

## *Incident Response Guide for* **PATIENT SURGE**

Response to an external disaster will require the management of potential increases in patient population. The following Incident Response Guide addresses the four levels of response, each requiring increased coordination and communications within the facility and the healthcare community.

# **LEVEL I PATIENT SURGE**

**Definition:** Level I Patient Surge Event– A surge in patients presenting to the Emergency Department resulting in significant stress to hospital resources, and requiring coordination with neighboring facilities in order to meet the demand for hospital services.

**Mission:** To effectively and efficiently identify, triage, treat, and track a surge of patients; and manage the uninjured/asymptomatic persons, family members, and the media.

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### *Directions*

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- Read this entire incident response guide and incident management team charts.
  - Use this Incident Response Guide as a checklist to ensure all tasks are addressed and completed.
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### *Objectives*

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- Identify, triage, and treat patients.
  - Expand hospital capacity for a large number of patients.
  - Accurately track patients throughout the healthcare system.
  - Assure safety and security of the staff, patients, visitors, and facility.
  - Address issues related to patient surge capacity.
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## **Immediate (Operational Period 0-2 Hours)**

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### **COMMAND**

(Incident Commander):

- The House Supervisor shall assume the role of Incident Commander and notify the Administrator on-call of the Level I Surge.
  - Complete a high level assessment of the potential operational impact on the facility and determine the need to activate the HCC.
  - Immediately assign available staff to support the Emergency Department
  - Conduct regularly schedule meetings with ED and Inpatient Managers to address patient throughput issues and assess needs.
  - Implement emergency management plans, as indicated
  - Determine the risk and need for a facility-wide lockdown and work in collaboration with security (or their designee) to ensure immediate actions to implement the lockdown (refer to the Facility Lockdown Policy in the Safety Binder). Communicate with EMS/Public Health to determine the possible number of patients
  - Consider activation of limited staff call-back
  - Consider implementation of staffing ratio flex
  - Identify patients who can potentially be discharged and make the appropriate discharge arrangements with the attending physician and other applicable patient care service providers.
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### **OPERATIONS:**

(Medical Care Branch Director):

- Assign Lift Tech to bring available gurneys to the Emergency Department.
  - Report actions/information to IC regularly, according to schedule
  - Conduct hospital census and determine if discharges and appointment cancellations required
  - Update EMSsystem with current hospital/ED status, and keep updated as status /resources change (at least every hour).
  - Contact neighboring hospitals to assess levels of saturation and communicate the current hospital status.
  - Notify Ambulance Dispatch of the Level I Patient Surge
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**Intermediate (Operational Period 2-12 Hours)**

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**COMMAND**

(Incident Commander)

- Continue regular briefing of staff.
    - Consider Level II Patient Surge plan activation.
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**OPERATIONS**

(Medical Care Branch Director):

- Continue patient management activities, including patient cohorting, patient/staff/visitor medical care issues
    - Determine scope and volume of supplies/equipment/personnel required and report to Logistics
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**Extended (Operational Period Beyond 12 Hours)**

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**COMMAND**

(Incident Commander):

- Continue regular briefing of Command staff/Section Chiefs. Address issues identified
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**OPERATIONS**

(Medical Care Branch Director):

- Continue patient management and facility monitoring activities. Communicate personnel/equipment/supply needs to IC
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**Demobilization/System Recovery**

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**COMMAND**

(Incident Commander):

- Provide appreciation and recognition to solicited and non-solicited personnel that helped during the incident
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**OPERATIONS**

(Medical Care Branch Director):

- Restore normal facility operations and visitation
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**Documents and Tools**

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Emergency Operations Plan, including: Bed Tracking procedure

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HICS forms

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Job Action Sheets

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Hospital organization chart

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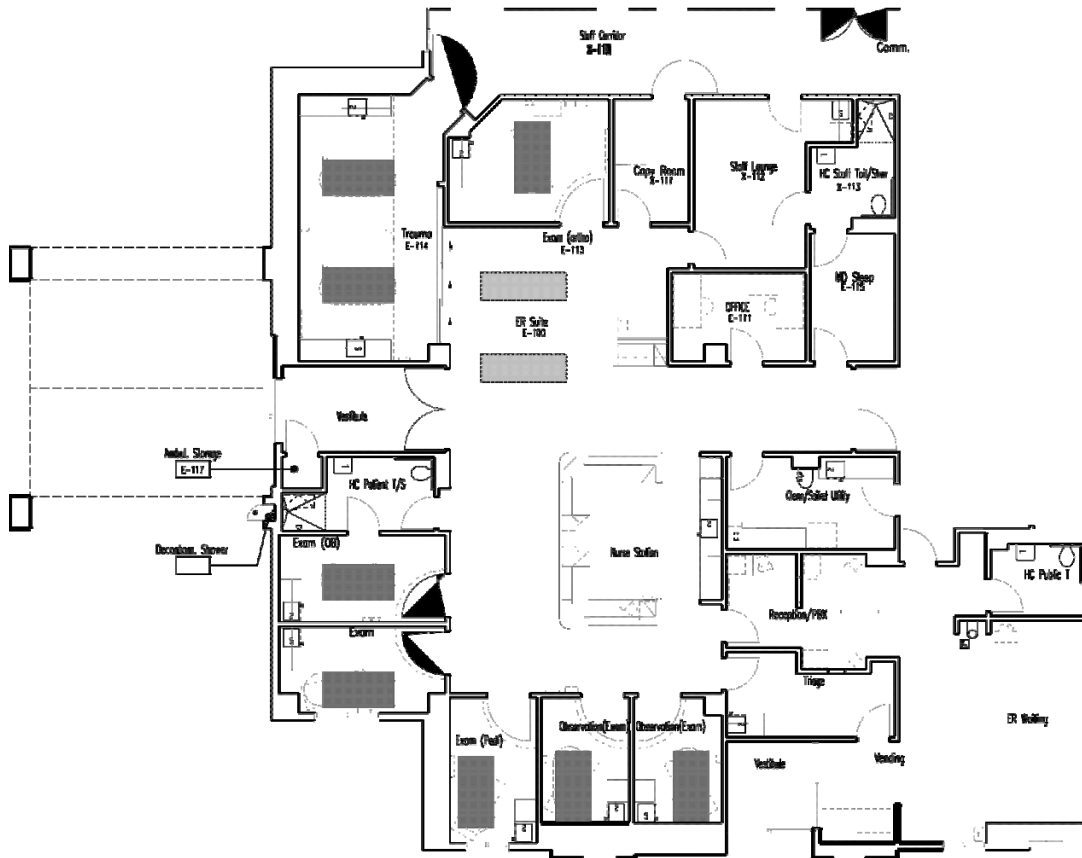
Television/radio/internet to monitor news

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Telephone/cell phone/radio/satellite phone/internet for communication

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### Level I Patient Surge Hospital Diagram



