NUCLEAR DETONATION – 10-KILOTON IMPROVISED NUCLEAR DEVICE

SCENARIO

Your hospital is located approximately 15 miles from the center of a major metropolitan area and is near a major highway and evacuation route for the city. The Universal Adversary terrorist group detonates a 10-kiloton improvised nuclear device in the middle of the city. The detonation causes major destruction in the downtown district and there is widespread radioactive fallout. The electrical power grids have been damaged by the electro-magnetic pulse of the detonation and there is no power in the city or the surrounding areas. Normal communication systems (land lines, internet) are non-functional. People in the immediate area are heavily exposed and are contaminated with large doses of radiation. Thousands of victims are self-evacuating the city along the major highways.

Your hospital sustains superficial damage to the exterior of the building, but the integrity of the structure is intact. You have no external power, and generators are providing emergency power to critical areas and systems. Normal communication systems are non-functional. Many patients, visitors, and staff sustain injuries from flying glass and other debris due to the blast impact.

Current weather conditions and wind direction put your hospital in the projected path of the radioactive plume. You are notified by local fire officials that you must shelter-in-place immediately and prepare for eventual evacuation of the facility.

NUCLEAR DETONATION – 10-KILOTON IMPROVISED NUCLEAR DEVICE

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital have defined criteria to determine whether to shelter in place or evacuate (partial vs. complete evacuation of facility)?
2.	Does your security department receive regular training on managing facility security and personal protection during a radioactive event?
3.	Does your hospital have a plan for decontamination of radiologically contaminated victims and equipment, including monitoring of staff and decontamination of the facility?
4.	Does your hospital have a procedure for individually controlling HVAC and return air for impacted areas?
5.	Has your hospital identified key equipment and system to remain operational when your facility is solely relying on generator power?

Response & Recovery

1.	Does your hospital have a procedure/system to obtain current information from local officials about the detonation (e.g., plume direction, weather considerations, damage assessments, progress reports, etc.)?
2.	Does your hospital have a plan and alternate communication systems in place to communicate with and determine status of other area hospitals and maintain contact with officials?
3.	Does your hospital have a protocol to regularly re-evaluate shelter-in-place vs. evacuation, and coordinate decision-making with local officials?
4.	Does your hospital have a process to contain or divert water run off collection and disposal in conjunction with local EPA and local water authority, and appropriately notify authorities when decontamination is activated?
5.	Does your hospital have a plan and system to decontaminate radiologically contaminated victims?
6.	Does your hospital have a security plan to secure/lockdown the facility and to manage the influx of victims?
7.	Does your hospital have a procedure to perform a detailed physical assessment and inspection of the facility to determine damage from the bomb blast, radioactive fallout and other system damage?
8.	Does your hospital have a plan and adequate supplies to maintain generator emergency power for an extended period?
9.	Does your hospital have a plan to address fatality issues (i.e., mass fatalities, contaminated remains) in conjunction with the medical examiner and the local emergency management agency?
10.	Does your hospital have procedures to re-evaluate infrastructure's ability to continue to maintain/continue medical mission and take corrective actions?

NUCLEAR DETONATION – 10-KILOTON IMPROVISED NUCLEAR DEVICE

INCIDENT PLANNING GUIDE

11.	Does your hospital have a procedure to obtain services of local or regional Critical Incident Stress Management (CISM) team or equivalent?
12.	Does your hospital have a recovery plan and procedures to prioritize system recovery activities, including repair and decontamination of the facility, communicating, educating and monitoring staff, restoration of communication and power systems, repatriation of patients (if evacuated)?

NUCLEAR DETONATION – 10-KILOTON IMPROVISED NUCLEAR DEVICE

INCIDENT RESPONSE GUIDE

Mission: To safely manage in the aftermath of a 10-kiloton improvised nuclear device detonation that occurs within the region.

Directions

☐	Read this entire response guide and review incident management team chart.
☐	Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

☐	Obtain incident specific details.
☐	Consider shelter-in-place vs. evacuation.
☐	Obtain radiation survey meters.
☐	Obtain information on contamination zone locations or potential radioactive plume or fallout path.
☐	Identify patient/staff decontamination area.
☐	Identify patient triage and medical management area.

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- ❑ Activate the Emergency Management Plan and the Hospital Command Center.
- ❑ Assess the incident and facility needs and activate HICS Command staff and Section Chiefs.

(PIO):

☐

- ❑ Communicate the local PIOs and other officials to gather information and status of the event.
- ❑ Establish a media staging area.

(Liaison Officer):

- ❑ Contact appropriate local and state authorities to provide hospital status and request information and technical assistance from radiation experts and resources.

NUCLEAR DETONATION – 10-KILOTON IMPROVISED NUCLEAR DEVICE

INCIDENT RESPONSE GUIDE

COMMAND

(Safety Officer):

- ❑ Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address. ☐

(Medical/Technical Specialist – Radiological):

- ❑ Identify radiological exposure agent. Coordinate treatment and decontamination procedures with Operations Section Chief.

OPERATIONS

- ❑ Activate the Medical Care Branch and implement the hospital's mass casualty receiving plan.
- ❑ Activate the HazMat Branch and implement the hospital's victim decontamination plan, establish triage and decontamination areas with warm and cold zones.
- ❑ Activate the Infrastructure Branch to:
  - Implement the hospital's shelter-in-place plan including HVAC shutdown and "sealing" of the facility.
  - Conduct a damage and structural integrity, and utilities assessment of the facility. ☐
  - Maintain alternate/emergency generator power to critical areas in the facility.
- ❑ Prepare evacuation plan for possible evacuation of facility.
- ❑ Conduct a hospital census and determine inpatient and outpatient capacity required to handle the patient surge given the shelter-in-place conditions.
- ❑ Provide personal protective equipment of personnel with immediate risk of exposure to radiation (i.e., conducting outside duties.)
- ❑ Activate the Security Branch to lock down the facility, establish crowd control and traffic plan and secure the facility.

PLANNING

- ❑ Prepare and implement patient and personnel tracking procedures. ☐
- ❑ Establish operational periods and develop initial Incident Action Plan:

NUCLEAR DETONATION – 10-KILOTON IMPROVISED NUCLEAR DEVICE

INCIDENT RESPONSE GUIDE

LOGISTICS

- ❑ Activate internal and external alternate communication systems.

☐

- ❑ Assess IT/IS system functionality.
- ❑ Inventory equipment, supplies and medications on hand and prepare to ration materiel as needed (may be unable to be re-supplied for an extended period due to the event.)

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- ❑ Review with Section Chiefs overall impact of the ongoing incident on the facility.
- ❑ Re-evaluate the need to shelter-in-place vs. evacuate.

(Safety Officer):

- ❑ Continue to implement and maintain safety and personal protective measures to protect staff, patients, visitors and facility.

☐ (PIO):

- ❑ Establish a patient information center, coordinate with the Liaison Officer.

(Liaison):

- ❑ Contact area hospitals and healthcare partners through local emergency management to assess their capabilities.

(Medical/Technical Specialist - Radiological):

- ❑ Continue to coordinate treatment and decontamination procedures with Operations Section Chief.

OPERATIONS

- ❑ Ensure patient care and management activities

☐

- ❑ Continue security of the facility, traffic and crowd control
- ❑ Activate fatalities management plan

PLANNING

☐

- ❑ Continue patient tracking planning.
- ❑ Revise and update the Incident Action Plan for the upcoming operational period.

NUCLEAR DETONATION – 10-KILOTON IMPROVISED NUCLEAR DEVICE

INCIDENT RESPONSE GUIDE

LOGISTICS

☐
- ❑ Continue to assess surge capacity and need for supplies.
- ❑ Ensure communications are functional and IT systems are online, if possible.
- ❑ Provide for staff food and water.

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

☐
- ❑ Evaluate all operational reports. Is the Incident under control and normal operations ready to resume.
- ❑ Re-evaluate facility's ability to continue its mission.

(PIO):

- ❑ Distribute information bulletin for patient and staff families.

(Safety Officer):

- ❑ Assess crowd control plan and any other safety issues.

OPERATIONS

☐
- ❑ Continue medical mission, infrastructure maintenance and hazmat activities

PLANNING

☐
- ❑ Continue tracking of personnel, materiel, patients and beds.
- ❑ Revise and update the IAP.

Demobilization/System Recovery

COMMAND

(Incident Commander):

☐
- ❑ Ensure demobilization and recovery is in progress.
- ❑ Announce termination of event or "all clear" when able.

(PIO):

- ❑ Issue final information bulletin, including long term goals and terminal condition.

NUCLEAR DETONATION – 10-KILOTON IMPROVISED NUCLEAR DEVICE

INCIDENT RESPONSE GUIDE

OPERATIONS

- ❑ Continue medical management of patients.
- ☐ ❑ Conduct or facilitate facility repairs and return of facility to normal operating conditions
- ❑ Ensure decontamination of facility.
- ❑ Return traffic flow and security forces back to normal services.

PLANNING

- ❑ Prepare a summary of the status and location of all incident patients. Disseminate to appropriate agencies.
- ❑ Conduct after-action review with the following:
  - Command personnel
  - Administrative personnel
  - All staff
  - Volunteers
- ☐
- ❑ Write after-action report and corrective action plan to include the following:
  - Summary of actions taken
  - Summary of the incident
  - Actions that went well
  - Area for improvement
  - Recommendations for future response actions
  - Improvement plan

LOGISTICS

- ☐ ❑ Inventory all HCC and hospital supplies and replenish as necessary and appropriate.
- ❑ Conduct debriefings and offer stress management services to staff, families and patients, as appropriate.

FINANCE

- ☐ ❑ Finalize all expense and time reports and summarize the costs of the response and recovery operations for the Incident Commander.

NUCLEAR DETONATION – 10-KILOTON IMPROVISED NUCLEAR DEVICE

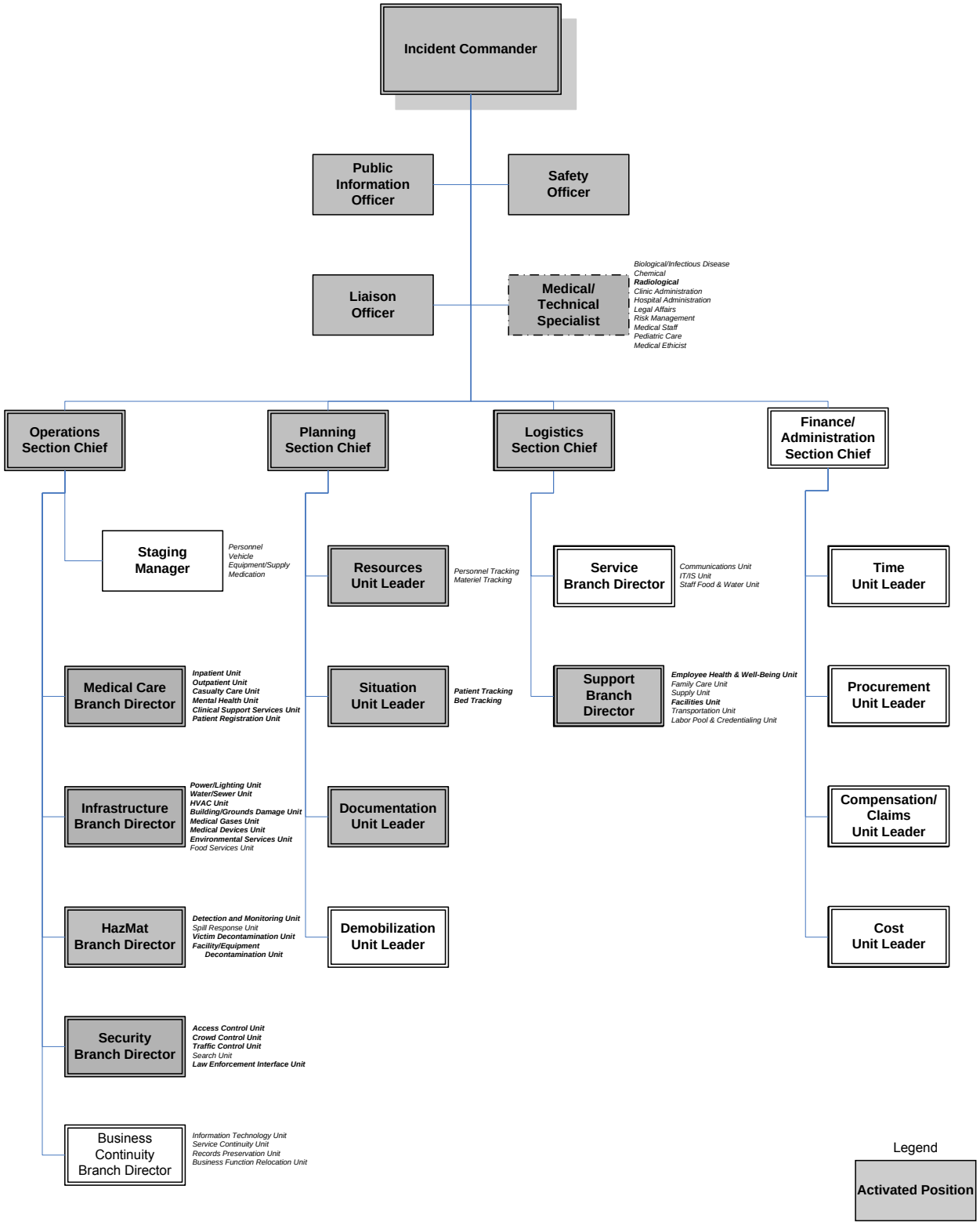
INCIDENT RESPONSE GUIDE

Documents and Tools

☐	Hospital emergency operations plan and decontamination plan
☐	Disaster plan call list
☐	Hospital damage assessment procedures and forms
☐	HICS forms
☐	Mutual assistance agencies protocol

