

# TMTS

Provisional

## TEMPORARY MEDICAL TREATMENT STATIONS GUIDE 2020



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## FOREWORD

The subject of providing emergent medical care in non-hospital settings is complicated. The need for such measures would likely only be because of a catastrophe that requires the evacuation of a population or an event that paralyzes or destroys the local health care infrastructure. The set-up and operation of a TMTS requires collaboration with local, regional and state healthcare providers, stakeholders and officials. A disaster declaration will usually be required. Scope of care (acuity level of patients) should be pre-determined and based on a well-defined mission. For instance, cohorting stable isolation patients

This provisional guide is meant to be a resource for healthcare providers and emergency managers to use as a resource to set-up and operate a Temporary Medical Treatment Station in response to a catastrophic emergency. The guide is specifically designed to be useful during TMTS training or an actual event.

These documents are constantly evolving and should be considered a draft to serve as a starting point for your individual needs. As you review and use these documents, please comment here on this site or send your feedback to us. We are always making changes and improvements based on feedback.

## EXECUTIVE SUMMARY

An epidemic caused by influenza or other infectious disease outbreak, a WMD or naturally occurring catastrophe could result in 'mega casualties'. The customary health care infrastructure may become insufficient or completely incapacitated. Vital resources of health care personnel, materials, and equipment will likely be in short supply (Source: Agency for Healthcare Research and Quality, AHRQ).

One method to manage a massive influx of patients or to decompress saturated hospitals is the utilization of temporary medical treatment stations (TMTS).

There are two distinct event categories that could require the utilization of a TMTS:

1. **EMERGENT:** Likely to require a rapid deployment in response to a sudden catastrophic event. Mutual aid will likely be available, although on an unknown time schedule. The scope of care provided will be fluid and based on responder medical skill level, organizational capability, available mobile supplies, as well as the specific patient needs. The extent of the mission should be designed to be short term, with the acute needs phase lasting less than 2 weeks. Though certain circumstances, like an earthquake impacting multiple states, may require a longer time frame. Overall capability to succeed is directly linked to preparedness efforts in planning to provide medical care during a mega event.
2. **STRATEGIC:** Likely last step in managing an extended medical surge event due to an outbreak or Bio-Terrorism (BT) event. Mutual aid will likely be nonexistent. **Scope of care (acuity level of patients) should be pre-determined and based on a well-defined mission, for instance, cohorting stable isolation patients.** This determination will help with focusing clinical providers and in defining essential equipment and supply needs. The TMTS may be needed for many weeks to months.

Given the range of planning requirements to develop contingencies for epic events like those listed above, the aim of this guide is to provide illustrations of operational principles as an interim plan until a more comprehensive tool becomes available.

This guide was developed with input from; experienced disaster healthcare responders, community and regional partners, and subject matter experts from

many disciplines. The forms were taken directly from substantiated sources as well as from disaster response teams from various areas of the country.

Like any other operations document, it is most important to review BEFORE you need it. Moreover, your review and subsequent feedback can help us make this even more useful in future versions. Comments and suggestion should be sent to: **[info@imert.org](mailto:info@imert.org)**.

## TMTS PLANNING CONSIDERATIONS

Listed below are some general issues that should be considered in planning for and operation of a TMTS.

**Infectious Disease: Stable Covid-19 Isolation Patients:** A TMTS designated for a cohort of stable isolation patients with a respiratory infection will have its own special considerations. Assume that all stable patients may need respiratory treatments, aerosolize/airborne risks, and a minimum 1-week to 2-weeks (<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>) recovery times. TMTS should have an established protocol for specimen collection to aid in the disposition of recovering patients. CDC recommends two negative nasopharyngeal swabs each obtained greater than 24 hours apart. A robust means of communications between clinical and non-clinical staff should be established at time of set-up. No visitors should be allowed.

Staffing considerations include clinical and logistic staff to rotate 12 hour shifts for up to 2 weeks. A Physician or Nurse Practitioner must be present at all times. Direct patient care providers will need enough PPE for entry and exit for each clinical shift at a minimum and a secure space for donning and doffing PPE.

All other staff should be kept separated and minimal use of PPE unless they need to enter the clinical area. Pharmaceuticals for anti-bronchospasm (e.g. albuterol) and fever (e.g. acetaminophen) is best distributed to each patient with instructions for usage as needed by the clinical providers. Protocols need to be in place for the transfer of a patient requiring higher level of care.

Protocols need to be developed for the discharge and tracking of the recovered patient. For safety purposes, all staff and patient care areas should adhere to most updated guidelines from CDC and/or Public Health, e.g. 6 feet social distancing.

TMTS Administrator and Logistics should work out the type of spacing needed to accommodate these guidelines. CDC disinfection guidance should be adhered to during the daily use of TMTS where needed and demobilization phase of the TMTS (<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>).



**Need to Plan/ Train/Drill:** The need for a TMTS will be driven by a worse-case scenario event. It is imperative that the TMTS process be deliberated and tested at the community level beforehand. The set-up and operation of a TMTS is not intuitive. Essentially, a space not designed for medical care needs to be adapted into a suitable environment to provide medical care to displaced patients, provide for their families, and support the medical and non-medical volunteers and staff that will provide assistance. This will not work without pre-planning with community partners and testing it by actually providing training and conducting exercises.

**Legal/Jurisdiction Issues:** There are numerous legal and jurisdictional issues that still require resolution. These include but are not limited to; liability protection, worker's compensation, standards of care, and strategies for allocation of scarce resources. These issues will be addressed however, not having all the answers is a poor excuse for failing to plan.

**Memorandum of Understanding (MOU)/Site Determination:** Sites should be pre-determined with MOU's in place. A Site Selection Tool has been provided in this document. It should be utilized immediately upon the determination of the location of a TMTS. The tool will provide pertinent and essential site specific infrastructure information. This information will help mitigate site related problems and help those in command to obtain critical support to maximize sustainability.

**Exit Strategy:** Development of an exit strategy should begin as soon as the TMTS opens. The efforts to operate the station as well as the drain on local and regional resources require that planners understand that the TMTS is TEMPORARY. The primary planning should limit the option of utilizing the TMTS to two weeks. During this time, even as patients may be pouring in, the exit strategy and demobilization planning should be addressed during every operational period. The goal is to get every patient discharged or to a more stable place for care as soon as possible.

**Safety and Security:** Safety and Security are the most important operational requirements of a TMTS. Without proper safety and security measures the welfare of patients and personnel could be in jeopardy. A security process should be set-up to: control access into and within the TMTS, identify and track patients, identify and track staff and visitors, and ensure the security of existing inventory and caches. A lock-down procedure should also be developed. Work with local authorities prior to a healthcare surge event to address heightened

security needs, or contact appropriate law enforcement personnel as soon as possible.

**Level of Care:** Consider the need to provide focus for the TMTS mission. There are two distinct scenarios that could require the utilization of a TMTS.

EMERGENT: requiring a rapid deployment in response to a sudden catastrophe i.e.: earthquake. Scope of care will be fluid and based on responder medical skill level, organizational capacity of leadership, supplies and equipment, and the clinical needs of victims.

STRATEGIC: to serve a specific clinical need i.e.: palliative care in the wake of an epidemic. Scope of care could be more focused allowing for judicious use of specialized healthcare providers, specific equipment, supplies and pharmaceuticals.

The TMTS should have the minimum capability to provide both in-patient and out-patient healthcare services with the caveats of: healthcare provider capability will be varied; and skilled providers/ equipment/ supplies will be limited. Likewise, common diagnostic tools will not be available on site (such as; X-Ray, CT Scans or blood work). Though over time, and with sufficient support for obtaining resources many of these shortfalls can be overcome. For instance, point-of-care bedside testing for common lab tests can be done with minimal equipment. A courier service to private/community laboratories or hospitals could provide for more advanced testing.

**Patient care areas** can be organized in terms of triage categories. This would include: Red, Yellow, Green and Black. Also, it is best to have a separate secure area for pediatric patients and for those who may be receiving palliative care.

To help address the varied medical capabilities of providers on site a **Rapid Response Team** should be identified. This team should be comprised of individuals with experience and skill in addressing medical emergencies and should include those with ACLS certification, ER/Critical Care and pre-hospital personnel fit the bill the best. This team can then function as a "CODE" team or provide early intervention if a patient appears to be getting in trouble. A method to alert the team should be devised and shared with all clinical providers.

It is most important to be flexible and able to scale up or down in any given area to accommodate the unpredictable arrival of patients with a variety of needs. Likewise, the needs of patient's families will have to be addressed.

**Assignment of TMTS roles:** A clear chain of command with appropriate medical authority needs to be established as soon as possible. A sample organization chart has been provided in this guide that will assist with these designations.

**Medical Director.** This is a challenging and difficult role, those best suited should have a background in Command and Medical Operations. While not required, an Emergency Physician is preferable. All medical orders must be provided by a physician.

It is also recommended that daily operations be assigned to a TMTS Administrator. This role is best suited for a Registered Nurse with charge nurse or supervisory experience or a physician with management experience. While not required, experience as an ER Charge nurse or House Supervisor is preferable.

These and other positions are delineated in the guide with accompanying Job Action Sheets.

**Job Descriptions:** There is a FEMA/HHS working group currently focused on; Credentialing, Resource Typing and Job Descriptions that can be used for positions needed to operate a TMTS. Once this effort is complete the descriptions will be added to this guide and forwarded to regional and local key stakeholders.

**Staffing/Volunteer Management:** Ensuring that staff/volunteers have appropriate credentials is a priority. Verification can be done through ILLINOIS HELPS or the Department of Professional Regulation. Non-medical individuals should be vetted as well. All must have a government issued ID and background checks pursued.

**Just-in-time Training:** The novel concept of operations of the TMTS and lack of familiarity with equipment on hand requires the provision of guidance to responders. This should include an explanation of: the command structure, current situation and patient census, the role the responder is expected to fill, strategies for problem identification and resolution, resources for operating equipment and obtaining supplies, documentation, debriefing or follow-up requirements. On-site training may also need to include; PPE (personal

protective equipment), Fit testing, infection control procedures, and safety guidelines.

**Documentation:** Sample documents have been included in this guide. Paper records are the best option for a TMTS. A plan to store medical records should be developed. Also a patient valuables tracking system should be developed and a secure found for safe keeping of personal valuables.

**Supplies and Equipment:** A sample supply and equipment list is provided in this guide. This list was designed in collaboration with a team of medical experts and experienced medical disaster responders. The overall scope of the list is aimed at addressing preparedness for all hazards. The intent is to offer support for 50 patients over a period of 10-14 days (actual support may vary based on event). The list has some specific details as well as some broad categories that will need to be addressed by local medical experts. Consider the need to provide a secure temperature-controlled environment for some supplies and pharmaceuticals. Likewise, there should be space reserved on-site for unloading and inventory storage.

**Functional Needs considerations:** The needs of patients should be accommodated as best as possible. Simple things such as close proximity to a bathroom for certain patients will make patient care easier and more efficient. Patients with disabilities may require additional assistance. Patients who speak a foreign language may require interpreters. Similarly, the pediatric area should be secure and constantly monitored. Beds for pediatric patients should be appropriate for the age and physical needs of the children. A play area should be included if possible.

**Responder Health and Safety:** The TMTS may function completely with volunteers, many of whom may not reside in the local community. These individuals will require billeting, meals, showers and a separate area away from the clinical operations to rest and recuperate.

**Fatality Management:** A fatality management plan should be developed in the first 48 hours or sooner if necessary. Local authorities and emergency management authorities should be consulted for direction. Management of human remains will need to be coordinated with existing local and state plans.

## TMTS SITE EVALUATION TOOL

A primary goal for healthcare emergency planners should be to pre-select and pre-evaluate appropriate TMTS sites in the community prior to an event. Any potential site should be visited in person to determine its suitability.

Many places are suitable for conversion into a TMTS. Schools, particularly local community colleges or high schools are excellent sites. The desirable features on a campus often include accessibility for wheelchairs and gurneys, multiple class rooms and gymnasiums for patient care, multiple bathrooms and showers, a loading dock, IT (information technology) connectivity, HVAC (Heating, Ventilation, Air Conditioning), parking, food prep areas, and much more.

The site selection tool is meant to be used to catalog these features to assist planners and responders in converting a non-traditional location into a patient care environment. It is highly recommended that this form be filled out as soon as possible upon arrival to any site that will be used as a TMTS. Prompt assessment of the site will identify gaps and vulnerabilities that can then be remediated to provide a safe and sustainable TMTS. For additional considerations when selecting a site, refer to <http://alternatECAresiteplanning.com/>

This Site Selection tool is meant to assist in identifying open and operational facilities that are not traditionally used for medical care, but that can be repurposed. It should not be used for facilities that are currently shuttered or lacking HVAC, electricity, plumbing, etc. If utilizing the tool for a facility that is not currently functioning, additional considerations, (i.e. water safety, air safety, life safety) need to be addressed with local specialists (fire department, EPA, etc).

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*Please provide as much information as possible. If possible, also provide a map of the local area, a patient flow diagram, blueprints, or drawings of the patient care area detailing electrical outlets, phone jacks, toilets, etc.*

**RHCC Region:** \_\_\_\_\_

**RHCC Coordinator:** \_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

County: \_\_\_\_\_ GPS Coordinates: \_\_\_\_\_

Closest Major Intersection: \_\_\_\_\_

Site Category (i.e., College Campus, Airport, etc.): \_\_\_\_\_

What is site used for \_\_\_\_\_

Is site designated for use by any other agency (Local EMA, Red Cross) \_\_\_\_\_

**Site Contact Information:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

Contact email: \_\_\_\_\_

**Local Health Department:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

Contact email: \_\_\_\_\_

### Additional Contacts

RHCC Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

RHCC Contact email: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

Local EMA Region: \_\_\_\_\_

EMA Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

EMA Contact email \_\_\_\_\_

## **Public Safety**

**Law Enforcement Jurisdictions:** A. \_\_\_\_\_ B. \_\_\_\_\_

A. Primary Contact Name: \_\_\_\_\_ Contact Phone \_\_\_\_\_

A. Contact email: \_\_\_\_\_

B. Primary Contact Name: \_\_\_\_\_ Contact Phone \_\_\_\_\_

B. Contact email: \_\_\_\_\_

**State Police Jurisdiction:** \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

Contact email: \_\_\_\_\_

**Local Fire Department(s):** \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

**Local EMS Resources:** \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

**Local Private Ambulance Resources:**

A. \_\_\_\_\_ B. \_\_\_\_\_

A. Primary Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

A. Contact email: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

B. Primary Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

B. Contact email: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

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### **Health Services:**

#### **Local Hospitals:** (name and address)

1. \_\_\_\_\_ Distance: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

Hospital info (check all that apply):

ED Peds Level: ☐SEDP ☐EDAP ☐PCCC

Trauma Level: ☐Non Trauma Center ☐Trauma Level II ☐Trauma Level I

EMS Hospital Designation: ☐Resource ☐Participating ☐Associate

2. \_\_\_\_\_ Distance: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

Hospital info (check all that apply):

ED Peds Level: ☐SEDP ☐EDAP ☐PCCC

Trauma Level: ☐Non Trauma Center ☐Trauma Level II ☐Trauma Level I

EMS Hospital Designation: ☐Resource ☐Participating ☐Associate

#### **Closest Pediatric Intensive Care Unit:** (name and address)

\_\_\_\_\_ Distance: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_ Contact Phone #1: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_



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**Regional Burn Center/Unit:** (name and address)

\_\_\_\_\_ Distance: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

### **Other Local Health Care Resources:**

(Nearby surgi-centers, clinics, dialysis centers, orthopedics, mental health, diagnostics, x-rays, etc.)

_____	_____
_____	_____
_____	_____

### **Local Contacts** (Please provide name, number and address if possible)

Local Physician: \_\_\_\_\_

Local Dentist: \_\_\_\_\_

Local Pediatrician: \_\_\_\_\_

Local Orthopedist: \_\_\_\_\_

Home Health/Hospice \_\_\_\_\_

Durable Medical Goods Provider \_\_\_\_\_

Medical Gas Provider \_\_\_\_\_

Local Pharmacy: \_\_\_\_\_

Big Box Store: \_\_\_\_\_

Hardware Store: \_\_\_\_\_

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### **INFRASTRUCTURE**

Total Square Footage: \_\_\_\_\_

(Recommend 20-25,000 square feet for 50-100 Patients)

Estimated Bed Capacity: \_\_\_\_\_

(Recommend accounting for 6 feet between each bed, refer to CDC guidelines for appropriate spacing of beds)

Is there an existing perimeter (i.e.: fence) \_\_\_\_\_

Can a secure perimeter be created \_\_\_\_\_

Is there space that can be designated for pediatric care (lock-down capable) \_\_\_\_\_

Is there separate space to store pediatric supplies \_\_\_\_\_

Is there space for palliative/hospice care (removed from the general area) \_\_\_\_\_

Exterior triage area \_\_\_\_\_

### **Access**

Number of parking spaces: \_\_\_\_\_ Expandable \_\_\_\_\_

Turn-around area for ambulances/trucks/buses/semis \_\_\_\_\_

Parking area for ambulances/trucks/buses/semis \_\_\_\_\_

Loading dock \_\_\_\_\_

Fork lift \_\_\_\_\_

Separate staging area for "official" vehicles (squad cars, military vehicles) \_\_\_\_\_

Separate vehicle entrance for staff, ambulances etc. \_\_\_\_\_

Is parking area well-lit \_\_\_\_\_ is parking area under video surveillance \_\_\_\_\_

Does the facility have ramps or other accessible pathways? \_\_\_\_\_

Area for helicopters to land? \_\_\_\_\_

### **Facility**

Number of floors: \_\_\_\_\_

Number of elevators: \_\_\_\_\_

Number of toilets: \_\_\_\_\_

Number of handicap-accessible toilets: \_\_\_\_\_

Number of sinks: \_\_\_\_\_

Number of showers: \_\_\_\_\_

Number of handicap-accessible showers: \_\_\_\_\_

Number of bathtubs: \_\_\_\_\_

Water supply    Well or municipal    If well, what is the maximum flow available? \_\_\_\_\_

Hot water supply:    \_\_YES    \_\_NO

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Door size adequate for gurneys/wheelchairs \_\_\_\_\_

Equipment/supply/storage area available \_\_\_\_\_

Family sleeping area available \_\_\_\_\_

Area for service animal exercise \_\_\_\_\_

Food supply and prep area available \_\_\_\_\_

Number of refrigerators: \_\_\_\_\_

Number of freezers: \_\_\_\_\_

Areas for operational/command set-up \_\_\_\_\_

Separate staff sleeping quarters \_\_\_\_\_

Private staff area \_\_\_\_\_

Computers available for staff use \_\_\_\_\_

WI Fi enabled? \_\_\_\_\_

Number of available computers: \_\_\_\_\_

O2 Available \_\_YES \_\_NO

Securable area for pharmacy \_\_\_\_\_

Lab specimen handling area \_\_\_\_\_

Mortuary capacity \_\_\_\_\_

Does the building have video surveillance \_\_\_\_\_

Possible external decon area \_\_\_\_\_

With exterior running water/runoff containment \_\_\_\_\_

With hot and cold water access \_\_\_\_\_

HVAC Capacity: \_\_\_\_\_

### Utilities

Electrical service provider \_\_\_\_\_

Circuit breakers or fuses \_\_\_\_\_ Location: \_\_\_\_\_

Backup generator available \_\_\_\_\_ Location: \_\_\_\_\_

Size of Generator: \_\_\_\_\_

Fuel type for Generator: \_\_\_\_\_

If diesel or propane, how long will tank run generator \_\_\_\_\_

Please check what the back-up generator provides

Air conditioning \_\_\_\_\_

Heat \_\_\_\_\_

Other means of ventilation \_\_\_\_\_

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Adequate lighting - interior \_\_\_\_\_

Adequate lighting – exterior \_\_\_\_\_

Number of electrical outlets \_\_\_\_\_

### Communications

Number of phones: \_\_\_\_\_

Number of phone lines: \_\_\_\_\_

Number of phone jacks: \_\_\_\_\_

Intercom/loudspeaker system \_\_\_\_\_

Wired Internet access \_\_\_\_\_

Wireless (Wi-Fi) Internet access \_\_\_\_\_

### COMMENTS:

### Other Features

Food prep area \_\_\_\_\_

Refrigerators-Freezers \_\_\_\_\_

Laundry facilities on premises \_\_\_\_\_

Floor coverings: \_\_\_\_\_

Existing furniture: \_\_\_\_\_

Can all doors be locked? \_\_\_\_\_

Is there an existing service for Biohazard waste storage \_\_\_\_\_

Contact: \_\_\_\_\_

Are there existing Biohazard waste storage units? \_\_\_\_\_

Waste storage capacity: \_\_\_\_\_

### Local Resources

Please fill out name, address and contact numbers where applicable.

Rubbish service: \_\_\_\_\_

Portable toilet service: \_\_\_\_\_

Water service: \_\_\_\_\_

Electric service: \_\_\_\_\_

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Gas service: \_\_\_\_\_

Red Cross: \_\_\_\_\_

Salvation Army: \_\_\_\_\_

Local Chamber  
Of Commerce: \_\_\_\_\_

Senior services: \_\_\_\_\_

School Bus: \_\_\_\_\_

Local Transport:  
Taxi \_\_\_\_\_

Local Train Station: \_\_\_\_\_

Local Airport: \_\_\_\_\_

Vehicle repair garages: \_\_\_\_\_

Auto Parts Store: \_\_\_\_\_

Closest Gas Station: \_\_\_\_\_

Hardware Store: \_\_\_\_\_

Laundry: \_\_\_\_\_

Lodging: \_\_\_\_\_

**Comments:**

---

## Available Documents:

*Please attach all additional documents*

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| 1. GIS Picture                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Local Map                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Diagram/Schematic of Facility | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Patient Flow Diagram          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## Survey Conducted By:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

## TMTS SAMPLE ORGANIZATIONAL TOOLS

In this section there are multiple forms that will be critical for keeping things organized. The use of the Hospital Incident Command System works well, though some modifications are necessary for field operations in a TMTS. Attached is a collection of forms that cover the TMTS operations and Job Action Sheets (JAS) for each position. A sample organization chart that is used by IMERT has been provided. It is clinically focused and meant to organize resources around the patient care process. Also included, as examples, are copies of the IMERT Triage and Treatment record, doctors' orders, nurses notes, etc.

These forms are all provided as examples only, and can be modified to fit various operational roles and needs. For example, one can add, subtract or double up on assigned tasks as needed and modify the Hospital Incident Command System (HICS) forms accordingly.

