The Hospital Emergency Incident Command System

Third Edition
June, 1998
Volume II

A Project of
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Emergency Medical Services Agency
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H E I C S

THE

HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

San Mateo County Health Services Agency
Emergency Medical Services

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SECTION 4

HEICS SECTION COLORS AND EMERGENCY CODE NOMENCLATURE STANDARDIZATION

Standardization of HEICS Section Color Designation
and
Hospital "Code" Nomenclature

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

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

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

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

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

HEICS Section Color Designation

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

Identification Vests

All officers should be identified by a vest. The color of all vests used by hospital personnel is to be white. This color vest was selected so as not to be confused with officers from other agencies working on hospital property, such as fire or police. A colored, light reflective cross should be placed on the front of the vest, and a large colored cross should be placed in the center on the back of the vest. The job title of the officer is to be placed on the back of the vest and, if possible, on the front of the vest. The crosses and lettering are to be solid colored with the colors prescribed for each I.C.S. branch. The exception to this will be the I.C./Administrative section, which will utilize solid black lettering and a cross outlined in ½ to ¾ inch black borders.

Standardization of Emergency Code Nomenclature

Code or Event	Recommended Code Designation
Cardiac Arrest	**Code Blue**
Fire	**Code Red**
Security	**Code Grey**

This would include all situations requiring a quick response by security personnel such as combative patients, attempted kidnapping, bomb threats, etc.. It is understood that some of the situations require an administrative conference before an action plan can be implemented.

Hazardous Material Release **Code Orange**

This would include the release or spill of any hazardous materials (nuclear included) in the hospital environment.

Disaster Plan Activation **Code Triage***

This designation would be utilized to activate the hospital's disaster plan. It would apply to an internal or external emergency; including a partial or full hospital evacuation.

*It is recommended incorporating the following added terminology to be used in conjunction with the "Code Triage" designation for the purposes of plan organization and implementation:

"Code Triage - Standby" — This designation to be used when there is knowledge of an emergency or unusual event which may impact the hospital and requires analysis of the situation. The use of the "Code Triage -Standby" terminology would, at the very least, require the activation of the I.C./Administrative section for planning and discussion.

"Code Triage" — This designation informs all hospital department and employees to activate their disaster plan in response to a known or perceived situation impacting the hospital; for example, patients are on the way from a disaster scene.

Trauma Patient Arrival/ Trauma Team Activation **Code Yellow**

SECTION 5

PATIENT TRACKING

CHART

The Patient Tracking Chart

In this chapter the reader will find an offering of a chart which has been successfully used as a device to track the location of a disaster patient throughout a facility. It goes without saying that the ability to locate a patient within a hospital following a mass casualty event is a priority. Coupled with this is the need to have a patient care record which is concise, yet comprehensive.

The Multi Casualty Incident Patient Chart was developed and refined by hospitals in Orange County, California. It is primarily viewed as a patient care record. The record consists of three layers printed on NCR (no carbon required) paper. Pages one and two are quarter sheets which overlay each other so that specific recorded information is transferred from the first page to the second and third (last) pages. The third page of the chart is printed on card stock paper which is durable and adds to the rigidity of the form. This last page is a full 8½ inches by 11 inches and is glued into a manila file folder.

In the bottom right hand corner of the third sheet (card stock) is a space for a small pad of Post-It Note®-type slips of paper called "flow tags". These flow tags measure 2½ inches by 2½ inches square and are pre-printed with a space for the disaster victim number, a line to write a hospital department, and a line for a time recording entry. A pad of ten to twelve flow tags is pasted onto the lower right hand corner of the last page of the patient chart. The tag is an integral part of this patient tracking system. It is the removal, completion and depositing of these small paper slips which make this an effective, yet simple patient tracking system.

Chart Set-Up

Each Multi Casualty Incident Patient Chart is pre-glued onto the inside half of a regular sized manila folder. The charts are pre-numbered with a method which is either compatible with the existing patient classification system; or at least is not in conflict with the day-to-day patient record numbering system. Attached to the other inside half of the manila folder is a pre-numbered patient identification band, an embossed, plastic requisition card, and a variety of radiology/laboratory requisition forms. All of these items are numbered with the corresponding chart number.

It is evident that this pre-numbering temporarily alleviates the need for other forms of patient identification such as a name and date of birth (DOB). While these identifiers are necessary, they are sometimes not immediately obtainable. With a simple number identifier, each patient can assume a unique identity without delay. Any number of these disaster patient charts may be made up in advance of an incident and stored in numerical order for use in time of need.

Flow Tags and Flow Tag Boxes

The 2½ by 2½ inch square slips of paper are to be deposited into highly visible boxes (containers) labeled with the words "FLOW TAGS". These boxes are to be placed in every location where it is possible that a disaster patient may be transferred to for care or treatment. This includes the Triage Area (See Note), Radiology, Special Procedures, or any other location. It should be a matter of routine that as soon as a patient enters an area, a flow tag is removed from the lower right hand corner of the chart and documented with the patient's individual Disaster Victim (chart) number, the area (department) in which he/she has arrived and the time of that patient arrival. If a patient leaves and returns to an area, then another flow tag would be completed again as soon as the patient has re-entered an area.

NOTE: The Triage Area is exempted from using the 2½ inch square flow tag as this is substituted with the removal of the first page (quarter sheet) of the Multi Casualty Incident Patient Chart and depositing it in the Triage Area's FLOW TAG box prior to the patient leaving the Triage Area.

The goal is this; as soon as a patient changes locations within the facility, a recording is made to document the patient movement. A continuously circulating runner may now pick these flow tag slips from the FLOW TAG boxes and take them to the Patient Tracking Officer. The Patient Tracking Officer can now plot the location of each patient by using a grid-style board (see HEICS Patient Tracking Sheet in Chapter III). One margin of the board lists the patients in numerical order according to their chart numbers. The margin running perpendicular lists all of the possible patient care locations. Plotting by cross reference it is now possible by logging the time on the board to show the exact location of each patient admitted for care.

It is obvious that this system is dependant upon the unfailing and accurate use of the flow tags and the dependable and timely retrieval of those tags deposited into the FLOW TAG boxes. If these two tasks can be completed and repeated, it will result in a simple, yet accurate accounting of patients and their location within a facility.

Use of the Multi Casualty Incident Patient Chart

The Multi Casualty Incident Patient Chart is in three pieces. The top quarter sheet/page is the initial registration of the disaster patient into the hospital; the second quarter sheet/page contains personal data to be used by admitting personnel; and the last page is full sized to contain the patient care documentation. Collectively, they comprise a rapid, easy to understand patient record which contains most of the significant elements of a regular patient chart.

The usual hospital port of entry for arriving casualties is the Triage Area. Ideally, patients spend very little time in this area. Usually it is just long enough to get a routing and possibly an airway adjustment or pressure on a wound. It is very important to establish a system whereby a patient may be assigned a chart as soon as possible upon arrival in the Triage Area.

A Multi Casualty Incident Patient Chart should be placed on the patient's chest or lap and the identifying armband immediately secured to the wrist or ankle. With the recording of the time in the upper right corner, the patient is now admitted into the hospital. The number of the pre-hospital field triage tag should be documented at the top of the page if one has accompanied the patient to the hospital.

The first sheet of the patient chart is a quarter sheet and is intended to be completed prior to the patient leaving the Triage Area. The shaded areas are those areas which can be completed on most patients even if there is an inability to communicate with the patient. Exceptions to this will be those boxes marked "D.O.B.", "Age" and "Allergies/History". This first sheet is removed from the patient chart and deposited into the FLOW TAG box in the Triage Area. The chart now accompanies the patient to the next treatment area.

Page two of the chart is also a quarter sheet in size. It has no requirement as to when it must be completed, but should be finished as soon as possible. The second sheet contains personal patient information. Once this portion of the chart has been filled in as completely as possible, it may be separated from the third sheet and deposited in any FLOW TAG box. It will then be picked up by a runner and taken to the Patient Tracking Officer or the Admitting Department.

The third sheet which is printed on card stock is the abbreviated patient care record. It contains areas to record patient observations, treatments, procedures and diagnostic tests ordered. It is recommended that the actual results of the diagnostic exams (lab work and x-ray results) be attached to the manila folder underneath the last page of the patient chart. The chart, folder and diagnostic results are to remain with the patient as he/she moves throughout the hospital.

While some facilities may view the Multi Casualty Incident Patient Chart as only a temporary patient care record; it remains a simple method of tracking disaster patients within a facility. It also serves as a concise accounting of delivered medical care.

MANUAL: Safety
ISSUES DATE: 8/92
REVISED:

PATIENT TRACKING, DISASTER

Purpose: To provide a mechanism for identifying and tracking disaster patients throughout the treatment process.

Text:

1. All patients arriving during a disaster will be identified at the Triage area using a Disaster Med-Tag.

2. The Med-Tag number will serve as the patient identifier throughout the Triage and initial treatment process.

3. Patient registration will assign a hospital patient number for medical records and billing purposes.

4. Upon Triage, patient registration will complete the top section of the Multi Casualty Incident Patient chart. This section will be torn off when complete and placed in a red Disaster Mailbox for delivery to the Command Center for patient tracking purposes. The registration personnel will place an armband on the patient with the name, Med-Tag number, and birthdate of the patient.

5. On arrival in the designated treatment area, the second top section containing mare detailed information will be completed and forwarded to the Admitting area for completion of a medical record.

6. The remaining record will accompany the patient throughout the treatment process.

7. The Multi Casualty Incident Patient Chart contains a section with Flow Tags in the bottom right corner. These tags are to be completed and placed in a red Disaster Mailbox for delivery to Patient Tracking in the Command Center. A Flow Tag is to be completed <u>each time</u> a patient is moved.

8. Upon admission to an inpatient area, a regular Medical Record will be generated.

9. Upon discharge, a flow tag will be sent to Patient Tracking in the Command Center.

MULTI CASUALITY INCIDENT PATIENT CHART

DISASTER VICTIM # _____ FIELD TAG # _____

DATE: ___/___/___

TIME: _____ A.M. P.M.

NAME : (LAST) (FIRST) (MI)	D O B	AGE	MALE θ FEMALE θ	WT	HOW ARRIVED WALK θ CAR θ AMB θ HELICOPTER θ OTHER θ

ADDRESS	PHONE	ALLERGIES/HISTORY

TENTATIVE DIAGNOSIS	PREVIOUS FIELD TREATMENT YES θ NO θ AIRWAY θ BANDAGING θ SPLINTING θ OTHER θ

INITIAL ROUTING IMMEDIATE TREATMENT θ DELAYED TREATMENT θ MINOR/HOLDING/OBSERVATION θ MORGUE/DECONTAMINATION θ

***SHADED AREAS MUST BE COMPLETED PRIOR TO PATIENT LEAVING THE TRIAGE AREA**

***THIS COPY TO PLACED IN TRAIGE FLOW/ TAG BOX PRIOR TO PATIENT LEAVING TRIAGE AREA**

THIS IS THE TOP QUARTER SHEET OF THE THREE PART DISASTER CHART

MULTI CASUALITY INCIDENT PATIENT CHART

DISASTER VICTIM # _____ FIELD TAG # _____

DATE: ___/___/___

TIME: _____ A.M. P.M.

NAME : (LAST) (FIRST) (MI)	D O B	AGE	MALE θ FEMALE θ	WT	HOW ARRIVED WALK θ CAR θ AMB θ HELICOPTER θ OTHER θ

ADDRESS	PHONE	ALLERGIES/HISTORY

TENTATIVE DIAGNOSIS	PREVIOUS FIELD TREATMENT

YES θ	NO θ	AIRWAY θ	BANDAGING θ	SPLINTING θ	OTHER θ

INITIAL ROUTING	IMMEDIATE TREATMENT θ	DELAYED TREATMENT θ	MINOR/HOLDING/OBSERVATION θ	MORGUE/DECONTAMINATION θ

PATIENT RELIGION	SS#/DR LIC	NEAREST RELATIVE	ADDRESS/TELEPHONE

ADMIT θ DISCHRAGE θ

TIME: _____ A.M. P.M.

***COMPLETE THIS A.S.A.P. - DROP IN ANY FLOW TAG BOX- TO BE GIVEN TO ADMITTING OFFICE**

THIS IS THE MIDDLE QUARTER SHEET OF THE THREE PART DISASTER CHART

MULTI CASUALITY INCIDENT PATIENT CHART

DISASTER VICTIM # _____ FIELD TAG # _____

DATE: ___/___/___

TIME: _____ A.M. P.M.

NAME : (LAST) (FIRST) (MI)	D O B	AGE	MALE θ FEMALE θ	WT	HOW ARRIVED WALK θ CAR θ AMB θ HELICOPTER θ OTHER θ

ADDRESS	PHONE	ALLERGIES/HISTORY

TENTATIVE DIAGNOSIS	PREVIOUS FIELD TREATMENT

YES	NO	AIRWAY	BANDAGING	SPLINTING	OTHER
θ	θ	θ	θ	θ	θ

INITIAL ROUTING IMMEDIATE TREATMENT θ DELAYED TREATMENT θ MINOR/HOLDING/OBSERVATION θ MORGUE/DECONTAMINATION θ

PATIENT RELIGION	SS#/DR LIC	NEAREST RELATIVE	ADDRESS/TELEPHONE

ADMIT θ DISCHRAGE θ

TIME: _____ A.M. P.M.

***COMPLETE THIS A.S.A.P. - DROP IN ANY FLOW TAG BOX- TO BE GIVEN TO ADMITTING OFFICE**

TIME	B P	PULSE	RESP	NOTES/OBSERVATION

	MEDICATIONS/I.V.

	TREATMENTS/PROCEDURES

LAB STUDIES:	TIME COM	TIME COM	X-RAY STUDIES	TIME ORDERED	TIME COMPLETED

ATTACH FLOW TAGS HERE

DISPOSITION:

_____

NURSE'S SIGNATURE

_____

PLACE STUDY RESULTS UNDER THIS SHEET

FLOW TAG

DISASTER VICTIM # _____

DEPARTMENT _____

TIME: _____

*complete and drop in flow tag box **IMMEDIATELY** upon arrival of patient in department

A PAD OF TEN FLOW TAGS IS ATTACHED TO THE LOWER, RIGHT CORNER OF THE THIRD (LAST) PAGE OF THE DISASTER CHART

SECTION 6

LESSON PLAN

Lesson Plans for the Hospital Emergency Incident Command System

This chapter contains three (3) lesson plans which may be utilized to instruct others in the Hospital Emergency Incident Command System. These lesson plans have been successfully employed in introducing people to the HEICS plan and forwarding the goal of integrating the HEICS program into a medical institution. The first lesson plan is a general introduction for everyone needing to know about the HEICS. The second lesson plan is a table top exercise intended to provide essential personnel with a working demonstration of the HEICS. The final lesson plan is a train-the-trainer resource for expanding an institutions HEICS teaching staff. These three lesson plans are more completely described later in this text.

Prior to detailing the lesson plans and their use, a few comments on adult learning: For the purposes of this discussion, it will be assumed that a medical facility's decision makers have committed to implementing the HEICS. It should be remembered that change is linked to some form of educational process. The concept of reorganizing, rewriting and retraining a hospital's disaster plan can become a significant undertaking. Just how "significant" an undertaking will depend upon such factors as the size of the institution, detail of the current plan, the staff's participation in the emergency plan and other factors. Regardless of the size of the plan revision process, changing the hospital's disaster plan must include a well planned educational strategy.

Through education we learn new ideas and behaviors. Sometimes changing previously learned behaviors can be difficult. As teachers, it must be kept in mind that people learn new material in a variety of ways. Each of us may utilize a different "gate" through which we allow new ideas to be absorbed more rapidly. For many people, reading is that gate, or medium, in which the maximum amount of learning is assimilated. Lectures and visual images work well for a large segment of the population. Individuals who are tactually attuned may benefit most from a working, participatory demonstration such as the table top exercise provides. As an HEICS educator, it is of value to be aware that the entire hospital staff is comprised of individuals who, consciously or unconsciously, have a preferred style of learning. It is important that your educational strategy include a variety approaches to encompass the total learning process.

Hospital Management

Education of hospital management is the initial phase in the installation of the HEICS into any facility. Active executive backing will go a long way in promoting the replacement of emergency management programs. Hospital directors have the ability to influence managers and resources, both of which are necessary for a successful disaster program of any type.

When addressing management, or any other group for that matter, it is vital that you have in mind the target interests of each group. Management is responsible for the overall welfare and operation of the facility. This covers everything from the safety of employees to the ability to financially support an activity. Administrative personnel will ask two questions which are appropriate: 1) What are the advantages in converting to the HEICS plan? 2) What costs are projected for the conversion from the current disaster plan to the HEICS?

Hospital management should realize that responsibility for operations during and following an emergency situation remains in their hands. While this charge ultimately may not be delegated, management's task can be made easier. The HIECS will aid hospital management in the decision making process with an orderly organization of knowledge and facts about the emergency situation as it affects the facility. The built-in accountability will fortify all levels of management. Add to this the emphasis on documentation built into the HEICS, and it is very likely that a well informed hospital administration may assume a very active leadership role in the implementation of the HEICS emergency management plan.

Financially speaking, most costs associated with the installation of the HEICS plan into a medical facility are primarily found in the education of staff. All employees, management and staff alike, must at least attend a one to two hour introduction to the plan. Management personnel must also attend a two to three hour table top exercise. Continuing education which would re-familiarize employees to the plan, or inform them of updated changes needs to occur at least once each year. The rewriting of the hospital's disaster manual must be taken into account. The hours of staff time necessary to do this will vary depending upon the intricacy of the facility's plan. The cost of printing the new manual must also be considered.

Other expenditures may include purchasing command vests for easy identification of essential personnel; the printing of disaster patient admission charts, clip boards and storage bins for materials. (The costs reviewed here are only those associated with the adoption of the HEICS program and do not reflect those associated with the preparation of the facility's physical environment for an emergency event.) Some hospitals have taken steps to establishing account numbers for disaster/emergency preparedness. If this is the case, thought should be given to instituting sub-accounts for disaster education, disaster supplies, the printing of disaster forms and other essential items.

Pre-Instruction Activity

At this point it is assumed that the HEICS program has not only been accepted by the facility administration, but that the hospital's disaster plan has been (or will be) rewritten to incorporate the Job Action Sheets and HEICS supporting policies. The next phase will be a well planned introductory campaign to help peak the interest of the future students. This pre-instructional period can include briefings in the hospital newsletter, informational meetings for management and staff, or an entertaining activity like "naming the new disaster plan". This introductory campaign should not be viewed as trivial or just "extra frosting". It is important for all to remember any large project or purchase that we have been involved with has usually been associated with a very effective advertising campaign. Advertising is most beneficial, for it often times begins the learning process and helps to open our minds to further education.

Introductory Lessons

Formal education can begin with introductory lessons to hospital administrators and managers. These lecture-style presentations should be designed to introduce the incident command concept, and to explain the advantages of incident command, and its adaptation to the health care setting. While it is acceptable to have other staff employees attend the same management inservices, it may be prudent to allow management an environment where critical questions may be discussed privately, thereby resulting in the building of a pro-HEICS management base. The lesson plan entitled Introduction to the Hospital Emergency Incident Command Systemis offered to meet this need. All hospital employees should receive this introductory lecture, even though it is most likely that management personnel will assume the roles as officers during the plan activation. It is very important that all those who participate in the emergency response have an elemental understanding of how the incident command system functions and where he or she fits in.

Generally, hospital employees should be trained together regardless of their day-to-day job descriptions. Some HEICS instructors have commented on the advantages of lecturing and training people in specific response groups (sections). For example, training the Logistical Section personnel together, and the Finance Section personnel separately. While there may be a tendency to do this, the training of personnel only within a section does not provide a panoramic scope of the total incident command system of interaction . Instructing a single section also fosters the misconception that it is the only section in which the participant is expected to function, when, in fact, management jobs are expected to be transferable to a certain extent. When employees are taught as an entire organization an impression of unity and commonness of mission can be imparted to the group.

Table Top Exercises

The Hospital Emergency Incident Command System Table Top Exerciselesson plan is designed to give managers exposure and practice to some of the essential principals and components of the system. The table top is a paper work simulation of a severe earthquake which strikes a medium sized hospital. It involves the assignment of HEICS command positions to exercise participants, giving the role-players the responsibility of dealing with simulated situations which arise in the minutes and hours following the earthquake. Identification of responsibilities and directed communications are the leading objectives of this exercise which is designed to provide a learning experience in a style which is hopefully entertaining and meaningful.

The table top exercise is conducted in an environment with little threat to the involved participants or the facility. Mistakes can be made without adverse consequences. The various forms associated with the HEICS can be examined, learned or revised. The relationships of people and positions can be explored and altered. The table top is an opportunity to examine how the incident command system serves the facility, and should result in revisions to the emergency operating plan. Emphasis during a table top exercise should not be placed on the correctness of a decision in response to the scenario. The real focus of the exercise is the interrelationships of positions within the HEICS structure. Facilitators of the table top should leave plenty of time at the end of the exercise for feedback.

There is a need for a considerable amount of planning prior to conducting a general (all sections) table top exercise. Tables, chairs, easels, forms, assignment of roles and supplemental scenarios, and simulated messages to drive the activity are just some of the items and duties which must be in place prior to the hosting of an exercise. However, the components and fundamentals of the table top can be divided into smaller segments so that a "mini" table top could be conducted in a department inservice, a team meeting or at a management forum. There are many learning objectives which may be broken into subclasses. For example; an inservice on the use of forms or the explanation of specific forms; an exercise on forwarding messages to the appropriate officer for resolution; a discussion in problem-solving specific emergency situations are but a few of the scaled down activities which may take place. The possibilities are many faceted, and may involve a very simple functional exercise to a more complicated brainstorming session. Each of these is an opportunity to practice the Incident Command System.

Train-The-Trainer Programs

Finally, the Hospital Emergency Incident Command System Train-the-Trainer Lesson Plan is a comprehensive tool which better prepares those individuals who are to instruct others in the HEICS method. The "train-the-trainer" is actually two lesson plans within a lesson plan. Both the Introduction to HEICS and the Table Top Exercise lesson plans are contained in their entirety within this teacher's document. The purpose of this last lesson plan is to provide the very experienced HEICS trainer with additional background information necessary to promote other individuals familiar with the HEICS into instructor roles.

The three lesson plans have been used multiple times by different instructors; they have demonstrated their ability to meet the outlined objectives. Regardless, each lesson plan should be examined and adapted, if necessary, to meet the desired objectives for a specific audience. The more familiar an instructor is with the HEICS, the more a lesson plan may be tailored.

SECTION 7

LESSON PLAN

INTRODUCTION

LESSON PLAN TITLE: **INTRODUCTION TO THE HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM (HEICS)**

LESSON PLAN GOAL: To introduce participants to the HEICS and to provide a rationale for hospital application during a time of crisis.

LESSON PLAN OBJECTIVES:

Participants will be able to:

1. Reveal an increased awareness of the impact which disasters have on hospital facility and personnel.

2. Describe the origin and development of HEICS.

3. Understand the HEICS model and its integration into the current hospital organization.

LESSON MATERIALS:

1. HEICS manual for each participant
2. Overhead transparencies
3. Overhead projector
4. 1 easel or chalk board
5. Message Forms, Action Plans, Activity Logs and other HEICS ancillary forms
6. Course outline for each student

ESTIMATED TEACHING TIME:

60 min. ..... Lecture

60 minutes Total Time

COURSE LESSON PLAN:		

I. CLASS FORMAT AND OBJECTIVES REVIEWED WITH STUDENTS

II. INTRODUCTION TO THE HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

Teaching Time: 60 minutes

A. A Hospital's Response to Disasters

1. Day-to-Day Management Operations NOT Sufficient

a) Every Day Management is Not Oriented to Wide-Spread Crisis
b) Disasters are not "Managed By Objectives"

2. Current Disaster Plans Are NOT Enough

a) Not Realistic in Approach
b) Not Universal - Differ from One Hospital to Another
c) Not "User Friendly" - Require Lots of Pre-Learning; Tested Infrequently

B. HEICS ... What It Is and What It Is Not?

1. What Is the HEICS?

a) The organizational core of a crisis management system

Policy and procedure are needed to support and activate HEICS
Annexes (or appendixes) are needed to specifically address emergencies with special circumstances

b) A universal link with outside resources

California Senate Bill No. 1841 has mandated that all state agencies and each local agency shall adopt an Incident Command System adapted from the originally developed FIRESCOPE system

2. What the HEICS Is Not?

A complete, ready-to-go, "disaster plan"

3. Modeled After the Fire Service-Incident Command System (ICS)

   a) Early works in 1987 by the Northern California Hospital Council
   b) California State EMS Authority Grant to Orange County EMS for HEICS Project
   c) Plan has been tested in Orange and Los Angeles Counties in 1991 & 1992; plan has been used in actual crisis
   d) Major rewrite of the HEICS document began in 1992/1993 to make the HEICS manual a more complete and self-supporting guide

4. HEICS Attributes

   a) Dependable chain-of-command
   b) Improved communication through common language
   c) Flexibility in section (component) activation
   d) Prioritization of duties ... Job Action Sheets
   e) Organized documentation for improved financial recovery
   f) Facilitates effective mutual aid with other hospital and other agencies

C. The HEICS Structure

1. The Basic Units of Structure

   a) Incident Commander
   b) Section chiefs
   c) Directors
   d) Unit leaders
   e) Officers

2. The Organizational Chart

   a) Represents lines of authority and communication
   b) Global point of reference
   c) "Cross Walk"

3. Four Sections + Administrative Group... One Objective/Four Foci

   a) Logistic Section

      Mission: Provide a hospitable environment and materials for the overall medical objective

b) Planning Section

Mission: Determine and provide for the continuance of each medical objective; Planning Section personnel **prompt and drive** all HEICS officers to develop long range action plans, as well as short range plans.

c) Finance Section

Mission: Provide funding for present medical objective and **stress** facility-wide documentation to maximize financial recovery and reduction of liability

d) Operations Section

Mission: Carry out the medical objective to the best of staff's ability

e) Incident Commander and Staff

Mission: To define the mission and ensure its completion

4. Job Action Sheets (JAS)

One JAS for each position
Focused objective
Concise mission statement
Prioritized activities
Intended to be customized (except for title and mission statement)

5. Supporting Forms

Forms drive the documentation
Enhanced documentation increases probability of financial recovery and decreases liability
Forms, properly used, enhance communications
Examples: Action Plan, Activity Log, Message Form, etc.

D. Implementation of the HEICS into the Hospital

1. Educational Models

a) Instruction by section; example: members of the Logistics Section are instructed as a unit

b) Instruction by levels of management; vice-presidents and department managers are instructed together, while other levels of staff are taught as a group

2. Tools

a) Educational tactics

Mandatory Classes (all participants)
Newsletters
Promotions - campaigns
-buttons
-on-the-spot incentives for demonstrated knowledge
Introductory exercises;
-hospital-wide table top exercise
-section specific drills
-forms orientation exercises

b) Response enhancements

Vests for all job positions
–utilization of standardized colors and titles recommended
Clipboards (color coded to section recommendations)
Section "bins" hold all section materials/paperwork (color coded to section recommendations)
Pocket directory (to include JAS, telephone numbers, etc.)