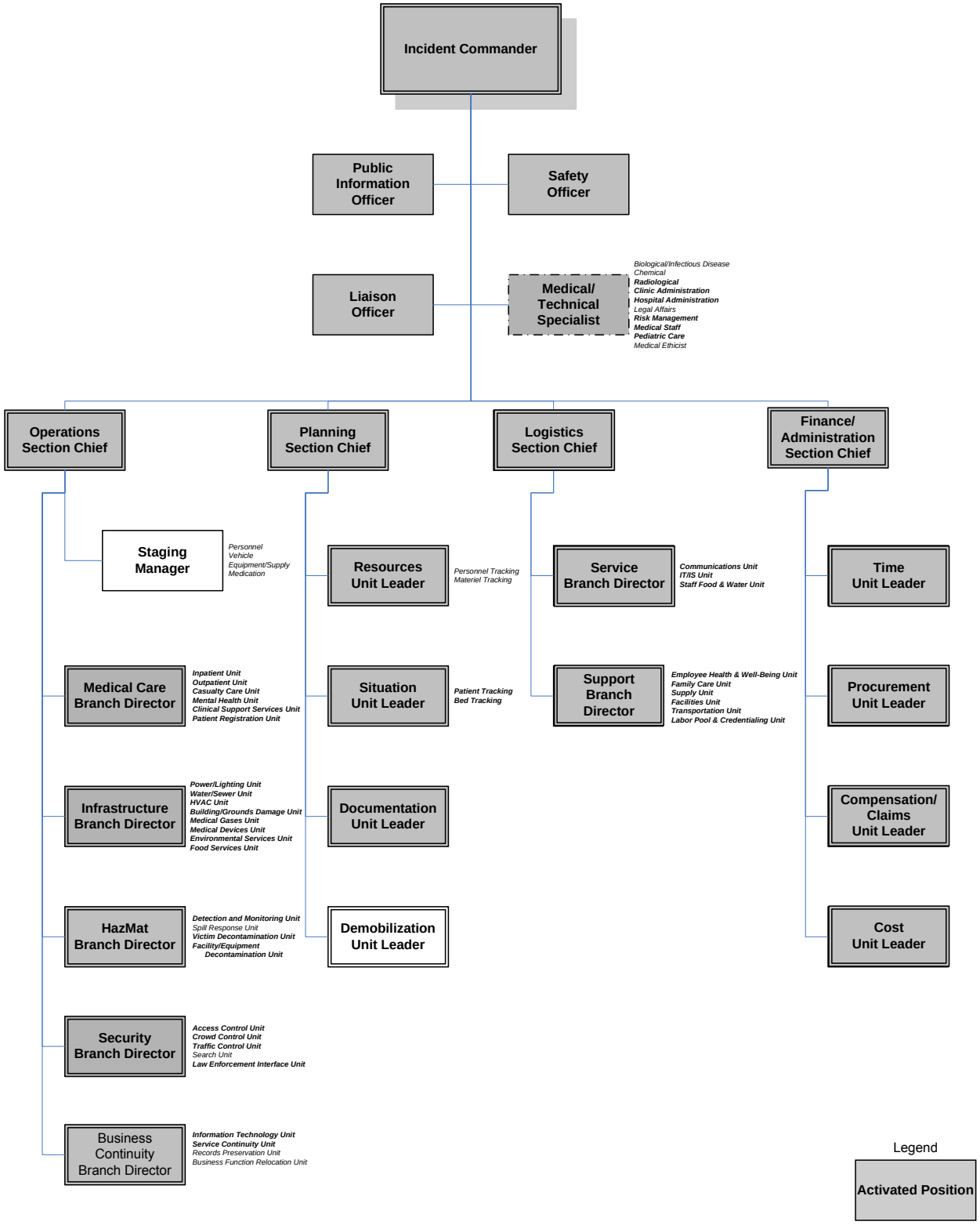
NUCLEAR DETONATION – 10-KILOTON IMPROVISED NUCLEAR DEVICE

INCIDENT MANAGEMENT TEAM CHART - **IMMEDIATE**



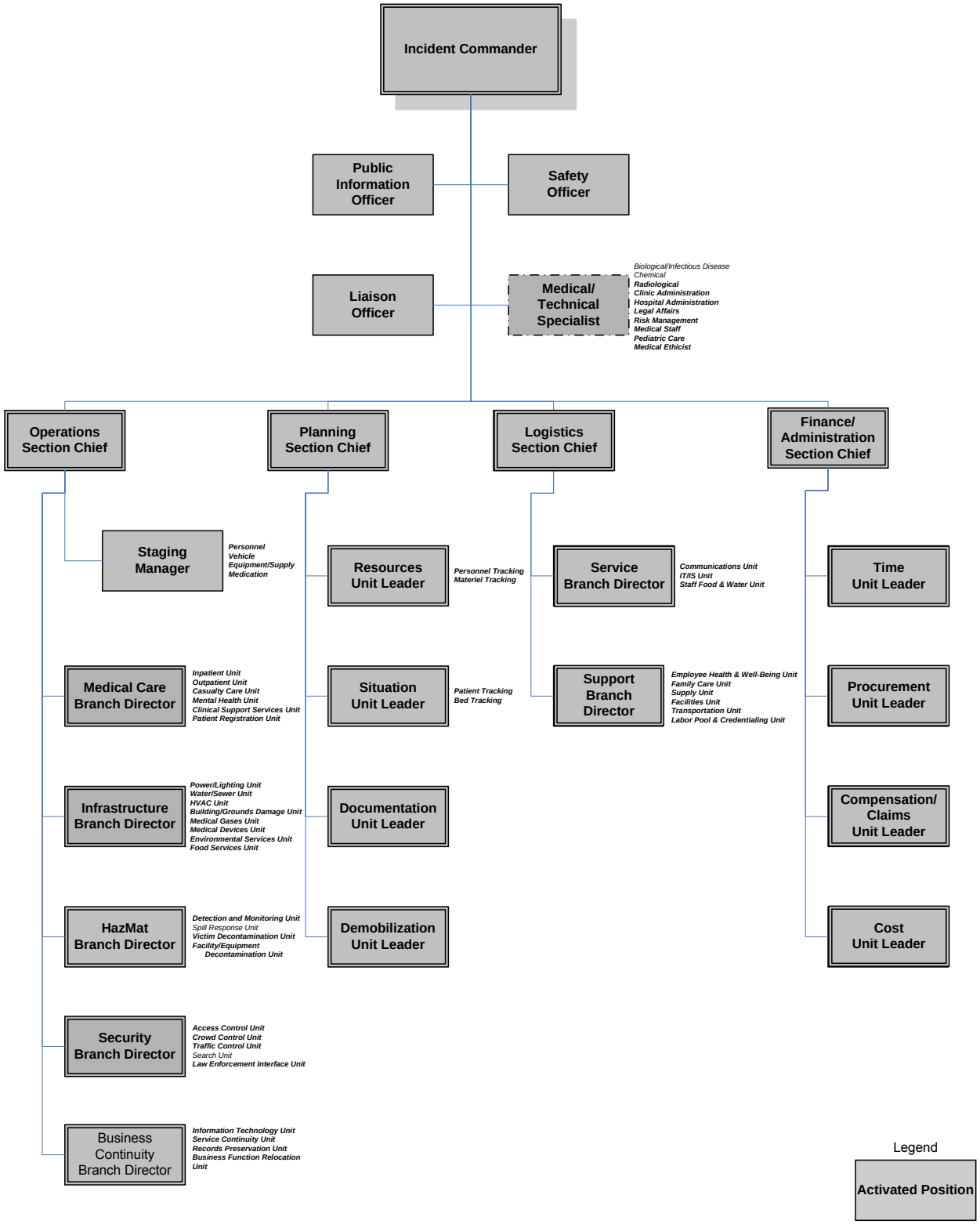
NUCLEAR DETONATION – 10-KILOTON IMPROVISED NUCLEAR DEVICE

INCIDENT MANAGEMENT TEAM CHART - INTERMEDIATE



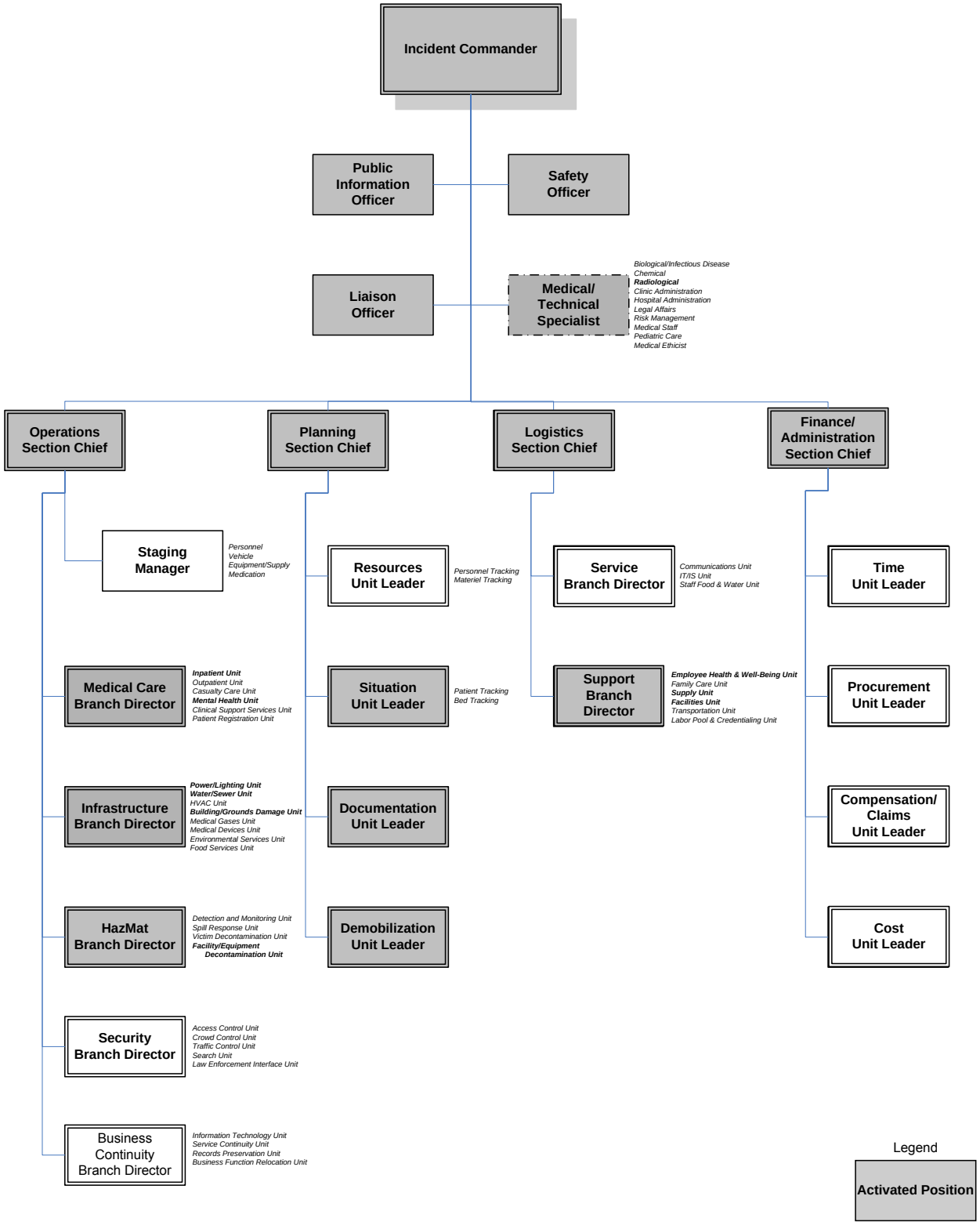
NUCLEAR DETONATION – 10-KILOTON IMPROVISED NUCLEAR DEVICE

INCIDENT MANAGEMENT TEAM CHART - EXTENDED



NUCLEAR DETONATION – 10-KILOTON IMPROVISED NUCLEAR DEVICE

INCIDENT MANAGEMENT TEAM CHART – DEMOBILIZATION/SYSTEM RECOVERY



BIOLOGICAL ATTACK – AEROSOL ANTHRAX

SCENARIO

Urban City is a metropolis with a large commuter workforce with major hubs where large numbers of commuters congregate while waiting for connections. Recently, Urban City has been experiencing an early influenza season, with more than usual numbers of people becoming ill with colds and flu.

One weekday, the Universal Adversary terrorist group disburses aerosol anthrax among the commuters using a concealed improvised spraying device. The commuters do not notice the fine aerosol hanging in the air around them.

Twelve hours post-release, patients within and outside of Urban City present to emergency departments with influenza-like-illness complaints and symptoms. Many are seen and discharged, while a few are serious enough to require admission. Eighteen hours post-release, with large numbers of patients overwhelming emergency departments and clinics, and multiple fatalities, a diagnosis of respiratory anthrax is made in several hospitals in the area. Local public health departments determine that the cases shared common commute locations and issue a case definition and alert to healthcare providers. Law enforcement and CDC are notified.

BIOLOGICAL ATTACK – AEROSOL ANTHRAX

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital conduct surveillance for influenza-like-illness and monitor and report trends and increases in numbers to the local public health department?
2.	Does your hospital have a procedure for notifying appropriate internal experts, including infectious diseases, infection control and hospital epidemiology?
3.	Does your hospital have ongoing communications with and procedures for collaborating with local and state public health departments in developing a case definition?
4.	Does your hospital have a process to ensure staff personal protection and communicate appropriate infection precaution instructions staffing a timely manner?
5.	Does your hospital have a process to provide personal protective equipment (PPE) to designated work locations?
6.	Does your hospital have a process to inventory appropriate medications, including antibiotics?
7.	Does your hospital identify essential personnel (i.e., medical, nursing, environmental services, facilities, nutrition and food services, administrative, respiratory therapy, radiology technicians, medical records, information technology and laboratory, etc.) that would be priority for receiving prophylaxis and PPE to protect those staff most at risk and to ensure the continuation of essential services?
8.	Does your hospital have distribution plans for mass prophylaxis/immunizations for employees, their family members, and others?
9.	Does your hospital have a means of notifying external partners, e.g., public health, law enforcement, emergency management agency?
10.	Does your hospital have a plan for providing personal protective equipment to laboratory personnel when required?
11.	Does your hospital have a plan for safely packaging, identifying, and transferring lab specimens to external testing sites, including state and federal labs?
12.	Does your hospital have a plan for increasing capability to perform specific screening tests for designated pathogens?
13.	Does your hospital have the capability of handling the documentation associated with a surge in specific diagnostic testing?
14.	Does your hospital have a plan for relaying laboratory results to: • Internal clinical sites? • External partners (public health, law enforcement, others)?

BIOLOGICAL ATTACK – AEROSOL ANTHRAX

INCIDENT PLANNING GUIDE

Response & Recovery

1.	Does your hospital have procedures established to verify information from the ED attending physician, infection control physicians and infection control department, and local public health department, and to report the following information to the Incident Commander: ▪ Number and condition of patients affected, including the uninjured? ▪ Type of biological/infectious disease involved? ▪ Medical problems present in addition to the biological/infectious disease involved? ▪ Measures taken (e.g., cultures, supportive treatment)?
2.	Does your hospital have a procedure to track and report to HCC and local authorities the ED/clinic and inpatient census and symptoms?
3.	Does your hospital have a procedure established to provide ongoing situational briefings to staff and patients, including description of incident and safety issues?
4.	Does your hospital have a procedure to regularly update the facility status and communicate critical issues/needs to the local EOC?
5.	Does your hospital have a procedure to maintain appropriate isolation precautions?
6.	Does your hospital have a procedure/plan to provide appropriate PPE to employees at risk, including security personnel?
7.	Does your hospital have procedures and system to secure the facility and control entry and exit locations in the facility and heighten security measures?
8.	Does your hospital have procedures and back up systems to communicate with area hospitals and local officials regarding incident and hospital status?
9.	Does your hospital have a procedure to establish a media conference area, to provide periodic press briefings on hospital status, to set a media briefing schedule in conjunction with local EOC/JIC, and to work with local EOC to address risk communication issues for the public?
10.	Does your hospital have a procedure to direct collection of samples for subsequent analysis?
11.	Does your hospital have a procedure to monitor and ensure all samples are correctly packaged for shipment to the most appropriate site and to ensure that chain of custody procedures (evidence collection) are maintained?
12.	Does your hospital address and provide for information and mental health support needs for staff, patients and their families?
13.	Does your hospital have a procedure to adjust staff schedules, and monitor absenteeism?
14.	Does your hospital have a procedure to determine staff supplementation, equipment and supply needs and communicate to the local EOC?

