



<b>Immediate (Operational Period)</b>	
<b>Initial if Complete</b>	<b>Action</b>
	<ul style="list-style-type: none"> <li>• Photocopy HICS 204 and Phone Lists and distribute to all ED staff</li> <li>• Obtain Disaster Patient/Victim Tracking Forms from Triage Unit Leader (HICS 254) and update hourly with patient MRUN and dispositions</li> <li>• Assist MICN/Communications Officer with ReddiNet Patient Tracking</li> </ul>
	Provide immediate briefing to staff (Attendings, Charge Nurses, Other staff assembled) to include information as attained/decided per MICN briefing above.
	<p>Assign the following roles to staff and hand them their vests and disaster packets/clipboards (including their JAS and forms):</p> <ol style="list-style-type: none"> <li>1. <b>Treatment Area Manager.</b> From the following in order of priority: <ol style="list-style-type: none"> <li>a. Overall Charge Nurse (x23902)</li> <li>b. RME Charge Nurse (x23930)</li> </ol> </li> <li>2. <b>Communications Officer.</b> From the following in order of priority: <ol style="list-style-type: none"> <li>a. PCC (Jose Garcia or Yvonne Elizarraraz)</li> <li>b. MICN (if MICN, a 2nd MICN will need to be assigned to Radio)</li> </ol> </li> <li>3. <b>Logistics Officer.</b> From the following in order of priority: <ol style="list-style-type: none"> <li>a. Senior Nurse or Clerk per ED/CCUL Decision</li> </ol> </li> <li>4. <b>Triage Unit Leader.</b> From the following: <ol style="list-style-type: none"> <li>a. Screening Resident (x23223)</li> <li>b. Screening Nurse Practitioner (x23209)</li> </ol> </li> <li>5. <b>Immediate Unit Leader</b> &gt; Purple Attending (23202)</li> <li>6. <b>Delayed Unit Leader</b> &gt; Green Attending (23206)</li> <li>7. <b>Minor Unit Leader.</b> From the following: <ol style="list-style-type: none"> <li>a. Fast Track Nurse Practitioner (x23203)</li> <li>b. Fast Track Resident (x23213)</li> <li>c. Gold Attending/Hospitalist (x7281)</li> </ol> </li> <li>8. <b>Pediatric Unit Leader</b> &gt; Peds ED Attending (x23211)</li> <li>9. <b>PsySTART Unit Leader</b> <ol style="list-style-type: none"> <li>a. ED Social Worker</li> </ol> </li> <li>10. <b>*Expectant Unit Leader</b> (if needed) <ol style="list-style-type: none"> <li>a. Available NP or RN, as designated by ED/CCUL</li> </ol> </li> <li>11. <b>*Decon Unit Leader</b> (if needed): Choose from following: <ol style="list-style-type: none"> <li>a. Trained LVN, RN, NP or MD on shift</li> </ol> </li> </ol>
	<p>Recognize the following staff and hand them their vests and disaster packets/clipboards (including their JAS and forms):</p> <ol style="list-style-type: none"> <li>1. Trauma Attending MD</li> <li>2. Registration Supervisor</li> </ol>
	Verify completion of the Branch Assignment List (HICS Form 204), listing of numbers on White Board, and distribution of photocopies to command staff

Immediate (Operational Period)	
Initial if Complete	Action
	Instruct Purple, Green & Pediatric Attending Physicians to designate all patients in the MD Comments field on Cerner as: <ul style="list-style-type: none"> <li>• <b>Chair</b> –may be placed in chair to anticipate discharge if ED room needed</li> <li>• <b>Admit</b> – patient can be moved to an inpatient bed if ED room needed</li> <li>• <b>Stay</b> – patient must remain in a monitored ED bed</li> </ul>
	Communicate with the House Supervisor or Hospital Command Center to request expedited admission of ED patients to open beds per Hospital Surge Plan.
	Contact Power Plant to request set up of the Decontamination Trailers

Ongoing (Operational Period)	
Initial	Action
	Coordinate admission priorities of existing and Disaster patients with the Treatment Area Manager (TAM).
	Meet with Medical Care Branch Director to discuss medical care plan of action and staffing in all treatment areas.
	Receive & coordinate requests for personnel from ED/CCU. Forward personnel requests to Labor Pool.
	Receive & coordinate supply requests from ED/CCU. Forward supply requests to the hospital Supply Unit. Report requests to the Medical Care Branch Director.
	Document all communications (internal and external) on Incident Message Form (HICS Form 213). Have Staff Assistant retain copies of the Incident Message Form for provision to the Documentation Unit.
	Conduct briefings every 2 to 4 hours to relay important information and status updates to ED/CCU staff.
	Observe staff, volunteers, and patients for signs of stress and inappropriate behavior. Report concerns to Medical Care Branch Director and Employee Health & Well-Being Unit.
	Rotate staff between higher and lower workload functions on a regular basis.
	Oversee Decontamination Process and Staffing for Decon Unit
	Contact Bed Control, House Supervisor, and/or AOD to expedite location of inpatient beds for admitted ED patients.

<b>Demobilization Period</b>	
<b>Initial</b>	<b>Action</b>
	Return staff to their normal jobs and combine or deactivate positions in a phased manner.
	<p>Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment. Conduct walk-through of ED and Triage Areas together with Logistics Officer and Treatment Area Manager to confirm:</p> <ul style="list-style-type: none"> <li>• No equipment out of place</li> <li>• Empty rooms clean and prepared for future patients</li> <li>• Equipment in working order</li> <li>• Safety Cones &amp; Signs returned to Disaster Supplies closet</li> <li>• No HICS forms or Patient Identifiers on floor or counters</li> <li>• No patients seated in hallway chairs</li> </ul>
	Upon deactivation of your position, brief the Medical Care Branch Director and Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.
	Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to Medical Care Branch Director or Operations Section Chief, as appropriate.
	<p>Submit comments to Medical Care Branch Director for discussion and possible inclusion in after action report. Comments should include:</p> <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists</li> <li>• Procedures for recommended changes</li> <li>• Section accomplishments and issues</li> </ul>
	Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.

