Emergency Plan St Vincent's Campus

Comprising Internal, External Disaster Plans & **HEICS**

Emergency Response

...should things go wrong, do you know what to do and how to do it?



Forward

The scope of this document is concerned with the type of risk that is normally identified as an emergency situation. This document is based on the third edition of the HEICS manual and is the joint property of the State Emergency Medical Services Authority and the San Mateo County Emergency Medical Services Agency, California, USA. It has been reviewed and updated in accordance with Australian Standard and local conditions by Emergency Response Committee. All material is provided to institutions for their private use adaptation within each facility/facilities. Institutions are encouraged to make full use of the material provided in this manual, so long as it is used for that specific facility or facilities managed by the same parent organization. This includes the direct use or adaptation or copying of any Job Action Sheet, lesson plan or other information contained in this manuscript. Any other use or publication of this material must have the written permission of the State EMS Authority. Credit is given to the State of California Emergency Medical Services Authority.



INTRODUCTION

Planning for Emergencies before they happen

St Vincent's & Mater Health Sydney comprises St Vincent's Hospital, St Vincent's Private Hospital, Community Health Services, Sacred Heart Hospice, Caritas and the Mater Hospital, North Sydney. St Vincents & Mater Health forms part of the Sisters of Charity Health Service, one of the leading Catholic providers of public and private health care. The Darlinghurst campus has a long and proud history and is one of the most advanced Health Care Facilities in Australia. Like any successful organisation we have and will face again situations that place our people and our property at risk. The Campus has invested heavily in education, services, strategies, and modern technology to reduce risk exposure. However, not all risks are from within.



Hospital risk analysis and management is the carefully planned preparation at the senior management and committee level to counteract major threats the hospitals and support facilities may face and to provide for the provision of service continuity to our patients during and after crisis situations. Hospital continuity planning is no longer considered a luxury, but rather a necessity; in fact, it is mission critical. Many organisations never fully recover after a disaster, largely due to a simple lack of foresight and planning. Organisations need to plan for the worst to optimise their chances of survival. Emphasis should be on loss prevention techniques: the identification of the potential risks and the development of worst case scenarios to eliminate and control or contain the identified risks. The essential issue is service continuity to the community and our patients. The faster our organisation can swing into disaster recovery mode or adapt to a large patient surge, the sooner we can continue



our mission and the more likely the preservation of the hospital and reputation.

The overriding aims of disaster planning is to ensure patient and employee safety as well as minimise loss or extent of damage, that is, to save lives and reduce a potential catastrophe to a manageable problem through informed and intelligent planning and leadership, and to get the hospital back in business as soon as possible. Effective disaster planning should reduce likelihood and severity of a disaster, while reducing anxiety and speeding recovery. In effect, planning should be pro-active (before the event), rather than reactive (after the event). For example, St Vincent's Hospital felt the sting of re-active planning in 2004. A PBAX system failure at St Vincent's Hospital revealed significant shortcomings in the power fail phone network and associated procedures. Confusion was so bad, that an unaffected building thought their phone system was also down, as when they called the main hospital they could not get through. The failure was corrected after the event. It is necessary to investigate thoroughly the disasters possible in the particular environment (macro and micro) and develop contingency plans to protect, minimise, salvage and restore hospital operations from the disaster scenarios identified...

THE BENEFITS ARE OBVIOUS

As part of Australia's vital health care infrastructure, hospitals play a key role in disaster readiness throughout our country. Since the terrorist attacks of New York, Bali, Madrid and London hospitals have stepped up their readiness efforts in order to be better prepared in responding to not only traditional disaster threats, but an even more real potential of terrorist attacks, including the use of chemical, biological, or nuclear.

As vital community resources, hospitals must be among the best prepared, alongside police, fire, rescue, and other public safety services. Until now there has been no single correct counter-disaster planning solution for all our organisations' hospitals and support facilities. HEICS goes someway to providing that solution. Based upon the United Sates public safety's Incident Command System, HEICS has proven valuable in helping US hospitals serve the community during a crisis and resume normal operations as soon as possible. It is important to understand that the HEICS is not the entire disaster plan; but rather the method by which a hospital will operate when an emergency is declared. Therefore, the hospital's current disaster plan will need to be configured so that the Incident Command System becomes the "standard operating procedure" when the plan is activated. The sooner this process is completed the more cohesive the overall plan will appear to involved personnel.





HOSPITALS ARE SPECIAL

The co-dependency of our patients' coupled with high public expectation and a large multi service organisation that must run seamlessly 24 h day, 365 days a year, places a great deal of pressure on the people and infrastructure that deliver it. This can make us highly susceptible to major internal incidents along with an expectation that we have the surge capacity to respond to a major external incident. The public looks to hospitals to play a critical role in the event of a disaster – hospitals must be able to accommodate the surge in demand for care in order to screen, stabilize and provide care for affected persons. It is now crucial that we step up our emergency readiness preparations so that we can respond to a range of potential events,



from conventional natural disasters to the threat of terrorist attacks to pandemic outbreaks.

INTERNAL EMERGENCIES

Internal emergencies may give the perception of being easier to manage, inevitably many internal emergencies may require outside assistance to resolve. To manage the risk of an internal emergency, staff are trained to be confident and proficient in the steps that need to be taken should an incident occur. It is compulsory for each staff member to attend annual Emergency Response Training and participate in a trial evacuation. It is the responsibility of all managers to ensure that staff attend (OHS Regulations 2001). Training is complemented with up to date Emergency Procedure Guides, specific to their location and environment. The guide, also known as the Emergency Flip Chart is a document based on either AS 4083-1997 planning for emergencies - Health care facilities 1997 or AS 3745-2002: Emergency control organisation and procedures for buildings, structures and workplaces. It gives staff instant access to emergency related topics and the immediate steps to follow should things go wrong.

Responding to potential internal emergency situations and determining the best course of action to resolve the situation is always difficult. Over recent years some initial response to internal incidents has often been left "wanting". This has been particularly apparent during the early stages of an incident. In order to remedy this problem and to allow better management of emergency situations, two Incident Response Teams (IRT) have been established at St Vincent's Hospital and St Vincent's Private.

The aim of IRT is to have a senior manager (A/DON or proxy) along with building, OHS, security and fire representatives immediately on scene to ensure appropriate action is being taken. The role of this



five person team is to respond to all emergency situations and incidents as identified in the incident escalation matrix (see below). The IRT will assess, attempt to rectify or manage the event by way of routine procedure. If the incident cannot be managed by routine procedure, they are to enure that escalation occurs inline with the Incident Management Flow Chart. This would normally involve calling for outside emergency assistance and notification of the Executive Director.

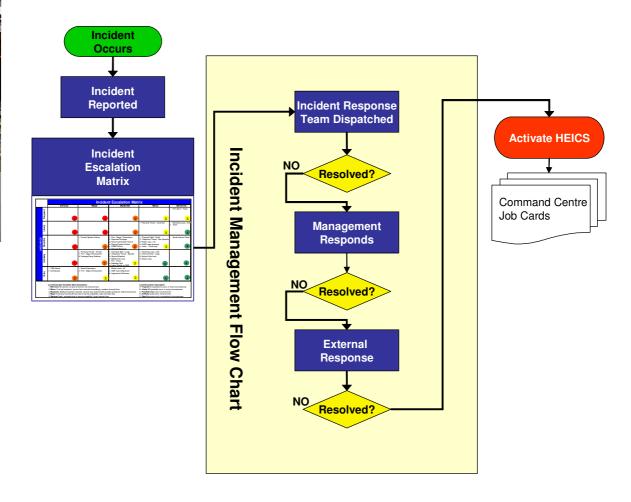
The IRT is the second phase of the Campus Emergency Plan. The IRT provides the link between Emergency Procedure Guides and Hospital Emergency Incident Command System. The process is as follows:

- 1) Emergency Procedure Guide (aka Flip Chart)
 - a) Instructions and procedures for staff/managers to follow, based AS-4083 and AS-3745
- 2) SVP First Aid and Cardiac Arrest and Incident Response Teams for SVH and SVP.
 - a) The Incident Response Team attend ALL internal incidents (from chemical spills to suspicious leaks).
 - b) First Aid and Cardiac Arrest teams respond to medical emergencies
- 3) Emergency Plan St Vincent's Campus (HEICS)



Where an incident cannot be managed by routine procedure, the IRT will recommend that an internal emergency be declared and that HEICS is activated.

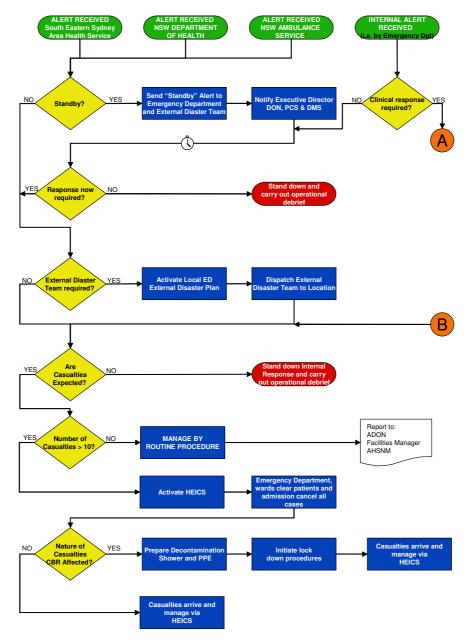




EXTERNAL EMERGENCIES

An incident may be internal or external in origin or a combination of both. While the risk of an external emergency is harder to control from within the confines of this organisation, some measure can be taken to reduce their likely impacts. HEICS was developed to assist the operation of a medical facility in a time of crisis. In today's world post "September 11", such plans need to be flexible enough to cope with a wide range of difficult situations, such as those identified in AS 3745-2002; including chemical spills, critical power loss or a terrorist attack.





*NSW Ambulance Service Alert via Health Service Functional Area Coordinator (HSFAC)

management responds quickly with structure and a focused direction of activities then confusion and chaos can be mitigated. HEICS is an emergency management system which employs a logical management structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify hospitals with other emergency responders. The New South Wales Fire Brigade and NSW Ambulance operates under the Australian Inter-service Incident Management System, similar to HEICS. There are clear advantages to all hospitals using this particular emergency management system.





HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM IN DETAIL

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

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

Responsibility oriented chain of command

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



Wide acceptance through commonality of mission and language

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

Prioritisation of duties with the use of Job Action Sheets

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

Applicability to varying types and magnitudes of emergency events

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

 Thorough documentation of actions taken in response to the emergency.

The Job Action Sheets and the associated forms promote vigorous documentation of both personnel and overall facility response to the crisis. This comprehensive documentation may improve recovery of financial expenditures, while it decreases liabilities.

• Expeditious transfer of resources (mutual aid) within a particular system or from one facility to another

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

Flexibility in implementation of individual sections or branches of the HEICS

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

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

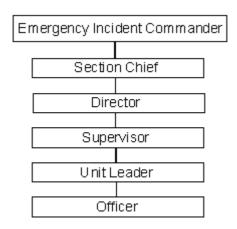
The HEICS Organisational Chart and Job Action Sheets are designed to mitigate a crisis affecting the medical facility.





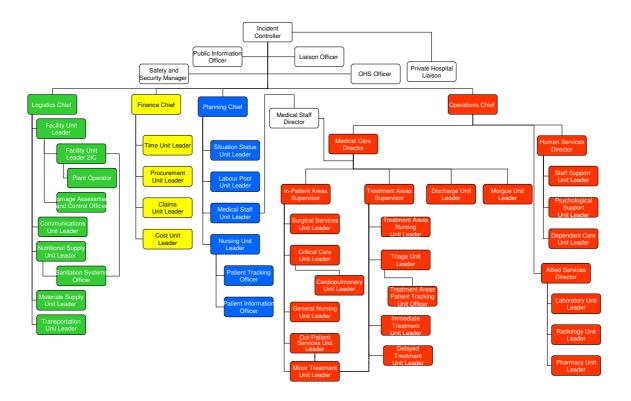
However, it is readily apparent that there are many individuals within the day-to-day management structure whose jobs closely match those of the HEICS.

The HEICS Organisational Chart shows a chain of command which incorporates four sections under the overall leadership of an Emergency Incident Commander (IC). Each of the four sections: Logistics, Planning, Finance and Operations, has a Chief appointed by the IC responsible for their section. The Chiefs in turn designate directors and unit leaders to sub-functions, with supervisors and officers filling other crucial roles. This structure limits the span of control of each manager in the attempt to distribute the work. No one manager should have more than five people reporting to them. It also provides for a system of documenting and reporting all emergency response activities. It is hoped that this will lessen liability and promote the recovery of financial expenditures.



Each one of the 54 positions found on the organisational chart has a prioritised Job Action Sheets written to describe the important duties of each particular role. Every Job Action Sheet begins with the job title, the supervising officer where the location of the section operations centre is and a mission statement to define the position responsibility. The duties listed on the Job Action Sheet are put into categories of "Immediate", "Intermediate" and "Extended". A line to the left of the particular action is provided for the recording of the tim e when the duty was accomplished or last completed. Where it is necessary to revise particular job descriptions, caution should be used to retain the intent of the Job Action Sheet's mission. Changing the Job Action Sheet title, or position title is not recommended, as there will be a loss of common nomenclature. Changing titles will only inhibit communication when dealing with outside agencies. Moving positions to other sections or locations will defeat commonality of structure. The organisational structure should remain as pictured in the organisational chart. Standardisation of language and chain of command is essential to promote communication and mission achievement both inside the hospital and with outside

entities.



Hospital Disaster Plans (pending)

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





Job Action Sheets

The Hospital Emergency Incident Command System

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

Incident Escalation Matrix

Emergency call centre operator: "What service do you require, Police, Fire or Ambulance?"

Caller: "I don't know, all of them!"

