(FACILITY NAME)

EMERGENCY OPERATIONS PLAN

Version 1.2   **October 10, 2008**

PREFACE

This plan is intended as a model and is not tailored to any specific medical facility. This plan should be reviewed in its entirety and changed to fit the organizational structure and capabilities of each facility. Annexes contained in this model may be adopted in part, edited, deleted, or supplemented at the discretion of the facility. The Job Action Sheets do not reconcile with the actions listed under Departmental Responsibilities. This was done intentionally to provide samples to consider incorporating into the plan. Using this basic format, a facility will be National Incident Management System (NIMS) compliant and will satisfy the statutory requirements for written emergency plans.

This document will be reviewed (*annually*) and revised to reflect improvements identifies in exercises, real life events, and changing guidance.

Reviewed by (initials) _____ Date _____

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PART III

ANNEXES ....

PART I
HOSPITAL INCIDENT COMMAND SYSTEM (HICS)

PURPOSE: This Emergency Operations Plan (EOP) is based on the Hospital Incident Command System (HICS). It is necessary to understand HICS organization, terminology, and concepts to implement this plan. Part I of the EOP offers an overall explanation of HICS and its use, and Part II identifies which staff positions will assume responsibility of the HICS functions during an incident.

Organizational charts are included to define the chain of command, and Job Action Sheets in Annex G describe each position's individual and departmental responsibilities. Many positions in the day-to-day management structure of the facility closely match those of the HICS and will easily transition into the HICS organizational structure. However, many duties will not easily transition, and training should be conducted to ensure all personnel know the roles within the HICS concept. It is highly recommended that formal HICS training be provided to all employees.

HICS is intended to be used by all hospitals, regardless of size or patient care capacities, and to assist with emergency planning and response efforts for all hazards. By embracing the concepts and incident command design outlined in HICS, a hospital is position to be consistent with the National Incident Management System (NIMS) and to participate in a system that promotes greater national standardization in terminology, response concepts, and procedures.

INCIDENT MANAGEMENT TEAM CHARTS: *(Facility Name)* will utilize Chain of Command and Unity of Command to manage emergency operations in response to events affecting the facility and/or surrounding community. (As defined by the NIMS: *Chain of Command* refers to the orderly line of authority within the ranks of the incident management organization. *Unity of Command* means that every individual has a designated supervisor to whom he or she reports at the scene of the incident.)

The HICS organization charts depict the *(Facility Name's)* command functions and represent how authority and responsibility will be distributed within the Incident Management Team.
- Figure 1 illustrates the essential positions needed for a disaster response and recovery.
- Figure 2 is a blank organizational chart of the essential positions for the hospital to complete.
- Figure 3 is the complete HICS organizational chart, if all recommended HICS positions are activated.

HICS is flexible. Only positions or functions that are needed should be activated. HICS allows for positions to be added or deactivated at any time during the lifecycle of the incident. This will promote efficiency and cost effectiveness. The organizational charts may be fully activated for a large, extended disaster. However, full activation may take hours or even days. The majority of incidents will require the activation of far fewer positions.

If a position is not activated, the position above it on the organizational chart will assume responsibility of that function. For example, if the Incident Commander (IC) does not activate a Liaison Officer, the IC will take responsibility of the Liaison Officer's functions. Or, if the Operations Section Chief does not appoint a Staging Manager, the Operations Section Chief will take responsibility of the Staging Manager's functions.

HICS limits the span of control of each manager in the attempt to distribute the work. The recommended span of control is one supervisor to three to seven reporting elements (1:3-7). It is hoped that this will lessen liability and promote the recovery of financial expenditures.

Figure 1: HICS Essential Positions

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                          ┌─────────────────────┐
                          │  Incident Commander │
                          └─────────────────────┘

   ┌──────────────────────────┐      ┌──────────────────────────┐
   │ Public Information Officer│      │      Safety Officer       │
   │     (Command Staff)       │      │     (Command Staff)       │
   └──────────────────────────┘      └──────────────────────────┘