E. HEICS Summary

1. Acceptance Today

Endorsed by the State of California E. M. S. Authority
Concept endorsed by the Hospital Councils of Southern and Northern/Central California
Endorsed and implemented by the Western Region Veterans Hospital Administration, Department of Veterans Affairs
Over 800 copies distributed throughout the U.S. and Canada

2. Future of the HEICS

HEICS continues to expand throughout the United States
HEICS will be revisited to ensure that it remains relevant to medical care and current with standardized ICS models

III. LECTURE WRAP-UP

A. Thank everyone for attention
B. Additional information is available from the County of Orange Emergency Medical Services Agency
D. Question & answer period

INTRODUCTION TO THE
HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM (HEICS)

OUTLINE

GOAL: To introduce the audience to the HEICS project and describe the system's principal components.

I. LECTURE OBJECTIVES

II. INTRODUCTION TO THE HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

A. RESPONSE TO DISASTER BY HOSPITALS

1. Day-to-Day Operations
2. Many Current Plans are Not Enough

B. HEICS ... WHAT IT IS ... AND, WHAT IT IS NOT

C. HEICS ATTRIBUTES

D. THE HEICS STRUCTURE

1. Four sections + Command section = One objective
2. Job Action Sheets
3. Supporting forms

E. HEICS IMPLEMENTATION INTO THE HOSPITAL

1. Educational Models
2. Tools
3. Response Enhancements

III. LECTURE WRAP-UP: QUESTION & ANSWER

SECTION 8

LESSON PLAN

TABLE TOP

LESSON PLAN TITLE: **THE HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM (HEICS) TABLE TOP EXERCISE**

LESSON PLAN GOAL: To provide a hospital focused table top disaster exercise to demonstrate the use and effectiveness of the Hospital Emergency Incident Command System (HEICS).

LESSON PLAN OBJECTIVES:

Participants of the HEICS Table Top Exercise will be able to:

1. Understand the HEICS model and its integration into the current hospital organization.

2. Demonstrate by way of a table top exercise the effectiveness of the HEICS in respect to hospital command structure.

3. Identify and explain the basic purpose of the more commonly used forms (paperwork) utilized in the HEICS plan.

4. Participate in the production and staging of a table top exercise related to the Hospital Emergency Incident Command System.

LESSON MATERIALS:

1. Job Action Sheets & Supplemental Scenario for each position
2. Pre-Printed message forms according to the Master Schedule of Events List.
3. 5 tables (one for each section and one for the Incident Commander and administrative staff)
4. 5 easels or chalk boards
5. HEICS identification vests (or name tags if vests not available)
6. 3 large wall maps depicting the simulated hospital "Richter General"
7. "Richter General" Participant Scenario and hospital floor plan
8. Action Plans, Message Forms, Activity Logs and other HEICS ancillary forms
9. Course outline for each student and sign-in sheet, post test, if applicable

ESTIMATED TEACHING TIME:

20 min. ..... Exercise description and HEICS review
60 min. ..... Table top exercise
15 min. ..... Exercise critique and wrap-up

95 minutes Total Time 1 hour 35 minutes

COURSE LESSON PLAN:		

I. THE HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM TABLE TOP EXERCISE *Exercise Description Time: 20 mins.*

A. Development of the Table-Top Exercise

1. Need for Exercise – to increase the awareness and acceptance of the HEICS by demonstration of attributes
2. Scope of Exercise – all class participants playing the roles of all HEICS officers
3. Purpose of Exercise – to provide participants with experience in the networking attributes of the HEICS plan
   – to prepare participants to conduct similar exercises for their own staff

B. Introduction of the Exercise and Objectives

1. Exercise length 50 to 60 minutes
2. Exercise is a table-top, or paper exercise
3. Will illustrate the main concepts of the HEICS

a) Chain of command/responsibility
   –predictable lines of authority
   –accountable for actions

b) Common language
   –ICS terminology is used by many public and private service agencies in California and U.S.; (fire & police departments, emergency management organizations, etc.)

c) Prioritization of duties
   –duties/chores are ranked in the order of importance.

d) Responsible documentation
   –accurate/timely documentation to decrease liability
   –documentation to record use of assets and increase recoverable costs

4. Table-Top Exercise Materials

a) Job Action Sheet & Supplemental Scenario for each position
   – the Job Action Sheet is to be used as the actual checklist of activities to perform/simulate
   – the Supplemental Scenario provides each role player a more detailed coaching of available facts and information as a reference point to begin action

b) "Richter General" Participant Scenario with hospital map on back
   – this overall scenario and map will assist the student beginning to visualize the hospital, surrounding community and the earthquake event

c) Pre-printed Scenario Messages taken from the Master Schedule of Events List (MSEL)
   – delivering a "staged" scenario message to a specific job position at an appointed time is intended to evoke a response during the table top exercise and cause communication and simulated actions during the exercise

d) Five tables spaced from each other as far apart as the lecture room will allow
   – one for the Incident Commander and staff in the front of the room; and one for each section

e) Five easels or chalk boards for use in planning and documentation at each table (section)

f) Identification vests, tags or some other form of identification to identify each person playing a position

g) Large wall maps depicting "Richter General Hospital" to be used as group planning and strategy charts (an overhead projection of the hospital floor plan may be more practical in some instances)

h) Forms such as Action Plans, Activity Logs, Message Form blanks and other recommended HEICS forms to be made available for use and/or familiarization

5. Exercise Leaders

a) Exercise Leader – Exercise Controller

– Introduces the exercise
– Reads Participant Scenario aloud and any updates
– Answers and re-defines questions of the scenario
– Oversees/assists activities of the EOC (Incident Commander table) and Finance Section
– Conducts the progress check mid-way through the exercise and the end of exercise critique

b) 1st Assistant Exercise Leader

– Oversees/assists the Logistics and Operations Sections
– Co-hosts the exercise critique

c) 2nd Assistant Exercise Leader – Simulator/Controller

– Functions as exercise time keeper
– Initiates the dispatch of pre-printed messages (taken from the Master Schedule of events)
– Oversees Planning Section

B. HEICS Table-Top Exercise

Teach Time: 60 minutes

1. Usage of the Master Schedule of Events List (MSEL)

a) Messages are distributed to the appropriate recipient by the 2nd Assistant Exercise Leader according to the real time schedule listed on the MSEL

b) Messages may be added or deleted as desired
c) The mid-exercise break is an opportunity for the Exercise Leader to ascertain whether the participants are gaining an understanding of the communication paths, task delegation and organizational structure.
d) Exercise will terminate when all messages have been delivered or when it is apparent that the objectives have been achieved.

2. Demeanor of Exercise Leaders

a) Exercise Leaders are to act as facilitators and guides to the exercise participants

b) The exercise is not a test, but an introduction to a new system of organization and communication. Participants should be helped in the following:

– analyzing problems and messages received
– guiding actions and decisions in the form of communications to the appropriate positions

c) Participant's focus should be directed to the proper interrelations between job assignments, not the correctness of a particular response to an exercise's simulated problem. For example: if the scenario calls for the ordering of ambulances to conduct an evacuation, the number of ambulances requisitioned is not nearly as important as whether all of the appropriate individuals were notified of the evacuation process.

C. Critique of Table-Top Exercise

1. Restatement of the exercise objectives
2. Review of the key problems - e.g., fire and trapped victims, overload of volunteers, etc.
3. Interview/question IC, Section Chiefs and Liaison Officer at a minimum
4. Promote free discussion

IV. LECTURE/EXERCISE WRAP-UP

Teaching Time: 10 minutes

A. Thank everyone for participation
B. Solicit additional suggestions towards improving the table top
C. Request that all participants complete an Exercise Evaluation Sheet
D. Distribute lesson plan materials to participants

TABLE TOP EXERCISE FOR THE
HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM (HEICS)

OUTLINE

GOAL: To demonstrate to class participants some of the positive qualities of the Hospital Emergency Incident Command System (HEICS) within a table top exercise.

I. Introduction of the HEICS Table Top Exercise

A. What is a "Table Top" Exercise and What are the Rules?
B. Use of Materials:
   – Job Action Sheet, Scenario and Supplemental Scenario
   – Use of Message Forms, Action Plan and Other Miscellaneous Forms
   – Section Status Boards
C. The Correct Answer is...

II. HEICS Table Top Exercise

Mid-Exercise Break

III. Exercise Termination

A. Table Top Debriefing: Questions and Critique
B. Tools To Conduct a HEICS Table Top

SECTION 9

LESSON PLAN

TABLE-TOP EXERCISE

DESCRIPTION

About the Following Page...

The next page, titled Hospital Emergency Incident Command System Tabletop Exercise, is intended to be given to the tabletop participants **prior** to their involvement in the exercise. It is a brief description of the drill's objectives; hopefully, worded in a way as to put students at ease regarding what is expected of them.

Tabletop participants may also be informed in advance of the role that they are expected to play on the day of the exercise. This will allow them to study their Job Action Sheet and enhance their performance in what is most likely their first use of the Hospital Emergency Incident Command System.

Creating a positive experience with the Hospital Emergency Incident Command System will be accomplished automatically when the student/participant experiences a degree of success in their first encounter with this proven crisis management process.

HOSPITAL EMERGENCY
INCIDENT COMMAND SYSTEM

TABLETOP EXERCISE

You are about to participate in an exercise which may change your approach in the management of a crisis. The Hospital Emergency Incident Command System (HEICS) is a crisis management system based upon the Fire Service's proven Incident Command System (ICS). Although the HEICS plan has made adjustments to the ICS to compensate for the medical mission of a hospital, you will find that it has retained the basic structure and organizational principals of the Fire Service model.

Management by the ICS is a trend which is being adopted by many levels of government and private industry. The attributes of common terminology, response oriented chain of command, and management by objectives are qualities which many managers appreciate.

It is hoped that this exercise in communication will show you some of the applications of the HEICS plan. This tabletop exercise is designed to illustrate the communication and organizational benefits of ICS within the hospital management environment. The authors of this exercise feel that your knowledge gained during this drill will be enhanced if you take the time to study any pre-exercise materials and take a brief look at the HEICS manual. If you have been given a job position to play during the exercise, make certain that you study that job description.

This exercise was also designed for you to have a little fun. So, relax and enjoy yourself. We all have nothing but learning and experience to gain!

SECTION 10

LESSON PLAN

TABLE-TOP EXERCISE

PARTICIPANT

SCENARIO

About the Following Page...

The following page, titled Richter General Hospital, San Seismo, California, also called the Participant Scenario, is designed to be given to the tabletop participants **at the beginning** of the exercise. It is a scenario describing the situation and devastation which participants find themselves in following a killer earthquake in the town of San Seismo. It provides an initial point of reference by placing the participant in the Richter General Hospital as an employee.

An instructor may decide to deliver this scenario to the students at a time earlier than just prior to the drill's start. If the concept of disaster response is a new idea, it may be advisable to give the scenario sheet to participants a day or two before the exercise. This will allow for more focused study of the student materials, as well as time for mental preparation.

As stated before, creating a positive experience with the Hospital Emergency Incident Command System is one of the instructors goals in exposing the student/participant to this proven crisis management plan.

PARTICIPANT SCENARIO

RICHTER GENERAL HOSPITAL
SAN SEISMO, CALIFORNIA

It is a clear, crisp Fall afternoon at Richter General Hospital, a 200 bed full-service, acute care facility located in the suburban Southern California community of San Seismo. The population of 48,000 is comprised of all socio-economic groups; with about 25% of the residents of Hispanic descent. About 50% of the residents work outside of the city limits, however, an equal amount of people migrate to the city each business day to make up the work force.

San Seismo has two acute care hospitals within seven miles of each other, along with three skilled nursing facilities and six "walk-in" medical clinics. The closest hospitals are fifteen and twenty miles away. There are five elementary schools, two junior high schools, and one high school. The city's largest employer is McDouglas Aero Systems, with 4,000 employees on a 28 acre site.

Today the hospital has approximately 75% of the patient beds filled and about one third of the 1,000 employee staff are now on-duty. Three of the 10 operating rooms are finishing cases. There are 210 physicians on staff at Richter General, some are in the hospital now, others in their medical offices across the street.

While preparing to leave the hospital at 4:07 p.m., you are thrown from your office chair to the floor by a sudden and violent earthquake. Electrical power in your office is immediately lost, as the severe shaking continues for well over one minute. After the shaking stops, you find your flashlight and crawl/climb into the outer office to find a co-worker has been killed by an unsecured four drawer file cabinet. After a couple of minutes you hear the hospital telephone/communications coordinator page "Code Triage", the code phrase for the hospital's disaster plan.

You assemble in the atrium outside the executive offices according to the hospital plan, where you are given a briefing by the CEO and your assignment, the corresponding Job Action Sheet, and your identification vest. You are instructed to go to your specific emergency operations center and prepare a report quickly to be delivered to your reporting (supervising) officer. The hospital is now operating under the Hospital Emergency Incident Command System

YOU MAY NOW BEGIN THE EXERCISE!

1. **Read your Job Action Sheet and your assignment's Supplemental Scenario sheet**
2. **Quickly get to know the people in your Section**
3. **Familiarize yourself with the positions (people) you relate to (get up and move around)**
4. **Use Message Forms to document important communications; use face-to-face communication when convenient**
5. **Document all of your significant activities and communications on the Activity Log**
6. **Tell your superior what you are doing**

When in doubt ... follow your Job Action Sheet and Ask for Assistance

SECTION 11

LESSON PLAN

TABLE-TOP EXERCISE

SUPPLEMENTAL

SCENARIOS

About the Following Pages...

The following pages are each titled with the various job positions within the Hospital Emergency Incident Command System organizational chart. Each of these sheets is a **supplemental scenario** which is designed to focus each exercise participant to the specific role he or she will play. Although the exercise players may be aware of the position they are expected to fill, the supplemental scenario is intended to be given to the tabletop participant **at the beginning** of the exercise. The supplemental scenario goes beyond the general description of the Richter General Hospital scenario which is given to everyone. The supplemental scenario actually reiterates the specific job description in common terms. Some of these sheets also include additional clues and parameters which will assist the participant in the performance of his/her specific role.

It is suggested that an instructor distribute the appropriate supplemental scenario to the participant with the corresponding Job Action Sheet at the beginning of the Hospital Emergency Incident Command System exercise.

INCIDENT COMMANDER

Your concerns are many, but right now you have to focus on the management of your four Section Chiefs. With their help, you will be able to determine the ultimate direction and function of Richter General Hospital in the aftermath of the earthquake.

You have already read your Job Action Sheet, and handed out all the Chief assignments (that puts you down the action list to #4.) You need to re-read your Job Action Sheet at this time to place your self on-track.

In order to make informed decisions, you have scheduled an Executive Staff Meeting in 5 minutes. This meeting (and subsequent Executive Staff Meetings) will involve the following:

Yourself
Public Information Officer
Liaison Officer
Safety and Security Officer
Logistics Section Chief
Planning Section Chief
Finance Section Chief
Operations Section Chief
(any individual which may have information affecting all sections; i.e. Damage Assessment & Control Officer)

Intelligence is needed from each of these individuals in each area of focus so that you may issue the general directives concerning the hospital.

Your meetings with the Executive Staff should be held in a quiet area and be as frequent as necessary to stay on top of developments affecting the hospital. (For the purpose of the exercise, you should meet at least once every 5 to 10 minutes. If there are serious problems affecting the hospital, meetings should be more frequent.)

Leadership is what is expected of you... pertinent data and intelligence is what you should expect.

PUBLIC INFORMATION OFFICER

You have just received your assignment from the Incident Commander. Even though you have been through many disaster drills in the past, the strength of this earthquake has shocked you. Although you are confused, you realize you must pull yourself together and begin your task as Public Information Officer (PIO).

You know that it may be some time before any members of the media arrive (or communicate) with the hospital. Yet, as a PIO you know that acting as a reporter yourself will only help the intelligence gathering efforts of the hospital staff.
Information you gather now and clear with the Incident Commander for release, could be a valuable bargaining tool when dealing with the media and the services they may be able to provide the hospital.

You remember that you are part of the Executive Staff. You are one of the three officers who answers directly to the Incident Commander (IC). It is the IC who will authorize the important actions which will affect the overall operation of the hospital. However, the IC also depends on you as a reporter, advisor and sounding board. As part of the Executive Staff, you feel a loyalty and need to assist the IC in any way you can.

But before you begin any activity you know you must read your Job Action Sheet once again. This will help you to focus your activity on information gathering and the appropriate release of press information. As disoriented as you may feel, you know that the prioritized tasks on the Job Action Sheet will help you keep on track with your duties.

LIAISON OFFICER

You have just received your appointment from the Incident Commander (IC). Even though you and your coworkers are visibly shaken from the strong earthquake and the destruction to the facility, you are not surprised to have received this appointment. As the person most commonly consulted in hospital disaster matters, you are the natural choice to be the "official bridge" between Richter General and the outside world.

The task of Liaison Officer is not new to you. You have represented the hospital at many of the disaster committees in your hospital's area. Many of the community disaster leaders recognize you as a point of contact for Richter General Hospital. **Your initial actions, (along with re-reading your Job Action Sheet,) are to make (simulated) contact with any outside agency/institution to begin networking information and supplies.**

Your appointment makes you part of the Executive Staff. You are one of the three officers who answers directly to the IC. The IC will authorize the important actions which will affect the overall operation of the hospital; the IC will depend on you heavily as a resource person. You will provide advice and information not only on the hospital plan, but also who to contact and what to expect from agencies and businesses outside the hospital.

As part of the Executive Staff you are a critically important advisor and resource to the IC. You are an indispensable, interpretive link to the outside world.

SAFETY & SECURITY OFFICER

You have just been given your assignment by the Incident Commander (IC). Being in charge of safety and security on a normal day is busy enough at Richter General, but after this severe earthquake you are very sorry you did not choose another line of work. However, your sense of duty and commitment are strong, and you begin to focus your thoughts on your task at hand.

As Safety and Security Officer you have two missions; 1) to ensure that any activity which takes place at the hospital is done with the maximum amount of safety to all involved, and 2) provide for personal security for staff, patients, visitors and property. Both of these tasks can only be accomplished with timely and accurate intelligence.

In ensuring a safe environment, you must make everyone your eyes and ears. In the case of unusual operations, such as rescue and recovery, landing of a helicopter and evacuation to name a few, you must make an effort to have you or your staff personally supervise the actions. If danger of any type is perceived, you must take steps to minimize it, or halt the operations altogether.

Security will be a monumental task. Even though it is a common misconception that looting and violent crime usually follow a disaster, you still realize you must protect the people and resources on the hospital grounds. Crowd control and traffic management is also a priority in order for volumes of patients to be treated and discharged.

Finally, you remember you are part of the Executive Staff. You are one of three officers chosen by and answering directly to the IC. The IC will depend upon you for intelligence, advice and support. You should stand ready to assist the IC in any way possible.

At the time of the earthquake there are four Safety and Security personnel (security officers) on-duty. It is time to re-read your Job Action Sheet.

LOGISTICS SECTION CHIEF

It has been about five minutes since the earthquake has occurred. You have been through many earthquakes here, but this one is far beyond anything you could have imagined. As you regain your composure, you are given your assignment and Logistics Section equipment by the Incident Commander (IC). You have made all of your officer assignments, and feel much relieved now that the lights have come back on.

Reading your Job Action Sheet has reminded you that your mission focus is to ensure the optimal environment possible for the delivery of medical services. However, in order to begin this process you are in dire need of intelligence and data regarding the physical condition of the hospital, it's utilities, medical and food supplies, and, most important, damage assessment and rescue

From what you have seen so far, you are quite sure that damage and injuries will be significant.

You need information fast. You will be expected to give a report in five minutes to the IC regarding any activity in your Logistics Section at the executive staff meeting. You also surmise that there will be plenty of requests for services and supplies made of your staff from other sections in the hospital.

You wonder how bad Faultline Medical Center is damaged (7 miles to the north.) You wonder how many of the facilities and maintenance personnel have begun a damage survey. What will they report? You wonder what is the state of medical and non-medical supplies.

You stop... take a deep breath ... and re-read your Job Action Sheet.

FACILITY UNIT LEADER

Although it has been five minutes since the earthquake occurred, you still find it hard to focus on the assignment given you by the Logistics Section Chief. The earthquake was so strong that you know some employees must be dead or injured. Furnishings, ceiling tiles, light fixtures, windows... everything shows some sort of damage.

Even in your state of disbelief, you have managed to pick-up your Job Action Sheet and focus on the tasks you must do and assignments which must be made. You have already assigned your Damage Assessment and Control Officer and the Sanitation Systems Officer; a task on your Job Action Sheet has been completed. (You wonder if they really understand how quickly you need information back regarding the hospital physical plant, utilities and sanitation concerns.)

You already know that electrical power has been interrupted. The sound of the emergency generators can be heard as the emergency lights have come back on. You are very glad that the diesel fuel tanks were topped off two weeks ago. That should be enough for about 72 hours.

But what about tonight? It will soon be dark and who knows where you will have to set up environmental controls in order to carry out the mission of Richter General.

You remind yourself to calm down. Focus on your Job Action Sheet. Get information concerning present conditions now, and deal with the other decisions after more data is known.

You currently have three engineers on duty, in addition to the Damage Assessment and Control Officer and the Sanitation Systems Officer.

DAMAGE ASSESSMENT AND CONTROL OFFICER

The earthquake was bad. You didn't have to be assigned the Damage Assessment and Control Officer position to know that Though you have been through many earthquakes in your life, this is worse than you could have predicted. But, now that you have been given the assignment by the Facility Unit Leader, you make attempts to gain your composure, because you know that many people will need you to perform to the best of your ability,

Your job is to gather quick and accurate intelligence on what works and what is damaged in the facility. A multitude of decisions will depend on what you report now, and what you are able to restore. Identifying what is damaged and attempting to prevent further injury and destruction are of prime importance to you. You need to gather information and communicate with your superiors A.S.A.P.

You also have the charge of dispatching Search and Rescue Teams throughout the hospital. The rescue activity of your teams may be the very first real life saving efforts to take place at Richter General.

All of this seems overwhelming at the moment; but you remember to take a deep breath, and follow the checklist on your Job Action Sheet. (You have already reached step -#3.) Three of the four engineers on-duty have already reported to you for assignment. You expect to get some assistance from the Environmental Services (housekeeping) personnel. It might also be nice to find a scribe from the Labor Pool to help you with your paperwork.

But for now, you'll start by re-reading your Job Action Sheet.

SANITATION SYSTEMS OFFICER

As a hospital engineer, you are not surprised to be assigned the Sanitation Systems Officer position. However, you are reluctant to begin reconnaissance because you suspect there is much damage due to the severe shaking, You have seen file cabinets and furnishings thrown great distances throughout the hospital, walls are cracked and water is dripping from the fire sprinkler system

Yet, with all this damage you are able to focus to the task you have at hand. **You are to evaluate the current sanitation system, and establish a method for waste disposal dictated by the current conditions.** From your prepackaged information you know that the hospital has 100 patient bathrooms, eight visitor bathrooms and two "employee only" bathrooms. There are 12 bedside commodes throughout the hospital building. The hospital sewage system is tied into the City of San Seismo sanitation lines.

There are four large dumpsters of non-hazardous trash which are emptied daily. There are 16 - 50 gallon containers which are used to hold contaminated waste. These are emptied every other day by a hazardous waste company. You are especially concerned about the one trash can and area which holds the radioactive diagnostics waste material. You have been informed that the barrel has overturned and fluid has created a small pool in the location marked with an "X" in the "trash" area.

There are a lot of things to check out; but for now, you will re-read your Job Action Sheet and begin priority setting activities and gathering information to report back to the Facilities Unit Leader.

At this point you are working alone.

COMMUNICATIONS UNIT LEADER

As violent as the earthquake was, you realize that you have been assigned a high priority job by the Logistics Section Chief. You know the demand for your services will be great, so you try to shake off the effects of the horrendous last five minutes,

You have already established that the telephones are out, however, the overhead paging system is still intact throughout most of the hospital. (You know it won't be long before the Liaison Officer is knocking at your door, requesting communication contact with the outside world.

There are 12 walkie-talkies for use throughout the hospital campus. You were supposed to have received a list of who was to get one, but it has been lost, You must now decide who is to receive a radio.

The one and only portable A.M. / F.M. radio that you know of is crushed under a fallen counter at your work station. You are sure that there must be another one somewhere at the hospital.

At this point you feel very frustrated. **You know that your whole mission is to organize, coordinate and provide for communications internal and external to the hospital.** Yet, all you have right now is 12 walkie- talkies.

It is time to take a deep breath and re-read your Job Action Sheet.
At this point you are working alone.

TRANSPORTATION UNIT LEADER

For the past six months you have been the Transportation Coordinator for Richter General Hospital. Up until the last 5 to 10 minutes this has been a great place to work. At this point, you really wonder about how your spouse and bed ridden father are doing at home (you live about 14 miles south of the hospital.)

You take a deep breath... you compose yourself, and begin to focus on your duties. **Your basic mission is to promote and coordinate the transportation of patients and resources (human and materials) relative to hospital activity.** You are glad you have a Job Action Sheet to guide you through all this.

When the Logistics Section Chief gave you your assignment, the Chief also gave you a list of transportation equipment which is available to you.

15	wheelchairs
12	folding, 2-man litters (or portable cots-military type)
6	gurneys/stretchers
2	patient evacuation chairs
1	"cube" style van/truck
one person to help you with your tasks	

You have to begin to decide where all this equipment should be staged for the best utilization.

However, your thoughts continue to be directed towards the safety of your spouse and father at home. It will be very hard to focus upon your tasks if you are not able to get some information.

For now, you'll try to get by and re-read your Job Action Sheet.
At this point you are working alone.

MATERIALS SUPPLY UNIT LEADER

You have received your assignment, vest and Job Action Sheet from the Logistics Section Chief. However, you are having a difficult time focusing on your task. The strength and damage caused by the quake has been unnerving, You consider yourself a calm person, who can keep a cool head in times of stress; but the known death of a co-worker and the violent shaking have scared everyone.

Nonetheless, **you realize your mission is to organize and supply the various hospital functions with whatever supplies are available.** You are committed to doing your job, and you review your Job Action Sheet to reaffirm your duties.

The majority of supplies in the storeroom have been thrown to the ground during the quake, At this moment an inventory would be very difficult. You know that the medical disaster supply carts in the south-east corner of the Stores Area are intact. The emergency lighting has revealed that the carts have remained chained to the wall. The carts are upright, and the nylon netting placed around the shelves have kept the contents in place.

The hospital has a policy to carry enough stock for normal operations for 48 hours,(the hospital usually has a census of 150 to 175 patients daily.) You are guessing that you have lost 25% of your stores from earthquake damage and water is slowly accumulating on the floor from a damaged fire sprinkler.

You have two supply clerks and one central/sterile supply clerk on duty at this time. It is time to re-read your Job Action Sheet.

NUTRITIONAL SUPPLY UNIT LEADER

You have received your assignment, vest and Job Action Sheet from the Logistics Section Chief. Although you are still dazed, you have assured the Chief that you can function and carry out your duties. **Your mission is to organize, ration and prepare the food and water stores for the hospital patients and staff and any new, incoming patients.**

You have enough food stuffs to make about 2,500 meals. You have 200 - five gallon bottles of water, and an unknown quantity of water in the hospital water heaters. The hospital has at least five microwave ovens, however, none of them are connected to emergency power.