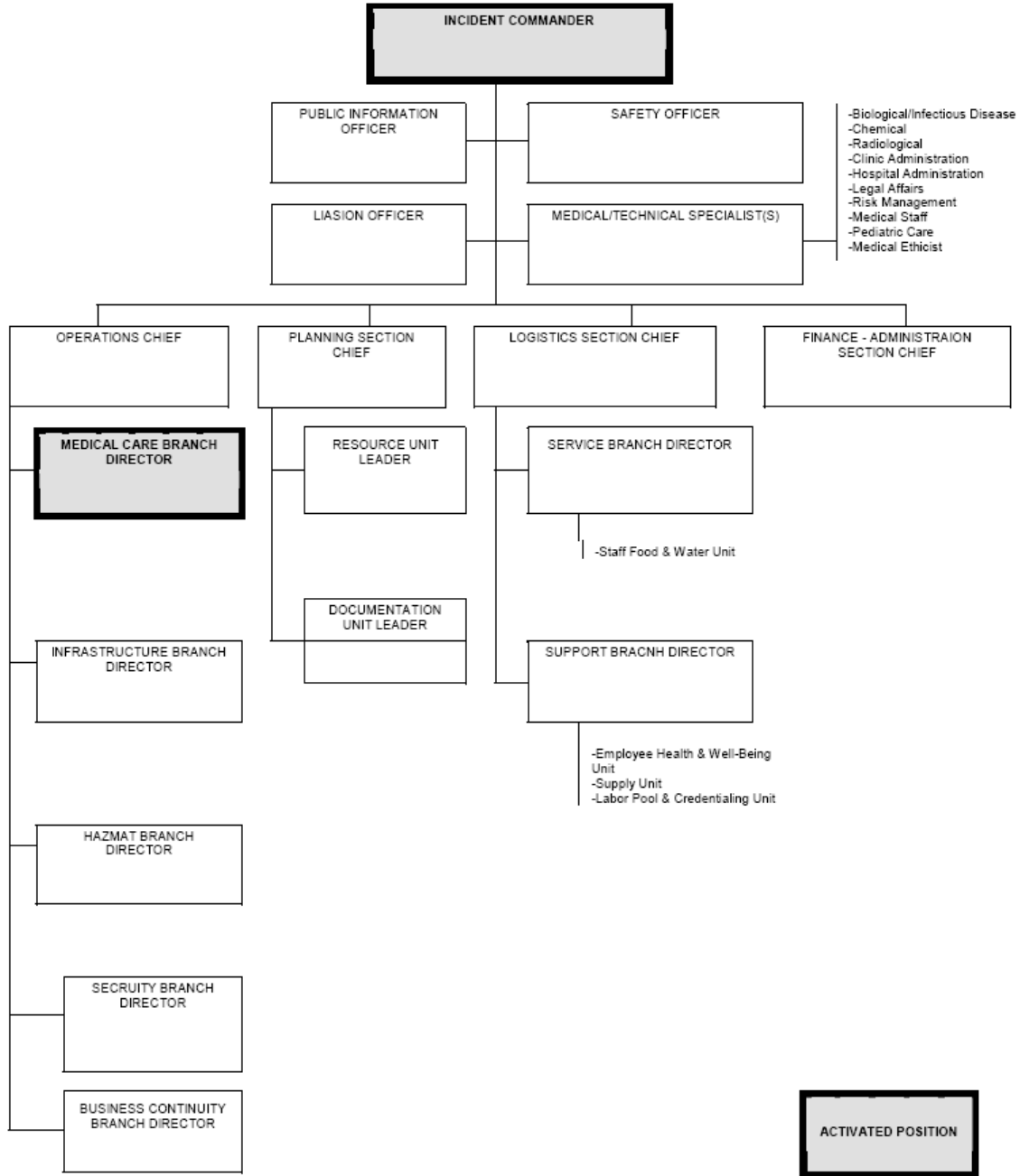
Additional gurneys shall be brought to the Emergency Department when:

- Level I Surge Triggers have been met, and
- Incident Commander authorized internal announcement of Level I Surge

ORGANIZATION CHART (Level I)

1. INCIDENT NAME | 2. DATE PREPARED | 3. TIME PREPARED | 4. OPERATIONAL PERIOD DATE/TIME

5. ORGANIZATIONAL CHART



## **LEVEL II PATIENT SURGE**

**Definition:** Level II Patient Surge Event– A surge in patients affecting all local medical providers, requiring regularly scheduled planning sessions or conference calls in order to strategize, coordinate, collaborate, and communicate among community healthcare providers, EMS agency, Public Health, Fire, and OES representatives.

**Mission:** To effectively and efficiently identify, triage, treat, and track a surge of patients; and manage the uninjured/asymptomatic persons, family members, and the media.

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### *Directions*

- Read this entire incident response guide and incident management team charts.
- Use this Incident Response Guide as a checklist to ensure all tasks are addressed and completed.

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### *Objectives*

- Identify, triage, and treat patients.
- Expand hospital capacity for a large number of patients.
- Accurately track patients throughout the healthcare system.
- Assure safety and security of the staff, patients, visitors, and facility.
- Address issues related to patient surge capacity.

## Immediate (Operational Period 0-2 Hours)

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### COMMAND

(Incident Commander):

- Implement a limited activation of the HCC.
  - Notify the Administrator on-call of the Level II Activation.
  - Notify the MHOAC of the Level II Patient Surge.
  - Develop an Incident Action Plan, assign HICS positions and activate Fan Out List staff call-back as necessary.
  - Determine the risk and need for a facility-wide lockdown and work in collaboration with security (or their designee) to ensure immediate actions to implement the lockdown (refer to EOC policy 558 – Hospital Lockdown).
  - Contact the Switchboard Operator, providing any pertinent information about the announcement to be made (e.g. announce **THREE TIMES** over the public address system: “ATTENTION PLEASE. CODE TRIAGE: LEVEL II SURGE. ALL DEPARTMENTS PLEASE FORWARD THEIR ROLL CALL SHEETS TO THE HOSPITAL COMMAND CENTER.” Note: If a Drill, please identify as a “Drill.”)
  - Implement staffing ratio increase to meet the needs of the patient population.
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### OPERATIONS:

(Medical Care Branch Director):

- Update EMSsystem with current hospital/ED status, and keep updated as status /resources change (at least every hour).
  - Contact neighboring hospitals to assess levels of saturation and communicate the current hospital status.
  - Notify Control Facility of the Level II Patient Surge.
  - Report actions/information to IC regularly, according to schedule
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### PLANNING

- Ensure the Switchboard Operator contacts other departments which do not have overhead paging available, including the four Family Medical Centers, informing them of the Level II Surge.
  - Implement patient/bed tracking protocols
  - Report actions/information to Incident Commander regularly
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**Intermediate (Operational Period 2-12 Hours)**

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**COMMAND**

(Incident Commander)

- Continue regular briefing of staff.
- Cancel Elective, Routine, or Non-Essential Surgery
- Expand Inpatient Bed Capacity (Level II Diagram)
- Consider deployment of Surge Tent.
- Consider referral of Minor patients to outpatient clinics.
- Consider utilization of SNF and other LTC facilities

(Liaison Officer)

- Participate in Operational Area/PH DOC Planning Sessions.
- Work in collaboration with the MHOAC (or PH DOC if activated) to ensure that adequate resource needs are being assessed on an ongoing basis and necessary resources acquired to address the needs.