Psychological reactions to disaster are usually normal reactions by normal people to abnormal events. Activating the wrong group for an incident can waste time, place that group in danger, overload communication cannels and add to the general chaos. When an incident occurs, our response in its management may be improved if we know the severity of the incident and who to call. Before this can be achieved, likely incidents and responding personnel must be identified. It is necessary to investigate thoroughly the hazards possible in the particular environment (macro and micro) and develop contingency plans to protect, minimise, salvage and restore business operations from the hazard scenarios identified. Following extensive analyses in 2003/4 by the ERC a broad range of hazards were identified. The outcome of the analysis was the Incident Escalation Matrix, grouping identified hazards by frequency and severity. This helps personnel identify the event and initiate the best possible response.

Organisational Charts

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

One should try to refrain from thinking that each position represents a person, and each position must be filled as soon as possible. Each of these impressions is false. In conditions of minimum staffing, such as the middle of the night, there are not enough personnel to begin to fill each position. Each crisis is unique and should be confronted as such. Those positions which will be immediately needed to manage the emergency



will be the first assignments made. These are the "first tools pulled out of the box." There are some positions or roles which are not needed for hours or days after the onset of the emergency. Some may not be needed at all. It becomes very clear that the most important abilities needed to react to an emergency circumstance are the skill to identify the priorities created by the event and which positions are most important to mitigate its ill effects.

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

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

Job Action Sheets

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

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





Presentation and Storage of Job Action Sheets

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

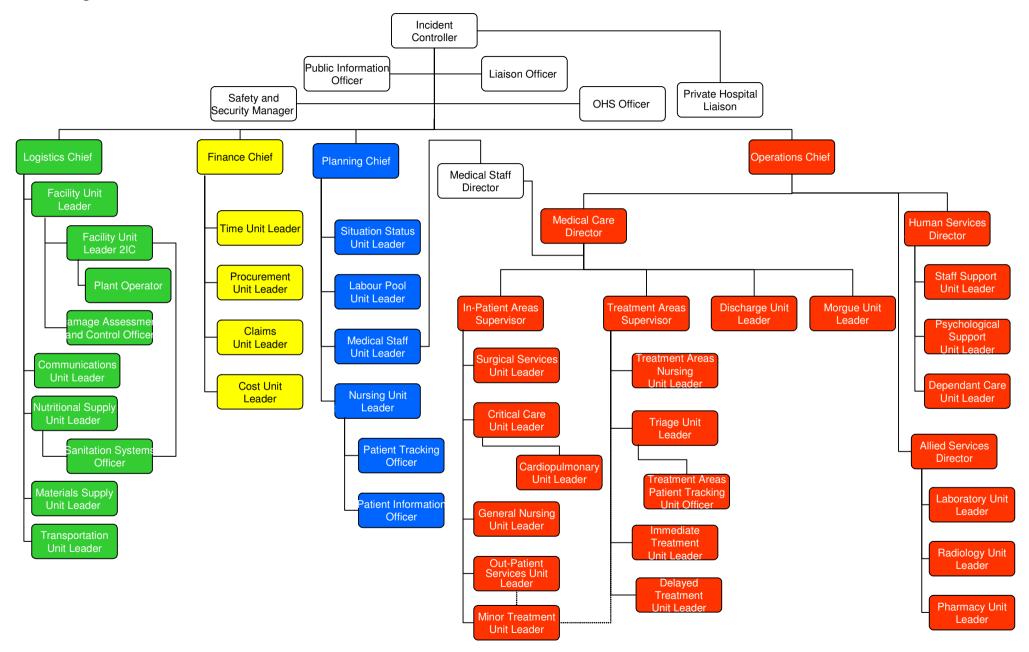
Other hospitals have experienced success in laminating each Job Action Sheet in plastic so that the time of duty completion can be marked in the blank to the left of the duty. Using an erasable grease pen would allow a reuse of the sheet. Another approach would be to place the Job Action Sheet inside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

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

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

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

HEICS Organisation Chart



HEICS Generic Positions and Matching St Vincent's Hospital Position

HICS Generic Position	SVH Specific Title	Current Positi			Afterio	Co	ntact Deta	ails
		Surname	First Name	Normal Hours	After Hours	Mobile	Pager	@stvincents.com.au
Command Section								
Incident Commander	Executive Director	Stubbs	Kerry					KStubbs@stvincents.com.au
Public Information Officer	Public Information Officer	Jacket	David					DJacket@stvincents.com.au
Liaison Officer	Liaison Officer	Herbert	Paul					PHerbert@stvincents.com.au
		McDonell	Karon					
Safety and Security Officer	Security Manager	Judd	Ross	3167				RJudd@stvincents.com.au
OHS Manager	OHS Manager	Lentfer	Richard					
Private Hospital Liaison	Executive Director	Rubic	Steven					
Logistics Head								
Logistics Chief	General Manager Finance & Operations	Dorahy	Gary	6455				GDorahy@stvincents.com.au
Facility Unit Manager	Facilities Manager	Burroughs	Walter					WBurroughs@stvincents.com.au
Facility Unit Manger 2 IC	Engineering Manager	Day	Don					DDay@stvincents.com.au
Plant Operator Damage Assessment and Control	Plant Operator	Elias	Mark					MElias@stvincents.com.au
Officer	Fire Safety Officer	Hill	Wayne	2509				WHill@stvincents.com.au
Sanitation Systems Officer	Environmental Services Manager	Akerman	Jan					
Communications Unit Leader	Communications Manager	Walsh	Beryce	9042				BWalsh@stvincents.com.au
Transportation Unit Leader	Transportation Manager	Anastasopoulos	Frank					FAnastasopoulos@stvincents.com.au
Materials Supply Unit Leader	Supply Manager	Maher	Mary					
Nutritional Supply Unit Leader	Support Services Manager	Cochrane	Francis					FCochrane@stvincents.com.au
Planning Head								
Planning Chief	Director of Nursing	Everson	Leslie					

Situation – Status Unit Leader Labour Pool Unit Leader Medical Staff Unit Leader Nursing Unit Leader Patient Tracking Officer Patient Information Officer	Chief Information Officer Nurse Manager – Labour Resources Clinical Superintendent Population Health Program Manager Admissions Manager Patient Liaison Officer	Horne Caswell Yeates Tumulty Groves	David Lucy Tayia Maeve Sr Anthea		TYeates@stvincents.com.au
Finance Section					
Finance Section Chief Time Unit Leader Procurement Unit Leader Claims Unit Leader Cost Unit Leader	Management Accountant Pay Office Manager Purchasing Manager OH&S – Workers Comp office Manger Accounting Development	Carpenter DeSousa Pledger McKenna Weston	Lee Margaret Stephen Juliette Sally Jackie	2372	SPledger@stvincents.com.au
Cost Offit Leader	Manger Accounting Development	Ferguson	Jackie		
Operations Section					
Operations Section Chief Medical Staff Director Medical Care Director In-patient Area Supervisor	Director Clinical Service Medical Staff Director Surgical Program Director Surgical Program Manager	Farrow Yeates Coleman Porritt	Glenn Tayia Max Alan		GFarrow@stvincents.com.au TYeates@stvincents.com.au
Surgical Services Unit Leader Surgical Services Unit Leader Critical Care Unit Leader	Nurse Manager P.A.I.S + Anaesthetics Nurse Manager P.A.I.S + Anaesthetics Intensive Care Unit Consultant	Keenan O'Sullivan ICU South consu day	Bernadette Gregory Iltant of the		BKeenan@stvincents.com.au GO'Sullivan@stvincents.com.au
Cardiopulmonary Unit Leader General Nursing Care Unit Leader Out Patient Services Unit Leader	CNE ICU General Nursing Care Manager Out Patient Manager	Frost Whalen Doyle	Carmen Sally Tom		SWhalen@stvincents.com.au
Treatment Areas Supervisor	Emergency Department Clinical Manager	Finckh	Andrew		AFinckh@stvincents.com.au

atment	Areas	Nursing	Unit	

Treatment Areas Nursing Unit			
Leader	Emergency Department Nurse Manager	Kemister	Sharon
Triage Unit Leader	Trauma Director	Grabs	Tony
Triage Unit Leader Treatment Areas Patient Tracking	Director of Emergency Emergency Dept Admin/Systems	Fulde	Gordian
Officer	Manager	Hendry	Trish
Immediate Treatment Unit Leader	Emergency Department Consultant	Assigned on day	
Delayed Treatment Unit Leader	Emergency Department Consultant	Assigned on day	
Minor Treatment Unit Leader	Medical Registrar	Assigned on day	
Discharge Unit Leader	Medical Registrar	Assigned on day	
Morgue Unit Leader	Morgue Unit Leader	Assigned on day	
Allied Services Director	Allied Services Director	Harkness	Jock
Laboratory Unit Leader	SydPath Services Manager	Graham	Robert
Radiology Unit Leader	Director of Medical Imaging	Silverstone	Elizabeth
Pharmacy Unit Leader	Pharmacy Manager	Melloco	Terri
Human Services Directory	General Manager Human Resources	Field	Kerrie
Staff Support Unit Leader Psychological Support Unit	Director of Mission	Hales	Mark
Leader Psychological Support Unit	Director of Mental Health	McGeorge	Peter
Leader	Mental Health Program Manger	DeMichiel	Nicola
Dependent Care Unit Leader	Director of Social Work	Taylor	Francis

TMelloco@stvincents.com.au

FTaylor@stvincents.com.au



Revised: 05/09/2006 Reviewed: 28/09/2006 INCIDENT COMMANDER AND STAFF

INCIDENT CONTROLLER

Mission: Organise and direct Emergency Control Centre (ECC). Give overall direction for hospital operations and if needed, authorise evacuation.

Immediate

- Initiate the Hospital Emergency Incident Command System by assuming role of INCIDENT CONTROLLER.
- Read this entire Job Action Sheet.
- Put on position identification vest.
- Assume control of incident
- Appoint or contact Section Heads as needed and the Medical Staff Director positions; distribute the five section packets which contain:
 - Job Action Sheets for each position
 - Identification vest for each position
 - Forms pertinent to Section & positions
- Appoint Public Information Officer, Liaison Officers, OHS Officer, Safety and Security Officer and Private Hospital Liaison; distribute Job Action Sheets. (May be pre-established.)
- Announce a status/action plan meeting of all Section Heads and Medical Staff Director to be held within 5 to 10 minutes.
- Assign someone as Documentation Recorder/Aide (Executive Director's Personal Assistant).
- Receive status report and discuss an initial action plan with Section Heads and Medical Staff Director. Determine appropriate level of service during immediate aftermath.
- Receive initial facility damage survey report from Logistics Chief, if applicable, evaluate the need for evacuation.
- Obtain patient census and status from Planning Section Chief. Emphasize proactive actions within the Planning Section. Call for a hospital-wide projection report for 4, 8, 24 & 48 hours from time of incident onset. Adjust projections as necessary. Authorise a patient prioritisation assessment for the purposes of designating appropriate early discharge, if additional beds needed.
- Assure that contact and resource information has been established with outside agencies through the Liaison Officers.

Intermediate

- Authorise resources as needed or requested by Section Managers.
- Designate routine briefings with Section Heads to receive status reports and update the action plan regarding the continuance and termination of the action plan.
- Communicate status to chairperson of the Hospital Board of Directors or the designee.
- Consult with Section Heads on needs for staff, physician, and volunteer responder food and shelter. Consider needs for dependents. Authorise plan of action.



Extended

- Approve media releases submitted by Public Information Officer.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

Other concerns

District DISPLAN Area HEALTHPLAN should be reviewed.





Revised: 05/09/2006 Reviewed: 28/09/2006 INCIDENT COMMANDER AND STAFF

PUBLIC INFORMATION OFFICER

Position Assigned To:	-
You Report To:	(INCIDENT CONTROLLER)
Command Centre:	_Telephone:

Mission: Provide information to the news media.

Immediate

- Receive appointment from INCIDENT CONTROLLER.
- Read this entire Job Action sheet and review organisational chart on back.
- Put on position identification vest.
- Identify restrictions in contents of news release information from INCIDENT CONTROLLER.
- Establish a Public Information area away from Emergency Control Centre and patient care activity.

Intermediate

- Ensure that all news releases have the approval of the INCIDENT CONTROLLER.
- Issue an initial incident information report to the news media with the cooperation of the Situation Status Unit Leader. Relay any pertinent data back to Situation Status Unit Leader.
- Prepare media briefing area at Sacred Heart Hospice (Seminar Room L2). Coordinate with Safety and Security Officer.
- Inform on-site media of the physical areas which they have access to, and those which are restricted. Coordinate with Safety and Security Officer.
- Contact other at-scene agencies to coordinate released information, with respective Public Information Officers. Inform Liaison Officer of action.
- Obtain 1800 number from Police or Area HSFAC and supply to hospital switch boards

Extended

- Obtain progress reports from Section Managers as appropriate.
- Notify media about casualty status.
- Monitor media broadcast
- Direct calls from those who wish to volunteer to Labour Pool. Contact Labour Pool to determine requests to be made to the public via the media.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.



Other concerns:

Establish Media Briefing Room at Sacred Heart Hospice. The Media Briefing Room is not within the
security perimeter of the rest of the Emergency Control Centre. The briefing room is a controlled
access room to ensure that only authorised members of the press has access. The room is
configured to support briefings to the media. Safety and Security Officer will designate parking spaces
for media.





Revised: 05/09/2006 Reviewed: 28/09/2006 INCIDENT COMMANDER AND STAFF

LIAISON OFFICER

Positioned Assigned To:	-
You Report To:	_ (INCIDENT CONTROLLER)
Command Centre:	_Telephone:

Mission: Function as incident contact person for representatives from other agencies.