As of this moment, your biggest concern is your kitchen staff. All of your eight people on duty are of foreign descent and have not taken this event well. They are all worried about their families and most want to leave now. Your head cook is doing her best to calm them down, and most are responding to her good advice. However, you are concerned for them and their welfare. You don't know how long they will remain at their jobs.

Faced with all this, you decide that it is a good time to re-read your Job Action Sheet.

PLANNING SECTION CHIEF

After having received your appointment from the IC, you have just handed out the Planning Section's assignments to all your officers. You are expected to give a "report on conditions" to the IC in five minutes and you must make sure that all of your officers are very clear on what is expected of them. The Planning Section is the intelligence gathering and "forward-looking think tank" for the entire hospital.

You are very aware that this is no small event; you yourself feel quite shaken from the quake and all the damage you have witnessed. Still, you are committed to doing your best and carrying out **your mission to organize information, project the hospital's response based on current data, stimulate and make plans/preparations to meet future needs.**

However, before you can draw up an Action Plan, you are in desperate need of data concerning the hospital's current status. You will need much information in order to formulate a short term or long term plan for recommendation to the Incident Commander (IC) and the Executive Staff, (you, as Planning Section Chief, are part of the Executive Staff.) You and the Situation/Status Unit Leader will have to access many resources in order to get a grip on the current status of Richter General Hospital.

It seems you have a very large task; but the only way to approach it is one step at a time. You will begin by re-reading your Job Action Sheet. You feel a little more confident knowing you have already completed step #5.

SITUATION-STATUS UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Planning Section Chief. **Your primary mission is to attempt to keep track of the current situation and status at Richter General Hospital, and the outside world as it affects the hospital.** You are grateful to have a job which will keep you as informed and upto-date as possible. (This will put at ease some of your own concerns.)

In order to do your duties well, you will have to gather intelligence from any and all sources. It would be best to begin with a Status Board which can display current information which is pertinent to the hospital, the design of the Status Board is up to you. It may be divided up between two boards showing conditions on the hospital campus, and those events in the community. Or, it may involve 4 situation boards reflecting the status of each Incident Command Section. What ever form you choose to display the current situation, all entries must have a time recording by each.

All computer systems are down and not expected to be back on-line. As a result, most information will have to come through reports of the various officers and chiefs. You must inform all unit leaders that important information and activity must be reported to you, since you are the gathering point for all intelligence.

As part of the Planning Section team you know it is your responsibility, and that of the other Planning Section members, to be **thinking ahead** of the current situation. Your effectiveness in planning, will depend much on your ability to **anticipate** future events and reactions within the community.

You decide to get to work as you know people will soon be coming to you for information/intelligence about the facility. It is time to reread your Job Action Sheet. At this time you are working by yourself.

LABOR POOL UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Planning Section Chief. As you read your Job Action Sheet, you realize what an important role you play in the Planning Section. You are grateful to be busy, as this will help keep your attention focused on your tasks at hand, and not thinking about the terrible destruction you have seen happen to Richter General Hospital.

Your mission is to track the hospital employees currently at work; anticipate future personnel needs; and register/credential volunteers when appropriate. To begin your work you need to know the numbers and names of all personnel on duty now in the various hospital departments as soon as possible (the numbers of employees on duty at the time of the earthquake is supplied to you for the purpose of this exercise; there is no need to simulate the employee names.)

Other factors to consider is how to best use volunteers; how to establish shifts for rotation of employees; matching number of employees with patients to treat; and, the health and welfare of all workers at Richter General. This will require plenty of forward thinking; that is to say, projection of anticipated staff.

As part of the Planning Section team you know it is your responsibility, and that of the other Planning Section members, to be **thinking ahead** of the current situation. Your effectiveness in planning will depend much on your ability to **anticipate** future events and reactions within the community,

Indeed, the tasks you have are many, as are the variables which can affect the number of employees on duty. For now, you will re-read your Job Action Sheet and set about to establish a location for the Labor Pool.

Right now you have three human resource workers to assist you.

Employees On Duty at Time of Earthquake
(4:07 P.M.)

Nurses

1	Nursing Supervisor
12	critical care RNs and 5 LVNs
18	general care RNs and 7 LVNs
6	pediatric RNs
5	emergency department RNs
4	Labor & Delivery RNs
5	Nursery RNs
6	OR RNs
3	Recovery RNs
10	RNs from Infection Control, UR, QA, Discharge Planning, Education, etc.
70	Total Nurses

Medical Technicians & Specialty

10	Nursing Assistants
5	Emergency Medical Technicians
12	Phlebotomist/Lab Technicians
6	X-Ray Technicians
3	Patient Transporters
1	Central Supply Technician
3	Medical Supply Staff
4	Pharmacists
3	pharmacy technicians
5	Respiratory Therapists
5	Physical/Occupational Therapists
57	Total Ancillary Medical Personnel

Employees On Duty at Time of Earthquake
(continued)

Non-Medical Personnel

3	Engineers
10	Environmental Service Personnel
2	Materials Management
8	Nutritional Services
4	Security Officers
10	Business Office/Medical Records
9	Secretarial/Office Support
8	miscellaneous staff
10	volunteers
3	Human Resources staff
4	Administrative staff
72	Total Non-Medical Personnel

119 **Total Number of Hospital Employees On-Duty at Time of Earthquake**

Remember that others may be in need of this information.

MEDICAL STAFF UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Planning Section Chief. Even though Richter General has practiced and prepared for and earthquake, you never though it would ever be this bad. The destruction is evident in the look of disbelief on the face of everyone face.

But for now, you must focus on the task at hand. **Your mission is to inventory the arriving physicians and assist the Medical Staff Director (and/or Chief of Staff) in physician work assignments. You must also help with the credentialing of volunteer physicians.**

You feel relieved that most staff physicians have a working knowledge of the hospital disaster plan, because when you go to your office (the Medical Staff Labor Pool) you find the following physicians waiting for you: (See attached Sheet) You are glad to have this many doctors at this time, but you know that you will need many more over the next few hours and days ahead.

You need to find out how many physicians will come over from the Medical Building across the street. Volunteer physicians coming into help need to be directed to you for credentialing, orientation and assignment. As part of the Planning Section team you know it is your responsibility, and that of the other Planning Section members, to be **thinking ahead** of the current situation, Your effectiveness in planning will depend much on your ability to **anticipate** future events and reactions within the community.

You decide what you really need to do is re-read and follow your Job Action Sheet and find the Medical Staff Director.

Physicians Reporting to the Medical Staff Unit Leader
Within 5 Minutes of the Earthquake

(4:07 P.M.)

2	Radiologists
1	Pathologists
2	General Surgeons (went to the E.D.)
1	OB/GYN
1	Internists
1	GPs
1	Emergency (in the E.D.)
1	Gastroenterologists
3	Anesthesiologists
1	Cardiologists

14 Total Physicians in the hospital at this time.

NURSING UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Planning Section Chief. You have assigned the Patient Tracking Officer and the Patient Information Officer. You feel relieved knowing you will be working with the support of these two officers, as the strength of the earthquake has been quite unsettling. You also know that you will be working closely with the Medical Care Director, as this position will have an "on-line" picture of nursing care services in each patient care area.

Your ultimate mission is to coordinate the nursing services and oversee the patient care services in this time of crisis. To begin this process, you will first need to know how many patients are currently in the hospital and what is the acuity level of each. You will request the Patient Information Officer to supply you with this type of data.

You will also need to know the number and type of nursing service personnel on duty. This information is normally delivered to the Labor Pool following a disaster.

As part of the Planning Section team you know it is your responsibility, and that of the other Planning Section members, to be **thinking ahead** of the current situation. Your effectiveness in planning will depend much on your ability to **anticipate** future events and reactions within the community. You are responsible for projecting patient care staffing needs.

For now you will refocus your thoughts by re-reading your Job Action Sheet.

PATIENT TRACKING OFFICER

You have just received your appointment, vest and Job Action Sheet from the Nursing Unit Leader. You are to establish a tracking system/chart in anticipation of receiving data regarding in-house and newly arriving patients.

You have just returned from the Admitting Office with the patient in-house census. It is as follows:

150 patients (25 of these patients have discharge orders written and are awaiting rides home.)

In-house patient Triage Categories:

Immediate = 7 (ICU/CCU type patients)

Delayed = 21 (surgical recovery/serious medical patients)

Minor = 122 (patients 1-2 days prior to discharge with normal recoveries, patients awaiting discharge, or awaiting procedures)

The above process was done by rapidly going down the list of in-house patients and converting the standard hospital condition nomenclature to terminology used in the S.T.A.R.T. System. This will accelerate the patient transfer/evacuation process, if it becomes necessary.

As part of the Planning Section team you know it is your responsibility, and that of the other Planning Section members, to be **thinking ahead** of the current situation. Your effectiveness in planning will depend much on your ability to **anticipate** future events and reactions within the community.

Although you will be concerned with where patients are located within the hospital, your information regarding the availability of physical space (beds) to care for patients is most valuable.

It is now time for you to begin work and start by re-reading your Job Action Sheet.

PATIENT TRACKING SHEET

Patient #	Patient Name	Age	Status			Location						Disposition

PATIENT INFORMATION OFFICER

You have just received your appointment, vest and Job Action Sheet from the Nursing Unit Leader. Even though you are still reeling from the effects of the violent quake, you have assured the Nursing Unit Leader that you are capable of carrying out your tasks. You are quite upset about being separated from your 17 year old daughter and 18 year old son who are in the after school athletic program at San Seismo High School. You trust that your family disaster plan will work, for the high school is at least eight miles south of Richter General Hospital.

Right now you must deal with the approximately 40 to 50 visitors and families who have been asked to wait in the main lobby. (You know for a fact that most of the visitors have rushed to their loved ones' bedside and are refusing to leave or be separated.)

Your primary mission is to try to provide appropriate information on the condition and location of patients being treated at Richter General Hospital. You are also expected to cooperate with the American Red Cross as they coordinate the Disaster Welfare Inquiry.

You and the Patient Tracking Officer will work together to try and keep a handle on the hospital census and the location/condition of each patient.

It will also be very important for you to work cooperatively with the Triage Unit Leader and the Discharge Unit Leader. These two people oversee the key areas of hospital entry and departure for every patient seen at Richter General Hospital.

As part of the Planning Section team you know it is your responsibility, and that of the other Planning Section members to be **thinking ahead** of the current situation. Your effectiveness in planning will depend much on your ability to **anticipate** future events and reactions within the community. Now is the time to focus your attention to the tasks at hand. Please reread your Job Action Sheet.

PATIENT INFORMATION SHEET

Medical Record #	Patient Name	Current Condition	Location	Time
00-001	Franks, Ed, 22, M	Post-op, stable	Surg #209	1615
00-002	Lewis, James, 44, M	Fx. legs, stable	Surg #224	
00-003	Russnick, Janice, 30, F	Respiratory, stable	Med #317	
00-004	Appleton, Lois, 24, F	Post-op, guarded	Surg #210	
00-005	Banter, Julie, 19, F	post-op, stable	Surg #213	
00-006	Bread, Bea, 67, F	cardiac, guarded	CCU #120	
00-007	Livingston, Kurt, 66, M	cardiac, critical	CCU #117	
00-008	Tankis, Jomile, 56, M	Post-op, serious	Surg #209	
00-009	Sanchez, Salvatori, 46, M	post-op, stable	Surg #208	
00-010	Chavez, Jesus, 77, M	Medical, stable	Med #308	
00-011	Cruz, Estiban, 44, M	trauma, critical	ICU #116	
00-012	Shultz, Pam, 53, F	post-op, serious	Surg #219	
00-013	Henery, Gail, 43, F	post-op, stable	Surg, #219	
00-014	Ceil, Hope, 32, F	Medical, guarded	Med #309	
00-015	Gastick, Lisa, 22, F	post-op, stable	OB #408	
00-016	Joppa, Hermacilla, 44, F	medical, guarded	Med #310	
00-017	Smith-Shone, Lavone, 28, F	post part., stable	OB #401	
00-018	Smith-Shone, baby girl	serious	Nursery	
00-019	Everest, Cliff, 38, M	medical, guarded	Med #308	
00-020	Yu, Huru, 44, M	post-op, stable	Surg #221	
00-021	Eastwick, Stan, 16, M	post-op, guarded	Surg #220	
00-022	Boyd, Sarah, 18, F	post-op, guarded	OB #409	
00-023	Zepple, Tom, 51, M	post-op, serious	Surg #220	

PATIENT INFORMATION SHEET

Medical Record #	Patient Name	Current Condition	Location	Time
00-024	Tomas, Anna, 33, F	labor, serious	OB #401	
00-025	Fern, Betty, 22, F	post-part., stable	OB #402	
00-026	Fern, baby girl	stable	nursery	
00-027	Mattick, Sharon, 31, F	post-part., stable	OB #402	
00-028	Mattick, baby boy	stable	nursery	
00-029	Smith, Clarence, 77, M	medical, guarded	Med #217	
00-030	Shine, Richard, 41, M	medical, stable	Med #217	
00-031	Bundy, Kelly, 30, F	post-op, guarded	OB #403	
00-032	Lindy, Susan, 27, F	post-op, guarded	OB #403	
00-033	Burns, Rose, 40, F	post-op, serious	Surg #218	
00-034	Cray, Allison, 33, F	medical, guarded	Med #307	
00-035	Ellis, Sandi, 66, F	cardiac, serious	CCU #118	
00-036	Koch, Jennifer, 26, F	post-part, stable	OB #404	
00-037	Koch, baby girl	stable	nursery	
00-038	Dory, Ted, 50, M	cardiac, critical	CCU #116	
00-039	Melendez, Jimmy, 5, M	medical, guarded	Peds Iso #101	
00-040	Blair, Arron, 7, M	medical, stable	Peds Iso #102	
00-041	Farsworth, Judy, 3, F	post-op, stable	Peds #104	
00-042	Nickles, Jed, 5, M	pre-op, stable	Peds #105	
00-043	Patton, Judi, 8, F	post-op, guarded	Peds #106	
00-044	Merrit, Mandy, 2, F	post-op, guarded	Peds #104	
00-045	Pershing, Carl, 10, M	med, stable	Peds #109	
00-046	Stanton, David, 9, M	med, guarded	Peds #109	

PATIENT INFORMATION SHEET

Medical Record #	Patient Name	Current Condition	Location	Time
00-047	Stone, Al, 15, M	post-op, guarded	Peds #111	
00-048	Jones, Stacey, 12, F	pre-op, stable	Peds #110	
00-049	Livermore, Elieen, 9, F	pre-op, stable	Peds #110	
00-050	Nordhoff, Paul, 8, M	post-op, stable	Peds #107	
00-051	Nordhoff, Phil, 8, M	post-op, stable	Peds #107	
00-052	Claypool, Judd, 11, M	pre-op, stable	Peds #105	
00-053	Santori, Vincent, 5, M	trauma, serious	Peds ICU#112	
00-054	Nash, Beverly, 6, F	post-op, serious	Peds ICU#113	
00-055	Earnest, Ellie, 4, F	medical, guarded	Peds ICU#114	
00-056	Hopper, Patricia, 7, F	post-op, serious	Peds ICU#115	
00-057	Benton, Marsha, 13, F	medical, stable	Peds #106	
00-058	Cantrell, June, 9, F	medical, stable	Med #301	
00-059	Rush, Maxwell, 14, M	pre-op, stable	Surg #201	
00-060	Upton, John, 12, M	pre-op, stable	Surg #201	
00-061	Melton, Jon, 2, M	pre-op, stable	Peds #111	
00-062	King, Travis, 8, M	medical, guarded	Peds #108	
00-063	Rey, Miguel, 7, M	medical, stable	Peds #108	
00-064	Ford, Richard, 30, M	pre-op, stable	Surg #208	
00-065	Breck, Luke, 46, M	post-op, guarded	Surg #206	
00-066	Edwards, Anthony, 19, M	pre-op, stable	Surg #216	
00-067	Burns, Eugene, 25, M	pre-op, stable	Surg #216	
00-068	Christopher, Joseph, 41, M	post-op, stable	Surg #206	
00-069	Goodbody, Paula, 37, F	pre-op, stable	Surg #210	

PATIENT INFORMATION SHEET

Medical Record *	Patient Name	Current Condition	Location	Time
00-070	Sackett, Joy, 29, F	post-op, guarded	Surg #213	
00-071	Mack, Tina, 33, F	post-op, guarded	Surg #207	
00-072	Lange, Teresa, 45, F	post-op, guarded	Surg #207	
00-073	Farthington, June, 76, F	medical, serious	Med #316	
00-074	Farring, Kim, 65, F	medical, serious	Med #316	
00-075	Trent, Louise, 59, F	medical, serious	Med #317	
00-076	Small, Emma, 89, F	medical, stable	Med #319	
00-077	Artack, Gloria, 69, F	medical, guarded	Med #319	
00-078	Grindile, Helen, 52, F	medical, guarded	Med #312	
00-079	Plummer, Walter, 41, M	medical, guarded	Med ISO #324	
00-080	Gamble, Sean, 31, M	medical, stable	Med #313	
00-081	Buckley, Fred, 71, M	medical, stable	Med #318	
00-082	Fagan, Brenda, 56, F	medical, guarded	Med ISO #323	
00-083	Haskel, Nancy, 44, F	post-op, guarded	Surg #211	
00-084	Innes, Peter, 72, M	medical, stable	Med #313	
00-085	Nobel, Laurie, 59, F	medical, guarded	Med #312	
00-086	Winfield, Deborah, 61, F	medical, guarded	Med #314	
00-087	Carson, Russell, 86, M	post-op, serious	Surg #212	
00-088	Rose, Richard, 34, M	pre-op, stable	Surg #212	
00-089	Jansen, Mary Lou, 67, F	post-op, serious	Surg #211	
00-090	Vallejo, Mark, 58, M	post-op, guarded	Surg #215	
00-091	Youngs, Alice, 43, F	post-op, stable	Surg #214	
00-092	Patterson, Wendy, 43, F	pre-op, stable	Surg #202	

PATIENT INFORMATION SHEET

Medical Record #	Patient Name	Current Condition	Location	Time
00-093	Mitchell, Donald, 77, M	medical, serious	Med #315	
00-094	Davidson, Jack, 91, M	medical, critical	CCU #119	
00-095	Fletcher, Diane, 63, F	medical, stable	Med #320	
00-096	Elway, Ruth, 48, F	medical, guarded	Med #320	
00-097	Hardwood, Irma, 50, F	post-op, serious	Surg #203	
00-098	Kenton, Sylvia, 68, F	medical, guarded	Med #322	
00-099	Stevenson, Marg, 55, F	medical, guarded	Med #322	
00-100	Adams, Beth, 49, F	medical, serious	Med #321	
00-101	McNeil, Prudence, 67, F	medical, guarded	Med #321	
00-102	Stratton, Duke, 21, M	post-op, serious	Surg #204	
00-103	Landers, Jeffery, 38, M	pre-op, stable	Surg #224	
00-104	Dansen, Tracy, 34, F	post-op, guarded	Surg #205	
00-105	Kaminski, Shelia, 52, F	post-op, guarded	Surg #205	
00-106	Washington, Olivia, 65, F	pre-op, stable	Surg #214	
00-107	Holton, Charles, 59, M	pre-op, stable	Surg #215	
00-108	Burger, Kyle, 28, M	trauma, serious	CCU #124	
00-109	Burger, Lynn, 27, F	trauma, critical	CCU #123	
00-110	Burger, Angie, 5, F	trauma, guarded	CCU #122	
00-111	Mays, Marti, 39, F	medical, guarded	Med #314	
00-112	Fernandez, Manny, 45, M	medical, guarded	Med #318	
00-113	Huy, Van Ny, 38, F	medical, stable	Med #320	
00-114	Wong, Del, 67, F	medical, guarded	Med #320	
00-115	Oliver, Patti, 46, F	medical, serious	Med #311	

PATIENT INFORMATION SHEET

Medical Record #	Patient Name	Current Condition	Location	Time
00-116	Werth, Kristie, 40, F	pre-op, stable	Surg #223	
00-117	Armstrong, Clinton, 47, M	post-op, guarded	Surg #222	
00-118	McCormack, Stewart, 57, M	post-op, stable	Surg #222	
00-119	Burns, Maria, 61, F	pre-op, stable	Surg #223	
00-120	Bell, Jean, 67, F	medical, guarded	Med #302	
00-121	Marsh, Ginger, 74, F	medical, guarded	Med #302	
00-122	Spencer, George, 70, M	medical, stable	Med #318	
00-123	Newsome, Penny, 52, F	medical, guarded	Med #310	
00-124	Russell, Lawrence, 88, M	medical, guarded	Med #303	
00-125	Blaster, Tim, 48, M	medical, stable	Med #303	
00-126	Sutton, Reggie, 44, M	medical, guarded	Med #304	
00-127	O'Conner, Timothy, 22, M	medical, guarded	Med #304	
00-128	Tucker, Lucy, 76, F	medical, stable	Med #305	
00-129	Martin, Anne, 70, F	medical, guarded	Med #305	
00-130	Schumann, Arthur, 83, M	medical, serious	Med #306	
00-131	Murphy, Ralph, 66, M	medical, guarded	Med #321	
00-132	Ross, Lindsey, 53, F	medical, stable	Med #307	
00-133	Billings, Belinda, 67, F	pre-op, stable	Surg #225	
00-134	Kramer, Michelle, 55, F	pre-op, stable	Surg #225	
00-135	Parker, Anita, 37, F	pre-op, stable	OB #410	
00-136	Snell, Cindy, 29, F	post-op, stable	OB #405	
00-137	Traver, Bob, 60, M	cardiac, guarded	CCU #125	
00-138	Brookings, George, 44, M	Medical, guarded	Med #321	

PATIENT INFORMATION SHEET

Medical Record #	Patient Name	Current Condition	Location	Time
00-139	Winner, Brock, 52, M	post-op, stable	OP Surg #3	
00-140	Muller, Craig, 47, M	post-op, stable	OP Surg #2	
00-141	Blumenthal, Emmy Lou, 56, F	post-op, guarded	OP Surg #4	
00-142	Franz, Melissa, 30, F	post-part, guarded	OB #406	
00-143	Marshall, Linda, 47, F	post-op, stable	OP Surg #6	
00-144	Mohammed, Ali Mahdi, 20, M	pre-op, stable	OP Surg #1	
00-145	Preston, Tommy, 23, M	post-op, stable	OP Surg #7	
00-146	Talbott, Hillary, 33, F	post-part, stable	OB #407	
00-147	Talbott, baby boy	stable	OB #407	
00-148	Sullivan, Amy, 38, F	post-part, stable	OB #408	
00-149	Sullivan, baby boy	stable	OB #408	
00-150	Brown, Garrett, 68, M	post-op, stable	OP Surg #9	

FINANCE SECTION CHIEF

You have just received your appointment, vest and Job Action Sheet from the Incident Commander. As a member of the Executive Staff you are expected to give a "report on financial conditions" to the Incident Commander (IC) in approximately five minutes. You know that at this early stage you will only be able to offer advice on resource usage and tracking plans to be implemented. The fact that computers and "line" operated calculators are unavailable will slow this process. From the amount of damage you've seen, you have a feeling that these systems will not be on-line soon. All calculations will have to be with hand held calculators or rough approximations.

However, you realize the importance of your job, The hospital executives and Board of Directors must be kept abreast of the cost of the operation. Those performing patient care functions MUST be reminded of the importance of documentation of all services and resources utilized in care rendered. To let the documentation lapse may, indeed, cost the financial recovery of Richter General Hospital.

As part of the Executive (or Command) Staff, you realize that the IC will depend upon you for advice and an accurate estimation of the cost of operations. The Facility unit leaders which you have just appointed must understand this principal also. Every piece of information which they collect, or seek out may have a bearing on the overall operational policy of the hospital. For even in a disaster, the "bottom line" will have an impact on the course of action taken.

All your unit leaders have been given their vests and Job Action Sheets. As members of the Finance Section they are not only responsible for the receiving and computation of numbers; they must be actively involved in the accounting and documentation of all resource expenditures. Finance unit leaders must be proactive in reducing liabilities which can be costly to the facility as a result of inadequate documentation and unaccountability in any area. Members of the Finance Section must be made to realize that they are, indeed, vital members of the Disaster Response Plan.

But, one step at a time. Right now you must re-read your Job Action Sheet.

TIME UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Finance Section Chief. After an earthquake this violent, you are not sure how many employees you will find remaining on duty. **Your mission is to document the personnel time records from the onset of the disaster, until it is officially declared over.** That may be a long time, but you realize that record keeping and collection start now.

The time clocks are not functioning due to the power loss. You are concerned that not all chiefs will remember to utilize the Emergency Incident Time Sheet. You think it would be a good idea to go to all the chiefs and make sure they understand the importance of their section's Time Sheet.

As a member of the Finance Section, you remember that you are not only responsible for the receiving and computation of numbers, but, you also must be actively involved in the accounting and documentation of all resource expenditures. You must be pro<u></u>active in reducing liabilities which can be costly to the facility as a result of inadequate documentation and unaccountability in any area. All members of the Finance Section must realize that they are, indeed, vital members of the Disaster Response Plan.

This all sounds good, but what you have seen so far has been quite frightening. You close your eyes, take a deep breath; and re-read your Job Action Sheet.

PROCUREMENT UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Finance Section Chief. You still find yourself stunned from the violent quake which has destroyed many of the business offices. However, you are glad to be given an assignment, for now you can focus your attention on the tasks you have been assigned.

Your mission is to be involved with negotiating and issuing of contracts to purchase (or to offer other facilities) resources in this time of disaster. You will be working closely with the Materials Supply Unit Leader and approving all purchases with the Finance Section Chief. However, possibly the most important task you have is to compile a running financial summary on the Procurement Summary Report.

To complicate your duties, the computer and telephone lines are out of service. This will not slow the requests for your service. You anticipate that you will be requested to assist the Material Supply Unit Leader in finding supplies and negotiating contracts to obtain resources.

As a member of the Finance Section, you remember that you are not only responsible for the receiving and computation of numbers, but, you also must be actively involved in the accounting and documentation of all resource expenditures. You must be proactive in reducing liabilities which can be costly to the facility as a result of inadequate documentation and unaccountability in any area. All members of the Finance Section must realize that they are, indeed, vital members of the Disaster Response Plan.

It is now time to get your financial forms together and re-read your Job Action Sheet.

CLAIMS UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Finance Section Chief. Even though you are still dazed from the magnitude of the earthquake, you are committed to carrying out your duties. You now realize that those duties could be grizzly at times. **Your mission is to receive, investigate and document all claims alleged to be the result of an accident or employee action on hospital property.**

You have received at least four verbal reports of employee injuries. There are also 20 patient injuries as a result of the quake. You are aware that there have been some employee deaths. Since there are no "official" claim forms, you will have to make up an ad hoc form. You will also need to produce a summary of the claims you are investigating to report to the Finance Section Chief,

You are unable to find the video camera which the hospital has purchased for recording/documentation. You will have to think of an alternative.