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**OPERATIONS**

- Consider deployment of Surge Tents.
- Continue patient management activities, including patient cohorting, patient/staff/visitor medical care issues
- Determine scope and volume of supplies/equipment/personnel required and report to Logistics

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**PLANNING**

- Continue patient/bed tracking
  - Collect information regarding situation status and report to IC regularly
  - Plan for termination of incident
  - Revise security plan and family visitation policy, as needed
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### **Extended (Operational Period Beyond 12 Hours)**

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#### **COMMAND**

(Incident Commander):

- Continue regular briefing of Command staff/Section Chiefs. Address issues identified

(Liaison Officer)

- Participate in Operational Area/PH DOC Planning Sessions.
  - Keep IC updated on Operational Area status and activities.
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#### **OPERATIONS**

- Continue patient management and facility monitoring activities. Communicate personnel/equipment/supply needs to local EOC
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#### **PLANNING**

- Revise and update the IAP and distribute to IC, Command Staff and Section Chiefs
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### **Demobilization/System Recovery**

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#### **COMMAND**

(Incident Commander):

- Provide appreciation and recognition to solicited and non-solicited personnel that helped during the incident
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#### **OPERATIONS**

- Restore normal facility operations and visitation
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#### **LOGISTICS**

- Monitor health status of staff
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#### **PLANNING**

- Recommendations for corrective actions and future response actions
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### **Documents and Tools**

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Emergency Operations Plan, including:

- Bed Tracking procedure
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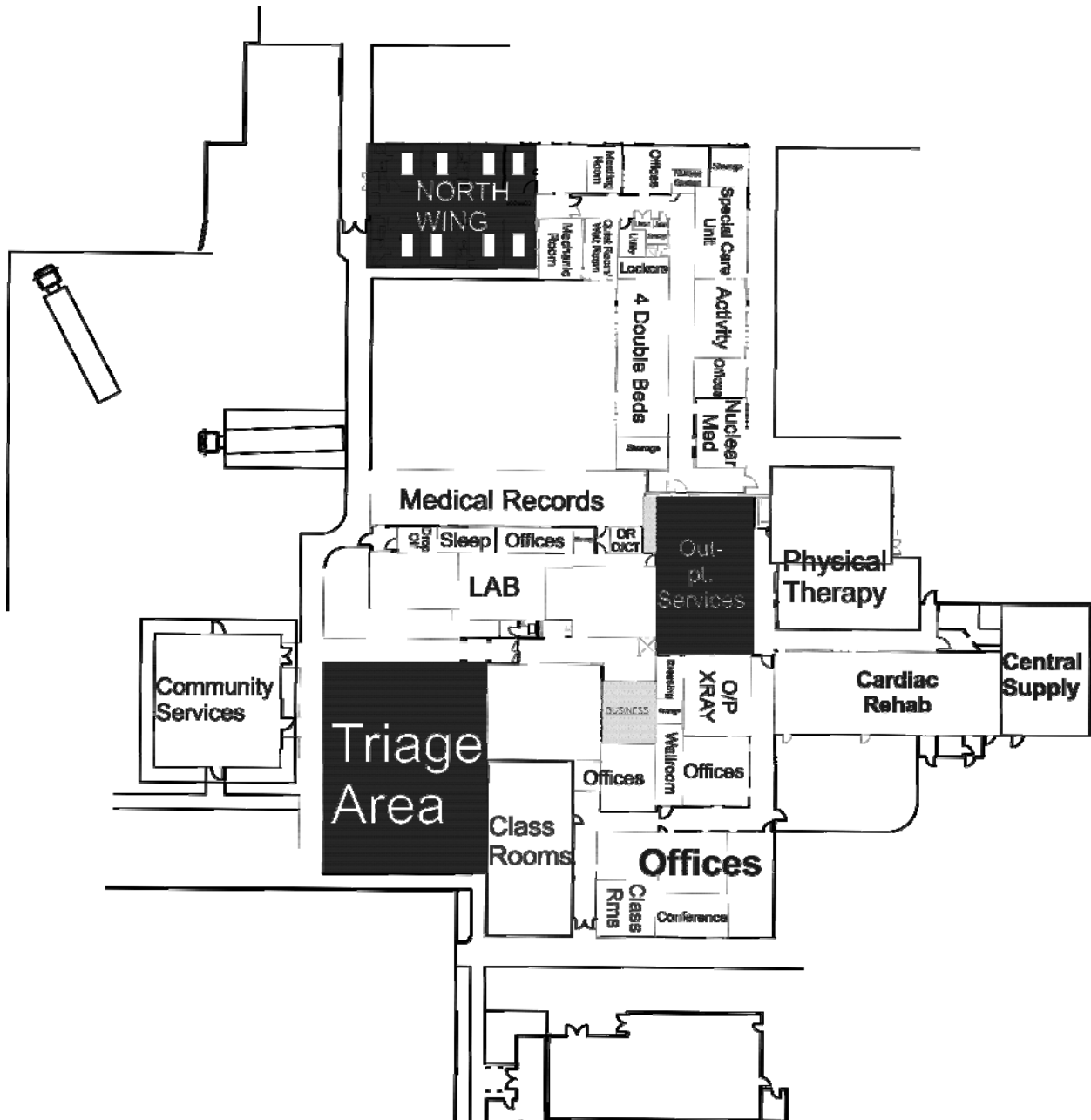
- HICS forms
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- Job Action Sheets
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- Hospital organization chart
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- Television/radio/internet to monitor news
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- Telephone/cell phone/radio/satellite phone/internet for communication
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**Level II Patient Surge  
Expanded Patient Care Areas**