Immediate

- Receive appointment from INCIDENT CONTROLLER.
- Read this entire Job Action Sheet and review organisational chart on back.
- Put on position identification vest.
- Obtain briefing from INCIDENT CONTROLLER.
- Establish contact with Communications Unit Leader in Emergency Control Centre. Obtain one or more aides as necessary from Labour Pool.
- Review State and Area emergency organisational charts to determine appropriate contacts and Message Routing. Coordinate with Public Information Officer.
- Obtain information to provide the Inter-Hospital Emergency Communication Network, South Eastern Sydney and Illawarra Area Health Service Emergency Operations Centre and/or State Emergency Operations Centre as appropriate, upon request. The following information should be gathered for relay:
 - The number of "Immediate" and "Delayed" patients that can be received and treated immediately (Patient Care Capacity).
 - Any current or anticipated shortage of personnel, supplies, etc.
 - Current condition of hospital structure and utilities (hospital's overall status).
 - Number of patients to be transferred by wheelchair or stretcher to another hospital.
 - Any resources which are requested by other facilities (i.e., staff, equipment, supplies).
- Establish communication with the assistance of the Communications Unit Leader with the interhospital emergency communication network, Area EMERGENCY CONTROL CENTRE. or with State EMERGENCY CONTROL CENTRE/County Health Officer. Relay current hospital status.
- Establish contact with liaison counterparts of each assisting and cooperating agency (i.e., Area EMERGENCY CONTROL CENTRE). Keeping governmental Liaison Officers updated on changes and development of hospital's response to incident.

Intermediate

 Request assistance and information as needed through the SESIAHS Area HSFAC or Area/State EMERGENCY CONTROL CENTRE



- Respond to requests and complaints from incident personnel regarding inter-organisation problems.
- Prepare to assist Labour Pool Unit Leader with problems encountered in the volunteer credentialing process.
- Relay any special information obtained to appropriate personnel in the receiving facility (i.e., information regarding toxic decontamination or any special emergency conditions).

Extended

- Assist the Medical Staff Director and Labour Pool Unit Leader in soliciting physicians and other hospital personnel willing to volunteer as Disaster Service Workers outside of the hospital, when appropriate.
- Inventory any material resources which may be sent upon official request and method of transportation, if appropriate.
- Supply casualty data to the appropriate authorities; prepare the following minimum data:
 - Number of casualties received and types of injuries treated
 - Number hospitalised and number discharged to home or other facilities
 - Number dead
 - Individual casualty data: name or physical description, sex, age, address, seriousness of injury or condition
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

Other concerns:

District DISPLAN Area HEALTHPLAN should be reviewed.





Revised: 05/09/2006 Reviewed: 28/09/2006 INCIDENT COMMANDER AND STAFF

SAFETY AND SECURITY OFFICER

Positioned Assigned To:	-
You Report To:	(INCIDENT CONTROLLER)
Command Centre:	_Telephone:

Mission: Monitor and have authority over the safety of rescue operations and

hazardous conditions. Organise and enforce scene/facility protection

and traffic security.

Immediate

- Receive appointment from INCIDENT CONTROLLER.
- Read this entire Job Action sheet and review organisational chart on back.
- Put on position identification vest.
- Obtain a briefing from INCIDENT CONTROLLER.
- Implement the facility's disaster plan emergency lockdown policy and personnel identification policy.
- Establish Security Command Post.
- Remove unauthorised persons from restricted areas.
- Establish ambulance entry and exit routes in cooperation with Transportation Unit Leader.
- Secure the Emergency Control Centre, triage, patient care, morgue and other sensitive or strategic areas from unauthorised access.

Intermediate

- Communicate with Facility Unit Leader 2IC and Damage Assessment and Control Officer to secure
 and post non-entry signs around unsafe areas. Keep Safety and Security staff alert to identify and
 report all hazards and unsafe conditions to the Damage Assessment and Control Officer.
- Secure areas evacuated to and from, to limit unauthorised personnel access.
- Initiate contact with NSW Police Service and inform the Liaison Officer, when necessary.
- Advise the Incident Controller and Section Managers immediately of any unsafe, hazardous or security related conditions.
- Assist Labour Pool and Medical Staff Unit Leaders with credentialing/screening process of volunteers.
 Prepare to manage large numbers of potential volunteers.
- Confer with Public Information Officer to establish areas for media personnel.
- Establish routine briefings with Incident Controller.
- Provide vehicular and pedestrian traffic control.
- Secure food, water, medical, and blood resources and Mortuary
- Inform Security staff to document all actions and observations.



- Establish routine briefings with Security staff.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

Other concerns:





Revised: 05/09/2006 Reviewed: 28/09/2006 INCIDENT COMMANDER AND STAFF

OHS OFFICER

t-				
Positioned As	ssigned To:	_		
You Report To:		_(INCIDENT CONTROLLER)		
Command Centre:		_Telephone:		
Mission: Monitor and have authority over the safety of rescue operations hazardous conditions. Organise and enforce scene/facility protect and traffic security.				
Immediate • Receive appo	pintment from INCIDENT CONTROLLE	R.		
Read this ent	tire Job Action sheet and review organis	ational chart on back.		
Put on position	on identification vest.			
Obtain a brie	fing from INCIDENT CONTROLLER.			
•				
Intermediate				
• .				
Extended •				
Other concern	s:			







Revised: 05/09/2006 Reviewed: 28/09/2006 INCIDENT COMMANDER AND STAFF

PRIVATE HOSPITAL LIAISON

Positioned As	ssigned To:	_			
You Report T	ō:	_(INCIDENT CONTROLLER)			
Command Centre:		_Telephone:			
Mission:	Coordinate the response of the Hospital's response to major inc	Private Hospital in support of the Public ident .			
Immediate • Receive appoint	ointment from INCIDENT CONTROLLER	٦.			
Read this en	Read this entire Job Action sheet and review organisational chart on back.				
Put on position	Put on position identification vest.				
Obtain a brie	Obtain a briefing from INCIDENT CONTROLLER.				
•					
Intermediate • .					
Extended •					
Other concern	os:				







Revised: 05/09/2006 Reviewed: 28/09/2006 LOGISTICS SECTION

LOGISTICS CHIEF

Positioned Assigned To:	-
You Report To:	(INCIDENT CONTROLLER)
Logistics Command Centre:	_Telephone:

Mission:

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

Immediate

- Receive appointment from the Incident Controller. Obtain packet containing Section's Job Action Sheets, identification vests and forms.
- Read this entire Job Action Sheet and review organisational chart on back.
- Put on position identification vest.
- Obtain briefing from Incident Controller.
- Appoint or Logistics Section Unit Leaders: Facility Unit Leader, Communications Unit Leader, Nutritional Supply Unit Leader, Materials Supply Unit Leader and Transportation Unit Leader; distribute Job Action Sheets and vests. (May be pre-established.)
- Brief Managers on current situation; outline action plan and designate time for next briefing.
- Establish Logistics Section Centre in proximity to Emergency Control Centre.
- Attend damage assessment meeting with Incident Controller, Facility Unit Leader, Facility Unit Leader IC and Damage Assessment and Control Officer.

Intermediate

- Obtain information and updates regularly from unit leaders and officers; maintain current status of all areas; pass status info to Situation - Status Unit Leader.
- Communicate frequently with Incident Controller.
- Obtain needed supplies with assistance of the Finance Section Chief, Communications Unit Leader and Liaison Officer.

Extended

- Assure that all communications are copied to the Communications Unit Leader.
- Document actions and decisions on a continual basis.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- Other concerns:







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FACILITY UNIT LEADER

Positioned Assigned To:	_
You Report To:	_ (Logistics Chief)
Logistics Command Centre:	_Telephone:

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

Immediate

- Receive appointment from Logistics Chief and Job Action Sheets for Facility Unit Leader 2IC, and Sanitation Systems Officer.
- Read this entire Job Action Sheet and review organisational chart on back.
- Put on position identification vest.
- Meet with Logistics Chief to receive briefing and develop action plan; deliver preliminary report on the physical status of the facility if available.
- Appoint or Contact Facility Unit Leader 2IC, Safety and Security Officer, Damage Assessment and Control Officer and Sanitation Systems Officer; supply the corresponding Job Action Sheets. Provide the Facility System Status Report Form to the Facility Unit Leader 2IC and Damage Assessment and Control Officer. (May be pre-established.)
- Receive a comprehensive facility status report as soon as possible from Facility Unit Leader 2IC and Damage Assessment and Control Officer
- Facilitate and participate in damage assessment meeting between INCIDENT CONTROLLER, Logistics Chief, Facility Unit Leader 2IC and Damage Assessment and Control Officer.

Intermediate

- Prepare for the possibility of evacuation and/or the relocation of medical services outside of existing structure, if appropriate.
- Receive continually updated reports from the Facility Unit Leader 2IC, Safety and Security Officer, Damage Assessment and Control Officer and Sanitation Systems Officer.

Extended

- Forward requests of outside service providers/ resources to the Materials Supply Unit Leader after clearing through the Logistics Section Chief.
- Document actions and decisions on a continual basis. Obtain the assistance of a documentation aide
 if necessary.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- Other concerns:







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FACILITY UNIT LEADER 2IC

Positioned Assigned To:	-
You Report To:	_ (Facility Unit Leader)
Logistics Command Centre:	_Telephone:

Mission:

Provide sufficient information regarding the operational status of the facility for the purpose of decision/policy making, including those regarding full or partial evacuation. Identify safe areas where patients and staff can be moved if needed. Manage damage mitigation activities and assist with fire suppression, search and rescue.

Immediate

- Receive appointment, Job Action Sheet and Facility System Status Report form from Facility Unit Leader.
- Read this entire Job Action Sheet and review organisational chart on back.
- Put on position identification vest.
- Obtain briefing from Facility Unit Leader.
- Appoint or Contact Plant Operator; supply the corresponding Job Action Sheets. Provide the Facility System Status Report Form to the Plant Operator. (May be pre-established.)
- Assign teams to check system components of entire facility, and report back within 5 minutes.
- Identify hazards and assign staff to control and eliminate.
- Receive initial assessment/damage reports and immediately relay information in a briefing to INCIDENT CONTROLLER, Logistics Chief, Facility Unit Leader and Damage Assessment and Control Officer, follow-up with written documentation.
- Notify Safety and Security Officer of unsafe areas and other security problems.
- Notify Labour Pool of staffing needs.
- Identify areas where immediate repair efforts should be directed to restore critical services.

Intermediate

- Arrange to have structural engineer under contract report and obtain more definitive assessment if indicated.
- Inspect those areas of reported damage and photographically record.
- Identify areas where immediate salvage efforts should be directed in order to save critical services and equipment.

- Assign staff to salvage operations.
- Assign staff to repair operations.



- Brief Facility Unit Leader routinely to provide current damage/recovery status.
- Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- Other concerns:





Revised: 05/09/2006 Reviewed: 28/09/2006 LOGISTICS SECTION

PLANT OPERATOR

Positioned Assigned To:	_
You Report To:	_ (Facility Unit Leader 2IC)
Logistics Command Centre:	_Telephone:

Mission:

Provide sufficient information regarding the operational status of the facility for the purpose of decision/policy making. Identify safe areas where patients and staff can be moved if needed. Manage plant and equipment to maintain essential services to the facility.

Immediate

- Receive appointment, Job Action Sheet and Facility System Status Report form from Facility Unit Leader 2IC.
- Read this entire Job Action Sheet and review organisational chart on back.
- Put on position identification vest.
- Obtain briefing from Facility Unit Leader 2IC.
- Check essential system components of entire facility, and report back within 5 minutes to Facility Unit Leader 2IC.
- Provide initial assessment/damage reports and immediately relay information to Facility Unit Leader 2IC.
- Notify Facility Unit Leader 2IC of unsafe areas and other security problems.
- Identify areas where immediate repair efforts should be directed to restore critical services and report these to the Facility Unit Leader 2IC.

Intermediate

 Identify areas where immediate salvage efforts should be directed in order to save critical services and equipment and report to the Facility Unit Leader 2IC.

- Brief Facility Unit Leader 2IC routinely to provide current damage/recovery status.
- Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to Psychological Support Unit Leader.
- Other concerns: Is this position responsible for determining Therapeutic gas levels ie oxygen, nitrogen
 etc if so this should be copied from Cardiopulmonary Task Card







Revised: 05/09/2006 Reviewed: 28/09/2006 LOGISTICS SECTION

DAMAGE ASSESSMENT AND CONTROL OFFICER

Positioned Assigned To:	-
You Report To:	_ (Facility Unit Leader)
Logistics Command Centre:	_Telephone:

Mission:

Provide sufficient information regarding the operational status of the facility for the purpose of decision/policy making, including those regarding full or partial evacuation. Identify safe areas where patients and staff can be moved if needed. Manage fire suppression, search and rescue and assist with damage mitigation activities. Control evacuation if requested from Facility Unit Leader or above (including NSW Fire Brigade or NSW Police Service).

Immediate

- Receive appointment, Job Action Sheet and Facility System Status Report form from Facility Unit Leader.
- Read this entire Job Action Sheet and review organisational chart on back.
- Put on position identification vest.
- Obtain briefing from Facility Unit Leader.
- Identify hazards, e.g. fire and assign staff to control and eliminate.
- Receive initial assessment/damage reports from Facility Unit Leader 2IC.
- Notify Safety and Security Officer of unsafe areas and other security problems.
- Assemble light-duty search rescue team(s) to retrieve victims and deliver to Triage Area. Obtain Search and Rescue Team equipment pack from Materials Supply Unit Leader.
- Notify Labour Pool of staffing needs.
- Identify areas where immediate repair efforts should be directed to restore critical services.

Intermediate

- Initiate contact with NSW Fire Brigades and inform the Liaison Officer when necessary.
- Arrange to have Fire Service Provider under contract report and to assess and repair fire detection, suppression and occupant warning systems.
- Inspect those areas of reported damage with Facility Unit Leader 2IC.

- Brief Facility Unit Leader routinely to provide current hazard/damage/recovery status.
- Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- Other concerns:







Revised: 05/09/2006 Reviewed: 28/09/2006 LOGISTICS SECTION

SANITATION SYSTEMS OFFICER

Positioned Assigned To:	
You Report To:	_(Facility Unit Leader)
Logistics Command Centre:	_Telephone:

Mission:

Evaluate and monitor the patency of existing sewage and sanitation systems. Enact pre-established alternate methods of waste disposal if necessary.

Immediate

- Receive appointment and Job Action Sheet from Facility Unit Leader.
- Read this entire Job Action Sheet and review organisational chart on back.
- Put on position identification vest.
- Obtain briefing from Facility Unit Leader.
- Coordinate the inspection of the hospital's sewage system with Facility Unit Leader 2IC.
- Inspect the hazardous waste collection areas(s) to ensure patency of containment measures. Cordon off unsafe areas with assistance of the Safety and Security Officer.
- Control observed hazards, leaks or contamination with the assistance of the Safety and Security Officer and the Facility Unit Leader 2IC.
- Report all findings and actions to the Facility Unit Leader. Document all observations and actions.