BIOLOGICAL ATTACK – AEROSOL ANTHRAX

INCIDENT PLANNING GUIDE

15.	Does your hospital have a procedure to implement the surge capacity plan if warranted, including the activation of alternative treatment sites?
16.	Does your hospital have a plan to adjust staff schedules to meet the needs of the response including: ❑ Reassigning staff who have recovered from flu to care for flu patients? ❑ Reassigning staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (e.g., no flu patient care or administrative duties only)?
17.	Does your hospital have a procedure to regularly brief staff on the incident and the hospitals' operational status?
18.	Does your hospital have a plan to augment infrastructure and operational needs to meet the needs of a large influx of patients?
19.	Does your hospital have plan for the management of mass fatalities, in conjunction with law enforcement/medical examiner/coroner/local EOC?
20.	Does your hospital have inventory procedures for: ❑ Current hospital supplies of medications, equipment and supplies? ❑ Receiving medications, equipment and supplies from outside resources (i.e., federal, state or local stockpiles, vendors, other facilities) and returning those medications or supplies upon termination of the event?
21.	Does your hospital have a procedure to document and report staff exposure and injury?
22.	Does your hospital have business continuity plans with criteria and a procedure to restore to normal non-essential service operations (e.g., gift shop)?

BIOLOGICAL ATTACK – AEROSOL ANTHRAX

INCIDENT RESPONSE GUIDE

Mission: To effectively and efficiently identify, triage, isolate, treat, and track a surge of potentially infectious patients; manage uninjured/asymptomatic patients, family members, and the media; and ensure proper chain of custody (evidence collection) procedures.

Directions

- ☐ Read this entire response guide and review incident management team chart.
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- ☐ Early identification, triage, isolation and treatment of infectious patients
- ☐ Patient tracking
- ☐ Safety and security of the facility
- ☐ Surge capacity and capability

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- ❑ Activate Command Staff and Operations and Logistics Section Chiefs
- ❑ Activate the Medical/Technical Specialist – Biological/Infectious Disease to evaluate the incident and assist with the hospital's biological/infectious disease response
- ❑ Notify appropriate internal experts, including Infection Control and Hospital Epidemiology

(Medical/Technical Specialist – Biological/Infectious Disease):

☐ ❑ Verify from the ED attending physician and other affected physicians' offices, in collaboration with regional officials, and report the following information to the Incident Commander and Section Chiefs:

- Number and condition of patients affected, including the uninjured/asymptomatic
- Type of biological/infectious disease involved
- Medical problems present besides biological/infectious disease involved
- Measures taken (e.g., cultures, supportive treatment)
- Potential for and scope of communicability

BIOLOGICAL ATTACK – AEROSOL ANTHRAX

INCIDENT RESPONSE GUIDE

Immediate (Operational Period 0-2 Hours)

COMMAND

(Liaison Officer):

- ❑ Communicate with local Emergency Management and other external agencies (e.g., Health Departments) to identify infectious agent
- ❑ Communicate with EMS/Public Health to determine the possible number of possible infectious patients
- ❑ Communicate with and ascertain status of area hospitals and clinics

☐ (Safety Officer):

- ❑ Activate appropriate personal protective equipment (PPE) and isolation precautions

Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

(Public Information Officer):

- ❑ Monitor media outlets for updates on the outbreak and possible impacts on the hospital
- ❑ Anticipate an increase in public inquiries about the agent, and implement information hotline, as appropriate

OPERATIONS

(Medical Care Branch Director):

- ❑ Regularly monitor ED and clinic activity and inpatient census data for trends
- ❑ Collaborate with local and state Public Health Departments in developing a case definition
- ❑ Ensure proper rapid screening (e.g. temperature checks) and triage of potentially infectious patients, uninjured/asymptomatic patients, media, family members, staff etc. Coordinate with Security, as necessary
- ❑ Ensure staff "just-in-time" training on infection precautions and PPE use

☐

- ❑ Ensure safe collection, transport and processing of laboratory specimens
- ❑ Evaluate the need for and implement as appropriate the cancellation of elective surgeries and outpatient clinics/testing

(Security):

- ❑ Lockdown of facility/limit access and egress into the facility to prevent contaminated patients from entering the facility without screening
- ❑ Coordinate appropriate information with law enforcement, to include: clinical information, valuables management/disposition, and victim/staff interviews

BIOLOGICAL ATTACK – AEROSOL ANTHRAX

INCIDENT RESPONSE GUIDE

PLANNING

- ❑ Establish operational periods and develop the Incident Action Plan
- ☐ ❑ Conduct a hospital census count and determine if discharges and appointment cancellations are required, in collaboration with Operations Section Branches/Units
- ❑ Prepare and implement patient tracking protocols

LOGISTICS

- ❑ Review the pre-event prepared list of essential personnel (including medical, nursing, environmental services, facilities, nutrition and food services, administrative, ancillary clinical staff – e.g., respiratory therapy, radiology technicians, medical records, information technology and laboratory, etc.) that are priorities to receive prophylaxis and PPE, protecting those staff most at risk and ensuring the continuation of essential services?
- ❑ Implement distribution plans for mass prophylaxis/immunizations for employees, their families, and others
- ☐ ❑ Anticipate an increased need for medical supplies, antibiotics, IV fluids, oxygen, ventilators, suction equipment, respiratory protection/PPE, and respiratory therapists/transporters/other personnel
- ❑ Prepare for receipt of external pharmaceutical cache supplies from local, regional, state or federal resources
- ❑ Track distribution of external pharmaceutical cache supplies received by the hospital
- ❑ Adjust staff schedules, and monitor absenteeism

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander)

- ❑ Continue regular briefing of Command Staff/Section Chiefs

(Public Information Officer):

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

BIOLOGICAL ATTACK – AEROSOL ANTHRAX

INCIDENT RESPONSE GUIDE

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Liaison Officer):

- ❑ Communicate personnel/equipment/supply needs identified by Operations and Logistics Sections to local EOC

☐

- ❑ Keep public health advised of any health problems/trends identified, in cooperation with infection control
- ❑ Communicate with area hospitals to update status and share information

Brief Command Staff/Section Chiefs regularly with information from outside sources

OPERATIONS

- ❑ Conduct disease surveillance, including number of affected patients/personnel
- ❑ Continue patient management and isolation/cohorting activities
- ❑ Consult with infection control for disinfection requirements for equipment and facility
- ❑ Coordinate with Logistics implementation of mass vaccination/mass prophylaxis plan

☐

- ❑ Determine scope and volume of supplies/equipment/personnel required and report to Logistics Section
- ❑ Implement local mass fatality plan (including temporary morgue sites) in cooperation with local/state public health, emergency management, and medical examiners. Assess capacity for refrigeration/security of deceased patients
- ❑ Revise security plan as needed to maintain security of the hospital
- ❑ Review plan to assure business continuity for the hospital

PLANNING

☐

- ❑ Continue tracking of patients, beds, materiel and personnel
- ❑ Review and update the Incident Action Plan

LOGISTICS

☐

- ❑ Monitor the physical and mental health status of staff who are exposed to infectious patients
- ❑ Activate plan for rapidly vaccinating or providing prophylaxis to staff, families and patients as appropriate

BIOLOGICAL ATTACK – AEROSOL ANTHRAX

INCIDENT RESPONSE GUIDE

FINANCE

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

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

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

(Public Information Officer):

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

☐ (Liaison Officer):

- ❑ Continue to ensure integrated response with local EOC/JIC
- ❑ Continue to communicate personnel/equipment/supply needs to local EOC
- ❑ Continue to update local public health of any health problems/trends identified

(Public Information Officer):

- ❑ Continue patient and family information center, as necessary

OPERATIONS

☐
- ❑ Continue patient management and facility monitoring activities
- ❑ Ensure proper disposal of infectious waste, including disposable supplies/equipment

Demobilization/System Recovery

COMMAND

(Incident Commander):

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

☐ (Public Information Officer):

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

(Liaison Officer):

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

BIOLOGICAL ATTACK – AEROSOL ANTHRAX

INCIDENT RESPONSE GUIDE

Demobilization/System Recovery

LOGISTICS

- ❑ Conduct stress management and after-action debriefings and meetings as necessary
- ❑ Monitor the physical and behavioral health status of staff that are exposed to infectious patients

☐

- ❑ Inventory all HCC and hospital supplies and replenish as necessary
- ❑ Restore/repair/replace broken equipment
- ❑ Return borrowed equipment after proper cleaning/disinfection
- ❑ Restore non-essential services (i.e., gift shop, etc.)

PLANNING: Write after-action report and corrective action plan to include the following:

- ❑ Summary of actions taken
- ❑ Summary of the incident

☐

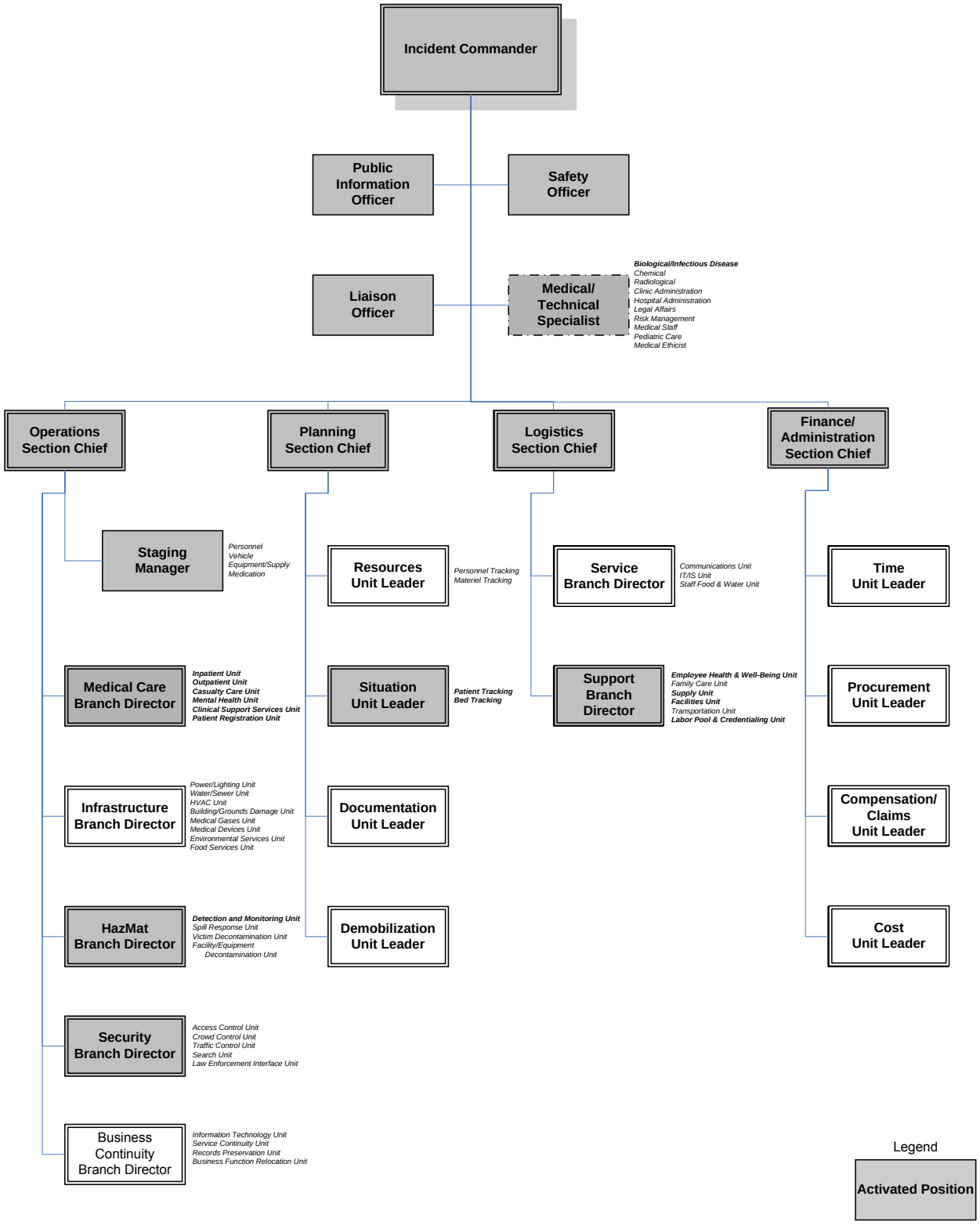
- ❑ Actions that went well
- ❑ Area for improvement
- ❑ Recommendations for future response actions
- ❑ Recommendations for correction actions

Documents and Tools

☐ Relevant, individual hospital protocols/guidelines relating to biological/infectious/mass casualty incidents and decontamination