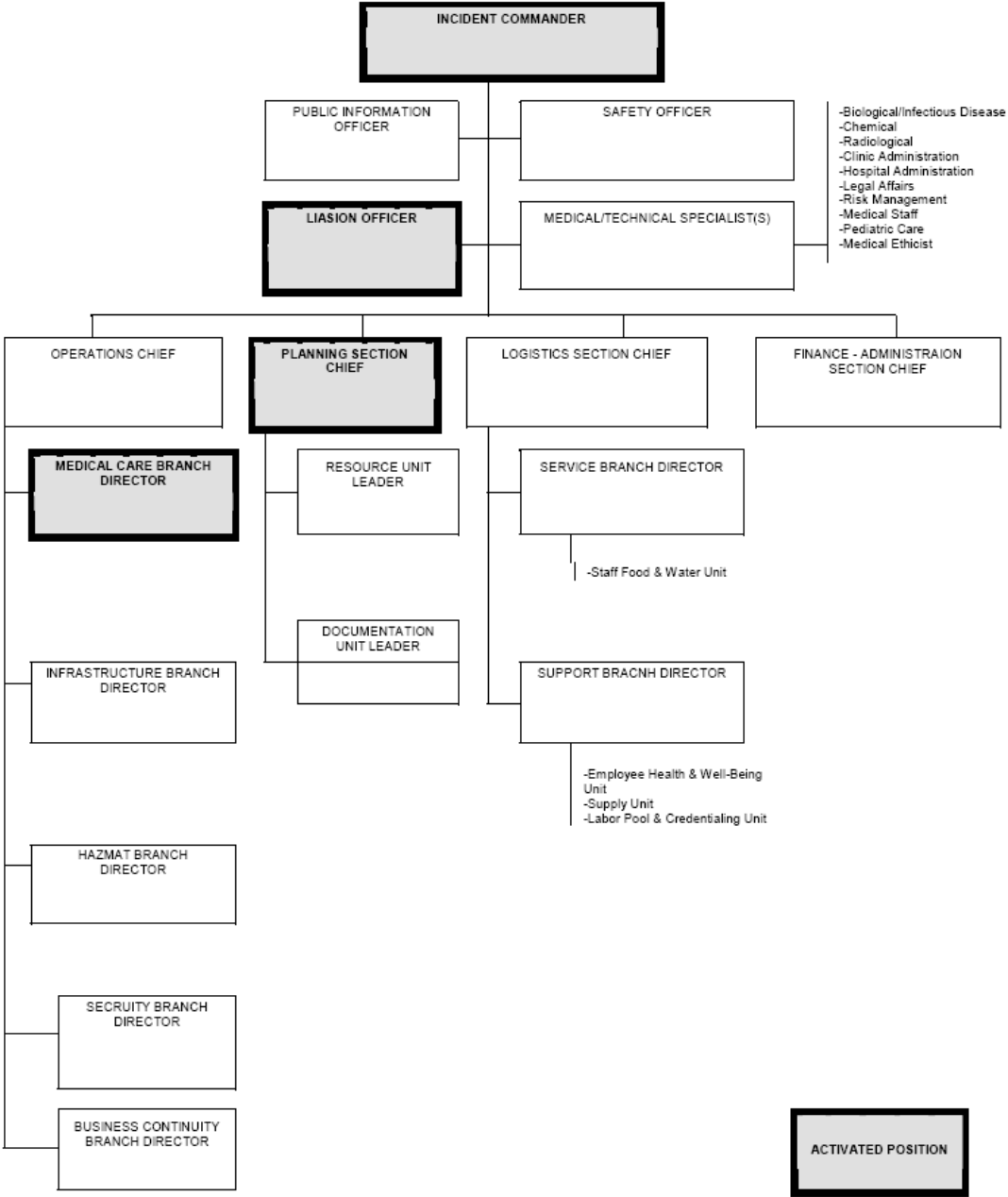


- A. External Triage may be established outside the Outpatient Services area, when authorized by the HCC or Administrator on-call
- B. Alternate Treatment Areas may be established in the Outpatient Services area to receive and treat emergency patients when authorized by the Incident Commander or Administrator on-call.

ORGANIZATION CHART (Level II)

1. INCIDENT NAME | 2. DATE PREPARED | 3. TIME PREPARED | 4. OPERATIONAL PERIOD DATE/TIME

5. ORGANIZATIONAL CHART



## **LEVEL III PATIENT SURGE**

**Definition:** Level III Patient Surge Event– A surge in patients countywide and in neighboring counties, resulting in a lack of capacity to provide impacted service or services. State of emergency has been declared or is being sought. Regional coordination is necessary in order to meet the medical and health needs of the public.

**Mission:** To effectively and efficiently identify, triage, treat, and track a surge of patients; and manage the uninjured/asymptomatic persons, family members, and the media.

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### *Directions*

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- Read this entire incident response guide and incident management team charts.
  - Use this Incident Response Guide as a checklist to ensure all tasks are addressed and completed.
- 

### *Objectives*

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- Identify, triage, and treat patients.
  - Expand hospital capacity for a large number of patients.
  - Accurately track patients throughout the healthcare system.
  - Assure safety and security of the staff, patients, visitors, and facility.
  - Address issues related to patient surge capacity.
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## **Immediate (Operational Period 0-2 Hours)**

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### **COMMAND**

(Incident Commander):

- The HCC shall be fully activated.
- Complete a high level assessment of the potential operational impact on the facility.
- Contact the Switchboard Operator, providing any pertinent information about the announcement to be made (e.g. announce **THREE TIMES** over the public address system: “ATTENTION PLEASE. CODE TRIAGE: LEVEL III SURGE.” Note: If a Drill, please identify as a “Drill.”)

(PIO)

- Monitor media outlets for updates on the current events and possible impacts on the hospital. Communicate information via regular briefings to Section Chiefs and Incident Commander
- Coordinate any public information with the county EOC and PH DOC.
- Consider implementing disaster hotline for the public (e.g. triage, nurse call line).

(Liaison Officer)

- Participate in Operational Area/Regional Planning Sessions.
  - Work in collaboration with the PH DOC to ensure that adequate resource needs are being assessed on an ongoing basis and necessary resources acquired to address the needs.
  - Communicate regularly with Incident Commander and Section Chiefs regarding operational needs and integration of hospital function with local EOC
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**OPERATIONS:**

(Operations Section Chief):

- Provide just-in-time training for both clinical and non-clinical staff regarding the status of the event, precautions they should take, and rumor control.
- Notify the ED of possible numbers of incoming patients, in consultation with the Liaison Officer who is in communication with external authorities (e.g., health department)
- Implement staffing ratio increase to meet the needs of the patient population.
- Consider Establishing External Triage
- Consider redirecting Minor patients to outpatient sites (e.g. clinics, surge tents, alternate care sites).
- Consider recalibrating hospital standards of care, using pre-approved alternate care protocols.
- Report actions/information to IC regularly, according to schedule

(Medical Care Branch Director):

- Update EMSsystem with current hospital/ED status, and keep updated as status /resources change (at least every hour).
- Notify Control Facility of the Level III Patient Surge.
- Deploy Surge Tent (alternate triage point, families, etc.).