   ┌──────────────────────────┐      ┌──────────────────────────┐
   │      Liaison Officer      │      │ Medical/Technical Specialist│
   │     (Command Staff)       │      │     (Command Staff)       │
   └──────────────────────────┘      └──────────────────────────┘
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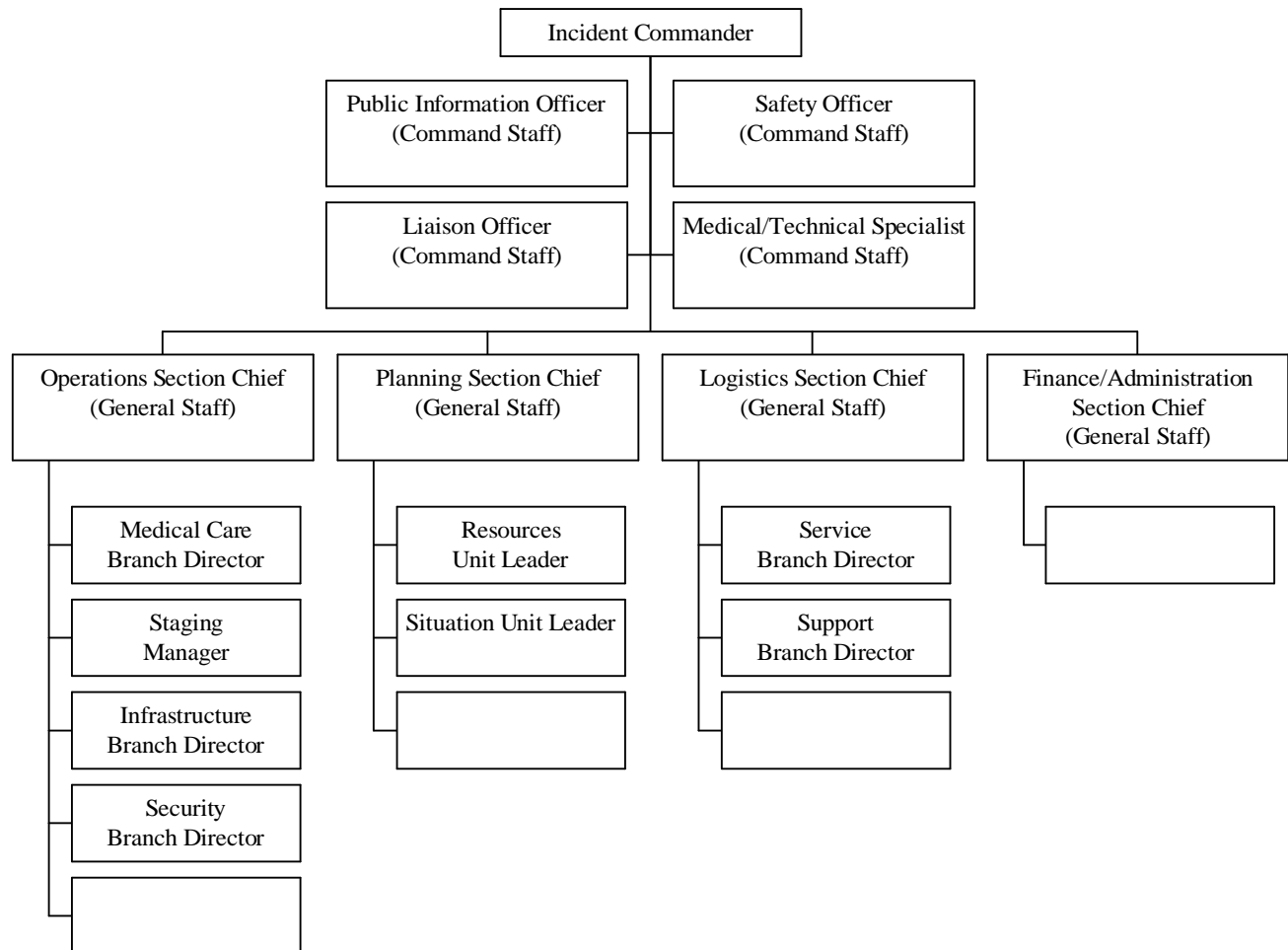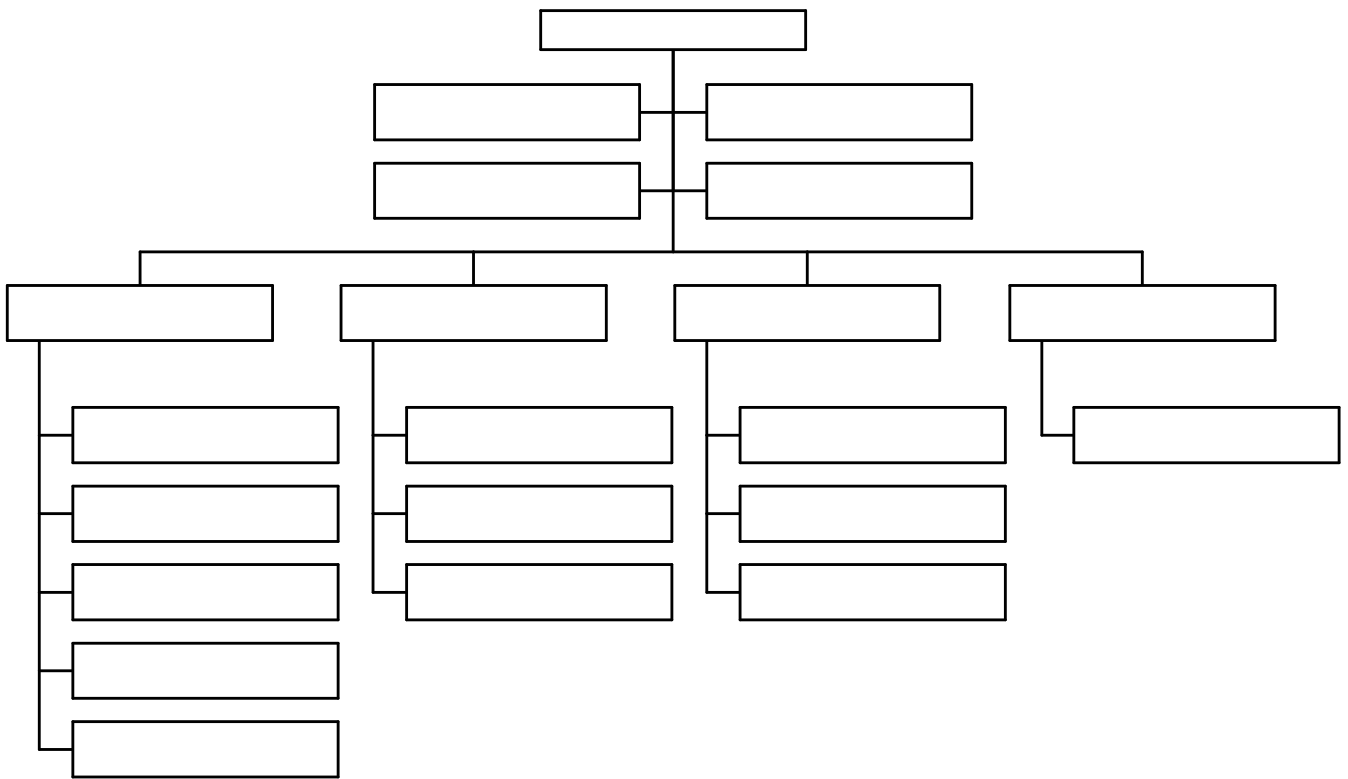| Operations Section Chief (General Staff)	Planning Section Chief (General Staff)	Logistics Section Chief (General Staff)	Finance/Administration Section Chief (General Staff)
Medical Care Branch Director	Resources Unit Leader	Service Branch Director	
Staging Manager	Situation Unit Leader	Support Branch Director	
Infrastructure Branch Director			
Security Branch Director			

Figure 2: HICS Essential Positions

Figure 3: HICS Organizational Chart
Red, outlined boxes are essential positions
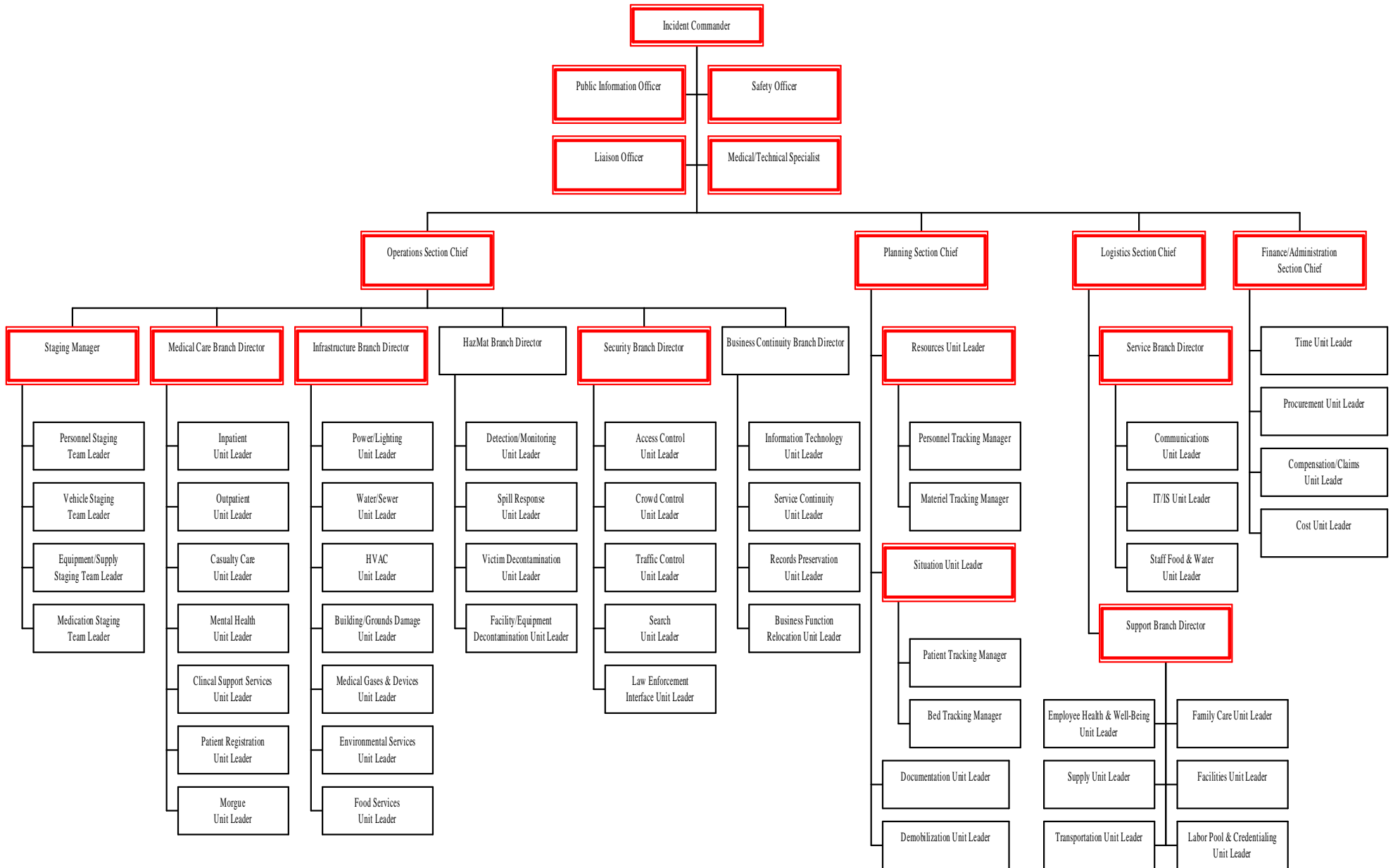
COMMAND STAFF & GENERAL STAFF