Intermediate

- Implement pre-established alternative waste disposal/collection plan, if necessary.
- Assure that all sections and areas of the hospital are informed of the implementation of the alternative waste disposal/collection plan.
- Position portable toilets in accessible areas; away from patient care and food preparation.
- Ensure an adequate number of hand washing areas are operational near patient care/food preparation areas, and adjacent to portable toilet facilities.
- Inform Infection Control personnel of actions and enlist assistance where necessary.

- Monitor levels of all supplies, equipment and needs relevant to all sanitation operations.
- Brief Facility Unit Leader routinely on current condition of all sanitation operations; communicate needs in advance.
- Obtain support staff as necessary from Labour Pool.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.







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COMMUNICATIONS UNIT LEADER

Positioned Assigned To:	_
You Report To:	(Logistics Chief)
Logistics Command Centre:	Telephone:

Mission: Organise and coordinate internal and external communications; act as custodian of all logged/documented communications.

Immediate

- Receive appointment from Logistics Chief.
- · Read this entire Job Action Sheet and review organisational chart back.
- Put on position identification vest.
- Obtain briefing from Incident Controller or Logistics Chief.
- Establish a Communications Centre in close proximity to Emergency Control Centre.
- Request the response of assigned amateur radio personnel assigned to facility.
- Assess current status of internal and external telephone system and report to Logistics Chief and Facility Unit Leader.
- Establish a pool of runners and assure distribution of 2-way radios and mobile telephones to predesignated areas and coordination with the Safety and Security Officer and Nursing Allocations.
- Use pre-established message forms to document all communication. Instruct all assistants to do the same.
- Establish contact with Liaison Officer.
- Receive and hold all documentation related to internal facility communications.
- Monitor and document all communications sent and received via the SESIAHS Area HSFAC or other external communication.

Intermediate

• Establish mechanism to alert Cardiac Arrest Team and Fire Suppression Team to respond to internal patient and/or physical emergencies, i.e. cardiac arrest, fires, etc.

- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- Other concerns:
 - Re distribute or amend Power Fail phone and mobile handset directory to Command Centres and the Inter-Hospital Emergency Communication Network, South Eastern Sydney and Illawarra Area



Health Service Emergency Operations Centre and/or State Emergency Operations Centre as appropriate, upon request.





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TRANSPORTATION UNIT LEADER

Positioned Assigned To:
You Report To: (Logistics Chief)
Logistics Command Centre: Telephone:

Mission: Ora

Organise and coordinate the transportation of all casualties, ambulatory and non-ambulatory. Arrange for the transportation of human and material resources to and from the facility.

Immediate

- Receive appointment from Logistics Chief.
- Read this entire Job Action Sheet and review the organisational chart on back.
- Put on position identification vest.
- Receive briefing from Logistics Chief.
- Assess transportation requirements and needs for patients, personnel and materials; request patient transporters from Labour Pool to assist in the gathering of patient transport equipment.
- Establish ambulance off-loading area in cooperation with the Triage Unit Leader.
- Assemble gurneys, litters, wheelchairs and stretchers in proximity to ambulance off-loading area and Triage Area.
- Establish ambulance loading area in cooperation with the Discharge Unit Leader.

Intermediate

- Contact Safety and Security Officer on security needs of loading areas.
- Provide for the transportation/shipment of resources into and out of the facility.
- Secure ambulance or other transport for discharged patients.
- Identify transportation needs for ambulatory casualties.
- Initiate contact with NSW Ambulance Service

- Establish ambulance off-loading area in cooperation with the Minor Treatment Unit Leader
- Maintain transportation assignment record in Triage Area, Discharge Area, and Material Supply Pool.
- Keep Logistics Chief apprised of status.
- Direct unassigned personnel to Labour Pool.
- Observe and assist any staff who exhibits signs of stress or fatigue. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.







Revised: 05/09/2006 Reviewed: 28/09/2006 LOGISTICS SECTION

MATERIALS SUPPLY UNIT LEADER

Positioned Assigned To:
You Report To:(Logistics Chief)
Logistics Command Centre: Telephone:

Mission: Organise and supply medical and non-medical care equipment and supplies.

Immediate

- · Receive appointment from Logistics Chief.
- Read this entire Job Action Sheet and review organisational chart on back.
- Put on position identification vest.
- · Receive briefing from Logistics Chief.
- Meet with and brief Bio-medical Engineering Staff, Materials Management and Central/Sterile Supply Personnel.
- Establish and communicate the operational status of the Materials Supply Pool to the Logistics Chief, Emergency Control Centre and Procurement Unit Leader.
- Dispatch the pre-designated supply carts to Triage Area, Immediate Treatment Area, Delayed Treatment Area and the Minor Treatment Area, once these areas have been established. Enlist the assistance of the Transportation Unit Leader.
- Collect and coordinate essential medical equipment and supplies. (Prepare to assist with equipment salvage and recovery efforts.)
- Develop medical equipment inventory to include, but not limited to the following:
 - Bandages, dressings, compresses and suture material
 - Sterile scrub brushes, normal saline, anti-microbial skin cleanser.
 - Waterless hand cleaner and gloves
 - Fracture immobilisation, splinting and casting materials
 - Backboard, rigid stretchers
 - Non-rigid transporting devices (litters)
 - Oxygen-ventilation-suction devices
 - Advance life support equipment (chest tube, airway, major suture trays)

Extended

• Identify additional equipment and supply needs. Make requests/needs known through Logistics Chief. Gain the assistance of the Procurement Unit Leader when indicated.



- Determine the anticipated pharmaceuticals needed with the assistance of the Medical Care Director and Pharmacy Unit Leader to obtain/request items.
- Coordinate with Safety and Security Officer to protect resources and site, particularly loading dock area.
- Observe and assist staff who exhibit signs of stress or fatigue. Report concerns to Psychological Support Unit Leader.

Other concerns:

Ensure adequate supplies of Body Bags





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NUTRITIONAL SUPPLY UNIT LEADER

Positioned Assigned To:	
You Report To:	(Logistics Chief)
Logistics Command Centre:	Telephone:

Mission: Organise food and water stores for preparation and rationing during periods of anticipated or actual shortage.

Immediate

- Receive appointment from Logistics Chief.
- Read this entire Job Action Sheet and review organisational chart on back.
- Put on position identification vest.
- Receive briefing from Logistics Chief.
- Meet with and brief Food Services personnel.
- Estimate the number of meals which can be served utilising existing food stores; implement rationing if situation dictates.
- Inventory the current emergency drinking water supply and estimate time when re-supply will be necessary. Implement rationing if situation dictates.
- Report inventory levels of emergency drinking water and food stores to Logistics Chief.

Intermediate

- Meet with Labour Pool Unit Leader and Staff Support Unit Leader to discuss location of personnel refreshment and nutritional break areas.
- Secure nutritional and water inventories with the assistance of the Safety and Security Officer.
- Submit an anticipated need list of water and food to the Logistics Section Chief. Request should be based on current information concerning emergency events as well as projected needs for patients, staff and dependents.

Extended

- Meet with Logistics Chief regularly to keep informed of current status.
- Observe and assist staff who exhibit signs of stress and fatigue. Report concerns to Psychological Support Unit Leader. Provide for staff rest period and relief.







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PLANNING SECTION

PLANNING CHIEF

Positioned Assigned To:	
You Report To:(INCIDEN	T CONTROLLER)
Planning Command Centre:	_ Telephone:

Mission:

Organise and direct all aspects of Planning Section operations. Ensure the distribution of critical information/data. Compile scenario/resource projections from all Section Managers and effect long range planning. Document and distribute facility Action Plan.

Immediate

- Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.
- Read this entire Job Action Sheet and review organisational chart on back.
- Put on position identification vest.
- Obtain briefing from Incident Commander.
- Recruit a documentation aide from the Labour Pool
- Appoint or Contact Planning unit leaders: Situation Status Unit Leader, Labour Pool Unit Leader, Medical Staff Unit Leader, Nursing Unit Leader; distribute the corresponding Job Action Sheets and vests. (May be pre-established.)
- Brief unit leaders after meeting with Incident Controller.
- Provide for a Planning/Information Centre.
- Ensure the formulation and documentation of an incident-specific, facility Action Plan. Distribute copies to Incident Commander and all section chiefs.
- Call for projection reports (Action Plan) from all Planning Section unit leaders and Section Managers for scenarios 4, 8, 24 & 48 hours from time of incident onset. Adjust time for receiving projection reports as necessary.
- Instruct Situation Status Unit Leader and staff to document/update status reports from all disaster Section Managers and unit leaders for use in decision making and for reference in post-disaster evaluation and recovery assistance applications.

Intermediate

- Obtain briefings and updates as appropriate. Continue to update and distribute the facility Action Plan.
- Schedule planning meetings to include Planning Section unit leaders, Section Managers and the Incident Commander for continued update of the facility Action Plan.

Extended

• Continue to receive projected activity reports from Section Managers and Planning Section unit leaders at appropriate intervals.



- Assure that all requests are routed/documented through the Communications Unit Leader.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.





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PLANNING SECTION

SITUATION - STATUS UNIT LEADER

Positioned Assigned To:	
You Report To:	(Planning Chief)
Planning Command Centre:	Telephone:

Mission:

Maintain current information regarding the incident status for all hospital staff. Ensure a written record of the hospital's emergency planning and response. Develop the hospital's internal information network. Monitor the maintenance and preservation of the computer system.

Immediate

- Receive appointment from Planning Chief.
- Read this entire Job Action Sheet and review organizational chart back.
- Put on position identification vest.
- Obtain briefing from Planning Section Chief.
- Obtain status report on computer information system.
- Assign recorder to document decisions, actions and attendance in Emergency Control Centre.
- Establish a status/condition board in Emergency Control Centre. with a documentation aide. Ensure that this board is kept current.
- Assign recorder to Communications Unit Leader to document telephone, radio and memo traffic.

Intermediate

- Ensure that an adequate number of recorders are available to assist areas as needed. Coordinate personnel with Labour Pool.
- Supervise backup and protection of existing data for main and support computer systems.
- Publish an internal incident informational sheet for employee information at least every 4-6 hours.
 Enlist the assistance of the Public Information Officer, Staff Support Unit Leader and Labour Pool Unit Leader.
- Ensure the security and prevent the loss of medical record hard copies.

- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- Other concerns:







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PLANNING SECTION

LABOUR POOL UNIT LEADER

Positioned Assigned To:		
You Report To:	(Planning Chief)	
Planning Command Centre:	Telephone:	

Mission:

Collect and inventory available staff and volunteers at a central point. Receive requests and assign available staff as needed. Maintain adequate numbers of both medical and non-medical personnel. Assist in the maintenance of staff moral.

Immediate

- Receive appointment from Planning Chief.
- Read this entire Job Action Sheet and review organisational chart on back.
- Put on position identification vest.
- Obtain briefing from the Planning Section Chief.
- Establish Labour Pool area and communicate operational status to Emergency Control Centre. and all patient care and non-patient care areas.
- Inventory the number and classify staff presently available. Use the following classifications and subclassifications for personnel:

I. MEDICAL PERSONNEL

- A. Physician (Obtain with assistance of Medical Staff Unit Leader.)
 - 1. Critical Care
 - 2. General Care
 - 3. Other
- B. Nurse
 - 1. Critical Care
 - 2. General Care
 - 3. Other
- C. Medical Technicians



- 1. Patient Care (aides, orderlies, EMTs, etc.)
- 2. Diagnostic

II. NON-MEDICAL PERSONNEL

- A. Engineering/Maintenance/Materials Management
- B. Environmental/Nutritional Services
- C. Business/Financial
- D. Volunteer
- E. Other
- Establish a registration and credentialing desk for volunteers not employed or associated with the hospital.
- Obtain assistance from Safety and Security Officer in the screening and identification of volunteer staff.
- Meet with Nursing Unit Leader, Medical Staff Unit Leader and Operations Section Manager to coordinate long term staffing needs.

Intermediate

- Maintain log of all assignments.
- Assist the Situation Status Unit Leader in publishing an informational sheet to be distributed at frequent intervals to update the hospital population.
- Maintain a message centre in Labour Resources Area with the cooperation of Staff Support Unit Leader and Situation Status Unit Leader.

Extended

- Brief Planning Chief as frequently as necessary on the status of Labour pool numbers and composition.
- Develop staff rest and nutritional area in coordination with Staff Support Unit Leader and Nutritional Supply Unit Leader.
- Document actions and decisions on a continual basis.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

Other concerns:

 Brief staff and clearly identify reporting lines when they are assigned to an area. Using the Organisational Chart





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PLANNING SECTION

MEDICAL STAFF UNIT LEADER

Positioned Assigned To:	
You Report To: (Planning Chief)	
Planning Command Centre:Telephone:	

Mission:

Collect available physicians, and other medical staff, at a central point. Credential volunteer medical staff as necessary. Assist in the assignment of available medical staff as needed.

Immediate

- Receive assignment from Planning Chief.
- Read this entire Job Action Sheet and refer to organisational chart on back.
- Put on position identification vest.
- Obtain briefing from INCIDENT CONTROLLER or Planning Chief.
- Assign Medical Staff Director
- Establish Medical Staff Pool in predetermined location and communicate operational status to EMERGENCY CONTROL CENTRE. and Medical Staff Director. Obtain documentation personnel from Labour Pool.
- Inventory the number and types of physicians, and other staff present. Relay information to Labour Pool Unit Leader.
- Register and credential volunteer physician/medical staff. Request the assistance of the Labour Pool Unit Leader and Safety and Security Officer when necessary.

Intermediate

- Meet with Labour Pool Unit Leader, Nursing Service Unit Leader and Operations Section Manager to coordinate projected staffing needs and issues.
- Assist the Medical Staff Director in the assignment of medical staff to patient care and treatment areas.