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**PLANNING**

- Ensure the Switchboard Operator contacts other departments which do not have overhead paging available, including the four Family Medical Centers, informing them of the Level III Surge.
  - Establish operational periods and develop Incident Action Plan:
    - Engage other hospital departments
    - Share Incident Action Plan through Incident Commander with these areas
    - Provide instructions on needed documentation including completion detail and deadlines
  - Implement patient/staff/equipment tracking protocols
  - Report actions/information to Incident Commander, Command Staff, Section Chiefs regularly
  - Report actions/information to Incident Commander regularly
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## **LOGISTICS**

(Logistics Section Chief)

- Ensure the Switchboard Operator contacts other departments which do not have overhead paging available, including the four Family Medical Centers, informing them of the Level III Surge.
- Prepare for receipt of external pharmaceutical cache(s)/Strategic National Stockpile. Track dispersal of external pharmaceutical cache(s)/Strategic National Stockpile
- Determine staff supplementation needs and communicate to Liaison Officer
- Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule
- Report actions/information to Incident Commander regularly

(Support Branch Director)

- Implement Labor Pool & Credentialing protocols
  - Report actions/information to Logistics Section Chief regularly
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## **Intermediate (Operational Period 2-12 Hours)**

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### **COMMAND**

(Incident Commander)

- Continue regular briefing of staff.
  - Cancel Elective, Routine, or Non-Essential Surgery
  - Expand Inpatient Bed Capacity (Level III Diagram)
  - Consider deployment of Surge Tents.
  - Consider referral of Minor patients to outpatient clinics.
  - Consider utilization of SNF and other LTC facilities
-

## **COMMAND**

(Public Information Officer):

- Establish a patient information center; coordinate with the Liaison Officer and local emergency management/public health/EMS. Regularly brief local EOC, hospital staff, patients, and media

(Liaison Officer)

- Ensure integrated response with local PH DOC, EOC, and JIC
  - Participate in Operational Area/PH DOC Planning Sessions.
  - Work in collaboration with the MHOAC (or PH DOC if activated) to ensure that adequate resource needs are being assessed on an ongoing basis and necessary resources acquired to address the needs.
  - Integrate outside personnel assistance into Hospital Command Center and hospital operations
  - Discuss operational status with other area hospitals
  - Brief Command staff/Section Chiefs regularly with information from outside sources
- 

## **OPERATIONS**

- Continue patient management activities, including patient cohorting, patient/staff/visitor medical care issues
  - Determine scope and volume of supplies/equipment/personnel required and report to Logistics
  - Implement local mass fatality plan (including temporary morgue sites) in cooperation with local/state public health, emergency management, and medical examiners. Assess capacity for refrigeration/security of deceased patients
  - Consider deployment of Surge Tents.
- 

## **PLANNING**

- Continue patient/bed tracking
  - Collect information regarding situation status and report to IC regularly
  - Plan for termination of incident
  - Document Incident Action Plan, as developed by IC and Section Chiefs and distribute appropriately
  - Collect information regarding situation status and report to IC/Command staff/Section Chiefs regularly
  - Revise security plan and family visitation policy, as needed
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## **LOGISTICS**

- Establish Family Care Unit under Support Branch Director to address family/dependent care issues to maximize employee numbers at work.
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**FINANCE**

- Track response expenses and report regularly to Command staff and Section Chiefs
    - Track and follow up with employee illnesses and absenteeism issues
- 

**Extended (Operational Period Beyond 12 Hours)**

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**COMMAND**

(Incident Commander):

- Continue regular briefing of Command staff/Section Chiefs. Address issues identified

(Public Information Officer):

- Continue patient information center, as necessary. Coordinate efforts with local/state public health resources/JIC

(Liaison Officer): Continue to

- Ensure integrated response with local Public Health DOC/EOC/JIC
  - Communicate personnel/equipment/supply needs to Public Health DOC
  - Keep public health advised of any health problems/trends identified
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**OPERATIONS**

- Continue patient management and facility monitoring activities. Communicate personnel/equipment/supply needs to Public Health DOC
- 

**PLANNING**

- Revise and update the IAP and distribute to IC, Command Staff and Section Chiefs
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**LOGISTICS**

- Continue addressing behavioral health support needs for patients/visitors/staff
    - Continue providing equipment/supply/personnel needs
- 

**FINANCE**

- Continue to track response expenses and employee injury/illness and absenteeism
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## Demobilization/System Recovery

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### COMMAND

(Incident Commander):

- Provide appreciation and recognition to solicited and non-solicited volunteers, staff, state and federal personnel that helped during the incident

(Public Information Officer):

- Provide briefings as needed to patients/visitors/staff/media, in cooperation with JIC

(Liaison Officer):

- Prepare a summary of the status and location of patients. Disseminate to Command staff/Section Chiefs and to public health/EMS as appropriate
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### OPERATIONS

- Restore normal facility operations and visitation
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### LOGISTICS

- Conduct stress management and after-action debriefings and meetings as necessary
    - Inventory all EOC and hospital supplies and replenish as necessary
  - Restore/repair/replace broken equipment
    - Return borrowed equipment after proper cleaning/disinfection
    - Restore normal non-essential services (i.e., gift shop, etc.)
- 

### PLANNING

- Conduct after action review with HCC Command staff and Section Chiefs and general staff immediately upon demobilization or deactivation of positions
    - Conduct after action debriefing with all staff, physicians and volunteer
    - Prepare the after action report and improvement plan for review and approval
    - Write after-action report and corrective action plan to include the following:
      - Summary of actions taken
      - Summary of the incident
      - Actions that went well
      - Area for improvement
      - Recommendations for corrective actions and future response actions
-

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**FINANCE**

- Compile time, expense and claims reports and submit to IC for approval
  - Distribute approved reports to appropriate authorities for reimbursement
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**Documents and Tools**

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Emergency Operations Plan, including:

- Hospital security plan
  - Patient/staff/equipment tracking procedure
  - Behavioral health support for staff/patients plan
  - Mass fatalities plan
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HICS forms