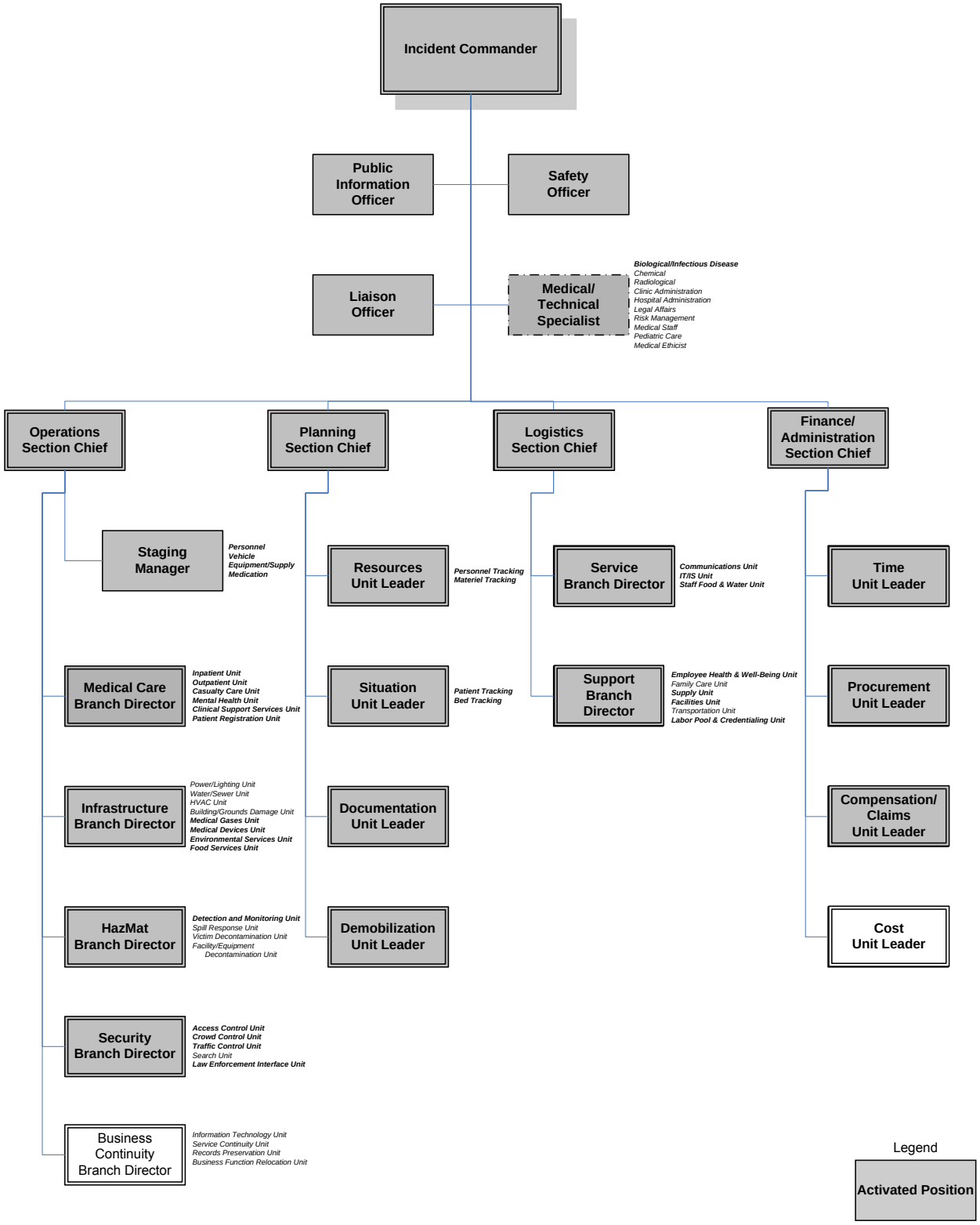
BIOLOGICAL ATTACK – AEROSOL ANTHRAX

INCIDENT MANAGEMENT TEAM CHART - **IMMEDIATE**



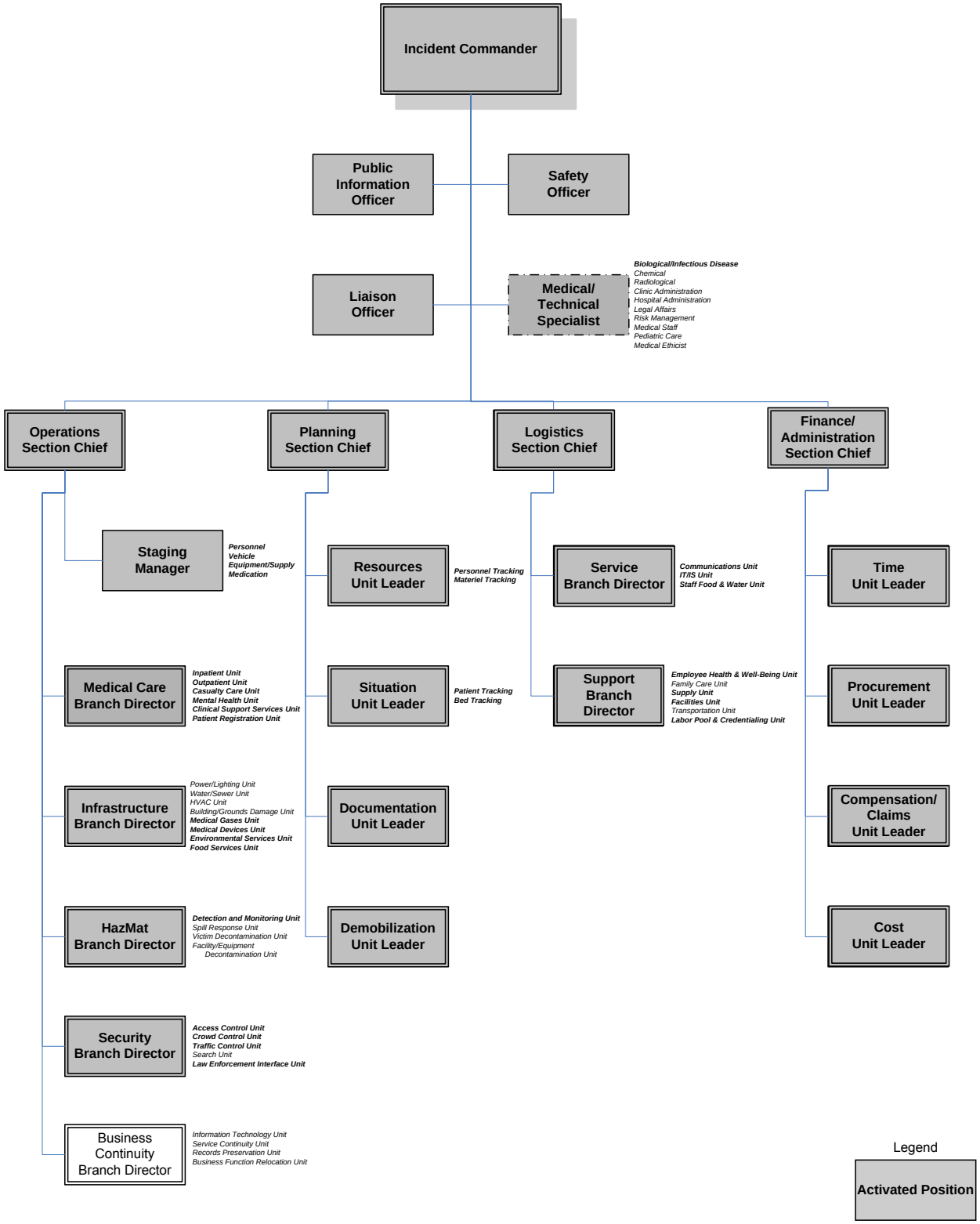
BIOLOGICAL ATTACK – AEROSOL ANTHRAX

INCIDENT MANAGEMENT TEAM CHART - **INTERMEDIATE**



BIOLOGICAL ATTACK – AEROSOL ANTHRAX

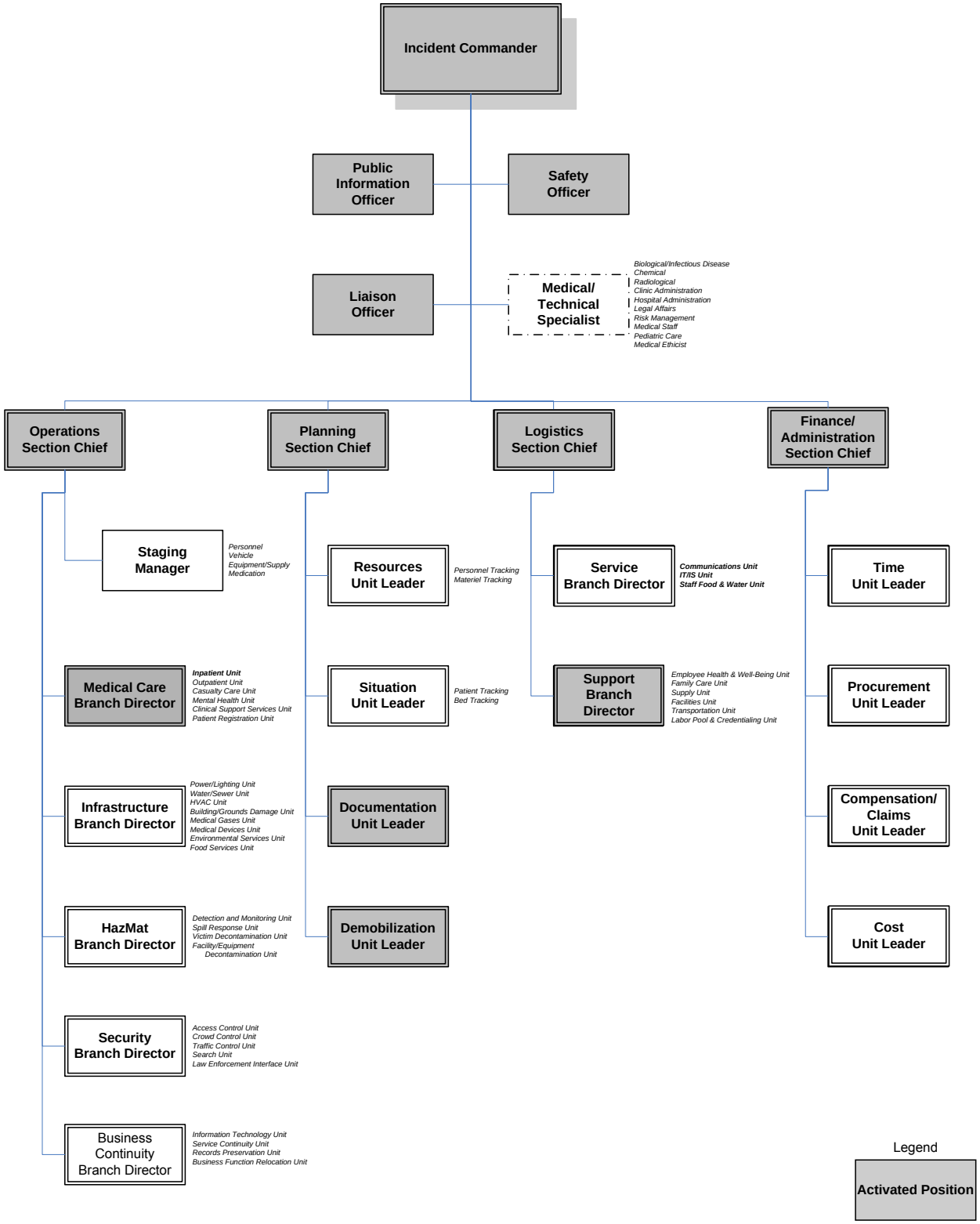
INCIDENT MANAGEMENT TEAM CHART - **EXTENDED**



BIOLOGICAL ATTACK – AEROSOL ANTHRAX

INCIDENT MANAGEMENT TEAM CHART – **DEMOBILIZATION**

Note: Demobilization is a gradual process, and positions should be deactivated according to the needs of the incident and progress to recovery



BIOLOGICAL DISEASE OUTBREAK – PANDEMIC INFLUENZA

SCENARIO

An outbreak of unusually severe respiratory illness is occurring in China. The US Centers for Disease Control (CDC) has identified the particular strain as Type A H7N3, a subtype never before isolated from humans. The CDC also reports that the H7N3 virus has been isolated from ill airline passengers and large numbers of cases are now being reported in Hong Kong, Singapore, South Korea, Japan and the United States. Young adults are most severely affected and case-fatality rates approach 50%. State and local agencies are asked to intensify influenza surveillance and implement airborne protection measures for staff. News agencies have issued alerts for anyone experiencing flu-like symptoms to immediately contact their health care providers.

There is an increase in the number of persons presenting to emergency rooms with symptoms consistent with influenza. More people are seeking medical care than actually need it. Personnel in key positions are absent due to illness, fear of illness or caring for ill family members. Local pharmacies have run out of antiviral medications and are unsure whether they can expect to receive more. Estimates indicate that 10% of the population is ill with H7N3 influenza. Local hospitals and outpatient clinics are extremely short-staffed; an estimated 30-40% of physicians, nurses and other healthcare workers are absent. Intensive care units are overwhelmed, and there is a shortage of mechanical ventilators for patients with severe respiratory syndromes or postoperative needs. Family members are distraught and outraged when loved ones die within a matter of days. All essential services have personnel shortages, resulting in major reductions in routine services. There are shortages of food supplies due to the nationwide impact.

BIOLOGICAL DISEASE OUTBREAK – PANDEMIC INFLUENZA

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital provide information and education to staff on infection control precautions, personal protective equipment, exposure prophylaxis and family/dependent care options?
2.	Does your hospital have a procedure to provide personal protective equipment (PPE), including respirators, to designated work locations?
3.	Does your have a plan to expand patient care capabilities in the face of a rapid surge of infectious patients? Does the plan include: ❑ Rapid identification, triage, and isolation practices in ED and clinics? ❑ Expanding isolation capability (cohorting, portable HEPA filtration, etc.)? ❑ Canceling elective surgeries and outpatient clinics/testing? ❑ Establishment of alternative treatment sites? ❑ Integration with other local hospitals, clinics, public health and emergency management?
4.	Does your hospital have a plan to manage dispensing antiviral medications to staff (mass vaccination/mass prophylaxis plan) and in administering vaccines (when available)?
5.	Does your hospital have a plan to notify and maintain communications and exchange appropriate information with: ❑ Internal experts, including infection control, hospital epidemiology, and engineering/facilities? ❑ External experts, including local, regional and state public health, EOC/emergency management? ❑ Other local hospitals?
6.	Does your hospital have a plan to provide situation and risk communication briefings to staff, patients, and community in conjunction with local public health and emergency management?
7.	Does your hospital have policies and procedures to track ED and clinic activity and inpatient census data for trends and report information to the appropriate partners?
8.	Does your hospital have a procedure to limit hospital access to a small number of monitored entrances so that patients and visitors entering the facility can be screened for illness (e.g., temperature checks)?
9.	Does your hospital have a procedure to monitor staff and volunteers for symptoms and a policy for “fitness for duty” procedures?
10.	Does your hospital plan for ensuring safe transportation routes and infection control procedures (e.g., patients wearing masks) when transferring patients though the hospital (i.e., from ED to inpatient units)?

11.	Does your hospital have a policy to determine appropriate amounts of PPE and hand hygiene/washing supplies available and to supplement those supplies as required?
12.	Does your hospital have a policy to determine appropriate numbers of essential personnel (e.g., medical, nursing, environmental services, facilities, nutrition and food services, administrative, ancillary clinical staff – e.g., respiratory therapy, radiology technicians, medical records, information technology and laboratory) that would be priority for receiving prophylaxis, vaccine and PPE to protect those staff most at risk and to ensure the continuation of essential services?
13.	Does your hospital maintain stockpiles of antiviral medications and antibiotics to treat bacterial complications to treat or provide prophylaxis to staff, patients and volunteers?
14.	Does your hospital plan for adequate numbers of security personnel to maintain hospital security?
15.	Does your hospital have a plan for providing appropriate personal protective equipment to laboratory personnel when required?
16.	Does your hospital have a plan for safely packaging, identifying, and transferring lab specimens to external testing sites, including local, state and federal labs?
17.	Does your hospital have a plan for increasing capability to perform specific screening tests for designated pathogens?
18.	Does your hospital have the capability of handling the documentation associated with a surge in designated testing?
19.	Does your hospital have a plan for relaying laboratory results to: • Internal clinical sites? • External partners (public health, law enforcement, other)?