<b>Documents/Tools That May Be Helpful</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>• HICS Form 204 – Branch Assignment Sheet</li> <li>• HICS Form 213 – Incident Message Form</li> <li>• HICS Form 214 – Operational Log</li> <li>• HICS Form 254 – Disaster Victim /Patient Tracking Form</li> <li>• Hospital emergency operations plan</li> <li>• Hospital organization chart</li> <li>• Hospital telephone directory</li> </ul>

# STAFF ASSISTANT

**Mission:** Provide support to the ED/CC Unit Leader in all operations, logistics, and communications.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <b>ED/CC Unit Leader</b>			Signature: _____	
Hospital Command (HCC) Location: _____			Telephone: _____	

<b>Immediate (Operational Period)</b>	
Initial If Complete	Action
	Find & Assist in Distributing Command Vests & Disaster packets as directed by ED/CCUL
	Put on your command vest
	Initiate Operational Log (HICS 214)
	Maintain Assignments List (HICS Form 204) and write assignments (with phone numbers) on White Board in AED (across from A23)
	Photocopy HICS 204 and distribute to all ED staff
	Place notification calls to the following individuals if not already performed: <ul style="list-style-type: none"> <li>• ED Pharmacist x23216</li> <li>• ED Social Worker x</li> <li>• RT Supervisor x23929</li> <li>• Head Clerk or Nursing Assistant x3514</li> <li>• Hospitalist/Gold Unit Attending physician x7281</li> <li>• Trauma Attending x23756</li> <li>• Registration Supervisor x2075, x2076</li> </ul>
	Coordinate with clerks and nurses for printing and distribution of discharge paperwork to patients being rapidly discharged as part of ED decompression.
	Assist in set up of signs and equipment for triage and treatment areas, procurement of equipment, flow of patients, etc. as requested by ED/CCUL

<b>Ongoing (Operational Period)</b>	
Initial if Complete	Action
	Perform all photocopying and faxing of HICS forms on behalf of ED/CCU Leader
	Confirm that HICS forms are complete. If form noted to be incomplete, discuss with ED/CCUL and approach responsible individual as necessary to coordinate completion.
	Maintain Operational Log (HICS 214, attached). Obtain Disaster Patient/Victim Tracking Forms from Triage Unit Leader (HICS 254) and update hourly with patient MRUN and dispositions

Ongoing (Operational Period)	
Initial if Complete	Action
	Deliver completed HICS forms to Hospital Command Center as directed by ED/CCUL – make 2 photocopies of each form prior to delivering original to HCC. Store photocopies throughout Operational Period
	Assist MICN/Communications Officer with input of disaster victim information into ReddiNet MCI Patient Tracking module as requested
	Update phone numbers and names on Phone Log, HICS 204, and white board

Demobilization Period	
Initial if Complete	Action
	Assist with the return and restocking of supplies and return to normal operations.
	Collect all documentation and Operational Logs (HICS Forms 207, 213, 214, and 254) from ED/CC Unit staff on behalf of the ED/CCUL
	Make <b>2 photocopies</b> of all HICS forms
	Arrange with ED/CCUL to submit originals of HICS forms to Medical Care Branch Director or Operations Section Chief, as appropriate.
	Submit 1 copy of all HICS forms to ED Disaster Medical Director (Dr. Shira Schlesinger) via mailbox in D-9 office area
	Submit 2nd copy of all HICS forms to Hospital Emergency Coordinator (Essence Wilson) via mailbox in 1-M-6 Nursing Office
	Confirm with MICN/Communications Officer that number of victims listed on ReddiNet matches cumulative number of patients listed on all HICS 254 forms

## MICN/DEM Communications Officer

**Mission:** Organize and coordinate internal and external communications for ED.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: <b>ED/CC Unit Leader</b> Signature: _____
Hospital Command (HCC) Location: _____ Telephone: _____

<b>Immediate (Operational Period)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Overhead page: <b><i>“MCI Alert. Second MICN or Resident Base Hospital Physician to the Radio Room. ED Attendings, Charge Nurses, and ED Nurse Managers please meet at Radio Room for emergency briefing.”</i></b>
	Hand off responsibility of answering radio calls to 2 <sup>nd</sup> MICN or Resident BHP
	For traumatic incidents and toxic exposures, place TTA Page (or designate to 2 <sup>nd</sup> MICN): <b>MCI Alert: [##] patients from [insert type of incident here] expected to arrive in [##] minutes. Please report immediately to Trauma Bays</b>
	Retrieve EOP Binder from shelves next to AED Clerk’s desk
	Provide Briefing to Attending Physician & Overall Charge Nurse to include the following information <ul style="list-style-type: none"> <li>• Incident description (bombing, building collapse, Hazmat exposure, etc.)</li> <li>• Location of event</li> <li>• Estimated total number of patients on scene</li> <li>• Estimated number of patients transporting to Harbor-UCLA</li> <li>• Possibility of hazardous exposure?</li> <li>• Estimated time to arrival of first patients</li> </ul>
	Request that DEM Attending and Overall Charge Nurse <i>immediately</i> make a decision for activating the ED EOP (or not). If response from ED Attending and Overall Charge Nurse is “to wait and see” and delay activation until patients arrive, inform them: <b><i>“This incident meets criteria for triggering initiation of our Emergency Operations Plan. While you may choose not to activate the EOP at this time, I am asked to remind you that the plan is supposed to be activated <u>before</u> patients arrive to allow for ED decompression. Are you sure that you do not want to activate now?”</i></b>
	For “Regular” (non-security) disasters, call ED Security (x6802) <b>and</b> LASD (x3311) and state <b><i>“I am calling from the Emergency Department. We are activating the ED Emergency Operations Plan because of a multi-casualty event. We need one of your supervising personnel to join us at the Adult ED Nursing Station immediately to discuss security measures for the facility”.</i></b>
	If Decon/Security needs are anticipated call ED Security (x6802) <b>and</b> LASD (x3311) and state