### List of included HICS forms and page numbers

27	HICS 201 – Incident Briefing	41	HICS 252 – Section Personnel Time Sheet
29	HICS 202 – Incident Objectives	42	HICS 253 – Volunteer Staff Registration
30	HICS 203 – Organization Assignment List	43	HICS 254 – Victim-Patient Tracking Form
31	HICS 204 – Branch Assignment List	44	HICS 255 – Master Patient Tracking Form
32	HICS 205 – Incident Communications Log(s)	45	HICS 256 – Procurement Summary Report
34	HICS 206 – Staff Medical Plan	46	HICS 257 – Resource Accounting Record
35	HICS 207 – Organization Chart	47	HICS 258 – Resource Directory
36	HICS 213 – Incident Message Form	51	HICS 259 – Casualty Report
37	HICS 214 – Operational Log	52	HICS 260 – Patient Tracking Form
38	HICS 251 – Facility System Status	53	HICS 261 – Incident Action Safety

### List of included Job Action Sheets and page numbers

58	TMTS Medical Director	109	Community Liaison/Discharge Team Leader
60	TMTS Administrator	112	Medical/Nursing Staff
64	Public Information Officer	114	Mental Health Unit Leader
67	Liaison Officer	118	Allied Health Unit Leader
70	Safety Officer	121	Palliative Care Unit Leader
73	Security Unit Leader	124	Pharmacy Unit Leader
76	Infection Control Unit Leader	126	Logistics Section Chief
79	Environmental Services Unit Leader	129	Communications Unit Leader
82	Responder Health and Wellbeing Unit Leader	132	Supply Unit Leader
85	Planning Section Chief	135	Support Unit Leader
88	Documentation Unit Leader	137	Food and Nutrition Unit Leader
91	Patient Tracking Manager	140	Transportation Unit Leader
93	Staffing/Accountability Unit Leader	143	Information Technology Unit Leader
96	Scribe	145	Finance Section Chief
98	Medical Operations Chief/Chief Nursing Officer	148	Billeting Unit Leader
101	Charge Nurse/Chief Paramedic	150	Cost Accounting Unit Leader
103	Rapid Response Team Leader		
105	Triage Team Leader		
107	Medical Team Leader		





6. NOTES (including accomplishments, issues, warnings/directives)

<b>HICS 202 – INCIDENT OBJECTIVES</b>					
<b>1. INCIDENT NAME</b>			<b>2. DATE PREPARED</b>		<b>3. TIME PREPARED</b>
<b>4. OPERATIONAL PERIOD DATE/TIME</b>					
<b>5. GENERAL COMMAND AND CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES)</b>					
<b>6. WEATHER / ENVIRONMENTAL IMPLICATIONS FOR PERIOD (include as appropriate: forecast, wind speed/direction, daylight)</b>					
<b>7. GENERAL SAFETY / STAFF MESSAGES TO BE GIVEN</b> (Examples: Personal Protective Equipment (PPE), Precautions, Case Definitions (refer to HICS 261 Incident Action Plan Safety Analysis))					
<b>8. ATTACHMENTS (mark if attached)</b>					
<input type="checkbox"/> Organization Assignment List - HICS 203		<input type="checkbox"/> Medical Plan - HICS 206		<input type="checkbox"/> Traffic Plan	
<input type="checkbox"/> Branch Assignment List - HICS 204		<input type="checkbox"/> Facility System Status Report – HICS 251		<input type="checkbox"/> Incident Map	
<input type="checkbox"/> Incident Communications Plan – HICS 205		<input type="checkbox"/> Incident Action Plan Safety Analysis – HICS 261		<input type="checkbox"/> Other _____	
<b>9. PREPARED BY (PLANNING SECTION CHIEF):</b>			<b>10. APPROVED BY (INCIDENT COMMANDER):</b>		
<b>11. FACILITY NAME</b>					

<b>HICS 203 – ORGANIZATION ASSIGNMENT LIST</b>			
<b>1. INCIDENT NAME</b>	<b>2. DATE PREPARED</b>	<b>3. TIME PREPARED</b>	<b>4. OPERATIONAL PERIOD DATE/TIME</b>
<b>POSITION</b>	<b>NAME / AGENCY</b>		
<b>5. Incident Commander and Staff</b>			
Incident Commander			
Public Information Officer			
Liaison Officer			
Safety Officer			
Medical/Technical Specialist (Type)			
Medical/Technical Specialist (Type)			
Medical/Technical Specialist (Type)			
Medical/Technical Specialist (Type)			
Medical/Technical Specialist (Type)			
Medical/Technical Specialist (Type)			
<b>6. Operations Section</b>			
Chief			
Staging Manager			
Medical Care Branch			
Infrastructure Branch			
Security Branch			
Business Continuity Branch			
HazMat Branch			
Other Branch:			
<b>7. Planning Section</b>			
Chief			
Resources Unit			
Situation Unit			
Documentation Unit			
Demobilization Unit			
Other Branch:			
<b>8. Logistics Section</b>			
Chief			
Service Branch			
Support Branch			
Other Branch:			
<b>9. Finance/Administration Section</b>			
Chief			
Time Unit			
Procurement Unit			
Compensation/Claims Unit			
Cost Unit			
Other Branch:			
<b>10. Agency Representative (in TMTS Command Center)</b>			
Agency			
<b>11. TMTS Representative (in External EOC)</b>			
External Location			
<b>12. PREPARED BY (RESOURCES UNIT LEADER)</b>			
<b>13. FACILITY NAME</b>			

<b>HICS 204 - BRANCH ASSIGNMENT LIST</b>					
<b>1. INCIDENT NAME</b>		<b>2. SECTION</b>	<b>3. BRANCH</b>	<b>4. OPERATIONAL PERIOD</b> DATE: TIME:	
<b>5. PERSONNEL</b> SECTION CHIEF: BRANCH DIRECTOR:					
<b>6. UNITS ASSIGNED THIS PERIOD</b>					
Name	Name	Name	Name	Name	Name
Leader	Leader	Leader	Leader	Leader	Leader
Location	Location	Location	Location	Location	Location
Members	Members	Members	Members	Members	Members
<b>7. KEY OBJECTIVES</b>					
<b>8. SPECIAL INFORMATION / CONSIDERATION</b>					
<b>9. PREPARED BY (BRANCH DIRECTOR)</b>		<b>10. APPROVED BY (PLANNING SECTION CHIEF)</b>		<b>11. DATE</b>	<b>12. TIME</b>
<b>13. FACILITY NAME</b>					



<b>HICS 205 – INCIDENT COMMUNICATIONS PLAN (INTERNAL)</b>							
<b>1. INCIDENT NAME</b>				<b>2. DATE/TIME PREPARED</b>		<b>3. OPERATIONAL PERIOD DATE/TIME</b>	
<b>4. BASIC CONTACT INFORMATION</b>							
ASSIGNMENT/ NAME	RADIO CHANNEL / FREQUENCY	PHONE Primary & Alternate	FAX	E-MAIL / PDA	PAGER	ALT. COMMUNICATION DEVICE	COMMENTS
<b>5. PREPARED BY (COMMUNICATIONS UNIT LEADER)</b>				<b>6. APPROVED BY (LOGISTICS CHIEF)</b>			
<b>7. FACILITY NAME</b>							

<b>HICS 205 – INCIDENT COMMUNICATIONS PLAN (EXTERNAL)</b>							
<b>1. INCIDENT NAME</b>				<b>2. DATE/TIME PREPARED</b>		<b>3. OPERATIONAL PERIOD DATE/TIME</b>	
<b>4. BASIC CONTACT INFORMATION</b>							
ASSIGNMENT/ NAME	RADIO CHANNEL / FREQUENCY	PHONE Primary & Alternate	FAX	E-MAIL / PDA	PAGER	ALT. COMMUNICATION DEVICE	COMMENTS
<b>5. PREPARED BY (COMMUNICATIONS UNIT LEADER)</b>				<b>6. APPROVED BY (LOGISTICS CHIEF)</b>			
<b>7. FACILITY NAME</b>							

<b>HICS 206 – STAFF MEDICAL PLAN</b>			
1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD DATE/TIME
<b>5. TREATMENT OF INJURED/ ILL STAFF</b>			
<b>Location of Staff Treatment Area</b>		<b>Contact Information</b>	
<b>Treatment Area Team Leader</b>		<b>Contact Information</b>	
<b>Special Instructions</b>			
<b>6. RESOURCES ON HAND</b>			
<b>STAFF</b>	<b>MEDICAL TRANSPORTATION</b>	<b>MEDICATION</b>	<b>SUPPLIES</b>
MD/DO	Litters		
PA/NP	Portable Beds		
RN/LPN	Transport		
Technicians/CN	Wheelchairs		
Ancillary/Other			
<b>7. TEMPORARY MEDICAL TREATMENT SITE(S)</b>			
<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>	<b>SPECIALTY CARE (specify)</b>
<b>8. PREPARED BY (SUPPORT BRANCH DIRECTOR)</b>			
<b>9. FACILITY NAME</b>			

## HICS 207 – ORGANIZATION CHART

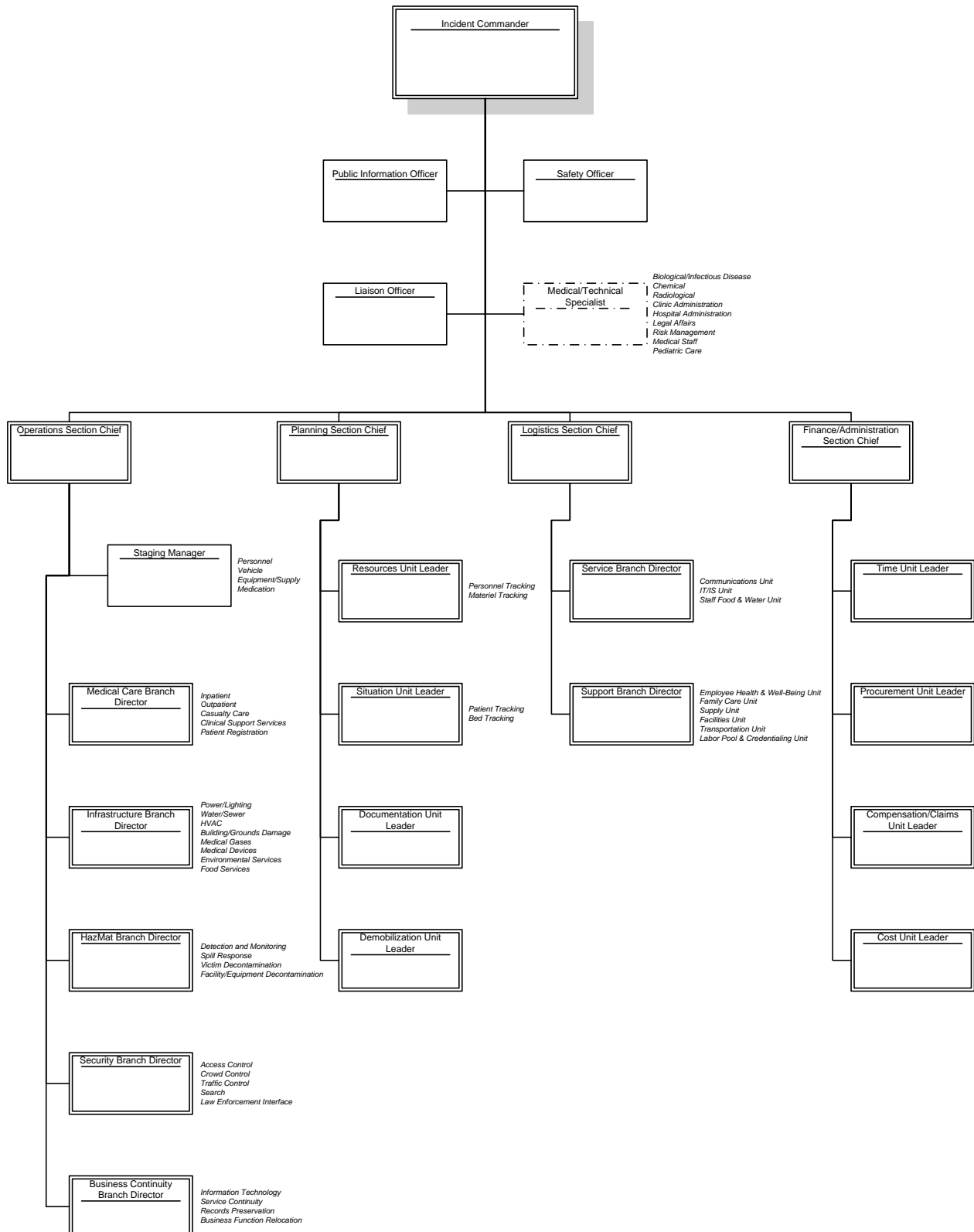
1. INCIDENT NAME

2. DATE PREPARED

3. TIME PREPARED

4. OPERATIONAL PERIOD  
DATE/TIME

### 5. ORGANIZATIONAL CHART



6. FACILITY NAME



**HICS 213 – INCIDENT MESSAGE FORM**

<b>1. FROM (Sender):</b>			<b>2. TO (Receiver):</b>
<b>3. DATE RECEIVED</b>	<b>4. TIME RECEIVED</b>	<b>5. RECEIVED VIA</b>	<b>6. REPLY REQUESTED:</b>
		<input type="checkbox"/> Phone <input type="checkbox"/> Radio	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Other	If Yes, REPLY TO (if different from Sender):

**7. PRIORITY**
☐ Urgent - **High**   ☐ Non Urgent – **Medium**   ☐ Informational - **Low**
**8. MESSAGE (KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC):**


**9. ACTION TAKEN (if any):**


Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

**10. FACILITY NAME**

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## HICS 214 – OPERATIONAL LOG

[illegible]

**HICS 251 – FACILITY SYSTEM STATUS REPORT**

<b>1. Operational Period Date/Time</b>	<b>2. Date Prepared</b>	<b>3. Time Prepared</b>	<b>4. Building Name:</b>
<b>5. SYSTEM STATUS CHECKLIST</b>			
<b>COMMUNICATION SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)	
<b>Fax</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>Information Technology System (email/registration/patient records/time card system/intranet, etc.)</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>Nurse Call System</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>Paging - Public Address</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>Radio Equipment</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>Satellite System</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>Telephone System, External</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>Telephone System, Proprietary</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>Video-Television-Internet-Cable</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>Other</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>INFRASTRUCTURE SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)	
<b>Campus Roadways</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>Fire Detection/Suppression System</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>Food Preparation Equipment</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>Ice Machines</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>Laundry/Linen Service Equipment</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>Structural Components (building integrity)</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>Other</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		

**Purpose:** Record facility status for operational period for incident**Origination:** Infrastructure Branch Director

HICS 251

**Original to:** Situation Unit Leader

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**Copies to:** Safety Officer, Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, and Documentation Unit Leader

PATIENT CARE SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Decontamination System (including containment)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Digital Radiography System or other X-ray capacity	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Ethylene Oxide (EtO)/Sterilizers	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Isolation Rooms (positive/negative air)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
SECURITY SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Door Lockdown Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Surveillance Cameras	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
UTILITIES, EXTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Electrical Power-Primary Service	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sanitation Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Natural Gas	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Air Compressor	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Electrical Power, Backup Generator	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Fuel status)
Elevators/Escalators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Hazardous Waste Containment System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Heating, Ventilation, and Air Conditioning (HVAC)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

<b>Medical Gases, Other</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>Oxygen</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
<b>Pneumatic Tube</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>Steam Boiler</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>Sump Pump</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>Well Water System</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>Vacuum (for patient use)</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>Water Heater and Circulators</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>Other</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>6. CERTIFYING OFFICER</b>		
<b>7. FACILITY NAME</b>		

**HICS 252 – SECTION PERSONNEL TIME SHEET**

<b>1. FROM DATE/TIME</b>	<b>2. TO DATE/TIME</b>	<b>3. SECTION</b>	<b>4. TEAM LEADER</b>
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**5. TIME RECORD**

#	Responder (R)/Volunteer (V)* Name <i>(Please Print)</i>	R/V	Responder Number	Response Function/Job	Date/Time In	Date/Time Out	Signature	Total Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

\* May be usual hospital volunteers or approved volunteers from community.

<b>6. Certifying Officer</b>	<b>7. Date/Time Submitted</b>
<b>8. Facility Name</b>	

HICS 253 – VOLUNTEER STAFF REGISTRATION							
1. FROM DATE/TIME		2. TO DATE/TIME		3. SECTION		4. TEAM LEADER	
5. REGISTRATION							
Name (Last Name, First Name)	Address City, State, Zip	Social Security Number	Telephone Number	Certification/Licensure and Number	Time IN	Time OUT	Signature
6. CERTIFYING OFFICER						7. Date/Time Submitted:	
8. Facility Name							





<b>HICS 255 - MASTER PATIENT EVACUATION TRACKING FORM</b>										
<b>1. INCIDENT NAME</b>				<b>2. DATE/TIME PREPARED</b>			<b>3. PATIENT TRACKING MANAGER</b>			
<b>4. PATIENT EVACUATION INFORMATION</b>										
Patient Name	Medical Record#	Disposition	Evacuation Triage Category				Accepting Hospital	Time Hospital Contacted & Report given		
		Home or Transfer	Immed Delayed Minor Expired							
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Arrival Confirmed Yes No		Admit Location Floor ICU ER		Expired (time)		
Patient Name	Medical Record#	Disposition	Evacuation Triage Category				Accepting Hospital	Time Hospital Contacted & Report given		
		Home or Transfer	Immed Delayed Minor Expired							
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Arrival Confirmed Yes No		Admit Location Floor ICU ER		Expired (time)		
Patient Name	Medical Record#	Disposition	Evacuation Triage Category				Accepting Hospital	Time Hospital Contacted & Report given		
		Home or Transfer	Immed Delayed Minor Expired							
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Arrival Confirmed Yes No		Admit Location Floor ICU ER		Expired (time)		
Patient Name	Medical Record#	Disposition	Evacuation Triage Category				Accepting Hospital	Time Hospital Contacted & Report given		
		Home or Transfer	Immed Delayed Minor Expired							
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Arrival Confirmed Yes No		Admit Location Floor ICU ER		Expired (time)		
Patient Name	Medical Record#	Disposition	Evacuation Triage Category				Accepting Hospital	Time Hospital Contacted & Report given		
		Home or Transfer	Immed Delayed Minor Expired							
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Arrival Confirmed Yes No		Admit Location Floor ICU ER		Expired (time)		
Patient Name	Medical Record#	Disposition	Evacuation Triage Category				Accepting Hospital	Time Hospital Contacted & Report given		
		Home or Transfer	Immed Delayed Minor Expired							
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Arrival Confirmed Yes No		Admit Location Floor ICU ER		Expired (time)		
Patient Name	Medical Record#	Disposition	Evacuation Triage Category				Accepting Hospital	Time Hospital Contacted & Report given		
		Home or Transfer	Immed Delayed Minor Expired							
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Arrival Confirmed Yes No		Admit Location Floor ICU ER		Expired (time)		
<b>5. SUBMITTED BY</b>				<b>6. AREA ASSIGNED TO</b>			<b>7. DATE/TIME SUBMITTED</b>			
<b>8. FACILITY NAME</b>										

## HICS 256 – PROCUREMENT SUMMARY REPORT

### 1. PURCHASES

#	P.O./ Reference #	Date/Time	Item/Service	Vendor	\$ Amount	Requestor Name/Dept (Please Print)	Approved By (Please Print)	Received Date/Time
1								
	Comments							
2								
	Comments							
3								
	Comments							
4								
	Comments							
5								
	Comments							
6								
	Comments							
7								
	Comments							
8								
	Comments							
9								
	Comments							
10								
	Comments							
11								
	Comments							
12								
	Comments							
13								
	Comments							
14								
	Comments							
15								
	Comments							
2. CERTIFYING OFFICER				3. DATE/TIME SUBMITTED		4. FACILITY NAME		

**HICS 257 – RESOURCE ACCOUNTING RECORD**

<b>1. DATE</b>		<b>2. SECTION</b>			<b>3. OPERATIONAL PERIOD DATE/TIME</b>		
<b>4. RESOURCE RECORD</b>							
Time	Item/Facility Tracking ID #	Condition	Received from	Dispensed to	Returned (Date/Time)	Condition (or indicate if nonrecoverable)	Initials
<b>5. CERTIFYING OFFICER</b>			<b>6. DATE/TIME SUBMITTED</b>				
<b>7. FACILITY NAME</b>							

**HICS 258 – RESOURCE DIRECTORY**

	<b>Personal Contact (Company/Agency/Name)</b>	<b>Phone Number - Primary</b>	<b>Phone Number - Secondary</b>	<b>E-Mail</b>	<b>Fax</b>	<b>Radio</b>
Ambulance/EMS						
Ambulance, Hospital-Based						
Ambulance, Private						
Ambulance, Public Safety						
American Red Cross						
Automated Teller Machine (ATM)						
Biohazard Waste Company						
Buses						
Cab, City						
CDC						
Clinics						
Coroner/Medical Examiner						
Dispatcher, 911						
Emergency Management Agency						
Emergency Operations Center (EOC), Local						
Emergency Operations Center (EOC), State						
Engineers						
HVAC						
Mechanical						
Structural						
Environmental Protection Agency (EPA)						
Epidemiologist						
Federal Bureau of Investigation (FBI)						
Fire Department						
Food Service						
Fuel						
Funeral Homes/Mortuary Services						

**Purpose:** List resources to contact as needed and maintain contact information**Origination:** Resources Unit Leader**Copies to:** Command Staff and General Staff

HICS 258

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	Personal Contact (Company/Agency/Name)	Phone Number - Primary	Phone Number - Secondary	E-Mail	Fax	Radio
Generators						
HazMat Team						
Health Department, Local						
Heavy Equipment (e.g. Backhoes, etc.)						
Helicopters						
Home Repair/Construction Supplies						
1.						
2.						
Hospitals						
1.						
2.						
3.						
4.						
Hotel						
Housing, Temporary						
Ice, Commercial						
Laboratory Response Network						
Laundry/Linen Service						
Law Enforcement						
Long Term Care Facilities						
1.						
2.						
3.						
Media						
Print:						
Print:						
Radio:						
Radio:						
TV:						
TV:						

	Personal Contact (Company/Agency/Name)	Phone Number - Primary	Phone Number - Secondary	E-Mail	Fax	Radio
TV:						
TV:						
Medical Gases						
Medical Supply						
1.						
2.						
3.						
4.						
Medication, Distributor						
1.						
2.						
3.						
4.						
Moving Company						
Pharmacy, Commercial						
1.						
2.						
3.						
Poison Control Center						
Portable Toilets						
Public Health						
Radios						
Amateur Radio Group						
Satellite						
Service Provider (e.g. Nextel)						
Walkie-Talkie						
Regional Healthcare Coordinating Center/REDDINET						
Repair Services						
Beds						
Biomedical Devices						

	Personal Contact (Company/Agency/Name)	Phone Number - Primary	Phone Number - Secondary	E-Mail	Fax	Radio
Elevators						
Medical Devices						
Oxygen Devices						
Radios						
Restoration Services (e.g., ServiceMaster)						
Salvation Army						
Shelter Sites						
Surge Facilities						
Toxicologist						
Traffic Control						
Trucks						
Refrigeration						
Towing						
Utilities						
Gas						
Power						
Sewage						
Telephone						
Water						
Vending Machines						
Ventilators						
Water - Nonpotable						
Water Vendor - Potable						
Other						

