disaster, the agency that request resources to VA should fill a FEMA Form 010-0-7, Resources Request Form (RRF), that will be forward to the State/Territorial Office of Emergency Management for review and approval. After the RRF is forward to Regional FEMA Office for approval, it will be route to HHS Regional Emergency Manager and them the VHA EMCC for tasking The VAMC by having an official Mission Assignment (MA). The VAMC Logistics Section Chief must first confirm that sufficient assets and resources are maintained on-site to meet its own operational requirements. For equipment and supplies, an accurate inventory should be maintained of what was sent to other facilities and when, so that appropriate reimbursement can occur.

(3) The hospital monitors quantities of its resources and assets during an emergency:

(a) It is possible that the nature, scope, and duration of the emergency may preclude outside agencies, vendors, authorities, or other vital entities from assisting the organization in a timely manner. Outside assistance may not be available for up to 96 hours following initiation of the EOP. Upon evaluation of a prolonged event, vendors will be contacted for delivery and supply availability. Vendor's disaster plans and inventory lists are available in the respective hospital departments.

d. **Asset's recovery and demobilization**

(1) No assets or resources will be demobilized until Planning Section forward the Demobilization Plan for On-Scene Incident Commander approve the release of response resources prior to initializing the process.

(2) The Planning Section-Demobilization Unit Leader will:

(a) Develop an Incident Demobilization Plan, containing specific demobilization instructions.

(b) Coordinate, upon termination of use, the demobilization and return of assets to the original owner. HICS Form 221-Demobilization Check-Out will be used to assist with this process.

(c) Additional process to consider during the demobilization are:

1. Assign personnel to identify surplus resources and probable resource release times

2. Establish demobilization plan that prioritizes based on the specific incident

3. Verify established decontamination procedures and necessary resources are available

4. If necessary, develop/communicate a Disposal Plan for the disposal of hazardous materials or wastes, as necessary

5. Identify personnel travel needs and coordinate travel arrangements, as necessary

6. Plan for equipment repair, decontamination, maintenance services, and inspections, as necessary.

3. ASSIGNMENT OF RESPONSIBILITIES

a. **Medical Center Director** will be responsible for ensuring that their facilities' policies, incident command structure and operations meet the requirements established by this policy.

b. **Hospital Incident Commanders** will be responsible for ensuring that all the facility's Incident Management Team (IMT) follow the incident management procedures delineated by this policy.

c. **Facilities' Emergency Management Committees (EMC)** will be responsible for overseeing the facility's emergency management inventorying process and for ensuring that this inventory is maintained and reviewed at least semiannually.

d. **VA Medical Facility Emergency Manager and Disaster Emergency Medical Personnel System Coordinator.** The VA medical facility EM and DEMPS Coordinator is responsible for assisting with debriefing deployed resources including DEMPS personnel by collecting feedback, reviewing AAR comments and improvement planning.

e. VA Medical Facility Planning Section: All records, schedules, and checklist, regardless of format (e.g., paper, electronic, electronic systems) created by this plan must be managed as required by the VAMC Planning Section.