Immediate (Operational Period)	
Time & Initial	Action
	<b><i>"I am calling from the Emergency Department. We are activating the ED Emergency Operations Plan for a multi-casualty event with a need for patient decontamination. We need to immediately limit entry to the hospital and redirect ALL arriving patients to the area directly in front of the ED Helipad for screening. We need one of your supervising personnel to join us at the Adult ED Nursing Station to discuss securing the facility and preventing contamination of employees and patients".</i></b>
	If Hazmat event suspected/anticipated, Overhead Page: <b><i>"Decon-trained staff, please report to AED Nursing Station if available."</i></b>
	Put on your command vest.
	Place Everbridge Page to DEM Group List using the Everbridge Notification Template for "Disaster". If unable to find this Notification Template, send Everbridge Page to DEM Group: <b><i>"The ED Emergency Operations Plan has been activated. If you are available to respond within the next 30 minutes, please contact the Emergency Department at (310) 222-3969"</i></b>
	If Notification of event was from EMS providers on scene, contact MAC via VMed28 to inform of MCI
	Complete ReddiNet MCI Poll when requested <ul style="list-style-type: none"> <li>• Trauma/Medical MCI <ul style="list-style-type: none"> <li>○ Accept 10 Immediate, 20 Delayed, and 20 Minor.</li> </ul> </li> <li>• Burns MCI <ul style="list-style-type: none"> <li>○ Accept 12.</li> <li>○ Note: Per EMS Policy all Trauma Centers serve as Burn Resource Centers in a disaster and will accept 12 critical Burn victims for a minimum of 72 hours.</li> </ul> </li> <li>• Peds MCI</li> </ul> Accept 10 Immediate, 20 Delayed, and 20 Minor.
	Ask the DEM Attending or ED/CCUL to contact the AOD for the hospital to notify for ED MCI alert

Ongoing Activities (Operational Period)	
Time & Initial	Action
	Coordinate rotation of MICNs and/or Resident BHPs to answer radio calls as necessary (Communications Officer should not be constrained by need to answer radio calls)
	Maintain internal / external communications for the ED/Casualty Care Unit including: <ul style="list-style-type: none"> <li>• Coordinate communication between ED/CCUL and HCC as necessary</li> <li>• Update the ED/CCUL with any announced changes in numbers/situation as reported from MAC or through radio</li> </ul>
	Provide updates on arriving patients to Triage Unit Leader and Immediate Unit Leader as appropriate

<b>Ongoing Activities (Operational Period)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Coordinate rotation of MICNs and/or Resident BHPs to answer radio calls as necessary (Communications Officer should not be constrained by need to answer radio calls)
	Monitor Reddinet messages/alerts and communicate information to the ED/CCUL
	If deceased patients reported from treatment areas, contact Morgue to brief on situation and request expedited removal of bodies from the DEM

<b>Demobilization Period</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Ensure the Reddinet MCI Module is up-to-date with disaster patients received
	<p>For any patients in ED who are &lt; 18 years old and/or are unidentified, locate the patient's treatment team and request information on the patient to include:</p> <ul style="list-style-type: none"> <li>• Approximate age</li> <li>• Hair color</li> <li>• Eye color</li> <li>• Identifying marks/tattoos</li> </ul> <p>Enter this information into the Reddinet "Family Reunification" screen in the patient's profile (and/or coordinate with Social Work to enter this information)</p>
	Discuss ED Status (Saturation/Open) and NEDOCS with ED/CCUL, Overall Charge RN, and Attendings. Determine ED status during demobilization.

## DEM LOGISTICS OFFICER

**Mission:** Organize and direct operations associated with set-up and maintenance of the physical environment and with provision of human resources, supplies, and services to support the ED.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <b>ED/CCU Leader</b>			Signature: _____	
Hospital Command (HCC) Location: _____			Telephone: _____	

<b>Immediate (Operational Period)</b>	
<b>Initial</b>	<b>Action</b>
	Put on your command vest & read this JAS
	Review supplies inventory list included in your disaster packet and investigate as necessary.
	Retrieve the disaster keys from the Pyxis or ED/CCUL and assist in setting up the casualty care collection area.
	Contact Central Supply and request the “Disaster Carts and supplies” be brought to the ED.
	If Hazmat or other Decon event anticipated, contact Power Plant to request set-up of Decon trailers.
	If Hazmat or other Decon event anticipated, provide NA-7 key for Decon Shower, and key to Decon Equipment Closet (below helipad) to Decon Unit Leader.
	If Hazmat or other Decon event anticipated, request Decon Unit Leader to check and confirm availability of Decon supplies: <ul style="list-style-type: none"> <li>• Level C PPE &amp; PAPRs – decon supply closet below helipad</li> <li>• Fixed Decon Shower: Soap, Brush, Timer, Linen carts (towels &amp; gowns)</li> <li>• Decon Trailer: Soap, Brushes, Timers, Linen carts, gurneys, wheelchairs</li> </ul>
	Request Trauma Clerk to contact Blood Bank regarding impending mass casualty and anticipated need for O negative blood.
	Request Trauma Clerk prepare and print 20 HAR packets for distribution to unidentified patients on arrival to Immediate beds
	Call Central Supply to request 10 additional oxygen tanks to be delivered to the casualty care collection area.
	Dispatch 2 Facilities/EVS workers to Disaster Trailers to retrieve gurneys and set up in Triage area(s) as needed.
	Contact the Triage Unit Leader (TUL) and Treatment Unit Leaders (Immediate, Delayed, Minor) to explain what information is needed in supply requests. State: <b><i>“Hello. This is [state name]. I am the ED Logistics Officer for this MCI. If your Unit needs extra staff or supplies, including gurneys, please contact me at Spectra x _____. It is on your phone list. When you call, please specify what you need, the quantity you are requesting, the timeframe in which you need the supply, and where it should be delivered.”</i></b>

Immediate (Operational Period)	
Initial	Action
	Distribute signs, cones, and other area equipment to Triage Unit Leader & Treatment Unit leaders
	Coordinate delivery of supplies requested. Communicate with the TAM to confirm supply delivery. Call TAM and state: <b><i>“Hello. This is [state name], the DEM Logistics Officer. I/My assistants/EVS delivered the [state supply name] to [state location]. Please inform me if the supplies are not as expected. Thank you.”</i></b>

Ongoing (Operational Period)	
Initial	Action
	Coordinate requests for additional supplies with Hospital Command under direction of the ED/CCUL.
	Contact ED/CCUL and/or Hospital Command every 2 hours to remind them of supply requests until requests are filled.
	Coordinate delivery of supplies requested. Communicate with the TAM to confirm supply delivery. Call TAM and state: <b><i>“Hello. This is [state name], the DEM Logistics Officer. I/My assistants/EVS delivered the [state supply name] to [state location]. Please inform me if the supplies are not as expected. Thank you.”</i></b>
	Communicate with EVS regarding cleaning of beds/rooms and sterilization of equipment as necessary.
	Keep count of transport equipment, monitors, and gurneys used to transport patients from ED/CCU to Operating Rooms and Inpatient Units.
	Call Operating Room front desk and/or inpatient units to locate equipment that does not return to the ED/CCU. Dispatch staff to retrieve equipment as necessary.
	Maintain inventory of supplies used during event.
	Coordinate staffing requests from labor pool, on behalf of the ED/CCUL, as requested. Staffing duties may include: <ul style="list-style-type: none"> <li>• Nursing for ED/CCU patients</li> <li>• Transport from ED/CCU to inpatient areas</li> <li>• Carriage of messages from ED/CCU to Hospital Command</li> <li>• Retrieving supplies and restocking Decon, Triage, and Treatment areas</li> <li>• Setting up gurneys, chairs, etc for</li> <li>• Transport/Escort of patients from Triage/Decon to Treatment Areas</li> <li>• Crowd management</li> </ul>
	Contact the ED Pharmacist and assist him/her with procurement and distribution of medications as requested.