The Incident Commander (IC) directs and has responsibility for all activities at the Hospital Command Center (HCC). The *(Facility Name's)* HCC will be located at the _____ during an incident. The IC will appoint Command Staff and General Staff positions, which will operate from the HCC. The Command Staff and General Staff may appoint subordinate positions and Assistants/Deputies, depending on the magnitude of the situation.

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

COMMAND STAFF: The Incident Commander may appoint Command Staff personnel, including a Public Information Officer, Safety Officer, Liaison Officer, and Medical/Technical Specialist(s). Command Staff members may appoint Assistants who have a level of technical capability, qualification, or responsibility to help the Officer fulfill the position's responsibilities. Position descriptions for the Command Staff positions may be found in the Job Action Sheets (JAS) in Annex G of this EOP. There are no Job Action Sheets for Assistants, who should follow the JAS for their supervisor's position as a guide.

GENERAL STAFF: The Incident Commander may appoint General Staff, including an Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief. Section Chiefs may assign qualified personnel to be Deputy Chiefs to help them fulfill the position's responsibilities. Section Chiefs also assign sub-functions to Directors and Unit Leaders, who assign Supervisors and Managers to fill other crucial roles. Position descriptions for the Section Chiefs and all subordinate positions may be found in the Job Action Sheets (JAS) in Annex G of this EOP. There are no a Job Action Sheets for Deputies, who should follow the JAS for their respective Chief's position as a guide. It will be important that qualified Deputy Chiefs be appointed to assist the Section Chiefs and serve in their absence from the HCC when necessary.

As personnel are assigned to the various command positions, they should receive a briefing from their supervisor and their names should be written on the Incident Management Team chart and announced over radio and/or overhead page system. Any changes in positions also will be announced during incident briefings at the HCC.

1. **Operations Section:** The Operations Section will manage tactical objectives outlined by the Incident Commander. The essential positions of the Operations Section include the Operations Section Chief, Staging Manager, Medical Care Branch Director, Infrastructure Branch Director, and Security Branch Director. Figure 4 represents how authority and responsibility will be distributed in the Operations Section. Position descriptions for the Operations Section may be found in the Job Action Sheets (Annex G).

Figure 4: Operations Section
Red font, double-lined boxes indicate essential positions.
* The Morgue Unit is essential during a Mass Fatality Incident.
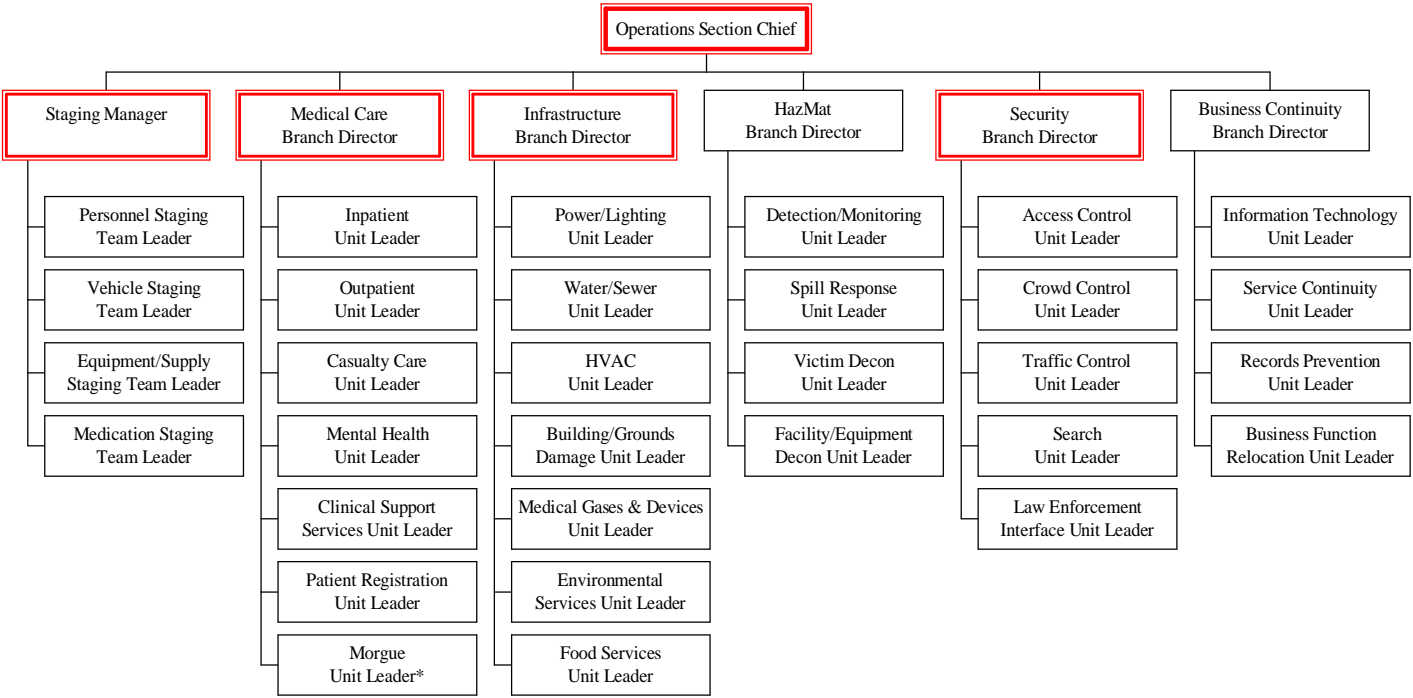
2. Planning Section: The Planning Section will collect, evaluate, and disseminate incident situation information and intelligence to Incident Command. The Planning Section also will prepare status reports and develop the Incident Action Plan (IAP). The essential positions of the Planning Section include the Planning Chief, Resources Unit Leader, and Situation Unit Leader. Figure 5 represents how authority and responsibility will be distributed in the Planning Section. Position descriptions for the Planning Section may be found in the Job Action Sheets (Annex G).