- Establish a physician message centre and emergency incident information board with the assistance of Staff Support Unit Leader and Labour Pool Unit Leader.
- Assist the Medical Staff Director in developing a medical staff rotation schedule.
- Assist the Medical Staff Director in maintaining a log of medical staff assignments.
- Brief Planning Chief as frequently as necessary on the status of medical staff pool numbers and composition.
- Develop a medical staff rest and nutritional area in coordination with Staff Support Unit Leader and the Nutritional Supply Unit Leader.



- Document actions and decisions on a continual basis.
- Observe and assist medical staff who exhibit signs of stress and other fatigue. Report concerns to the Medical Staff Director and/or Psychological Support Unit Leader.

Other concerns:

 Brief staff and clearly identify reporting lines when they are assigned to an area using the Organisational Chart





Revised: 05/09/2006 Reviewed: 28/09/2006

PLANNING SECTION

NURSING UNIT LEADER

Positioned Assigned To:	
You Report To:	(Planning Chief)
Planning Command Centre:	Telephone:

Mission: Organize and coordinate nursing and direct patient care services.

Immediate

- Receive appointment from Planning Chief.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Obtain a briefing from INCIDENT CONTROLLER or Planning Chief.
- Appoint or Contact Patient Tracking Officer and Patient Information Officer and distribute the corresponding Job Action Sheets. Ensure the implementation of a patient tracking system.
- Obtain current in-patient census and request a prioritization assessment (triage) of all in-house patients from the Medical Care Director.
- Meet with Operations Chief, Medical Staff Director, and Medical Care Director to assess and project nursing staff and patient care supply needs.
- Recall staff as appropriate; assist the Labour Pool in meeting the nursing staff needs of the Medical Care Director.
- Liase with In-Patient Areas Supervisor, General Nursing Unit Leader Treatment Areas Nursing Unit Leader and Discharge Unit Leader to assess and supply nursing staff requirements.

Intermediate

- Implement emergency patient discharge plan at the direction of the INCIDENT CONTROLLER with support of the Medical Staff Director.
- Meet regularly with the Patient Tracking Officer, Treatment Areas Patient Tracking Officer and Patient Information Officer.
- Meet with Labour Pool Unit Leader, Medical Care Director and Operations Chief to coordinate long term staffing needs.
- Coordinate with the Labour Pool staff the number of nursing personnel which may be released for future staffing or staffing at another facility.

Extended

• Establish a staff rest and nutritional area in cooperation with Labour Pool Unit Leader and Staff Support Unit Leader.



• Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

Other concerns:

 Brief staff and clearly identify reporting lines when they are assigned to an area using the Organisational Chart





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PLANNING SECTION

PATIENT TRACKING OFFICER

Positioned Assigned To:	
You Report To:	_(Nursing Unit Leader)
Planning Command Centre:	Telephone:

Mission: Maintain the location of patients at all times within the hospital's patient care system.

Immediate

- · Receive appointment from Nursing Unit Leader.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Obtain a briefing from Nursing Unit Leader.
- Obtain patient census from Nursing Unit Leader, Admitting personnel or other source.
- Establish an area near the Emergency Control Centre. to track patient arrivals, location and disposition. Obtain sufficient assistance to document current and accurate patient information.
- Ensure the proper use of the hospital disaster chart and tracking system for all newly admitted.

Intermediate

Meet with Patient Information Officer, Treatment Areas Patient Tracking Officer, Public Information
Officer and Liaison Officer on a routine basis to update and exchange patient information and census
data.

Extended

- Maintain log to document the location and time of all patients cared for.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.







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PLANNING SECTION

PATIENT INFORMATION OFFICER

Positioned Assigned To:		
You Report To:	(Nursing Unit Leader)	
Planning Command Centre:	Telephone:	

Mission:

Provide information to visitors and families regarding status and location of patients. Collect information necessary to complete the Disaster Welfare Inquiry process in cooperation with the Australian Red Cross.

Immediate

- · Receive appointment from Nursing Unit Leader.
- · Read this entire Job Action Sheet and review organizational chart back.
- Put on position identification vest.
- Obtain briefing on incident and any special instructions from Nursing Unit Leader.
- Establish Patient Information Area away from Emergency Control Centre
- Meet with Patient Tracking Officer to exchange patient related information and establish regularly scheduled meetings.

Intermediate

- Direct patient related news releases through Nursing Unit Leader to the Public Information Officer.
- Receive and screen requests about the status of individual patients. Obtain appropriate information and relay to the appropriate requesting party.
- Request assistance of runners and amateur radio operators from Labour Pool as needed.

Extended

- Work with Australian Red Cross representative in development of the Disaster Welfare Inquiry information.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader.
- Provide for staff rest periods and relief.







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FINANCE SECTION

FINANCE CHIEF

Positioned Assigned To:
You Report To: (INCIDENT CONTROLLER)
Finance Command Centre:Telephone:

Mission:

Monitor the utilization of financial assets. Oversee the acquisition of supplies and services necessary to carry out the hospital's medical mission. Supervise the documentation of expenditures relevant to the emergency incident.

Immediate

- Receive appointment from INCIDENT CONTROLLER. Obtain packet containing Section's Job Action Sheets.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Obtain briefing from INCIDENT CONTROLLER.
- Appoint or Contact Time Unit Leader, Procurement Unit Leader, Claims Unit Leader and Cost Unit Leader; distribute the corresponding Job Action Sheets and vests. (May be pre-established.)
- Confer with Unit Leaders after meeting with INCIDENT CONTROLLER; develop a section action plan.
- Establish a Financial Section Operations Centre. Ensure adequate documentation/recording personnel.

Intermediate

- Approve a "cost-to-date" incident financial status report submitted by the Cost Unit Leader every eight hours summarizing financial data relative to personnel, supplies and miscellaneous expenses.
- Obtain briefings and updates from INCIDENT CONTROLLER as appropriate. Relate pertinent financial status reports to appropriate chiefs and unit leaders.
- Schedule planning meetings to include Finance Section unit leaders to discuss updating the section's incident action plan and termination procedures.

Extended

- Assure that all requests for personnel or supplies are copied to the Communications Unit Leader in a timely manner.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.







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FINANCE SECTION

TIME UNIT LEADER

Positioned Assigned To:	
You Report To:	_(Finance Chief).
Finance Command Centre: _	Telephone:

Mission: Responsible for the documentation of personnel time records. The

monitoring and reporting of regular and overtime hours

worked/volunteered.

Immediate

- Receive appointment from Finance Chief.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Obtain briefing from Finance Chief; assist in the development of the section action plan.
- Ensure the documentation of personnel hours worked and volunteer hours worked in all areas relevant to the hospital's emergency incident response. Confirm the utilization of the Emergency Incident Time Sheet by all Section Heads and/or unit leaders. Coordinate with Labour Pool Unit Leader.

Intermediate

- Collect all Emergency Incident Time Sheets from each work area for recording and tabulation every eight hours, or as specified by the Finance Chief.
- Forward tabulated Emergency Incident Time Sheets to Cost Unit Leader every eight hours.

Extended

- Prepare a total of personnel hours worked during the declared emergency incident.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

Other concerns:

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FINANCE SECTION

PROCUREMENT UNIT LEADER

	Positioned Assigned To:
You Report To:	_(Finance Chief)
Finance Command Centre: _	Telephone:

Mission: Responsible for administering accounts receivable and payable to contract and non-contract vendors.

Immediate

- · Receive appointment from Finance Chief.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Obtain briefing from Finance Chief; assist in the development of the section action plan.
- Ensure the separate accounting of all contracts specifically related to the emergency incident; and all purchases within the enactment of the emergency incident response plan.
- Establish a line of communication with the Material Supply Unit Leader.
- Obtain authorization to initiate purchases from the Finance Chief, or authorized representative.

Intermediate

Forward a summary accounting of purchases to the Cost Unit Leader every eight hours.

Extended

- Prepare a Procurement Summary Report identifying all contracts initiated during the declared emergency incident.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

Other concerns:

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FINANCE SECTION

CLAIMS UNIT LEADER

Positioned Assigned To:	
You Report To:	_(Finance Chief)
Finance Command Centre: _	Telephone:

Mission:

Responsible for receiving, investigating and documenting all claims reported to the hospital during the emergency incident which are alleged to be the result of an accident or action on hospital property.

Immediate

- Receive appointment from Finance Chief.
- Read this entire Job Action Sheet and review the organizational chart on back.
- Put on position identification vest.
- Obtain briefing from Finance Chief; assist in the development of section action plan.
- Receive and document alleged claims issued by employees and non-employees. Use photographs or video documentation when appropriate.
- Obtain statements as quickly as possible from all claimants and witnesses.
- Enlist the assistance of the Safety and Security Officer where necessary.

Intermediate

- Inform Finance Chief of all alleged claims as they are reported.
- Document claims on hospital risk/loss forms.

Extended

- Report any cost incurred as a result of a claim to the Cost Unit Leader as soon as possible.
- Prepare a summary of all claims reported during the declared emergency incident.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

Other concerns:

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FINANCE SECTION

COST UNIT LEADER

Positioned Assigned To:	
You Report To:	_(Finance Chief)
Finance Command Centre: _	Telephone:

Mission: Responsible for providing cost analysis data for declared emergency incident. Maintenance of accurate records of incident cost.

Immediate

- · Receive appointment from Finance Chief.
- Read this entire Job Action Sheet and review the Organizational chart on back.
- Put on position identification vest.
- Obtain briefing from Finance Chief; assist in development of section action plan.
- Meet with Time Unit Leader, Procurement Unit Leader and Claims Unit Leader to establish schedule for routine reporting periods.

Intermediate

- Prepare a "cost-to-date" report form for submission to Finance Chief once every eight hours.
- Inform all section chief's of pertinent cost data at the direction of the Finance Chief or Incident Controller.

Extended

- Prepare a summary of all costs incurred during the declared emergency incident.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

Other concerns:

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OPERATIONS SECTION

OPERATIONS CHIEF

Positioned Assigned To:	
You Report To:	_(INCIDENT CONTROLLER)
Operations Command Centre: Telephone:	

Mission:

Organize and direct aspects relating to the Operations Section. Carry out directives of the INCIDENT CONTROLLER. Coordinate and supervise the Medical Services Subsection, Ancillary Services Subsection and Human Services Subsection of the Operations Section.

Immediate

- Receive appointment from INCIDENT CONTROLLER. Obtain packet containing Section's Job Action Sheets.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Obtain briefing from INCIDENT CONTROLLER.
- Appoint or Contact
- Medical Staff Director
- Medical Care Director
- Allied Services Director
- Human Services Director
- Minor Treatment Unit Leader
- Discharge Unit Leader
- Morgue Unit Leader
- and transfer the corresponding Job Action Sheets. (May be pre-established.)
- Brief all Operations Section directors on current situation and develop the section's initial action plan.
 Designate time for next briefing.
- Establish Operations Section Centre in proximity to Emergency Control Centre
- Meet with the Medical Staff Director, Medical Care Director and Nursing Unit Leader to plan and project patient care needs.

Intermediate

 Designate times for briefings and updates with all Operations Section directors to develop/update section's action plan.



- Ensure that the Medical Services Subsection, Allied Services Subsection and Human Services Subsection are adequately staffed and supplied.
- Brief the Incident Controller routinely on the status of the Operations Section.

Extended

- Assure that all communications are copied to the Communications Unit Leader; document all actions and decisions.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

Other concerns:

 Location of Discharge Unit needs to be identified. Is there somewhere suitable already allocated or is there somewhere in the Private that can act as a repository for patients awaiting D/C. They will need O2, toilet access etc





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OPERATIONS SECTION

MEDICAL SERVICES SUBSECTION

MEDICAL STAFF DIRECTOR

Positioned Assigned To:	
You Report To:(Operat	ions Chief)
Operations Command Centre: Telephone:	

Mission:

Organize, prioritize and assign physicians to areas where medical care is being delivered. Advise the Incident Commander on issues related to the Medical Staff.

Immediate

- Receive appointment from the Medical Staff Unit Leader.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Meet with Operations Chief and other Operations Section directors for briefing and development of an initial action plan.
- Meet with the Medical Staff Unit Leader to facilitate recruitment and staffing of Medical Staff. Assist in Medical Staff credentialing issues.
- Document all physician assignments; facilitate rotation of physician staff with the assistance of the Medical Staff Unit Leader; where necessary, assist with physician orientation to in-patient and treatment areas.
- Meet with Operations Chief, Medical Care Director and Nursing Unit Leader to plan and project patient care needs.
- Provide medical staff support for patient priority assessment to designate patients for early discharge.

Intermediate

- Meet with Incident Commander for appraisal of the situation regarding medical staff and projected needs. Establish meeting schedule with IC if necessary.
- Maintain communication with the Medical Care Director to co-monitor the delivery and quality of medical care in all patient care areas.

Extended

- Ensure maintenance of Medical Staff time sheet; obtain clerical support from Labour Pool if necessary.
- Meet as often as necessary with the Operations Chief to keep appraised of current conditions.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

Other concerns:

Brief Staff on assignment with clear objectives and reporting lines to assist in avoiding role confusion.







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OPERATIONS SECTION

MEDICAL SERVICES SUBSECTION

MEDICAL CARE DIRECTOR

Positioned Assigned To:	
You Report To:(Operations Chief)	
Operations Command Centre: Telephone:	

Mission: Organise and direct the overall delivery of medical care in all areas of the hospital.

Immediate

- Receive appointment from the Operations Chief and receive the Job Action Sheets for the Medical Services Subsection.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Meet with Operations Chief and other Operations Section directors for briefing and development of an initial action plan. Establish time for follow up meetings.
- Appoint or Contact the In-Patient Areas Supervisor, Treatment Areas Supervisor, Discharge Unit Leader and Morgue Unit Leader and transfer the corresponding Job Action Sheets.
- Assist in establishing an Operations Section Centre in proximity to the EMERGENCY CONTROL CENTRE
- Meet with In-Patient Areas Supervisor and Treatment Areas Supervisor, Discharge Unit Leader and Morgue Unit Leader to discuss medical care needs and physician staffing in all patient care areas.
- Confer with the Operations Chief, Medical Staff Director and Nursing Unit Leader to make medical staff and nursing staffing/material needs known.
- Request Medical Staff Director to provide medical staff support to assist with patient priority assessment to designate those eligible for early discharge.
- Establish 2-way communication (radio or runner) with In-Patient Areas Supervisor, Treatment Areas Supervisor, Discharge Unit Leader and Morgue Unit Leader.