Response & Recovery

1.	Does your hospital have a policy to monitor the health status and absenteeism of staff during the pandemic?
2.	Does your hospital have a plan to track ED, inpatient and clinic census and symptoms?
3.	Does your hospital have triggers to implement the infectious patient surge capacity plan?
4.	Does your hospital have a plan to manage mass fatalities and address fatality issues in conjunction with law enforcement/medical examiner/coroner/local EOC?
5.	Does your hospital monitor medical care issues for patients and exposed or ill staff?
6.	Does your hospital monitor safe and consistent use of PPE?
7.	Does your hospital have a plan to maintain facility security?

8.	Does your hospital have a plan to adjust staff schedules to meet the needs of the response including: ❑ Reassigning staff who have recovered from flu to care for flu patients? ❑ Reassigning staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (e.g., no flu patient care or administrative duties only)?
9.	Does your hospital have inventory procedures for: ❑ Current hospital supplies of medications, equipment and supplies? ❑ Receiving medications, equipment and supplies from outside resources (i.e., federal, state or local stockpiles, vendors, other facilities) and returning those medications or supplies upon termination of the event?

BIOLOGICAL DISEASE OUTBREAK – PANDEMIC INFLUENZA

INCIDENT RESPONSE GUIDE

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

Directions

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

Objectives

☐	Identify, triage, isolate and treat infectious patients.
☐	Admit a large number of infectious patients while protecting other (non-infected) inpatients.
☐	Accurately track patients throughout the healthcare system.
☐	Assure safety and security of the staff, patients, visitors, and facility.
☐	Address issues related to infectious patient surge capacity.

BIOLOGICAL DISEASE OUTBREAK – PANDEMIC INFLUENZA

INCIDENT RESPONSE GUIDE

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- ❑ Activate the appropriate Medical/Technical Specialists to assess the incident
- ❑ Activate Command staff and Section Chiefs
- ❑ Implement regular briefing schedule for Command staff and Section Chiefs
- ❑ Implement the infectious patients surge plan and other emergency management plans, as indicated
- ❑ Cancel elective surgeries and outpatient clinics/testing, if required

(Medical Technical Specialist - Biological):

- ❑ Verify from the ED attending physician and other affected clinics, in collaboration with Public Health officials, and report the following information to the Incident Commander
  - Number and condition of patients affected, including the worried well
  - Type of biological/infectious disease involved (case definition)
  - Medical problems present besides biological/infectious disease involved
- ☐ Measures taken (e.g., cultures, supportive treatment)
  - Potential for and scope of communicability
  - Implement appropriate PPE and isolation precautions

(Liaison Officer):

- ❑ Communicate with local emergency management and other external agencies (e.g., health department) to identify infectious agent
- ❑ Communicate with EMS/Public Health to determine the possible number of possible infectious patients
- ❑ Communicate regularly with Incident Commander and Section Chiefs regarding operational needs and integration of hospital function with local EOC

(Public Information Officer):

- ❑ Monitor media outlets for updates on the pandemic and possible impacts on the hospital. Communicate information via regular briefings to Section Chiefs and Incident Commander

(Safety Officer):

- ❑ Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address.

BIOLOGICAL DISEASE OUTBREAK – PANDEMIC INFLUENZA

INCIDENT RESPONSE GUIDE

COMMAND

(Medical/Technical Specialist – Biological/Infectious Disease):

- ❑ Coordinate with the Operations Section Chief to verify from the ED attending physician and other affected physicians' offices, in collaboration with regional officials, and report the following information to the Incident Commander and Section Chiefs:

☐

  - Number and condition of patients affected, including the asymptomatic
  - Medical problems present besides infectious disease involved
  - Measures taken (e.g., cultures, supportive treatment)
  - Potential for and scope of communicability

OPERATIONS:

- ❑ Provide just-in-time training for both clinical and non-clinical staff regarding the status of the event, precautions they should take, and rumor control.
- ❑ Notify the ED of possible numbers of incoming infectious patients, in consultation with the Liaison Officer who is in communication with external authorities (e.g., health department)
- ❑ Ensure proper implementation of infectious patients surge plan, including:
  - Location for off-site triage, as appropriate
  - Proper rapid triage of people presenting requesting evaluation. Coordinate with Security, if necessary
  - Staff implementation of infection precautions, and higher level precautions for high risk procedures (e.g., suctioning, bronchoscopy, etc.), as per current CDC guidelines

☐

  - Proper monitoring of isolation rooms and isolation procedures
  - Limit patient transportation within facility for essential purposes only
  - Restrict number of clinicians and ancillary staff providing care to infectious patients
- ❑ Evaluate and determine health status of all persons prior to hospital entry
- ❑ Ensure safe collection, transport, and processing of laboratory specimens
- ❑ Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule
- ❑ Conduct hospital census and determine if discharges and appointment cancellations required

(Security):

- ❑ Implement facility lockdown to prevent infectious patients from entering the facility, except through designated route. Report regularly to Operations Section Chief

BIOLOGICAL DISEASE OUTBREAK – PANDEMIC INFLUENZA

INCIDENT RESPONSE GUIDE

PLANNING

- ❑ Establish operational periods and develop Incident Action Plan:
  - o Engage other hospital departments
  - o Share Incident Action Plan through Incident Commander with these areas
  - o Provide instructions on needed documentation including completion detail and deadlines
- ❑ Implement patient/staff/equipment tracking protocols
- ❑ Report actions/information to Incident Commander, Command Staff, Section Chiefs regularly

LOGISTICS

- ❑ Implement distribution plans for mass prophylaxis/immunizations for employees, their families, and others.
- ❑ Anticipate an increased need for medical supplies, antivirals, IV fluids and pharmaceuticals, oxygen, ventilators, suction equipment, respiratory protection/PPE, and respiratory therapists, transporters and other personnel
- ❑ Prepare for receipt of external pharmaceutical cache(s)/Strategic National Stockpile. Track dispersal of external pharmaceutical cache(s)/Strategic National Stockpile
- ❑ Determine staff supplementation needs and communicate to Liaison Officer
- ❑ Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander)

- ❑ Activate and implement emergency management plans, as indicated, including mass fatality plan
- ❑ Continue regular briefing of Command staff/Section Chiefs

(Public Information Officer):

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

BIOLOGICAL DISEASE OUTBREAK – PANDEMIC INFLUENZA

INCIDENT RESPONSE GUIDE

COMMAND

(Liaison Officer):

- ❑ Ensure integrated response with local EOC, JIC
- ❑ Communicate personnel/equipment/supply needs identified by Operations to local EOC
- ☐ ❑ Keep public health advised of any health problems/trends identified, in cooperation with infection control
- ❑ Integrate outside personnel assistance into Hospital Command Center and hospital operations
- ❑ Discuss operational status with other area hospitals
- ❑ Brief Command staff/Section Chiefs regularly with information from outside sources

OPERATIONS

- ❑ Conduct disease surveillance, including number of affected patients/personnel
- ❑ Continue isolation activities as needed
- ❑ Consult with infection control for disinfection requirements for equipment and facility
- ☐ ❑ Continue patient management activities, including patient cohorting, patient/staff/visitor medical care issues
- ❑ Coordinate with Logistics implementation of mass vaccination/mass prophylaxis plan
- ❑ Determine scope and volume of supplies/equipment/personnel required and report to Logistics
- ❑ Implement local mass fatality plan (including temporary morgue sites) in cooperation with local/state public health, emergency management, and medical examiners. Assess capacity for refrigeration/security of deceased patients

PLANNING

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

BIOLOGICAL DISEASE OUTBREAK – PANDEMIC INFLUENZA

INCIDENT RESPONSE GUIDE

LOGISTICS

- ❑ Coordinate activation of staff vaccination/prophylaxis plan with Operations
- ❑ Monitor the health status of staff who are exposed to infectious patients

☐

- ❑ Consider reassigning staff recovering from flu to care for flu patients; reassign staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (e.g., no flu patient care or administrative duties only)
- ❑ Establish Family Care Unit under Support Branch Director to address family/dependent care issues to maximize employee numbers at work.

FINANCE

- ❑ Track response expenses and report regularly to Command staff and Section Chiefs

☐

- ❑ Track and follow up with employee illnesses and absenteeism issues

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

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

(Public Information Officer):

☐

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

(Liaison Officer): Continue to

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

OPERATIONS

☐

- ❑ Continue patient management and facility monitoring activities. Communicate personnel/equipment/supply needs to local EOC
- ❑ Ensure proper disposal of infectious waste, including disposable supplies/equipment

PLANNING

☐

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

LOGISTICS

☐
- ❑ Continue monitoring the health status of staff exposed to infectious patients
- ❑ Continue addressing behavioral health support needs for patients/visitors/staff
- ❑ Continue providing equipment/supply/personnel needs

FINANCE

☐ Continue to track response expenses and employee injury/illness and absenteeism

Demobilization/System Recovery

COMMAND

(Incident Commander):

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

☐ (Public Information Officer):

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

(Liaison Officer):

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

OPERATIONS

☐
- ❑ Restore normal facility operations and visitation

LOGISTICS

- ❑ Conduct stress management and after-action debriefings and meetings as necessary
- ❑ Monitor health status of staff

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

BIOLOGICAL DISEASE OUTBREAK – PANDEMIC INFLUENZA

INCIDENT RESPONSE GUIDE

PLANNING

- ❑ Conduct after action review with HCC Command staff and Section Chiefs and general staff immediately upon demobilization or deactivation of positions
- ❑ Conduct after action debriefing with all staff, physicians and volunteer
- ❑ Prepare the after action report and improvement plan for review and approval

☐

- ❑ Write after-action report and corrective action plan to include the following:
  - Summary of actions taken
  - Summary of the incident
  - Actions that went well
  - Area for improvement
  - Recommendations for corrective actions and future response actions

FINANCE

☐

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

Documents and Tools

Emergency Operations Plan, including:

☐

- ❑ Infectious patient surge plan
- ❑ Mass vaccination/mass prophylaxis plan
- ❑ Risk communication plan
- ❑ Hospital security plan
- ❑ Patient/staff/equipment tracking procedure
- ❑ Behavioral health support for staff/patients plan
- ❑ Mass fatalities plan

☐ Infection control plan

☐ Employee health monitoring/treatment plan

☐ All other relevant protocols/guidelines relating to biological/infectious disease/mass casualty incidents

☐ HICS forms

☐ Job Action Sheets

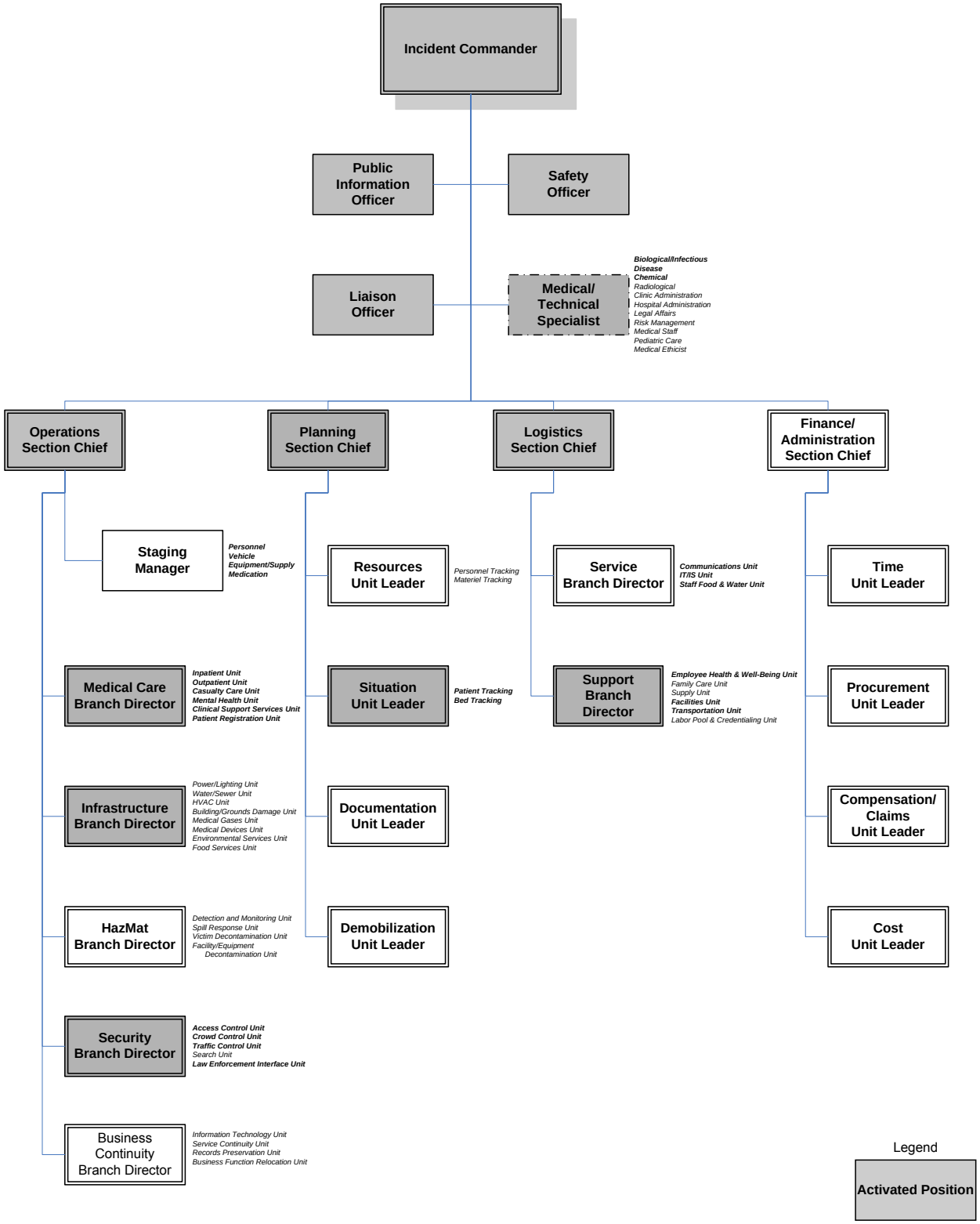
BIOLOGICAL DISEASE OUTBREAK – PANDEMIC INFLUENZA

INCIDENT RESPONSE GUIDE

☐	Hospital organization chart
☐	Television/radio/internet to monitor news
☐	Telephone/cell phone/radio/satellite phone/internet for communication