<b>Demobilization Period</b>	
<b>Initial</b>	<b>Action</b>
	Coordinate return and restocking of supplies, including (but not limited to): <ul style="list-style-type: none"> <li>• Gurneys</li> <li>• Wheelchairs</li> <li>• Chairs</li> <li>• Monitors &amp; Vital Sign machines</li> <li>• Directional Signs</li> <li>• Tarps</li> <li>• Tents</li> <li>• Triage Tags</li> <li>• Clipboards</li> </ul>
	Release additional staff resources (to return to labor pool) as agreed upon with ED/CCUL.
	Participate in walk-through of area with ED/CCUL and TAM to confirm that supplies/equipment have not been left behind.
	Update Inventory list to indicate exhausted/depleted/damaged supplies. Photocopy this list and return photocopy to Hospital Emergency Coordinator (Essence Wilson) in mailbox in Nursing Staff Office (1-M-6). Return Original to ED/CCUL, or if directed by ED/CCUL return to Staff Assistant.

# TRIAGE UNIT LEADER

**Mission:** Organize, direct, and provide triage for incoming mass casualties.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: <b>ED/CC Unit Leader</b> Signature: _____
Hospital Command (HCC) Location: _____ Telephone: _____

<b>Immediate (Operational Period 0-2 Hours)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Put on your command vest & read this JAS
	Confirm that you have no less than 6 copies of the HICS 254 form in your packet. If you do not have these, request additional copies from the Staff Assistant.
	Confirm location(s) of Triage with ED/CCUL <ul style="list-style-type: none"> <li>• No security threat, 2 areas: Walk-in patients in Pedestrian Spine; Ambulance patients inside double glass doors of ambulance bay.</li> <li>• Security threat/Decon, 1 area: Ambulance overflow parking lot in front of helipad</li> </ul>
	Request Triage area supplies from Logistics Officer
	Set-up for immediate initiation of Triage areas.
	With approval of ED/CCUL, assign a senior RN, NP or Resident familiar with triage as "Triage Area Leader" at each Triage area
	Coordinate with Registration Supervisor to partner a Registration staff member with each Triage RN/NP/Resident to distribute Triage Tags and Complete the HICS 254
	Distribute a copy of HICS 254 and stack of Triage Tags to each pair of Triage/Registration staff. State: <b><i>"You need to complete this HICS 254 for every patient that enters the hospital. If the patient cannot be identified, input the HAR name instead of name, and estimate the age. It is crucial that the Triage Tag numbers are written into the form – both the Prehospital Triage Tag that the patient arrives with, and the Hospital Triage Tag that you place on them. There is a column for each of those number. Do not remove the old prehospital Triage Tag – it may be the only way for families to locate their loved ones later on. But you may write "EMS" in large letters on it. The HICS 254 forms will be collected each hour. If you will run out of the room on the form before the hour, contact the Staff Assistant at x_____ to turn in the completed form and obtain a new one."</i></b>
	Assist in physical setup of the triage area(s): <ul style="list-style-type: none"> <li>• Security personnel for security screening &amp; crowd control</li> <li>• 2 stations for triage (1Triage/Registration pair) per station</li> <li>• Clipboards</li> <li>• Chairs</li> <li>• 2 Vital Sign machines</li> <li>• Wheelchairs</li> <li>• Gurneys</li> <li>• Tourniquets</li> <li>• Bandages</li> <li>• Triage Tags</li> <li>• HICS 254 copies</li> </ul>

<b>Immediate (Operational Period 0-2 Hours)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	<ul style="list-style-type: none"> <li>• Indelible markers</li> </ul>
	Request wheelchairs and gurneys from Logistics Officer. Ensure that a minimum of 3 wheelchairs and 2 gurneys are brought to Triage area(s) immediately.
	Place 5 chairs in Triage area for patients unable to stand while awaiting Triage.
	Contact Logistics Officer or ED/CCUL to request 5 transport personnel to shuttle triaged patients to appropriate Treatment Unit or Overflow Area
	Confirm with TAM method of communication for bed requests – recommended: “1 have 1 female Immediate patient needing bed.” Please advise

<b>Ongoing (Operational Period)</b>	
<b>Initial</b>	<b>Action</b>
	Maintain HICS 254 forms (confirm that information is entered properly) & deliver to Staff Assistant every hour.
	Rotate staff as necessary and possible.
	Monitor Triage Personnel health & safety: <ul style="list-style-type: none"> <li>• Coordinate staff rest periods</li> <li>• Monitor for signs of dehydration or heat stress</li> <li>• Remind staff to eat, drink fluids, and rest as possible</li> <li>• Monitor for signs of psychological stress</li> </ul>
	Coordinate with TAM for patient flow from triage to treatment areas.
	If primary triage is complete on patients currently present, but treatment areas are unable to accept additional patients, distribute staff to Delayed & Minor Overflow areas to initiate treatment on Delayed patients.

<b>Demobilization Period</b>	
<b>Initial</b>	<b>Action</b>
	Oversee and assist with deconstruction of Triage Areas, including return of all disaster supplies to disaster storage areas.
	Ensure that all HICS 254 Forms have been submitted to ED/CCUL or Staff Assistant
	Together with Registration Supervisor, review all Disaster patients in HER Tracking Board and ensure that all patients have a listed Hospital Triage Tag Number in Cerner. Where these numbers are missing, contact the ED/CCUL to pursue/locate the patient. Enter numbers per instructions.

## REGISTRATION SUPERVISOR

**Mission:** Work with Triage Unit Leader to oversee patient registration and tracking through the Casualty Care Unit from Triage to discharge or movement to inpatient bed.