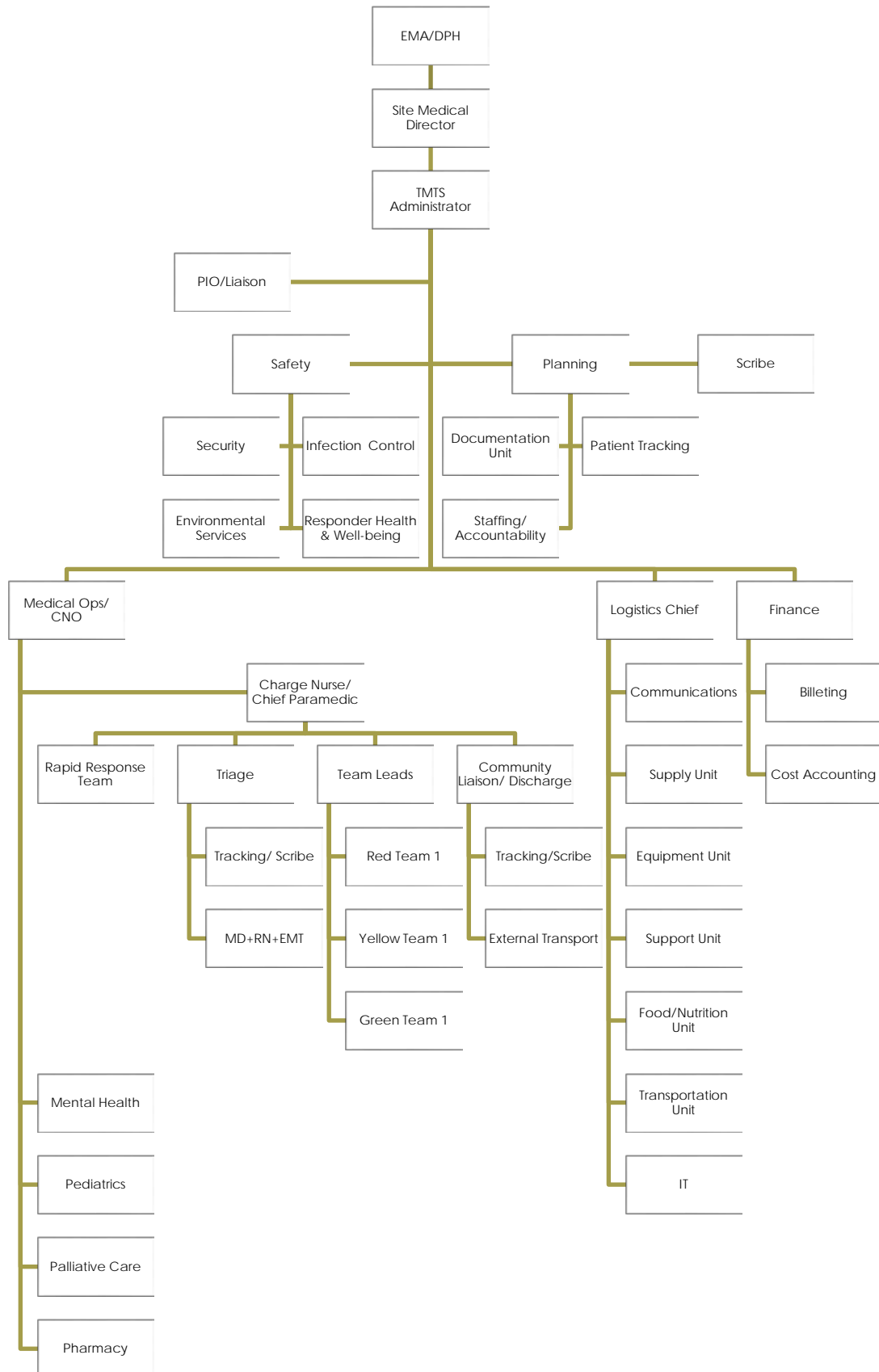
**HICS 259 – CASUALTY/FATALITY REPORT**

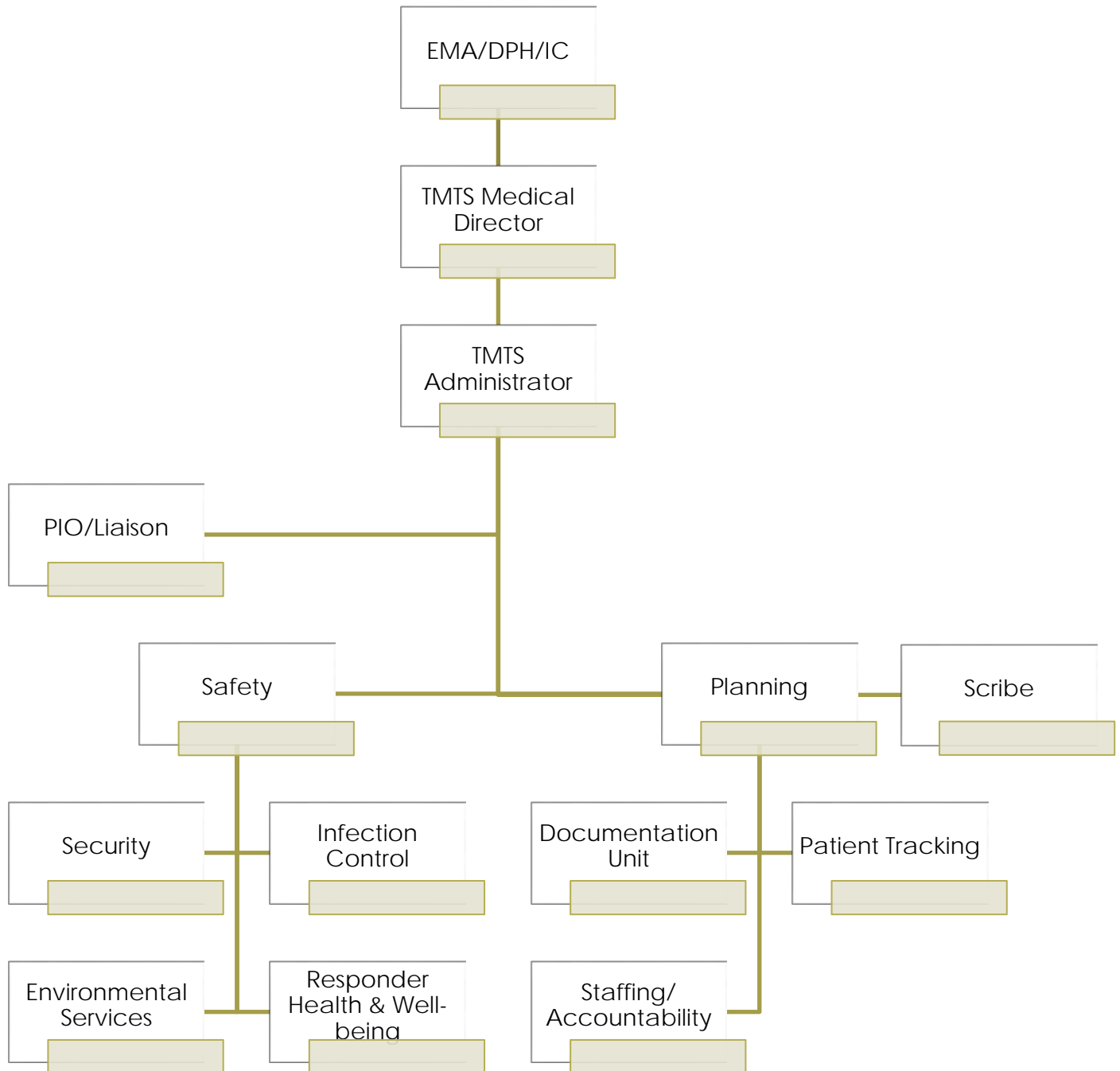
<b>1. INCIDENT NAME</b>	<b>2. DATE</b>	<b>3. TIME</b>	<b>4. OPERATIONAL PERIOD DATE/TIME</b>	
<b>5. NUMBER OF CASUALTIES/FATALITIES</b>				
	<b>Adult</b>	<b>Pediatric (<i>&lt;18 years old</i>)</b>	<b>Total</b>	<b>Comments</b>
Patients seen				
Waiting to be seen				
Admitted				
<i>Critical care bed</i>				
<i>Medical/surgical bed</i>				
<i>Pediatric bed</i>				
Discharged				
Transferred				
Expired				
<b>6. PREPARED BY (Patient Tracking Manager):</b>			<b>7. FACILITY NAME</b>	

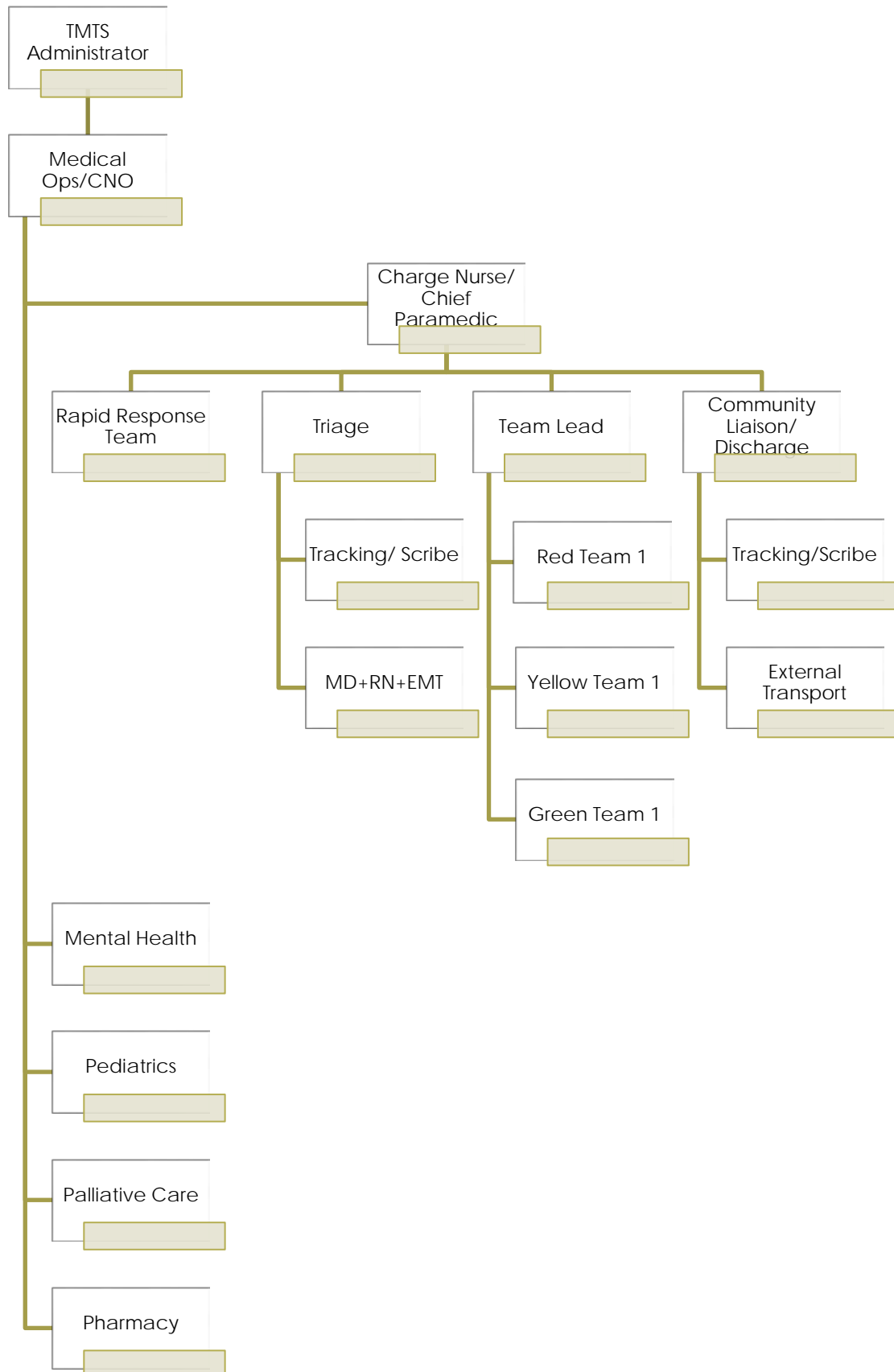


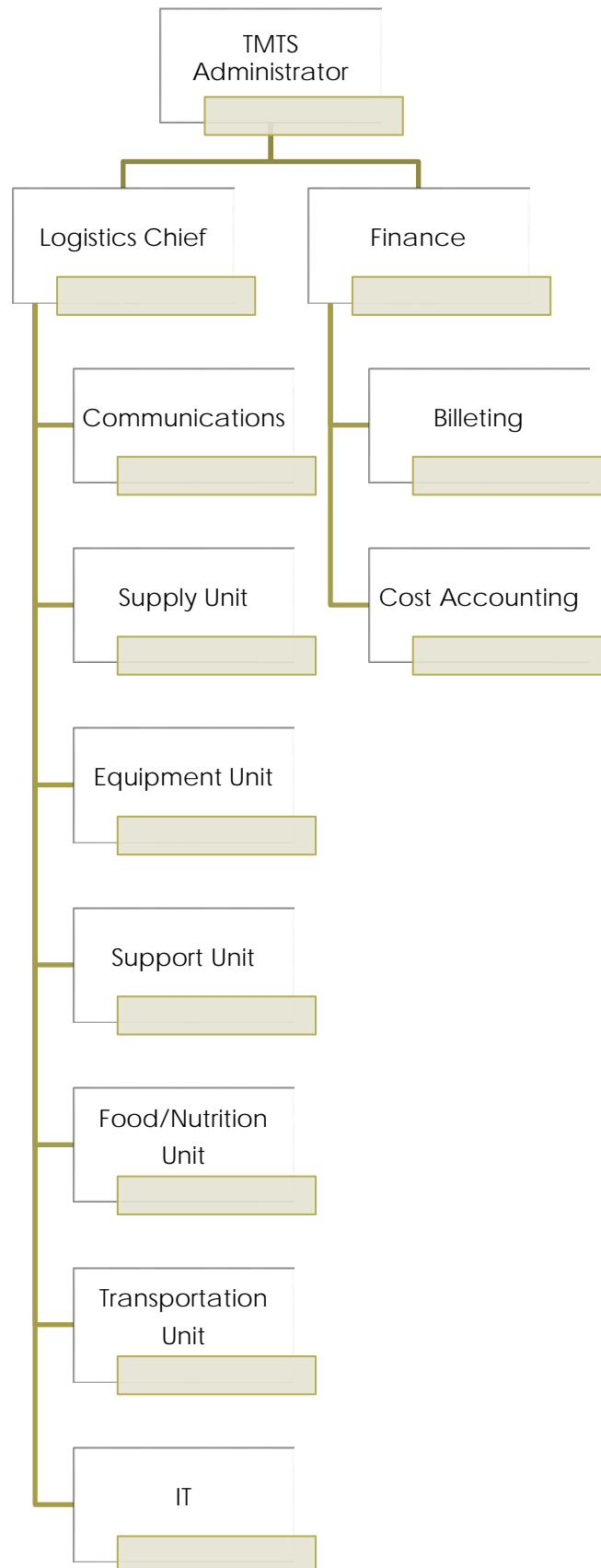
<b>HICS 260 – PATIENT TRACKING FORM (For Transfers and Discharges)</b>			
<b>1. DATE</b>		<b>2. UNIT</b>	
<b>3. PATIENT NAME</b>		<b>4. AGE</b>	<b>5. MR #</b>
<b>6. DIAGNOSIS (-ES)</b>		<b>7. ADMITTING PHYSICIAN</b>	
<b>8. FAMILY NOTIFIED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    CONTACT INFORMATION:			
<b>9. ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY)</b>			
<input type="checkbox"/> Hospital Bed	<input type="checkbox"/> IV Pumps	<input type="checkbox"/> Isolette/Warmer	<input type="checkbox"/> Foley Catheter
<input type="checkbox"/> Gurney	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Traction	<input type="checkbox"/> Halo-Device
<input type="checkbox"/> Wheel Chair	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Monitor	<input type="checkbox"/> Cranial Bolt/Screw
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Chest Tube(s)	<input type="checkbox"/> A-Line/Swan	<input type="checkbox"/> IO Device
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
ISOLATION <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE	
REASON			
<b>10. DEPARTING LOCATION</b>		<b>11. ARRIVING LOCATION</b>	
ROOM#	TIME	ROOM #	TIME
ID Band Confirmed <input type="checkbox"/> YES <input type="checkbox"/> NO	By:	ID Band Confirmed <input type="checkbox"/> YES <input type="checkbox"/> NO	By:
Medical Record Sent <input type="checkbox"/> YES <input type="checkbox"/> NO		Medical Record Sent <input type="checkbox"/> YES <input type="checkbox"/> NO	
Belongings <input type="checkbox"/> with Patient <input type="checkbox"/> Given to family <input type="checkbox"/> None		Belongings Received <input type="checkbox"/> YES <input type="checkbox"/> NO	
Valuables <input type="checkbox"/> with Patient <input type="checkbox"/> Left in Safe <input type="checkbox"/> None		Valuables <input type="checkbox"/> YES <input type="checkbox"/> NO	
Medications <input type="checkbox"/> with Patient <input type="checkbox"/> Given to family <input type="checkbox"/> other Explain other:		Medications Received <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>PEDS/INFANTS</b>			
Bag/Mask with Tubing Sent <input type="checkbox"/> YES <input type="checkbox"/> NO		Bag/Mask with Tubing Received <input type="checkbox"/> YES <input type="checkbox"/> NO	
Bulb Syringe Sent <input type="checkbox"/> YES <input type="checkbox"/> NO		Bulb Syringe Received <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>12. TRANSFERRING TO ANOTHER FACILITY</b>			
TIME TO STAGING AREA		TIME DEPARTING TO RECEIVING FACILITY	
DESTINATION			
TRANSPORTATION <input type="checkbox"/> Ambulance Unit <input type="checkbox"/> Helicopter <input type="checkbox"/> Other:			
ID BAND CONFIRMED <input type="checkbox"/> YES <input type="checkbox"/> NO    BY: (please print)			
DEPARTURE TIME			
<b>13. FACILITY NAME</b>			

HICS 261 – INCIDENT ACTION SAFETY ANALYSIS			
1. INCIDENT NAME		2. DATE PREPARED	3. TIME PREPARED
4. HAZARD MITIGATION			
Potential/Actual Hazards (biohazards, structural, utility, traffic, etc)	Section or Branch and Location	Mitigations (e.g., PPE, buddy system, escape routes)	Mitigation Completed (Sign Off)
5. SAFETY OFFICER		6. FACILITY NAME	









## TMTS MEDICAL DIRECTOR

**Mission:** Organize and manage the overall delivery of medical care. Advise the Incident Commander and or Operations Section Chief, as assigned, on issues related to biological/infectious disease, radiological exposure casualties, chemical exposure casualties, trauma casualties, and explosives exposure casualties as applicable per medical response.

Date: _____	Start: _____	End: _____	Position Assigned to: _____
Signature: _____		Initial: _____	
TMTS Command Location: _____		Telephone: _____	
Other Contact Info: _____		Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Incident Commander. Obtain packet containing Medical Director Job Action Sheet.		
Read this entire Job Action Sheet and review the organization chart. Put on position identification (if provided).		
Receive assigned radio (when applicable) and establish two-way communications with the Communications Unit Leader or designee.		
Review the HICS 206-Medical Plan, HICS 205-Communications Plan, HICS 202-- Incident Objectives, and the Organizational Chart.		
Ensure accurate contact info on hand for TMTS command; ensure accurate contact info on hand for Incident Command and others (when applicable).		
Collaborate with Medical Operations Chief concerning medical care guidelines.		
Brief Medical Care Branch Unit leaders on current situation, incident objectives and strategy: outline Branch action plan and designate time for next briefing.		
Assess problems and needs in Branch areas: coordinate resource management.		
Ensure responders comply with safety policies and procedures.		
Determine need for surge capacity plan and/or modification of existing plan.		
Coordinate with Medical Operations Chief to prioritize patient treatment and transfer.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Meet regularly with the TMTS Command staff to plan and project patient care needs.		
Contact the local Public Health Department, in collaboration with the Liaison Officer, as required, for notification, support, and investigation resources.		
Assess size and location of chemical/radiological exposures. Coordinate with other Branch Directors to implement decontamination and response plans.		
Recommend decontamination procedures and staff personal protection, including respiratory protection.		
Recommend input for PIO press releases as requested.		

<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
Regularly meet with the Medical Operations Chief to review plan of action and staffing in the treatment area.		
Review personal protection practices; revise as needed.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Participate in briefings and meetings as requested.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to meet regularly with the Incident Commander, Operations Chief and Medical Branch Command for status reports, and insure important information is relayed to the TMTS team members.		
Ensure best practices of patient care, disposition of patients, and clinical services support is maintained.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure patient tracking and transfer is being properly coordinated by the Incident Command.		
Meet regularly with TMTS Command to assess current and project future patient care conditions.		
Ensure patients records are being maintained and collected.		
Advise Incident Command immediately of any operational issue you are not able to correct or solve.		
Ensure patient/staff safety issues are identified and addressed.		
Ensure staff health and safety issues are being addressed; resolve with Safety Officer.		
Continue to provide updated clinical information and situation reports to the TMTS Command.		
Ensure patient care needs are being met and policy decisions to institute austere care (altered level of care) practices are determined and communicated effectively.		
Develop and submit action plan to the Incident Commander when requested.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Debrief TMTS responders on lessons learned and procedural/equipment changes needed.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Upon deactivation of your position, brief the Incident Commander, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure that all documentation and HICS forms are collected.		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		



## TMTS Administrator

**Mission:** Organize and direct all aspects of the Temporary Medical Treatment Station (TMTS).  
Give overall strategic direction for incident/patient care management and support activities

Date: _____ Start: _____ End: _____ Position Assigned to: _____		
Signature: _____		Initial: _____
TMTS Command Location: _____		Telephone: _____
Fax: _____	Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Assume role of Temporary Medical Station Administrator		
Read this entire Job Action Sheet and put on position identification.		
Determine roles for Medical Director and Operations Chief		
Initiate the Incident Briefing Form (HICS Form 201) and include the following information: <ul style="list-style-type: none"> <li>• Nature of the problem (incident type, victim count, injury/illness type, etc.)</li> <li>• Safety of staff, patients and visitors</li> <li>• Risks to personnel and need for protective equipment</li> <li>• Need for decontamination</li> <li>• Estimated duration of incident</li> <li>• Appoint team required to manage the incident</li> <li>• Overall community response actions being taken</li> <li>• Status of local, county, and state Emergency Operations Centers (EOC)</li> <li>• Status of local, regional and state healthcare infrastructure</li> </ul>		
Determine need for and appropriately appoint Command Staff and Section Chiefs, or Branch/Unit/Team leaders and Medical/Technical Specialists as needed; distribute corresponding Job Action Sheets and position identification. Assign or complete the Branch Assignment List (HICS Form 204), as appropriate.		
Brief all appointed staff of the nature of the problem, immediate critical issues and initial plan of action. Designate time for next briefing.		
Assign one or more clerical personnel as the TMTS recorder(s).		
Distribute the Section Personnel Time Sheet (HICS Form 252) to Command Staff and Medical/Technical Specialist assigned to Command, and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section's Time Unit Leader at the completion of a shift or at the end of each operational period.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Initiate the Incident Action Plan Safety Analysis (HICS Form 261) to document hazards and define mitigation.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		

<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
<p>Receive status reports from and develop an Incident Action Plan with Section Chiefs and Command Staff to determine appropriate response and recovery levels. During initial briefing/status reports, discover the following:</p> <ul style="list-style-type: none"> <li>• If applicable, obtain patient census and status from Planning Section Chief, and request a TMTS operations projection report for 4, 8, 12, 24 &amp; 48 hours. Adjust projections as necessary.</li> <li>• Identify the operational period and TMTS shift change.</li> <li>• Ensure that appropriate contact with outside agencies has been established and facility status and resource information provided through the Liaison Officer.</li> <li>• Seek information from Section Chiefs regarding current “on-hand” resources of medical equipment, supplies, medications, food, and water as indicated by the incident.</li> <li>• Review security and facility surge capacity and capability plans as appropriate.</li> </ul>		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Authorize resources as needed or requested by Command Staff.		
<p>Designate regular briefings with Command Staff/Section Chiefs to identify and plan for:</p> <ul style="list-style-type: none"> <li>• Update of current situation/response and status of other area hospitals and treatment areas, emergency management/local emergency operation centers, and public health officials and other community response agencies</li> <li>• Deploying a Liaison Officer to local EOC</li> <li>• Critical facility and patient care issues</li> <li>• TMTS operational support issues</li> <li>• Risk communication and situation updates to staff</li> <li>• Implementation of TMTS surge capacity and capability plans</li> <li>• Ensure patient tracking system established and linked with appropriate outside agencies and/or local EOC</li> <li>• Family Support Center operations</li> <li>• Public information, risk communication and education needs</li> <li>• Appropriate use and activation of safety practices and procedures</li> <li>• Enhanced staff protection measures as appropriate</li> <li>• Public information and education needs</li> <li>• Media relations and briefings</li> <li>• Staff and family support</li> <li>• Development, review, and/or revision of the Incident Action Plan, or elements of the Incident Action Plan</li> </ul>		
Oversee and approve revision of the Incident Action Plan developed by the Planning Section Chief. Ensure that the approved plan is communicated to all Command Staff and Section Chiefs.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Communicate facility and incident status and the Incident Action Plan to local and state authorities or designee, on a need-to-know basis.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Ensure staff, patient, and media briefings are being conducted regularly.		
Review and revise the Incident Action Plan Safety Analysis (HICS Form 261) and implement correction or mitigation strategies.		
Evaluate/re-evaluate need for deploying a Liaison Officer to the local EOC.		
Evaluate/re-evaluate need for deploying a PIO to the local Joint Information Center.		
Ensure incident action planning for each operational period and a reporting of the Incident Action Plan at each shift change and briefing.		
Evaluate overall TMTS operational status, and ensure critical issues are addressed.		
Review /revise the Incident Action Plan with the Planning Section Chief for each operational period.		
Ensure continued communications with local, regional, and state response coordination centers and other TMTS through the Liaison Officer and others.		
Ensure your physical readiness, and that of the Command Staff and Section Chiefs, through proper nutrition, water intake, rest periods and relief, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Safety Officer and/or appropriate person.		
Upon shift change, brief your replacement on the status of all ongoing operations, critical issues, relevant incident information and Incident Action Plan for the next operational period.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
<p>Assess the plan developed by the Demobilization Unit Leader and approved by the Planning Section Chief for the gradual demobilization of the HCC and emergency operations according to the progression of the incident and TMTS status. Demobilize positions in the TMTS as appropriate until the incident is resolved and the TMTS is cleared.</p> <ul style="list-style-type: none"> <li>• Ensure outside agencies are aware of status change</li> <li>• Brief Medical Director on any problems, issues as needed</li> </ul>		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
<p>Ensure demobilization of the TMTS and restocking of supplies, as appropriate including:</p> <ul style="list-style-type: none"> <li>• Return of borrowed equipment to appropriate location</li> <li>• Replacement of broken or lost items</li> <li>• Cleaning of TMTS facility</li> <li>• Environmental clean-up as warranted</li> </ul>		
<p>Ensure that after-action activities are coordinated and completed including:</p> <ul style="list-style-type: none"> <li>• Collection of all TMTS documentation by the Planning Section Chief</li> <li>• Coordination and submission of response and recovery costs, and reimbursement documentation by the Finance/Administration and Planning Section Chiefs</li> <li>• Conduct of staff debriefings to identify accomplishments, response and improvement issues</li> </ul>		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
<ul style="list-style-type: none"><li>• Writing the TMTS facility After Action Report and Improvement Plan</li><li>• Participation in external (community and governmental) meetings and other post-incident discussion and after-action activities</li><li>• Post-incident media briefings</li><li>• Post-incident public education and information</li><li>• Stress management activities and services for staff and volunteers</li></ul>		