The Planning Section also will coordinate documentation efforts of the incident. More than 20 specific forms have been included in Annex J of this EOP. Each form identifies its purpose, which position is responsible for completing the form, and which positions should receive copies of the completed form. The Planning Section will be responsible for maintaining a file on all incident management information, including all forms submitted at the HCC. When necessary, duplicate copies may be made for security reasons.

Figure 5: Planning Section
Red font, double-lined boxes indicate essential positions.
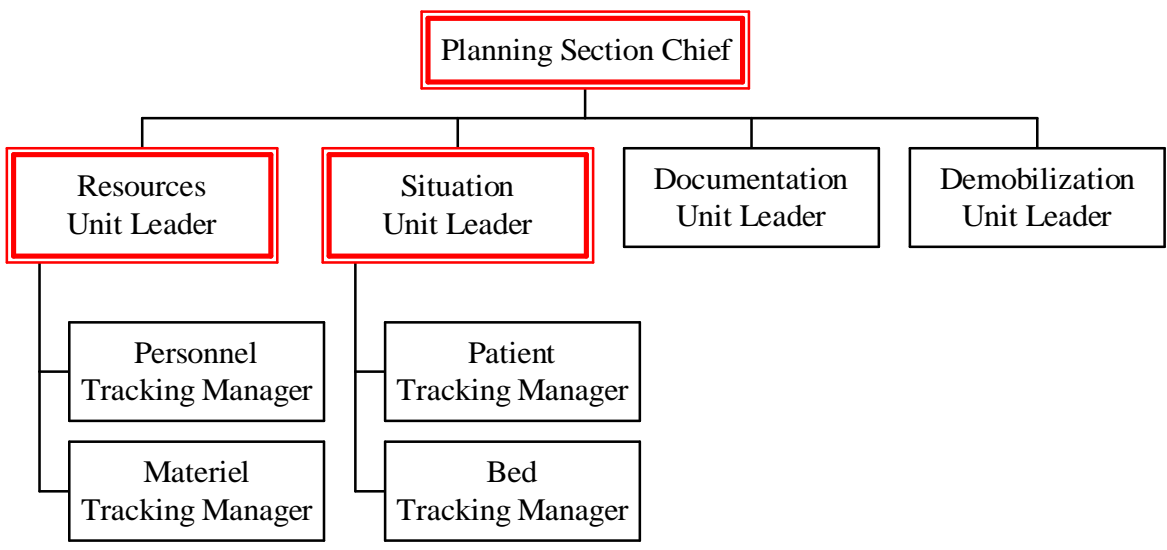
3. Logistics Section: The Logistics Section will coordinate the support requirements of disaster response and recovery, including acquiring resources from internal and external sources. The essential positions of the Logistics Section include the Logistics Chief, Service Branch Director, and Support Branch Director. Figure 6 represents how authority and responsibility will be distributed in the Logistics Section. Position descriptions for the Logistics Section may be found in the Job Action Sheets (Annex G).
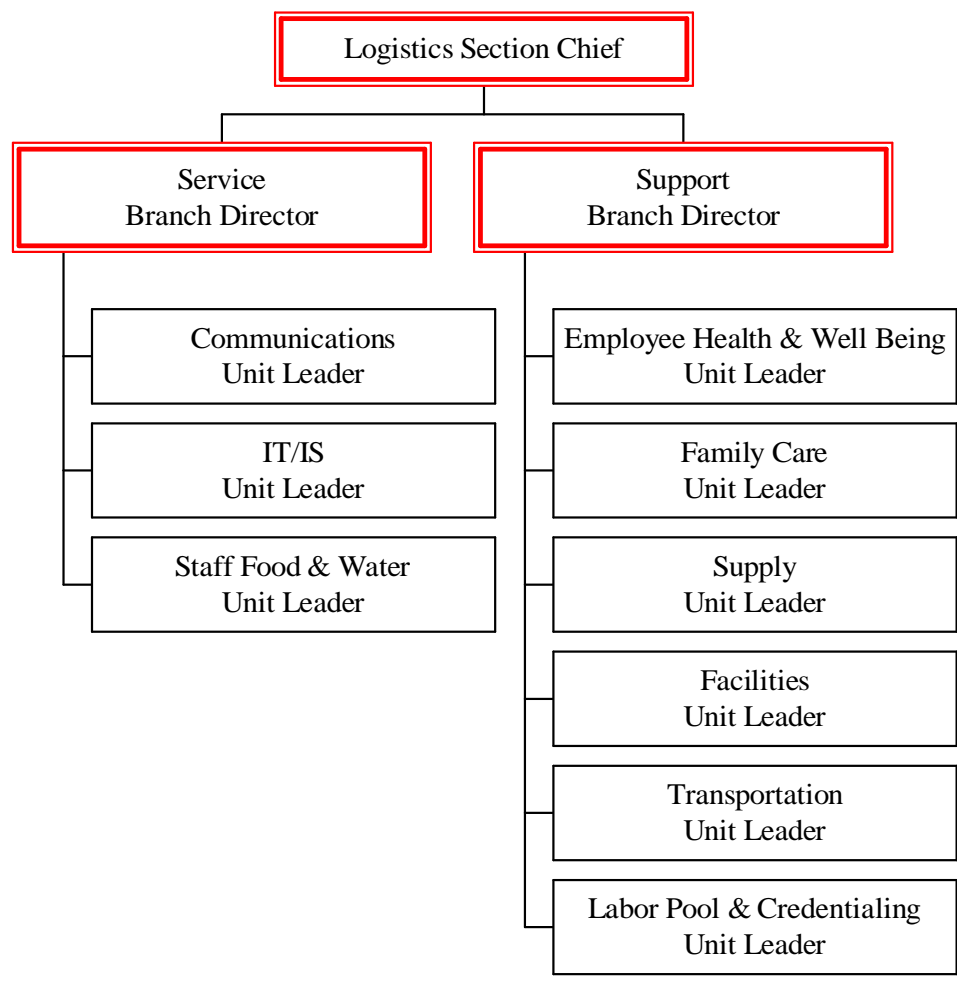
Figure 6: Logistics Section
Red font, double-lined boxes indicate essential positions.

4. Finance/Administration Section: The Finance/Administration Section coordinates tracking personnel time, ordering items, initiating contracts, arranging personnel-related payments and Workers' Compensation, and tracking response and recovery costs and invoice payments. The Finance/Administration Section Chief is the only essential position for the section. Figure 7 represents how authority and responsibility will be distributed in the Finance/Administration Section. Position descriptions for the Finance/Administration Section may be found in the Job Action Sheets (Annex G).