<b>Immediate (Operational Period)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Put on your command vest.
	Read this JAS and clarify questions with ED/CCUL or Treatment Area Manager (TAM)
	Inform Registration Staff that they will be temporarily reassigned for emergency operations.
	Assign two Registration Staff Persons to each Triage Area.
	Distribute HICS 254 forms to staff assigned to Triage Areas & explain their role to record: Name, DOB, Sex, Triage Category, Prehospital & Hospital Triage Tag Numbers.
	Assign remainder of Registration Staff to Immediate, Delayed, Minor and Pediatric Units ((Trauma Bays, AED, RME, PED) to perform Quick Registration.
	Distribute instructions for Registering Disaster Patients to all Registration Staff assigned to perform Quick Registration in Treatment Areas

<b>Ongoing (Operational Period)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Adjust/Reassign Registration Staff to different patient care areas as patient distribution requires.
	Check that patient Quick Registrations are complete. If incomplete, discuss with Registration Staff needs for assistance.
	Participate in regular briefings with command staff and ED/CCU Leader.

<b>Demobilization Period</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Return staff to their usual jobs in a phased manner.
	Ensure all documentation and Operational Logs (HICS Form 214) are submitted to DEM Unit Leader.
	Consider performing full registration data entry for patients remaining in ED.
	Contact hospital administration/command to discuss options for completing registration on admitted patients.
	Ensure that all HICS 254 forms are completed and returned to ED/CCU Leader.
	Submit comments to DEM Unit Leader for discussion and possible inclusion in after action report. Comments should include: <ul style="list-style-type: none"> <li>• Review of pertinent position descriptions and operational checklists</li> <li>• Recommendations for procedure changes</li> </ul>

<b>Documents/Tools</b>
<ul style="list-style-type: none"> <li>• Incident Action Plan</li> <li>• HICS Form 204 – Branch Assignment List</li> <li>• HICS Form 207 – Incident Management Team Chart</li> <li>• HICS Form 213 – Incident Message Form</li> <li>• HICS Form 214 – Operational Log</li> <li>• HICS Form 254 – Disaster Victim/Patient Tracking Form</li> </ul>

## DECONTAMINATION UNIT LEADER

**Mission:** Coordinate patient decontamination activities related to hazardous material incident response.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <b>ED/CC Unit Leader</b>			Signature: _____	
Hospital Command (HCC) Location: _____			Telephone: _____	

<b>Immediate (Operational Period 0-2 Hours)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Put on your command vest & read this JAS.
	Receive briefing and any appropriate materials from the ED/CCUL. For large and/or internal HazMat incidents, direction may be provided from Hospital Command.
	Obtain keys to Decon Shower (NA-7 key) and to Decon Supplies Closet (Disaster Key; Closet under Helipad) from ED/CCUL
	Obtain Geiger Counters and Radiation Dosimeters from ED Charge Nurse Office,
	Notify your usual supervisor of your HICS assignment.
	Attain the list of Decon-trained staff from the Radio Room. Appoint a minimum 4 Decon Unit members (minimum of 12 if Decon Trailers to be used) from list and complete the Branch Assignment List (HICS Form 204). If insufficient number from staff available, communicate need for additional staff to ED Logistics Officer.
	Brief Unit members on situation; Assign initial roles (time keeper, washers & partners); and designate time for next briefing.
	Remind Unit members of safety policies and procedures and use of appropriate PPE/PAPRs.
	Oversee set-up of decontamination area to perform patient, technical, and emergency decontamination for ambulatory and non-ambulatory patients and staff, as necessary.
	Ensure that sufficient soap and brushes are available in Decon Shower & Decon Trailers. If additional supplies are needed, place request with ED Logistics Officer.
	Coordinate with Hospital Safety Officer Ensure to hazard monitoring in open and enclosed spaces.
	Initiate medical monitoring of decontamination team members prior to donning of PPE.
	As patients arrive, collect and secure patient valuables; coordinate with Security Branch Director for storage of patient belongings.
	Oversee patient movement through decontamination (consider 3-5 minutes for non-

<b>Immediate (Operational Period 0-2 Hours)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	persistent viscous agent and 5-8 minutes for persistent/viscous or unknown agent).
	Receive and position appropriate antidote supplies if indicated. Antidotes should be administered prior to Decon. Request additional antidotes needed via ED Logistics Officer.
	Ensure ongoing staff rotation (20 minutes in PAPRs).

<b>Ongoing Activities (Operational Period)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Ensure staff are rotated and replaced as needed. Provide for staff rest periods and relief.
	Track results of medical monitoring of staff; coordinate with the Employee Health & Well-Being Unit Leader.
	Oversee and remind Decon Unit members of needs for proper nutrition, water intake, rest, and stress management.
	Observe all staff and volunteers for signs of physical or emotional stress and inappropriate behavior. Report concerns to the ED/CCUL.
	Remove from active work in Decon Unit any member who is noted to have persistent hypertension, tachycardia, elevated temperatures, or other abnormalities during medical monitoring assessment. Report the condition of these individuals to the ED Logistics Officer for patient care and/or staff reassignment.
	Activate supplemental staffing plan as needed. Request additional staffing via the ED Logistics Officer, to coordinate with the Labor Pool & Credentialing Unit Leader.
	Meet regularly with the ED/CCUL (+/- the Hazardous Materials Branch Director) for status reports, and relay important information to Decon Unit Members.
	Ensure hazard monitoring continues and issues are addressed; coordinate with the Safety Officer.
	Ensure chain of custody of personal valuables in coordination with the Security Branch.
	Ensure decontamination supplies (soap, brushes, linens) are replaced as needed.
	Advise ED/CCUL immediately of any operational issue you are not able to correct or resolve.
	Attend briefings and meetings as needed.

<b>Demobilization Period</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Ensure Victim Decontamination Unit members are notified to terminate operations.
	Ensure decontamination equipment is cleaned, repaired, and replaced as warranted.
	Ensure disposable materials and waste are disposed of in appropriate Hazmat containers if indicated (per discussion with Hospital Command Center).
	Address return of patient valuables with the Security Branch Director, law enforcement, fire department, and hazardous material team.
	Ensure the decontamination area is decontaminated, commensurate with agent risks.
	Submit medical monitoring forms on decontamination staff to Employee Health & Well-Being Unit for review and entry into personnel health files.
	Discuss need for medical surveillance of Decon Unit staff with Employee Health & Well-Being Unit. Confirm verbally with unit director that they are taking over the responsibility for medical surveillance.
	Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.
	Notify ED/CCUL when clean-up/restoration is complete.
	Debrief staff on lessons learned and procedural/equipment changes needed.
	Submit all documentation and Operational Logs (HICS Form 214) from Decon Unit to the ED/CCUL or Hospital Hazardous Materials Branch Director, as appropriate.
	Brief the ED/CCUL and/or Hazardous Materials Branch Director, as appropriate, on current problems, outstanding issues, and follow-up requirements.
	Submit comments to the ED/CCUL for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> <li>• Current position descriptions and operational checklists</li> <li>• Recommendations for procedure changes</li> <li>• Section accomplishments and issues</li> </ul>
	Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.