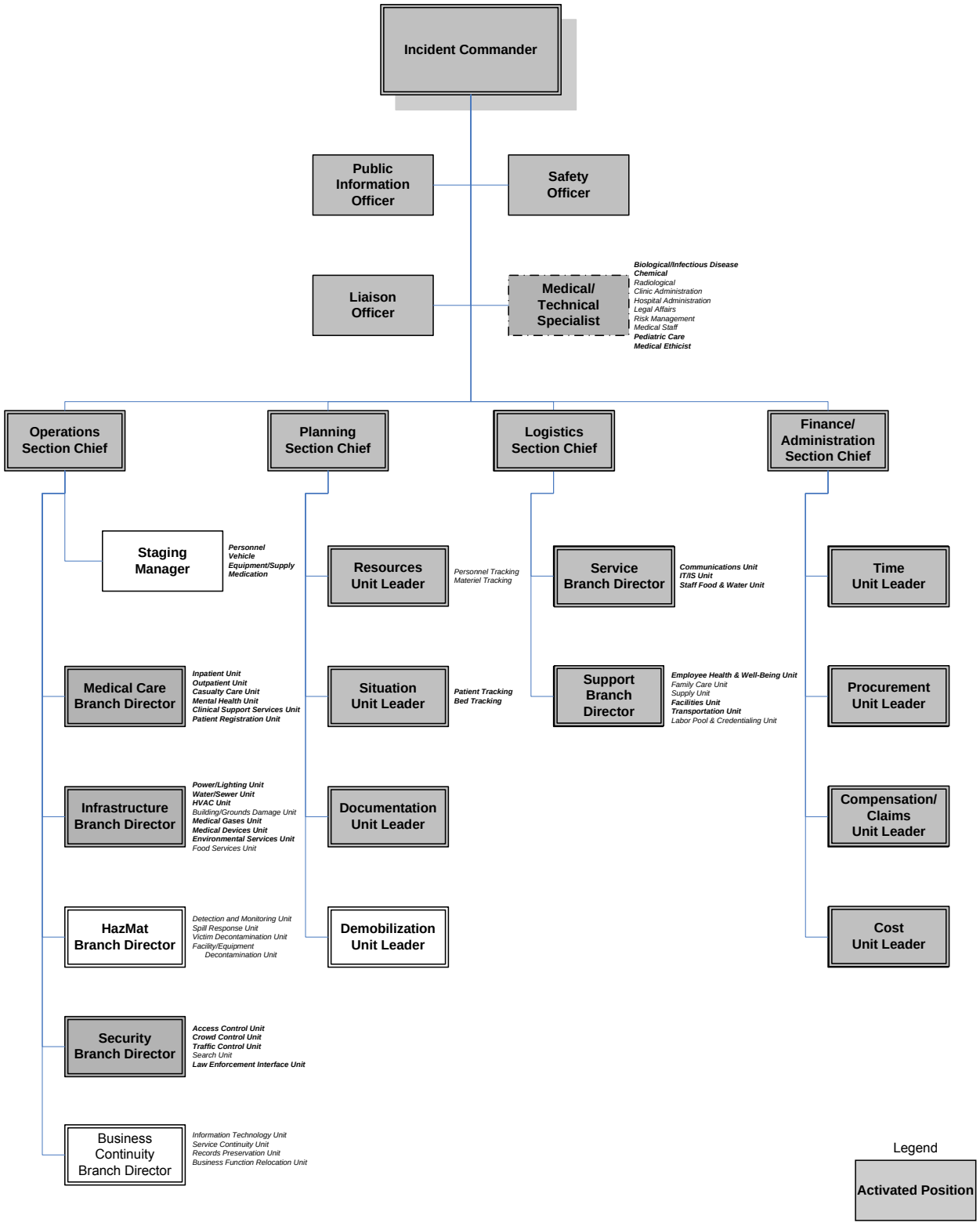
BIOLOGICAL DISEASE OUTBREAK – PANDEMIC INFLUENZA

INCIDENT MANAGEMENT TEAM CHART - **IMMEDIATE**



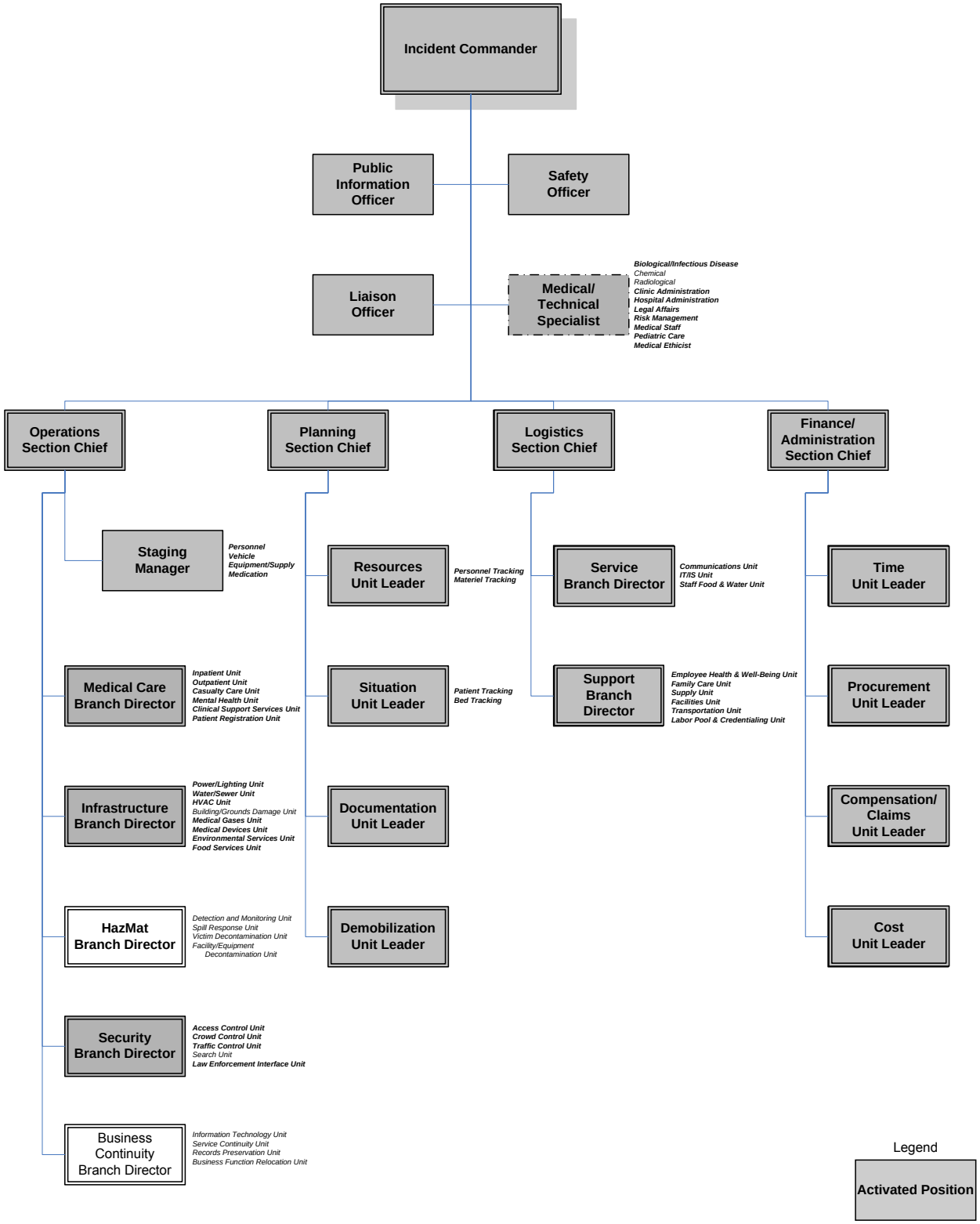
BIOLOGICAL DISEASE OUTBREAK – PANDEMIC INFLUENZA

INCIDENT MANAGEMENT TEAM CHART - **INTERMEDIATE**



BIOLOGICAL DISEASE OUTBREAK – PANDEMIC INFLUENZA

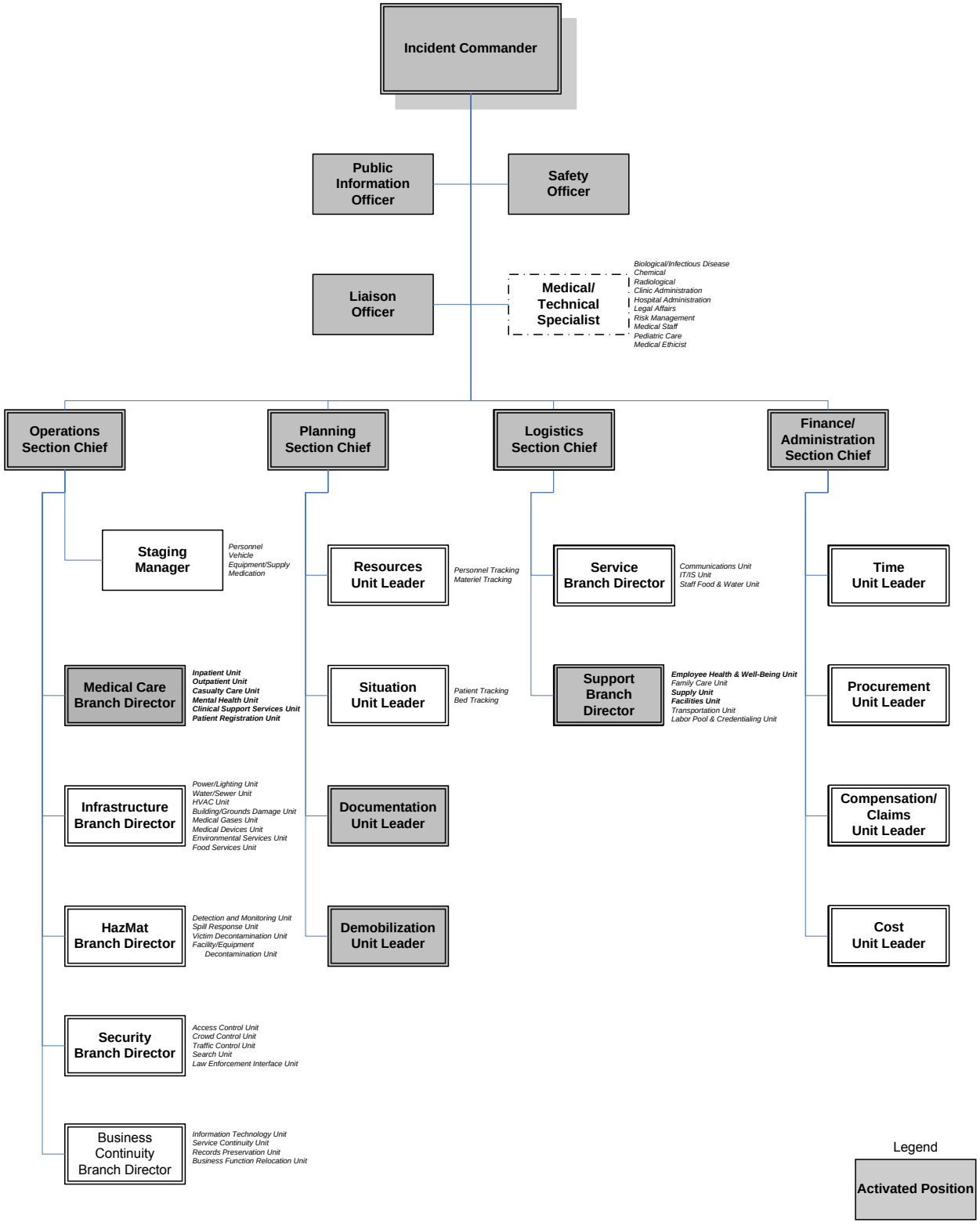
INCIDENT MANAGEMENT TEAM CHART - EXTENDED



BIOLOGICAL DISEASE OUTBREAK – PANDEMIC INFLUENZA

INCIDENT MANAGEMENT TEAM CHART – DEMOBILIZATION/SYSTEM RECOVERY

Note: Demobilization is a gradual process, and positions should be deactivated according to the needs of the incident and progress to recovery



BIOLOGICAL DISEASE OUTBREAK – PLAGUE

SCENARIO

.Members of the Universal Adversary terrorist group covertly release pneumonic plague into three main areas of the metropolitan city: in the restrooms of the major airport, at the sports arena during a large event, and at the city's major train station during commute hours. Your hospital is located near city center. Approximately two days after the release of the biological agent, hospitals in the city and in surrounding areas report a few cases of severe respiratory distress and infection with a tentative diagnosis of pneumonic plague. Public health officials conduct contact tracing and surveillance, and with the few cases, there does not seem to be a common epidemiological link among the cases. Local public and state public health departments issue health alerts to healthcare providers.

Three days after the covert release, city hospitals and surrounding areas are reporting large numbers of cases of pneumonic plague. There are also a number of cases being reported in cities across the nation. Local and state public health departments have determined that the cases originated from your city, and that *Yersinia pestis* is confirmed and issues a case definition. Terrorism is suspected and the FBI is also investigating the outbreak.

Emergency departments are overwhelmed with large numbers of patients meeting the case definition for pneumonic plague and many require hospitalization and ventilatory support. There are a large number of people that have no symptoms, but are seeking medical care for reassurance and medications to prevent them from becoming ill. Local pharmacies have run out of antibiotics and are unable to re-supply for several days. CDC and the local health department estimate that 10% of the population is infected with pneumonic plague and will require hospitalization.

Law enforcement and the FBI are at hospitals to interview patients and obtain evidence linking the Universal Adversary to the incident. Local and national media, covering this possible terrorism event are out in full force, demanding information from local officials and hospitals.

BIOLOGICAL DISEASE OUTBREAK – PLAGUE

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital maintain a stockpile of pharmaceuticals above normal inventories, personal protective equipment, and medical supplies needed for biological outbreaks?
2.	Does your hospital have access to a public health communication system such as the Health Alert Network/ to receive information and alerts from the local public health department?
3.	Does your hospital have a protocol for immediately distributing health alert information and updates to administrative staff, clinical and non-clinical staff and attending physicians?
4.	Does your hospital have an infectious disease/biological terrorism response plan or annex to your Emergency Operations Plan? Is the plan integrated and coordinated with other hospitals, clinics, EMS, public health, public safety and local emergency management agency?
5.	Does your hospital have a protocol/procedure to provide infection control information and just-in-time training to staff about required infection control precautions and personal protective equipment?
6.	Does your hospital have an infectious disease surge plan to expand patient care capacities and capabilities including the following: ❑ Rapid identification, triage and isolation practices in the Emergency Department and clinics? ❑ Expanding isolation capability (cohorting patients, converting rooms to isolation rooms using portable HEPA filtration, etc.)? ❑ Canceling elective surgeries and outpatient clinics/testing? ❑ Establishment of alternate care sites?
7.	Does your hospital have a procedure to monitor ED and clinic activity and inpatient census for trends and to report this information to appropriate partners?
8.	Does your hospital identify essential personnel (i.e., medical, nursing, environmental services, facilities, nutrition and food services, administrative, respiratory therapy, radiology technicians, medical records, information technology and laboratory, etc.) that would be priority for receiving prophylaxis, vaccination, treatment and PPE to protect those staff most at risk and to ensure the continuation of essential services?
9.	Does your hospital have defined strategies for rapidly providing vaccines and medications to staff (mass vaccination/mass prophylaxis plan)?