## PUBLIC INFORMATION OFFICER

**Mission:** Serve as the conduit for information to internal and external stakeholders, including staff, visitors and families, and the news media, as approved by the TMTS Administrator.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____	
<b>Position Reports to: TMTS Administrator</b> Signature: _____	
TMTS Command Center Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the TMTS Administrator.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Establish a designated media staging and media briefing area located away from the TMTS and patient care activity areas. Inform on-site media of the physical areas to which they have access and those which are restricted. Coordinate designation of such areas with the Safety Officer and the Security Branch Director.		
Contact external Public Information Officers from community and governmental agencies to ascertain and coordinate public information and media messages being developed by those entities to ensure consistent and collaborative messages from all entities.		
Consider need to deploy PIO to local Joint Information Center (JIC), if activated.		
Develop public information and media messages to be reviewed and approved by the TMTS Administrator before release to the news media and the public. Identify appropriate spokespersons to deliver the press briefings and public information announcements.		
Attend all command briefings and incident action planning meetings to gather and share incident and TMTS information.		
Conduct or assign personnel to monitor and report to you incident and response information from sources such as the internet, radio, television and newspapers.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Request one or more recorders and other support staff as needed from the Labor Pool & Credentialing Unit Leader, if activated, to perform all necessary activities and documentation.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to attend all Command briefings and incident action planning meetings to gather and share incident and hospital information. Contribute media and public information activities and goals to the Incident Action Plan.		
Continue contact and dialogue with external Public Information Officers, in collaboration with the Liaison Officer, from community and governmental agencies to ascertain public information and media messages being developed by those entities to ensure consistent and collaborative messages from the hospital/facility. Coordinate translation of critical communications into multiple languages.		
Determine whether a local, regional or State Joint Information Center (JIC) is activated, provide support as needed, and coordinate information dissemination.		
Continue to develop and revise public information and media messages to be reviewed and approved by the TMTS Administrator before release to the news media and the public.		
Ensure that media briefings are done in collaboration with JIC, when appropriate.		
Develop regular information and status update messages to keep staff informed of the incident and community and TMTS status		
Utilize communications systems (e.g., email, intranet, internal TV, written report postings, etc.) to disseminate current information and status update messages to staff.		
Review the need for updates of critical information through in way finding and signage for staff, visitors and media. Assist in the development and dissemination of signage.		
Coordinate with the Patient Tracking Manager regarding: <ul style="list-style-type: none"> <li>Receiving and screening inquiries regarding the status of individual patients.</li> <li>Release of appropriate information to appropriate requesting entities.</li> </ul>		
Continue to document all actions and observations on the Operational Log (HICS Form 214) on a continual basis.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to receive regular progress reports from the TMTS Administrator, Section Chiefs and others, as appropriate.		
Coordinate with the Logistics Section Chief to determine requests for assistance to be released to the public via the media.		
With approval from TMTS Administrator and in collaboration with community and governmental PIOs, conduct ongoing news conferences, providing updates on casualty information and TMTS operational status to the news media. Facilitate staff and patient interviews as appropriate.		
Ensure ongoing information coordination with other agencies, hospitals, local EOC and the JIC.		
Prepare and maintain records and reports as indicated or requested.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Safety Officer or appropriate person.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Coordinate release of final media briefings and reports.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Upon deactivation of your position, brief the TMTS Administrator on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, submit Operational Logs (HICS Form 214) and all completed documentation to the Planning Section Chief.		
Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report. Topics include: <ul style="list-style-type: none"> <li>• Accomplishments and issues</li> <li>• Review of pertinent position descriptions and operational checklists</li> <li>• Recommendations for procedure changes</li> </ul>		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## SAFETY OFFICER

**Mission:** Ensure safety of staff, patients, and visitors, monitor and correct hazardous conditions.  
Have authority to halt any operation that poses immediate threat to life and health.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____	
<b>Position Reports to: TMTS Administrator</b>	Signature: _____
TMTS Command Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the TMTS Administrator.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Establish contact with the Communications Unit Leader and confirm your contact information.		
Appoint Safety team members and complete the Branch Assignment List (HICS Form 204).		
Brief team members on current situation and incident objectives; develop response strategy and tactics; outline action plan and designate time for next briefing.		
Determine safety risks of the incident to personnel, the TMTS facility, and the environment. Advise the TMTS Administrator and Section Chiefs of any unsafe condition and corrective recommendations.		
Communicate with the Logistics Chief to procure and post non-entry signs around unsafe areas.		
Ensure the following activities are initiated as indicated by the incident/situation: <ul style="list-style-type: none"> <li>Evaluate building or incident hazards and identify vulnerabilities</li> <li>Specify type and level of PPE to be utilized by staff to ensure their protection, based upon the incident or hazardous condition</li> <li>Monitor operational safety of decontamination operations</li> <li>Ensure that Safety staff identify and report all hazards and unsafe conditions to the Operations Section Chief</li> <li>Identify securable area for medication storage and pharmacy operations</li> </ul>		
Assess TMTS operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.		
Initiate the Incident Action Plan Safety Analysis (HICS Form 261).		
Ensure implementation of all safety practices and procedures in the TMTS or facility.		
Initiate environmental monitoring as indicated by the incident or hazardous condition.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		



<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
Attend all command briefings and Incident Action Planning meetings to gather and share incident and hospital/facility safety requirements.		
Request one or more recorders as needed to perform documentation and tracking.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal/external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Attend all command briefings and Incident Action Planning meetings to gather and share incident and TMTS facility information. Contribute safety issues, activities and goals to the Incident Action Plan.		
Continue to assess safety risks of the incident to personnel, the hospital/facility, and the environment. Advise the TMTS Administrator and Section Chiefs of any unsafe condition and corrective recommendations.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure proper equipment needs are met and equipment is operational prior to each operational period.		
Continue to document all actions and observations on the Operational Log (HICS Form 214) on a continual basis.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Re-assess the safety risks of the extended incident to personnel, the hospital/facility, and the environment and report appropriately. Advise the TMTS Administrator and Section Chiefs of any unsafe condition and corrective recommendations.		
Continue to update the Incident Action Plan Safety Analysis (HICS Form 261) for possible inclusion in the facility Incident Action Plan.		
Continue to assess TMTS operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.		
Continue to attend all command briefings and incident action planning meetings to gather and share incident and hospital/facility information. Contribute safety issues, activities and goals to the Incident Action Plan.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the TMTS Administrator.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Upon deactivation of your position, brief the TMTS Administrator on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, submit Operational Logs (HICS Form 214) and all completed documentation to the Planning Section Chief.		
Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report. Topics include: <ul style="list-style-type: none"> <li>• Accomplishments and issues</li> <li>• Review of pertinent position descriptions and operational checklists</li> <li>• Recommendations for procedure changes</li> </ul>		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## SECURITY UNIT LEADER

**Mission:** Coordinate all of the activities related to personnel and facility security such as access control, crowd and traffic control, and law enforcement interface.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
<b>Position Reports to: Safety Officer</b>	Signature: _____
TMTS Command Location: _____ Telephone: _____	
Fax: _____ Other Contact Info: _____ Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from Safety Officer. Obtain packet containing Security Unit Leader Job Action Sheet.		
Read entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Establish Security command post.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Identify and secure all facility pedestrian and traffic points of entry, as appropriate.		
Consider need for the following, and report findings to the Safety Officer: <ul style="list-style-type: none"> <li>• Emergency lockdown</li> <li>• Security/bomb sweep of designated areas</li> <li>• Providing urgent security-related information to all personnel</li> <li>• Need for security personnel to use personnel protective equipment</li> <li>• Removing unauthorized persons from restricted areas</li> <li>• Security of the TMTS, triage, patient care areas, morgue, and other sensitive or strategic areas from unauthorized access</li> <li>• Rerouting of ambulance entry and exit</li> <li>• Security posts in any operational decontamination area</li> <li>• Patrol of parking and shipping areas for suspicious activity</li> <li>• Traffic control</li> </ul>		
Brief security team members on current situation, incident objectives and strategy; outline action plan and designate time for next briefing.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Coordinate immediate security personnel needs from current staff, surrounding resources (police, sheriff, or other security forces), and communicate need for additional external resources through Operations Section Chief and Safety Officer. Receive assigned radio and establish communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Participate in briefings and meetings as requested.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213) and provide a copy to the Planning Chief/MST.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with the Safety Officer and Operations Chief for status reports, and relay important information to Unit.		
Communicate the need and take actions to secure areas; post non-entry signs.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure Security staff identify and report all hazards and unsafe conditions		
Ensure patients valuables are secure; initiate chain of custody procedures as necessary		
Coordinate activities with local, state, and federal law enforcement, as appropriate.		
Confer with Public Information Officer to establish areas for the media.		
Ensure vehicular and pedestrian traffic control measures are working effectively.		
Consider security protection for the following, as indicated based on the nature/severity of the incident: <ul style="list-style-type: none"> <li>• Food</li> <li>• Water</li> <li>• Medical resources</li> <li>• Blood resources</li> <li>• Pharmaceutical resources</li> <li>• Personnel and visitors</li> </ul>		
Ensure proper equipment needs are met and equipment is operational prior to each operational period.		
Develop and submit an action plan to the Planning Chief when requested		
Advise the Operations Section Chiefs and Safety Officer immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue coordination with law enforcement officials.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Continue to monitor Security staff's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Prepare and maintain records and reports, as appropriate.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure that all patients valuable are returned.		
Coordinate completion of work with law enforcement.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Ensure personal protective equipment used by Security is cleaned, repaired, and/or replace.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Planning Chief/MST.		
Upon deactivation of your position, brief the Safety Officer on current problems, outstanding issues, and follow-up requirements		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## INFECTION CONTROL UNIT LEADER

**Mission:** Advise the Safety Officer on issues related to biological/infectious disease emergency response.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____			
<b>Position Reports to: Safety Officer</b>		Signature: _____	
TMTS Command Location: _____		Telephone: _____	
Fax: _____		Other Contact Info: _____ Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Safety Officer. Obtain packet containing Infection Control Unit Leader Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Ensure Unit members comply with safety policies and procedures.		
Report the following information to the Safety Officer, Operations Chief, and the Medical Director: <ul style="list-style-type: none"> <li>• Number and condition of patients affected, including the non-symptomatic.</li> <li>• Type of biological/infectious disease involved.</li> <li>• Medical problems present in addition to biological/infectious disease involved.</li> <li>• Measures taken (e.g., cultures, supportive treatment)</li> <li>• Potential for industrial, chemical, or radiological material exposure expected in addition to biological/infectious disease exposure and scope of practice.</li> </ul>		
Collaborate with the Public Health Department in developing a case definition. Ensure that the case definition is communicated to the Medical Operations Chief/Chief Nurse, Safety Officer, Operations Chief, and Medical Director and all patient care areas.		
Communicate with Operations Section Chief and Safety Officer regarding disease information and staff protection.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		

<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
Ensure that appropriate standard of isolation precautions are being used in all patient care areas. Arrange for just-in-time training regarding isolation precautions as required.		
Meet regularly with Safety Officer, Operations Chief, and Medical Operations Chief/Chief Nurse to plan and project patient care needs.		
Participate in briefings and meetings and contribute to the Incident Action Plan, as requested.		
Recommend input for PIO press releases as requested.		
Contact the Public Health Department, in collaboration with the Operations Section Chief, as required, for notification, support, and investigation resources.		
Assist the Medical Operations Section in organizing Mass Dispensing or Point of Dispensing for antibiotic prophylaxis or mass vaccination, as indicated and if recommended by the Public Health Department.		
Receive assigned radio and establish two-way communication with the Communications Unit Leader. Receive just-in-time training if needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Planning Chief/MST.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Establish regular schedule with the Operations Chief and Safety Officer for updates on the situation regarding TMTS operation's needs.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Notify Logistics Chief of special medications needs.		
Maintain communications with the Medical Operations Section and other Sections Chiefs to co-monitor development of the incident and maintain information resources availability.		
Direct collection of samples for analysis or evidence.		
Monitor and ensure all samples are correctly packaged for shipment to the most appropriate testing location/laboratory.		
Continue to recommend and maintain appropriate isolation precautions and staff protection as the incident evolves.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with Operations Chief and Safety Officer to update current status and conditions.		
Continue to ensure that all staff adheres to Standard & Transmission Based Precautions as indicated by the CDC.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Upon deactivation of your position, brief the Safety Officer on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief/MST.		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		



## ENVIRONMENTAL SERVICES UNIT LEADER

**Mission:** Evaluate and monitor the cleanliness of the Alternate Care Site. Properly dispose of waste, paying particular attention to biohazard materials.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____		
<b>Position Reports to: Safety Officer</b>		Signature: _____
TMTS Command Location: _____		Telephone: _____
Fax: _____	Other Contact Info _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Safety Officer. Obtain packet containing Environmental Services Unit Leader Job Action Sheet.		
Read this entire Job Action Sheet and review organizational chart. Put on position identification (if provided).		
Brief unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Ensure Unit members comply with safety policies and procedures.		
Ensure the safety and health of environmental service personnel; provide personnel protective equipment to appropriate staff and coordinate with Medical Operations Chief/Chief Nurse for medical surveillance for exposed workers.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Inspect the hazardous waste collection area(s) to ensure patency of contamination measures. Lock unsafe areas with the assistance of the Safety Officer.		
Control observed hazards, leaks, or contamination with the assistance of the Safety Officer.		
Set up environmental service area.		
In collaboration with the TMTS infection control personnel, ensure disinfection of reusable equipment, according to the appropriate method of equipment disinfection, per its intended use, manufactures recommendations, and existing hospital/facility policies.		
Receive assigned radio and establish two-way communications with the Communication Unit Leader. Receive just-in-time training for the radio if needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Planning Chief/MST.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with the Safety Officer for status reports, and relay important information to Unit members.		
Ensure prioritization of problems when multiple issues are presented.		
Ensure the adequate number of hand washing stations is operational near patient food preparation areas, patient treatment areas, staff and volunteer food areas, and adjacent to the toilet facilities.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Inform Infection Control personnel of actions and enlist assistance where necessary.		
Coordinate use of external resources.		
Report resources issues and needs to the Logistics Chief.		
Ensure your physical readiness through proper nutrition, water intake and rest.		
Advise Safety Officer immediately of any operational issue you are unable to correct or resolve.		
Report situation, resource status needs to Safety Officer and Logistics Chief.		
Report hazardous incidents and coordinate mediation efforts with Safety Officer.		
Ensure Unit health and safety issues are being addressed; resolve with Safety Officer and Medical Operations Chief/Chief Nurse.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to monitor Unit personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Brief Safety Officer routinely on current condition of all sanitation operations; communicate needs in advance.		
Obtain support staff from Staffing/Accountability Unit Leader.		
Continue to document actions and decisions on an HICS 214 and send a copy as assigned intervals to the Planning Chief/MST.		
Continue to regularly report and submit situation and resource status updates to the Planning Chief/MST		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Section Chief/MST.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Upon deactivation of your position, brief the Logistics Section Chief on current problems, outstanding issues, and follow-up requirements.		
Notify the Planning Chief when clean-up/restoration is complete.		
Assist restoration of TMTS resources to normal operating condition.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## RESPONDER HEALTH & WELLBEING

**Mission:** Ensure the availability of medical and mental healthcare for injured or ill staff. Coordinate mass prophylaxis/vaccination/immunization of staff, if required. Coordinate medical surveillance program for responders.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <b>Safety Officer</b>			Signature: _____	Initial: _____
TMTS Command Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Safety Office. Obtain packet containing the Responder Health & Well-Being Unit Leader Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Assign and brief Unit team members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Assess current capability to provide medical care and mental health support to staff members. Project immediate and prolonged capacities to provide services based on current information and situation.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Implement staff prophylaxis plan if indicated. Steps to include: <ul style="list-style-type: none"> <li>• Determine medication, dosage and quantity.</li> <li>• Prioritize of staff to receive medication or immunization.</li> <li>• Point of Distribution (POD) location preparation.</li> <li>• Acquire/distribute medication.</li> <li>• Documentation.</li> <li>• Educational materials for distribution.</li> <li>• Track side effects and efficacy.</li> <li>• Augmentation of Unit staffing to provide services.</li> </ul>		
Prepare for the possibility that a staff member or their family member may be a victim and anticipate a need for psychological support.		
Ensure prioritization of problems when multiple issues are presented.		
Anticipate increased Responder Health & Well-Being services needs created by additional patients, longer staff work hours, exposure to sick persons, and concerns about family welfare initiate actions to meet the needs.		
Meet with Medical Operations Chief/Chief Nurse to discuss plan of action and staffing patient care areas requiring assistance.		

<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
Notify Safety Officer of any health risks or other clinical problems related to staff.		
Receive, coordinate, and forward requests for personnel to the Staffing/Accountability Unit Leader and supplies to the Logistics Chief.		
Receive assigned radio and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Document all communications (internal and external) on an Incident Message Form (HICS 213) and provide a copy for the Planning Chief/MST.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Coordinate continuing support to staff members.		
Assign mental health personnel to visit patient care areas and evaluate staff needs.		
Coordinate external request for resources with the Logistics Chief; follow community plan if available; develop plan for using outside mental and responder health services.		
Notify Logistics Chief of special medications needs.		
Continue to plan for a marked increase in responder health and wellness service needs for staff/family; announce options and program to staff.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Monitor exposed staff for signs of illness or injury including infectious disease and exposure to other physical agents such as chemicals or radiation.		
Assign staff to support personnel in TMTS and provide mental health intervention/advice; contact Staffing/Accountability for additional personnel, if needed.		
Ensure medical records of staff receiving services are prepared correctly and maintain confidentiality of records.		
Meet routinely with Unit members for status reports, and relay important information to Operations Chief.		
Address Security issues as needed with the Security Unit Leader.		
Report equipment and supply needs to the Logistics Chief.		
Ensure staff health and safety issues are being addressed; resolve with Safety Officer as needed.		
Develop and submit an action plan to the Planning Chief when requested		
Advise the Medical Operations Chief /CNO of any operational issue you are not able to correct or resolve.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to monitor the Unit staff's ability to meet workload demands, staff health and safety, security and resource needs, and documentation practices.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Continue to monitor exposed staff for signs of illness or injury including infectious disease and exposure to other physical agents such as chemicals or radiation.		
Continue to document actions and decisions on HICS Form 214 and send to the Planning Chief.		
Continue to provide the Medical Operations Chief/Chief Nurse with periodic updates.		
Continue to provide Unit members with regular situation briefings.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Coordinate long term support needs with external resources including local, state and federal mental health officials.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
In coordination with the Mental Health Unit Leader, identify staff at high risk for post-incident traumatic stress reactions and provide debriefing/stress management programs and activities.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Compile and finalize responder patient information and records and report the Planning Chief. Ensure confidentiality of medical and mental health records. Upon deactivation of your position, brief the Medical Operations Chief/Chief Nurse, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and HICS Forms are completed and submitted to the Planning Chief/MST.		
Submit comments to the after action report.		
Participate in stress management and after-action briefings. Participate in other briefings and meetings as required.		

## PLANNING SECTION CHIEF

**Mission:** Oversee all incident-related data gathering and analysis regarding incident operations and assigned resources, develop alternatives for tactical operations, conduct planning meetings, and prepare the Incident Action Plan (IAP) for each operational period.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <b>Incident Commander</b>			Signature: _____	Initial: _____
TMTS Command Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____	Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from Operation Section Chief. Obtain packet containing Planning Section Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Determine need for and appropriately appoint Unit Leaders, distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204).		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Brief Planning Section Unit Leaders on current situation and incident objectives; develop response strategy and tactics; outline Section action plan and designate time for next meeting.		
In consultation with the Operations Chief, establish the incident objectives and operational period. Initiate the Incident Objectives Form (HICS Form 202) and distribute to all activated TMTS positions.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Establish Communications with other Section Chiefs to ensure the accurate tracking of personnel and resources.		
Facilitate and conduct incident action planning meetings with Command staff and Section Chiefs and other key positions to plan for the next operational period. Coordinate preparation and documentation of the Incident Action Plan and distribute copies to the Incident Commander and all Section Chiefs.		
Ensure that all Section Chiefs and Unit Leaders regularly update and document status reports.		
Ensure Planning Section personnel comply with safety policies and procedures.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213).		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with the Operations Chief to brief on the status of the Planning Section and the IAP.		
Initiate the Resource Accounting Record (HICS Form 257) to track equipment used during the response.		
Attend command meetings and briefings.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Continue to conduct regular planning meetings with Planning Section Unit Leaders, Section Chiefs, Command Staff, and the Incident Commander for continued update and development of the IAP.		
Ensure that the Planning Section is adequately staffed and supplied.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to monitor Planning Section personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Conduct regular situation briefings with Planning Section.		
Continue to receive projected activity reports from Section Chiefs and Planning Section Unit Leaders at designated intervals to prepare TMTS status reports and update the IAP.		
Collaborate with the Section Chiefs and Unit Leaders to develop and implement a demobilization plan.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Continue to meet with Command Staff, Section Chiefs and Planning Section Unit Leaders to evaluate facility and personnel, review the demobilization plan and update the IAP.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Ensure collection of all TMTS documentation and Operational logs from Command and Sections as positions are deactivated and sections demobilize.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		



<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Coordinate final reporting of patient information with external agencies through Liaison/Discharge Unit Leader and Public Information Officer. Work with Finance Section Chiefs to complete cost data information.		
Begin development of the Incident After-Action Report and Improvement Plan and assign staff to complete portions/sections of the report		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted.		
Upon deactivation, brief the Operation Chief on current problems, outstanding issues, and follow-up requirements		
Submit comments to the Operations Chief for discussion and possible inclusion in an after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## DOCUMENTATION UNIT LEADER

**Mission:** Collect, process, and organize ongoing situation information; prepare situation summaries; and develop projections and forecasts of future events related to the incident. Prepare maps and gather and disseminate information and intelligence for use in the Incident Action Plan (IAP). Ensure vital business/medical records are maintained and preserves. Compile scenario and resource projections from all section chiefs and effect long-range planning. Document and distribute the IAP.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____			
<b>Position Reports to: Planning Section Chief</b>		Signature: _____	
TMTS Command Location: _____		Telephone: _____	
Fax: _____		Other Contact Info: _____ Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from Planning Section Chief. Obtain packet containing Documentation Unit Leader Job Action sheet.		
Read entire Job Action Sheet and review the organizational chart. Put on position identification (if provide).		
Obtain status report on Information Technology/Information systems.		
Receive, coordinate, and forward requests for personnel to be assigned as Scribes and assign Scribes to designated Section Chiefs.		
Appoint Unit Leaders as appropriate and complete the Branch Assignment List HICS Form (HICS Form 204); distribute corresponding Job Action Sheet. <ul style="list-style-type: none"> <li>NIMS/HICS Forms Unit Leader</li> <li>Staffing/Accountability Unit Leader</li> </ul>		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Establish a Planning information area with a status/condition board and post information as it is received. Assign a scribe to keep the board updated with current information.		
Prepare a system to receive documentation and completed forms from all Sections over the course of the TMTS activation.		
Prepare incident documentation for the Planning Section Chief when requested.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		
Receive and record status reports as they are received.		
Assign a scribe to monitor, document and organize all communications sent and received to Documentation Unit.		
Assure the status updates and information provided to Section Chiefs is accurate, complete, and current.		

<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
Participate in briefings and meetings and contribute to the Incident Action Plan, as requested.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with the Section Chiefs and Unit Leaders to obtain situation and status reports, steps taken to resolve critical issues, and projected actions and needs for the next operational period.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure that an adequate number of scribes are assigned.		
Continue to accept and organize all documentation and forms submitted to the Documentation Unit.		
Check the accuracy and completeness of records submitted. Correct errors or omissions by contacting appropriate TMTS Section staff.		
Maintain all historical information and record consolidated plans.		
Ensure the security and prevent the loss of written and electronic documentation. Collaborate with Security Officer and IT Unit Leader as appropriate.		
Ensure development of a demobilization plan in collaboration with the Sections Chiefs.		
Continue to develop the IAP at designated intervals as appropriate.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to meet regularly with the Planning Section Chief for status reports.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to appropriate Responder Health & Well Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Continue to revise and implement demobilization plan for all Sections.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Compile incident summary data and reports, organize all documentation and submit to Planning Chief.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
As needs for the Documentation Unit staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner.		
Ensure return/retrieval of equipment and supplies.		
Upon deactivation of your position, advise Operations Section Chief 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 the Planning Section Chief.		
Submit comments to the Planning Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> <li>• Review of pertinent 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 debriefing. Participate in other briefings and meetings as required.		