## Documents/Tools

- Incident Action Plan
- HICS Form 204 – Branch Assignment List
- HICS Form 207 – Incident Management Team Chart
- HICS Form 214 – Operational Log
- Hospital patient decontamination plan (e.g., decontamination area drawings, procedures, and documentation logs)
- Material Safety Data Sheets (MSDS)
- Hospital telephone directory

# TREATMENT AREA MANAGER

**Mission:** Organize and direct emergency care in treatment areas and support needs for staffing and equipment. Organize and direct patient flow from Triage to movement out of the ED.

Date: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Position Assigned to: \_\_\_\_\_  
 Position Reports to: **ED/CCU Leader** Signature: \_\_\_\_\_  
 Hospital Command (HCC) Location: \_\_\_\_\_ Telephone: \_\_\_\_\_

<b>Immediate (Operational Period 0-2 Hours)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Put on your command vest.
	Coordinate with DEM Logistics Officer to set up treatment areas. Request from EVS placement of chairs outside every ED room with patient classified as “Chair” in the MD Comments column of Cerner.
	Communicate with Purple, Green & Peds Attending physicians regarding decompression of their treatment areas.
	Communicate with Area Charge Nurses to move patients in Trauma & AED areas who are marked “Chair” in the MD Comments column of Cerner from their bed to the Chair outside of their treatment room.
	Coordinate with ED/CCUL to direct admissions to the inpatient wards per Surge Plan.
	Check communications between you and the unit leaders. Use Spectra phones for internal communications within the ED – test call each Unit Leader to confirm that phone is functioning.
	Coordinate with Immediate & Delayed Units to assemble 4 Treatment Teams in each Unit. Each Treatment Team should be composed of 1 ED physician, 1 Trauma physician, 1 nurse.
	Coordinate with Minor Unit Leader to assemble a minimum of 3 providers (MD/DO/NP) and 3 nurses to perform secondary triage to minor patients and/or definitive treatment and rapid disposition when possible.
	Designate junior nurses and sitters, etc as transporters. Send transporters to Triage Areas to bring patients to their treatment areas.
	Communicate additional staff needs to the ED/CCU Leader.
	Maintain list of open ED beds and assign patients to beds in appropriate areas (if all Immediate ED beds occupied, assign Immediate patients to Delayed beds for care).
	Initiate a prioritized admissions list (prioritize those requiring intensive nursing attention).



## IMMEDIATE UNIT LEADER – Purple Attending

**Mission:** Organize, direct, and provide emergency care for casualties triaged as “Immediate”. The designated Immediate Treatment Area is Trauma and the Adult ED as needed. You report to the Treatment Area Manager.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <b>Treatment Area Manager (TAM)</b>			Signature: _____	
Hospital Command Center (HCC) Location: _____			Telephone: _____	

<b>Immediate (Operational Period)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Put on your command vest.
	Read this JAS and clarify questions with ED/CCUL or Treatment Area Manager (TAM)
	Coordinate with Trauma Attending plan for communication and prioritizing of OR transfers
	Report to Trauma Bays and brief your Residents/NPs/Students on incident.
	Confirm that Xray, Pharmacy and RT staff are present in the Trauma bays and prepared to care for patients.
	Request that CT hold all elective/semi-urgent CT scans until further notice
	Request that nursing bring portable monitors to Trauma Bays and/or AED Rooms 2 - 6
	Request intubation medication kits from Pharmacy for each of the Trauma Bays and/or AED Rooms 2 - 6
	Review all current “Purple” patients and mark in MD Comments column of Cerner as “Chair”, “Admit” or “Stay” per EOP guidelines
	Together with the Trauma Attending divide available Residents and nurses into Rapid Assessment Teams consisting of (at a minimum 1 ED MD, 1 Trauma MD, 1 RN, 1 other). Assign each team to 1 or more Trauma Bays or AED Rooms (e.g. Rooms 2 & 3)

<b>Ongoing Activities</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Coordinate with Delayed and Minor Treatment Unit Leaders to flex physician and nurse staffing as needed.
	Prioritize patients for Xrays and CT scans. Communicate priorities and needs with Radiology Technicians and TAM
	Oversee medical care for all patients in Immediate Treatment Area

<b>Ongoing Activities</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Communicate with Trauma Attending (or Representative) regarding patient status and prioritization for OR transfers (decisions are responsibility of Trauma) .
	Communicate Resource needs (supplies & staffing) with TAM .
	Ensure that all patients have disposition decision (admit/discharge orders) or Treatment plan in MD Comments of Cerner within 1 hour of arrival.

<b>Demobilization Period</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Continue to oversee care and disposition of patients assigned to Immediate Unit until normal processes resume.
	Review all pre-activation "Purple Team" patients to determine status (admitted, discharged, still in ED).
	Briefly evaluate all pre-activation "Purple Team" patients remaining in ED.
	Attain list of pre-activation "Purple Team" patients from ED/CCUL and review EHR for note completion, orders, and unrecognized events.
	Compile list of unrecognized events noted in HER review and submit to Adult ED Director or Vice Chair for Operations for review.
	Assess Physicians, mid-level providers & nurses for early signs of critical stress response. Refer to PsySTART mental health unit, or to DEM Administration for follow-up.

## TRAUMA ATTENDING – Trauma Attending

**Mission:** Organizes and directs trauma care and movement of patients with traumatic injuries.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <b>Treatment Area Manager (TAM)</b>			Signature: _____	
Hospital Command Center (HCC) Location: _____			Telephone: _____	

<b>Immediate (Operational Period)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Put on your command vest.
	Read this JAS and clarify questions with ED/CCUL or Treatment Area Manager (TAM)
	Coordinate with Immediate & Delayed Unit Leaders to confirm plan for prioritizing of OR transfers
	Contact Back-up Trauma Surgeon(s) to request their arrival to hospital.
	Brief Trauma Residents on incident.
	Contact OR to cancel all elective surgeries/procedures for the remainder of the day.
	Review with Purple & Green Attendings all current ED patients pending surgical consults/recommendations and provide recommendations for “Admit” or “Discharge”.
	Together with the Immediate & Delayed Unit Leaders assign available surgical residents to Rapid Assessment Teams consisting of (at a minimum 1 ED MD, 1 Trauma MD, 1 RN, 1 other). Teams are under the direction of the Unit Leaders.