Figure 7: Finance/Administration Section
Red font, double-lined boxes indicate essential positions.
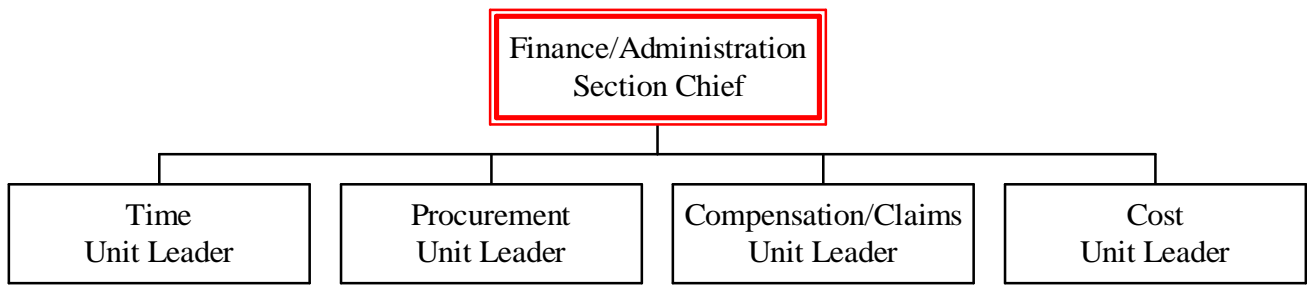
INCIDENT COMMAND STAFF IDENTIFICATION: All personnel assigned to an incident command role will wear an identification vest that correctly communicates his or her role. The color of all vests used by hospital personnel will be white. This color vest was selected so as not to be confused with officers 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 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 HICS section. The exception is the Incident Commander, who will utilize solid black lettering and a cross that are outlined in ½ to ¾ inch black borders.

Staff Identification Color Designations	
Command Staff	Grey/Black
Operations Section	Red
Finance/Administration Section	Green
Planning Section	Blue
Logistics Section	Yellow

JOB ACTION SHEETS: Each Job Action Sheet (JAS) includes a radio identification title, purpose, supervising officer's name, and critical action considerations. The JAS should be kept with the Incident Command identification (vest) for the position, along with needed administrative items, such as pens and paper. Additional information about the Job Action Sheets is located in Annex G of this EOP.

PART II
THE PLAN

PURPOSE: The goal of this plan is to prepare *(Facility Name)* to respond and recover from internal and external emergencies that affect hospital staff, patients, visitors, and the community. This plan provides a coordinated and organized response to incidents that without proper planning may overwhelm the capabilities of the community health care system.

COORDINATION: *(Facility Name)* has and will continue to cooperate with local, regional, state, and federal agencies in coordinating emergency management efforts. *(Facility Name)* is a participating hospital in the _____ Regional Hospital Group. The Regional Plan provides guidance for sharing supplies, equipment, and personnel in the event a member hospital's resources are exhausted in an emergency. A copy of the Regional Plan is located in the _____.

_____ County Emergency Management (CEM) is responsible for the local county Emergency Operations Plan, the coordinated response of public and private assistance during disasters, damage assessment, and resource coordination following disasters. _____ CEM also acts as the administrative arm of Local Emergency Planning Committee (LEPC). A copy of the *(Facility Name)'s EOP* will be provided to the CEM.

PLAN DEVELOPMENT AND MAINTENANCE: The Facility Administrator/CEO will delegate a person responsible for the content and maintenance of this plan. Responsibilities of this person include:

- Ensure a Hazard Vulnerability Assessment (HVA) is conducted at least every two years to facilitate revision to this plan and associated procedures.
- Ensure the responsibilities and actions contained in this plan are accurate and up to date.
- Ensure this plan is reviewed and exercised annually.
- Coordinate this plan with local government and regional authorities.
- Receive formal ICS/NIMS training.

PLANNING ASSUMPTIONS AND CONSIDERATIONS: An emergency can occur at any time. Emergencies differ in type, size, scope, and duration. The *(county)* area is threatened by many hazards that may cause a significant number of injuries to the local population and disrupt health care services. These hazards include:

- Natural disasters, such as tornados and floods,
- Technological incidents and others, such as hazardous materials incidents.
- Disease outbreaks
- Human-caused hazards, such as acts of terrorism, and

LOGISTICAL SUPPORT: *(Facility Name)* has developed a network of medical facilities and medical supply sources to ensure the ability to obtain needed medical supplies in an emergency. The participating facilities are _____, _____, and _____. Contact numbers can be found in the Resource Directory (Annex F, Attachment 1 of this EOP).

CONCEPT OF OPERATIONS: *(Facility Name)* will utilize Incident Command, Chain of Command, and Unity of Command to manage emergency operations in response to events affecting the facility and/or

surrounding community. (As defined by NIMS: *Chain of Command* refers to the orderly line of authority within the ranks of the incident management organization. *Unity of Command* means that every individual has a designated supervisor to whom he or she reports at the scene of the incident.)

1. PLAN ACTIVATION: *See Part I of this plan for information on HICS organizational structure.* Once the Facility Administrator/CEO has decided to implement emergency operations, the on-duty nursing supervisor will activate the EOP and relevant Annexes/Attachments. Activating the plan may apply to an internal or external emergency, including a partial or full hospital evacuation, patient surge, shelter in place, security incident, or other disaster of any size affecting the hospital.

   The on-duty nursing supervisor will notify the Switchboard that the EOP is on "standby" or "in effect." The switchboard operator will announce on the overhead system that the EOP is on "standby" or is "in effect," unless the emergency has its own activation code word or phrase (such as "Paging Dr. Newborn."):

   "The Emergency Operations Plan is on Standby."
   > This designation will be used when there is knowledge of an emergency or unusual event that may impact the hospital and requires analysis of the situation. Use of "standby" would require activation of an Incident Commander and other essential HICS positions identified in Part I of the EOP for planning and discussion.

   "The Emergency Operations Plan is in Effect."
   > This designation informs all hospital department heads and employees to activate the disaster plan in response to a known or perceived situation impacting the hospital; for example, patients are on the way from a disaster scene.

2. CODE WORDS: Some Annexes/Attachments of this EOP contain code words or phrases that will be announced on the facility's overhead page system to announce specific emergencies. For example, during an infant abduction, there is protocol in Annex B to page "Dr. Newborn." The chart below describes any code words or phrases that will be used and the appropriate Annex/Attachment to follow.

   (Note: The KHA Board of Directors was scheduled to vote on standardizing the emergency code nomenclature at its November meeting. If your facility opts to adopt the standardization, insert the common codes in the table below and amend the Annexes and Attachments are needed.)

Standardization of Emergency Code Nomenclature		
Refer to the Annexes of this EOP for specific response activities for these incidents.		
Code or Event	**Recommended Code Designation**	**EOP Annex**
Hazardous Material Incident	Code Orange	Annex D
Cardiac Arrest	Code Blue	N/A
Fire	Code Red	Annex C, Attachment 2
Security	Code Grey	Annex B
Infant Abduction	Dr. Newborn	Annex B, Attachment 2
Combative Patient	Dr. Strong	Annex B, Attachment 1
(Others)		

HOSPITAL COMMAND CENTER (HCC): The Hospital Commander Center (HCC) will be the location where command of hospital operations takes place during the lifecycle of the disaster, including

response and recovery phases. HCC staff will coordinate the request for needed items through the Local Emergency Operations Center (EOC), if activated. The Incident Commander is responsible for all activities operating at the HCC.