## STAFFING/ACCOUNTABILITY UNIT LEADER

**Mission:** Collect and inventory available staff and volunteers at a central point. Receive requests and assign staff as needed. Maintain adequate numbers of both medical and non-medical personnel. Ensure that all staff is getting rest, relief, and nourishment. Assist in maintaining staff morale.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____	
<b>Position Reports to: Planning Chief</b>	Signature: _____
TMTS Command Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Planning Section Chief. Obtain packet containing Staffing/Accountability Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Inventory the number and classify staff presently available. Use the following classifications: 1) MEDICAL PERSONNEL a. Physician i. Critical Care/E.R. ii. Family Practice/Internal Medicine iii. Other b. Nurse i. Critical Care/E.R. ii. Med-Surg/Ortho-Neuro iii. Other c. Advanced EMTs i. EMT-P ii. EMT-I d. Medical Technicians i. Patient Care (Aides, EMT-B's, Orderlies, etc.) ii. Diagnostic e) Mental Health f) Allied Health  2) NON-MEDICAL PERSONNEL a. Engineering/Maintenance/Materials Management b. Environmental Services c. Food Service d. Scribes e. IT f. Communications g. Security h. Safety i. Financial j. Volunteers k. Other		
Brief team members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		

<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Establish labor pool area and communicate operational status to the Planning Chief and all patient care and non-patient care areas.		
Utilize an authorized credentialing system for staffing.		
Establish a registration desk to obtain staffing personnel information area normally assigned, licensure, specialty and contact information.		
Direct personnel to designated work assignment areas recording the information on Labor Pool Log.		
Anticipate need for and implement the facility's emergency credentialing standard operating procedure when volunteers present: <ul style="list-style-type: none"> <li>Establish a credentialing desk in the staffing area.</li> <li>Initiate intake and processing procedures for solicited and unsolicited volunteers presenting to the facility, record information on the Volunteer Staff Registration form (HICS Form 253).</li> <li>Obtain assistance from the Security Branch Director in the screening and identification of volunteer staff.</li> </ul>		
Meet with Charge Nurse and all other Sections Chiefs to coordinate long-term staffing needs.		
Receive assigned radio and establish communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Maintain copy for records.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to prepare and maintain records and reports, as appropriate.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Maintain a message center in the labor pool area to inform staff and volunteers of the current situation in coordination with the Operations Chief and Planning Chief/MST.		
Assist the Planning Chief in publishing an informational sheet to be distributed at frequent intervals to update the Section Chiefs.		
Advise the Planning Chief immediately of any operational issue you are not able to correct or resolve. Contact the Food/Nutrition Unit Leader to arrange for nutrition and hydration for the Staffing area		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Brief Planning Chief as frequently as necessary on the status of the staffing numbers and composition.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Continue to document actions and decisions on the HICS Form 214 and present copies as needed to the Planning scribe.		
Provide regular briefings to Unit staff and to staff and volunteers waiting for assignments.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure complete documentation of volunteer information on the Volunteer Staff Registration Form (HICS Form 253).		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief/MST.		
Upon deactivation of your position, brief the Planning Chief on current problems, outstanding issues, and follow-up requirements.		
Submit comments in the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## PATIENT TRACKING MANAGER

**Mission:** Monitor and document the location of patients at all times within the hospital's patient care system, and track the destination of all patients departing the facility.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
<b>Position Reports to: Planning Chief</b>			Signature: _____	
TMTS Command Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Planning Section Chief/MST. Obtain packet containing Patient Tracking Unit Leader Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Appoint and brief Patient Tracking team members on current situation; outline team action plan and designate time for next briefing (HICS Form 204).		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Implement a system, using the Disaster/Victim Tracking Form (HICS Form 254) to track and display patient arrivals, discharges, transfers, locations and dispositions.		
Obtain current in-patient census from Admitting personnel and/or other sources.		
Initiate the Hospital Casualty/Fatality Report (HICS Form 259), in conjunction with the Medical Operations Section Chief/Chief Nurse.		
Determine patient/victim tracking mechanism utilized by field providers and establish method to ensure integrated and continuity with TMTS patient tracking system.		
If evacuation of the facility is required or is in progress, Initiate the Master Patient Evacuation tracking Sheet (HICS Form 255).		
Receive assigned radio and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Planning Chief/MST.		



<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Meet regularly with Public Information Officer, Liaison Officer and Patient Registration Unit Leader to update and exchange patient tracking information (within HIPAA and local guidelines) and census data.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Continue to track and display patient location and time of arrival for all patients; regularly report status to the Planning Chief/MST		
Develop and submit an action plan to the Planning Chief when requested.		
Advise the Planning Chief immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to monitor the Patient Tracking team's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

<b>Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
As needs for the Patient Tracking staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Compile and finalize the Disaster/Victim Patient Tracking Form (HICS Form 254) and submit copies to the copies to the Planning Chief.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief/MST.		
Upon deactivation of your position, brief the Planning Chief on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## SCRIBE

**Mission:** Maintain accurate and complete documentation for the assigned work group.

Date: _____ Start: _____ End: _____ Position Assigned to: _____	
<b>Position Reports to: Team Leader as assigned:</b> _____	
Signature: _____	Initial: _____
Telephone: _____ Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from Medical Ops/Chief Nurse as assigned. Obtain packet containing Scribe Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Receive assigned radio and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Coordinate with Logistics Chief to ensure access to IT systems if available with email/intranet communication.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure adequate office supplies		
Prepare a system to receive documentation and completed forms from assigned designated area.		
Scan or save all documents. Protect patient information.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214).		
Participate in briefings and meetings as requested.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Advise designated personnel immediately of any operational issue you are not able to correct or resolve.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Continue to accept and organize all documentation and forms		
Check the accuracy and completeness of records submitted. Correct errors or omissions by contacting the Team Leader.		
Maintain all historical information and record consolidated plans.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure all documentation from ACS Sections is received and compiled.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Section Chief.		
Submit comments to the after-action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## Medical Operations Chief/Chief Nursing Officer

**Mission:** Organize and direct the overall delivery of medical care in all areas of the Alternate Treatment Area.

Date: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Position Assigned to: \_\_\_\_\_

**Position Reports to:** Director of Operations \_\_\_\_\_

Signature: \_\_\_\_\_ Initial: \_\_\_\_\_

Telephone: \_\_\_\_\_ Radio Title: \_\_\_\_\_

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Medical Director/Incident Command. Obtain packet containing Medical Operations/Chief Nursing Officer Job Action Sheet.		
Read this entire Job Action Sheet and review the organization chart. Put on position identification (if provided).		
Receive assigned radio (when applicable) and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Ensure accurate contact info on hand for command; ensure accurate contact info on hand for Incident Command and others (when applicable).		
Ensure all medical providers have been checked in, validated and provided with orientation and just-in-time training.		
Review team member's medical portion of deployment packet. Contact Medical Director and/or Incident Command with concerns or questions.		
Brief Team on assignment and any safety issues received from the Medical Director and/or IC.		
Review staffing levels for all positions/address shortfalls		
Convene a meeting with personnel and provide a situational awareness briefing. Schedule this at the beginning of the shift.		
Meet with all section leads to determine needs/issues.		
Meet with Charge Nurse/Chief Paramedic, other teams as needed.		
Ensure all necessary positions are staffed and functional.		
Review the HICS 206-Medical Plan, HICS 205-Communications Plan, HICS 202-Incident Objectives, and the Organizational Chart with team members. Post copy of forms on communication board for easy access to team members.		
Ensure that Logistics and Charge Nurse are coordinating with the setup and ongoing adaptation of the Alternate Treatment Area.		

<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
Meet with Charge Nurse to discuss medical needs, staffing, and supply needs in all patient care areas.		
Assess problems and needs and coordinate Meet with Logistics to acquire needed resources.		
Ensure Team members comply with safety policies and procedures.		
Ensure that Charge Nurse has reviewed equipment and forms.		
Ensure all team leaders are providing just-in-time training as needed.		
Regularly meet with the Medical Director/Planning and Operations to review plan of action and staffing in the treatment area.		
Review personnel protection practices; revise as needed.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Participate in briefings and meetings as requested.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to meet regularly with Medical Director and/or IC for status reports, and relay important information to the T team members.		
Continue coordinating patient care, disposition of patients, and clinical services support.		
Ensure patient tracking and transfer is being properly coordinated by the Charge Nurse.		
Meet regularly with team members to assess current and projected staffing needs.		
Ensure patients records are being done correctly and collected.		
Advise Medical Director and/or IC immediately of any operational issue you are not able to correct or solve.		
Ensure patient safety issues are identified and addressed.		
Report equipment and supply needs to Logistics Chief.		
Continue to provide updated clinical information and situation reports to the team members.		
Ensure patient data is collected and shared with appropriate internal and external staff.		
Ensure staff health and safety issues are being addressed; resolve with the Safety Officer.		
Develop and submit action plan to the Medical Director and/or IC when requested.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Debrief team members on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Medical Director and/or IC, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure that all documentation and HICS forms are collected and turned in.		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## CHARGE NURSE/CHIEF PARAMEDIC

**Mission:** Coordinate and collaborate with the medical staff to develop and maintain patient treatment area.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
<b>Position Reports to: Medical Operations Section Chief</b>			Signature: _____	
TMTS Location: _____		Telephone: _____		
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Medical Operations Chief/Chief Nursing Officer. Obtain packet containing Charge Nurse Job Action Sheet.		
Read this entire Job Action Sheet and review the organization chart. Put on position identification (if provided).		
Receive assigned radio (when applicable) and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Ensure accurate contact info on hand for command staff; ensure accurate contact info on hand for Medical Director and others (when applicable).		
Assign and brief Team Unit Leaders.		
Establish treatment areas and assign staff to designated treatment areas.		
Assess problems and treatment needs in each treatment area; coordinating the staffing, equipment, and supplies for each treatment area to meet needs. Coordinate with the Section Chiefs as appropriate to meet needs.		
Meet regularly with the Medical Operations Chief/Chief Nurse and Medical Director to discuss the medical care plan of action and staffing in all patient treatment areas.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure that medical staff checks equipment such as: <ul style="list-style-type: none"> <li>• Zoll Monitor               <ul style="list-style-type: none"> <li>○ Review check off sheet to ensure that all parts are present</li> <li>○ Ensure that Zoll monitor is functioning properly</li> <li>○ Ensure that battery is properly charged</li> <li>○ Ensure that all staff receives just in time training for the Zoll monitor</li> </ul> </li> <li>• Glucose monitor               <ul style="list-style-type: none"> <li>○ Ensure that staff receives just in time training for the Glucose monitor</li> <li>○ Ensure that glucose monitor has test strips, lancets, alcohol wipes, and bandages or 2x2 gauze</li> </ul> </li> <li>• Stat Back-packs               <ul style="list-style-type: none"> <li>○ Review contents of back-pack by reviewing the content list found in each bag- alert assigned team member if contents are missing</li> <li>○ Review the process for keeping track of items used</li> </ul> </li> </ul>		

<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
Ensure that appropriate standards of care are being used in all patient care areas (blood borne pathogens and personal protective equipment). Arrange for just-in-time training for patient care providers.		
Ensure that patient care providers understand and have access to all nursing notes and pertinent forms needed for patient care.		
Receive, coordinate, and forward requests for personnel and supplies to the Medical Operations Chief/Chief Nurse or others if so directed.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Participate in briefings and meetings as requested.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Ensure patient records are being prepared correctly and collected.		
Ensure your physical readiness through proper nutrition, water intake and rest.		
Advise Medical Operations Chief/ Chief Nurse immediately of any operational issues you are unable to correct.		
Report equipment and supply needs to the Medical Operations Chief/Chief Nurse and Logistics Chief, as appropriate.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure staff health and safety issues are being addressed; resolve with Medical Operations Chief/Chief Nurse, as appropriate.		
Develop and submit an action plan to Medical Operations Chief/Chief Nurse when requested.		
Ensure the patient status and location information is being regularly submitted to the Patient Tracking Scribe or other appropriate person.		
In collaboration with the Medical Operations Chief/Chief Nurse, prioritize and collaborate patient transfers to hospitals and other facilities with the Logistics Chief and the Discharge Team Leader or other appropriate personas directed.		
Upon shift change, brief your replacement on the situation, ongoing operational issues and other relevant incident information.		



<b>End Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure the quality of care is maintained during the transfer of patients to other facilities.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Ensure return/retrieval of equipment and supplies and return all assigned equipment.		
Upon deactivation of your position, brief the Medical Operation Chief/Chief Nursing Officer on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Section Chief, as appropriate.		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings as directed. Participate in other briefings and meetings as required.		

## Rapid Response Team Leader

**Mission:** Assigned team to respond to a code or critical medical situation within a designated area.

Date: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Position Assigned to: \_\_\_\_\_  
**Position Reports to: Charge Nurse** Signature: \_\_\_\_\_  
TMTS Location: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Other Contact Info: \_\_\_\_\_ Radio Title: \_\_\_\_\_

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from Medical Ops/Chief Nurse. Obtain packet containing the Rapid Response Medical Team Leader Job Action Sheet.		
Read entire Job Action Sheet and review the organizational chart. Put on position identification vest (if provided).		
Collaborate with the Medical Director, Medical Ops/Chief Nurse, and Team Leaders to confirm proper method of communication to contact the Rapid Response Team (RRT) if needed.		
Receive assigned radio and established two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure all RRT staff are provided just- in- time training on equipment and procedures as needed.		
Ensure sufficient equipment, staffing, and resources are provided for the RRT.		
Coordinate and forward requests for supplies to the Logistics Chief.		
Document all key activities, actions, and decisions in and Operational Log (HICS Form 214) on a continual basis.		
Participate in briefings and meetings as requested.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Advise Medical Ops/Chief Nurse of any operational issues you are not able to correct or resolve.		
Meet regularly with Medical Operations Section Unit Leaders for status reports.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Report equipment and supply needs to the Logistics Chief.		
Upon shift change, brief your replacement on the situation, ongoing operations, issues and other relevant incident information.		
Ensure communications is maintained and established with all Unit Leaders and Section Chiefs.		

<b>End of shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure return/retrieval of equipment and supplies. Provide proper documentation of items for resupply to appointed Logistics staff.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Upon deactivation of your position, brief Medical Ops/Chief Nurse on current problems, outstanding issues, and follow-up requirements.		
Submit comments to an after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## Rapid Response Medical Unit Team Member

**Mission:** Assigned team to respond to a code or critical medical situation within a designated area.

Date: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Position Assigned to: \_\_\_\_\_  
**Position Reports to: Rapid Response Team Lead** Signature: \_\_\_\_\_  
TMTS Location: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Other Contact Info: \_\_\_\_\_ Radio Title: \_\_\_\_\_

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from Rapid Response Team Lead.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification vest (if provided).		
Validate and confirm proper method of communication and areas of response. Include any code calls: verbiage for cardiac arrest or other emergency.		
Receive assigned radio and established two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Ensure just- in- time training on equipment and procedures as needed.		
Review equipment, supplies and confirm safety of any transportation vehicle. Complete any check lists i.e.; defibrillator check, O2 supply etc.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Document all key activities, actions, and decisions in and Operational Log (HICS Form 214) on a continual basis.		
Participate in briefings and meetings as requested.		
Follow all safety guidelines, lift precautions and personal protection protocols.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Advise Rapid Response Team Lead of any operational issues you are not able to correct or resolve.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Document all key activities		
Replace equipment and supply as needed		
Upon shift change, brief your replacement on the situation, ongoing operations, issues and other relevant incident information.		

<b>End of shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure return/retrieval of equipment and supplies. Provide proper documentation of items for resupply to appointed Logistics staff.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Upon deactivation of your position, brief Medical Ops/Chief Nurse on current problems, outstanding issues, and follow-up requirements.		
Submit comments to an after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## TRIAGE TEAM LEADER

**Mission:** Oversee and coordinate the primary triage area. Ensuring the prioritization of acuity is executed in a systematic manner.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
<b>Position Reports to: Charge Nurse</b>			Signature: _____	
TMTS Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Charge Nurse. Obtain packet containing Triage Unit Leader Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Receive assigned radio and establish communications with the Communication Unit Leader. Receive just-in-time training for the radio if needed.		
Brief team members on current situation and incident objectives.		
Ensure that proper equipment, staffing, and resources are in the triage areas.		
Ensure that all triage staff is provided just-in-time training on equipment and procedures as needed.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure that a scribe has been assigned to the triage area to update and maintain all documentation, including patient tracking.		
Coordinate with Patient Tracking Unit Leader to ensure that all patients are being properly identified, prioritized, and tracked to the designated treatment area assigned.		
Assess problem and treatment needs in assigned triage area; coordinate the team assigned to the triage area to meet needs.		
Coordinate and forward requests for supply and equipment needs to the Logistic Section Chief.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213) and provide a copy to the Planning Chief/MST.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Participate in briefings and meetings as requested.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Ensure patient documentation is being prepared correctly and collected.		
Ensure triage is being prioritized effectively when austere conditions are implemented.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Advise Charge Nurse immediately of any operational issue you are not able to correct or resolve.		
Meet regularly with Triage Unit for status reports and relay important information to the Charge Nurse.		
Continue to report equipment and supply needs to Logistic Section Chief.		
Ensure staff health and safety issues are being addressed; resolve with Charge Nurse when appropriate.		
Assess environmental service needs in the triage area; contact Environmental Service Unit Leader when appropriate.		
Upon shift change, brief your replacement on the situation, ongoing operations, issues and other relevant incident information.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to monitor Triage Unit staff's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Rotate triage staff on a regular basis.		
Continue to document actions and decisions on the HICS Forms at assigned intervals and as needed.		
Continue to provide the Charge Nurse with situation updates.		
Continue to provide staff with situation updates and revised patient care practice standards.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Upon deactivation of your position, brief the Charge Nurse on current problems, outstanding issues, and follow-up requirements.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Section Chief.		
Ensure return/retrieval of equipment and supplies.		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## Medical Team Leader

**Mission:** Coordinates and collaborates with specific health care professionals to Provide patient care in a specific treatment area.

Date: _____	Start: _____	End: _____	Position Assigned to: _____
<b>Position Reports to: Charge Nurse</b>		Signature: _____	
TMTS Location: _____		Telephone: _____	
Fax: _____	Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from Medical Ops/Chief Nurse. Obtain packet containing Team Leader Job Action Sheet.		
Read entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Receive assigned radio and establish communications with the Communication Unit Leader. Receive just-in-time training for the radio if needed.		
Brief team members on current situation and incident objectives.		
Ensure sufficient equipment, staffing, and resources are in patient treatment area.		
Ensure that a scribe has been designated to your patient treatment area for updating and maintaining documentation.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure all staff are provided just-in-time training on equipment and procedures, as needed.		
Collaborate with Medical Director and Medical Ops Chief/Chief Nurse to confirm standard of care and standing orders.		
Assess problems and treatment needs in assigned treatment area; coordinate the team assigned to the treatment area to meet needs.		
Coordinate and forward requests for personnel and supplies to Logistics.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Participate in briefings and meetings as requested.		



<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Ensure patient records are being prepared correctly and collected.		
Ensure patient care is being prioritized effectively when austere conditions are implemented.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Ensure staff in your designated area is physically ready through proper nutrition, water intake, and rest.		
Establish a schedule for staff breaks.		
Advise the Medical Ops/Chief Nurse immediately of any operational issue you are not able to correct or resolve.		
Meet regularly with Unit staff for status reports, and relay important information to the Medical Ops/Chief Nurse.		
Assess environmental services needs in patient care areas; contact Logistics Section Chief when appropriate.		
Report equipment needs to Logistics Section Chief.		
Ensure staff health and safety issues are being addressed; resolve with Medical Ops/Chief Nurse when appropriate.		
Upon shift change, brief your replacement on the situation, ongoing operations, issues and other relevant incident information.		
Ensure a safe environment for the staff and patients.		

<b>End of shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Upon deactivation of your position, brief Medical Ops/Chief Nurse as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Upon deactivation of your position, ensure all documentation and HICS Forms are submitted to Planning Chief.		
Ensure return/retrieval of equipment and supplies.		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## MEDICAL/NURSING STAFF

**Mission:** Deliver appropriate health/medical services within the TMTS under the direction of the TMTS Medical Director and Medical Operations Chief.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
<b>Position Reports to: Assigned Team Leader</b>			Signature: _____	
TMTS Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Team Leader.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Obtain briefing from Team Leader.		
Participate in briefings and meetings as requested.		
Deliver care and assistance to patients as required following approved protocols, procedures and recommendations		
Document all patient care, actions, and decisions in a Patient Treatment Note.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Assess the physical condition of patients on an on-going basis		
Maintain patient's medical records and advise the Team Leader of any adverse change in the conditions of the patient.		
Refer patients who need immediate medical attention to the Team Leader		
Determine which treatment area patients should be placed in the TMTS		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Meet regularly with the Team Leader, as appropriate, to brief on medical staff status and projected needs.		
Maintain regular communications with the Team Leader to co-monitor the delivery and quality of medical care in all patient areas.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Participate in briefings at the beginning and end of each shift		
Continue to assess and treat patients according to appropriate standards of care.		
Continue to ensure medical staff related response issues are identified and effectively managed. Report critical issues to the Team Leader, as appropriate.		
Continue to meet regularly with the Team Leader or Charge Nurse, as assigned, to update current conditions and status.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Responder Health & Well-Being Unit Leader.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident and patient information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure return/retrieval of equipment and supplies.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Upon deactivation of your position, brief the Medical Operations Chief/Chief Nurse on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief/MST.		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## COMMUNITY LIAISON/DISCHARGE TEAM LEADER

**Mission:** Document the time, transportation, and the facility the patient is discharged to from the treatment area. Track the destination of all patients departing the facility. Function as a contact in the TMTS for representatives from other agencies and community resources to facilitate patient disposition.

Date: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Position Assigned to: \_\_\_\_\_ Initial: \_\_\_\_\_  
**Position Reports to: Charge Nurse** Signature: \_\_\_\_\_  
 TMTS Location: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Other Contact Info: \_\_\_\_\_ Radio Title: \_\_\_\_\_

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Charge Nurse. Obtain packet containing Community Liaison/Discharge Unit Leader Job Action Sheet.		
Read this entire Job Action Sheet and review organizational chart. Put on position identification (if provided).		
Receive assigned radio and establish communications with the Communication Unit Leader. Receive just-in-time training for the radio if needed.		
Ensure that proper equipment, staffing, and resources are in the discharge areas.		
Brief team members on current situation and incident objectives.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Establish contact with local, county and/or state emergency organization agencies to ascertain current status, appropriate contacts and message routing.		
Obtain initial status and information from the Planning Section Chief/MST. Establish discharge information for patient transfer, which should include the following: <ul style="list-style-type: none"> <li>• Current census of the “red”, “yellow”, and “green” patients waiting for transfer.</li> <li>• Mode of transportation required for patients transferring to other facilities.</li> <li>• Any current or anticipated shortage of critical resources including personnel, equipment, supplies, medications, etc., if transfer of patients is not expedited in a timely manner.</li> </ul>		
Establish communication with hospitals, local EOC, and/or local response agencies (e.g., public health). Report current TMTS status.		
Establish contact with liaison counterparts of each assisting and cooperating agency (e.g., local EOC, local shelters), keeping governmental Liaison Officers updated on changes in TMTS status and critical issues and resource needs.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure that a scribe has been assigned to the discharge area to update and maintain all documentation, including patient tracking.		

<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
Assess problem and treatment needs in assigned discharge area; coordinate the team assigned to the discharge area to meet needs.		
Coordinate and forward requests for supply and equipment needs to the Logistics Chief.		
Participate in briefings and meetings as requested.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Planning Chief/MST.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Ensure patient documentation is being prepared correctly and collected.		
Continue to track and display patient location and time of discharge for all patients; regularly report status to the Charge Nurse.		
Advise Charge Nurse immediately of any operational issue you are not able to correct or resolve.		
Meet regularly with Discharge Unit for status reports and relay important information to the Chief Nurse and/or Charge Nurse.		
Continue to report equipment and supply needs to Logistics Chief.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure staff health and safety issues are being addressed; resolve with Charge Nurse when appropriate.		
Upon shift change, brief your replacement on the situation, ongoing operations, issues and other relevant incident information.		
Request information and assistance as needed through the TMTS communication network or from the local and/or regional EOC.		
Attend all command briefings, IAP meetings to gather and share incident and TMTS information. Contribute TMTS information and community response activities and provide goals to the IAP.		
Obtain TMTS HICS Form 259 from Planning Chief and report to appropriate authorities the following: <ul style="list-style-type: none"> <li>• Number of casualties received including: <ul style="list-style-type: none"> <li>○ Name or physical description</li> <li>○ Sex</li> <li>○ Age</li> <li>○ Address</li> <li>○ Serious of injury or condition</li> </ul> </li> <li>• Current patient census.</li> <li>• Number of patients discharged home or transferred to other facilities.</li> <li>• Types of injuries or illness treated.</li> <li>• Number of dead.</li> </ul>		
Respond to requests and issues from incident management team members regarding inter-organization (e.g., local hospitals, governmental agencies, response partners) disposition problems.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to reach out to community resources and facilities for placement for patients needing to be discharged.		
Continue to document all actions and observations on the HICS Form 214 on a continual basis.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Communicate with Logistic Chief on status of supplies, equipment and other resources that could be mobilized to other facilities, if needed or requested.		
Consider need to deploy/maintain a Liaison Officer to local EOC; make recommendation to the Operations Chief.		
Prepare and maintain records and reports as appropriate.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Upon shift change, brief your replacement on the status of all ingoing operations, issues, and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Compile and finalize the Disaster/Victim Patient Tracking Form (HICS Form 254) and submit copies to the copies to the Planning Chief.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Ensure return/retrieval of equipment and supplies.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief.		
Upon deactivation of your position, brief the Charge Nurse on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the after action report.		
Submit an after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## Pediatric Medical Specialist

**Mission:** Coordinate and collaborate with the medical staff to develop and maintain a pediatric patient treatment area.