As a member of the Finance Section, you remember that you are not only responsible for the receiving and computation of claims, but, you also must be actively involved in the accounting and documentation of all lost and damaged resources. You must be pro<u></u>active in reducing liabilities which can be costly to the facility as a result of inadequate documentation and unaccountability in any area. All members of the Finance Section must realize that they are, indeed, vital members of the Disaster Response Plan.

You know your job is going to be stressful. You have already decided that you want to know where the Psychological Support Unit Leader will set up his/her services. But for now, you take a deep breath... and re-read your Job Action Sheet.

COST UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Finance Section Chief. You will have to use a hand held calculator to do your computations. You suspect that it will not be long before the Hospital Board of Directors will ask the Finance Section Chief for an initial cost assessment.

Your mission is to attempt to quantify the cost of the disaster operations for Richter General Hospital. It may seem overwhelming, but, you realize that you may have one of the most important jobs in the entire disaster response. The "bottom line" is important in both day-to-day operations, and in times of crisis. If the hospital can not afford to give care, operations will have to stop.

At this point you should be compelled to tell all officers that the hospital will receive public and private reimbursement ONLY if documentation is at its best!

As a member of the Finance Section, you remember that you are not only responsible for the receiving and computation of numbers, but, you also must be actively involved in the accounting and documentation of all resource expenditures. You must be pro-active in reducing liabilities which can be costly to the facility as a result of inadequate documentation and unaccountability in any area. All members of the Finance Section must realize that they are, indeed, vital members of the Disaster Response Plan.

Right now you are working alone, and you may be for a while. Your should re-read your Job Action Sheet now.

OPERATIONS SECTION CHIEF

You have just handed out assignments to all your section's officers, after having received your appointment from the Incident Commander (IC). As VicePresident of Hospital Operations, you have seen Richter General through some hard times. However, nothing has ever scared you as badly as the violent earthquake you have just experienced. The shock can be seen on the faces of the employees and visitors. Aside from all that you see and feel, you are expected to give a "report on conditions" to the Incident Commander (IC) in five minutes. You must ascertain what level of medical operations may be carried on. You will provide what is expected of you, and so will your Operations Team. You are committed to serving your staff and the community.

Your mission is large; you are to direct the Operations Section in the Incident Command response. You will relate directly to four directors: the Medical Staff Director, the Medical Care Director, the Ancillary Services Director and the Human Services Director. These four directors will be your support and main sources of intelligence. You must instruct them to oversee their subsection personnel in the same manner.

As Chief of the Operations Section, you know your team's mission is to maximize the performance and delivery of medical and mental health care. Your personnel must remain in constant communication with you. You must be advised of current and changing conditions. Since the Operations Section actually represents the essence for the hospital's existence (medical care), the other three sections must be kept appraised of the Operations Section activity. As you expect your officers to communicate with you, you will be expected to communicate with the IC and other Section Chiefs.

Above all, you and your team should remain flexible and ready to adjust actions to the changing situation.

You should now re-read your Job Action Sheet, prior to leading your team through this exercise.

MEDICAL STAFF DIRECTOR

You have just received your appointment, vest and Job Action Sheet from the Operations Section Chief. **You are the physician in charge of directing the medical staff in all patient care areas throughout the hospital. You will also be responsible for advising the Incident Commander on the status and condition of the medical staff during this time of crisis. At the same time, you are expected to interact with the Operations Chief and the other three Operations Section directors.** You will oversee the assignment of physicians in both the in-patient areas of the hospital, as well as those special treatment areas.

To do your job you need to know how many physicians are at your disposal, and what the conditions are for medical care on the floors for the in-house patients. You will have to network very closely with the Medical Staff Unit Leader and the Situation - Status Unit Leader.

It will also be important for you to work side by side with the Medical Care Director. The Medical Care Director may be the first to become aware of the effects of the incoming patient care load on the patient care areas.

As an Operations Section Director, you know your team's mission is to maximize the performance and delivery of medical and mental health care. Your contacts and Operations Section unit leaders must remain in constant communication with you. You must be advised of current and changing conditions and problems among the Medical Staff. Since the Operations Section actually represents the essence for the hospital's existence (medical care), the other three sections must be kept appraised of the Operations Section activity. As you expect your fellow directors and unit leaders to communicate with you, so will you be expected to communicate with the Operations Section Chief.

It is now time to re-read your Job Action Sheet, and get to work.

MEDICAL CARE DIRECTOR

You have just received your appointment, vest and Job Action Sheet from the Operations Section Chief, as well as the Job Action Sheets for those supervisors and unit leaders reporting to you. You have seen the Hospital Incident Command System work during an exercise; now you are about to see whether it can bring about a functioning system to cope with this devastating crisis. It is very difficult to concentrate due to all the damage and injury you have seen at Richter General. You decide it is time to reread your Job Action Sheet.

Your mission is "organize and direct the overall delivery of medical care in all areas of the hospital". This is a large order, but you will have an In-Patient Areas Supervisor and Treatment Areas Supervisor to assist you in your duties. (You are sure that these two individuals which you have appointed are reviewing their Job Action Sheets right now.)

You have two pieces of information which you must know as soon as it is possible; 1) what is the condition/status of the in-patient areas, and; 2) are the special treatment areas being established/staffed to receive the eventual rush of new patients from the community?

As a proactive director, you will do anything necessary to assist your supervisors in the acquisition of material and personnel resources to accomplish the goal of delivering the maximum amount of quality patient care.

To help you realize your mission, you will stay in close contact with the Medical Staff Director to obtain proper physician staffing, and the Labor Pool/Nursing Unit Leaders. You will be receiving a walkie-talkie, but you know face-to-face contact with all your branch personnel and the other directors is preferred.

As an Operations Section director, you know your team's mission is to maximize the performance and delivery of medical and mental health care. Your contacts and Operations Section officers must remain in constant communication with you. You must be advised of current and changing conditions in all patient care areas. **You are expected to "think ahead" and project the needs of the two subsections assigned to your charge.** Since the Operations Section actually represents the essence for the hospital's existence (medical care), the other three sections must be kept appraised of the Operations Section activity. As you expect your fellow supervisors and directors to communicate with you, so too will you be expected to communicate with the Operations Section Chief.

Now you must get to work by re-reading your Job Action Sheet.

IN-PATIENT AREAS SUPERVISOR

You have lived in the community of San Seismo all of your life, but never have you experienced an event as traumatic as the earthquake you have just lived through. To say you are stunned is an understatement, but you realize the importance of your duty assignment and attempt to focus upon your job at hand. **Your mission is to assure the continued, quality treatment of the hospital's in-patients, and to provided for an organized, orderly discharge of patients.**

You understand that this mission is a big undertaking, however you have many people to assist you. (Besides, you can only do what you can do!) You have heard of damage on the upper floors of the hospital. You are also aware that there has been at least one employee death. Now, you need to confirm any problems with the patients and staff in the in-patient care areas. You must establish a solid communication link with the unit leaders under your charge. (These unit leaders have already been assigned.) You must know what is needed to take care of the patients. To do this you need to know the in-patient census and your current nursing staff on-duty.

You are also aware of the need to establish contact with the Discharge Unit Leader to ensure as controlled a discharge procedure as possible. You remember to remind your staff that all patients leaving the hospital should exit through the Discharge Area.

As a member of the In-Patient Care Subsection of the Operations Section, you are very concerned for your staff as well as the patients who have placed their trust in you, your staff and Richter General Hospital. With this in mind, you are determine to do the best you can with the resources you have.

It is now time to re-read your Job Action Sheet.

SURGICAL SERVICES UNIT LEADER

As a native Californian earthquakes are nothing new to you. However, the quake you have just survived has scared the hell out of you. All the warnings about getting ready for the "big one" could not have prepared you for the massive shaking which has just now stopped. At this moment you are quite sure that services of the Surgical Department will be put to the test before the afternoon and night are over. **Your mission is to supervise and maintain the surgical capabilities at the maximum possible level to care for the in-patients and those patients who will be arriving shortly.**

You have begun with the assumption that within a few short hours (or less) the surgical capabilities may be overwhelmed. You realize that you need to plan for 10 minutes from now, 10 hours from now, and 10 days from now. You accept this charge from the In-Patient Areas Supervisor.

You find that only one minor injury has occurred to an anesthesiologist attending one of the three cases currently in progress. All three surgeons are currently closing with no untoward effects to any of the three patients.

Your survey of the 10 surgical suites reveals that six rooms are quite capable of being used for surgical procedures. However, lighting in one of these rooms is out of order for reasons unknown. There are 15 abdominal trays, 10 chest trays and 30 ortho trays currently available. There are also ample GYN/GU procedure trays available.

You are a member of the In-Patient Care Subsection of the Operations Section, you are very concerned for your staff as well as the patients who have placed their trust in you, your staff and Richter General Hospital. With this in mind, you are determine to do the best you can with the resources currently available.

It is now time to re-read your Job Action Sheet.

MATERNAL-CHILD UNIT LEADER

As far as you are concerned, you have just lived through the closest brush with death you have ever had. You were able to quickly move out of the way of a very large, metal medicine station which has collapsed. The Ward Clerk was not as fortunate. All the warnings about getting ready for the "big one" could not have prepared you for the massive shaking which has just now stopped. You recall all the data which points to the fact that there will be a significant number of premature births following a disaster event such as this.

Your mission is to supervise and maintain the obstetrical, labor & delivery, nursery, and pediatric services at the maximum possible level to care for the in-patients and those patients who will be arriving shortly.

You will begin with the assumption that within a few short hours (or less) the L & D capabilities may be overwhelmed. This will spill over into the nursery also. You realize that you need to plan for 10 minutes from now, 10 hours from now, and 10 days from now. You accept this charge from the In-Patient Areas Supervisor.

You survey the eight delivery suites and find that only one is not capable of being used. You surmise that any of these seven rooms could be used for surgery. There are 12 Caesarian Section trays, however only six precipitous delivery trays.

You are a member of the In-Patient Care Subsection of the Operations Section, you are very concerned for your staff as well as the patients who have placed their trust in you, your staff and Richter General Hospital. With this in mind, you are determine to do the best you can with the resources currently available.

It is now time to re-read your Job Action Sheet.

CRITICAL CARE UNIT LEADER

Your job assignment is just what you need to take your mind off of the terrible fear you now feel following this earthquake. The staff has just finished uprighting all the I.V. pumps. Only one monitor has ripped itself from the wall; nearly striking a patient. You are actually surprised at how calm the patients are in the mist of all the calamity. The two patients on automatic respirators are now dependant upon the hospital generator for life support. You have a feeling that there will be many difficult decisions and much work to do before the night is over.

Your mission is to supervise and maintain the critical care capabilities to the maximum level to care for the in-patients and those patients who will be arriving shortly.

You feel that within a few short hours (or less) the critical care patient capabilities may be overwhelmed. You know you should plan for 10 minutes from now, 10 hours from now, and 10 days from now.

Your survey of the 10 CCU rooms reveals that only one, room #122, needs to be evacuated because the ceiling lights are about to fall. The child occupying this room was moved into the hallway adjacent to the nurses desk. All of the other rooms appear to have withstood the seismic shock. As did the 4 rooms in the pediatric CCU next door. Although you could move the less acute patients to other patient care areas, it is more likely you will need to consider converting non-critical care areas into more intensive care areas when resources permit.

You are a member of the In-Patient Care Subsection of the Operations Section, you are very concerned for your staff as well as the patients who have placed their trust in you, your staff and Richter General Hospital. With this in mind, you are determine to do the best you can with the resources currently available.

It is now time to re-read your Job Action Sheet.

GENERAL NURSING CARE UNIT LEADER

The thought of being assigned the responsibility for the general medical/surgical care patients following this destructive earthquake would frighten any sane individual, except for the fact that you place much trust in the nursing staff and charge personnel assigned to report to you.

You are quite sure that there will be much damage within the patient care areas, but what really makes you uncomfortable is the current lack of information regarding each patient. You will need to find out not only the condition of the patients, but the integrity of the care areas as well.
Facts and data are the tools you need to accomplish your **mission: to supervise and maintain general nursing services to the best possible level to meet the needs of in-house and newly admitted patients.**

However, before you can begin thinking about admitting more patients, you must first consider the early discharge of those patients who are able to be released. You begin with the assumption that within a few short hours (or less) the general nursing services may be overwhelmed. You know that you need to plan for 10 minutes from now, 10 hours from now, and 10 days from now. You know this is what the In-Patient Areas Supervisor expects of you.

You are a member of the In-Patient Care Subsection of the Operations Section, you are very concerned for your staff as well as the patients who have placed their trust in you, your staff and Richter General Hospital. With this in mind, you are determine to do the best you can with the resources currently available.

It is now time to re-read your Job Action Sheet.

OUT PATIENT SERVICES UNIT LEADER

You find it hard to focus on all the tasks at hand. You think about your kids and hope that all the earthquake preparedness which you have discussed with them has made an impression. You realize that you are better prepared personally than many of your co-workers are. Even with all of you and your family's pre-education and planning, nothing could have prepared you for a seismic shock like the one which just struck Richter General Hospital.

You assume it will be relatively easy to discharge your patients from the hospital, since most of them are very near ready to go home. What you have to quickly do is prepare your work area and 10 pre-op patient rooms for the treatment of casualties. It is very easy for you to mentally picture the use of the patient cubicles for the treatment of minor traumatic wounds. You realize that you were given this job assignment with the expectation that you would anticipate the designation and needs of the Out Patient Surgical Area.

Your mission is to prepare any out patient service areas to meet the needs of in-house and newly admitted patients according to the direction of the In-Patient Areas Supervisor.

Your assumption is that within a few short hours (or less) the Out Patient Services area may soon be caring for many patients. You know that you need to plan for 10 minutes from now, 10 hours from now, and 10 days from now. Your survey of the patient preparation cubicles reveals that your area sustained very little damage.

As a member of the In-Patient Care Subsection of the Operations Section, you are very concerned for your staff as well as the out patients who have placed their trust in you, your staff and Richter General Hospital. With this in mind, you are determine to do the best you can with the resources currently available.

It is now time to re-read your Job Action Sheet.

TREATMENT AREAS SUPERVISOR

You have just received your appointment, vest and Job Action Sheet from the Medical Care Director, as well as the Job Action Sheets for those area unit leaders reporting to you. As a person newly oriented to the Hospital Incident Command System, you remember your training axiom, "when all else fails... read your Job Action Sheet." However, it is still difficult to focus on your Job Action Sheet with the amount of injury and destruction you have seen all over the hospital. You are committed to your assignment and you will carry out **your mission: to initiate the set-up and supervise the patient triage and treatment process in the specialty areas assigned to your supervision.**

You have three immediate priorities; 1) to appoint the six unit leaders under your direction, (this has already been done for the purposes of this exercise,) ; 2) to locate and ensure the opening of the special triage/treatment areas, and 3) to ensure that the personnel staffing/material requests are immediately made to the Labor Pool and Materials Supply Unit.

You realize that the Medical Care Director is your strongest supporter. This person will assist you in obtaining physician staffing, other staffing and medical resources when assistance is necessary. Although the unit leaders assigned to you have the ability to directly request any needed resources, your job will be to help insure they receive the support they need to accomplish their tasks.

As an Operations Section supervisor, you know your team's mission is to maximize the performance and delivery of medical and mental health care. Your contacts and Operations Section unit leaders must remain in constant communication with you. You must be advised of current and changing conditions in all specialty care areas. Since the Operations Section actually represents the essence for the hospital's existence (medical care), the other three sections must be kept appraised of the Operations Section activity. As you expect your fellow officers to communicate with you, so will you be expected to communicate with the Medical Care Director.

Now you must get to work by re-reading your Job Action Sheet.

TRIAGE UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Treatment Areas Supervisor. You are concerned because the triage area (ambulance loading area outside the Emergency Department) will be dark and cold very soon. You surprise yourself at how clearly you can think after being a witness to such a terrible event.

And yet, you wonder if you really know what you are up against. You try and remember the details of what you learned in the lectures concerning Watsonville Community Hospital. You anticipate that possibly as many patients (maybe more) will be on their way to Richter General Hospital,

Your primary mission is to ensure the rapid triage of all incoming patients, and promote their disposition in a timely manner.

You are a member of the Medical Services Subsection. Maximizing the delivery of patient care is your mission now. You are committed to working with all of the unit leaders assigned in your branch. You know you must remain flexible to the changing situation. And above all, you must communicate routinely and frequently with the Treatment Areas Supervisor. You must keep him/her appraised of the current conditions in your area, and any difficulty you may be having in obtaining resources. You must document your actions on your Activity Log.

Now it is time to focus and re-read your Job Action Sheet.

IMMEDIATE TREATMENT UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Treatment Areas Supervisor. You are being assisted by another registered nurse for the Emergency Department, but you know that very soon you will need additional nursing and clerical staff. You also need to be concerned about physician staff.

You know that this was a very violent earthquake. You have heard reports about numerous deaths within the hospital. You are worried sick about your kids, and all the rumors which are already circulating. You would really like to discover what is fact and what is fiction.

You are a member of the Medical Services Subsection. Maximizing the delivery of patient care is your mission now. You are committed to working with all of the unit leaders assigned in your subsection. You know you must remain flexible to the changing situation. And above all, you must communicate routinely and frequently with the Treatment Areas Supervisor. You must keep him/her appraised of the current conditions in your area, and any difficulty you may be having in obtaining resources. You must document your actions on your Activity Log.

To calm yourself down you decide to re-read your Job Action Sheet.

DELAYED TREATMENT UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Treatment Areas Supervisor. The hospital disaster plan shows the Delayed Treatment Area being established in the Out Patient Department, however, you uncertain at this time how well that department survived this terrible earthquake. You need to get facts in order to establish the Delayed Treatment Area. You also need to track down the DELAYED TREATMENT AREA DISASTER SUPPLIES CART. This has most everything you will need to start treating a number of non-critical disaster patients.

You remember that you are a member of the Medical Services Subsection. Maximizing the delivery of patient care is your mission now, You are committed to working with all of the unit leaders assigned in your subsection. You know you must remain flexible to the changing situation. And above all, you must communicate routinely and frequently with the Treatment Areas Supervisor. You must keep him/her appraised of the current conditions in your area, and any difficulty you may be having in obtaining resources. You must document your actions on your Activity Log.

It is time to re-read your Job Action Sheet.

MINOR TREATMENT UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Treatment Areas Supervisor. You have not yet received the MINOR TREATMENT AREA DISASTER SUPPLIES CART to establish the Minor Treatment Area. But that's O.K., because you haven't coordinated the location of the Minor Treatment Area. You also need to get enough staff to treat the patients which you know are on the way.

But wait, you just realize that the shock of the earthquake has caused your mind to race. You're surprised that you can think at all, after the events you have just witnessed. It is time to take a deep breath and follow the steps as listed on the Job Action Sheet.

You remember that you are a member of the Medical Services Subsection. Maximizing the delivery of patient care is your mission now. You are committed to working with all of the unit leaders assigned in your subsection. You know you must remain flexible to the changing situation. And above all, you must communicate routinely and frequently with the Treatment Areas Supervisor. You must keep him/her appraised of the current conditions in your area, and any difficulty you may be having in obtaining resources. You must document your actions on your Activity Log.

DISCHARGE UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Treatment Areas Supervisor. The Discharge Area is being established in an Administrative Conference Room facing Elm Street. Already there are many in patient's relatives and friends beginning to create a traffic jam in front of the lobby fountain in an effort to pick up their hospitalized relative/friend. You need to establish an orderly discharge system. Your area will be the departure point for **all patients** leaving the hospital.

In fact, your **mission is: coordinate the controlled discharge, of patients received from all areas of the hospital. Facilitate the process of final patient disposition by assuring adequate staff and supplies in the Discharge Area.**

You remember that you are a member of the Medical Services Subsection. Maximizing the delivery of patient care is your mission now. You are committed to working with all of the unit leaders assigned in your subsection. You know you must remain flexible to the changing situation. And above all, you must communicate routinely and frequently with the Treatment Areas Supervisor. You must keep him/her appraised of the current conditions in your area, and any difficulty you may be having in obtaining resources. You must document your actions on your Activity Log.

MORGUE UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Treatment Areas Supervisor. Your hospital has space for four refrigerated bodies in the morgue. Currently two bodies are in storage who died prior to the quake. You know there have been employee deaths. Because the power is out, the refrigerators have turned off. You have also discovered a significant problem in the Specimen Storage Room next door. Although you have not entered this room, there is an overpowering smell of formaldehyde emanating from the room. You need to get help to deal with these two problems.

You are a member of the Medical Services Subsection, Maximizing the delivery of patient care is your mission now. You are committed to working with all of the unit leaders assigned in your subsection. You know you must remain flexible to the changing situation. And above all, you must communicate routinely and frequently with the Treatment Areas Supervisor. You must keep him/her appraised of the current conditions in your area, and any difficulty you may be having in obtaining resources. You must document your actions on your Activity Log.

You think that it is a good time to re-read your Job Action Sheet,

ANCILLARY SERVICES DIRECTOR

You have just received your appointment, vest and Job Action Sheet from the Operations Section Chief, as well as the Job Action Sheets for those unit leaders reporting to you. (For the purpose of this exercise those four unit leader positions which you would normally assign have already been assigned.)

The Operations Section Chief has requested an operational status report from your area as soon as possible. **Your mission is to organize and manage the ancillary medical services assigned to you.** In order to do that you must receive a report on conditions in a timely manner. You anticipate some reports of heavy damage; for you have witnessed much destruction and even death following this large magnitude earthquake.

As an Operations Section director, you know your team's mission is to maximize the performance and delivery of medical and mental health care. Your contacts and Operations Section unit leaders must remain in constant communication with you. You must be advised of current and changing conditions. Since the Operations Section actually represents the essence for the hospital's existence (medical care), the other three sections must be kept appraised of the Operations Section activity. As you expect your fellow officers to communicate with you, so will you be able to communicate with the Operations Section Chief.

This would be a good time to re-read your Job Action Sheet.

LABORATORY UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Ancillary Services Director. You realize that you are one of four unit leaders who will be routinely reporting to the Ancillary Services Director; however, you feel compelled to meet with him/her immediately.

The Laboratory Services Area has been badly damaged. You estimate only 25% of the equipment remains usable. You have only one working Coulter Counter and one blood product refrigerator intact, however, both are without electrical power, even though the electrical outlets are designated as emergency power. You need to deal with this problem, as well as making attempts to increase the laboratory's capabilities. You realize that in all of your problem solving, you must consider current needs, **as well as planning ahead for future operations.**

At this time you have a total of 12 phlebotomist and lab technicians are on-duty, They are all very concerned about their families. Their anxiety has become a big concern of yours.

As an Ancillary Services unit leader, you understand that you will be reporting your activities to the Ancillary Services Director. Even though you are expected to communicate and problem solve for your area, the Ancillary Services Director is at your service to assist you when you become stuck or bogged down. It is important to remember that the information you obtain may be quite significant to the rest of Richter General Hospital's operation.

It is time to re-read your Job Action Sheet.

RADIOLOGY UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Ancillary Services Director. **Your mission is to manage all diagnostic imaging services, and to maintain the optimum levels of service possible.**

To do this you have six X-ray technicians on duty. The X-ray equipment and processors have survived well. Only one of four X-ray rooms is damaged beyond use. However, there is no water pressure to supply the X-ray film developers. You realize that in all of your problem solving, you must consider current needs, **as well as planning ahead for future operations.**

As an Ancillary Services unit leader you understand that you will be reporting your activities to the Ancillary Services Director. Even though you are expected to communicate and problem solve for your area, the Ancillary Services Director is at your service to assist you when you become stuck or bogged down. It is important to remember that the information you obtain may be quite significant to the rest of Richter General Hospital's operation.

It is time to re-read your Job Action Sheet.

PHARMACY UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Ancillary Services Director. The main hospital Pharmacy is heavily damaged, with pharmaceutical supplies spilled all over the floor. The satellite pharmacies located on each of the units appear to be intact. You estimate you have lost approximately 70 to 80% of inventories.

One of the four pharmacists on-duty has been badly injured and is now trapped by an immovable shelving unit which has fallen. You need to rapidly find assistance for your trapped/injured coworkers. It is no surprise that this situation has distressed everyone, as if the earthquake itself was not bad enough.

While all this is going on, **your mission is to ensure the availability of incident specific pharmaceuticals.** You realize that in all of this current distress and problem solving, you must consider current needs, **as well as planning ahead for future operations.**

As an Ancillary Services unit leader, you understand that you will be reporting your activities to the Ancillary Services Director. Even though you are expected to communicate and problem solve for your area, the Ancillary Services Director is at your service to assist you when you become stuck or bogged down. It is important to remember that the information you obtain may be quite significant to the rest of Richter General Hospital's operation.

It is time to re-read your Job Action Sheet.

CARDIOPULMONARY UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Ancillary Services Supervisor. You have five respiratory therapists now on duty. Your disaster plan calls for you to meet with your department coworkers inside the ICU/CCU area. On the way to the South Wing you witness damage like you have never seen before. You make a note to inform the Disaster Assessment and Control Officer about some scary looking cracks on a load-bearing wall outside the cafeteria.

Your **mission is to provide the highest level of cardiopulmonary services at levels sufficient to meet the emergency incident needs.** This may take on a whole new dimension if you find that your material resources are in short supply, (you already know that your personnel resource requirements will be great.) You realize that in all of your problem solving, you must consider current needs, **as well as planning ahead for future operations.**

When you reach ICU your senior therapist tells you that she can have three BEAR ventilators repaired within an hour and a half if you just give her the time to make repairs. Another therapist tells you that the wall oxygen system pressure is very low and hardly able to power equipment. He volunteers to go outside and check the liquid oxygen (LOX) storage tank by the mechanical room; he tells you he will be back in 20 minutes.

As an Ancillary Services unit leader you understand that you will be reporting your activities to the Ancillary Services Director. Even though you are expected to communicate and problem solve for your area, the Ancillary Services Director is at your service to assist you when you become stuck or bogged down. It is important to remember that the information you obtain may be quite significant to the rest of Richter General Hospital's operation.

It is time to re-read your Job Action Sheet.

HUMAN SERVICES DIRECTOR

You have just received your appointment, vest and Job Action Sheet from the Operations Section Chief, as well as the Job Action Sheets for those 3 unit leaders who will be reporting to you. (For the sake of the exercise, those unit leaders have already been assigned.) Even though you have just begun to work, you can see that much assistance is needed in the Discharge Unit area.
A handful of panicked relatives and friends are attempting to remove their loved ones without any type of organized discharge.

However, there are also many employees who will need emotional/logistical support; for today all have witnessed a truly horrible event. You are beginning to hear rumors about conditions outside the hospital. You are very concerned as to how the staff will react to these rumors.

Your mission is to organize, direct and supervise those services dealing with the psycho-social needs of the patients and staff alike. You mission is also to take an active role in the discharging of patients. You must also look ahead and make plans to continue your mission in 10 hours, or 10 days if necessary. You must include projection in all of your planning activities.

As an Operations Section director, you know your team's mission is to maximize the performance and delivery of medical and mental health care. Your contacts and Operations Section unit leaders must remain in constant communication with you. You must be advised of current and changing conditions. Since the Operations Section actually represents the essence for the hospital's existence (medical care), the other three sections must be kept appraised of the Operations Section activity. As you expect your fellow officers to communicate with you; so that you will be able to communicate with the Operations Section Chief.