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Job Action Sheets

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Hospital organization chart

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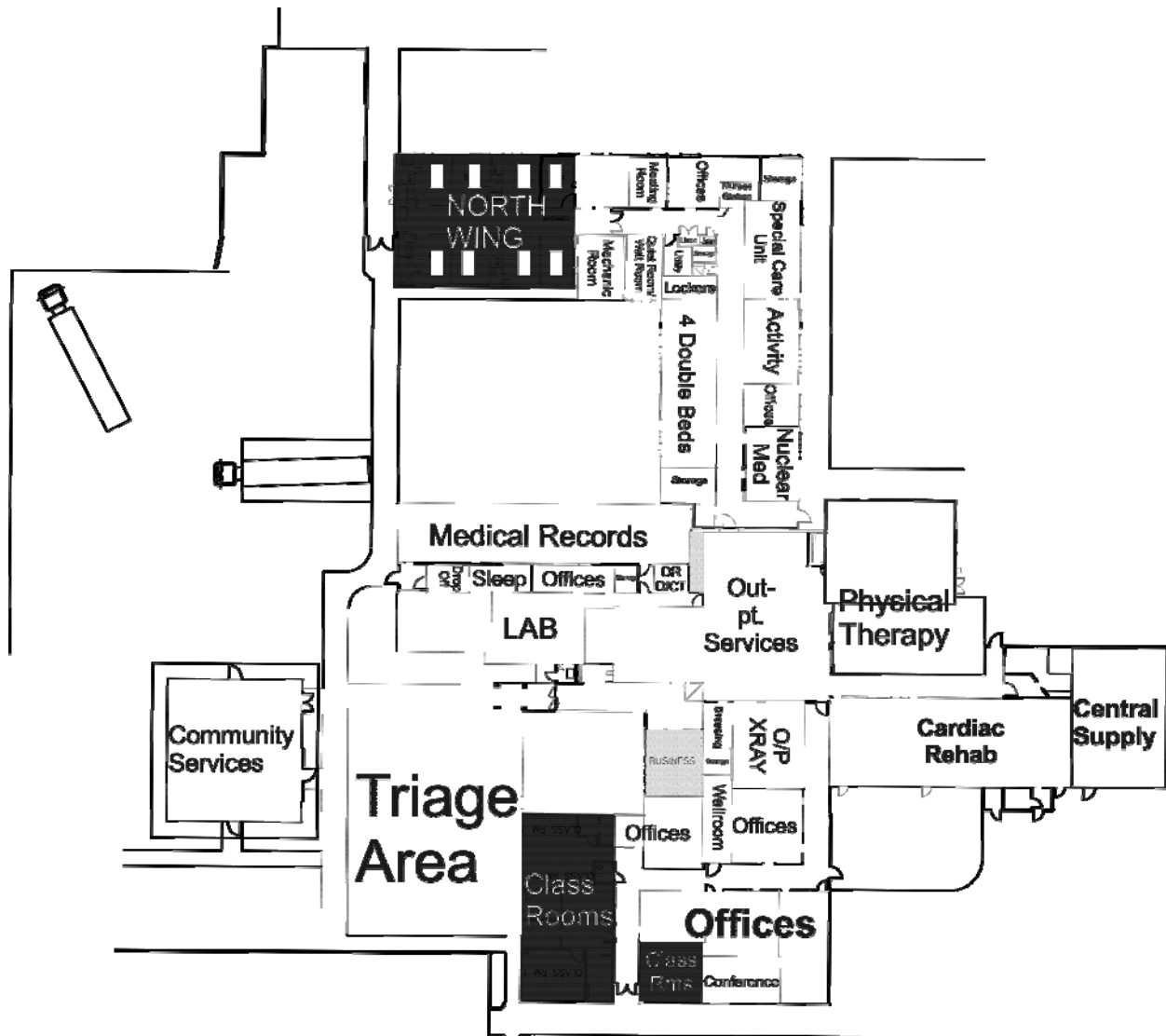
Television/radio/internet to monitor news

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Telephone/cell phone/radio/satellite phone/internet for communication

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**Level III Patient Surge  
Alternate Inpatient Areas**

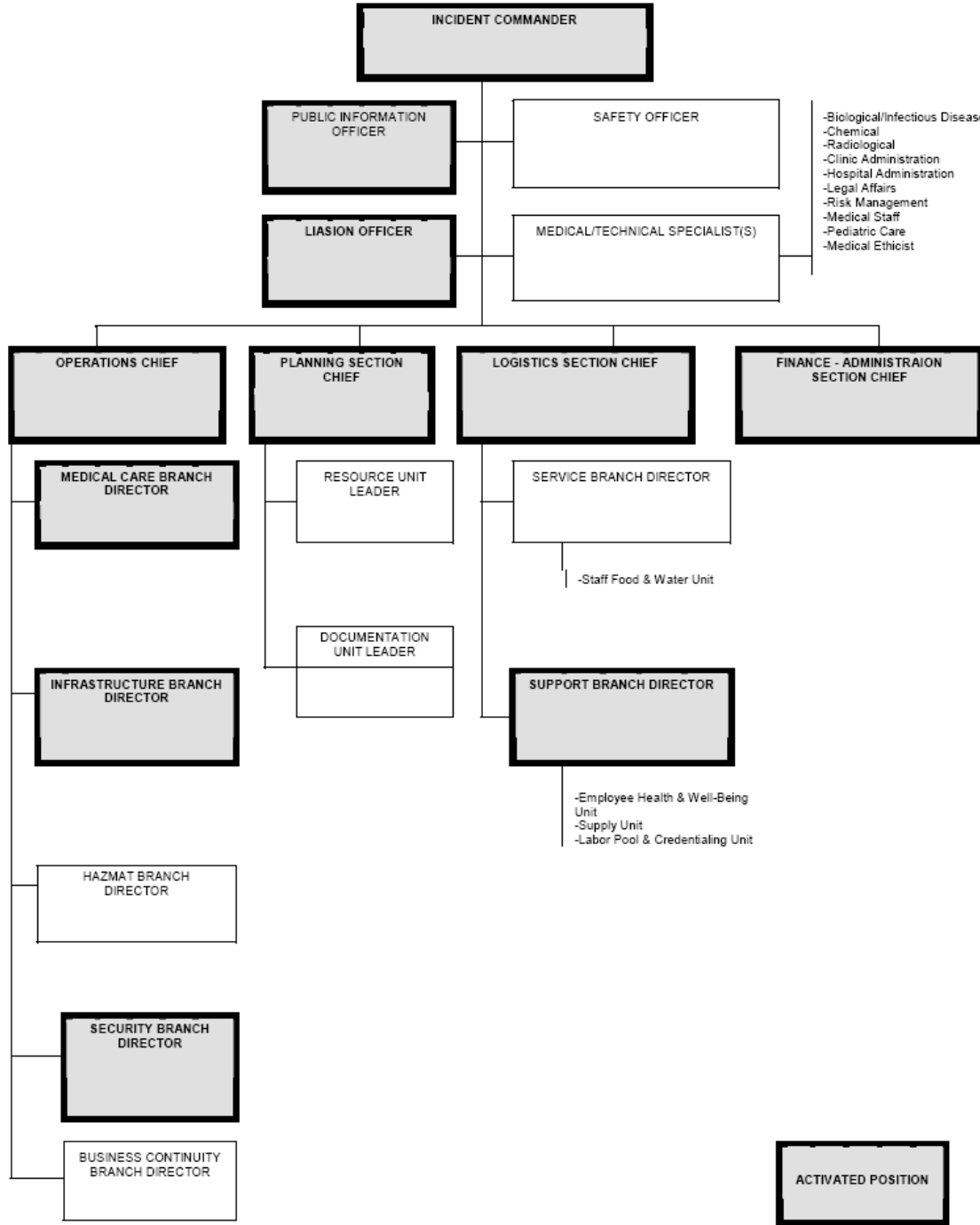


- A. North Wing may be used as temporary Inpatient Beds when:
  - i. All other inpatient areas are at capacity, and
  - ii. Special Procedures, Pre-Op, and Recovery Room are currently full or otherwise unavailable to augment inpatient services, and
  - iii. Authorization is received from the Incident Commander or Administrator on-call
- B. Classrooms may be used as temporary Inpatient Beds when:
  - i. All other inpatient areas are at capacity, and
  - ii. Special Procedures, Pre-Op, and Recovery Room are currently full or otherwise unavailable to augment inpatient services, and
  - iii. North Wing is currently full or otherwise unavailable to augment inpatient services, and
  - iv. Authorization is received from the Incident Commander or Administrator on-call.