Date: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Position Assigned to: \_\_\_\_\_ Initial: \_\_\_\_\_

**Position Reports to: Medical Operations Section Chief/Chief Nursing Officer (CNO)**

Signature: \_\_\_\_\_

TMTS Location: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Other Contact Info: \_\_\_\_\_ Radio Title: \_\_\_\_\_

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Medical Operations Chief/CNO. Obtain packet containing Pediatric Medical Specialist Job Action Sheet.		
Read this entire Job Action Sheet and review the organization chart. Put on position identification (if provided).		
Receive assigned radio (when applicable) and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Ensure accurate contact info on hand for command staff; ensure accurate contact info on hand for Medical Director and others (when applicable).		
Assign and brief Pediatric Team Unit Leaders.		
Establish pediatric treatment areas and assign staff to designated treatment areas.		
Assess problems and treatment needs in the pediatric treatment area; coordinating the staffing, equipment, and supplies to meet needs. Coordinate with the Section Chiefs as appropriate to meet needs.		
Meet regularly with the Medical Operations Chief/CNO to discuss the medical care plan of action and staffing in the pediatric patient treatment area.		
Ensure that appropriate standards of care are being used in the pediatric patient care area (blood borne pathogens and personal protective equipment). Arrange for just-in-time training for patient care providers.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure pediatric patient identification and tracking practices are being followed.		
Ensure that patient care providers understand and have access to all nursing notes and pertinent forms needed for patient care.		
Communicate and coordinate with Logistics Section Chief to determine pediatric: <ul style="list-style-type: none"> <li>Medical care equipment and supply needs</li> <li>Medications with pediatric dosing</li> </ul> Transportation availability and needs (carts, cribs, wheel chairs, etc.)		
Communicate with Planning Section Chief to determine pediatric: <ul style="list-style-type: none"> <li>Bed availability</li> <li>Ventilators</li> <li>Trained medical staff (MD, RN, PA, NP, etc.)</li> </ul> Additional short and long range pediatric response needs		

<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
Ensure that appropriate pediatric standards of care are being followed in all clinical areas.		
Receive, coordinate, and forward requests for personnel and supplies to the Medical Operations Chief/Chief Nurse or others if so directed.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Participate in briefings and meetings as requested.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to communicate and coordinate with Logistics Section Chief the availability of pediatric equipment and supplies.		
Coordinate with Logistics and Planning Section Chiefs to expand/create a Pediatric Patient Care area, if needed.		
Ensure pediatric patient records are being prepared correctly and collected.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure your physical readiness through proper nutrition, water intake and rest.		
Advise Medical Operations Chief/ CNO immediately of any operational issues you are unable to correct.		
Report pediatric equipment and supply needs to the Medical Operations Chief/CNO and Logistics Chief, as appropriate.		
Ensure pediatric staff health and safety issues are being addressed; resolve with Medical Operations Chief/CNO, as appropriate.		
Develop and submit an action plan to Medical Operations Chief/CNO when requested.		
Ensure the patient status and location information is being regularly submitted to the Patient Tracking Scribe or other appropriate person.		
In collaboration with the Medical Operations Chief/CNO, prioritize and collaborate patient transfers to hospitals and other facilities with the Logistics Chief and the Discharge Team Leader or other appropriate personas directed.		
Upon shift change, brief your replacement on the situation, ongoing operational issues and other relevant incident information.		

<b>End Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure the quality of care is maintained during the transfer of pediatric patients to other facilities.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Ensure return/retrieval of equipment and supplies and return all assigned equipment.		
Upon deactivation of your position, brief the Medical Operation Chief/CNO on current problems, outstanding issues, and follow-up requirements.		



<b>End Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Section Chief, as appropriate.		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings as directed. Participate in other briefings and meetings as required.		

## MENTAL HEALTH UNIT LEADER

**Mission:** Address issues related to mental emergency response, manage the mental health care area, and coordinate mental health response activities.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____			
<b>Position Reports to: Medical Operations Chief/CNO</b>		Signature: _____	
TMTS Location: _____		Telephone: _____	
Fax: _____		Other Contact Info: _____ Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Medical Operations Chief/Chief Nurse. Obtain packet containing Mental Health Unit Leader Job Action Sheet.		
Read entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Appoint Mental Health team members and brief on current situation, incident objectives and strategy; outline Unit action plan and designate time for next briefing.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Meet with the Medical Operations Chief/Chief Nurse and Safety Officer to plan, project, and coordinate mental health care needs of patients, their family, and staff. The plan should include addressing the mental health needs of people who arrive at the TMTS with concerns that they are or may be victims of the disaster.		
Participate in briefings and meetings, as requested.		
Communicate with the Medical Operations Chief/Chief Nurse and obtain information, such as: <ul style="list-style-type: none"> <li>• Type and location of incident.</li> <li>• Number and condition of expected patients.</li> <li>• Estimated arrival time to facility.</li> <li>• Unusual or hazardous environmental exposure.</li> <li>• Location(s) of surge of people (who may or may not be victims of the disaster) who have arrived at the facility or who are calling to ask for assistance (e.g., facility phones, triage area, patient care areas, discharge area, isolation area, palliative care area, etc.).</li> <li>• Any special circumstances that must be addressed due to the nature of the incident, such as special languages, cultural needs, or security concerns.</li> </ul>		
Provide mental health guidance and recommendations to Medical Operations Chief/Chief Nurse based on response needs and potential triggers of psychological effects (trauma exposure, perceived risk to staff and family, restrictions on movement, resource limitations, and information unavailability).		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		

<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
<p>Communicate and coordinate with Logistics Section Chief to determine:</p> <ul style="list-style-type: none"> <li>Available staff (mental health, nursing, chaplains, experienced volunteers, etc.) that can be deployed to key areas of the facility 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> <li>Availability of psychotropic medications</li> </ul>		
<p>Communicate with Medical Ops Chief/ Chief Nurse and the Planning Chief to determine:</p> <ul style="list-style-type: none"> <li>Bed availability in inpatient psychiatry units, if applicable.</li> <li>Additional short and long range mental health response needs.</li> <li>Need to provide mental health care guidance to medical community.</li> </ul>		
Establish an overall mental health treatment plan for the disaster including priorities for mental health response for patients, families, and staff; staffing recommendations; recommended mental health activities/interventions; resources available and needed; and problems to be addressed in the next operational period.		
Regularly meet with the Medical Operations Chief/Chief Nurse to discuss medical care plan of action and staffing in all mental health areas.		
Receive, coordinate, and forward requests for personnel and supplies to the Medical Operations Chief/Chief Nurse.		
Request a scribe if needed to assist with documentation.		
Receive assigned radio and establish communications with the Communications Unit Leader. Receive just-in-time training if needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213) and provide a copy to the Planning Chief/MST.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
<p>Communicate and coordinate with the Medical Operations Chief/Chief Nurse on the availability of:</p> <ul style="list-style-type: none"> <li>Mental health staff needed to deliver psychological support and intervention.</li> <li>Availability of psychotropic medications</li> </ul>		
Coordinate with Logistics and Medical Operations/Chief Nurse to expand/create a recognized provisional Mental Health Patient Care area, if necessary.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure that appropriate mental health standards of care are being followed and mental health needs are being met.		
Establish regular meeting schedule with mental health staff responding to the incident and		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
the Medical Operations Section for updates on the situation regarding hospital/facility operation needs.		
Maintain communication with Medical Operations Chief/Chief Nurse to monitor situation updates and maintain information resources availability.		
Communicate with local governmental mental health department to ascertain community mental status and assess available resources.		
Participate in development of risk communication and public information that addresses mental health concerns.		
Ensure patient records are being prepared correctly and collected.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Advise Medical Operations Chief/Chief Nurse immediately of any operational issues you are not able to correct or resolve.		
Report equipment and supply needs to the Supply Unit Leader.		
Ensure that patient status and location information is be regularly submitted to the Patient Tracking Scribe.		
Ensure staff health and safety issues are being addressed; resolve with Medical Ops Chief/ Chief Nurse when appropriate.		
In collaboration with the Medical Operations Chief/Chief Nurse, prioritize and coordinate patient transfers to other hospitals with mental health facilities		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue mental health care supervision, including monitoring quality of care, document completion, and safety practices.		
Continue to meet regularly with the mental health staff responding to the incident and the Medical Operations Chief/Chief Nurse to keep apprised of current conditions.		
Continue to ensure the provisions of resources for mental health and recovery, and education to children and families.		
Rotate staff on regular basis		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send a copy to the Planning Chief/MST at assigned intervals and as needed.		
Continue to provide Medical Operations Chief/Chief Nurse with regular updates.		
Provide staff with situation update information and revised patient care practice standards.		
Continue to ensure mental health needs of patient and family are being met.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Coordinate a plan to address the ongoing mental health needs of Patients, families, and staff.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Medical Operations Chief/Chief Nurse and Operations Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief/MST, as appropriate.		
Submit comments to the after action report.		
Coordinate stress management and after- action debriefings. Participate in other briefings and meetings as required.		

## PALLIATIVE CARE UNIT LEADER

**Mission:** Provide comfort measures for patients deemed terminally ill.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
<b>Position Reports to: Medical Operations Chief/CNO</b>			Signature: _____	
TMTS Location: _____		Telephone: _____		
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from Medical Operations Chief/Chief Nurse. Obtain packet containing Palliative Care Unit Leader Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Establish a palliative care area; coordinate with the Charge Nurse and Medical Operations Chief/Chief Nurse.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Brief team members on current situation, incident objectives and strategy; outline team action plan and designate time for next briefing.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Assess problems and treatment needs in patient care area; coordinate staffing and supplies needed in area.		
Receive assigned radio and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Establish respite area for family members.		
Establish communications with the Security Officer, in the event they are needed.		
Provide just-in-time training for staff, volunteers, and family for proper PPE and hand washing in the palliative care area.		
Obtain assistance from the Transportation Unit for transporting deceased patients.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Planning Chief/MST.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with Medical Operations Chief/Chief Nurse for status reports, and relay important information.		
Continue coordinating needed facility support services.		
Ensure patient records and documentation are prepared correctly and collected.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure patient care is being prioritized effectively when altered care (austere) standards of practice are implemented.		
Ensure all deceased patients moved from palliative care area are covered, tagged, and identified where possible. Photo identification may be necessary.		
Ensure that the palliative care area has proper support and the following are addressed: <ul style="list-style-type: none"> <li>• Family Support Center</li> <li>• Safe and respectful storage (of casualties)</li> <li>• Security</li> <li>• Proper handling of personal effects</li> <li>• Documentation</li> </ul>		
Ensure you physical readiness through proper nutrition, water intake, and rest.		
Advise Medical Operations Chief/Chief Nurse immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue emergency care supervision, including monitoring quality of care, document completion, and safety practices.		
Continue to document actions and decisions on HICS Form 214 and send copy to Planning Chief at assigned intervals and as needed.		
Continue to provide the Medical Operations Chief with situation update information.		
Continue to provide Unit staff with situation update information.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief/MST.		
Submit comments to the after action report.		
Upon deactivation of your position, brief the Medical Operations Chief/Chief Nurse on current problems, outstanding issues, and follow-up requirements.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## PHARMACY UNIT LEADER

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

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
<b>Position Reports to: Medical Operations Chief/CNO</b>			Signature: _____	
TMTS Location: _____		Telephone: _____		
Fax: _____	Other Contact Info: _____		Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Medical Operations Chief/Chief Nurse. Obtain packet containing Pharmacy Unit Leader Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Assign pharmacist to patient care areas, when appropriate.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Inventory most commonly used pharmaceutical items and provide for the continual update of this inventory.		
Ensure that pharmaceutical area is secure by coordinating with the Security Unit Leader.		
Receive assigned radio and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Planning Chief/MST.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with Medical Operations Chief/Chief Nurse and Charge Nurse to obtain situation and status reports, and relay important information to team members.		
Communicate with the Logistics Section Unit Leaders to ensure a efficient method of requisitioning and delivery of pharmaceutical inventories within the TMTS. Collaborate with the Medical Ops Chief/Chief Nurse and Charge Nurse to follow-up on trends in the TMTS for resupply pharmaceutical needs.		



<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure proper documentation for medications checked out of pharmacy is established and maintained.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Provide for routine meetings with the Medical Operations Chief/Chief Nurse.		
Review and approve the scribe's recordings of actions/decisions in the pharmacy service area. Send a copy to the Planning Chief/MST.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Upon deactivation of your position, brief the Medical Operations Chief/Chief Nurse on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief/MST.		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## Logistics Chief

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

Date: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Position Assigned to: \_\_\_\_\_  
Position Reports to: **Incident Commander** Signature: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Other Contact Info: \_\_\_\_\_ Radio Title: \_\_\_\_\_

<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
Receive assignment and briefing from the Medical Operations Chief. Obtain packet containing Section's Job Action Sheets.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Determine need to appoint Unit Leaders in Logistics Section; distribute corresponding Job Action Sheet and position identification.		
Receive assigned radio and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Establish Logistics Section work area.		
Brief Unit Leaders on current situation, incident objectives and strategy; outline Section action plan and designate time for next briefing.		
Participate in Incident Action Plan preparation, briefings, and meetings as needed; assist in identifying strategies; determine tactics, work assignments, and resource requirements.		
Maintain communication with Medical Operations Chief and other Sections Chiefs to assess critical issues and resources needs.		
Ensure resource ordering procedures are communicated to appropriate Sections and requests are timely and accurately processed.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure Logistics Unit Leaders comply with safety policies and procedures.		
Contact the local Public Health Department, in collaboration with the Liaison Officer, as required, for notification, support, and investigation resources.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Participate in briefings and meetings as requested.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Obtain information and updates regularly from Unit Leaders; maintain current status of all areas; pass status information to Director of Operations.		
Ensure the following are being addressed: <ul style="list-style-type: none"> <li>• Communications</li> <li>• Information technology/information services</li> <li>• Provisions for food and water for staff</li> <li>• Employee health and well-being</li> <li>• Family care</li> <li>• Provisions of supplies</li> <li>• Facility maintenance</li> <li>• Transportation service</li> <li>• Documentation</li> </ul>		
Initiate the Resource Accounting Record (HICS Form 257) to track equipment used during the response.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Obtain needed material and fulfill resource requests with assistance of the Finance Section Chief.		
Ensure that the Logistics Section is adequately staffed and supplied.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Coordinate return of all assigned equipment to appropriate locations and restock ACS supplies.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Coordinate replacement of broken or misplaced items.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Medical Operations Chief on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Section Chief.		
Work with Planning Chief and Finance Sections to complete cost data information.		
Debrief Section staff on lessons learned and procedural/equipment changes needed.		
Submit comments to the after action report.		
Participate in stress management and the after-action debriefings. Participate in other briefings and meetings as required.		

## Communications Unit Leader

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

Date: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Position Assigned to: \_\_\_\_\_  
**Position Reports to: Logistics Chief** Signature: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Radio Title: \_\_\_\_\_

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Logistics Chief. Obtain packet containing Communications Unit Leader Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Establish a Communications Center.		
Inventory and assess all available radios and distribute the radios to pre-designated areas and personnel.		
Determine radio channels for response and make radio assignments.		
Brief Communications Unit team members on current situation; outline Unit action plan and designate time for next briefing.		
Determine need for just-in-time training for personnel unfamiliar with proper radio communications.		
Evaluate status of internal and external telephone/fax systems and report to Logistics Chief.		
Assess status of all on-site communications equipment, including two-way pagers, satellite phones, public address system, data message boards, and inter and intra-net connectivity. Initiate repairs per the standard operating procedures.		
Initiate the Incident Communications Log (HICS Form 205) and distribute to all ACS positions.		
Request the response of assigned ham radio personnel to the facility, if indicated.		
Prepare for radio checks from personnel that are assigned hand-held radios and other portable communications equipment.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Logistics Chief.		
Participate in briefings and meetings as requested.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Expand communication network capability and equipment as required to meet the needs of the hospital response.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Ensure communication equipment maintains proper functioning.		
If primary communications systems fail, establish mechanism to alert Rapid Response Team, and other designated priority teams.		
Develop and submit an action plan to the Logistics Chief.		
Receive and archive all documentation related to internal and external facility communication systems.		
Advise Logistics Chief immediately of any operational issues you are not able to correct or resolve.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure that all radios and battery operated equipment is serviced and charged.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Logistics Chief on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief.		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## SUPPLY UNIT LEADER

**Mission:** Acquire, inventory, maintain, and provide medical and non-medical care equipment, supplies, and pharmaceuticals.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initials: _____
<b>Position Reports to: Logistics Chief</b>			Signature: _____	
TMTS Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Logistics Chief. Obtain packet containing Supply Unit Leader Job Action Sheets.		
Read entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Receive assigned radio and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Dispatch any pre-designated supplies and equipment to patient care areas, including triage and discharge areas. Request transportation assistance from the Transportation Unit Leader.		
Establish and communicate the operational status of the Supply Unit to the Logistics Chief and Finance Chief.		
Determine on hand inventory of the following, based on the type of event. May include, but is not limited to: <ul style="list-style-type: none"> <li>• Airway equipment</li> <li>• Dressings/bandages</li> <li>• Chest tubes</li> <li>• Burn kits</li> <li>• Suture material</li> <li>• IV equipment and supplies</li> <li>• Sterile scrub brushes, normal saline, anti-microbial skin cleanser</li> <li>• Waterless hand cleaner and gloves</li> <li>• Fracture immobilization, splinting and casting materials</li> <li>• Backboard, rigid stretchers</li> <li>• Non-rigid transporting devices (litters)</li> <li>• Oxygen, administration masks, ventilators and suction devices</li> <li>• Personal protective clothing/equipment/masks/respirators.</li> </ul>		
Place emergency order(s) for the critical supplies, equipment and pharmaceuticals needed to the Logistics Chief.		

<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Prepare to receive additional equipment, supplies, and pharmaceuticals. Collaborate with Logistics Chief and Planning Chief to track arriving supplies.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Receive assigned radio and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Planning Chief/MST.		
Participate in briefings and meetings as requested.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Work through the Logistics Section Chief to request external resource acquisition assistance.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Closely monitor equipment, supply, and pharmaceutical usage.		
Notify Security Branch Director to insure control of medications, equipment and supplies, as needed.		
Restock carts and treatment areas per request and at least every 8 hours.		
Advise the Logistics Chief immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to monitor Unit personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Ensure your physical readiness through proper nutrition, water intake, and rest		
Continue to provide regular situation briefings to Unit staff.		
Anticipate equipment, supplies, and pharmaceuticals that will be needed for the next operational periods, in consultation with the Medical Operations Section. Place orders in collaboration with the Logistics Chief and Finance Chief.		
Continue effective inventory control and replacement measures		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to document actions and decisions on HICS Form 214 and send a copy to the Planning Chief/MST at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Coordinate return of all assigned equipment to appropriate locations and restock TMTS supplies.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Coordinate re-supply ordering and restocking.		
Repair/replace broken equipment.		
Ensure return/retrieval of equipment and supplies.		
Coordinate reimbursement issues with the Finance Section Chief.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Submit comments to the after action report.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief/MST.		
Upon deactivation of your position, brief the Logistics Chief on current problems, outstanding issues, and follow-up requirements.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		
Upon deactivation of your position, brief the Logistics Chief on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Section Chief.		
Submit comments to the after action report.		
Participate in stress management and the after-action debriefings. Participate in other briefings and meetings as required.		



## EQUIPMENT UNIT LEADER

**Mission:** Acquire, inventory, maintain, and provide medical and non-medical care equipment.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initials: _____
<b>Position Reports to: Logistics Chief</b>			Signature: _____	
TMTS Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Logistics Chief. Obtain packet containing Equipment Unit Leader Job Action Sheets.		
Read entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Receive assigned radio and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Dispatch any pre-designated supplies and equipment to patient care areas, including triage and discharge areas. Request transportation assistance from the Transportation Unit Leader.		
Establish and communicate the operational status of the Equipment Unit to the Logistics Chief and Finance Chief.		
Determine on-hand inventory of the following, based on the type of event.		
Place emergency order(s) for the critical supplies, equipment and pharmaceuticals needed to the Logistics Chief.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Prepare to receive additional equipment and supplies. Collaborate with Logistics Chief and Planning Chief to track arriving supplies.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Receive assigned radio and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Planning Chief/MST.		
Participate in briefings and meetings as requested.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Work through the Logistics Section Chief to request external resource acquisition assistance.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Closely monitor equipment usage.		
Notify Security Branch Director to insure control of equipment and supplies, as needed.		
Restock carts and treatment areas per request and at least every 8 hours.		
Advise the Logistics Chief immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to monitor Unit personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Ensure your physical readiness through proper nutrition, water intake, and rest		
Continue to provide regular situation briefings to Unit staff.		
Anticipate equipment, supplies, and pharmaceuticals that will be needed for the next operational periods, in consultation with the Medical Operations Section. Place orders in collaboration with the Logistics Chief and Finance Chief.		
Continue effective inventory control and replacement measures		
Continue to document actions and decisions on HICS Form 214 and send a copy to the Planning Chief/MST at assigned intervals and as needed.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Coordinate return of all assigned equipment to appropriate locations and restock TMTS supplies.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Coordinate repair, re-supply, ordering, and restocking		
Repair/replace broken equipment.		
Ensure return/retrieval of equipment and supplies.		
Coordinate reimbursement issues with the Finance Section Chief.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Submit comments to the after action report.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief/MST.		
Upon deactivation of your position, brief the Logistics Chief on current problems, outstanding issues, and follow-up requirements.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		
Upon deactivation of your position, brief the Logistics Chief on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Section Chief.		
Submit comments to the after action report.		
Participate in stress management and the after-action debriefings. Participate in other briefings and meetings as required.		

## SUPPORT UNIT LEADER

**Mission:** Organize and manage the services required to maintain the TMTS supplies facilities, transportation, and labor pool. Ensure the provision of logistical, psychological, and medical support of TMTS staff and their dependents.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____		
<b>Position Reports to: Logistics Chief</b>		Signature: _____
TMTS Location: _____		Telephone: _____
Fax: _____	Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Logistics Section Chief. Obtain packet containing Support Branch Director Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Receive assigned radio and establish communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Brief team members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Assess Support Branch areas capacity to deliver needed: <ul style="list-style-type: none"> <li>• Responder health care</li> <li>• Mental health support to staff</li> <li>• Family support to staff</li> <li>• Medical equipment and supplies</li> <li>• Facility cleanliness</li> <li>• Internal and external transportation support</li> <li>• Supplemental personnel management</li> </ul>		
In collaboration with the Safety Officer determine need for staff personal protective equipment; implement protective actions as required.		
Regularly report Service Branch status to the Logistics Section Chief.		
Instruct all Unit Leaders to evaluate on-hand equipment, supply, and medication inventories and staff needs; report status to the Supply Unit Leader.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Assess mental health status concerns and; determine need for expanded support.		
Assess problems and needs in each Unit area; coordinate resource management.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue assessing and coordinating Support Branch's ability to provide needed personnel and support services.		
Ensure prioritization of problems when multiple issues are presented		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Continue to evaluate the need for staff personal protection measures, in coordination with the Safety Officer and the Medical Director and implement actions as indicated.		
Assign mental health personnel to visit patient care areas and evaluate staff needs; in coordination with the Medical Director and report issues to the Logistics Section Chief.		
Coordinate use of external resources to assist with service delivery.		
Advise the Logistics Section Chief immediately of any operational issue you are not able to correct or resolve.		
Meet routinely with the Logistics Section Chief for status reports, and relay important information to staff.		
Assess environmental services needs in all staff activity areas.		
Report equipment needs to the Supply Unit Leader.		
Ensure staff health and safety issues being addressed; resolve with the Safety Officer when appropriate.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
As needs for Support Branch staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Assist the Logistics Section Chief and Unit Leaders with addressing staff health and medical concerns.		
Ensure return/retrieval of equipment and supplies.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Logistics Section Chief.		
Upon deactivation of your position, brief the Logistics Section Chief on current problems, outstanding issues, and follow-up requirements.		
Submit comments in the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## FOOD AND NUTRITION UNIT LEADER

**Mission:** Organize food and water stores for staff and patients. Manage preparation of food. Coordinate rationing during periods of anticipated or actual shortage.