You are quite certain that your services will be very much in demand before the evening is over. You decide to take a deep breath, and re-read your Job Action Sheet.

STAFF SUPPORT UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Human Services Director. You are already know there will be a heavy demand for your services, as you have been witness to one of the most terrifying events in your experience.

Your mission is to see that provisions are made for the logistical and psychological support of the employee. This also means that you are the lead person to establish a rest and relaxation area for the hospital employees. You will be assisted by the Labor Pool Unit Leader and the Nutritional Supply Unit Leader in this endeavor.

There are many rumors about the destruction outside the hospital, You will have to work very closely with the Communications Unit Leader and the unit leaders of the Planning Section to establish an Employee Information Board for each rest and relaxation area. This should help to keep the staff informed with factual news.

As a Human Services Subsection unit leader you understand that you will be reporting your activities to the Human Services Director. Even though you are expected to communicate and problem solve for your area, the Human Services Manager is at your service to assist you when you become stuck or bogged down. It is important to remember that the information you obtain may be quite significant to the rest of Richter General Hospital's operation.

It is time to re-read your Job Action Sheet.

PSYCHOLOGICAL SUPPORT UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Human Services Director. You are well aware of how devastating this earthquake has been. Before you even received your appointment you were aware that you would need at least five more psychiatrists or psychologists for counseling patients, staff and visitors. You would also like to have access to a Critical Incident Stress Debriefing (CISD) Team.

As a unit leader within the Human Services Subsection, you understand that you will be reporting your activities to the Human Services Director. Even though you are expected to communicate and problem solve for your area, the Human Services Director is at your service to assist you. It is important to remember that the information you obtain may be quite significant to the rest of Richter General Hospital's operation.

It is time to re-read your Job Action Sheet.

DEPENDENT CARE UNIT LEADER

You have just received your appointment, vest and Job Action Sheet from the Human Services Director. Employees with their children have already begun to arrive for work. You have received no direction as to where to locate the dependent care area and dependents of the hospital staff are just beginning to congregate outside in front of the Administration offices. You have an idea that this location will not work out.

At this point, you really could use some assistance managing the children (right now you are working alone.) There are six children from 2 years old to 12 years old, and they are all quite frightened and confused.

As a Human Services Subsection unit leader you understand that you will be reporting your activities to the Human Services Director. Even though you are expected to communicate and problem solve for your area, the Human Services Director is at your service to assist you when you become stuck or bogged down. It is important to remember that the information you obtain may be quite significant to the rest of Richter General Hospital's operation.

It is time to re-read your Job Action Sheet.

Master Schedule of Events

The Master Schedule of Events, or MSEL, is comprised of messages to drive the HEICS Table Top Exercise. They are written to compliment the general participant scenario and the individual role assignment scenarios. The messages, which are intended to be written onto HEICS Message Forms, are designed to give most participants some focused activity related to the duties described on their Job Action Sheet.

At the beginning of the table top exercise, the Exercise Leader will read the general scenario to "set the stage" for the activity to follow. A scenario clock should be established somewhere visible to all. The participants should be reminded to refer to this time-accelerated clock to reference the progression of the incident.

The MSEL displays columns on the left which direct the distribution of the messages. The first column labeled "Real Time" indicates when the particular message is to be delivered. The time begins at zero when the general scenario is read aloud and the actual time begins. If the Real Time is listed as 5" this means that the message is to be delivered to the receiving officer at five minutes after the beginning of the exercise.

The next column, "Scenario Time", refers to the accelerated clock in the fictional earthquake scenario. While the earthquake begins at 4:07 in the afternoon, it is apparent that the first thirty minutes of the scenario have actually taken place in the first nine minutes of real time.

The "Message Event #" column indicates the number sequence of each message. It is provided as a reference point.

"Receiving Officer" indicates which officer is to receive that particular message. This is relevant as the messages are worded to address a specific party. It might be worth noting that at times it may seem confusing why some messages are delivered to a position that has little to do with the request or information in the message. This is done to challenge the message receiver to forward the message (information) to the correct party.

The "Message" column contains the text of the actual message to be delivered.

The column labeled "Anticipated Response" is intended to be a reference only to some of the possible responses to the delivered messages. It is important to keep in mind that the overall objective of the table top exercise is to help the participants associate key responsibilities with appropriate HEICS positions, and to identify proper channels of communication.

It is important to allow enough time for the participants and exercise leaders to critique the exercise when it is completed. If possible, allow for, the submission of written comments for both the tabletop exercise and the hospital disaster plan.

At times it may become necessary to adjust the tabletop exercise to accommodate a particular audience, time limitations, or a particular simulated hazard. This is not only possible, but it is encouraged. This will allow the Exercise Leader and assistants an opportunity to be creative and become better authorities on the HEICS program and conducting a tabletop exercise.

Messages should be placed on HEICS Message Forms and delivered to the appropriate "Receiving Officer" at the time indicated under the column "Real Time".

Key Problems for resolution during the first half of the table top exercise:

1) Dealing with employee injuries, rescue and their need for information
2) Mitigation of the fire on the third floor
3) Bringing order to the patient discharge process

Key Problems for resolution during the second half of the table top exercise:

1) Acquisition of needed resources
2) Projecting and planning for future needs
3) Coping with staff fatigue

Real Time	Scenario Time	Message Event #	Receiving Officer	Message/Event	Anticipated Response (May be only a partial list of expected activities)
0	4:07 P.M.	0	All officers	Scenario is read by all exercise participants	Participants read their Job Action sheets and begin to network with their contacts. Maps are studied and paper work is organized. Initial action plans are developed.
1"	4:17 (+10")	1	Communications Unit Leader	Radio reports that there is wide spread damage from the powerful quake. Major damage is seen throughout the City of San Seismo.	Information passed to Administrative officers and Planning/Human Services personnel. Info logged on status board
		2	General Nursing Care Unit Leader (or In-Patient Area Supervisor)	Reports from 3rd floor West Wing of hospital indicate 3 patient rooms have staff and patients killed, trapped or injured inside.	Information rapidly passed to Damage Assessment and Control Officer and to Communications Unit Leader. Search and Rescue teams are dispatched to West Wing. Requests are made to further intelligence on this situation.
2"		3	Maternal-Child Unit Leader	Staff reports that mothers are going to the Nursery demanding their babies.	Notify In-Patient Areas Supervisor and Safety & Security Officer at once. Assure infants removed are released only to appropriate guardian. Contact Human Services Director and Discharge Unit Leader for support.
3"		4	Claims Unit Leader	Business office employee reports with camera and states he heard voices shouting for help on the 3rd floor of the west wing.	Information rapidly passed to the Damage Assessment and Control Officer. Camera should be dispatched to document areas of damage.
5"	4:22 P.M. (+5")	5	Human Services Director	18 Employee family members have arrived - more continue to walk-in.	Dependents and family to be directed to the Dependant Care Area. Those wishing to volunteer, to be directed to Labor Pool credentialing area.

Real Time	Scenario Time	Message Event #	Receiving Officer	Message/Event	Anticipated Response (May be only a partial list of expected activities)
7"	4:27 (+20")	6	Triage Unit Leader	20 patients have walked or driven to the hospital. 5 patients are classified "Immediate", 10 are triaged "Delayed", and 5 are "Minor" "Walking Wounded". More potential patients are arriving.	Labor Pool contacted for additional personnel. Safety and Security contacted for security support. Status conveyed to Communications Unit Leader.
8"		7	Damage Assessment and Control	Search & Rescue Team in the West Wing reports hearing voices of trapped victims. Team is in need of Medical person for first aid.	Labor Pool contacted for addition of a medical person to the requesting Search and Rescue Team.
9"	4:37 (+30")	8	Laboratory Unit Leader	Report of a significant hydrochloric acid spill in the Laboratory Blood Chemistry Analysis area.	Laboratory is sealed, all salvageable equipment is removed and services are re-established.
		9	Critical Care Unit Leader	Verbal Message: Patient in CCU #118 has "Coded: CPR is in progress; we need to call for the "Code Team."	It is doubtful a full resuscitation effort should be undertaken under the conditions. A physician should be sought to evaluate the patient status and consider stopping CPR if no pt. response.
10"	4:42 (+35")	10	Public Information Officer	Reports that only the North sections of town have sustained severe damage. Only one major route in an out of city intact. Most local streets are usable within city.	Info passed to Staff Support Unit Leader for publication to employees. Human Services Director and Psychological Support Unit Leader should be ready to deal with employees/patients who live in that part of town.
		11	Dependent Care Unit Leader	2 employee relatives have presented themselves stating that they are both licensed Amateur Radio Operators (HAMs). They have brought their own equipment.	The 2 volunteers (and the message) should be sent to the Labor Pool Unit Leader for registration and on to the Communications Unit Leader.
		12	Discharge Unit Leader	Many people who are picking up discharged patients want to stay and volunteer to help.	Info routed to Labor Pool Unit Leader.
11"	4:47 (+40")	13	In-Patient Areas Supervisor	A nurse on the 3rd floor of West Wing has reported a small fire.	Immediately inform Damage Assessment & Control Officer to dispatch fire Suppression Team; inform the Medical Care Director. I.C. to consider partial evacuation.
		14	Nutritional Supply Unit Leader	Local "Price Club" manager would like to make the store supplies available if arrangements can be made.	Notify Logistics Chief and Finance Chief. Price Club Manager should be placed in contact with Procurement Unit Leader.

Real Time	Scenario Time	Message Event #	Receiving Officer	Message/Event	Anticipated Response (May be only a partial list of expected activities)
		15	Public Information Officer	2 members of the local newspaper have arrived at the hospital requesting a statement on the status of the hospital. They pass on that about 25% of the medical offices across the street are damaged.	PIO prepares a press release and has it approved by the IC. Medical Office info passed to Communications Officer.
12"	5:07 P.M. (+60")	16	Medical Care Director	All Treatment Areas are in need of D.T. and T.T. immunization; 50 doses requested. There are about 100 patients in all treatment areas.	Requests for additional D.T./T.T. made to Pharmacy Unit Leader. Patient volume relayed to Status-Info.
		17	Medical Staff Director	A physician on the Board of Directors has stated that she "does not like the way this operation is going by any mark". She is demanding immediate input to the physician staffing.	Notify the I.C. of the need to meet with the complaining Board member and the Medical Staff Director to discuss charges physician concerns.
		18	Pharmacy Unit Leader	There are no More D.T. or T.T. doses in the Pharmacy stores.	Materials Supply Unit Leader, Procurement Unit Leader and Liaison Officer make attempts to obtain additional stores of D.T./T.T. immunizations.
		19	Finance Section Chief	I.C. requests to know what actions are being taken to document the cost of the "Code Triage"?	All responsible officers are requested to fill out time and resource sheets. Consider memo to remind all officers of importance of documentation.
15"		20	Labor Pool Unit Leader	At least 18 physicians and 25 nurses have arrived from the surrounding neighborhood requesting/demanding to be put to work.	Message to Medical Staff Director to network with Labor Pool Unit Leader and Medical Care Director. Consider future needs.
		21	Psychological Sup-port Unit Leader	A panicked L.V.N. seeks you out to tell you she has smelled smoke on 3-West.	Info transferred STAT to the Damage Assessment and Control Officer. Fire Suppression Team(s) dispatched.
25"	5:22 (+1'15")	22	ANNOUNCE	A very strong after shock is felt by everyone lasting 30 seconds. Action stops for discussion break. Each section is questioned.	Exercise leader initiates a discussion of activity up to this point and speculates on future action.
33"	5:37 (+1' 30")	23	Nutritional Supply Unit Leader	Employee reports a CNN news helicopter has landed on the helipad and is "cooling off" the engines.	Info passed to the Safety & Security Officer and Liaison Officer/I.C. for possible use of the transportation resource.

Real Time	Scenario Time	Message Event #	Receiving Officer	Message/Event	Anticipated Response (May be only a partial list of expected activities)
		24	Morgue Unit Leader	Report of more deceased enroute to add to the 13 dead already in morgue.	Consideration of a larger Morgue Area and staff. Psychological Support Unit Leader is notified.
		25	Pharmacy Unit Leader	San Andreas Medical Center has offered 100 doses of commonly used antibiotics and immunizations.	Info relayed to Materials Supply Unit Leader; transportation arranged for pick-up.
35"	6:07 P.M. (+2'00")	26	Staff Support Unit Leader	2 hospital employees have reported to you injured: one has suffered a broken hand, the other minor arm lacerations.	Injured are to be taken to Triage Area and then to Delayed Treatment Area or First Aid for employees and Claims Unit Leader and Labor Pool Unit Leader notified.
		27	Operation Section Chief	A dozen distraught families have arrived to ask where their relatives are. Some of the missing are suspected to be dead or badly injured.	Families escorted to family waiting area to meet Psychological Support Staff. Patient Information Officer summoned for assistance.
36"	6:22 (+2'15")	28	Delayed Treatment Unit Leader	2 network news camera crews have entered the area to take pictures.	Delayed Treatment Unit Leader to notify Safety and Security and the Public Information Officers.
		29	Labor Pool Unit Leader	Many office workers are concerned about conditions at local schools and through out community	Request bulletin update for posting from the Public Information Officer.
		30	Damage Assessment & Control Officer	Patient care areas in South Wing all report a stable and workable environment, except toilets not working.	Inform Logistics Chief, Sanitation Systems Officer, Materials Supply Unit Leader and Liaison Officer.
38"	6:37 (+2'30")	31	Communications Unit Leader	Amateur Radio Operator has reported McDouglas Aero Systems has a fully ready 30 person "SAR" team ready for deployment.	Inform Liaison, I.C., and Logistics Section unit leaders.
		32	Cardiopulmonary Unit Leader	Request for 2 CPR teams S.T.A.T. in the Triage Area.	Question level of triage/care being delivered. Contact Treatment Areas Supervisor if necessary.
		33	Maternal-Child & General Nursing Care Unit Leaders (dual messages)	South Wing Nursing units are requesting some relief for staff.	Planning Chief and I.C. should approve plan to use credentialed volunteers to assist with staff relief.

Real Time	Scenario Time	Message Event #	Receiving Officer	Message/Event	Anticipated Response (May be only a partial list of expected activities)
39"	6:52 P.M. (+2"45")	34	Surgical Services Unit Leader	A circulating nurse has told you that the supply of sterile drapes is almost exhausted; there are only 3 chest trays left.	Requests passed immediately to Material Supply Unit Leader and In-Patient Areas Supervisor. All staff should be warned to project resource needs as best as possible.
		35	Delayed Treatment Unit Leader	Staff in need of relief.	Message routed to Labor Pool. Staff rotation and staff rest area to be utilized.
40"	7:17 (+3'10")	36	Liaison Officer	City of San Seismo has opened their EOC and asking for status and needs.	Liaison, I.C. and Section Chiefs to assemble list of most needed resources.
		37	Sit/Stat Unit Leader	Message received from San Seismo High School: "have a "bus full" of senior student volunteer who wish to help".	Route message to Labor Pool Unit Leader and Liaison Officer.
		38	General Nursing Care, Critical Care, Immediate Treatment & Minor Treatment Unit Leaders (4 messages)	Patient care is proceeding very well; Staff is getting tired & showing fatigue.	Same as #27.
45"	12:07 A.M. (+8')	39	Finance Section Chief	The State Office of Heath Care Licensing has requested a guess estimate of the cost for the first 8 hours of operations.	Financial forms collected and tallied.
		40	I.C.	County EOC has requested a summary of conditions at Richter General and a plan of action with resource request for the next 24 to 48 hours. (Reports from Administrative Officer to be prepared for oral delivery in 10 mins.)	I.C. to meet with staff (Section Chiefs, PIO, Safety & Security and Liaison Officers) to summarize activities and anticipate future needs.
50"		41	ANNOUNCE	A fully functional, staffed, 1,200-bed field hospital is now in operation 75 yards from your facility. You may now take a 3-min break before you report to work over there.	Participants have a 3-minute break before debriefing (critique) session.

Mid-Exercise Break:

- Ask participants what are some of the main problems the hospital is dealing with after the earthquake?
- Are any of the participants getting strange reports or messages? What is being done with these messages?
- Do the participants find the forms helpful, "in-the-way", or confusing? (Forms are provided only for participant familiarization.)
- What do you generally anticipate will happen to your section in the next couple of hours? (Ask each section chief)

End of Exercise Critique:

- Ask participants what they thought were some of the main problems the hospital faced in the second half of the exercise.
- What did participants find most helpful in the communication process?
- What do participants view as a hindrance or obstacle in this exercise?
- What is your over all impression of the HEICS system as a crisis communication tool?

SECTION 12

LESSON PLAN

TRAIN-THE-TRAINER

LESSON TITLE: **Hospital Emergency Incident Command System (HEICS)**
Train - the - Trainer Lesson Plan

LESSON GOAL: *Prepare participants in the organization and delivery of a tabletop exercise for the purposes of illustrating the Hospital Emergency Incident command System*

LESSON OBJECTIVES:

1. Reinforce the participants understandng of the Hospital Emergency Incident Command System (HEICS)
2. Explain to the participant the purpose of a tabletop exercise and its relationship to other types of exercises
3. Give the participant a description of the exercise process
4. Explain the preparation and development of the HEICS tabletop exercise
5. Conduct the HEICS tabletop exercise and critique

LESSON MATERIALS:

1. HEICS manual for each participant (prior to class)
2. HEICS teaching overhead transparencies
3. overhead projector
4. 5 easels or chalk boards
5. 5 tables for each HEICS section plus one for the Incident Commander and chiefs
6. Table identifier cards for each of the four HEICS sections plus one for the Emergency Operations Center table
7. HEICS identification vests (or name tags if vests not available)
8. Job Action Sheets for each position
9. 3 large wall maps depicting the simulated hospital "Richter General"
10. "Richter General" scenario and hospital floor plan for each participant
11. Job Specific Supplemental Scenario for each role player
12. HEICS related forms: Action Plan, Message Forms, Activity Logs and other ancillary forms used in the tabletop exercise
13. Course Outline for each participant/student

ESTIMATED TEACHING TIME:

Lecture	90 minutes
Tabletop Exercise and Critique.....	90 minutes
	180 minutes or 3 hours

I. Review of the Hospital Emergency Incident Command System (HEICS)

A. Review of HEICS Background

1. National Inter-Agency Incident Management System (a co-op of local, State and Federal fire protection agencies) created FireScope in the early 1980's, which lead to the development of the Incident Command System
2. In 1987 the Hospital Council of Northern California published Earthquake Preparedness Guidelines for Hospitals which served as a basis for the Hospital Emergency Incident Command System
3. HEICS Project began in the fall of 1990 by the Orange County EMS Agency
4. Draft document was tested with the cooperation of 6 hospitals in spring, 1991
5. Has received the endorsement of the State EMS Authority, utilized by the Western Region of the VA Hospitals
6. Currently being taught all over California

B. Review of HEICS Attributes

1. Responsibility oriented chain of command
2. Wide Acceptance through commonality of mission and language
3. Applicability to varying types of magnitudes of emergency events
4. Prioritized directives for each position
5. Expeditious transfer of resources (mutual aid) within a particular system or from one facility to another
6. Flexibility/expendability in implementation of individual sections or branches
7. Minimal disruption to existing hospital departments by virtue of parallel job qualifications/duties

II. Questions, Concerns & Updates Associated with the HEICS

A. HEICS Revision Task Force (HEICS II)

The Orange County EMS Agency has organized the HEICS Revision Task Force to update the HEICS document. This task force is made up of representatives from northern and southern California. HEICS II will contain the following additions:

- a complete introduction
- a restructured organizational chart with additional positions.
- addition of a training chapter
- sample supporting policies
- a model of a patient tracking system

– suggested standardization of "Codes" and section colors
– glossary
– resource chapter

B. Regional/Local Issues Regarding HEICS

(Comments from participants regarding HEICS questions/problems.)

III. Pre-Table Top Exercise Discussion

A. The Five Types of Exercises

It is important to review the five different types of educational exercises available to teach the HEICS plan. The "orientation seminar" and "table top exercise" are most commonly the first employed for HEICS instruction.

1. Orientation Seminar

   Classroom instruction type of seminar presented to orient the audience to particular plan; employees lecture, visual aids and panel discussion. The seminar may involve all levels of personnel or target specific groups. Review of past exercises or real disaster case histories are often part of the lesson plan.

   New employees and those attending their annual educational updates should be exposed to the facilities disaster plan in the seminar style presentation. These presentations can include an exercise of the plan to a limited degree in the minds of the participants.

2. Drill

   Supervised activity intended to test a procedure which is a component of an overall disaster plan. A drill could be a step leading towards an exercise, but may also be an actual field response. The true value of a drill lies in its ability to highlight a limited portion of the overall disaster response and examine it very closely.

   For example, within the HEICS program, there may be an need to drill the Patient Tracking System with the Patient Tracking Coordinator and other various officers who might be involved in that process. Another example would be to identify a Safety & Security Officer and practice the lock down procedure or volunteer credentialing procedure with the appropriate officers.

Drills are an effective,**low cost** drill/evaluation tool.

3. Tabletop Exercise

An exercise utilizing paper and verbal scenarios to evaluate disaster plan and procedures effectiveness with a minimum amount of stress. It allows focus to be placed upon individual performance; allotting time to halt activity and discussion the methods used in problem solving and/or the problem solving itself.

HEICS tabletop exercise can be done in a variety of ways. The exercise can be limited to just a section, or branch of the organizational chart; with the Command/Administrative Staff and Chiefs; with two sections working with each other; or with all positions on the organizational chart involved.

4. Functional Exercise

The Functional Exercise is one in which the entire "community's" response is evaluated. In this case "community" meaning the hospital or health care facility. It adds the component of time measurement to increase realism in response, as well as a standard for measurement of performance. In the functional exercise both the individual and system/subsystems performances are evaluated.

All components of the HEICS plan within the institution would be evaluated in this type of exercise. This style of exercise would meet Joint Commission standards if properly designed to meet the criteria as outlined in Accreditation Manual for Hospitals, 1992, specifically the section *Plant, Technology, and Safety Management; PL. 1.7.*

5. Full Scale Exercise

The last exercise, Full Scale Exercise, is also commonly called a "field exercise". This is often the culmination of previous drills and exercises as described above. It will test the mobilization of all, or as many as possible, of the response system components.

Hospitals are required, again by the Joint Commission, to integrate disaster plans with local community agencies and outside resources. The full-scale exercise may very well include a prehospital and hospital response. With in the medical facility, the HEICS plan would be brought into full

mobilization. Each section would be involved in a response which would be orchestrated as realistically as possible. Individuals, systems and policy/procedure are tested in the Full Scale Exercise.

B. Five Necessary Components for A Meaningful Exercise

The five following items are very necessary to have outlined and written down in order to maximize the usefulness and learning gathered from any type of exercise. Documentation of these components would constitute a majority of a facilities quality improvement program in regards to development of an emergency plan.

1. Exercise Objectives

   What is it that you are attempting to achieve with the exercise. What are the expectations. Are there other criteria which must be attained. These objectives need to be written down and understood by all participants. Minutes in a Safety Meeting or Disaster Committee is a good place to document all of the objectives.

2. Exercise Critique

   An informal debriefing immediately following an exercise or drill. This will cover everything from feelings to factual report on actions. People participating and observing/evaluating should attend. Minutes should be taken for the record.

3. Evaluation Report

   A written report which is the responsibility of an individual or team to summarize the exercise; specifically address the achievement (or non-achievement) of the objectives; the recommended Action Plan for future exercises. This document may be entered into the minutes of the most appropriate committee or advisory group.

4. Follow-Up Actions

   Follow-up action is the test to see if what can be learned from the exercise can have a positive altering effect on the facility's disaster plan. Follow-up actions include everything from the purchase of new equipment to the entire overhauling of a disaster plan. Many times the follow-up action will call for the revision of an existing disaster policy

or the addition of new policy & procedure to the current plan.

5. Future Exercises

This final step in the evaluation process brings the mechanism in full circle. Testing your new modifications, additions or equipment is in some ways like trying out a new plan. Repeating disaster exercises is not only the initiation of a new disaster exercise evaluation, but it is also a conclusion of the previous process.

IV. Development of the Tabletop Exercise

A. Pre-Tabletop Exercise Education

1. All students must have a thorough understanding of the HEICS plan and how it works prior to participation in the HEICS tabletop exercise.
2. The **introduction to HEICS** has these objectives:
   a) Increase the participant's awareness of the effects which disaster have on hospital systems.
   b) Be able to describe the origin and development of HEICS.
   c) Understand the HEICS model and its integration into the current hospital organization.

3. The introduction to the HEICS plan should include:

(The following *italicized* text represents the HEICS Introduction Lesson Plan. This text was taken directly from the document entitled Introduction to the Hospital Emergency Incident Command System (HEICS). For this reason the *italicized* text varies from the non-italicized text.)

I. CLASS FORMAT AND OBJECTIVES REVIEWED WITH STUDENTS

II. INTRODUCTION TO THE HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

Teaching Time: 60 minutes

A. A Hospital's Response to Disasters

1. Day-to-Day Management Operations NOT Sufficient

a) Every Day Management is Not Oriented to Wide-Spread Crisis

b) Disasters are not "Managed By Objectives"

2. Current Disaster Plans Are NOT Enough

a) Not Realistic in Approach

b) Not Universal - Differ from One Hospital to Another

c) Not "User Friendly" - Require Lots of Pre-Learning; Tested Infrequently

B. HEICS ... What It Is and What It Is Not?

1. What Is the HEICS?

a) The organizational core of a crisis management system

Policy and procedure are needed to support and activate HEICS

Annexes (or appendixes) are needed to specifically address emergencies with special circumstances

b) A universal link with outside resources

California Senate Bill No. 1841 has mandated that all state agencies and each local agency shall adopt an Incident Command System adapted from the originally developed FIRESCOPE system

2. What the HEICS Is Not?

A complete, ready-to-go, "disaster plan"

3. Modeled After the Fire Service-Incident Command System (ICS)

a) Early works in 1987 by the Northern California Hospital Council
b) California State EMS Authority Grant to Orange County EMS for HEICS Project
c) Plan has been tested in Orange and Los Angeles Counties in 1991 & 1992; plan has been used in actual crisis
d) Major rewrite of the HEICS document began in 1992/1993 to make the HEICS manual a more complete and self-supporting guide

4. HEICS Attributes

a) Dependable chain-of-command
b) Improved communication through common language
c) Flexibility in section (component) activation
d) Prioritization of duties ... Job Action Sheets
e) Organized documentation for improved financial recovery
f) Facilitates effective mutual aid with other hospital and other agencies

C. The HEICS Structure

1. The Basic Units of Structure

a) Incident Commander
b) Section chiefs
c) Directors
d) Unit leaders
e) Officers

2. The Organizational Chart

a) Represents lines of authority and communication
b) Global point of reference
c) "Cross Walk"

3. Four Sections + Administrative Group...
One Objective/Four Foci

a) Logistic Section

Mission: Provide a hospitable environment and materials for the overall medical objective

b) Planning Section

*Mission: Determine and provide for the continuance of each medical objective; Planning Section personnel **prompt and drive** all HEICS officers to develop long range action plans, as well as short range plans.*

c) Finance Section

*Mission: Provide funding for present medical objective and **stress** facility-wide documentation to maximize financial recovery and reduction of liability*

d) Operations Section

Mission: Carry out the medical objective to the best of staff's ability

e) Incident Commander and Staff

Mission: To <u>define</u> the mission and ensure its completion

4. Job Action Sheets (JAS)

One JAS for each position
Focused objective
Concise mission statement
Prioritized activities
Intended to be customized (except for title and mission statement)

5. Supporting Forms

Forms drive the documentation
Enhanced documentation increases probability of financial recovery and decreases liability
Forms, properly used, enhance communications
Examples: Action Plan, Activity Log, Message Form, etc.