ORGANIZATION CHART (Level III)

1. INCIDENT NAME | 2. DATE PREPARED | 3. TIME PREPARED | 4. OPERATIONAL PERIOD DATE/TIME

5. ORGANIZATIONAL CHART



# LEVEL IV PATIENT SURGE

**Definition:** Level IV Patient Surge Event– A surge in patients requiring EMS and hospital standards of care be recalibrated using pre-approved alternate care protocols, and less-acute hospital patients be triaged from hospitals to appropriate alternate care providers. Regional/statewide coordination is necessary.

**Mission:** To effectively and efficiently identify, triage, treat, and track a surge of patients; and manage the uninjured/asymptomatic persons, family members, and the media.

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## *Directions*

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- Read this entire incident response guide and incident management team charts.
  - Use this Incident Response Guide as a checklist to ensure all tasks are addressed and completed.
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## *Objectives*

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- Identify, triage, and treat patients.
  - Expand hospital capacity for a large number of patients.
  - Accurately track patients throughout the healthcare system.
  - Assure safety and security of the staff, patients, visitors, and facility.
  - Address issues related to patient surge capacity.
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## **Immediate (Operational Period 0-2 Hours)**

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### **COMMAND**

(Incident Commander):

- The HCC shall be fully activated.
- Complete a high level assessment of the potential operational impact on the facility.
- Contact the Switchboard Operator, providing any pertinent information about the announcement to be made (e.g. announce **THREE TIMES** over the public address system: “ATTENTION PLEASE. CODE TRIAGE: LEVEL IV SURGE.” Note: If a Drill, please identify as a “Drill.”)

(PIO)

- Monitor media outlets for updates on the current events and possible impacts on the hospital. Communicate information via regular briefings to Section Chiefs and Incident Commander
- Coordinate any public information with the county EOC and PH DOC.
- Consider implementing disaster hotline for the public (e.g. triage, nurse call line).

(Liaison Officer)

- Participate in Operational Area/Regional Planning Sessions.
  - Work in collaboration with the PH DOC to ensure that adequate resource needs are being assessed on an ongoing basis and necessary resources acquired to address the needs.
  - Communicate regularly with Incident Commander and Section Chiefs regarding operational needs and integration of hospital function with local EOC
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**OPERATIONS:**

(Operations Section Chief):

- Coordinate/prioritize inpatient care with all inpatient care sites
- Re-assign inpatient areas according to patient needs (e.g. expanded isolation unit, expanded ICU, surgical care unit, etc.)
- Implement re-assessment, transfer, or discharge of patients according to Austere Medical protocols approved by the HCC.
- Provide just-in-time training for both clinical and non-clinical staff regarding the status of the event, precautions they should take, and rumor control.
- Notify the ED of possible numbers of incoming patients, in consultation with the Liaison Officer who is in communication with external authorities (e.g., health department)
- Implement staffing ratio increase to meet the needs of the patient population.
- Report actions/information to IC regularly, according to schedule

(Medical Care Branch Director):

- Update EMSsystem with current hospital/ED status, and keep updated as status /resources change (at least every hour).
- Notify S.O./Ambulance Dispatch at 754-6666 of the Level IV Patient Surge.
- Deploy Surge Tents.

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**PLANNING**

- Ensure the Switchboard Operator contacts other departments which do not have overhead paging available, including the four Family Medical Centers, informing them of the Level IV Surge.
  - Establish operational periods and develop Incident Action Plan:
    - Engage other hospital departments
    - Share Incident Action Plan through Incident Commander with these areas
    - Provide instructions on needed documentation including completion detail and deadlines
  - Continue patient/staff/equipment tracking protocols
  - Report actions/information to Incident Commander, Command Staff, Section Chiefs regularly
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## **LOGISTICS**

(Logistics Section Chief)

- Ensure the Switchboard Operator contacts other departments which do not have overhead paging available, including the four Family Medical Centers, informing them of the Level III Surge.
- Prepare for receipt of external pharmaceutical cache(s)/Strategic National Stockpile. Track dispersal of external pharmaceutical cache(s)/Strategic National Stockpile
- Determine staff supplementation needs and communicate to Liaison Officer
- Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule
- Report actions/information to Incident Commander regularly

(Support Branch Director)

- Continue Labor Pool & Credentialing protocols
- Report actions/information to Logistics Section Chief regularly

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## **Intermediate (Operational Period 2-12 Hours)**

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### **COMMAND**

(Incident Commander)

- Continue regular briefing of staff.
- Expand Inpatient Bed Capacity (Level IV Diagram)

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### **COMMAND**

(Public Information Officer):

- Establish a patient information center; coordinate with the Liaison Officer and local emergency management/public health/EMS. Regularly brief local EOC, hospital staff, patients, and media

(Liaison Officer)

- Ensure integrated response with local PH DOC, EOC, and JIC
  - Participate in Operational Area/PH DOC Planning Sessions.
  - Work in collaboration with the MHOAC (or PH DOC if activated) to ensure that adequate resource needs are being assessed on an ongoing basis and necessary resources acquired to address the needs.
  - Integrate outside personnel assistance into Hospital Command Center and hospital operations
  - Discuss operational status with other area hospitals
  - Brief Command staff/Section Chiefs regularly with information from outside sources
-

**OPERATIONS**

- Continue patient management activities, including patient cohorting, patient/staff/visitor medical care issues
  - Determine scope and volume of supplies/equipment/personnel required and report to Logistics
  - Implement local mass fatality plan (including temporary morgue sites) in cooperation with local/state public health, emergency management, and medical examiners. Assess capacity for refrigeration/security of deceased patients
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**PLANNING**

- Continue patient/bed tracking
  - Collect information regarding situation status and report to IC regularly
  - Plan for termination of incident
  - Document Incident Action Plan, as developed by IC and Section Chiefs and distribute appropriately
  - Collect information regarding situation status and report to IC/Command staff/Section Chiefs regularly
  - Revise security plan and family visitation policy, as needed
- 

**LOGISTICS**

- Establish Family Care Unit under Support Branch Director to address family/dependent care issues to maximize employee numbers at work.
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**FINANCE**

- Track response expenses and report regularly to Command staff and Section Chiefs
  - Track and follow up with employee illnesses and absenteeism issues
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## Extended (Operational Period Beyond 12 Hours)

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### COMMAND

(Incident Commander):

- Continue regular briefing of Command staff/Section Chiefs. Address issues identified

(Public Information Officer):

- Continue patient information center, as necessary. Coordinate efforts with local/state public health resources/JIC

(Liaison Officer): Continue to

- Ensure integrated response with local Public Health DOC/EOC/JIC
  - Communicate personnel/equipment/supply needs to Public Health DOC
  - Keep public health advised of any health problems/trends identified
- 