Date: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Position Assigned to: \_\_\_\_\_ Initials: \_\_\_\_\_  
**Position Reports to: Logistics Chief** Signature: \_\_\_\_\_  
 TMTS Location: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Other Contact Info: \_\_\_\_\_ Radio Title: \_\_\_\_\_

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from Logistics Chief. Obtain packet containing Food/Nutrition Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Appoint team members to assigned positions and brief members on current situation; outline Unit action plan and designate time for next briefing.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Estimate the number of meals that can be served using existing food stores; implement rationing if situation dictates.		
If possible identify an outside catering source and order food to meet the needs of the TMTS.		
Inventory the current emergency drinking water supply and estimate time when resupply will be necessary. Implement rationing if situation dictates.		
Ensure that hand washing stations are located near the food service areas.		
Report inventory levels of emergency drinking water and food stores to Logistic Chief.		
Receive assigned radio and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Planning Chief/MST.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Meet with Staffing/Accountability Unit Leader to discuss location of personnel refreshment and nutritional break areas.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Secure nutritional and water inventories with the assistance of the Security/Safety Unit Leader.		
Communicate facility status with food and water vendors as appropriate, to alert them to a possible need for supplies.		
Prepare to receive donated food items from vendors, restaurants, and others.		
Secure nutritional and water inventories with the assistance of the Security Unit Leader.		
Submit an anticipated need list of water and food to the Logistics Chief. Request should be based on current information concerning emergency events as well as projected needs for patient, staff, and dependents.		
Advise the Logistics Chief immediately of any operational issues you are not able to correct or resolve.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Meet with the Logistics Chief regularly to keep informed of current status.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Continue to coordinate external food service support and supplies and communicate with external vendors and suppliers, as necessary.		
Maintain normal food service if possible for staff and implement rationing if indicated.		
Continue to project food and water needs and coordinate requests and procurement with Logistics Chief.		
Continue to provide regular situation updates to the Logistics Chief.		
Continue to document actions and decisions on the HICS Form 214 and send copies to Planning Chief as designated.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Reorder food and supplies to restore normal inventory.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Ensure return/retrieval of equipment and supplies and return all assigned equipment.		
Debrief team members on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Incident Commander or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief/MST.		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		



## TRANSPORTATION UNIT LEADER

**Mission:** Organize and coordinate the transportation of all ambulatory and non-ambulatory patients. Arrange for the transportation of human and material resources within or outside the facility.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____	
<b>Position Reports to: Logistics Chief</b>	Signature: _____
TMTS Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing form Logistics Section Chief. Obtain packet containing the Transportation Unit Leader's Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Assess transportation requirements and needs for patients, personnel and materials; request patient transporters from the Staffing/Accountability Section to assist in the gathering of patient transport equipment.		
Inventory and assemble Stryker carts, wheelchairs, mega-movers, stair chairs and stretchers in proximity to discharge and triage areas.		
Establish ambulance loading area in cooperation with the Security Unit Leader and Operations Section Chief. Advise EMS of location.		
Assess availability of other resources for transportation (buses, shuttles, ambulances).		
Receive requests for air lift medical evacuation from patient care areas and coordinate requests with Logistics Chief for use of outside air medical access resources for MEDEVAC with the local Emergency Operations Center (EOC) or directly with the transport provider. An appropriate landing area will need to be identified and cordoned off.		
Coordinate request for public/private sector ambulance transportation with the Logistics Chief and the Planning Chief to the local EOC or directly with provider per existing response plans and agreements.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		

<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
Receive the radio assignments and establish communications with the Communications Unit Leader. Receive just-in-time radio training if needed.		
Document all communications (internal and external on an Incident Message Form (HICS Form 213) and provide a copy for the Planning Chief.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue coordination of transportation/ shipment of resources into and out of the facility by phone/radio, on site unit leader, or local EOC.		
Continue coordination of transportation for patient transfers with: <ul style="list-style-type: none"> <li>• Staffing/Accountability Unit Leader</li> <li>• Discharge Unit Leader</li> <li>• EMS (public and private)</li> <li>• Other hospitals</li> <li>• Local EOC</li> <li>• Military</li> </ul>		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
In the event of a TMTS evacuation and /or the relocation of medical services outside of existing structure, anticipated and prepare transportation needs.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to monitors Unit personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Assign a scribe to the triage area, discharge area, and supply area to maintain a transportation record.		
Continue communication on situation with appropriate external authorities, in coordination with the Logistics chief.		
Request special transport needs from the Supply Unit Leader.		
Address health and safety issues related to volume/location of transportation vehicles with the Safety Officer.		
Continue to document actions and decisions on HICS Form 214 at assigned intervals and as needed.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to provide regular status updates to the Logistics Chief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Coordinate cancellations of transport vehicles.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Via the Logistics Chief or the Planning Chief notify the EOC that there is no longer a need for additional transportation assistance.		
Ensure return/retrieval of equipment and supplies.		
Debrief staff lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Logistics Chief on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief, as appropriate.		
Submit comments to the after action report.		
Participate in stress management and after- action debriefings. Participate in other briefings and meetings as required.		

## INFORMATION TECHNOLOGY UNIT LEADER

**Mission:** Provide computer hardware, software and infrastructure support to staff.

Date: _____ Start: _____ End: _____		Position Assigned to: _____		Initials: _____
<b>Position Reports to: Logistics Chief</b>		Signature: _____		
TMTS Location: _____		Telephone: _____		
Fax: _____	Other Contact Info: _____		Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from Logistics Section Chief. Obtain packet containing the Information Technology Units Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Appoint Unit members, as appropriate; distribute any appropriate forms or information to the Unit.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Brief Unit members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.		
Evaluate business capabilities, systems still on-line, recovery plan actions, and projected minimum duration of disruption.		
Confirm off-site data backup are secure and available for system restoration.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Participate in briefings and meetings as requested.		
Receive assigned radio and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Planning Chief/MST.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue coordinating the Unit's ability to maintain or recover impacted IT business.		
Continue to evaluate IT system performance; troubleshoot issues as indicated.		
Identify specific activities or resources needed to ensure timely resumption of IT business functions.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Coordinate with Logistics Chief for access to critical power needs or building assessments.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Develop and submit an action plan to the Planning Chief when requested.		
Advise the Logistics Chief immediately if any operational issues are not able to correct or resolve.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to monitor ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Brief the Logistics Chief regularly on current condition of all operations.		
Continue to document actions and decisions on HICS Form 214		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Reorder supplies and equipment to restore normal inventory.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief/MST.		
Upon deactivation of your position, brief the Logistics Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## FINANCE CHIEF

**Mission:** Monitor the use of financial assets. Oversee the acquisition of supplies and services necessary to carry out the TMTS's medical mission. Supervise the documentation of expenditures relevant to the emergency incident.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____	
<b>Position Reports to: TMTS Administrator</b>	Signature: _____
TMTS Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Operations Chief. Obtain packet containing Finance Section Job Action Sheets.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Determine need for and appropriately appoint Finance Unit Leaders, distribute corresponding Job Action Sheets and position identification.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Brief Finance Unit Leaders on current situation, incident objectives, and strategy; outline Section action plan; and designate time for next briefing.		
Participate in Incident Action Plan (IAP) as needed and, <ul style="list-style-type: none"> <li>• Provide cost implications of incident objectives</li> <li>• Ensure that the IAP is within financial limits established by the Operations Chief.</li> <li>• Determine if any special contractual arrangements/agreements are needed.</li> </ul>		
Obtain information and updates regularly from the Finance Section Unit Leaders; maintain knowledge of current status of all Units; inform Operations Chief of status information.		
Ensure Finance Section personnel comply with safety policies and procedures.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Receive assigned radio and establish two-way communication with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213) and provide a copy to the Planning Chief/MST.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Approve a "cost-to-date" incident financial status report summarizing financial data relative to personnel, supplies, and miscellaneous expenses.		
Initiate the Resource Accounting Record (HICS Form 257) to track equipment used during the response.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Obtain briefings and updates from the Operations Chief as appropriate. Relate pertinent financial status reports appropriate Section Chief's and Unit Leaders.		
Approve a "cost-to-date" incident financial status report submitted by the Cost Unit Leader at a designated scheduled time summarizing financial data relative to personnel, supplies, and other expenditures and expenses.		
Schedule planning meetings to include the Operations Chief to discuss updating the section's incident action plan and termination procedure.		
Ensure that the Finance Section is adequately staffed and supplied.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to maintain the Resource Accounting Record (HICS Form 257) to track equipment used during the response.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Conduct regular situation update briefings with Finance Section.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		
Schedule planning meetings with Finance Section staff to update the Section action plan and demobilization procedures.		
Ensure that required financial and administrative documentation is properly prepared. Collate and process invoices received.		
Present financial updates to the Operations Chief and Planning Chief/MST at designated time schedule.		
Continue to document on an HICS Form 214.		
Coordinate emergency procurement requests with Logistics Chief.		
Follow local, state, and federal guidelines regarding reimbursement regulations and requirements; ensure required documentation is prepared according to guidelines.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Collect and analyze all financial related data from Finance Sections Units.		
Ensure processing and payment of invoiced costs.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Chief/MST.		
Submit comments to the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		



## BILLETING UNIT LEADER

**Mission:** Ensure that the staff has sleeping/resting accommodations during the event.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____			
<b>Position Reports to: Finance Section Chief</b>		Signature: _____	
TMTS Location: _____		Telephone: _____	
Fax: _____	Other Contact Info: _____	Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Finance Section Chief. Obtain packet containing Billeting Unit Leader Job Action Sheets.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Collaborate with the Staffing/Accountability Unit Leader and assess the need of staff sleeping/resting accommodations.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Assign a scribe (if needed) to track the number of staff needing accommodations.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Receive assigned radio and establish two-way radio communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed.		
Participate in briefings and meetings as requested.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Planning Section Chief/ MST.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Finance Section Chief to obtain situation and status reports.		
Ensure the accommodations meet the needs of the staff.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Meet regularly with the Staffing/Accountability Unit Leader to track the staff leaving and joining the event to ensure ample accommodations are acquired.		
Maintain a message center in the labor pool area or designated area, to inform staff and volunteers of the current accommodations and any changes in accommodations as staff is rotated in and out of facility		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Continue to keep updated records on the number of staff and volunteers needing accommodations for sleeping/resting.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>End Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Upon deactivation of your position, brief the Finance Section Chief on current problems, outstanding issues, and follow-up requirements.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Planning Section Chief/ MST.		
Submit comments in the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## COST ACCOUNTING UNIT LEADER

**Mission:** Provide cost analysis data for the declared emergency incident and maintenance of accurate records of incident cost.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initials: _____
<b>Position Reports to: Finance Section Chief</b>			Signature: _____	
TMTS Location: _____			Telephone: _____	
Fax: _____			Other Contact Info: _____ Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive assignment and briefing from the Finance Section Chief. Obtain packet containing the Cost Accounting Unit Leader Job Action Sheet.		
Read this entire Job Action Sheet and review the organizational chart. Put on position identification (if provided).		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Obtain briefing from Finance Chief; assist in development of section action plan.		
Establish cost reporting procedures, including proper coding.		
Implement procedures for receiving and depositing funds.		
Implement system for collecting all receipts from designated staff for reimbursement.		
Meet regularly with the Finance Chief to plan and project financial issues.		
Receive assigned radio and establish two-way communications with the communications Unit Leader. Receive just-in-time training for the radio if needed.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Planning Chief/MST.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet routinely with the Finance Section Chief for status reports.		
Maintain cost tracking analysis.		
Collect copies, summaries, or original documentation of cost.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Inform all Section Chiefs of pertinent cost data at the direction of the Finance Section Chief.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Prepare cost-to-date summary report for submission to the Finance Section Chief at designated set schedule.		
Develop and submit an action plan to the Finance Section Chief when requested.		
Advise the Finance Section Chief immediately of any operational issue you are not able to correct or resolve.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Continue to prepare summaries of all costs incurred during the incident per schedule designated by the Finance Chief.		
Ensure your physical readiness through proper nutrition, water intake, and rest.		
Continue to document actions and decisions on the HICS Form 214.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Compile final cost accounting report(s) to Finance Chief.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Complete all cost records and prepare a report/summary of incident costs.		
Ensure return/retrieval of equipment and supplies.		
Upon deactivation of your position, brief the Finance Chief on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and HICS forms are submitted to the Finance Section Chief.		
Submit comments in the after action report.		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

## LIAISON OFFICER

**Mission:** Function as the incident contact person in the Temporary Medical Treatment Station for representatives from other agencies.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
<b>Position Reports to: TMTS Administrator</b>			Signature: _____	
TMTS Command Location: _____			Telephone: _____	
Fax: _____			Other Contact Info: _____ Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the TMTS Administrator		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Appoint Liaison team members and complete the Branch Assignment List (HICS Form 204).		
m		
Brief Liaison team members on current situation and incident objectives; develop response strategy and tactics; outline action plan and designate time for next briefing.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Establish contact with the Communications Unit Leader, and confirm your contact information.		
Establish contact with local, county and/or state emergency organization agencies to ascertain current status, appropriate contacts and message routing.		
Consider need to deploy a Liaison Officer to local EOC; make recommendation to the TMTS Administrator		
Obtain initial status and information from the Planning Section Chief to provide as appropriate to the inter-hospital/facility emergency communication network and local and/or county EOC, upon request: <ul style="list-style-type: none"> <li>• Patient Care Capacity – The number of “immediate (red),” “delayed (yellow),” and “minor (green)” patients that can be received and treated immediately, and current census.</li> <li>• TMTS Overall Status – Current condition of hospital structure, security, and utilities.</li> <li>• Any current or anticipated shortage critical resources including personnel, equipment, supplies, medications, etc.</li> <li>• Number of patients and mode of transportation for patients requiring transfer to other hospitals, if applicable.</li> <li>• Any resources that are requested by other facilities (e.g., personnel, equipment, supplies, medications, etc.).</li> <li>• Media relations efforts being initiated, in conjunction with the PIO.</li> </ul>		

<b>Immediate (Operational Period 0-2 Hours)</b>	<b>Time</b>	<b>Initial</b>
Communicate information obtained and coordinate with Public Information Officer (PIO).		
Establish communication with hospitals, local Emergency Operations Center (EOC), and/or local response agencies (e.g., public health). Report current hospital/facility status.		
Establish contact with liaison counterparts of each assisting and cooperating agency (e.g., local EOC, Red Cross), keeping governmental Liaison Officers updated on changes in facility status, critical issues and resource needs.		
Request one or more recorders as needed from the Labor Pool and Credentialing Unit Leader, if activated, to perform all necessary documentation.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Attend all command briefings and Incident Action Planning meetings to gather and share incident and hospital/facility information. Contribute inter-hospital information and community response activities and provide Liaison goals to the Incident Action Plan.		
Continue to adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines.		
Request assistance and information as needed through the inter-hospital emergency communication network or from the local and/or regional EOC.		
Consider need to deploy a Liaison Officer to the local EOC; make this recommendation to the TMTS Administrator.		
Obtain Casualty/Fatality Report (HICS Form 259) from the Public Information Officer and Planning Section Chief and report to appropriate authorities the following minimum data: <ul style="list-style-type: none"> <li>• Number of casualties received and types of injuries treated.</li> <li>• Current patient capacity (census)</li> <li>• Number of patients hospitalized, discharged home, or transferred to other facilities.</li> <li>• Number dead.</li> <li>• Individual casualty data: name or physical description, sex, age, address, seriousness of injury or condition.</li> </ul>		
Respond to requests and issues from incident management team members regarding inter-organization (e.g., other hospitals, governmental entities, response partners) problems.		
Assist the Labor Pool & Credentialing Team Leader with problems encountered in the volunteer credentialing process.		

<b>Intermediate (Operational Period 2-12 Hours)</b>	<b>Time</b>	<b>Initial</b>
Report any special information obtained (e.g., identification of toxic chemical, decontamination or any special emergency condition) to appropriate personnel in the receiving area of the hospital (e.g., emergency department), HCC and/or other receiving facilities.		
Continue to document all actions and observations on the Operational Log (HICS Form 214) on a continual basis.		

<b>Extended (Operational Period Beyond 12 Hours)</b>	<b>Time</b>	<b>Initial</b>
In coordination with the Labor Pool & Credentialing Unit Leader and the local EOC, request physicians and other medical staff willing to volunteer as Disaster Service Workers, when appropriate.		
Communicate with Logistics Section Chief on status of supplies, equipment and other resources that could be mobilized to other facilities, if needed or requested.		
Consider need to deploy/maintain a Liaison Officer to local EOC; make the recommendation to the TMTS Administrator.		
Prepare and maintain records and reports as appropriate.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Safety Officer or appropriate person.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

<b>End of Shift/Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Adhere to Standard & Transmission Based Precautions as indicated by the CDC guidelines during the demobilization phase.		
Upon deactivation of your position, brief the TMTS Administrator on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, submit Operational Logs (HICS Form 214) and all completed documentation to the Planning Section Chief.		
Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report. Topics include: <ul style="list-style-type: none"> <li>Accomplishments and issues</li> <li>Review of pertinent position descriptions and operational checklists</li> <li>Recommendations for procedure changes</li> </ul>		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		



Patient Chart Number: \_\_\_\_\_

Date: \_\_\_\_\_

Triage Category: \_\_\_\_\_ Injury on Duty? \_\_\_\_\_

Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Pt contact phone: \_\_\_\_\_ Pt. address: \_\_\_\_\_

Emergency contact name/phone: \_\_\_\_\_

PMD contact: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_ Allergies: \_\_\_\_\_

Current History/Mechanism of Injury: \_\_\_\_\_

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Vital Signs Time: \_\_\_\_\_

BP: \_\_\_\_\_ HR: \_\_\_\_\_ Weight \_\_\_\_\_ lbs or kg (actual or est.)

Temp: \_\_\_\_\_ RR: \_\_\_\_\_

LMP: \_\_\_\_\_ Gravida: \_\_\_\_\_ Para: \_\_\_\_\_

Medical History:

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Current Medications:

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Triage note by: \_\_\_\_\_

Physician Review by: \_\_\_\_\_

\*Please print out and attach a strip for all patients placed on the cardiac monitor





Patient Chart Number: \_\_\_\_\_

Date: \_\_\_\_\_

Pt. Name: \_\_\_\_\_

LOC: \_\_\_\_\_

Pulse Ox: \_\_\_\_\_

Skin : \_\_\_\_\_

Cap refill: \_\_\_\_\_

Lung Sounds: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Extremities: \_\_\_\_\_

Weight lbs. /kg: \_\_\_\_\_

MD Order: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ MD

Printed Name: \_\_\_\_\_ MD

Signature: \_\_\_\_\_ RN / EMT-P

Printed Name: \_\_\_\_\_ RN / EMT-P

DISPOSITION: (please circle or note tracking info)      TIME: \_\_\_\_\_

Discharged Home      Follow up: With \_\_\_\_\_ by: \_\_\_\_\_

Transferred to health care facility: \_\_\_\_\_

Address and phone number of accepting facility: \_\_\_\_\_

\_\_\_\_\_

Accepting Physician: \_\_\_\_\_ Report given to: \_\_\_\_\_

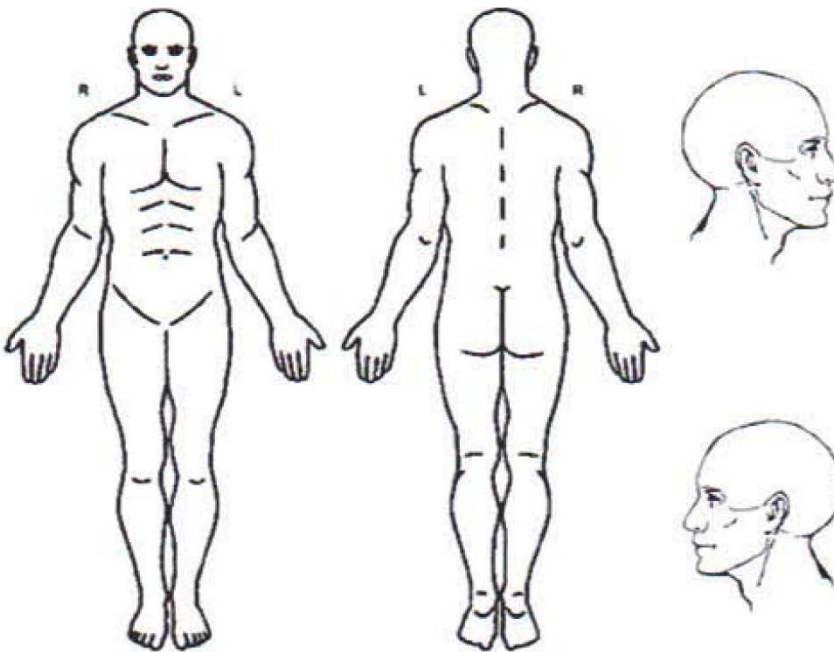




Patient Chart Number: \_\_\_\_\_

Date: \_\_\_\_\_

### SOAP CHART



- (P)** = Pain
- (S)** = Swelling
- (B)** = Bruise
- (W)** = Weakness
- (∴)** = Rash/Irritation
- (C)** = Cut
- (H)** = Burn

**Pain Scale [0-10]**  
0=no pain  
10=highest pain

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Current Meds: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp. Rate: \_\_\_\_\_ Temp. \_\_\_\_\_

Subjective: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assessment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

## SAMPLE SUPPLY AND EQUIPMENT LIST

This section provides a list of likely supplies and equipment that could be needed to operate a TMTS. It is meant as an example to provide assistance in assembling needed items. This list is not a complete shopping list. The true driver of supplies and equipment needs will depend on the type of incident, patient needs, and the availability of resources. **In situations of pandemic or public health emergency, refer to the current CDC recommendations for additional PPE and supply needs.** Visit the website <http://alternatemarketing.com/> to download an EXCEL format document for utilization during an event. This allows for making additions and deletions as needed.

Obtaining supplies and equipment will require a labor pool that can focus strictly on this aspect. A loading dock and assistive devices such as hand trucks and dollies will be necessary. Organizing the items will be challenging and is best done by category i.e.: IV supplies. Distribution can be managed by setting up a central supply process and developing a tracking system. Actual determination of quantities will depend on the situation. All supplies may not be immediately available, so improvising with what is on hand will be extremely important.

Pharmaceuticals and controlled substances need to be closely tracked in a secure area. Written orders should be required for all medication. The standard of "right patient, right medication, right dose" must be ensured. **\*\*This has not been updated for COVID-19 pediatric patients.\*\***

These are sample documents only. Actual supply and pharmaceuticals needs are dependent on specifications of the site, acuity level of patients and anticipated time of operation. These documents are only meant to help as a tool to consider when developing alternate care site plans. **At this time, these sample lists only reflect potential needs of adult patients.**

<p style="text-align: center;"><b>EXAMPLE ONLY</b>  <b>ACS 250 bed- Sample Equipment and Supply</b>  <b>Adult ONLY general list, check with medical on site for specifics Actual items/numbers will be scenario dependent</b></p>		
<p>Specific Items and quantity will be scenario dependent. This is a general all-hazards listing. Medical personnel should be consulted for specifications. Specialized equipment will be dependent on skill set of health care providers on site (i.e.: ventilators).</p>		
<p><b>THIS SHEET CAN BE USED AS A CHECKLIST, ADDITIONAL ITEMS CAN BE ADDED</b></p>		
<b>ADMIN Supplies</b>		
Coffee		
Communication devices		
Copier		
Clip Boards, Files, folders, paper clips, staplers etc.		
Duct Tape, Scotch Tape etc.		
Easels for display of signs		
Paper for charts, forms etc.		
Poster board for signage		
Post-It Notes		
Scissors		
Storage boxes for files, charts, supplies		
Wrist bands designating staff		
<b>Equipment and Supply</b>	<b>Suggested QUANTITY</b>	<b>QUANTITY</b>
AED, Defibrillator	4	
Aneroid, BP Cuff, Adult	16	
Aneroid, BP Cuff, Obese	13	
Antiseptic	250	
Arm Bands, Staff ID	500	
Aspirator, Portable w/ Charger	4	
Backboard (Adult) w/ Straps	5	
Bag, Ambu, Adult, Disposable w/ mask	36	
Bag, Biohazard Specimen	1000	
Bag, Body (Adult)	1 Pkg	
Bag, Hamper	250	
Bag, Infectious Waste HAZARDOUS	1000	
Bag, Patient Belongings	1000	
Bag, Trash, Liner, Clear	1000	
Bag, Urinary, Drainage	3 Pkg	
Band, ID (Adult)	500	
Bandage, (ACE) Elastic, 2" (LATEX FREE)	150	
Bandage, (ACE) Elastic, 4" (LATEX FREE)	150	
Bandage, (ACE) Elastic, 6" (LATEX FREE)	150	
Bandage, Conforming, Kling, various sizes	300ea	

# TEMPORARY MEDICAL TREATMENT STATIONS GUIDE

Sample Supply and Equipment List

Version 1.3

Bandage, Gauze, Tubular, 1-1/2" x 50 Yd. (Head, Arm, Leg, Knee)	150	
Bandage, Gauze, Tubular, 2-5/8" x 50 Yd. (Head & Shoulders)	150	
Bandage, Kerlix, Sterile, 4.5" x 4.1 Yd.	100	
Bandage, Kling, Sterile, 2"	100	
Bandage, Triangular	50	
Bandages, Tegaderm, 10cm x 12cm	200	
Bandages, Tegaderm, IV Op Site Dressing	200	
Band-Aid (Coverlet Patches), 1-1/2" X 2"	250	
Band-Aid, Sterile, 2 x 4.5, XL	250	
Basin, Emesis	1500	
Basin, Wash	300	
Battery Pack, AED Defibrillator	8	
Battery, Alkaline, Size AAA	160	
Battery, Alkaline, Size C	64	
Battery, Alkaline, Size D	184	
Bed, Bariatric (Set)	10	
Bed, General Use (GUB)	200	
Bed, Hospital, Adjustable	10	
Bed, Westcot (Standard)	50	
Bedpan	600	
Binder, 3 Ring, 1"	24	
Binder, 3 Ring, 2"	24	
Binder, 3 Ring, 3"	29	
Blanket	400	
Blanket, Space (Mylar)	500	
Blanket, Wool Blend	270	
Blood Gas Kit	10	
Body Bags	50	
Bottle, Spray, Quart, w/Trigger	20	
Bowl, 12 oz.	2000	
Box, File Storage w/Lid	25	
Brief, Adult, Bariatric	128	
Briefs, Ultra, Adult, Large	144	
Briefs, Ultra, Adult, Medium	192	
Briefs, Ultra, Adult, Small	192	
Briefs, Ultra, Adult, X-Large	120	
Broom, Push (Two Piece)	2	
Brush, Scrub Easy with 4%	50	
Brush, Scrub, Surgical,	50	
Bubble Humidifier	50	
Bucket, 3 Gallon, Pour Spout, w/Handle	12	
Bucket, Mop, w/Ringer	6	
Bulb Syringes	25	
Bulb, Light, 120v, RS 60W	72	
Bulb, Light, Perimeter Flood Lighting	10	
Bungee Cord Assortment	48	