Intermediate

- Meet regularly with Medical Staff Director, In-Patient Areas Supervisor, Treatment Areas Supervisor, Discharge Unit Leader and Morgue Unit Leader to assess current and project future patient care conditions.
- Brief Operations Chief routinely on the status/quality of medical care.

Extended

 Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

Other concerns:







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OPERATIONS SECTION

MEDICAL SERVICES SUBSECTION

IN-PATIENT AREAS SUPERVISOR

Positioned Assigned To:	
You Report To:	(Medical Care Director)
Operations Command Centre: Telephone:	

Mission: Assure treatment of in-patients and manage the in-patient care area(s). Provide for a controlled patient discharge.

Immediate

- Receive appointment from Medical Care Director and receive Job Action Sheets for the Surgical Services, Critical Care, General Nursing, Outpatient Services Unit Leaders and Minor Treatment Unit Leader.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Receive briefing from Medical Care Director; develop initial action plan with Medical Care Director, Treatment Areas Supervisor, Treatment Areas Nursing Unit Leader and Medical Staff Director.
- Appoint or Contact Unit Leaders for:
 - Surgical Services
 - Critical Care
 - General Nursing Care
 - Out Patient Services
 - Minor Treatment Unit Leader
 - Distribute corresponding Job Action Sheets, request a documentation aide/assistant for each unit leader from Labour Pool.
- Brief unit leaders on current status. Designate time for follow-up meeting.
- Assist establishment of in-patient care areas in new locations if necessary.
- Instruct all unit leaders to begin patient priority assessment; designate those eligible for early discharge. Remind all unit leaders that all in-patient discharges are routed through the Discharge Unit.
- Assess problems and treatment needs in each area; coordinate the staffing and supplies between each area to meet needs.
- Meet with Medical Care Director to discuss medical care plan of action and staffing in all in-patient care areas.
- Receive, coordinate and forward requests for personnel and supplies to the Labour Pool Unit Leader, Medical Care Director and Material Supply Unit Leader. Copy all communication to the Communications Unit Leader.



Intermediate

- Contact the Safety and Security Officer for any security needs. Advise the Medical Care Director of any actions/requests.
- Report equipment needs to Materials Supply Unit Leader.
- Establish 2-way communication (radio or runner) with Medical Care Director.
- Assess environmental services (housekeeping) needs in all in-patient care areas; contact Sanitation Systems Officer for assistance.

Extended

- Assist Patient Tracking Officer and Patient Information Officer in obtaining information.
- Observe and assist any staff who exhibit signs of stress and fatigue. Report any concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- Report frequently and routinely to Medical Care Director to keep apprised of situation.
- Document all action/decisions with a copy sent to the Medical Care Director.

Other concerns:





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OPERATIONS SECTION

MEDICAL SERVICE SUBSECTION

SURGICAL SERVICES UNIT LEADER

Positioned Assigned To:	
You Report To:	_(In-Patient Areas Supervisor)
Operations Command Cen	tre:Telephone:

Mission:

Supervise and maintain the surgical capabilities to the best possible level in respect to current conditions in order to meet the needs of inhouse and newly admitted patients.

Immediate

- Receive appointment from In-Patient Areas Supervisor.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Receive briefing from In-Patient Areas Supervisor with other In-Patient Area unit leaders.
- Assess current pre-op, operating suite and post-op capabilities. Project immediate and prolonged capacities to provide surgical services based on current data.
- Begin patient priority assessment; designate those eligible for early discharge. Remind all staff that all in-patient discharges are routed through the Discharge Unit.
- Develop action plan in cooperation with other In-Patient Area unit leaders and the In-Patient Areas Supervisor
- Request needed resources from the In-Patient Areas Supervisor.
- Assign and schedule O.R. teams as necessary; obtain additional personnel from Labour Pool.

Intermediate

- Identify location of Immediate and Delayed Treatment areas; inform patient transportation personnel.
- Contact Safety and Security Officer of security and traffic flow needs in the Surgical Services area. Inform In-Patient Areas Supervisor of action.
- Report equipment/material needs to Materials Supply Unit Leader. Inform In-Patient Areas Supervisor of action.

Extended

- Ensure that all area and individual documentation is current and accurate. Request documentation/clerical personnel from Labour Pool if necessary.
- Keep In-Patient Areas Supervisor, Immediate Treatment and Delayed Treatment Unit Leader apprised of status, capabilities and projected services.
- Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to In-Patient Areas Supervisor. Provide for staff rest periods and relief.



- Review and approve the area documentation aide's recordings of actions/decisions in the Surgical Services Area. Send copy to the In-Patient Areas Supervisor.
- Direct non-utilized personnel to Labour Pool.

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Other concerns





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OPERATIONS SECTION

MEDICAL SERVICE SUBSECTION

CRITICAL CARE UNIT LEADER

Positioned Assigned To:	
You Report To:	_(In-Patient Areas Supervisor)
Operations Command Centre: Telephone:	

Mission: Supervise and maintain the critical care capabilities to the best possible level to meet the needs of in-house and newly admitted patients.

Immediate

- Receive appointment from In-Patient Areas Supervisor.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Receive briefing from In-Patient Areas Supervisor with other In-Patient Area unit leaders.
- Assess current critical care patient capabilities. Project immediate and prolonged capabilities to provide services based on known resources. Obtain medical staff support to make patient triage decisions if warranted.
- Develop action plan in cooperation with other In-Patient Area unit leaders and the In-Patient Areas Supervisor
- Request the assistance of the In-Patient Areas Supervisor to obtain resources if necessary.
- Assign patient care teams as necessary; obtain additional personnel from Labour Pool.

Intermediate

- Identify location of Discharge Area; inform patient transportation personnel.
- Contact Safety and Security Officer of security and traffic flow needs in the critical care services area(s). Inform In-Patient Areas Supervisor of action.
- Report equipment/material needs to Materials Supply Unit Leader. Inform In-Patient Areas Supervisor of action.

Extended

- Ensure that all area and individual documentation is current and accurate. Request documentation/ clerical personnel from Labour Pool if necessary.
- Brief Cardiopulmonary Unit Leader re ventilatory support resources.
- Keep In-Patient Areas Supervisor, Immediate Treatment and Delayed Treatment Unit Leaders apprised of status, capabilities and projected services.
- Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to In-Patient Areas Supervisor. Provide for staff rest periods and relief.



- Review and approve the area document's recordings of actions/decisions in the Critical Care Area(s). Send copy to the In-Patient Areas Supervisor.
- Direct non-utilized personnel to Labour Pool.

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Other concerns





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OPERATIONS SECTION

MEDICAL SERVICE SUBSECTION

CARDIOPULMONARY UNIT LEADER

	Positioned Assigned To:
You Report To:	(Allied Services Director)
Operations Command Centre:Telephone:	

Mission: Provide the highest level of Cardiopulmonary services at levels sufficient to meet the emergency incident needs.

Immediate

- Receive appointment from Allied Services Director.
- Read this entire Job Action Sheet and review the organizational chart on back.
- Put on position identification vest.
- Receive briefing from Allied Services Director with other subsection unit leaders; develop a subsection action plan.
- Evaluate Cardiopulmonary service's capacity to supply/perform:
 - Operational ventilatory equipment
 - Arterial blood gas analysis (ABG's)
 - Electrocardiograph study (EKG)
 - In-wall oxygen, nitrous oxide and other medical gases (confer with Facility Unit Leader 2IC)
 - Size and availability of gas cylinders (confer with Facility Unit Leader 2IC)

Intermediate

 Consider the possibility of requesting additional Cardiopulmonary resources vs. developing a list of resources which may be loaned out of the facility.

Extended

- Monitor levels of all medical gases. Move this section
- Provide for routine meetings with Critical Care Director
- Review and approve the documenter's recordings of actions/decisions in the Critical Care Area Cardiopulmonary Services area. Send copy to the In-Patient Services Director Allied Services Director.
- Observe and assist any staff who exhibit signs of stress and fatigue. Report any concerns to Allied Services Director. Provide for staff rest periods and relief.

Other concerns



 Ensure assigned staff are briefed on role expectations and reporting lines using the Organisational Flow Chart

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OPERATIONS SECTION

MEDICAL SERVICE SUBSECTION

GENERAL NURSING CARE UNIT LEADER

Positioned Assigned To:	
You Report To:	(In-Patient Areas Supervisor)
Operations Command Centre: Telephone:	

Mission: Supervise and maintain general nursing services to the best possible level to meet the needs of in-house and newly admitted patients.

Immediate

- Receive appointment from In-Patient Areas Supervisor.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Receive briefing from In-Patient Areas Supervisor with other In-Patient Area unit leaders. (Including Outpatient services Unit Leader).
- Assess current capabilities. Project immediate and prolonged capacities to provide general medical/ surgical nursing services based on current data.
- Begin patient priority assessment; designate those eligible for early discharge. Remind all staff that all in-patient discharges are routed through the Discharge Unit.
- Develop action plan in cooperation with other In-Patient Area unit leaders and the In-Patient Areas Supervisor.
- Request needed resources from the In-Patient Areas Supervisor.
- Assign patient care teams as necessary; obtain additional personnel from Labour Pool.

Intermediate

- Identify location of Immediate and Delayed Treatment areas; inform patient transportation personnel.
- Contact Safety and Security Officer of security and traffic flow needs. Inform In-Patient Areas Supervisor of action.
- Report equipment/material needs to Materials Supply Unit Leader. Inform In-Patient Areas Supervisor of action.
- Ensure that accurate documentation/tracking of all patients in all inpatient areas including Discharge
 Unit and Morgue Unit is commenced and maintained. Assign personnel the responsibility updating
 current inpatient status. Feedback regularly in-patient status to In-patient Areas Supervisor

Extended

• Ensure that all area and individual documentation is current and adhered. Request documentation/clerical personnel from Labour Pool if necessary.



- Keep In-Patient Areas Supervisor, Immediate Treatment and Delayed Treatment Unit Leader apprised of status, capabilities and projected services.
- Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to In-Patient Areas Supervisor. Provide for staff rest periods and relief.
- Review and approve the area documenter's recordings of actions/decisions in the Surgical Services
 Area. Send copy to the In-Patient Areas Supervisor.
- Direct non-utilized personnel to Labour Pool.

Other concerns





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OPERATIONS SECTION

MEDICAL SERVICE SUBSECTION

OUTPATIENT SERVICES UNIT LEADER

Positioned Assigned To:		
You Report To:	_(In-Patient Areas Supervisor)	
Operations Command Centre:Telephone:		

Mission: Prepare any out patient service areas to meet the needs of in-house and newly admitted patients.

Immediate

- Receive appointment from In-Patient Areas Supervisor.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Receive briefing from In-Patient Areas Supervisor with other In-Patient Area unit leaders.
- Receive briefing and support Minor Treatment Unit Leader.
- Assess current capabilities. Project immediate and prolonged capacities to provide nursing services based on current data.
- Begin out patient priority assessment; designate those eligible for immediate discharge; admit those
 patients unable to be discharged. Remind all staff that all patient discharges are routed through the
 Discharge Unit.
- Develop action plan in cooperation with other In-Patient Area unit leaders and the In-Patient Areas Supervisor.
- Request needed resources from the In-Patient Areas Supervisor.
- Assign patient care teams in configurations to meet the specific mission of the Out Patient areas; obtain additional personnel as necessary from Labour Pool.

Intermediate

- Contact Safety and Security Officer of security and traffic flow needs. Inform In-Patient Areas Supervisor of action.
- Report equipment/material needs to Materials Supply Unit Leader. Inform In-Patient Areas Supervisor of action.
- Ensure that accurate documentation/tracking of all patients in Minor Treatment Areas is commenced and maintained. Assign personnel the responsibility updating current inpatient status. Feedback regularly in-patient status to General Nursing Care Leader

Extended

 Ensure that all area and individual documentation is current and accurate. Request documentation/clerical personnel from Labour Pool if necessary.



- Keep In-Patient Areas Supervisor apprised of status, capabilities and projected services.
- Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to In-Patient Areas Supervisor. Provide for staff rest periods and relief.
- Review and approve the area documenter's recordings of actions/decisions in the Surgical Services
 Area. Send copy to the In-Patient Areas Supervisor.
- Direct non-utilized personnel to Labour Pool.

Other concerns





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OPERATIONS SECTION

MEDICAL SERVICES SUBSECTION

TREATMENT AREAS SUPERVISOR

Positioned Assigned To:		
You Report To:	(Medical Care Director)	
Operations Command Centre: Telephone:		

Mission:

Initiate and supervise the patient triage process. Assure treatment of casualties according to triage categories and manage the treatment area(s). Provide for a controlled patient discharge. Supervise morgue service.

Immediate

- Receive appointment from Medical Care Director and Job Action Sheets for the Triage, Immediate-Delayed-Minor Treatment, Discharge and Morgue Unit Leaders.? Delete now in Medical care Director area
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Receive briefing with Treatment Areas Nursing Unit Leader from Medical Care Director and develop initial action plan with Medical Care Director, In-Patient Areas Supervisor and Medical Staff Director.
- Appoint or Contact unit leaders for the following treatment areas:
 - Triage
 - Immediate Treatment
 - Delayed Treatment
 - Minor Treatment
 - Discharge
 - Morgue
 - Distribute corresponding Job Action Sheets, request a documentation aide/assistant for each unit leader from Labour Pool.
- Brief Treatment Area unit leaders. Designate time for follow-up meeting.
- Assist establishment of Triage, Immediate, Delayed, Treatment Areas Minor Treatment, Discharge and Morgue Areas in pre-established locations.? Still current
- Assess problem, treatment needs and customize the staffing and supplies in each area.
- Meet with Medical Care Director to discuss medical care plan of action and staffing in all triage/treatment/discharge/morgue areas. Maintain awareness of all in-patient capabilities, especially surgical services via the In-Patient Areas Supervisor.