1. The Hospital Command Center will be located at _____.

2. The following positions will operate from the HCC. A telephone will be provided for each member of the HCC staff. The assigned telephone numbers are:

HICS Title	HCC Telephone Extension
Incident Commander	
Public Information Officer	
Safety Officer	
Liaison Officer	
Medical/Technical Specialist	
Operations Section Chief	
Planning Section Chief	
Logistics Section Chief	
Finance/Administration Section Chief	

LINES OF AUTHORITY, ROLES, AND RESPONSIBILITIES
Each department head or designee should develop an emergency contact list for staff 24 hours/7 days a week. (Annex F, Attachment 2 of this EOP). It will be important that each department or unit have ready access to equipment and supplies needed to respond to various internal emergencies, such as loss of power, lighting, and water. Each department head should maintain access to the following:
- Appropriate Job Action Sheets
- Organizational Charts
- Emergency Contact List
- Identification Vests (or other preferred method of identification)
- Radio/Phone
- Appropriate HICS forms
- Other Designated Resources (e.g., phonebook, procedures manual)
- Flashlights and Chemical Light Sticks
- Bottled Water
- RESTROOM CLOSED Signs
- Hand Washing Foam/Disinfectant Wipes
- Evacuation Chairs/Sleds

These items should be assembled into a Go-Kit for the department and stored in a secure location that will be readily accessible in an emergency. Deployment of needed equipment should be effectively managed and replacement needs should be reported to the Logistics Section during an emergency. Once the situation is over, arrangements should be made for the items to be replaced and put back into a ready state.

DEPARTMENTAL RESPONSIBILITES IN EMERGENCY RESPONSE

FACILITY ADMINISTRATOR/CEO: In an emergency, on-duty Administrator will assume the role of Incident Commander.

INCIDENT COMMANDER: The Incident Commander's focus is on the management of the hospital. In order to make informed decisions, a briefing with all Section Chiefs should take place as soon as possible. Information is needed from each section so the IC can issue the general directives concerning the hospital.

1. Initiate the Hospital Incident Command System (HICS) by assuming role of Incident Commander. Refer to the Incident Commander's Job Action Sheet. (Annex G)
2. Assign a Deputy Incident Commander, Command Staff (PIO, Safety Officer, Liaison Officer, and Medical/Technical Specialist), and General Staff (Operations, Planning, Logistics, and Finance/Administration), as needed.
3. Activate the Hospital Command Center (HCC), and coordinate the hospital's emergency response. The IC has command of all hospital personnel and resources during an emergency.
4. Check with local authorities to verify magnitude and scope of the disaster and other additional information.
5. Assign Liaison Officer to Local Emergency Operations Center (EOC), if activated.
6. Authorize announcement of disaster to hospital personnel utilizing the Concept of Operations outlined in the EOP.
7. Request assistance from local law enforcement, fire, and volunteer organizations as necessary.

SECTION CHIEFS (Planning, Logistics, Operations, and Finance/Administration)
1. Section Chiefs are appointed by the Incident Commander.
2. Obtain the Job Action Sheets (Annex G) for the assigned Section Chief positions.
3. Coordinate actions of assigned sections from the HCC.
4. Brief the IC and other Section Chiefs concerning the status/actions of their section.
5. Ensure directors and unit leaders are designated for sub-functions within their sections as needed and staff members have Job Action Sheets for their assigned positions.
6. Ensure you have all the proper HICS forms to be completed by your assigned Section.

DIRECTOR OF NURSING
1. In an emergency, perform Facility Administrator/CEO functions, if the CEO is absent.
2. Assume duties as Operations Section Chief. Obtain the position's Job Action Sheet and all forms required to be completed by the Operations Section.
3. Report to the HCC and receive an initial briefing from the Incident Commander.
4. The Operations Section Chief will brief the Operations Section's Branch Directors at *(Operations Section briefing location.)*
5. Notify all department heads or alternates and the hospital's Communications Center/Switchboard of the emergency.
6. Ensure families of victims are notified as soon as possible. Notification calls may be made by the physician who treats the patient, the Director of Social Services, or the Director of Nursing or his/her designee.

ON-DUTY NURSING SUPERVISOR

1. Determine the extent of the emergency, whether it is a "major" or a "minor" emergency; act as the Administrator and Director of Nursing, if they are absent. The Director of Nursing will notify all department heads or alternates.
2. Assume duties as Medical Care Branch Director. Obtain the Medical Care Branch Director Job Action Sheet and all forms to be completed by the Medical Care Branch.
3. Receive initial briefing from the Operations Section Chief at the *(Operations Section Briefing Location)*.
4. The Medical Care Branch Director will provide briefing to the Unit Leaders within the Medical Care Branch at *(Medical Care Branch Briefing Location)*.
5. Set up the Hospital Command Center (HCC). All department heads will report in to the HCC.
6. Attempt to find adequate numbers of nursing personnel; keep a list of those notified. This task may be assigned to the Resources Unit Leader or another nurse by the Planning Section Chief, but the Director of Nursing must be aware of the number of nurses coming in.
7. Leave phone extension number _____ open for communication with outside county Emergency Operation Center (EOC), if applicable.

DIRECTOR OF ADMINISTRATION
1. The Director of Administration will assume duties as Planning Section Chief. Obtain the position's Job Action Sheet and all forms required to be completed by the Planning Section.
2. Call in department personnel as needed after reporting to HCC to receive initial briefing from the Incident Commander.
3. The Planning Section Chief will hold briefings for the Planning Section's Unit Leaders at the *(Planning Section briefing location.)*

DIRECTOR OF THE CENTRAL BUSINESS OFFICE
1. The Director of the Central Business Office will assume duties as Logistics Section Chief. Obtain the position's Job Action Sheet and all forms required to be completed by the Logistics Section.
2. Call in department personnel as needed after reporting to HCC to receive initial briefing from the Incident Commander.
3. The Logistics Section Chief will hold briefings for the Logistics Section's Branch Directors at the *(Logistics Section briefing location)*.

ADMITTING OFFICE
1. Department Head/Designee will assume duties of the Patient Registration Unit Leader. Obtain the position's Job Action Sheet and all forms required to be completed by the Patient Registration Unit.
2. Call in administrative personnel as needed after reporting to the Medical Care Branch Director (Operations Section) to receive a briefing.
3. The Admitting Office is responsible for announcements via Public Address, as directed by the Medical Care Branch Director.
4. Do not accept routine non-emergency admissions, except OBs.
5. Refer all public information calls to Public Information Officer (PIO).

6. Assign an admissions person to aid with discharging hospital patients if requested by Triage/Surge. This function could be tasked as the Outpatient Unit Leader by the Medical Care Branch Director.