<b>Ongoing Activities</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Maintain list of surgical patients and determine priority for movement to OR.
	Communicate with OR/perioperative staff to determine OR availability.
	Oversee medical care for all patients in Immediate Treatment Area
	Communicate with Immediate & Delayed Unit Leaders regarding patient status and prioritization for OR transfers (decisions are responsibility of Trauma).
	Ensure that all patients with traumatic injuries have plan for care (admit, OR, discharge) communicated Treatment Unit Leader within 1 hour of arrival.

Demobilization Period	
Time & Initial	Action
	Compile list of unrecognized events noted in HER review and submit to Adult ED Director or Vice Chair for Operations for review.
	Assess Physicians, mid-level providers & nurses for early signs of critical stress response. Refer to PsySTART mental health unit, or to DEM Administration for follow-up.

## DELAYED UNIT LEADER – Green Attending

**Mission:** Organize, direct, and provide emergency care for casualties triaged as “Delayed”. The designated Delayed Treatment Area is the AED Rooms 8-23, RME 15-20, and Gold Unit as needed. You report to the Treatment Area Manager.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <b>Treatment Area Manager (TAM)</b>			Signature: _____	
Hospital Command Center (HCC) Location: _____			Telephone: _____	

<b>Immediate (Operational Period)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Put on your command vest.
	Read this JAS and clarify questions with ED/CCUL or Treatment Area Manager (TAM)
	Coordinate with Trauma Attending plan for communication and prioritizing of OR transfers
	Report to Trauma bays and collect your Residents/NPs/Students for briefing on incident.
	Check Delayed Treatment rooms for adequate stocking of Oxygen delivery (NRB) and monitoring equipment.
	Request 1 intubation medication kit from Pharmacy for Delayed area. Confirm pharmacist phone number for further medication needs.
	Review all current Green ED patients and mark in MD Comments column of Cerner as “Chair”, “Admit” or “Stay” per EOP guidelines
	Together with the Trauma Attending divide available Residents and nurses into Rapid Assessment Teams consisting of (at a minimum 1 ED MD, 1 Trauma MD, 1 RN, 1 other). Assign each team to 3 or more AED or RME Rooms (e.g. Rooms AED 12-16)
	If additional staffing needs anticipated based on reports of incoming victims, communicate additional staffing needs (physicians, nurses, transporters) to the Treatment Area Manager.

<b>Ongoing Activities</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Coordinate with Immediate and Minor Treatment Unit Leaders to flex physician and nurse staffing as needed.
	Prioritize patients for Xrays and CT scans. Communicate priorities and needs with Radiology Technicians and TAM.
	Oversee medical care for all patients in Delayed Treatment Area.
	Communicate with Trauma Attending (or Representative) regarding patient status and prioritization for OR transfers (decisions are responsibility of Trauma).

<b>Ongoing Activities</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Communicate Resource needs (supplies & staffing) with TAM.
	Ensure that all patients have disposition decision (admit/discharge orders) or Treatment plan in MD Comments of Cerner within 1 hour of arrival.

<b>Demobilization Period</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Continue to oversee care and disposition of patients assigned to Immediate Unit until normal processes resume.
	Review all pre-activation "Green Team" patients to determine status (admitted, discharged, still in ED).
	Briefly evaluate all pre-activation "Green Team" patients remaining in ED.
	Attain list of pre-activation "Green Team" patients from ED/CCUL and review EHR for note completion, orders, and unrecognized events.
	Compile list of unrecognized events noted in HER review and submit to Adult ED Director or Vice Chair for Operations for review.
	Assess Physicians, mid-level providers & nurses for early signs of critical stress response. Refer to PsySTART mental health unit, or to DEM Administration for follow-up.

## MINOR UNIT LEADER – Fast Track NP/MD

**Mission:** Organize, direct, and provide emergency care for casualties triaged as “minor”.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: <b>Treatment Area Manager (TAM)</b> Signature: _____
Hospital Command Center (HCC) Location: _____ Telephone: _____

<b>Immediate (Operational Period)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Put on your command vest.
	Read this JAS and clarify questions with ED/CCUL or Treatment Area Manager (TAM)
	Coordinate with TAM method for communicating patients needing upgrade due to decompensation.
	Request from ED/CCUL that 2 NPs/MDs/DOs and 3 RNs be assigned to your unit.
	Report to Trauma bays and collect your Residents/NPs/Students for briefing on incident.
	Check Delayed Treatment rooms for adequate stocking of Oxygen delivery (NRB) and monitoring equipment.
	Request 1 intubation medication kit from Pharmacy for Delayed area. Confirm pharmacist phone number for further medication needs.
	Review all current Green ED patients and mark in MD Comments column of Cerner as “Chair”, “Admit” or “Stay” per EOP guidelines
	Together with the Trauma Attending divide available Residents and nurses into Rapid Assessment Teams consisting of (at a minimum 1 ED MD, 1 Trauma MD, 1 RN, 1 other). Assign each team to 3 or more AED or RME Rooms (e.g. Rooms AED 12-16)
	If additional staffing needs anticipated based on reports of incoming victims, communicate additional staffing needs (physicians, nurses, transporters) to the Treatment Area Manager.

<b>Ongoing (Operational Period)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Coordinate with Immediate and Delayed Treatment Unit Leaders to flex physician and nurse staffing as needed.
	Prioritize patients for Xrays and CT scans. Communicate priorities and needs with Radiology Technicians and TAM.
	Oversee medical care for all patients in Minor Treatment Area & Minor Overflow Area.
	Communicate admission priorities to Treatment Area Manager (TAM).

<b>Ongoing (Operational Period)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Communicate resource needs (staffing & supplies) to DEM Logistics Officer.
	Ensure that Minor patients are regularly re-evaluated (and retriaged to a higher level if their condition has changed) until discharge.
	Coordinate the direction of minor patients to the urgent care clinics if threshold is reached to direct minor patients outside the emergency department (> 30 casualties arrive from the incident).