D. Implementation of the HEICS into the Hospital

1. Educational Models

a) Instruction by section; example: members of the Logistics Section are instructed as a unit
b) Instruction by levels of management; vice-presidents and department managers are instructed together, while other levels of staff are taught as a group

2. Tools

a) Educational tactics

Mandatory Classes (all participants)
Newsletters
Promotions - campaigns
– *buttons*
– *on-the-spot incentives for demonstrated knowledge*
Introductory exercises;
– *hospital-wide table top exercise*
– *section specific drills*
– *forms orientation exercises*

b) Response enhancements

Vests for all job positions
– *utilization of standardized colors and titles recommended*
Clipboards (color coded to section recommendations)
Section "bins" hold all section materials/paperwork (color coded to section recommendations)
Pocket directory (to include JAS, telephone numbers, etc.)

E. HEICS Summary

1. Acceptance Today

Endorsed by the State of California Emergency Medical Services Authority
Concept endorsed by the Hospital Councils of Southern and Northern/Central California
Endorsed and implemented by the Western Region Veterans Hospital Administration, Department of Veterans Affairs
Over 500 copies of HEICS distributed throughout the U.S. and Canada

2. Future of the HEICS

HEICS continues to expand throughout the United States
HEICS will be revisited to ensure that it remains relevant to medical care and current with standardized ICS models

III. LECTURE WRAP-UP

A. Thank everyone for attention
B. Additional information is available from the County of Orange Emergency Medical Services Agency
D. Question & answer period

(end of text from HEICS Introduction Lesson Plan)

B. Tabletop Exercise

1. Objectives (or purpose)

a) Demonstrate to participants/students a working model of a functioning organizational body in the HEICS plan

b) Provide experience and familiarity with the HEICS system and forms in a non-threatening atmosphere

c) Provide experience in a tabletop exercise

2. Resources/Materials Needed

a) Tabletop paperwork for the exercise

Tabletop introduction sheet entitled 'Tabletop Exercise" are the opening comments to the student regarding the exercise. This should be given to the student in advance of the exercise. For example, one day to one week before the tabletop.

Job Action Sheets should be assigned to the student prior to the exercise if possible. This will give the student a chance to study up on the role he or she is expected to play. The JAS can be given with the "Tabletop Exercise".

Participant Scenario titled "Richter General Hospital..." sets the stage for the events which are simulated during the tabletop exercise. It places the participant at a particular time and place after a large seismic event, at a mythical hospital. This sheet should be given to the exercise participant immediately prior to the beginning of the exercise.

Supplemental Scenario should be given to exercise participants at the same time they receive the Participant Scenario. This Supplemental Scenario provides the participant with further specifics regarding their present situation at the onset of the exercise. This sheet can be recognized by the position job title at the top of a narrative statement. Each sheet is unique with each position.

Master Schedule of Events List, also called MSEL, is the four page worksheet which generates simulated messages and situations for the exercise participants to deal with. The MSEL is utilized by the Controller and informs him/her when and to whom the message should be passed.

Message Forms, Activity Log, Emergency Incident Time Sheet, Procurement Summary Report, Volunteer Staff Registration/Credentialing Form, and the Facility System Status Report are the other forms needed to conduct the exercise. In a large tabletop, the participants may utilize may Message Forms to transmit information to players. All participants should learn to record their actions on an Activity Log. Each section should become familiar with the Emergency Incident Time Sheet (records individuals and hours worked in a section), Procurement Summary Report (records materials obtained and attempts to quantify their cost), the Volunteer Staff Registration/Credentialing Form is used by the Labor Pool to register incoming workers/volunteers and the Facility System

Status Report is utilized by Engineering personnel to assess the physical buildings capabilities.

b) Personnel Needed to Conduct the Exercise

1) Exercise Leader - This person introduces the exercise by addressing the participants as to the objectives and parameters of the exercise. He/she reads the Participant Scenario aloud and any general updates or announcements. He/she will lead discussion and critique at the mid-exercise break and at the conclusion of the exercise. The Exercise Leader will also observe and coach the Emergency Operations Center table and the Planning Section table. He/she will assure that the prime objective of correctly assigning tasks and effective communication are met at these two tables.

2) Assistant Exercise Leader - This individual observes and coaches the Logistics, Operations and Finance Section tables. The purpose of this coaching is not to direct the activity and problem solving, but to rather to focus participants on the identifying the correct recipient of messages and the effective reporting of action taken. The Assistant Exercise Leader will also assist with the critique/debriefing at the conclusion of the exercise by drawing out pertinent comments and questions from the audience.

3) Controller - The Controller is responsible for distribution of messages as defined on the Master Schedule of Events List (MSEL). These Scenario Driving Messages are printed up prior to the exercise, so that during the tabletop they may be metered out at specific intervals. The Controller is the exercise timekeeper and initiates and stops the exercise activity at the appointed times. He/she keeps the action going and must sense when a particular section or the entire audience is overwhelmed with the amount of simulated problems/questions. The Controller should be located where he/she may post the scenario time. This will allow the participants to know the simulated elapsed time during the role playing. It may be necessary to provide the Controller with an additional Messenger to assist in the delivery of scenario messages. This person can also serve as a table coach and assist with the end-of-exercise critique.

c) Room(s), Tables and Easels

1) The exercise room should be of sufficient size to position participants at 5 separate and distinct tables. If possible the room should be setup to allow a table positioned in four corners (one for each section) and a table in the front of the room for the IC and Emergency Operations

Center staff. Wall space should be available for the posting of a simulated floor plan of "Richter General Hospital". The visual aid will prove to be quite valuable to all students as they attempt to visualize the details of the scenario.

2) Five tables are needed for the exercise; one for each section and one for the Emergency Operations Center table.

3) Each section and the Emergency Operations Center will need an easel or chalk board or dry erase board. These will be used as status and work boards for each section.

V. Exercise of the HEICS

(The following *italicized* text represents the lesson plan for the HEICS Tabletop Exercise. This text was taken directly from the document entitled The Hospital Emergency Incident Command System (HEICS) Table Top Exercise. For this reason the *italicized* text varies from the non-italicized text.)

LESSON PLAN TITLE: ***THE HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM (HEICS) TABLE TOP EXERCISE***

LESSON PLAN GOAL: *To provide a hospital focused table top disaster exercise to demonstrate the use and effectiveness of the Hospital Emergency Incident Command System (HEICS).*

LESSON PLAN OBJECTIVES:

Participants of the HEICS Table Top Exercise will be able to:

1. *Understand the HEICS model and its integration into the current hospital organization.*

2. *Demonstrate by way of a table top exercise the effectiveness of the HEICS in respect to hospital command structure.*

3. *Identify and explain the basic purpose of the more commonly used forms (paperwork) utilized in the HEICS plan.*

4. *Participate in the production and staging of a table top exercise related to the Hospital Emergency Incident Command System.*

LESSON MATERIALS:

1. *Job Action Sheets & Supplemental Scenario for each position*
2. *Pre-Printed message forms according to the Master Schedule of Events List.*
3. *5 tables (one for each section and one for the Incident Commander and administrative staff)*
4. *5 easels or chalk boards*
5. *HEICS identification vests (or name tags if vests not available)*
6. *3 large wall maps depicting the simulated hospital "Richter General"*
7. *"Richter General" Participant Scenario and hospital floor plan*
8. *Action Plans, Message Forms, Activity Logs and other HEICS ancillary forms*
9. *Course outline for each student and sign-in sheet, post test, if applicable*

ESTIMATED TEACHING TIME:

20 min. ..... Exercise description and HEICS review
60 min. ..... Table top exercise
15 min. ..... Exercise critique and wrap-up

95 minutes Total Time 1 hour 35 minutes

COURSE LESSON PLAN:		

I. THE HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM TABLE TOP EXERCISE *Exercise Description Time: 20 mins.*

A. Development of the Table-Top Exercise

1. <u>Need for Exercise</u> – to increase the awareness and acceptance of the HEICS by demonstration of attributes

2. <u>Scope of Exercise</u> – all class participants playing the roles of all HEICS officers

3. <u>Purpose of Exercise</u> – to provide participants with experience in the networking attributes of the HEICS plan

- *to prepare participants to conduct similar exercises for their own staff*

B. Introduction of the Exercise and Objectives

1. Exercise length 50 to 60 minutes
2. Exercise is a table-top, or paper exercise
3. Will illustrate the main concepts of the HEICS

a) Chain of command/responsibility
–predictable lines of authority
–accountable for actions

b) Common language
–ICS terminology is used by many public and private service agencies in California and U.S.; (fire & police departments, emergency management organizations, etc.)

c) Prioritization of duties
–duties/chores are ranked in the order of importance.

d) Responsible documentation

–accurate/timely documentation to decrease liability

–documentation to record use of assets and increase recoverable costs

4. Table-Top Exercise Materials

a) Job Action Sheet & Supplemental Scenario for each position

–the Job Action Sheet is to be used as the actual checklist of activities to perform/simulate

–the Supplemental Scenario provides each role player a more detailed coaching of available facts and information as a reference point to begin action

b) "Richter General" Participant Scenario with hospital map on back

–this overall scenario and map will assist the student beginning to visualize the hospital, surrounding community and the earthquake event

c) Pre-printed Scenario Messages taken from the Master Schedule of Events List (MSEL)

–delivering a "staged" scenario message to a specific job position at an appointed time is intended to evoke a response during the table top exercise and cause communication and simulated actions during the exercise

d) Five tables spaced from each other as far apart as the lecture room will allow

–one for the Incident Commander and staff in the front of the room; and one for each section

e) Five easels or chalk boards for use in planning and documentation at each table (section)

f) Identification vests, tags or some other form of identification to identify each person playing a position

g) Large wall maps depicting "Richter General Hospital" to be used as group planning and strategy charts (an overhead projection of the hospital floor plan may be more practical in some instances)

h) Forms such as Action Plans, Activity Logs, Message Form blanks and other recommended HEICS forms to be made available for use and/or familiarization

5. Exercise Leaders

a) Exercise Leader - Exercise Controller

- *Introduces the exercise*
- *Reads Participant Scenario aloud and any updates*
- *Answers and re-defines questions of the scenario*
- *Oversees/assists activities of the EOC (Incident Commander table) and Finance Section*
- *Conducts the progress check mid-way through the exercise and the end of exercise critique*

b) 1st Assistant Exercise Leader

- *Oversees/assists the Logistics and Operations Sections*
- *Co-hosts the exercise critique*

c) 2nd Assistant Exercise Leader - Simulator/Controller

- *Functions as exercise time keeper*
- *Initiates the dispatch of pre-printed messages (taken from the Master Schedule of events)*
- *Oversees Planning Section*

B. HEICS Table-Top Exercise

Teach Time: 60 minutes

1. Usage of the Master Schedule of Events List (MSEL)

a) Messages are distributed to the appropriate recipient by the 2nd Assistant Exercise Leader according to the real time schedule listed on the MSEL

b) Messages may be added or deleted as desired

c) The mid-exercise break is an opportunity for the Exercise Leader to ascertain whether the participants are gaining an understanding of the communication paths, task delegation and organizational structure.

d) Exercise will terminate when all messages have been delivered or when it is apparent that the objectives have been achieved.

2. Demeanor of Exercise Leaders

a) Exercise Leaders are to act as facilitators and guides to the exercise participants

b) The exercise is not a test, but an introduction to a new system of organization and communication. Participants should be helped in the following:

–analyzing problems and messages received

–guiding actions and decisions in the form of communications to the appropriate positions

c) Participant's focus should be directed to the proper interrelations between job assignments, not the correctness of a particular response to an exercise's simulated problem. For example: if the scenario calls for the ordering of ambulances to conduct an evacuation, the number of ambulances requisitioned is not nearly as important as whether all of the appropriate individuals were notified of the evacuation process.

C. Critique of Table - Top Exercise

1. Restatement of the exercise objectives
2. Review of the key problems - e.g., fire and trapped victims, overload of volunteers, etc.
3. Interview/question IC, Section Chiefs and Liaison Officer at a minimum
4. Promote free discussion

IV. LECTURE/EXERCISE WRAP-UP

Teaching Time: 10 minutes

A. Thank everyone for participation
B. Solicit additional suggestions towards improving the table top
C. Request that all participants complete an Exercise Evaluation Sheet
D. Distribute lesson plan materials to participants

(This concludes the text of The Hospital Emergency Incident Command System Table Top Exercise)

The following pages...

may be used as masters for overhead transparencies in the HEICS Train-the-Trainer course.

REVIEW OF THE

HOSPITAL EMERGENCY

INCIDENT COMMAND SYSTEM

Background

Attributes

5 Types of Exercises

1. **Orientation Seminar**

2. **Drill**

3. **Tabletop**

4. **Functional**

5. **Full-Functional or Field**

5 Components of Drilling

1. **Objectives**

2. **Critique**

3. **Evaluation Report**

4. **Follow-Up Actions**

5. **Future Exercises**

Pre-Tabletop Education

Orientation Seminar - All Employees

You have the "Lesson Plan"

Tabletop Exercise

For all who may assume a command role

You have the "Lesson Plan"

SECTION 13

SAMPLE POLICIES

AND

PROCECURES

Sample Policy and Procedures

This is a collection of various policies and procedures which have been selected for a variety of reasons. Some have utilized the Hospital Emergency Incident Command System as a part of the policy; others address a particular component of a facility disaster plan; and other examples are presentations of a unique format. What ever the reason, this chapter is a potpourri of styles and perspectives in the art of policy and procedure.

While these have been included for your reference, there is no endorsement made by the Task Force which developed this Second Edition of the Hospital Emergency Incident Command System. You will also note that these policies were not selected because they adhered to the Incident Command style of operation. It is clear that some have not included this system in the procedure as it appears here. Nevertheless, it is felt that the reader will benefit from the material presented in this section.

Submissions are presented in alphabetical order by the hospital of authorship. An index of the various titles may be found on the following page. The reader is encouraged to contact the appropriate facility to inquire further about any information in this segment. Acknowledgement and gratitude is given to the Disaster and Safety coordinators of the following facilities; it is with their assistance that this information has been provided:

Anaheim Memorial Hospital
1111 W. La Palma Ave.
Anaheim, CA 92801
(714) 774-1450

Saint Joseph Medical Center
501 S. Buena Vista
Burbank, CA 91505
(818) 843-5111

San Joaquin General Hospital
P.O. Box 1020
Stockton, CA 95201
(209) 468-6314

Santa Monica Hospital Medical Center
1250 16th Street
Santa Monica, CA 90404
(310) 319-4000

Stanislaus Medical Center
830 Scenic Drive
Modesto, CA 95350
(209) 525-7000

State of California EMS Authority
1930 9th Street, Suite 100
Sacramento, CA 95814
(916) 322-4336

Sutter General Hospital
2801 L Street
Sacramento, CA 95816
(916) 733-3023

SAMPLE POLICY AND PROCEDURES INDEX

ANAHEIM MEMORIAL HOSPITAL

POLICY/PROCEDURE MANUAL - DISASTER MANUAL

FILE NO:
EFFECTIVE DATE: 10/91
ORIGINAL DATE: 10/91

SUBJECT: ACTIVATION AND TERMINATION OF EMERGENCY PLAN

I. PURPOSE:

To insure proper activation and termination of this disaster plan.

II. RESPONSIBILITY:

Activation and termination of this plan shall be by the direction of the highest ranking Administrative Officer on duty.

III. PROCEDURE:

In the event of a disaster, the Chief Executive Officer, Administrator on call, Safety Officer, Disaster Chairmen, and Emergency Department Physician Director will assume appropriate duties and responsibilities.

A. PRE-ALERT - "Code Orange Alert" will be paged hospital wide.

B. ALERT AND ACTIVATION - "Code Orange" will page hospital wide

C. DEACTIVATION - "Code Orange has been cleared" will be paged hospital wide.

After all is secure from the disaster situation, deactivation will be a phase-down and return to normal operation.

APPROVED DATE

ANAHEIM MEMORIAL HOSPITAL

COMMAND CENTER RECORDER

You Report To: _____ (Incident Commander)

Mission: Record incident related activities/problems and any other documentation necessary as directed by the Incident Commander.

Immediate:

1. Receive appointment, Job Action Sheet and vest from Incident Commander.
2. Read this entire Job Action Sheet and review the Organizational Chart on back.
3. Obtain briefing from Incident Commander on incident.
4. Set up area in close proximity to Incident Commander with recording supplies (paper, pens, forms, etc.)
5. Record incident related activities and specific problems as dictated by the Incident Commander. Utilize "Activity Logs" and Message Forms as needed.
6. Read and process incoming Message Forms.
7. Record outgoing messages as directed by Incident Commander and Liaison Officer.
8. Post Status Boards, HEICS Assignment Board, etc. in area directed by Incident Commander.

Intermediate:

9. Assist Incident Commander with any "paper-type" activities required.
10. Review Activity Log, etc. with Incident Commander periodically,
11. Assist "Status Board Recorder/s" as able.

Extended:

12. Keep Command Center organized and as neat as possible. Organize paper flow for easy retrieval and review.
13. Request food and beverage supplies from Nutritional Supply Officer for use by HEICS team assigned to the Command Center.

ANAHEIM MEMORIAL HOSPITAL

STATUS BOARDS RECORDER

You Report To: _____ (Incident Commander)

Mission: Record and maintain documentation on Disaster Status Boards.

Immediate:

1. Receive appointment from Emergency Incident Commander.
2. Read this entire Job Action Sheet and review the Organizational Chart on the back.
3. Collect supplies (i.e., pen, markers, tape) for use on status boards. (check Disaster Supply box)
4. Record on appropriate status board as information is received in the command center.
5. As information is recorded on status board, place your initials and time in upper right hand corner of incoming message forms, logs, etc. to verify that information has been processed.
6. Organize incoming message forms, logs, status sheets, etc. for easy retrieval and review.
7. After the info is recorded on status board, forward the Patient Flow Tags to the Patient Tracking Coordinator immediately by use of a runner.

Intermediate:

8. Obtain assistant if needed, reviewing with him/her this Job Action Sheet.
9. Keep status boards up to date.
10. Initiate a "Problem Board" in command center to list major problems, along with problem resolutions or status of incident.
11. Maintain communication with Command Center Recorder.

Extended:

12. Back-up Command Center Recorder as needed.
13. Other concerns: _____

Date Received
11-90
(Medical Staff Officer)

ANAHEIM MEMORIAL HOSPITAL

AVAILABLE PHYSICIANS / SPECIALTIES WORKSHEET

NAME OF PHYSICIAN	SPECIALTY	CURRENT LOCATION (i.e. office, AMH)	ETA	TIME ASSIGNED TO DISASTER AREA
UNAVAILABLE PHYSICIANS				

Date Received
11-90
(Labor Pool Officer)

ANAHEIM MEMORIAL HOSPITAL

CLASSIFICATION OF PERSONNEL WORKSHEET

NAME	SPECIALTY AREA EMPLOYED (M/S ICU ED OR etc.)	TYPE OF MEDICAL WORKER (RN, LVN, CNA, EMT, etc.)	NON-MEDICAL WORKER (list job title)

ANAHEIM MEMORIAL HOSPITAL

DISASTER RECALL LIST SURVEY

==========

DEPARTMENT: _____ DATE: _____ TIME: _____

Instructions: List all department staff members and responses received: Forward this list to the command center (ACC Classroom) who will forward to Labor Pool

NAME:	**POSITION:**	**RESPONSE:** (coming in, not home, message left, etc.)	Expected Arrival Time (in military time)

Staff recall survey

Date Received
11-92
(Labor Pool Officer)

ANAHEIM MEMORIAL HOSPITAL

WORKER ASSIGNMENT LIST

NAME	*AREA ASSIGNED	TIME ASSIGNED TO AREA	TIME RETURNED TO LABOR POOL

*** AREA ASSIGNED**

- **I - Immediate Treatment Area**
- **D - Delayed Treatment Area**
- **M - Minor Treatment Area**
- **R - Runner**
- **DC - Discharge Area**
- **MG - Morgue**
- **EOC - Emergency Command Center**

Date Received 11/90 (Medical Staff Officer)

ANAHEIM MEMORIAL HOSPITAL

VICTIM IDENTIFICATION FORM

1. Approximate age: _____
2. Sex: M F
3. Race: a. White
   b. Black
   c. Asia
   d. American Indian
   e. Hispanic
   f. Other: _____
4. Approximate height: _____ ft. _____ inches
5. Approximate weight: _____ lbs.
6. Build: a. slight/small
   b. medium
   c. large
7. Face Shape: a. round
   b. rectangular/square
   c. oval
   d. heart-shaped
   e. diamond
8. Eye color: a. brown
   b. blue
   c. grey
   d. hazel
   e. green
9. Hair color: a. black
   b. brown
   c. blonde
   d. red
   e. auburn
   g. white
   h. combination of ____ & ____
   i. artificial color: describe ____
10. Eye Disorders (locate/describe)
    a. Blind - left right both
    b. Cataracts - left right both
    c. Cross eyed
    d. Wandering eye - left right
11. Other identifying marks: identify type by initial, location and description:
    T = Tattoo S = Scar M = Mole
    B = Birthmark D = Skin Discoloration
    Initial Location Description

    _____
    _____
12. Deformities: a) cauliflower ear: left right both
    b) cleft palate
    c) crippled arm: left right both
    d) crippled hand: Left right both
    e) crippled fingers: left right
    f) crippled leg: left right
    g) crippled foot: left right
13. Other physical characteristics: a) bald/balding
    b) hair implants/false hair
    c) freckles
    d) wrinkles
    e) cleft chin
    f) double chin
    g) pierced ears
    h) other: _____
14. Physical Disabilities: a) deafness: left right both
    b) mute
    c) palsy
    d) paralysis: _____
    e) mentally handicapped
15. Aides/Artificial Body Parts: (circle those that apply)
    a) prosthesis: _____
    b) brace: _____
    c) Dentures: _____
    d) Glasses: _____
    e) Contact lenses: _____
    f) artificial eye: _____
    g) cane/crutches/walker/wheelchair
    h) colostomy/urinary appliance
16. Implanted Medical Devices: a) dialysis shunt
    b) pacemaker
    c) other:
17. Missing body parts: _____
18. Observable Disease Conditions or Illnesses:

    _____
19. Observable Old Injuries: _____
20. Other: _____

ANAHEIM MEMORIAL HOSPITAL

POLICY/PROCEDURE MANUAL - DISASTER MANUAL

FILE NO:
EFFECTIVE DATE: 10/91
ORIGINAL DATE: 10/91

SUBJECT: EVACUATION

I. PURPOSE:

Evacuation - the removal of patients, staff and/or visitors in response to a situation which renders AMH unsafe for occupancy or prevents the delivery of necessary patient care.

II. POLICY STATEMENT:

A. Partial Evacuation - patients are transferred within the hospital. There are two levels of a partial response:

1. Horizontal - first response; patient movement occurs horizontally to one side of a set of fire barrier doors.
2. Vertical - movement of patients to a safe area on another floor or outside the building.
   a. This type of evacuation is more difficult due to stairways which will require carrying of non-ambulatory patients; elevators cannot be used.

B. Full Evacuation - patients are transferred from AMH to an outside area, other hospitals, or other alternatives areas.

1. Paramedic escorted patients will be diverted from the Emergency Department due to internal disruption.
2. The building should be evacuated from the top down as evacuation at lower levels can be easily accelerated if the danger increases rapidly.

III. RESPONSIBILITY:

Authorization For Evacuation -

A. Evacuation of the facility or portion thereof can only be authorized by:
   1. Public Safety Officer (Fire or Police)
   2. Chief Executive Officer or Administrator on call
   3. Nursing Supervisor

B. The decision to evacuate from unsafe or damaged areas shall be based on the following information:

1. The Engineering Department's evaluation of the utilities and/or structure of the department.
2. The medical staff and/or Nursing Department's determination whether adequate patient care can continue.
3. Evacuation should only be attempted when you are certain the area chosen for the evacuees is safer than the area you re leaving.

Communication of Evacuation –

A. This evacuation plan is based on the premise that an event has occurred, causing the hospital to be in a Code Orange mode. If this is not the situation,Code Orange must be initiated prior to evacuation, to establish the Command Center/EOC (Emergency Command Center).
B. Notify "911" of evacuation.

IV. PROCEDURE:

A. General Instructions-
   1. Evacuate most hazardous areas first (those closest to danger or farthest from exit).
   2. Use nearest or safest appropriate exit. Sequence of evacuation should be:
      a. Patients in immediate danger
      b. Ambulatory patients
      c. Semi-ambulatory patients
      d. Non-ambulatory patients
   3. Close all doors. If time permits, shut off oxygen, water, and lights and gas, if able.
   4. Elevators may be used, except during a fire or after a significant seismic activity.
B. Hospital Emergency Incident Command Structure -
   1. Emergency Incident Command (in the Command Center/EOC)
      a. All available information shall be evaluated and evacuation schedule established, in coordination with the Section Chiefs. This info shall include
         1. Structural, non-structural, and utility evaluation from Engineering/Damage Assessment & Control Officer.
         2. Patient status reports from Planning Section Chief.
         3. Evaluate manpower levels and authorize activation of staff call-in plans, as needed.
      b. Disaster evacuation schedule to:
         1. Planning Section Chief
         2. Liaison Officer
         3. Safety and Security Officer
         4. Logistics Chief

5. Operations Chief

2. Liaison Officer
    a. Maintain contact with Public Safety Officials, Health Dept. and EMS Agency.
    b. Complete "Healthcare Facility Evacuation Worksheet" from OCEMS Agency and communicate findings to OC EOC (Emergency Operations Center). (See attached.)

3. Logistics Chief
    a. Assign Transportation Officer to assemble evacuation teams from Labor Pool.
    b. Notify Planning Section Chief of plans.

4. Transportation Officer
    a. Assemble evacuation teams fromLabor Pool.
    b. Ensure coordination of off-campus patient transportation with HEAR/REDDINET, or County EMS Agency in coordination with Liaison Officer.
    c. Confirm implementation of Transportation Action Plan.
    d. If able, assign six people to each floor for evacuation manpower.
    e. Brief teams members on evacuation techniques, (attached)
    f. Arrange transportation devices (wheelchairs, gurneys, etc. to be delivered to assist in evacuation).
    g. Report to floor being evacuated and supervise evacuation.
    h. Report to Nurse Manager/Charge Nurse for order of patients being evacuated and method of evacuation.