 Receive, coordinate and forward requests for personnel and supplies to the Labour Pool Unit Leader, Medical Care Director and Material Supply Unit Leader. Copy all communication to the Communications Unit Leader.

Intermediate

- Contact the Safety and Security Officer for any security needs, especially those in the Triage, Discharge and Morgue areas. Not in this task card? Advise the Medical Care Director of any actions/requests.
- Report equipment needs to Materials Supply Unit Leader.
- Establish 2-way communication (radio or runner) with Medical Care Director.
- Establish and maintain communication with Minor Treatment Area re possibility of re-triage into Immediate treatment Area.
- Assess environmental services (housekeeping) needs for all Treatment Areas; contact Sanitation Systems Officer for assistance.
- Observe and assist any staff who exhibit signs of stress and fatigue. Report any concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- Assist Treatment Areas Patient Tracking Officer, Patient and Patient Information Officer in obtaining information.

Extended

- Report frequently and routinely to Medical Care Director to keep apprised of situation.
- Document all action/decisions with a copy sent to the Medical Care Director.

Other concerns





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OPERATIONS SECTION

MEDICAL SERVICES SUBSECTION

TREATMENT AREAS NURSING UNIT LEADER

Positioned Assigned To:		
You Report To:(I	Medical Care Director)	
Operations Command Centre: Telephone:		

Mission: Supervise and maintain emergency nursing services to the best possible level to meet the needs of in-house and newly arrived patients.

Immediate

- Receive appointment from Treatment Areas Supervisor
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Receive briefing with Treatment Area Supervisor from Medical Care Director and develop initial action plan with Medical Care Director, In-Patient Areas Supervisor and Medical Staff Director.
- Brief Nursing Unit Leader regularly on immediate and projected nursing staff needs.
- Brief Treatment Area unit leaders. Designate time for follow-up meeting.
- Assist establishment of Triage, Immediate, Delayed Treatment Areas and assign appropriate nursing staff.
- Assess problem, treatment needs and customize the staffing and supplies in each area.
- Meet with Treatment Area Supervisor to discuss medical and nursing care plan of action and staffing in all triage and treatment areas
- Maintain awareness of all in-patient capabilities, especially surgical services via the In-Patient Areas Supervisor.
- Receive, coordinate and forward requests for personnel and supplies to the Labour Pool Unit Leader, Medical Care Director and Material Supply Unit Leader. Copy all communication to the Communications Unit Leader.
- Assign clerical staff through Labour Pool if required to ensure patients are entered onto the DCC spreadsheet in all treatment areas to allow ongoing situational assessment.

Intermediate

- Contact the Safety and Security Officer for any security needs, especially those in the Triage
- Report equipment needs to Materials Supply Unit Leader.
- Establish 2-way communication (radio or runner) with Treatment Area Supervisor\
- Assess environmental services (housekeeping) needs for all Treatment Areas; contact Sanitation Systems Officer for assistance.



- Observe and assist any staff who exhibit signs of stress and fatigue. Report any concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- Assist Treatment Areas Patient Tracking Officer and Patient Information Officer in obtaining information.

Extended

- Report frequently and routinely to Area Treatment Supervisor, In-Patient Areas Supervisor and Nursing Unit Leader to keep apprised of situation.
- Document all action/decisions with a copy sent to the Medical Care Director.

Other concerns





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OPERATIONS SECTION

MEDICAL SERVICES SUBSECTION

TRIAGE UNIT LEADER

Positioned Assigned To:		
You Report To:	_ (Treatment Areas Supervisor)	
Operations Command Centre:Telephone:		

Mission: Sort casualties according to priority of injuries, and assure their disposition to the proper treatment area.

Immediate

- Receive appointment from Treatment Areas Supervisor.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Receive briefing from Treatment Areas Supervisor with other Treatment Area unit leaders.
- Establish patient Triage Area in consultation with Treatment Area Nursing Unit Leader; consult with Transportation Unit Leader to designate the ambulance off-loading area.
- Consult with Treatment Areas Patient Tracking Unit Officer to ensure plan for immediate patient disaster identification process.
- Ensure sufficient transport equipment and personnel for Triage Area.
- Assess problem, triage-treatment needs relative to specific incident.
- Assist the In-Patient Areas Supervisor with triage of internal hospital patients, if requested by Treatment Areas Supervisor.
- Develop action plan, request needed resources from Treatment Areas Supervisor.
- Assign triage teams.

Intermediate

- Identify location of Immediate, Delayed, Minor Treatment, Discharge and Morgue areas; coordinate with Treatment Areas Supervisor.
- Contact Safety and Security Officer of security and traffic flow needs in the Triage Area. Inform Treatment Areas Supervisor of action.

Extended

- Report emergency care equipment needs to Materials Supply Unit Leader. Inform Treatment Areas Supervisor of action.
- Ensure that the disaster chart and admission forms are utilized. Request documentation/clerical personnel from Labour Pool if necessary.
- Keep Treatment Areas Supervisor apprised of status, number of injured in the Triage Area or expected to arrive there.



- Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to Treatment Areas Supervisor. Provide for staff rest periods and relief.
- Review and approve the area documenter's recordings of actions/decisions in the Triage Area. Send copy to the Treatment Areas Supervisor.
- Direct non-utilized personnel to Labour Pool.

Other concerns:





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OPERATIONS SECTION

MEDICAL SERVICES SUBSECTION

TREATMENT AREA PATIENT TRACKING OFFICER

Positioned Assigned To:	
You Report To:	(Treatment Areas Nursing Unit Leader)
Planning Command Centre:	Telephone:

Mission:

Institute Patient Disaster identification process on all patients received. Maintain the location of patients at all times within the Emergency Departments treatment areas.

Immediate

- Receive appointment from Treatment Areas Supervisor.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Obtain a briefing from Treatment Areas Nursing Unit Leader.
- Obtain patient census from Treatment Areas Nursing Unit Leader, Admitting personnel or other source.
- Establish an area near the Triage Unit to track patient arrivals, location and disposition. Obtain sufficient assistance to document current and accurate patient information.
- Ensure the proper use of the hospital disaster chart and tracking system for all newly admitted.

Intermediate

 Meet with Treatment Area Nursing Unit Leader, Patient Information Officer, Patient Tracking Officer, PUBLIC INFORMATION OFFICER and Liaison Officer on a routine basis to update and exchange patient information and census data.

Extended

- Maintain log to document the location and time of all patients cared for.
- Request documentation/clerical personnel from Labour Pool if necessary.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

Other concerns

 Ensure assigned staff are briefed on role expectations and reporting lines using the Organisational Flow Chart







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OPERATIONS SECTION

MEDICAL SERVICES SUBSECTION

IMMEDIATE TREATMENT UNIT LEADER

	Positioned Assigned To:	
You Report To:	(Treatment Areas Supervisor)	
Operations Command Centre:Telephone:		

Mission:

Coordinate the care given to patients received from the Triage Area; assure adequate staffing and supplies in the Immediate Treatment Area; facilitate the treatment and disposition of patients in the Immediate Treatment Area.

Immediate

- Receive appointment from Treatment Areas Supervisor.
- Read this entire Job Action Sheet and review the organizational chart on back.
- Put on position identification vest.
- Receive briefing from Treatment Areas Supervisor with other Treatment Area unit leaders.
- Assist Treatment Areas Supervisor and Treatment Areas Nursing Unit Leader in the establishment of Immediate Treatment Area.
- Assess situation/area for supply and staffing needs; request staff and supplies from the Labour Pool and Materials Supply Unit Leaders. Request medical staff support through Treatment Areas Supervisor.
- Request nursing staff support through Treatment Areas Nursing Unit Leader
- Obtain an adequate number of patient transportation resources from the Transportation Unit Leader to ensure the movement of patients in and out of the area.
- Obtain Clerical support from Labour Pool if required to document patient location and disposition from Immediate Treatment Area.

Intermediate

- Ensure the rapid disposition and flow of treated patients from the Immediate Treatment Area.
- Report frequently and routinely to the Treatment Areas Supervisor on situational status.

Extended

- Observe and assist any staff who exhibits signs of stress and fatigue. Report any concerns to the Treatment Areas Unit Leader. Provide for staff rest periods and relief.
- Review and approve the area documenter's recordings of actions/decisions in the Immediate Treatment Area. Send copy to the Treatment Areas Supervisor.
- Direct non-utilized personnel to Labour Pool.

Other concerns:



•	Ensure assign Flow Chart	ed staff are	briefed on	role expecta	ations and rep	porting lines	using the	Organisational





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OPERATIONS SECTION

MEDICAL SERVICES SUBSECTION

DELAYED TREATMENT UNIT LEADER

Positioned Assigned To:		
You Report To: (Treatm	nent Areas Supervisor)	
Operations Command Centre: Telephone:		

Mission:

Coordinate the care given to patients received from the Triage Area. Assure adequate staffing and supplies in the Delayed Treatment Area. Facilitate the treatment and disposition of patients in the Delayed Treatment Area.

Immediate

- Receive appointment from Treatment Areas Supervisor.
- Read this entire Job Action Sheet and review the organizational chart on back.
- Put on position identification vest.
- Receive briefing from Treatment Areas Supervisor with other Treatment Area unit leaders.
- Assist Treatment Areas Supervisor in the establishment of Delayed Treatment Area.
- Assess situation/area for supply and staffing need; request staff and supplies from the Labour Pool and Materials Supply Unit Leaders. Request medical staff support through Treatment Areas Supervisor.
- Request nursing staff support through Treatment Areas Nursing Unit Leader.
- Obtain an adequate number of patient transportation resources from the Transportation Unit Leader to ensure the movement of patients in and out of area.
- Obtain Clerical support from Labour Pool if required to document patient location and disposition from Delayed Treatment Area.

Intermediate

- Ensure the rapid disposition and flow of treated patients from the Delayed Treatment Area.
- Report frequently and routinely to the Treatment Areas Supervisor on situational status.

Extended

- Observe and assist any staff who exhibits signs of stress and fatigue. Report any concerns to the Treatment Areas Supervisor. Provide for staff rest periods and relief.
- Review and approve the area documenter's recordings of actions/decisions in the Delayed Treatment Area. Send copy to the Treatment Areas Supervisor.
- Direct non-utilized personnel to Labour Pool.

Other concerns



•	Ensure assigned staff	are briefed on ro	le expectations a	and reporting line	s using the Orga	nisational
	Ensure assigned staff Flow Chart	are shered on re-		and reperting into		. noanoriai





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OPERATIONS SECTION

MEDICAL SERVICES SUBSECTION

MINOR TREATMENT UNIT LEADER

Positioned Assigned To:		
You Report To:	_ (In-Patient Areas Supervisor)	
Operations Command Centre:Telephone:		

Mission:

Coordinate the minor care of patients received from the Triage Area, and other areas of the hospital. Assure adequate staffing and supplies in the Minor Treatment. Facilitate the minor treatment of patients and disposition.

Immediate

- Receive appointment from the Operations Chief.
- Read this entire Job Action Sheet and review the organizational chart on back.
- Put on position identification vest.
- Receive briefing from In-Patient Areas Supervisor with other Unit leaders.
- Assist In-Patient Areas Supervisor and Out-patient Services Unit Leader in the establishment of Minor Treatment Area.
- Assess situation/area for supply and staffing need; request staff and supplies from the Labour Pool and Materials Supply Unit Leaders. Request medical staff support through ?Medical Care Director
- Request nursing staff support through Out-Patient Services Unit Leader and or General Nursing Unit Leader

Intermediate

- Obtain an adequate number of patient transportation resources from the Transportation Unit Leader to ensure the movement of patients in and out of the area.
- Ensure a rapid, appropriate disposition of patients treated within Minor Treatment Area.
- Report frequently and routinely to the In-Patient Areas Supervisor on situational status.
- Establish contact with Treatment Areas Supervisor regarding possibility of patients requiring more acute care.
- Obtain Clerical support from Labour Pool if required to document patient location and disposition from Minor Treatment Area.

Extended

- Establish ambulance off-loading area in cooperation with the Transportation Unit Leader
- Observe and assist any staff who exhibit signs of stress or fatigue. Report any concerns to the Treatment Areas Supervisor. Provide for staff rest periods and relief.



- Review and approve the area documenter's recordings of action/decisions in the Minor Treatment Area. Send copy to the Treatment Areas Supervisor.
- Direct non-utilized personnel to Labour Pool.

Other concerns:





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OPERATIONS SECTION

MEDICAL SERVICES SUBSECTION

DISCHARGE UNIT LEADER

Positioned Assigned To:	
You Report To: (Medical Care Director)	
Operations Command Centre: Telephone:	

Mission:

Coordinate the controlled discharge, (possible observation and discharge) of patients received from all areas of the hospital. Facilitate the process of final patient disposition by assuring adequate staff and supplies in the Discharge Area.

Immediate

- Receive appointment from Operations Chief.
- Read this entire Job Action Sheet and review the organizational chart on back.
- Put on position identification vest.
- Receive briefing from Medical Care Director with other Unit leaders.
- Assist Medical Care Director in the establishment of Discharge Area. Coordinate with Planning Chief, Transportation Unit Leader and Safety and Security Officer.
- Assess situation/area for supply and staffing need; request staff and supplies from the Labour Pool and Materials Supply Unit Leaders. Request medical staff support through Medical Care Director
- Request nursing staff support through Nursing Unit Leader
- Prepare area for minor medical treatment and extended observation.

Intermediate

- Request involvement of Human Services Director in appropriate patient disposition. Communicate regularly with Patient Tracking Officer.
- Ensure that all patients discharged from area are tracked and documented in regards to disposition.
- Obtain Clerical support from Labour Pool if required to document patient location and disposition from Discharge Area.
- Ensure a copy of the patient chart is sent with patient transfers. If copy service is not available, record
 chart number and destination for future retrieval. (If other hospital areas are discharging patients,
 provide for accurate controls and documentation.) Provide for patient discharge services in Morgue
 Area
- Report frequently and routinely to Treatment Areas Supervisor Medical Care Director on situational status.