<b>Demobilization Period</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Continue to oversee care and disposition of patients assigned to Minor Unit until normal processes resume.
	Review all pre-activation "Fast Track" patients to determine status (admitted, discharged, still in ED).
	Briefly evaluate all pre-activation "Fast Track" patients remaining in ED.
	Attain list of pre-activation "Fast Track" patients from ED/CCUL and review EHR for note completion, orders, and unrecognized events.
	Compile list of unrecognized events noted in HER review and submit to Adult ED Director or Vice Chair for Operations for review.
	Assess Physicians, mid-level providers & nurses for early signs of critical stress response. Refer to PsySTART mental health unit, or to DEM Administration for follow-up.

# DEM PEDIATRIC UNIT LEADER – Peds ED Attending

**Mission:** Organize, direct, and provide emergency care for Pediatric casualties.

Date: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Position Assigned to: \_\_\_\_\_ Initial: \_\_\_\_\_  
 Position Reports to: **Treatment Area Manager (TAM)** Signature: \_\_\_\_\_  
 Hospital Command Center (HCC) Location: \_\_\_\_\_ Telephone: \_\_\_\_\_

<b>Immediate (Operational Period)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Put on your command vest.
	Read this JAS and clarify questions with ED/CCUL or Treatment Area Manager (TAM)
	Brief the Residents/NPs/Students in your area on details of incident.
	Review all current Pediatric ED patients and mark in MD Comments column of Cerner as “Chair”, “Admit” or “Stay” per EOP guidelines
	Check all Pediatric ED rooms for adequate stocking of Oxygen delivery (NRB) and monitoring equipment.
	Request 1 intubation medication kit from Pharmacy for Delayed area. Confirm pharmacist phone number for further medication needs.
	Request intubation medication kits from Pharmacy for each of the Trauma Bays 5 and 6.
	Assign a clerk to take photo or make notes of clothing/appearance for all pediatric patients arriving unaccompanied (this information should be entered in the child’s record in Cerner) for eventual entry into Reddinet Family Reunification Module.
	If additional staffing needs anticipated based on reports of incoming victims, communicate additional staffing needs (physicians, nurses, transporters) to the Treatment Area Manager.

<b>Ongoing Activities</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Coordinate with Immediate, Delayed and Minor Treatment Unit Leaders to flex physician and nurse staffing as needed.
	Prioritize patients for Xrays and CT scans. Communicate priorities and needs with Radiology Technicians and TAM
	Oversee medical care for all patients in Pediatric Treatment Area
	Communicate with Trauma Attending (or Representative) regarding patient status and prioritization for OR transfers (decisions are responsibility of Trauma).
	Communicate Resource needs (supplies & staffing) with TAM.

<b>Ongoing Activities</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Ensure that all patients have disposition decision (admit/discharge orders) or Treatment plan in MD Comments of Cerner within 1 hour of arrival.

<b>Demobilization Period</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Continue to oversee care and disposition of patients assigned to Pediatric Unit until normal processes resume.
	Review all pre-activation "Pediatric ED" patients to determine status (admitted, discharged, still in ED).
	Briefly evaluate all pre-activation "Pediatric ED" patients remaining in ED.
	Attain list of pre-activation "Pediatric ED" patients from ED/CCUL and review EHR for note completion, orders, and unrecognized events.
	Compile list of unrecognized events noted in HER review and submit to Pediatric ED Director or Vice Chair for Operations for review.
	Assess Physicians, mid-level providers & nurses for early signs of critical stress response. Refer to PsySTART mental health unit, or to DEM Administration for follow-up.

## PSYSTART UNIT LEADER – ED Social Worker

**Mission:** Address issues related to mental health emergency response, coordinate mental health response activities.

Date: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Position Assigned to: \_\_\_\_\_ Initial: \_\_\_\_\_  
 Position Reports to: **Treatment Area Manager (TAM)** Signature: \_\_\_\_\_  
 Hospital Command (HCC) Location: \_\_\_\_\_ Telephone: \_\_\_\_\_

<b>Immediate (Operational Period)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Put on your command vest.
	Read this JAS and clarify questions with ED/CCUL or Treatment Area Manager (TAM).
	Brief Unit members on incident details.
	Print & distribute PsySTART documentation to all Unit members.
	Coordinate with TAM to determine location where PsySTART members can be located during incident.
	Communicate and coordinate with Logistics Section Chief to determine <ul style="list-style-type: none"> <li>Available staff (social work, chaplains, psychiatry, etc.) to provide psychological support, and intervention.</li> <li>Location and type of resources that can be used to assist with a mental health response, such as toys and coloring supplies for children, mental health disaster recovery brochures, fact sheets on specific hazards (e.g., information on chemical agents that include symptoms of exposure), private area in the facility where family members can wait for news regarding their loved ones, etc.</li> </ul> Availability of psychotropic medications (particularly anxiolytics).
	If additional staffing needs anticipated based on reports of incoming victims, communicate additional staffing needs (physicians, nurses, transporters) to the Treatment Area Manager.

<b>Ongoing (Operational Period)</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Communicate and coordinate with Logistics Section Chief on the availability of: <ul style="list-style-type: none"> <li>• Mental health staff needed to deliver psychological support and intervention</li> </ul> Availability of psychotropic medications (particularly anxiolytics)
	Coordinate with Logistics and Planning Section Chiefs to create a recognized provisional Mental Health Patient Care Area, if necessary.
	Advise Treatment Unit Leader immediately of any operational issue you are not able to correct or resolve.
	Report equipment and supply needs to the ED Logistics Officer.
	Observe staff, volunteers, and patients for signs of stress and inappropriate behavior. Report concerns to the Treatment Unit Leader and the Employee Health and Well-Being Unit. Provide for staff rest periods and relief.
	Respond to reports or concerns from other staff regarding signs of staff stress. Report mental health needs of staff to Employee Health and Well-Being Unit.
	Record details (dress, hair color, eye color, identifying marks) for all unidentified victims & enter into Reddinet Family Reunification Module.

<b>Demobilization Period</b>	
<b>Time &amp; Initial</b>	<b>Action</b>
	Coordinate a plan to address the ongoing mental health needs of patients, families, and staff, in conjunction with the Employee Health & Well-Being Unit.
	Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.
	Upon deactivation of your position, brief the Medical Care Branch Director and Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.
	Coordinate stress management and after-action debriefings. Participate in other briefings and meetings as required.