BIOLOGICAL DISEASE OUTBREAK – PLAGUE

INCIDENT PLANNING GUIDE

10.	Does your hospital have for a communications plan to notify and maintain communication and exchange appropriate information with: ❑ Internal experts, including Infection Control, Hospital Epidemiology, and Engineering/Facilities? ❑ External experts, including local, regional, and state public health, local EOC/emergency management? ❑ Other local hospitals? ❑ Law enforcement?
11.	Does your hospital have a plan for communicating with the media, in conjunction with the local EOC and Joint Information Center?
12.	Does your hospital security plan include limiting hospital access to designated entrances and establishing screening for illness (e.g., temperature checks) of patients, staff, and visitors entering the facility?
13.	Does your hospital have procedures to ensure infection control measures when transporting infectious patients throughout the facility (i.e., patient wearing mask)?
14.	Does your hospital maintain a contact directory (i.e., call-back lists) for essential personnel and exercise the call-back system?
15.	Does your hospital maintain and regularly service the negative pressure isolation rooms to ensure functionality?
16.	Does your hospital have a plan to re-supply or augment supplies of medications, including antibiotics?
17.	Does your hospital have a plan for providing personal protective equipment to laboratory personnel when required?
18.	Does your hospital have a plan for safely packaging, identifying, maintaining the chain of evidence/custody and transporting laboratory specimens to testing sites, including local, state and federal labs?
19.	Does your hospital have a plan for increasing capability to perform specific screening tests for designated pathogens?
20.	Does your hospital have a fatality management plan that addresses: ❑ Integration with local/state medical examiner/coroner? ❑ Mass fatality? ❑ Management of contaminated decedents? ❑ Family notification procedures? ❑ Mental health support for family and staff? ❑ Documentation?

BIOLOGICAL DISEASE OUTBREAK – PLAGUE

INCIDENT PLANNING GUIDE

Response & Recovery

1.	Does your hospital monitor personnel health status and absenteeism rates?
2.	Does your hospital have triggers and criteria for implementing the infectious patient surge capacity plan?
3.	Does your hospital have a plan to monitor medical care issues for patients and exposed or ill staff?
4.	Does your hospital monitor the safe and consistent use of personal protective equipment, isolation precautions and infection control measures?
5.	Does your hospital security plan include the augmentation of security personnel and provide personal protective equipment?
6.	Does your hospital have a plan to adjust staff schedules to reassign staff at high risk for complications from plague (e.g., pregnant women, immunocompromised persons) to low risk/exposure duties?
7.	Does your hospital have for a protocol for updating the Incident Action Plan and for reviewing decisions made and actions undertaken to accomplish the mission?
8.	Does your hospital have a plan and process for incident demobilization and system recovery?
9.	Does your hospital's continuity of operations plans include the continuation of essential non-patient care services (i.e., trash pick-up, food service delivery, linen and laundry services, etc.)?
10.	Does your hospital have for a plan to provide regular staff, family and visitor briefings and updates?
11.	Does your hospital have a plan to provide regular media briefings and provide appropriate clinical/patient information, in conjunction with the JIC?
12.	Does your hospital have a plan to provide medical and mental health support to staff, patients, and their families?
13.	Does your hospital have processes to document staff exposures and injuries and provide appropriate follow up?
14.	Does your hospital have plans to restore normal medical care operations?
15.	Does your hospital have plans for restoring facility visitation?
16.	Does your hospital have plans for restoring non-essential service operations (i.e., gift shop)?
17.	Does your hospital have a procedure for Security Branch Director to safely maintain custody of contaminated evidence for release to proper (verified) authority?
18.	Does your hospital have procedures for reordering, restocking and returning borrowed supplies, equipment, medications and personnel?

BIOLOGICAL DISEASE OUTBREAK – PLAGUE

INCIDENT RESPONSE GUIDE

Mission: To effectively and efficiently identify, triage, isolate, treat, and track a surge of potentially infectious patients; and manage asymptomatic patients, family members, and the media.

Directions

- ☐ Read this entire response guide and review incident management team chart.
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- ☐ Identify, triage, isolate, and treat infectious patients.
- ☐ Safely admit a large number of infectious patients while protecting other (non-infected) inpatients.
- ☐ Accurately track patients throughout the healthcare system.
- ☐ Assure safety and security of the staff, patients, visitors, and facility.
- ☐ Address issues related to infectious patient surge capacity.

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- ❑ Activate the Medical/Technical Specialist – Biological/Infectious Disease to assess the incident
- ❑ Activate Command staff and Section Chiefs
- ❑ Implement regular briefing schedule for Command staff and Section Chiefs
- ❑ Implement the infectious patients surge plan and other emergency management plans
- ❑ Cancel elective surgeries and outpatient clinics/testing

☐ (Medical/Technical Specialist – Biological/Infectious Disease):

- ❑ Verify the following from the Emergency Department and outpatient clinics and local public health officials:
  - ❑ Number and condition of patients, including the asymptomatic patients
  - ❑ Type of biological/infectious disease and the case definition
  - ❑ Medical problems present besides biological/infectious disease involved
  - ❑ Measures taken (i.e., cultures, supportive treatment)
  - ❑ Potential for and scope of communicability
  - ❑ Appropriate isolation precautions and recommended personal protective equipment

BIOLOGICAL DISEASE OUTBREAK – PLAGUE

INCIDENT RESPONSE GUIDE

Immediate (Operational Period 0-2 Hours)

COMMAND

(Liaison Officer):

- ❑ Contact local/state authorities (public health, public safety, emergency management agency) for infectious agent information (identification, assessment, treatment requirements, and patient reporting expectations)
- ❑ Collaborate with the Medical/Technical Specialist to consult with or communicate with external agencies as appropriate
- ❑ Communicate with EMS/Public Health to determine the possible number of infectious patients
- ☐ ❑ Communicate regularly with Incident Commander and Section Chiefs regarding operational needs and integration of hospital function with local Emergency Operations Center

(Public Information Officer):

- ❑ Monitor media outlets for updates on the biologic disease outbreak and possible impacts on the hospital
- ❑ Communicate information via regular briefings to Section Chiefs and Incident Commander

(Safety Officer):

- ❑ Conduct ongoing analysis of existing response practices for health and safety issues

OPERATIONS

- ❑ Notify the Emergency Department of possible numbers of incoming infectious patients, after consultation with the Liaison Officer
- ❑ Establish screening (i.e., temperatures) of staff, visitors, families and others at all facility entrances to prevent ill persons from entering the facility.
- ☐ ❑ Ensure safe collection, transport, and processing of laboratory specimens
- ❑ Conduct hospital census and determine if discharges and appointment cancellations are required
- ❑ Implement facility security/lockdown to prevent infectious patients from entering the facility, except through designated routes

BIOLOGICAL DISEASE OUTBREAK – PLAGUE

INCIDENT RESPONSE GUIDE

OPERATIONS

☐
- ❑ Ensure proper implementation of infectious patients surge plan, including:
  - ❑ Location for off-site triage
  - ❑ Rapid screening and triage of people presenting requesting evaluation; coordinate with Security
  - ❑ Implementation of infection control measures
  - ❑ Monitoring and maintaining function of negative pressure isolation rooms
  - ❑ Restrict number of staff providing care to or in contact with infectious patients

PLANNING

☐
- ❑ Implement patient, materiel, personnel and bed tracking
- ❑ Establish operational periods in collaboration with the Incident Commander
- ❑ Develop and distribute the Incident Action Plan

LOGISTICS

☐
- ❑ Implement plans and procedures to meet the need for additional medical supplies, medications including antibiotics, IV fluids, oxygen, ventilators, suction equipment, personal protective equipment, and personnel
- ❑ Implement mass prophylaxis/vaccination plans for employees, their families, and others, as appropriate, in collaboration with the Medical Care Director
- ❑ Prepare for receipt, distribution and tracking of pharmaceutical resources from external sources (i.e., local, regional, state and federal caches)

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

☐
- ❑ Activate and implement emergency operations plans, including mass fatality plan, as needed
- ❑ Consider deploying a Liaison Officer to the local EOC

(Public Information Officer):

- ❑ Establish a patient information center in coordination with the Liaison Officer and local emergency management

BIOLOGICAL DISEASE OUTBREAK – PLAGUE

INCIDENT RESPONSE GUIDE

COMMAND

(Liaison Officer):

- ❑ Establish the patient information center in coordination with the PIO and local emergency management
- ❑ Ensure integrated response with local Emergency Operations Center and Joint Information Center
- ❑ Communicate resource needs to local Emergency Operations Center
- ❑ Notify the local public health department of medical issues and trends identified, in collaboration with the Medical Care Branch Director and the Medical/Technical Specialist – Biological/Infectious Disease
- ❑ Communicate the hospital's operational status with area hospitals and officials

OPERATIONS

- ❑ Continue infection control and isolation activities
- ❑ Continue disease surveillance, monitoring and reporting
- ❑ Consult with Infection Control for disinfection of equipment and facility
- ❑ Continue patient management activities
- ❑ Coordinate the implementation of mass vaccination/mass prophylaxis plan, in conjunction with the Logistics Section
- ❑ Determine need for supplies, equipment and personnel and report to the Logistics Section
- ❑ Implement mass fatality plan, as needed , including activation of temporary morgue sites,
- ❑ Review and modify as needed, the security plan and family visitation policy

PLANNING

- ❑ Continue patient, materiel, personnel and bed tracking
- ❑ Update and distribute the Incident Action Plan
- ❑ Plan for demobilization of incident and system recovery

LOGISTICS

- ❑ Monitor the health status of staff who are exposed to infectious patients and provide appropriate medical care and follow up
- ❑ Consider reassigning staff at high risk for complications of plague (e.g., pregnant women, immunocompromised persons) to low risk/exposure duties

BIOLOGICAL DISEASE OUTBREAK – PLAGUE

INCIDENT RESPONSE GUIDE

FINANCE/ADMINISTRATION

☐
- ❑ Track response expenses

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

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

(Public Information Officer):

☐
- ❑ Continue patient information center
- ❑ Continue media and staff briefing in coordination with the JIC

(Liaison Officer):

- ❑ Continue communication and coordination with local Emergency Operations Center
- ❑ Notify public health of medical issues or trends identified
- ❑ Communicate patient status and location information with appropriate external agencies

OPERATIONS

☐
- ❑ Continue patient management and facility monitoring activities
- ❑ Ensure proper disposal of infectious waste, including disposable supplies/equipment
- ❑ Continue to control traffic and crowds and access to the facility
- ❑ Ensure delivery of necessary supplies and food

LOGISTICS

☐
- ❑ Continue monitoring the health status of staff exposed to infectious patients and providing medical and mental health support and follow up as needed
- ❑ Provide mental health support for patients, visitors and staff
- ❑ Providing needed equipment, supplies, medications and personnel

FINANCE/ADMINISTRATION

☐
- ❑ Continue to track response expenses

BIOLOGICAL DISEASE OUTBREAK – PLAGUE

INCIDENT RESPONSE GUIDE

Demobilization/System Recovery

COMMAND

(Incident Commander):

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

☐ (Public Information Officer):

- ❑ Conduct final briefings for media, in cooperation with the JIC

(Liaison Officer):

- ❑ Communicate hospital status and final patient condition and location information to appropriate authorities (i.e., local and state public health, local EOC)

OPERATIONS

☐

- ❑ Restore normal facility operations and visitation
- ❑ Provide mental health and information about community services for patients and families

PLANNING

☐

- ❑ Write after-action report and improvement plan, including the following:
  - Summary of actions taken
  - Summary of the incident
  - Actions that went well
  - Area for improvement
  - Recommendations for future response actions
  - Recommendations for correction actions

BIOLOGICAL DISEASE OUTBREAK – PLAGUE

INCIDENT RESPONSE GUIDE

LOGISTICS

- ❑ Conduct stress management and after-action debriefings and meetings for staff
- ❑ Monitor health status of staff exposed to infectious patients and provide appropriate medical and mental health follow up, as needed

☐

- ❑ Restock all supplies and medications
- ❑ Restore/repair/replace broken equipment
- ❑ Return borrowed equipment after proper cleaning/disinfection
- ❑ Restore normal non-essential services (i.e., gift shop, etc.)