Extended

 Observe and assist any staff or patient who exhibits sign of stress. Report concerns to the Medical Care Director Treatment Areas Supervisor. Provide for staff rest periods and relief.



- Review and approve the area documenter's recordings of action/decisions in the Discharge Area.
 Send copy to the Treatment Areas Supervisor.
- Direct non-utilized personnel to Labour Pool.

Other concerns





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OPERATION SECTION

MEDICAL SERVICE SUBSECTION

MORGUE UNIT LEADER

Positioned Assigned To:	
You Report To:	_ (Medical Care Director)
Operations Command Centre: Telephone:	

Mission: Collect, protect and identify deceased patients. Assist Discharge Area Unit Leader in appropriate patient discharge.

Immediate

- Receive appointment from Operations Chief.
- Read this entire Job Action Sheet and review the organisational chart on back.
- Put on position identification vest.
- Receive briefing from Medical Care Director
- Establish Morgue Area; coordinate with Medical Care Director.
- Identify Area to be used as a temporary Mortuary in cases of Mass casualty incidents.
- Request an on-call physician from the Medical Care Director to confirm any resuscitatable casualties in Morgue Area.
- Obtain assistance from the Transportation Unit Leader for transporting deceased patients.
- Assure all transporting devices are removed from under deceased patients and returned to the Triage Area.

Extended

- Maintain master list of deceased patients with time of arrival for Patient Tracking Officer and Patient Information Officer.
- Assure all personal belongings are kept with deceased patients and are secured.
- Assure all deceased patients in Morgue Areas are covered, tagged and identified where possible.
- Keep Medical Care Director apprised of number of deceased.
- Contact the Safety and Security Officer for any morgue security needs.
- Arrange for frequent rest and recovery periods, as well as relief for staff.
- Schedule meetings with the Psychological Support Unit Leader to allow for staff debriefing.
- Observe and assist any staff who exhibits signs of stress or fatigue. Report any concerns to the Medical Care Director.
- Obtain Clerical support from Labour Pool if required to document patient location in Mortuary Area.
- Review and approve the area documenter's recording of action/decisions in the Morgue Area. Send copy to the Treatment Areas Supervisor.



• Direct non-utilized personnel to Labour Pool.

Other concerns





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OPERATIONS SECTION

ANCILLARY SERVICES SUBSECTION

ALLIED SERVICES DIRECTOR

Positioned Assigned To:	
You Report To:	_(Operations Chief)
Operations Command Centre: Telephone:	

Mission:

Organize and manage ancillary medical services. To assist in providing for the optimal functioning of these services. Monitor the use and conservation of these resources.

Immediate

- Receive appointment from Operation Section Chief and subsection's Job Action Sheets.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Meet with Operations Chief and other Operations Section directors for a briefing and development of initial action plan. Designate time for next meeting.
- Appoint or Contact unit leaders for:
 - Laboratory Services
 - Radiology Services
 - Pharmacy Services
 - Distribute corresponding Job Action Sheets; request a documentation aide/assistant for each unit leader from the Labour Pool.
- Brief all unit leaders. Request an immediate assessment of each service's capabilities, human resources and needs. Designate time for follow-up meeting.
- Receive, coordinate and forward requests for personnel and materials to the appropriate individual.

Intermediate

- Report routinely to the Operations Chief the actions, decisions and needs of the Allied Services Section.
- Track the ordering and receiving of needed supplies.
- Supervise salvage operations within Allied Services when indicated.
- Meet routinely with Ancillary Allied Services unit leaders for status reports, and relay important information to Operation Section Chief.

Extended

- Observe and assist any staff who exhibits signs of stress or fatigue. Report any concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- Review and approve the documenter's recordings of actions/decisions in the Ancillary Services Section. Send copy to the Operations Chief.



• Direct non-utilized personnel to Labour Pool.

Other concerns





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OPERATIONS SECTION

ANCILLARY SERVICES SUBSECTION

LABORATORY UNIT LEADER

Positioned Assigned To:	
You Report To:(Allied Services Director)	
Operations Command Centre: Telephone:	

Mission: Maintain Laboratory services, blood and blood products at appropriate levels. Prioritize and manage the activity of the Laboratory Staff.

Immediate

- Receive appointment from Allied Services Director.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Receive briefing from Allied Services Director with other subsection unit leaders; develop a subsection action plan.
- Inventory available blood supply and designate those units of blood, if any, which may be released for use outside the facility. Report information to Allied Services Director and Communications Unit Leader.
- Evaluate Laboratory Service's capacity to perform:
 - Haematology studies
 - Chemistry studies
 - Blood Bank services
- Ascertain the approximate "turn around" time for study results. Report capabilities and operational readiness to Allied Services Director.
- Assign a phlebotomies and runner with adequate blood collection supplies to the Immediate Treatment and Delayed Treatment Areas.

Intermediate

- Contact Materials Supply Unit Leader in anticipation of needed supplies.
- Prepare for the possibility of initiating blood donor services.
- Send any unassigned personnel to Labour Pool.
- Inform patient care areas of currently available service.
- Communicate with Patient Tracking Officer to ensure accurate routing of test results.

Extended

• Provide for routine meetings with Allied Services Director.



- Review and approve the documenter's recordings of actions/decisions in the Laboratory Services area. Send copy of to the Allied Services Director.
- Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to Allied Services Director. Provide for staff rest periods and relief.

Other concerns





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OPERATIONS SECTION

ANCILLARY SERVICES SUBSECTION

RADIOLOGY UNIT LEADER

Positioned Assigned To:		
You Report To:	_(Allied Services Director)	
Operations Command Centre:Telephone:		

Mission: Maintain radiology and other diagnostic imaging services at appropriate levels. Ensure the highest quality of service under current conditions.

Immediate

- Receive appointment from Allied Services Director.
- Read this entire Job Action Sheet and review the organizational chart on back.
- Put on position identification vest.
- Receive briefing from Allied Services Director with other subsection unit leaders; develop a subsection action plan.
- Evaluate Radiology Service's capacity to perform x-ray and other appropriate procedures:
 - Number of Operational X-ray suites
 - Number of operational portable X-ray units
 - Number of hours of film processing available
 - Availability of CT scan or MRI
 - Availability of fluoroscopy
 - Report status to Allied Services Director.
- Provide radiology technician and portable X-ray unit to Immediate and Delayed Treatment Areas, if available.

Intermediate

- Contact Materials Supply Unit Leader in anticipation of needed supplies.
- Send any unassigned personnel to Labour Pool.
- Inform patient care areas of currently available radiology services.
- Communicate with Patient Tracking Officer to ensure accurate routing of test results.

Extended

- Provide for routine meetings with Allied Services Director.
- Review and approve the documenter's recordings of action/decisions in the Radiology Services Area.
 Send copy to Allied Services Director.
- Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to Allied Services Director. Provide for staff rest periods and relief.



Other concerns





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OPERATIONS SECTION

ANCILLARY SERVICES SUBSECTION

PHARMACY UNIT LEADER

Positioned Assigned To:		
You Report To:	_(Allied Services Director)	
Operations Command Centre:Telephone:		

Mission: Ensure the availability of emergency, incident specific, pharmaceutical and pharmacy services.

Immediate

- Receive appointment from Allied Services Director.
- Read this entire Job Action Sheet and review the organizational chart on back.
- Put on position identification vest.
- Receive briefing from Allied Services Director with other subsection unit leaders; develop a subsection action plan.
- Assign pharmacist to Immediate and Delayed Treatment Areas, when appropriate.
- Inventory most commonly utilized pharmaceutical items and provide for the continual update of this inventory.
- Identify any inventories which might be transferred upon request to another facility and communicate list to the Allied Services Director.

Intermediate

• Communicate with the Materials Supply Unit Leader to assure a smooth method of requisitioning and delivery of pharmaceutical inventories within the hospital.

Extended

- Provide for routine meetings with Allied Services Director.
- Review and approve the documenter's recordings of actions/decisions in the Pharmacy Service Area.
 Send copy to Allied Services Director.
- Observe and assist any staff who exhibit signs of stress and fatigue. Report any concerns to Allied Services Director. Provide for staff rest periods and relief.

Other concerns







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OPERATIONS SECTION

HUMAN SERVICES SUBSECTION

HUMAN SERVICES DIRECTOR

Positioned Assigned To:	
You Report To:	_ (Operations Chief)
Operations Command Cent	re:Telephone:

Mission:

Organize, direct and supervise those services associated with the social and psychological needs of the patients, staff and their respective families. Assist with discharge planning.

Immediate

- Receive appointment from Operations Chief. Obtain packet containing subsection Job Action Sheets.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Obtain briefing from Operations Chief with other section directors and assist with development of the Operations Section's action plan. Designate time for follow up meeting.
- Appoint or Contact Staff Support Unit Leader, Psychological Support Unit Leader and Dependent Care Unit Leader. Distribute corresponding Job Action Sheets and identification vests.
- Brief unit leaders on current situation; outline action plan for subsection and designate time for next briefing.
- Establish Human Services Centre near Discharge Area or near staff rest/rehabilitation area.
- Assist with establishment of Discharge Area. Lend support personnel to assist with patient discharge process.
- Assist in the implementation of patient early discharge protocol on the direction of Operations Chief. Secure the aid of Nursing Unit Leader.

Intermediate

- Assist Psychological Support Unit Leader in securing a debriefing area.
- Meet regularly with unit leaders to receive updates and requests.
- Communicate frequently with Operations Chief.

Extended

- Document action and decisions on a continual basis.
- Observe and assist anyone who exhibits signs of stress and fatigue. Provide for staff rest and relief.

Other concerns







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OPERATIONS SECTION
HUMAN SERVICES SUBSECTION

STAFF SUPPORT UNIT LEADER

Positioned Assigned To:	
You Report To:	_ (Human Services Director)
Operations Command Centre:Telephone:	

Mission: Assure the provision of logistical and psychological support of the hospital staff.

Immediate

- Receive assignment from Human Services Director.
- Read this entire Job Action Sheet and review the organizational chart on back.
- Put on position identification vest.
- Obtain briefing from Human Services Director with other subsection unit leaders; assist in development of subsection action plan. Designate time for follow up meeting.
- Anticipate staff needs as they might relate to the specific disaster.

Intermediate

- Establish a staff rest and nutritional area in a low traffic area. Provide for a calm relaxing environment provide overall disaster information updates (bulletins) for rumour control.
- Provide for nutritional support and sleeping arrangements; contact Nutritional Supply Unit Leader and Labour Pool Unit Leader for assistance.
- Establish a staff Information Centre with the help of Communications Unit Leader, Nursing Unit Leader and Labour Pool Unit Leader. Provide overall disaster info updates (bulletins) for rumour control.
- Arrange for routine visits/evaluations by the Psychological Support Unit Leader. Assist in establishment of separate debriefing area.

Extended

- Observe all staff closely for signs of stress and fatigue; intervene appropriately. Provide for personal staff rest periods and relief.
- Assist staff with logistical and personal concerns; act as facilitator when appropriate.
- Report routinely to the Human Services Director.
- Document all actions, decisions and interventions.

Other concerns:

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OPERATIONS SECTION

HUMAN SERVICES SUBSECTION

PSYCHOLOGICAL SUPPORT UNIT LEADER

Positioned Assigned To:
You Report To: (Human Services Director)
Operations Command Centre: Telephone:

Mission:

Assure the provision of psychological, spiritual and emotional support to the hospital staff, patients, dependents and guests. Initiate and organize the Critical Stress Debriefing process.

Immediate

- Receive appointment from Human Services Director.
- Read this entire Job Action Sheet and review the organizational chart on back.
- Put on position identification vest.
- Receive briefing from Human Services Director; assist in development of subsection action plan.
 Designate time for follow up meeting.
- Establish teams composed of staff, clergy and other mental health professionals to support the psycho-social needs of the staff, patients and guests.

Intermediate

- Designate a secluded debriefing area where individual and group intervention may take place. Coordinate with Staff Support Unit Leader.
- Appoint or Contact psychological support staff to visit patient care and non-patient care areas on a routine schedule.
- Meet regularly with all members of the Human Services Subsection.
- Assist the Staff Support Unit Leader in establishment of staff information/status board (situation, disaster update, hospital activities).

Extended

- Advise psychological support staff to document all contacts.
- Observe psychological support staff for signs of stress and fatigue. Arrange for frequent, mandatory rest periods and debriefing sessions.
- Schedule and post the dates and times for critical stress debriefing sessions during and after the immediate disaster period.
- Document all actions, decisions and interventions.

Other concerns:

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OPERATIONS SECTION
HUMAN SERVICES SUBSECTION

DEPENDENT CARE UNIT LEADER

Positioned Assigned To:	
You Report To:	_ (Human Services Director)
Operations Command Centre:Telephone:	

Mission: Initiate and direct the sheltering and feeding of staff and volunteer dependents.

Immediate

- Receive appointment from Human Services Director.
- Read this entire Job Action Sheet and review the organizational chart on back.
- Put on position identification vest.
- Obtain briefing from Human Services Director; participate in development of subsection action plan. Designate time for follow up meeting.
- Establish a controlled, comfortable area where patients and visitors may wait for disposition home.

Intermediate

- Establish a Dependent Care Area removed from any patient care areas.
- Obtain volunteers from the Labour Pool to assist with child and/or adult care. Make tentative plans for extended care.
- Monitor the area continuously for safety and dependant needs with a minimum of two hospital employees.
- Implement a positive I.D. system for all children cared for under age of 10 years of age. Provide matching I.D. for retrieving guardian to show upon release of child.
- Document care and all personnel in the area.
- Contact the Safety and Security Officer for assistance.
- Contact Materials Supply Unit Leader and Nutritional Supply Unit Leader for supplies and food;
 advise Situation Status Unit Leader and Labour Pool Unit Leader of any extended plans.

Extended

- Assure that those dependents taking medications have sufficient supply for estimated length of stay.
- Arrange for the Psychological Support Unit Leader to make routine contact with dependents in the shelter, as well as responding when necessary.
- Observe staff and dependents for signs of stress and fatigue. Provide for staff rest periods and relief.
- Report routinely to Human Services Director. Document all actions/decisions.

Other concerns:



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