5. Nursing Service Officer
    a. Designate holding areas for critical, semi-critical, andambulatory evacuated patients.
    b. Organize efforts to meet medical care needs and physicians staffing of Evacuation Holding areas.
    c. Distribute evacuation schedule to Nurse Managers.
    d. Verify Nurse Managers/Charge Nurses have initiated evacuation procedure.
    e. Request Medical Staff Officer to notify physicians of need for transfer orders.
    f. Assign Holding Area Coordinators, and adequate number of nurses to holding areas.
    g. Contact pre-established lists of hospitals, extended care facilities, school, etc. to determine places to relocate patients. Forward responses to Planning Section Chief.

6. Medical Staff Officer
    a. Notify physicians of need for patient transfer orders.
    b. Assist Nursing Service Officer as needed.

7. Nurse Managers or Charge Nurses

a. Determine patient status. Patients will be evacuated according to status.
b. Communicate status with large sticker on patient's chart according to the following criteria:
    A: non-critical/Ambulatory
    B: non-critical/Non-ambulatory
    C: critical/requires ventilation or special equipment
c. Report patient status to Nursing Service Officer.
d. Assign specific nurses to maintain patient care.
e. Assign two nurses to prepare patients for evacuation.
    1. Place personal belongings in belongings bag labeled "BELONGINGS" with name and Pt. #, with medications, prosthetics, and special pt. Need items in labeled bag inside of pt.'s belongings bag.
    2. Place KARDEX and addressograph in Patient's chart secured with tape, which is to remain with the patient.
f. Designate a safe exit after determining location of patients to be evacuated.
g. Assign a person to record Evacuation Activity, including:
    1. Time of evacuation
    2. Method of evacuation
    3. Name of patient
    4. Evacuation status A B C
    5. Evacuated from Rm. _____ to _____ (area)
h. Forward documentation of evacuation and patient disposition to Patient Tracking Coordinator or Patient Info Manager.

8. Patient Information Manager
    a. Compile patient info on Red Cross Welfare Inquiry Sheets.

9. Cardiopulmonary Services Manager
    a. Assign staff members to perform ventilation on required patients.
    b. Assess number of positive pressure breathing devices/bag-valve-masks available

10. Safety and Security Officer
    a. If able, assign a security person to each area being evacuated for traffic control/safety.
    b. Turn off oxygen, lights, etc. as situation demands.
    c. Check the complete evacuation has taken place and that no patients/staff remain.
    d. Place "Evacuated at _____" (date/time) sign up at main area exit/entrance of evacuated area after evacuation is complete.

11. Facilities Operation Officer
    a. Obtain equipment/supplies needed for structural safety during evacuation.
    b. Obtain portable toilets and privacy screens for use in areas where evacuated patients are relocated, if necessary.

12 Labor Pool Officer

a. All available Engineering, Housekeeping, Security staff, etc. not previously assigned to incident will assist in the movement of patients.

ANAHEIM MEMORIAL HOSPITAL

DISASTER MANUAL POLICY

SUBJECT: EVACUATION OF ACUTE CARE CENTER (ACC)

DATE: 10/91 reviewed

A. Follow current protocol of:

1. Evacuate most hazardous areas first.

2. Evacuate patients in immediate danger first, then ambulatory, wheelchair, and non-ambulatory patients.

B. Patients on ventilators:

When central 02 is turned off, switch ventilator to room air and/or obtain portable 02 tanks. If no power, patients must be bagged (ambu is available at each bedside).

When evacuating, ventilator patients must be bagged.

C. Patient with arterial lines and Swan-Ganz:

1. Disconnect transducer from patient cable - take pressure bag with patient.

D. Dialysis patients:

1. Discontinue dialysis immediately and move patient to safe area.

E. IABP patients:

1. Pumps are battery operated so can be unplugged and moved with patient immediately. EKG monitoring is available on pump.

**** NOTE: IT WOULD BE PREFERABLE TO EVACUATE TO A SAFE AREA WHICH ALLOWS FOR MONITORING. IF NOT AVAILABLE, LIAISON TO ASSIGN PORTABLE MONITORS TO MOST NEEDY PATIENTS.

ANAHEIM MEMORIAL HOSPITAL

DISASTER MANUAL POLICY

SUBJECT: EVACUATION OF OPERATING ROOM PATIENTS DURING A DISASTER

DATE: Reviewed 10/91

When a disaster is called the remaining elective surgical schedule shall be cancelled.

The following guidelines shall be used in the event that it becomes necessary to evacuate the operating room. The area to which these patients shall be taken will depend upon the condition of other areas of the hospital and how many patients need to be evacuated.

1. If anesthesia has begun, but the surgical procedures has not started, the anesthesiologist shall terminate the anesthetic as soon as it is safe to do so. The anesthesiologist and circulating nurse shall accompany the patient to a predetermined safe location.

2. If a surgical procedure is in progress the surgeon and anesthesiologist shall determine when it is safe to terminate the procedure and move the patient. During transport the patient shall be accompanied by the anesthesiologist, the circulating nurse and the surgeon if the surgical procedure has not been completed.

ANAHEIM MEMORIAL HOSPITAL

DISASTER MANUAL POLICY

SUBJECT: EVACUATION INSTRUCTIONS

PATIENT TRANSPORT SYSTEMS:

AMBULATORY PATIENTS leave in single or double line, hands clasped, led. Mothers may carry babies.

BEDS MAY BE WHEELED from a hazardous room or location though this is slow. Use gurneys/wheelchairs.

LITTER CARRYING - 2 or 4 persons, should be out of step, or in step with opposite feet.

BLANKET LITTERS - may be used if stored poles are available (fold in thirds) or if edges are rolled.

BLANKET CARRY - patient behind and facing you, blanket under is arms and overyour shoulders, knot held in front of you. Blanket should be folded diagonally. Lean forward to carry.

BLANKET DRAG - patient diagonal, lift at head and pull head first, even down stairs. To move patient from bed to floor or blanket.

NON-AMBULATORY PATIENTS

CRADLE DROP (patient same size or smaller than rescuer)

Lock the wheels on the bed. The nurse first doubles a blanket lengthwise and places it on the floor parallel to the bed. If she approaches from the patient's right side, she slips her left arm under the patient's neck, grasps the left shoulder in her left hand and slips her right arm under the knees and grasps them with her right hand. Her right knee or thigh, depending upon the height of the bed, is placed against the bed and opposite the patient’s thigh. Both her feet are flat on the floor about six inches apart, her left foot about six inches from the bed. (If the patient is approached from the left side, the procedure is reversed).

The patient is pulled from the bed. No lifting is necessary. The nurse pulls with both hands, and pushes with her right knee or thigh. The moment that the patient starts to leave the bed, the nurse must drop on her left knee.

When the patient is clear of the bed, the employee's extended right knee supports the knees and her left arm supports the head and shoulders. The cradle formed by her knee and arm protects the back. She lets the patient slide gently to the blanket and pulls the blanket from the room. The relative position of the patient's body is important. A nurse cannot maintain the balance necessary if she pulls the patient's buttocks, instead of the knees or thigh, out on her knee. This removal is for patients too heavy for one nurse to carry, for low beds, and for bed and oxygen tent fires.

ANAHEIM MEMORIAL HOSPITAL

DISASTER MANUAL POLICY

SUBJECT: EVACUATION INSTRUCTIONS

KNEEL DROP (patient larger than rescuer)

Lock the wheels on the bed. The kneel drop is a variation of the basic cradle drop. The blanket is doubled lengthwise and placed on the floor parallel to the bed. The nurse, approaching from the patient's left, slips her right arm under the patient's neck and grasp the right shoulder in her right hand. She places her left knee or thigh, depending on the height of the bed, against the bed and opposite the patient's thigh. Both of her feet are flat on the floor about six inches apart, her right foot about six inches from the bed. No lifting is necessary, the nurse pulls with both her hand and pushes with her left knee or thigh. The very moment that the patient starts to leave the bed, the nurse must drop on her right knee.

When the patient is clear of the bed, the nurse drops her left knee beside her right, leans forward with her back straight and lets the patient slide down her body to her knees. In other words, she pulls the patient out on her chest and not out on the knees.

The nurse draws her knees from under patient's body and pulls the patient from the room. This removal is particularly useful for handling excessive weight, fracture, post operative and pregnancy cases when but one nurse is immediately available. When a patient is lying in fire, the cradle drop or kneel drop will ensure the least involvement of the rescuer.

SEMI AND AMBULATORY PATIENTS

EXTREMITY CARRY

If the nurse’s approach from the patient's left, the first nurse, standing with her feet together, slips her right arm under the patient's upper left arm. She brings the patient to a sitting position by taking one step with the left foot towards the foot of the bed. This move employs the swing of her whole body. She gains additional leverage if she pushes her right shoulder against the patient's left shoulder once the patient is in motion. When the patient is sitting, the second nurse grasps the ankles and swings the feet off the bed. (If the nurses approach from the right, all the mechanics are reversed).

When the patient is sitting, she places her arms through the armpits and grips her own wrists above the patient's chest. The second nurse approaches from the same side and halts at the patient's feet. With her left hand under the patient's right heel, she pulls the right ankle clear of the bed as she slides between the patient's legs as far as the patient's right knee.

SUBJECT: EVACUATION INSTRUCTIONS

As the second nurse makes a half turn left, she grasps the patient's right knee under her right arm. Completing the turn, she transfers her left hand to the patient's left knee which she then encircles with her left arm. She now has a leg under each arm.

Both nurses then take one step away from the bed and carry the patient from the room. Like so many other carries; this involves a "hugging" action, with the patient's back carried tight against the first nurse's chest, the patient's shoulder as close to the level of hers as possible.

To unload the patient in the corridor, the second nurse stoops with her right foot slightly behind and about six inches from her left and lowers the patient's legs to the floor. The first nurse lets the patient slide down her body until the buttocks reach the floor. Then, she lowers the patient to his back. This is a very useful when the path of exit is narrow because of furniture or fire.

PACK STRAP: Patient behind and facing you, his arms over your shoulders, crossed in front of you. Grasp each of his wrists with your opposite hand. Lean forward to carry.

HIP CARRY: Sit on bed as patient faces you lying on his side. Reach behind his back to grasp his armpit while other arm reaches around to grasp his knees. Lean forward to carry across your hips.

SWING METHOD: One carrier on each side of patient, grasping each others wrist under his knees and each others shoulder behind patients back (under his arms). Especially for seated patients.

3 CARRIERS: All on one side of patient, lift and roll patient to face their chest. Carry feet first. Can be aided by fourth lifting from other side till weight is up and balanced.

6 CARRIERS: 3 on each side of patient can provide full spine support by alternating arms underneath.

ANAHEIM MEMORIAL HOSPITAL

POLICY/PROCEDURE MANUAL - DISASTER **DEPARTMENT:** **NUCLEAR MEDICINE**

SUBJECT: RADIATION CONTROL **FILE NO:** RAD DISASTER
EFFECTIVE DATE: 11/06/91

I. PURPOSE:

To ensure correct response to a Code Orange.

II. POLICY STATEMENT:

Maintain Radiology at an appropriate response level in the event of a radiation accident.

III. RESPONSIBILITY:

It is Anaheim Memorial's responsibility to notify the County if assistance is needed. The County will take over upon arrival and send the necessary personnel to the areas of the hospital that relate to radiation victims. They will monitor victims coming into the hospital and while they are being transported to the patient's room. The Nursing Department is alerted that we have radiation victims.

IV. PROCEDURE:

1. GEIGER COUNTERS

   In the event of a radiation accident in which a number of patients are involved, the Nuclear Medicine Department has three (3) Geiger counters and the County of Orange has six (6) Geiger counters to lend out.

2. HANDLING OF THE RADIATION VICTIM

   A. The victim is monitored as soon as he/she arrives at the front entrance of the Emergency Department. All contaminated clothes/material will be stored until radiation levels reach 0.1mr/hr. on contact with a G-M survey meter.

   B. If radiation is found on the victim, the victim is washed or showered with warm soap and water. A shower is located at the entrance of the Emergency Dept.

   C. Dress of personnel should be disposable gloves and paper-type aprons. Dress, however, could be regular gowns.

D. If possible, paper towels/newspaper should be on the gurney.

E. All paper towels, aprons, gowns, etc., should be placed in separate bags until the radiatio

F. Certain rooms will be sectioned off by Nursing for radiation victims.
Example: I-131 type patients.

3. TRANSPORTATION OF RADIATION VICTIMS

The same elevator (patient transport elevator) will be strictly used for the transportation of radiation victims. The same route should be used for monitorization of the victim, floor and walls.

4. PHYSICIANS AND NURSES - STANDING ORDERS

A. It is the responsibility of the Emergency Room personnel on duty -- nurse or physician -- upon receipt of notification of the momentary arrival of a case involving radiation exposure or contamination, to:

i. Notify responsible staff physician, nurse and aides (trained health physicists or technicians from X-Ray or Nuclear Medicine), or experts from nearby hospitals.
ii. Get appropriate survey meter, if one is on hand at the hospital. If no meter is available, notify the House Supervisor so that the needed equipment can be obtained.
iii. Notify Administration so that they may seek expert professional consultation for technical management of the case.
iv. If contamination is suspected, prepare separate space using either isolation rooms or cubicles if available. The morgue may be used since the autopsy table lends itself to washing with water. If separate space is not available, cover a floor area immediately adjacent to the entrance to the Emergency Room

with absorbent paper. Masking tape seals paper to floor and to other sheets of paper. Make the area big enough for stretchers, disposable hampers, and working space. Mark and close off the area with screens. If dust is involved, be prep

B. Upon Patient Arrival - Emergency Room Actions:

i. Check patient on stretcher for contamination (preferably while patient is being removed from ambulance) with survey meter.

ii. Give emergency lifesaving assistance if patient is seriously injured.

iii. Use gowns, gloves, caps, masks, etc.

iv. Save and label all materials and waste. If external contamination is involved, save all clothing and bedding from ambulance, blood, urine, stool, and all metal objects. Label with name, body location, time, and date. Save items in appropriate containers and mark clearly, "Radioactive -- Do Not Discard."

v. Decontamination should start, if medical status permits, with cleansing and scrubbing the area of highest contamination first. If an extremity alone is involved, clothing may serve as an effective barrier; and the affected limb alone may be scrubbed and cleansed. Initial cleansing should be done with soap and warm water. Wash water waster, unless highly radioactive, may be flushed into community sewage system, where dilution will obviate any hazardous effect. If the body as a whole is involved or if clothing is generally permeated by contaminated material, showering and scrubbing will be necessary. Pay special attention to hair parts, body orifices, and body fold areas. Re-measure and record measurement after each washing or shower.

If a wound is involved, prepare and cover the wound with self-adhering, disposable, surgical drape. Cleanse neighboring surfaces of skin. Seal off cleansed areas with self-adhering, disposable, surgical drapes. Remove wound covering and irrigate wound with sterile water, catching the irrigating fluid in a basin to be marked and labeled.

Each step in the decontamination should be preceded and followed by monitoring and recording of the location and extent of contamination.

vi. Save nurses', physicians', and attendants' scrub and protective clothing asdescribed above for patients. Doctors, nurses, and attendants must follow the same monitoring and decontamination routine as the patient.

vii. The physician in attendance in the Emergency Room, if confronted with a grossly contaminated wound with dirt particles and crushed tissue, should be prepared to do a preliminary simple wet debridement. An emergency minor surgical set would be used. Further measurements may necessitate sophisticated wound counting detection instruments supplied by the consultant, who would advise if further definitive debridement is necessary.

5. NOTIFICATION REQUIREMENTS

Accident notifications should go to:

1. Sheriff -- 714-834-3000
2. Orange County Health Department -- 714-834-7700

A. NOTIFICATION OF PERSONNEL

In case of radiation spillage or accident, promptly notify the following personnel:

i. Radiation Safety Officer: Radiologist on duty and Raymond Berke, R.S.O.

a. He will then notify the Radiation Health Department if area of contamination is of a high level.

In case of radiation spillage or accident, use the following procedures:

B. BODY CONTAMINATION

i. Any area of the body which has come in contact with the radiation spillage must immediately be washed with warm water and soap, using nothing abrasive.

ii. If the area of contamination involves a break in the skin, decontaminate promptly. Encourage bleeding and rinse the skin with warm water and soap. Again, use nothing abrasive.

iii. After decontaminating the body, check affected areas with the survey meter. This will then determine if more washing is necessary or if any other steps are to be taken. Report the readings to the Radiation Safety Officer.

C. CLOTHING CONTAMINATION

i. All contaminated clothing should be removed at once. Check articles with survey meter to determine if articles should be kept in appropriate containers, and mark clearly. Leave all clothing in container until radiation decay is at an appropriate level. This safe level is determined by periodically surveying with a meter.

D. EQUIPMENT AND WORKING AREA CONTAMINATION

i. Remove as much of the radioactive contamination as possible with an absorbent material.

ii. Scrub the contaminated area with soap and warm water, using nothing abrasive. Continue this procedure until an acceptable radiation level is reached.

iii. Tape off the area of contamination to remind people of the situation. Continue to monitor with survey meter at periodic intervals.

Any materials used in cleaning the contaminated area should be set aside. This monitor process should continue until the radiation level is at an appropriate level. The appropriate level is 0.1 MR/HR or lower.

E. DECONTAMINATION KIT

The decontamination kit is to be kept supplied and ready for use at all times. The following items should be used in each instance of a contamination area:

ITEMS	**PURPOSE**
Warning Tape and Signs	Posting of the Area
Plastic Bags, Small	Shoe Covers, Wet Containers
Disposable Gloves	Hand Protection
Masking Tape	Fastening Down
Forceps, Tongs	Safe Handling
Plastic Bags, Large	Contaminated Materials
Sponges, 4x4	Cleaning Up
Paper Towels	Blotting, Drying
Detergent	Cleaning
Scouring Powder	Friction
Tags	Identification
Scissors	Cutting
Whatman #1 Filter Paper	Taking Swipes-Decontamination
Chux	Covering After Decontamination
G-M Survey Meter	Monitoring

APPROVED DATE

Date Received
11-90
(Liaison Officer)

ANAHEIM MEMORIAL HOSPITAL

INCIDENT COMPLETION REPORT

_____ Number of casualties received

Types of injuries treated: (i.e. burns, fractures, internal injuries, dehydration, etc.

_____

_____

_____

_____

_____ Number hospitalized

_____ Number discharged home

_____ Number dead

Casualty information (recognize confidentiality concerns): See separate worksheet.

Date Received
11-90
(Liaison Officer)

ANAHEIM MEMORIAL HOSPITAL

IMMEDIATE STATUS REPORT

_____ Number of "Immediate" Patients that can be received and treated.

_____ Number of "Delayed" Patients can be received and treated.

_____ Patient Care Capacity (total # of "Immediate" & "Delayed" patients that can be immediately received & treated).

_____ Any current or anticipated shortage of personnel.

_____ Any current or anticipated shortage of supplies, etc.

Specify; _____

_____

_____

_____

_____

Current condition of hospital structure: _____

_____

_____

Current condition of hospital utilities: _____

_____

_____

_____ Number of patients to be transferred by wheelchair or stretcher to another hospital.

Any resources that are requested by other facilities: (i.e. staff, equipment, supplies): _____

_____

Disaster Type: _____ Time: _____ Date: _____

Person Performing Critique: _____

ANAHEIM MEMORIAL HOSPITAL

Internal Disaster Critique Form

1. Did PBX Operator know duties?
   a) Appropriate paging of Code Orange Alert/Code Orange- Y N

   b) Know how to operate the HEAR/ReddiNet - Y N

   c. Did the House Supervisor/Administrator on call authorize initiation of the HEICS and Disaster Plan? Y N

_____

_____

2. Was the Emergency Operations Center/Command Post established in a timely manner after AMH was put in the Code Orange/Code Orange Alert mode? Y N

_____

_____

3. Was traffic flow throughout AMH adequate for the number of victims received? Y N

_____

_____

4. Was the Triage Area adequately staffed with personnel capable of performing triage? Y N

_____

_____

5. Were all treatment areas adequately staffed with personnel and

supplies? (including documenters, runners, transporters, gurneys and wheelchairs) Y N

6 Did the patient tracking system function adequately? Y N

7. Was the Disaster Welfare Inquiry Log used effectively? Y N

8. Were Universal Precautions used by appropriate personnel? Y N

9. Were Medical Records kept on each victim? Y N

10. Did the Emergency Operations Center/Command Post use their Status Boards to their full advantages? Y N

11. Did personnel know:
a) Disaster assignments? Y N
b) Where to report? Y N
c) Chain of command? Y N

12. Number of personnel responding to Labor Pool _____

13. Were there a sufficient number of runners? Y N

_____

_____

14. Were telephones used during the drill? Y N

_____

_____

15. Were the Message Forms used effectively? Y N

_____

_____

16. Were AMH staff familiar with HEICS? Y N

_____

_____

17. Was the Medical Office Building notified in a timely fashion of Code Orange? Y N

_____

_____

SAINT JOSEPH MEDICAL CENTER
BURBANK, CALIFORNIA

Effective Date: _____

ADMINISTRATIVE POLICIES

Department Head Approval: _____ Date: _____

Administrative Approval: _____ Date: _____
Administrative/Governing _____ Date: _____
Board Representative: _____ Date: _____
_____ Date: _____

References:

A. JCAHO PL 1
B. California, General Industrial Safety Order, 8-3220
C. SJMC Disaster Plan
D. SJMC Safety Manual

Supersedes: Fire, Internal Disaster/External Disaster, Mass Casualty Policy 1-10-2 Dated May 15, 1985

POLICY

The Medical Center shall establish and maintain a emergency action plan (referred to as the Disaster Plan) to permit appropriate response to internal and external disasters. The staff shall be trained to respond to the incident in accordance with guidance provided in the plan. Disaster drills will be conducted at least twice a year to test and evaluate the plan.

Special Instructions

Responsibilities:

1. Administration:

   Administration shall support disaster training and resources necessary to meet the needs identified in the Disaster Plan.

Category:	Safety	**Department:**	Facilities Management
Subject:	Emergency Action Plan	**Policy Number:**	S - GS - 03

2. Safety Officer:

   The SJMC Safety Officer shall be responsible for the development, testing and evaluation of the Disaster Plan. The plan shall be updated as necessary to keep it current with regulatory requirements, disaster potential within the community and the resources of the Medical Center.

3. Department Managers:

   Department Managers shall be responsible for developing and maintaining department specific disaster response plans in support of the Medical Centers Disaster Plan, maintaining resources to permit their staff to respond appropriately and the training to their staff in disaster response.

4. Employees:

   Individual employees shall be responsible to actively participate in the drills and disaster events and to prepare their homes and families so that they can support the disaster response requirements of the Medical Center.

5. Training:

   Training shall be conducted:

   a. Upon implementation of the plan
   b. Whenever the plan is changed
   c. New employees upon initial assignment shall include those parts of the plan which the employee must know to protect the employee in the event of an emergency
   d. Whenever an employee's responsibilities or designated actions under the plan change
   e. A sufficient number of persons shall be designated and trained to assist in the safe and orderly emergency evacuation of employees and patients.

6. Disaster Plan:

   The SJMC Disaster Plan shall be made available for employee review at all times. Employees shall be trained on the following items contained within the Medical Center and individual Department Disaster Plan as a minimum:

   a. Emergency escape routes;
   b. Procedures to be followed by employees who remain to operate critical plant operations before they evacuate;
   c. Procedures to account for all those employees after emergency evacuation has been completed;
   d. Rescue and medical duties for those who are to perform them;
   e. The preferred means of reporting fires and other emergencies; and

f. Names or regular job titles of persons or departments who can be contacted for further information or explanation of duties under the plan.

Note: See the SJMC Disaster Plan for specific facility and department instructions on a variety of disaster situations.

7. Alarm Systems:

The alarm systems used by the Medical Center shall include the fire alarm bell system and overhead paging system to alert employees and fire response team members. The overhead paging system, telephones and runners shall be used to notify staff of all other emergency notifications as appropriate. Emergency response personnel carrying portable two ways radios and pagers shall also be notified through these devices.

SAN JOAQUIN GENERAL HOSPITAL

EXTERNAL DISASTER PLAN OUTLINE

I. **ACTIVATION:**

A. Initial notification via Med Net, Telephone, UHF Radio in Emergency Department.

B. E.D. to notify Switchboard of disaster status.

C. Notification of Disaster Coordinator and/or Senior Administrator by dispatch/operator. If after 5:00 p.m., Nursing Supervisor on duty should also be notified.

D. Triage Code 2-PA Announcement - on request from Disaster Coordinator.

E. Initiation of Call-Back list as determined by Disaster Coordinator.

F. Staff Call-Back by Department Managers.

II. **PERSONNEL REPORTING LOCATIONS:**

A. Command Center

1. Located in Patient Registration - Ext. 6676.
2. Director HCS (or Designee) and Disaster Coordinator.

B. Medical & Nursing Personnel Pool

1. Located in Medical Library - Ext. 6628.
2. Supervised by Chief of Medicine and/or Nursing Officer Supervisor with clerical support from Administration.
3. Reporting site for all physicians and nurses not assigned elsewhere.

C. General Personnel Pool

1. Located in Conference Room 1 - Ext. 6734.
2. Supervised by Training and Education staff.
3. Reporting site for all non-patient-care personnel not assigned elsewhere.
4. Sign name, department, job class, phone number.

The Disaster Coordinator, in cooperation with the Medical Director, Nursing Supervisor on duty, or the Emergency Department Attending, will determine if the external disaster plan is to be initiated. If no member of Administration is available, the ranking Nursing Office Supervisor on duty in cooperation with the Attending on duty in the Emergency Department may act in this capacity.

A. Notification of On-Duty Personnel

Upon authorization from the Disaster Coordinator or Senior Administrator, the Switchboard will announce over the PA system, "Your attention please. Triage Code 2 is now in progress." All Hospital personnel will then implement Triage Code 2 procedures as appropriate for their department.

B. Notification of Off-Duty Personnel and Physician

Upon direction of the Disaster Coordinator or the Director, Health Care Services, or his designee, the Switchboard Operator will initiate Hospital call-back procedures. (Specific call-back instructions and lists are located in a separate section of this plan.)

Call-back procedures for individual Hospital departments should be initiated at the discretion of the department manager depending upon the size and nature of the disaster. Hospital employees reporting to the Hospital must be wearing their photo identification badge. The ID badge will facilitate access into the Hospital if police lines must be passed. If security guards have been posted at the Hospital entrances, employees without photo ID badges will not be allowed to enter.

SAN JOAQUIN GENERAL HOSPITAL
MCI CRITIQUE/SUMMARY

Directions: Following each MCI ALERT, please complete the following form and return it, along with copies of your completed Department Status Report Worksheets for the incident, to Communication Department (Operator).

Date of incident _____ Time _____

Name of person(s) who completed status report _____
Names of personnel who responded to incident, (please list):

1.
2.
3.
4.
5.

1. Was MCI Alert announced by Telephone,PA System, Runner or other _____
   _____ (PLEASE CIRCLE ANY THAT APPLY).
2. Was there adequate time for your Department to complete status reports? YES NO
   Comments: _____
   _____
3. Did you received adequate updates of the MCI during the incident? YES NO
   Comments: _____
4. Were communications clear and easily understood? YES NO
   Comments: _____
   _____
5. Was the information you received accurate? YES NO NA
   Comments: _____
6. Please comment on any problems as well as any positive observations you have of this incident.
   _____
7. Please give your suggestions for improving the system: (USE REVERSE IF NEEDED)

SANTA MONICA HOSPITAL MEDICAL CENTER

HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

ACTIVATION PLAN

INCIDENT: Any event which has the potential of becoming a major event or disaster impacting one or more departments or areas.