### OPERATIONS

- Continue patient management and facility monitoring activities. Communicate personnel/equipment/supply needs to Public Health DOC
- 

### PLANNING

- Revise and update the IAP and distribute to IC, Command Staff and Section Chiefs
- 

### LOGISTICS

- Continue addressing behavioral health support needs for patients/visitors/staff
    - Continue providing equipment/supply/personnel needs
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### FINANCE

- Continue to track response expenses and employee injury/illness and absenteeism
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## Demobilization/System Recovery

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## **COMMAND**

(Incident Commander):

- Provide appreciation and recognition to solicited and non-solicited volunteers, staff, state and federal personnel that helped during the incident

(Public Information Officer):

- Provide briefings as needed to patients/visitors/staff/media, in cooperation with JIC

(Liaison Officer):

- Prepare a summary of the status and location of patients. Disseminate to Command staff/Section Chiefs and to public health/EMS as appropriate
- 

## **OPERATIONS**

- Restore normal facility operations and visitation
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## **LOGISTICS**

- Conduct stress management and after-action debriefings and meetings as necessary
    - Inventory all EOC and hospital supplies and replenish as necessary
    - Restore/repair/replace broken equipment
    - Return borrowed equipment after proper cleaning/disinfection
    - Restore normal non-essential services (i.e., gift shop, etc.)
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## **PLANNING**

- Conduct after action review with HCC Command staff and Section Chiefs and general staff immediately upon demobilization or deactivation of positions
    - Conduct after action debriefing with all staff, physicians and volunteer
    - Prepare the after action report and improvement plan for review and approval
    - Write after-action report and corrective action plan to include the following:
      - Summary of actions taken
      - Summary of the incident
      - Actions that went well
      - Area for improvement
      - Recommendations for corrective actions and future response actions
-

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**FINANCE**

- Compile time, expense and claims reports and submit to IC for approval
  - Distribute approved reports to appropriate authorities for reimbursement
- 

**Documents and Tools**

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Emergency Operations Plan, including:

- Hospital security plan
  - Patient/staff/equipment tracking procedure
  - Behavioral health support for staff/patients plan
  - Mass fatalities plan
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HICS forms

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Job Action Sheets

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Hospital organization chart

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Television/radio/internet to monitor news

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Telephone/cell phone/radio/satellite phone/internet for communication

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**Level IV Patient Surge**  
**Alternate Care Sites**

A. Inpatient and Outpatient care areas to be re-assigned and to meet patient needs and demands

e.g. expanded isolation unit, expanded ICU, surgical care unit

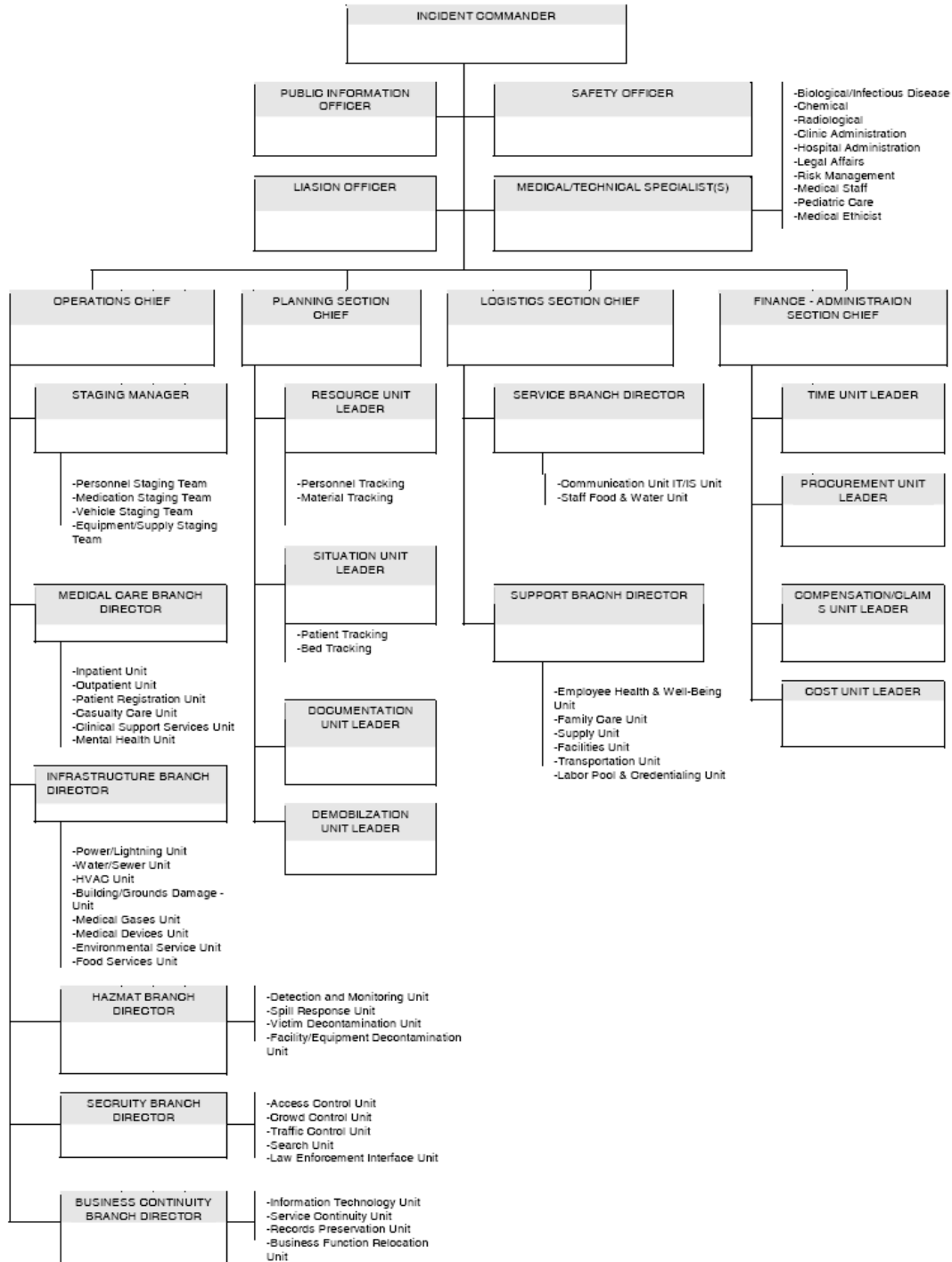
e.g. all minor injuries and outpatient care referred to outpatient treatment sites or Alternate Treatment areas

e.g. Only patients triaged as “Immediate” are brought to Emergency Department entrance, all others are directed to “Delayed,” “Minor,” or “Expectant,” areas.

ORGANIZATION CHART (Full)

1. INCIDENT NAME      2. DATE PREPARED      3. TIME PREPARED      4. OPERATIONAL PERIOD DATE/TIME

5. ORGANIZATIONAL CHART



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