MEDICAL RECORDS

1. Department Head/Designee will assume duties of Documentation Unit Leader. Obtain the position's Job Action Sheet and all forms to be completed by hospital staff during the incident.
2. Call in department personnel as needed, after reporting to the Planning Section Chief at the *(Planning Section briefing location.)*
3. Assign person to maintain casualty lists and assist with paperwork as needed at the HCC. This duty could be tasked as the Documentation Unit Leader by the Medical Care Branch Director.

PUBLIC INFORMATION OFFICER (PIO)

1. Obtain the Public Information Officer Job Action Sheet and all forms required to be completed by the PIO.
2. Coordinate information sharing with internal and external stakeholders, including the news media.
3. Call in personnel as needed after reporting to HCC to receive initial briefing from Incident Commander. Additional media relations personnel will serve as Assistants and report to the PIO.
4. The PIO will be attached to the County Joint Information Center (JIC) if an emergency is activated by the County. If a County JIC is not established, the PIO will operate from the HCC. A minimum of 10 phone lines and 10 walkie-talkies should be reserved for use by the PIO and his/her Assistants. Public and media inquires should be directed to those 10 phone lines; hospital staff should not give out the PIO and Assistants' cell phone numbers.
5. The PIO will establish "ground rules" in working with the media as determined necessary by the IC and given the seriousness of the emergency. Only information authorized by the IC may be released by the PIO or his/her Assistants.
6. Establish a Media Staging Area to control movement of news media at the facility and enforce the restrictions of the Media Staging Area. The Media Staging Area should provide the media with a suitable work area, but shall not interfere with emergency operations. Coordinate the location of the Media Staging Area with the incident Staging Manager.
7. Maintain written log of information received and authorized by the IC for release.
8. All news releases will be standardized to ensure consistency and accuracy of information. All written news releases will be initialed and authorized by the IC for release. Legal staff also will review all media releases prior to releasing the information.
9. Each staff member is responsible for directing media personnel to the PIO. The PIO will receive all incoming telephone inquiries from the news media, the public, and patients' families.
10. Coordinate and supervise any media interviews with hospital staff (as authorized by the IC) to ensure the established "ground rules" are followed.
11. If the emergency is extended in duration, coordinate and schedule regular news conferences for frequent release of information.

12. Monitor and minimize any negative publicity about *(Facility Name)*, correct inaccurate news reports, and provide rumor control.
13. After the incident has concluded or entered the recovery phase, prepare a written news release announcing conclusion/recovery phase upon approval of the IC.
14. After the event, monitor departure of all news media representatives from the facility's grounds per IC's instruction.

SUPPLIES & EQUIPMENT
1. Department Head/Designee will assume duties as Resources Unit Leader. Obtain the position's Job Action Sheet and all forms required to be completed by the Resources Unit.
2. Call in department personnel as needed after reporting to the Planning Section Chief at the *(Planning Section briefing location)* to receive a briefing.
3. Assesses needs, and process and distribute supplies and equipment.
4. Maintain a list of all resources for incident operations.
5. Work with the Finance/Administration Section to procure additional supplies and equipment as needed.

COMMUNICATIONS/SWITCHBOARD
1. Department Head/Designee will assume duties as Communications Unit Leader. Obtain the position's Job Action Sheet and all forms required to be completed by the Communications Unit.
2. Call department personnel as needed after reporting to the Service Branch Director for a briefing.
3. Assist with call-back of employees as directed. An updated call-back list will be kept with the on-duty switchboard supervisor.
4. Calls from concerned family members and all media representatives will be referred to the Public Information Officer (PIO).
5. Communications/switchboard will keep a copy of the Resource Directory, listing phone numbers of emergency management agencies, supply and equipment vendors, etc. (See Annex F for Resource Directory).

DIETARY
1. Department Head/Designee will assume duties as Service Branch Director. Obtain the position's Job Action Sheet and all forms required to be completed by the Service Branch.
2. Call in department personnel as needed after reporting to the Logistics Section Chief at the *Logistics Section briefing location*.
3. Prepare to serve nourishments to ambulatory patients, house patients, and personnel as the need arises.
4. Clear the hallways of all tray carts.
5. Utilize the hospital dining room and _____ for additional eating space.
6. Ensure items most needed in an emergency are kept on hand.
7. Set up emergency menus and maintain adequate supplies for the emergency menus.
8. Contact vendors as necessary to ensure supplies on hand are replenished as soon as used.
9. Document events into a Food Service Department Log.
10. In the case of loss of water, all food will be served on disposable service ware.

11. In the case of loss of electricity, Food Service will evaluate the possibility of using an alternate method of cooking. If alternate power is available, the standard menus will be followed.
12. The Food Service Department will maintain the standard house menus with appropriate substitutions unless delivery failure is of such a significant amount that emergency menus are required.
13. All Food Service employees are subject to call-back in the case of an emergency.

MAINTENANCE
1. Department Head and Designee will assume duties as Infrastructure Branch Director and Staging Manager. Obtain the positions' Job Action Sheets and all forms required to be completed by the Infrastructure Branch and Staging Branch.
2. Call in department personnel as needed after reporting to the Operations Section Chief at the *Operations Section briefing location*.
3. Maintain full operation of all facilities.
4. All doors should be locked immediately except employee entrance, Emergency Department door, and front lobby.
5. Set up any needed extra beds, transport store room supplies, and bring in extra supplies from other areas.

HOUSEKEEPING AND LAUNDRY
1. Department Head/Designee will call in personnel as needed after reporting to the Labor Pool (Logistics Section).
2. Assign all personnel to Labor Pool for assignment.

INTENSIVE CARE UNIT
1. The ICU nurse will assume duties as Inpatient Unit Leader and report to the Medical Care Branch Director for a briefing. Obtain the position's Job Action Sheet and all forms required to be completed by the Inpatient Unit.
2. Evaluate patients in the Intensive Care Unit for possible transfer using established discharge criteria as a guide, and transfer patients out if indicated.
3. Prepare to admit more critically ill patients.
4. Call in personnel or request additional personnel from the Labor Pool as needed.

MEDICAL/DIAGNOSTIC IMAGING
1. Department Head will:
   - Assume duties as Clinical Support Services Unit Leader and report to the Medical Care Branch Director for a briefing. Obtain the position's Job Action Sheet and all forms required to be completed by the Clinical Support Services Unit.
   - Determine the number of patients.
   - Call in personnel or request additional personnel from the Labor Pool as needed.
   - Work with Support Branch Director and Finance/Administration Section for extra supplies to be brought in, if needed.
   - Coordinate flow of work and delegation of work areas.

2. Day Shift
   - The Department Head/Designee will determine the number of patients involved and any other pertinent information from the HCC.

- The Department Head/Designee will call in personnel needed to sufficiently handle the patient load.

3. Evening Shift
   - The technician on duty or on call will report to the Medical Care Branch Director further information/direction.
   - Additional personnel may be called in and should report directly to Radiology to check in with the on-duty Department Head/Designee.