# TEMPORARY MEDICAL TREATMENT STATIONS GUIDE

Sample Supply and Equipment List

Version 1.3

Cable Ties, Black	1500	
Calculator, Metric Conversion	11	
Can, Trash, 32 Gallon	15	
Can, Trash, Lid, 32 Gallon	15	
Can, Trash, Lid, Red, 32 Gallon HAZARDOUS	15	
Can, Trash, Red, 32 Gallon	15	
Cane, Quad (700 lbs)	5	
Canister, Suction, 800cc	48	
Cannula Tubing (Adult)	500	
Case, Contact Lens	30	
Catheter Plug & Drain Tube Protector	100	
Catheter, (IV), 14G x 1 1/4", Orange (Safety Tip) (LATEX FREE)	200	
Catheter, (IV), 14G x 2" (Chest Decompression) (LATEX FREE)	200	
Catheter, (IV), 16G x 1 1/4", Gray (Safety Tip) (LATEX FREE)	200	
Catheter, (IV), 18G x 1 1/4", Green (Safety Tip) (LATEX FREE)	200	
Catheter, (IV), 20G x 1 1/4", Pink (Safety Tip) (LATEX FREE)	200	
Catheter, (IV), 22G x 1", Blue (Safety Tip) (LATEX FREE)	200	
Catheter, (IV), 24G x 1", Yellow (Safety Tip) (LATEX FREE)	200	
Catheter, Foley, 10Fr, (LATEX FREE)	15	
Catheter, Foley, 18Fr, COUDE, (LATEX FREE)	15	
Catheter, Foley, 20Fr, COUDE, (LATEX FREE)	15	
Catheter, Foley, Tray, 16Fr, Closed System (LATEX FREE)	15	
Catheter, Foley, Tray, 18Fr, Closed System (LATEX FREE)	15	
Catheter, Self, 18FR (Robnell)	10	
Catheter, Urinary, External Small	2 Pkg	
Cervical Collar "Adj Plastic"	20	
Chair, Metal, Folding	400	
Chart Holder, Patient, Plastic	300	
Chest, Ice 48 QT	6	
Cleaner, Floor, Powdered	2	
Clipboard, 9" x 12.5"	50	
Clips, Binder, Medium	30 Pkg	
Clips, Paper, Jumbo	20 Pkg	
Comb, Two-Sided	252	
Combined End - Tidal CO2 Machine, w/ Adult	40	
Combitube Kit (LATEX FREE) or King Airway	50	
Commode, Bedside (may need more depending on environment)	5	
Commode, Bedside (1000 lbs)	5	
Compressor, Pulmo-Aide, Aerosol	6	
Cotton tip, Sterile, Applicators	100	
Cover, Shoe, Non Skid	2000	
CPAP Machine	10	
Cricothyrotomy kit (Quick trach recommended)	15	
Cup, Denture w/ Lid	275	
Cup, Hot / Cold, 12 oz.	4000	
Cup, Medicine	1000	

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Cup, Medicine, Plastic, 1 oz.	500	
Cylinder, Oxygen (D) check with site	5	
Cylinder, Oxygen € check with site	7	
Cylinder, Oxygen (M6)	3	
Dial-a-Flow Extension Set (LATEX FREE)	200	
Divider, Binder, Alphabet	30	
Dolly, Handtruck	2	
Dolly, Trash Can	30	
Door Stop, Rubber	12	
Drape, Disposable (Sterile)	3 Pkg	
Dressing, DuoDERM	24 Pkg	
Ear Plugs (PR)	1500	
Easel, Flip Board	10	
EDS 120V Extension Cable with Twist Lock Black Connectors, 50ft	18	
EDS 120V Wall Outlet Adapter Cable, 1.5ft w/Black Plugs	36	
EDS Bedside Outlet Cable, with Hospital Outlets and GFCI	36	
EDS Cable Protection Metal Ramp	9	
EDS Outdoor Electric Power Cord, 100ft w/White Plugs	24	
EDS Outlet Tester (Red)	3	
EDS Power 6-Outlet Surge Box w/cord	60	
EDS Yellow Walkover Cord Protector, 5ft	24	
Envelope, Manila, 9" x 12"	10 Pkg	
ET Tubes, Holders, Adult	75	
Eye Wash	30	
Feminine Hygiene Kit	5	
Fire Extinguishers	8	
Fit Test Kit (N95 Mask)	5	
Flashlight	80	
Folder, Manila	5 Pkg	
Forceps	30	
Forceps, Magill, Adult and Peds.	30	
Gauze, Vaseline, Sterile, 3" x 36" box of 50	2	
Gauze, Vaseline, Sterile, 3" x 9" Box of 50	2	
Glasses, Safety (Large)	40	
Glasses, Safety (Small)	2 Pkg	
Gloves, Exam, Nitrile, Powder Free, Large	3500	
Gloves, Exam, Nitrile, Powder Free, Medium	3500	
Gloves, Exam, Nitrile, Powder Free, Small	3500	
Gloves, Surgeons, Sterile, Non-Latex, Size 6.5 (PAIR)	100	
Gloves, Surgeons, Sterile, Non-Latex, Size 7.0 (PAIR)	100	
Gloves, Surgeons, Sterile, Non-Latex, Size 7.5 (PAIR)	500	
Gloves, Surgeons, Sterile, Non-Latex, Size 8.0 (PAIR)	100	
Gloves, Surgeons, Sterile, Non-Latex, Size 8.5 (PAIR)	50	
Glucometer, Lancets	8 Pkg	
Glucometer, One Touch, Ultra II	8	
Glucose Tablets, Box	60 BT	



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Gown, Patient, Obesity	5 Pkg	
Gown, Patient, Solid	300	
Gown, Provider, Impervious	500	
Hamper, Stand, Single	200	
Hand Sanitier Pump container	500	
Head Set, Magnifying Glass and Light	2	
Headlamp, LED	12	
Hemostats	50	
Heparin Lock, 1" (PRN Adaptor) (LATEX FREE)	150	
Hi-Lighter Pack	5 Pkg	
Hooks, Shower Curtain	30 Pkg	
Intraosseous (IO) Devices and Needles	5	
Intubation Indicator Kit, CO <sup>2</sup> (Disposable) (Pediatric)	50	
Intubation Indicator Kit, CO <sup>2</sup> (Disposable) (Adult)	50	
Irrigating Kit, Type 1, w/Syringe	10 Pkg	
Irrigation Kit, Type 1, w/Syringe	25	
IV Administration Set	1 Pkg	
IV Administration Set, (60 Drop) Micro drip (LATEX FREE)	50	
IV Administration Set,(15 Drop) Macro drip (LATEX FREE)	200	
IV catheters 14 thru 25 gauge	250ea	
IV Extension, Tubing,(LATEX FREE)	300	
IV fluid: Normal Saline 1000cc	200 bags	
IV start kits	300	
Jug, Collapsible, 5 Gal.	6	
Labels, 1" x 3"	40 Pkg	
Lancet, Disposable for glucose monitors	100	
Lid, Cup, Hot / Cold, 12 oz.	4000	
Lift, Patient w/ Sling (450 lbs)	1	
Light, Goose Neck	60	
Lighting, Perimeter Flood	18	
Litter Stands, Support, Pair	1	
Litter, De-Con Mesh Type	4	
Lubricant, Surgical (Tube)	250	
Marker, Expo, 6/set w/ eraser	15	
Marker, Fine Point (sharpie)	120	
Mask, Aerosol (Nebulizer) (Adult)	30	
Mask, Bag Valve (Ambu Bag) (Adult) (LATEX FREE)	50	
Mask, Cone (3M)	600	
Mask, CPAP (Large)	10	
Mask, CPAP (Medium)	10	
Mask, CPAP (Small)	10	
Mask, Duck (Regular)	70	
Mask, Duck (Small)	70	
Mask, Non-Rebreather (Adult)	2 Pkg	
Mask, Non-Rebreather (Child)	200	
Mask N 95	2000	
Mask, Oxygen (Non-Rebreather, Adult ) (LATEX FREE)	250	

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Mask, Oxygen (Non-Rebreather, Pediatric ) (LATEX FREE)	100	
Mask, Pocket (Adult)	100	
Mask, Surgical	2800	
Mask, Surgical, Cupped	20	
Meter, Peak Flow	10	
Meter, Peak Flow, Mouthpiece (Adult)	100	
Monitor, Blood Glucose	25	
Monitor, Blood Glucose Lancets, Disp	100	
Mop, Wet, Handle	6	
Mop, Wet, Head	12	
Name Badge/Holder	1 Pkg	
Napkins	2 Pkg	
Nasal Canula, Infant and Adult	300ea	
Needle, 22 G x 1", Safety Tip	200	
Needle, 25 G x 5/8", Safety Tip	200	
Needle, Butterfly range of sizes including 23ga	150	
Needle, Hypodermic, 20G x 1 1/2"	2000	
Notepads, White	12 Pkg	
Ointments, antibiotic, hydrocortisone, benadryl, calamine, etc.	100ea	
Oropharyngeal Airway (OPA), Adult to Pediatric sizes, including 0-5, or 55mm, 60mm, 70mm, 80mm, 90mm, 100mm	20ea	
Oxygen Concentrator	6	
Oxygen Cylinder Cart	12	
Oxygen Nebulizer, Handheld	1 Pkg	
Oxygen, Cylinder, Wrench	12	
Oxygen, Hose	6	
Oxygen, Manifold (Minilator)	6	
Oxygen, Regulator, D	15	
Oxygen, Tubing, 100'	6	
Oxymeter, Pulse	250	
Pack, Cold (Instant)	100	
Pack, Cold, Crush Activated	100	
Pack, Warm Solar-First Aid Size	2 Pkg	
Packing, Nasal, 1/2" Plain	25	
Packing, Nasal, Iodoform gauze	25	
Packing/Storage Boxes for staging supplies	200bx	
Pad, Chux	600	
Pad, Chux, Absorbent	800	
Pad, Convoluted (Egg crate)	50	
Pad, Easel	25	
Pad, Eye Sterile	20	
Pad, Gauze, Non Adherent, Sterile, 3" x 4" (Telfa)	50	
Pad, Gauze, Non Adherent, Sterile, 3" x 8" (Telfa)	50	
Pad, Gauze, Non Adherent, Sterile, 4" x 4" (Telfa)	50	
Pad, Gauze, Non Adherent, Sterile, 4" x 8" (Telfa)	50	
Pad, Isopropyl Alcohol, 2" x 2", Sterile	4000	
	3000	

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Pads, Gauze (Sterile)		
Pallet, Hand Jack	4	
Paper, Copy 8.5 x 11 (1 ream)	27 Pkg	
Patient lift, 1000 lb, Hydraulic	1	
Peak Expiratory Flow Rate Meter (Disposable) (LATEX FREE)	200	
Pens, Standard, Black / Blue	35 Bx	
Pillow	750	
Pillow Case, Disposable	500	
Power Cord, Electric, 100'	26	
Power Cord, Electric, 50'	32	
Power, Outlet Box, 6-Outlet Surge Type w/Cord	60	
Prep Pad, Alcohol	3 Pkg	
Privacy Screen, 3 Fold Panel	45	
Protectors, Paper Sheet, Non-Glare	22 Pkg	
Pulse Oximeter w/Adult/Peds Sensor & Case	500	
Q-Tips	150	
Razor, Disposable	300	
Restraints, Adult	20	
Rope Nylon	5	
Scalpels	50	
Scissor, Lister	20	
Scissors	10	
Shampoo, Personal	250	
Sharps Container w/Needle Remover	100	
Sharps Container, Large	50	
Sharps Container, Small	55	
Sharps Shuttle, Small Conical	100	
Sheet, Bed, White, Disposable	4000	
Shield, Face	500	
Shower Curtain	30	
Shower Seat w/Back	4	
Shower Seat w/Back (700 lbs)	5	
Sign Language Board	3	
Slide Board, PT Transfer	2	
Sling, Patient Lift, Washable, 1000 lbs.	5	
Soap, Bar	250	
Soap, Lotion	12 Pkg	
Speculum, Ear, Welch Allyn, Disp	50	
Sponge, (LAP), Sterile	100	
Sponge, Sterile 4" x 4"	250	
Sponge, Unsterile, 4" x 4"	250	
Stand, IV	50	
Station, Hand Wash	6	
Station, Hand Wash, Wheelchair Accessible	2	
Step Stool	4	
Stethoscope	100	

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Straw, Drinking	4000	
Stretcher (guerney)	1	
Stretcher, Bariatric (guerney)	1	
Stretcher, IV Rod	2	
Stylete, Intubation (Adult)	50	
Suction Catheter, 6FR (LATEX FREE)	100	
Suction Catheter, 8FR (LATEX FREE)	100	
Suction Unit, Portable (LATEX FREE)	Depends on Facility	
Suction Unit, Portable, Collection Jar, Canister, 1200 cc	Depends on Facility	
Suction Unit, Portable, Tubing (Sterile) 9/32 ID x 6', Tubing Non-Cond 7mm (LATEX FREE)	Depends on Facility	
Suction Unit, Portable, Yankauer Tip (LATEX FREE)	100	
Suction Unit, Spare Battery	Depends on Facility	
Cook Catheter Chest Tube kit	10	
Syringe, Luer-Lock, 5cc	600	
Syringe, Luer-Lock, Disposable 10cc	100	
Syringe, Luer-Lok, Disposable (10 cc) (LATEX FREE)	200	
Syringe, Luer-Lok, Disposable (35 cc) (LATEX FREE)	200	
Syringe, Luer-Lok, Disposable (35 cc) (LATEX FREE)	200	
Syringe, Piston 60cc	1 Bx	
Syringe/Needle, (1cc) w/ 28g Needle (Safety Tip), Insulin (LATEX FREE)	200	
Syringe/Needle, (1cc) w/25 g x 5/8" Needle (Safety Tip), TB (LATEX FREE)	200	
Syringe/Needle, Disposable, (3 cc) w/21g x 1- 1/2" Needle (Safety Tip) (LATEX FREE)	200	
Syringe/Needle, Disposable, (5cc) or (6cc) w/20g x 1-1/2" Needle (LATEX FREE)	200	
Table, Folding	54	
Tag, Triage	1 Pkg	
Tag, Triage (MCI)	100	
Tape Dispenser w/ 6 rolls of tape	16	
Tape, Duct	24	
Tape, Electrical	12	
Tape, Masking	24	
Tape, Surgical, Durapore (1")	100	
Tape, Surgical, Durapore (3")	50	
Tape, Surgical, Durapore 1"	72	
Tarp, Blue	18	
Tegaderm, IV Op Site Dressing	10	
Therma Scan thermometer	40	
Tissue, Facial	610	
Toilet Brush & Cup Combo	12	
Toilet Paper (depends on population)	450	
Tongue Depressor	8 Pkg	
Tool Kit	1	
Toothbrush, Adult	400	
STOP the Bleed kits	5	

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Tourniquets, various sizes (for blood sampling)	200	
Towel, Bath, Cotton	1160	
Towel, Folded, Paper	375	
Towel, Paper Roll	4 Cs	
Trach Collar and supplies	75	
Transfer Bench w/ Back, 700lb	5	
Trauma Shears	100	
Tray, Incision & Drainage	25	
Tray, Tracheostomy Care Kit	1 Pkg	
Tube, Yankauer	2 Pkg	
Tubing, CPAP	10	
Tweezers/clamps/bandage scissors	20	
Urinal, Male, Disposable	100	
Walker, 300lbs	5	
Walker, 700lb	5	
Wash Cloth, Cotton, White	800	
Wash Cloth, Disposable, Face	13500	
Water, Sterile	20	
Wedge, Foam	2	
Wheel Kit, Walker, 700lb	5	
Wheelchair, 22"	2	
Wheelchair, 24"	3	
Wheelchair, 26"	5	
Wheelchair, 18"	4	

**EXAMPLE ONLY**  
**100 Pt Pharmacy Cache for TMTS COVID-19 Stable isolation**

This is a general all-hazards listing. Medical personnel should be consulted for specifications.

THIS SHEET CAN BE USED AS A CHECKLIST; ADDITIONAL ITEMS CAN BE ADDED

Description	Primary uom	Recommended qty SUM	Quantity in inventory
Acetaminophen Infant Drops 100 mg / 1 mL, 15 mL	EA	20	
Acetaminophen Oral Liquid, Bottle	EA	36	
Acetaminophen Tablets, 325 mg, 100's	BT	10	
Adenosine Injection 3 mg/ml, 2 ml vial	EA	5	
Afterbite Bee Sting Pen	PEN	5	
Albuterol HFA Inhalers (TEVA), 18gm	EA	24	
Albuterol Inhalation Solution 0.083%, 3 ml	PKG	2	
Alcohol-based hand Gel (SunMark)	BT	8	
Amoxicillin Oral Susp. 250 mg / 5 mL, 150mL	BT	15	
Amoxicillin/Clavulanic Oral Susp 200 mg/28.5 mg/5 ml, 50 ml	BT	20	
Amoxicillin/Clavulanic Tablets 875 mg/125 mg, 20's	BT	15	
Antipyrine/Benzocaine Otic Solution, 15 ml	EA	6	
Aspirin Chewable Tablets 81 mg, 36's	BT	12	
Azithromycin 200 mg/ 5 ml, 30 ml	BT	12	
Azithromycin Tablet 250 mg, 18's	BT	8	
Bacitracin Ointment, 1/32 oz, foil-pak, 144's	BX	1	
Baclofen Tablets 10 mg, 100's	BT	1	
Bag, Ziplock, Gallon, 10" x 10"	PKG	2	
Bisacodyl Suppositories 10 mg, 12/box	BX	3	
Bisacodyl Tablets 5 mg, 100's	BT	1	
Bottle, Plastic, Liquid	PKG	2	
Brush, Cylinder Cleaning	EA	2	
Bupivacaine (Marcaine) Injection, 0.5%, 30 ml	PKG	1	
Calcium Carbonate Antacid (Teva), Chew, 500 mg, 150's	EA	2	
Cetirizine HCL syrup 1 mg/ mL, 120 ml (Zyrtec)	BT	1	
D50W (Dextrose 50%) Injection 50ml, Syr	PKG	1	
Dexamethasone NA Phosphate Injection 4 mg/ml, 5ml vial	PKG	1	
Dextrose 5% & Sodium Chloride 0.45% Inj. 1000 mL	PKG	2	
Diphenhydramine Capsules 25mg, 100's	EA	2	
Diphenhydramine Elixir 12.5mg/5ml, 120ml	BT	2	
Diphenhydramine Injection 50mg/ml, 1 ml vial, 25's	PKG	1	
Epinephrine 1:1,000 (1mg/ml) 30 ml vial	VI	1	
Epinephrine 1:10,000 (0.1mg/ml) 10ml Syr	PKG	10	

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Epi-Pen .3mg/.3ml	PKG	3	
Epi-Pen Jr.	PKG	3	
Famotidine Tablets (Major), 20mg; UD 100's	BT	2	
Ferrous Gluconate 325 mg, 100's	BT	1	
Fluticasone Propionate HFA Metered Dose Inhaler 44 mcg/puff - pediatric (GSK)	EA	9	
Fluticasone Propionate Metered Dose Inhaler 220 mcg/puff (GSK)	EA	24	
Glucagon for Injection 1mg, 1 mL Syr	EA	5	
Heparin Lock Flush Kit, 100 units/ml, 1 ml vial	PKG	1	
Holder, Carpuject, Plastic	EA	10	
Ibuprofen Oral Drops (Major) 15 ml	EA	5	
Ibuprofen Oral Suspension 100mg/5mL, 120mL	BT	96	
Ibuprofen Tablets(Richmond), 400 mg, 100's	BT	5	
Inhalation Chamber Spacer for MDI	EA	24	
Ipratropium Bromide HFA Inhalation Aerosol, 12.9g (B-I) 200 Metered Actuation	EA	13	
Lidocaine 1% Injection 20mL vial	PKG	10	
Lidocaine 1% Injection, 5 mL Syr	PKG	4	
Lidocaine 1% w/Epinephrine Injection, 10mL vial	PKG	1	
Lidocaine 2% Viscous 100mL	EA	12	
Lidocaine/Prilocaine Cream 5gm	PKG	2	
Loperamide HCl Capsules, 2mg; 100's	BT	2	
LubriDerm DLY/MST Lotion	EA	6	
Magnesium / Aluminum Hydroxides Susp., 200mg/225mg/5ml, 355ml, 12's	EA	24	
Meclizine Hydrochloride Tablets 25 mg, 100's	BT	1	
Methylprednisolone dose pack 4 mg; 21's	BT	1	
Methylprednisolone Sod. Succ. Injection (Pfizer), 125mg; 2mL	BT	1	
Metocloperamide Hydrochloride Tablets 10mg, 100's	BT	1	
Miconazole Cream 2%	EA	12	
Montelukast Sodium Tablets 10 mg, 90's	BT	1	
Mortar 8oz glass	EA	1	
Mupirocin Ointment 2%, 22 g Tube	EA	12	
Naloxone Hydrochloride Injection 0.4 mg/ml, 1 ml	PKG	2	
Neomycin/PolymyxinHC Otic Suspension 10ml	EA	2	
Nitroglycerin Sublingual Tablets 0.4mg, pills / vial	PKG	6	
Nitroglycerin Transdermal System 0.2mg/hr	PKG	1	
Nortriptyline HCl Capsules 25 mg, 100's	BT	2	
Omeprazole Capsule Dr 20 mg, 100s (K-U)	BT	5	
Ondansetron HCL Injection(Sandoz), 2 mg/mL, 2 mL vials	PKG	2	
Ophthalmic Irrigating Solution (Eye Wash Solution)	EA	12	
Ophthalmic Irrigating Solution (Eye Wash Solution)	BX	5	

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Oral (Pediatric Syringe) Dispenser, 10ml, White Plunger	PKG	1	
Oral Rehydration Packets	PKG	1	
Oral syringes, 5ml, 50's	PKG	1	
Permethrin Cream 60 g Tubes	EA	12	
Petroleum Jelly, UD foil Packs (Fougerly)	PKG	1	
Pink Bismuth Tab Q/P 30 4.14	PKG	5	
Prednisone Tablets 5mg, 100's	EA	2	
Pregnancy Kit, Urine, 1-step, single	EA	2	
Prochlorperazine Suppository 25mg	PKG	5	
Promethazine HCl Tablets, 25mg 100's	BT	1	
Propranolol HCl Tablets, 20 mg, 100's	BT	1	
Refrigerator, Portable, Fridge Freeze	EA	2	
Rubbing Alcohol 70%, 16 oz.	EA	12	
Saline Nasal Spray	EA	12	
Senna Laxative Tablets, 8.6 mg, 100s (Qualitest)	BT	1	
Silver Sulfadiazine 1% Cream(Watson), 25gm	TU	12	
Sodium Chloride 0.9 50 ml,	CS	1	
Sodium Chloride 0.9% inj. (Bacteriostatic), 30 mL	CS	1	
Sodium Chloride 0.9% inj., 1000 mL	EA	10	
Sodium Chloride Inhalation Solution 0.9%, 3 mL	CS	1	
Sodium Polystyrene Sulfonate Powder(Sanofi), 1 lb. jar	JAR	1	
Sterile Water for Irrigation 1000mL	EA	8	
Syringe, Insulin, 29G x 1/2"	BX	1	
Tablet Cut 'n' Crush /Grinder Combo	EA	4	
Tetracaine (Proparacaine) 0.5% Ophth Soln, 15mL	EA	12	
Thermometer, air temp, traceable, memory, with battery	EA	1	
Tincture of Benzoin, 4 oz.	EA	3	
Tray, Counting, Plastic w/ spatula right hand	EA	4	
Tweezers	EA	6	
Water For Injection, Bacteriostatic 30ml vial	EA	1	
Zinx Oxide Ointment(Actavis), 28g/tube	EA	12	



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## REFERENCES

**ASPR TRACIE TOPIC COLLECTON: ALTERNATE CARE SITES**

<https://asprtracie.hhs.gov/technical-resources/48/alternate-care-sites-including-shelter-medical-care/47>

**HHS Public Health Emergency Site**

Public Health and Medical Emergency support information <http://www.phe.gov/>

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH**

Source for surge planning and guidelines. <http://www.bepreparedcalifornia.ca.gov/Pages/Home.aspx>

**CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY**

Source for HICS and job action sheets. <https://emsa.ca.gov/disaster-medical-services-division-hospital-incident-command-system-resources/>

**EMERGENCY MEDICAL SERVICES FOR CHILDREN**

Guidelines on the care and needs of children during disaster. <https://www.luriechildrens.org/en/emergency-medical-services-for-children/resourcesguidelines/guidelines-tools-and-other-resources/practice-guidelinestools/>

**HEALTH INFORMATION TRANSLATIONS**

Provides plain language health education resources for health care professionals and others working in communities with limited English proficient populations. <http://www.healthinfotranslations.org/about.php>

**AMERICAN ACADEMY OF PEDIATRICS** (2009). Joint policy statement - guidelines for care of children in the emergency department. *Pediatrics*, 124 (4), 1233-1261. doi: 10.1542/peds.2009-1807.