DISASTER:
A. An incident that results in an overload of either existing personnel, supplies, or equipment.
B. An incident that occurs in a situation where resources for back up staff and equipment are not readily available in an amount of time to reduce risk to person and property.

ACTIVATION

A. Incident Command Center Member Report To.... _____: indicates an incident which may have occurred, appears imminent, or has potential for becoming a major event.

Procedure:

1. Establish EOC (Emergency Operations Center). All EICC (Emergency Incident Command Center) officers and Section Chiefs report to EOC.
2. All other on duty hospital personnel continue with normal operations and wait for further instructions.

B. Code Yellow Alert: indicates an incident which necessitates partial activation of the disaster plan.

Procedure:

1. Establish EOC - all EICC officers and Section Chiefs report to EOC.
2. Specific Sections activated, those Section's Officers and managers activate their areas.
3. All other on duty hospital personnel continue with normal operations and await further instructions.

C. Code Yellow Triage: indicates an incident which meets Disaster criteria and necessitates activation of entire plan.

Procedure:
1. Establish EOC - all EICC Officers and Section Chiefs report to EOC.
2. All Section Officers and managers activate their areas.
3. All on-duty hospital personnel activate and function according to departmental disaster plans.

SANTA MONICA HOSPITAL MEDICAL CENTER
PHARMACY DEPARTMENT

LOCATION: Second Floor Tower

PERSON IN CHARGE: Pharmacy Services Manager
Pharmacy Services Manager: Director of Pharmacy, Assistant Director of Pharmacy, then Senior Pharmacist.

MISSION (FUNCTION): Provide emergency pharmacy services to treatment areas. Prepare discharge medications, fill in-house orders as needed.

PLAN OF OPERATION:

A. Code Yellow EOC and Code Yellow Alert - "Operations Section".

___ 1. Pharmacy Services Officer reports to the department and awaits instructions from Ancillary Services Officer.
___ 2. On-duty Personnel continue routine functions.

B. Code Yellow Triage

Immediate:

___ 1. Pharmacy Services Manager awaits instructions and disaster supplies (vest and JAS clipboard) from Ancillary Services Officer.
___ 2. All on-duty personnel immediately report to department.
___ 3. All unaccounted personnel should be contactedespecially those working in areas outside of central pharmacy (i.e., administrative office, billing office, 6th floor satellite, and 4th floor surgery satellite).
___ 4. Prepare an inventory list of albumin, dextran, and ringer's lactate (to begiven to Ancillary Service Officer).
___ 5. Check disaster supplies.
    a. Disaster Med Cart
    b. Disaster Med boxes (including controlled substances and refrigerated items)
___ 6. Initiate call-back list upon direction of Pharmacy Services Manager.

Intermediate:

___ 7. Provide medications as needed to treatment areas.
___ 8. Provide pharmacy services as needed to all in-house patients.
___ 9. Prepare discharge medications.
___ 10. Assign personnel not required for Pharmacy services to labor pool.

Extended:

___ 11. Update inventory lists and report shortages or low supplies to Pharmacy Services Manager.
___ 12. Keep a record of medications and supplies used.
___ 13. Report any concerns to Pharmacy Services Manager.

SANTA MONICA HOSPITAL MEDICAL CENTER
PHYSICAL MEDICINE DEPARTMENT

LOCATION: Second floor of the Merle Norman Pavilion Room 2103

PERSON IN CHARGE: Directory of Physical Medicine, Assistant Director of Physical Medicine, Physical Medicine, Physical Therapy Supervisor, Occupational Therapy Supervisor, Senior Physical Therapist.

MISSION (FUNCTION): Assist in labor pool functions.

PLAN OF OPERATION:

A. Code Yellow EOC

___ 1. All on-duty personnel continue with routine functions.

B. Code Yellow Alert - "Planning Section"

___ 1. Person in charge reports to labor pool and awaits instructions to activate call-back list.
___ 2. All other on-duty personnel continue with routine functions.

C. Code Yellow Triage:

Immediate:

___ 1. Terminate routine functions.
___ 2. Return inpatients to their rooms.
___ 3. Send ambulatory outpatients to the discharge area (15th street lobby).
___ 4. Report to labor pool for assignment.
___ 5. Initiate call-back tree upon direction of Labor Pool Officer (Director or person in charge).
___ 6. Log call-backs and responses on telephone log, to be given to Labor Pool Officer upon completion.

Intermediate:

___ 7. Instruct Labor Pool staff and volunteer in body mechanics, lifts and carrys (12 Physical Therapists).
___ 8. Upon opening of Cast Room - 1 Physical Therapist assigned for set-up, assist physicians, and crutch training.

Extended:

___ 9. Report any concerns to the Labor Pool Officer.

STANISLAUS MEDICAL CENTER
LOGISTICS SECTION CHIEF

You Report To: _____ (Emergency Incident Commander)

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

IMMEDIATE

1. RECEIVE APPOINTMENT
   Receive appointment from the Emergency Incident Commander. Obtain packet containing Section's Job Action Sheets.

2. REVIEW DUTIES
   Read this entire Job Action Sheet and review Organizational Chart on back.

3. I.D. YOURSELF
   Put on position identification vest.

4. OBTAIN BRIEFING
   Obtain briefing from the Emergency Incident Commander.

5. APPOINT OFFICERS
   Brief Officers as needed and distribute Job Action Sheet and Identification Armbands for:

   FACILITIES OPERATIONS OFFICER
   COMMUNICATIONS OFFICER
   TRANSPORTATION OFFICER
   NUTRITIONAL SUPPLY OFFICER
   MATERIAL SUPPLY OFFICER

6. BRIEF OFFICERS
   Brief officer on current situation; outline action plan and designate time for next briefing.

7. ESTABLISH POST
   Establish Logistics Section Center in proximity to the Emergency Operations Center.

8. DAMAGE MEETING
   Attend damage assessment meeting with Emergency Incident Commander, Facility Operations Officer and Damage Assessment Control Manager.

INTERMEDIATE

9. OBTAIN UPDATES
   Obtain information and updates from all areas. Assist where necessary.

10. COMMUNICATE UP
    Communicate frequently with Emergency Incident Commander.

11. OBTAIN SUPPLIES
    Obtain needed supplies with assistance of the Finance Section Chief, Communications Officer and Liaison Officer.

EXTENDED

12. COPY
    Assure that all communications are copied to the Communications Officer.

13. DOCUMENT
    Document actions and decisions on a continual basis.

STANISLAUS MEDICAL CENTER
FACILITY OPERATIONS OFFICER

You Report To: _____ (Logistics Section Chief)

Mission: ***Maintain the integrity of the physical facility to the best level.***
Provide adequate environmental controls to perform the medical mission.

IMMEDIATE

1. RECEIVE APPOINTMENT
   Receive appointment from the Emergency Incident Commander.
   Obtain packet containing Section's Job Action Sheets.

2. REVIEW DUTIES
   Read this entire Job Action Sheet and review
   Organizational Chart on back.

3. I.D. YOURSELF
   Put on position identification armband.

4. OBTAIN BRIEFING
   Meet with Logistics Section Chief to receive briefing and first report on the physical plant status and outline action plan.

5. APPOINT OFFICERS
   Brief Officers as needed and distribute Job
   Action Sheets, Identification Armbands
   and Facility System Status Report forms to:

   DAMAGE ASSESSMENT/CONTROL MANAGER
   SANITATION SYSTEMS MANAGER

6. REQUEST STATUS
   Request a preliminary facility status report as soon
   as possible from Damage Assess/Control Manager.

7. DAMAGE ASSESSMENT
   Facilitate and participate in damage assessment
   meeting between Emergency Incident Commander,
   Logistics Section Chief and Damage Assess/Control Manager.

INTERMEDIATE

8. EVACUATION
   Prepare for the possibility of evacuation and/or
   the relocation of medical services outside of
   existing structure. (If applicable)

9. COMMUNICATE
   Receive continually updated reports from the Damage Assess/Control Manager and Sanitation Sys. Manager. Relay Systems updates to Logistics Section Chief.

10. OBTAIN SUPPLIES
    Obtain needed supplies with assistance of the Logistics Section Chief.

EXTENDED

11. COPY
    Assure that all communications are copied to the Communication Officer.

12. DOCUMENT
    Document actions and decisions on a continual basis.

13. OBSERVE BEHAVIOR
    Observe all staff for signs of stress and inappropriate behavior. Report concerns to Psychological Support Coordinator. Provide for staff rest periods and relief.

STANISLAUS MEDICAL CENTER

CONFIRMED MCI

1. Medical Center Operator to announce "**ATTENTION ALL PERSONNEL, CONFIRMED MCI** (give location)."

2. One person from each department to respond to "Staging Area" in cafeteria with Department Status Report worksheet.

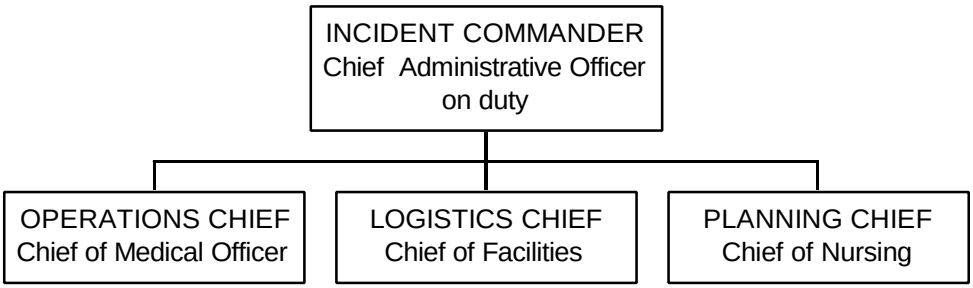
3. Incident Commander will appoint Planning Section Chief to respond to the Staging Area. A decision is made to determine if call-back of staff is required.

4. Incident Commander will set up "Command Post" and distribute section packets and vests to each Section Chief.

5. Security Officer will provide communications until 2-way radio system is established.

6. Each Section Chief will appoint Officers/Managers as needed.

7. Each Section Chief/Manager will distribute the appropriate instruction packet, documentation forms, and vests to put the system into operation.

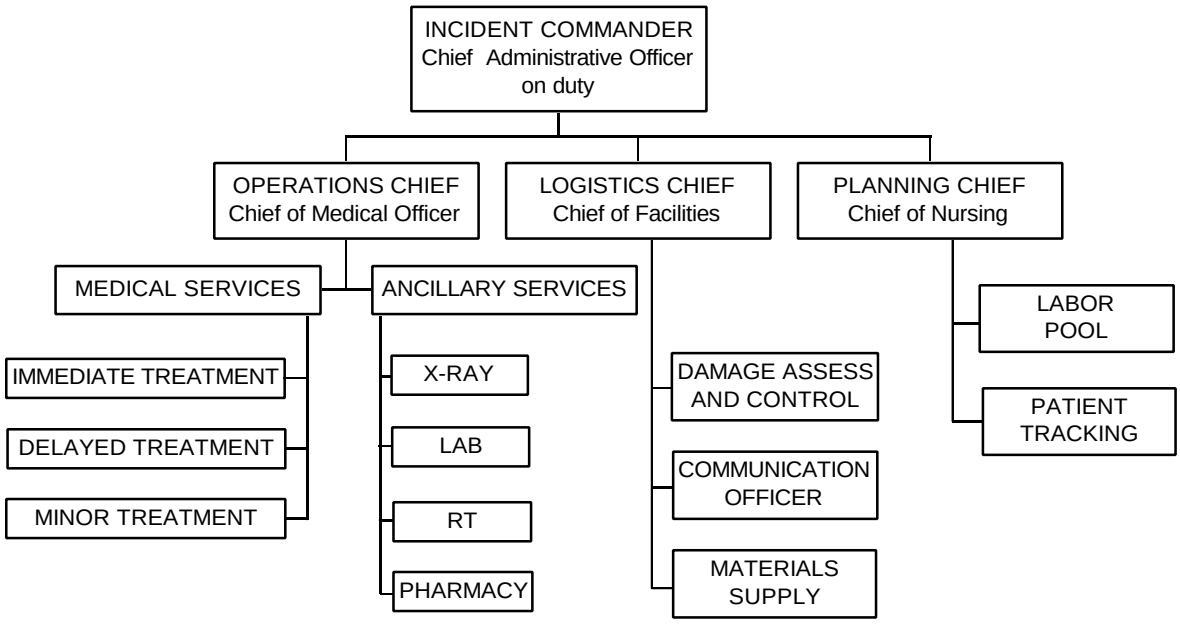


STANISLAUS MEDICAL CENTER

INTERMEDIATE RESPONSE TREE

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

2. Critique Summary will be completeat the conclusion, or as soon as possible after the disaster. (Attachment)



STANISLAUS MEDICAL CENTER

INTERNAL MCI ALERT (Not Confirmed)

1. First responder reports possible MCI to Medical Center operator.

2. Operator will announce over PA system:
   "ATTENTION ALL PERSONNEL, MCI ALERT (give location)" (repeated twice)
   "PLEASE STAND BY FOR FURTHER DIRECTIONS."

3. Immediate response team will include:

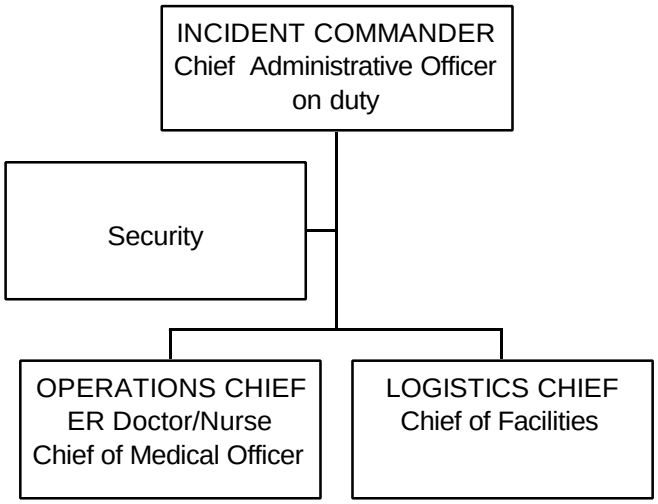
   A. **Chief Administrative Person** on duty will obtain Disaster Bag from Communications Office (Switch-Board Operator).

   B. **Facilities Manager** (Chief Engineer/Housekeeper on duty) reports directly to location of MCI.

   C. **ER MD/Nurse** (Chief Medical Officer on duty) reports directly to location of MCI.

   D. One **Security Officer** reports to MCI, one **Security Officer** reports to Communication (Switch-Board). In event of Internal Communications failure, Security Officer will provide two-way communications.

4. The charge person in each department will locate the "Disaster Manual" and complete a Department Status Report to identify available staff in event of a Confirmed MCI.



STANISLAUS MEDICAL CENTER
DEPARTMENT STATUS REPORT WORKSHEET

1. Fill in the names/titles of staff on duty.

2. In far right box, make check mark for any staff members that are able to respond immediately without compromising patient care.

3. CONFIRMED MCI:
   Send this form with one available staff person to*****staging area.

4. CANCELED MCI ALERT:
   Send this form to Communications Department (Switch BoardOperator).

DEPARTMENT NAME _____

DATE _____ TIME _____

NAME	TITLE	AVAILABLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	_____

MCI ALERT - Confirmed $\leq$ Cancelled $\leq$

***** Staging area will be Medical Center Cafeteria unless otherwise specified by Planning Chief.

EOC MESSAGE FORM

PART I

TO:	Section:	DATE:
FROM:	Section:	TIME:

SUBJECT: _____

Message: _____

INFORMATION SOURCE (Outside of EOC):

Name: _____
Telephone/Radio No.: _____

PART II

RETURN TO: _____

REPLY: _____

RESOURCESS COMMITTED: Personnel	Equipment	Supplies

PART III

ACTION:
- ☐ Action Required
- ☐ Reply Requested
- ☐ FYI

COPIES:
- ☐ NCR1: Receiver
- ☐ NCR2: IC
- ☐ NCR3: Comm./Lia.
- ☐ NCR4: Sender
- ☐ Security
- ☐ Safety
- ☐ PIO
- ☐ _____
- ☐ OPERATIONS
- ☐ LOGISTICS
- ☐ PLANNING
- ☐ FINANCE
- ☐ _____

PART IV

MESSAGE CENTER USE ONLY

TOTAL PHOTO COPIES

PRIORITY:
- ☐ Urgent
- ☐ Routine

- ☐ Distribution Complete
- ☐ Status Board Entry Complete _____

ACTION PLAN

INCIDENT: _____ DATE: _____ TIME: _____ ≤ FACILITY ACTION PLAN ≤ SECTION/POSITION: _____

GOAL	OBJECTIVES (to meet Goal)	ACTION TAKEN	STATUS
1.	1A		
	1B		
	1C		
2.	2A		
	2B		
	2C		
3.	3A		
	3B		
	3C		

RESOURCES NEEDED	WHEN NEEDED	STATUS
1.		
2.		
3.		

PROJECTED ACTIVITIES	PROJECTED NEEDS	STATUS

SECTION ACTION PLANS TO BE DELIEVERED TO PLANNING SECTION CHIEF as scheduled. Facility Action Plan to be distributed to all Section Chiefs.

STATE EMS AUTHORITY

LOGISTICS SECTION CHIEF

You Report To:

Emergency Incident Commander

You Supervise:

Facilities Operations Officer

Materials Supply Officer

Nutritional Supply Officer

Communications Officer

Position Mission

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

Immediate

1. Receive appointment from the Emergency Incident Command. Obtain packet containing Section's Job Action Sheets.

2. Read this entire Job Action Sheet and review organizational chart on back.

3. Put on position identification vest.

4. Obtain briefing from Emergency Incident Commander.

5. Appoint Logistics Section Officers:

   Facilities Operations Officer — Nutritional Supply Officer
   Materials Supply Officer — Communications Officer

   Distribute Job Action Sheets and vests. (May be pre-established).

6. Brief officers on current situation; outline actions and designate time for next briefing.

7 . Establish Logistics Section operations center in proximity to E.O.C.

8. Attend damage assessment meeting with Emergency Incident Commander, Facility Operations Officer and Damage Assessment Control Manager.

Intermediate

9. Obtain information and updates regularly from officers and managers, maintain current status of all areas. Assist where necessary.

10. Communicate frequently with Emergency Incident Commander.

11. Obtain needed supplies with assistance of the Finance Section Chief, Communications Officer and Liaison Officer.

Extended

12. Assure that all communications are routed through the Communications Officer.

13. Document actions and decisions on a continual basis.

14. Other concerns,

_____

_____

Position Considerations

Establish inventory maintenance procedures that allow you to anticipate needs.

If required, look for alternatives sources of housing for families of staff and patients.

Encourage decision making at lowest possible level. Establish a routine reporting schedule.

Establish short and long range action plans.

SUTTER GENERAL HOSPITAL

DISCHARGE AREA MANAGER

You Report To: _____ (Treatment Areas Officer)

MISSION: Coordinate the controlled discharge, (possible observation and discharge) of patients received from all areas of the hospital. Facilitate the process of final patient disposition by assuring adequate staff and supplies in the Discharge Area.

Time Initiated/ Completed	
Immediate	_____ 1. Receive appointment from the Treatment Areas Officer.
	_____ 2. Establish a communication mechanism.
	_____ 3. Read this entire Job Action Sheet and review the organizational chart on back.
	_____ 4. Put on position identification vest.
	_____ 5. Receive briefing from Treatment Areas Officer with other Treatment Area Managers in the Emergency Department Nurse Manager's Officer.
	_____ 6. Assist Treatment Areas Officer in the establishment of Discharge Area. Coordinate with Social Services Officer, Transportation Officer and Safety and Security Officer.
	_____ 7. Assess situation/area for supplies and staffing needs; prepare for minor medical treatment if required (a disaster kit should be available at all times). The Senior Discharge Coordinator will assist the UR/DP Manager in assessing in- house discharge needs and send a minimum of one DCC to the Discharge Area. One UR/Discharge Planning secretarial support person will be assigned to the Discharge Area. The area will be set up as follows:

a. A registration desk for intake and discharge will be established and manned by the UR/DP secretarial staff.
b. Disaster flow sheets (see attached) will be kept to record families/friends inquiries for specific patients. The flow of people in and out of the discharge and family areas will be monitored on these sheets.
c. Disaster victims will be given identification tags.
d. Patient/families will be directed to Family Information Center in the Lobby and given identification tags. They will be met by Social Worker/clergy who will explain the procedure for linking up family/friends with patients.

Support staff will need to circulate in the patient/family areas to assist as needed.

e. Disaster victims discharged from the hospital will be taken to the Lobby to meet their families/friends.

f. Names of patients/families leaving the family support area will be recorded on the flow sheets in the Patient Information Center as they leave.

Intermediate _____ 8. Request involvement of Social Services Officer in appropriate patient disposition. Communicate regularly with Patient Tracking Coordinator.

_____ 9. Ensure that all patients discharged from area are tracked and documented in regards to disposition. (If another hospital areas are discharging patients, provide for accurate controls and documentation.) Provide for patient discharge services in Morgue Area.

_____ 10. Report frequently and routinely to Treatment Areas Officer on situational status.

Extended _____ 11. Observe and assist any staff or patient who exhibits sign of stress. Report concerns to the Treatment Areas Officer. Provide for staff rest periods and relief.

_____ 12. Review and approve the area documenter's recordings of action/decisions in the Discharge Area. Send copy to the Treatment Areas Officer.

_____ 13. Direct non-utilized personnel to Labor Pool.

_____ 14. Other concerns:

_____

_____

_____

SUTTER GENERAL HOSPITAL

DISCHARGE AREA MANAGER

PATIENT	FAMILY/FRIENDS		DISPOSITION		SUPPORT STAFF
	IN			OUT	

SECTION 14

RESOURCE

DIRECTORY

The Hospital Emergency Incident Command System
Resource Directory

The Resource Directory is provided to assist those seeking to implement the HEICS program. The listing of providers has been pared down from the previous edition to include only those supplies and services which are directly related to the Hospital Emergency Incident Command System.

Every effort has been made to assure that the listings are accurate and applicable, however, the authors of this document are not responsible for errors. This is not a collection of recommendations or an endorsement of any kind. The user of this information assumes any and all liability. This directory is offered as a courtesy.

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fax (209) 952-0897
e-mail: jascottrn@worldnet.att.net

HOSPITAL DISASTER CHART

Newport Printing
1781 McGraw Avenue
Irvine, CA 92714
(714) 261-8248

HOSPITAL PREPAREDNESS RESOURCE CENTERS

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

California Seismic Safety Commission
1900 K Street, Suite 100
Sacramento, CA 95814
(916) 322-4917

California Specialized Training Institute (CSTI)
P.O. Box 8123
San Luis Obispo, CA 93403-8123
(805) 549-3535

Division of Mines and Geology
California Department of Conservation
107 S. Broadway
Los Angeles, CA 90012
(213) 620-3560

Healthcare Association of Southern California
515 South Figueroa Street, Suite 1300
Los Angeles, CA 90071-3322
(213) 250-5600

Hospital Council of Northern and Central California
7901 Stoneridge Drive, Suite 500
Pleasanton, CA 94588
(510) 460-5444

Southern California Earthquake Center
Department of Geological Sciences
University of Southern California
Los Angeles, CA 90089-0740
(213) 740-5843

California Dept. of Conservation
Division of Mines and Geology
1145 Market St., 3rd Floor
San Francisco, CA 94103-1513
(415) 557-1500

California Dept. of Health Services
601 North 7th Street, MS 725
Sacramento, CA 94234-7320
(916) 323-3675

Governor's Office of Emergency Services (OES)
2800 Meadowview Road
Sacramento, CA 95832
(916) 262-1800

Governor's Office of Emergency Services
Coastal Region
1300 Clay Street, Suite 400
Oakland, CA 94612
(510) 286-0826

Governor's Office of Emergency Services
Southern Region
Los Alamitos Armed Forces Reserve
11200 Lexington Drive, Building 293
Los Alamitos, CA 90720-5002
(562) 795-2900

1350 Front Street
San Diego, CA 92101
(619) 525-4287

117 W. Micheltorena Street, Suite D
Santa Barbara, CA 93101
(805) 568-1207

State Emergency Medical Services Authority
1930 9th Street, Suite 100
Sacramento, CA 95814
(916) 322-4336

U.S. Geological Survey
345 Middlefield Road
Menlo Park, CA 94025
(650) 853-8300

U.S. Geological Survey
At CalTech
General Public (626) 583-7823
Recorded Earthquake Info (626) 345-6977

INCIDENT COMAND SYSTEM

California Fire Chiefs Association
825 M Street
Rio Linda, CA 95673
(916) 445-9882

INCIDENT COMMAND SYSTEM VESTS

A Stitch Above
241 South Violet Lane
Orange, CA 92869
(714) 997-2502
fax (714) 997-2509
e-mail: stitches@astitchabove.com

Carson Integrated Marketing
9190 Jackson Road
Sacramento, CA 95826
(916) 856-5440
fax (916) 856-5410
(800) 711-9450

M.L. Kishigo Mfg. Co.
2901 S. Daimler St.
Santa Ana, CA 92705
(949) 852-1963
fax (949) 852-0263
(800) 338-9480

Prison Industry Authority
560 E. Natoma Street
Folsom, CA 95630
(gov't. agencies only)
(530) 355-0312

S.T.A.R.T. RESOURCE

Newport Beach Fire & Marine Department
START Support Service
P.O. Box 1434
Newport Beach, CA 92659
(949) 644-3358
fax (949) 644-3259

S.T.A.R.T. TRIAGE TAGS

California Fire Chief Association
825 M Street
Rio Linda, CA 95673
(916) 445-9882

SECTION 15

H E I C S

GLOSSARY

Hospital Emergency Incident Command System
GLOSSARY

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

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

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

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

BLS Responder - Certified EMT-I or First Responder.

Deceased - Fourth (last) priority in patient treatment according to the S.T.A.R.T. triage system.

Delayed Treatment - Second priority in patient treatment according to the S.T.A.R.T. triage system. These people require aid, but injuries are less severe. A hospitalized patient may be categorized from "guarded" to "serious"; a patient requiring at least minimal hospital services.

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

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

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

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

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

Incident Command System (ICS) - A flexible organizational structure which provides a basic expandable system developed by Fire Services to mitigate any size emergency situation. In 1992 California Law mandated the use of this system by emergency responders and emergency planning officials within the public service sector.

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

Immediate Treatment - First level of patient priority according to the S.T.A.R.T. triage system. A patient who requires rapid assessment and medical intervention in order to increase chances of survival. A hospitalized patient who may be classified from "serious" to "critical" condition; requiring constant nursing care.

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

START - S.T.A.R.T. - Acronym for Simple Triage and Rapid Treatment. This is the initial triage system developed by Hoag Hospital and Newport Beach Fire Department, Newport Beach, CA., that has been adopted for use by the California Fire Chief's Association.

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

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

Triage Tag - A tag used by triage personnel to identify and document the classification, or level, of a patient's medical condition. It is recommended that the triage tag endorsed by California Fire Chief's Association be utilized.