LABORATORY
1. Staff will remain in the Laboratory and will not report to the Labor Pool.
2. Department Head/Designee will call in department personnel as needed after reporting to HCC to receive briefing from the Incident Commander.
3. Call personnel from nearby hospitals and clinics as necessary.
4. Work with the Logistics Section and Finance/Administration to obtain additional blood, equipment, and supplies from area agencies.

PHARMACY
1. Department Head/Designee will report to HCC to receive a briefing from the Incident Commander. Staff will remain in the Pharmacy Department and will not report to the Labor Pool.
2. Maintain a list of drug suppliers that can provide emergency supplies quickly (Refer to Annex F: Resource Directory).
3. Keep minimum supply of emergency drugs on hand at all times.
4. Pharmacy should remain open and have a runner to deliver meds.
5. Work with the Finance/Administration Section to coordinate needed purchases.

PHYSICAL THERAPY
1. Department Head/Designee will assume duties as Labor Pool & Credentialing Unit Leader. Obtain the position's Job Action Sheet and all forms required to be completed by the Labor Pool & Credentialing Unit.
2. Call in personnel as needed after reporting to the Logistics Section Chief at the *Logistics Section briefing location*.
3. Coordinate assignments of all staff reporting to the Labor Pool, and maintain a log of those assignments.
4. Work with the Finance/Administration Section on time, compensation/claims, and other personnel-related expenses.

RESPIRATORY THERAPY
1. Department Head/Designee will call in extra personnel as needed after reporting to the HCC to receive a briefing from the Support Branch Director (Logistics Section). Staff will report to the Labor Pool & Credentialing Unit Leader as situation allows.
2. Keep supply of bubblers, cannulas, masks, and flow meters available in Respiratory Therapy Department.
3. Be prepared to request additional respirators and equipment as needed. Work with the Logistics Section to obtain needed equipment.

OCCUPATIONAL THERAPY

1. Department Head/Designee will assume duties as Situation Unit Leader. Obtain the position's Job Action Sheet and all forms required to be completed by the Situation Unit.
2. Call in department personnel as needed after reporting to HCC and receiving briefing from the Planning Section Chief.
3. Assign personnel to Labor Pool as they arrive.

SOCIAL SERVICES/PASTORIAL CARE
1. Department Head/Designee will assume duties the Support Branch Director. Obtain the position's Job Action Sheet and all forms required to be completed by the Support Branch.
2. *Report to and receive initial briefing from the Logistics Section Chief at the Logistics Section briefing area.*
3. Be prepared to counsel victims and/or their families, staff, and other responders.
4. Observe and assist staff members who exhibit signs of stress, fatigue, and inappropriate behavior.
5. Provide HCC staff with a list of the family members who arrive at hospital.
6. Pastoral care will consult with the Medical Care Branch Director and/or Logistics Chief to determine areas of need.

MORGUE
1. The Department Head/Designee will assume duties as the Morgue Unit Leader and report to HCC the Medical Branch Director to receive a briefing. Obtain the position's Job Action Sheet and all forms required to be completed by the Morgue Unit.
2. During a Mass Fatality Incident (MFI), the Morgue Leader or his/her designee will assume the position of Morgue Unit Leader. Morgue personnel will not report to the Labor Pool during an MFI.
3. Collect and protect deceased patients.
4. Coordinate with the Medical Care Branch Director and Staging Manager to establish a morgue area and Family Assistance Center, as needed.
5. Ensure all transporting devices are removed from under deceased patients and returned to the transportation area.
6. Maintain master list of deceased patients.
7. Ensure all deceased patients in morgue areas are covered, tagged, and identified where possible.
8. Keep PIO and IC informed of the number of deceased.
9. Department head will arrange for frequent rest and recovery periods away from the morgue, as well as staff relief.
10. Observe and assist staff members who exhibit signs of stress, fatigue, and inappropriate behavior.
11. Review and approve the area documenter's recording of action/decisions in the morgue area.

HOSPITAL SECURITY
1. The Department Head/Designee will assume the position of Security Branch Director. Obtain the position's Job Action Sheet and all forms required to be completed by the Security Branch.
2. Report to the HCC and receive initial briefing from the Operations Section Chief.
3. Coordinate all activities relating to the safety of personnel, the facility, patients, visitors, and decedents including access control and traffic control.

4. Establish, maintain, and enforce any needed checkpoints or restricted access areas of the hospital.
5. Work with local law enforcement on issues of security outside the facility.
6. See Annex B of this EOP for actions related to specific security issues.

FINANCIAL SERVICES
1. The Chief Financial Officer/Designee will assume the position of Finance/Administration Section Chief. Obtain the position's Job Action Sheet and all forms required by the Finance/Administration Section.
2. Report to the HCC and receive initial briefing from the Incident Commander.
3. Provide briefings to Unit Leaders within the Finance/Administration Section at the *Finance/Administration briefing location*.
4. Maintain accurate records of all emergency/disaster related expenditures.
5. If required, arrange to advance funds to those in need and coordinate recovery of the funds.
6. Prepare claims for potential state and/or federal funding.
7. Analyze the impact of the emergency/disaster on the hospital's budget.
8. Prepare insurance claims on behalf of the hospital.
9. Assist, if required, with insurance claims on behalf of affected residents.

INFORMATION TECHNOLOGY
1. The Department Head /Designee will assume the position of IT/IS Unit Leader. Obtain the position's Job Action Sheet and all forms required to be completed by the IT/IS Unit.
2. Report to the HCC and receive initial briefing from the Logistics Section Chief.
3. Attempt to keep the facility's computerized system operational for information sharing among various areas of the hospital.
4. Assist setting up information technology needs in the HCC.
5. Provide computer hardware, software, and infrastructure to support staff.

OTHER DEPARTMENTS
1. After reporting to your supervisor, check in with the Labor Pool to receive an assignment.

Table 1: This table depicts which HICS duties will be assumed by the hospital staff. This table only depicts the essential positions and a limited number of the sub-functions.

EMERGENCY ASSIGNMENTS	
Essential Positions	
Regular Hospital Duty	**HICS Assigned Position**
On-Duty Administrator	Incident Commander (IC)
Public Information Officer	Public Information Officer
Appointed by IC	Safety Officer
Appointed by IC	Liaison Officer
Appointed by IC	Medical/Technical Specialist(s)
Director of Nursing	Operations Section Chief
Director of Administration	Planning Section Chief
Director of Central Business Office	Logistics Section Chief
Chief Financial Officer	Finance/Administration Section Chief

Maintenance	Staging Manager
On-Duty Nursing Supervisor	Medical Care Branch Director
Maintenance	Infrastructure Branch Director
Director of Security	Security Branch Director
Dietary	Service Branch Director
Social Services/Pastoral Care	Support Branch Director
Supplies & Equipment	Resources Unit Leader
Occupational Therapy	Situation Unit Leader
Non-Essential Positions	
Medical Records	Documentation Unit Leader
Admitting Office	Patient Registration Unit Leader
Admitting Office	Outpatient Unit Leader
Diagnostics/Imaging	Clinical Support Services Unit Leader
Communications/Switchboard	Communications Unit Leader
ICU Nurse	Inpatient Unit Leader
Physical Therapy	Labor Pool & Credentialing Unit Leader
(Others)	