FINANCE/ADMINISTRATION

☐

- ❑ Compile final response expense reports, submit to IC for approval and to appropriate authorities for reimbursement

Documents and Tools

Emergency operations plan, including:

- ❑ Infectious patient surge plan
- ❑ Mass prophylaxis plan
- ❑ Risk communication plan

☐

- ❑ Hospital security plan
- ❑ Patient/staff/equipment tracking procedures
- ❑ Behavioral health support for staff/patients plan
- ❑ Mass fatalities plan

☐ Infection control plan

☐ Employee health monitoring/treatment plan

☐ All other relevant protocols/guidelines relating to biological/infectious disease/mass casualty incidents

☐ HICS forms

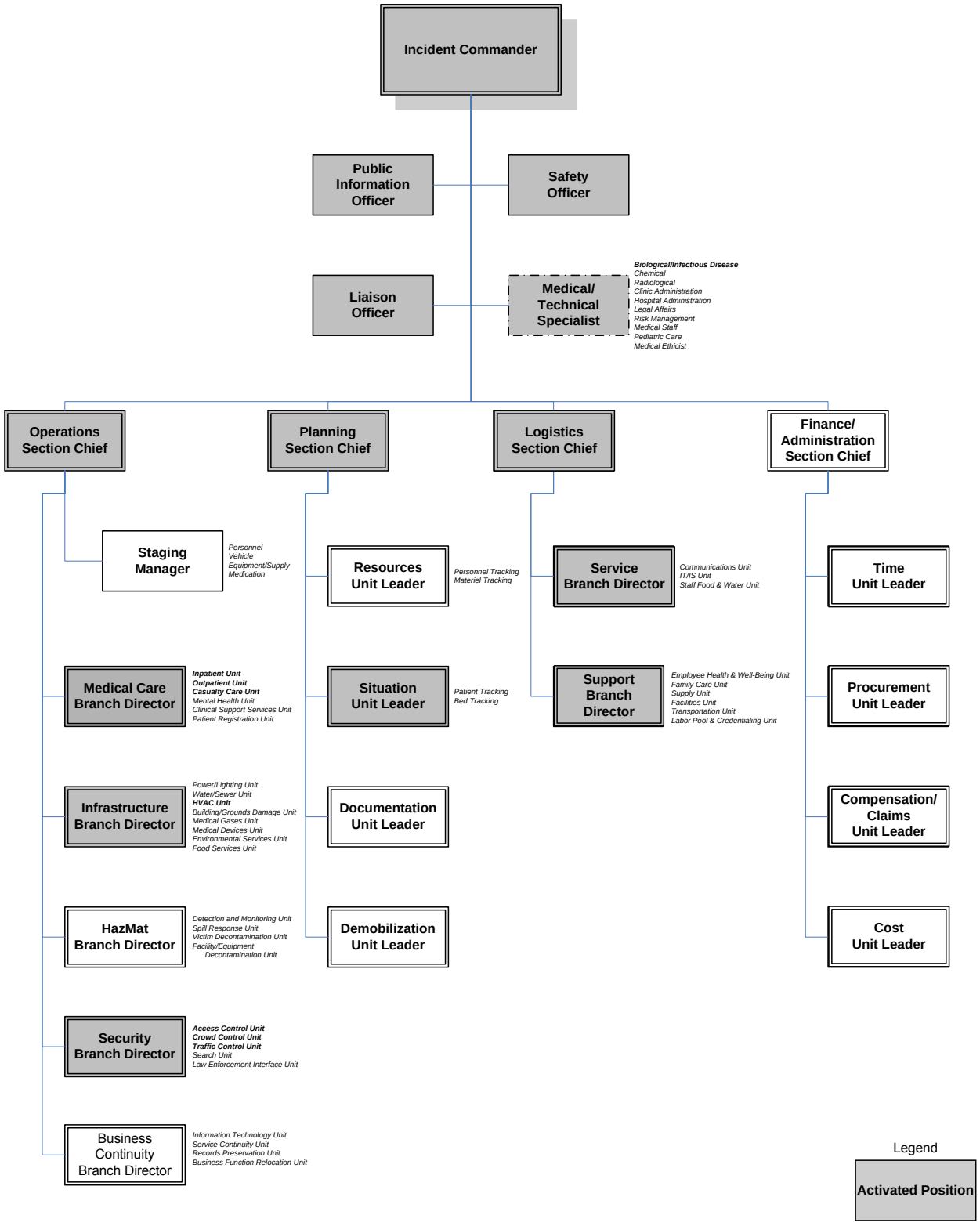
☐ Hospital organization chart

☐ Television/radio/internet to monitor news

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

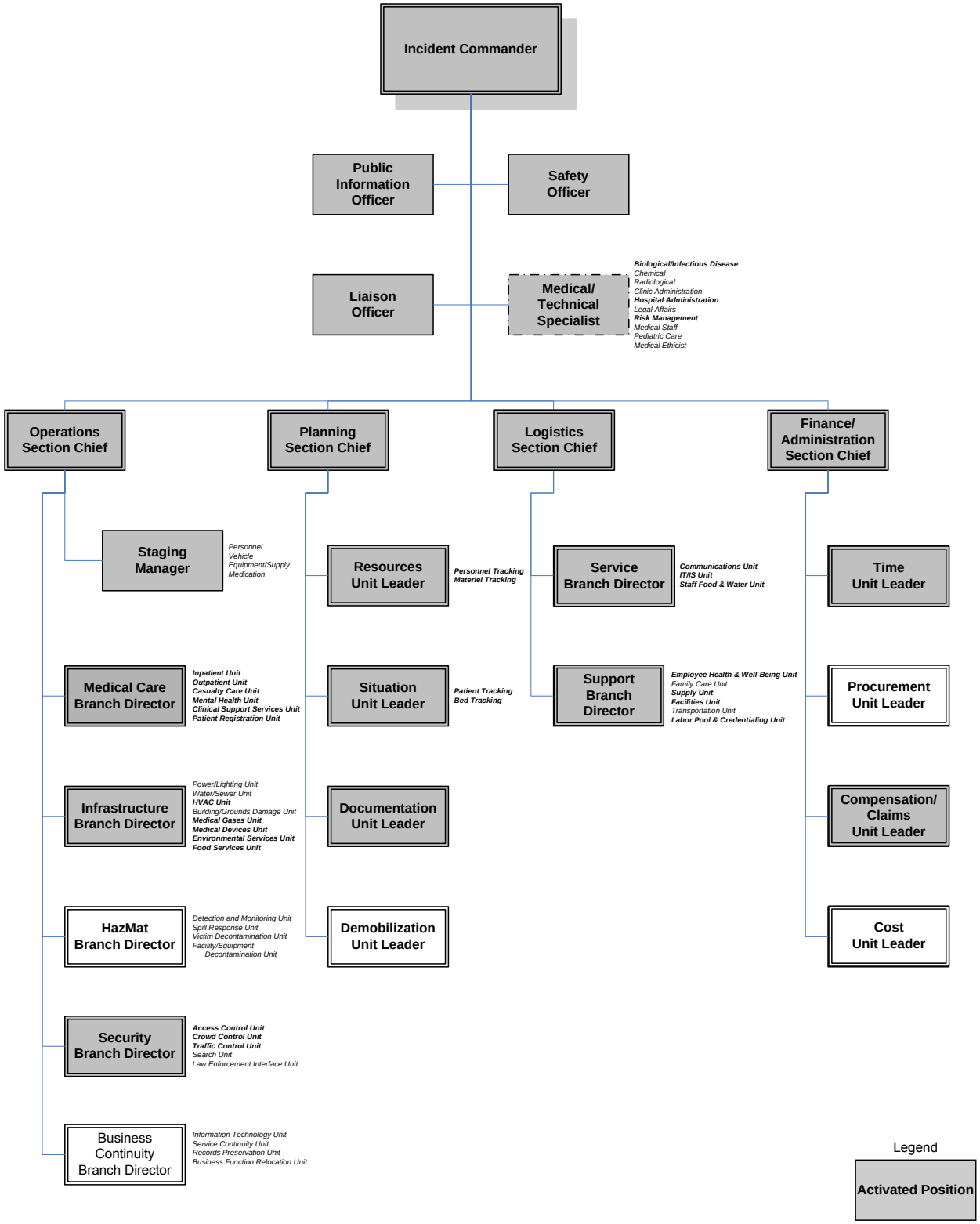
BIOLOGICAL DISEASE OUTBREAK – PLAGUE

INCIDENT MANAGEMENT TEAM CHART - **IMMEDIATE**



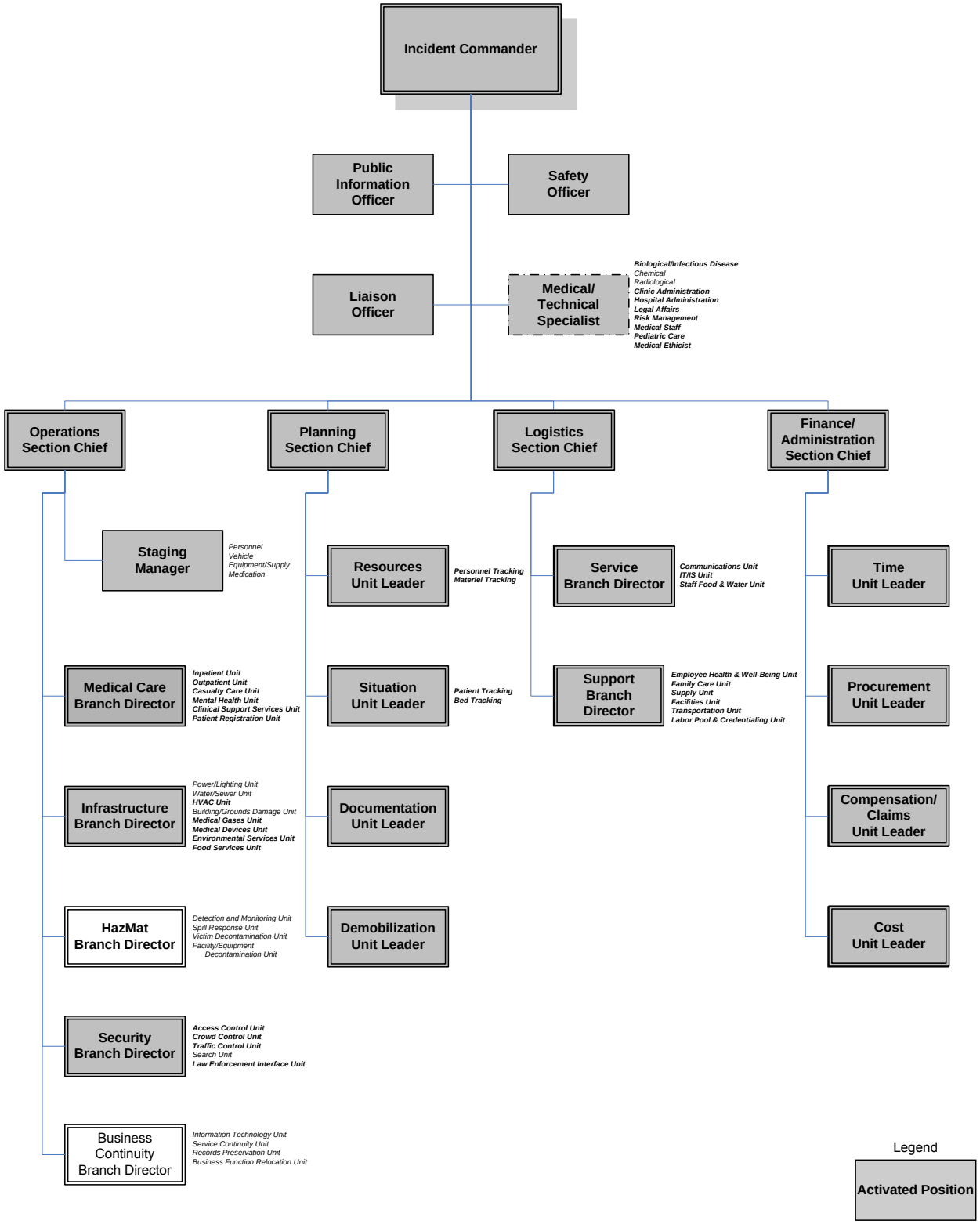
BIOLOGICAL DISEASE OUTBREAK – PLAGUE

INCIDENT MANAGEMENT TEAM CHART - **INTERMEDIATE**



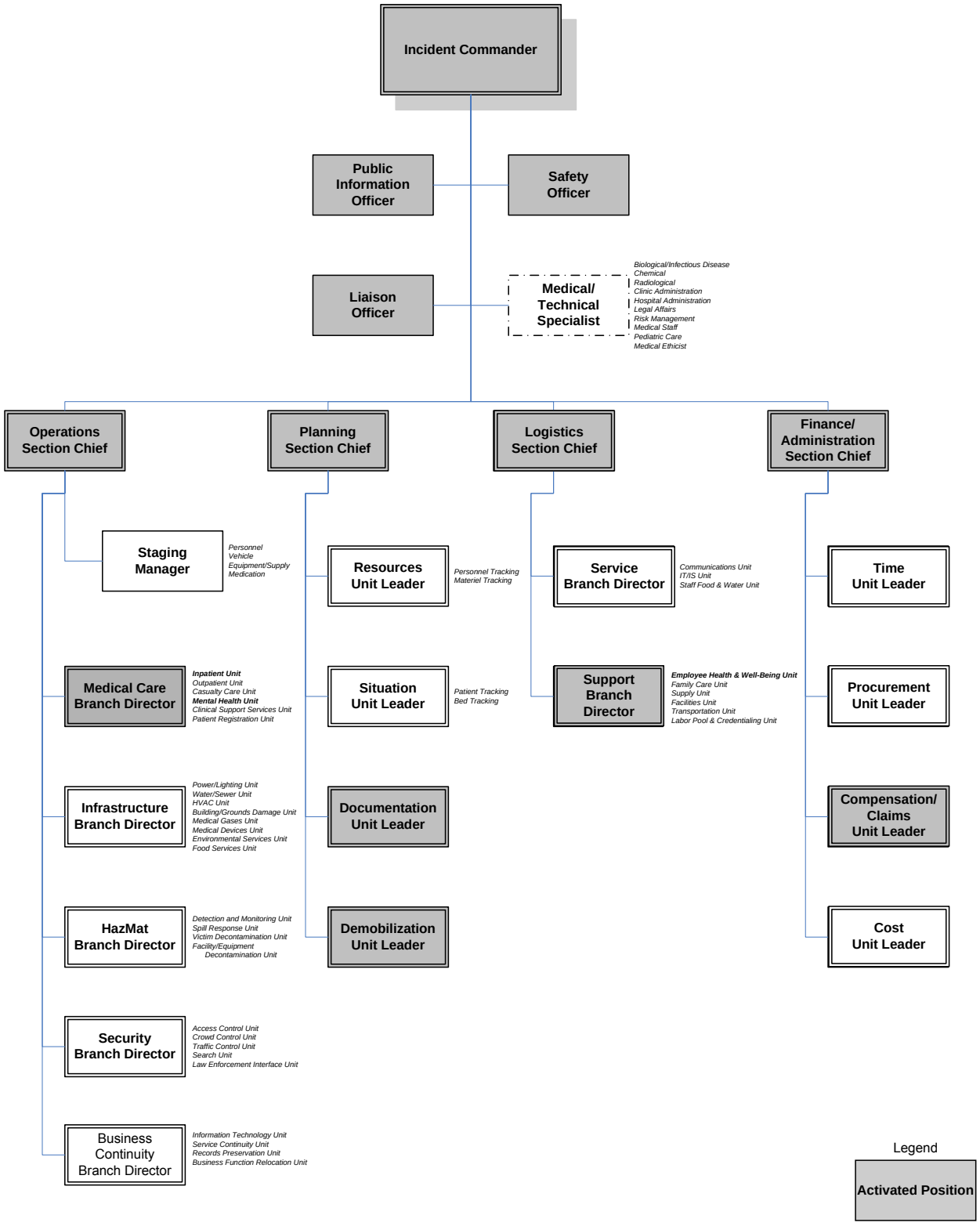
BIOLOGICAL DISEASE OUTBREAK – PLAGUE

INCIDENT MANAGEMENT TEAM CHART - **EXTENDED**



BIOLOGICAL DISEASE OUTBREAK – PLAGUE

INCIDENT MANAGEMENT TEAM CHART - **DEMOBILIZATION**



CHEMICAL ATTACK – BLISTER AGENT

SCENARIO

The Universal Adversary terrorist group uses a light aircraft to spray a chemical blister agent into a full college football stadium 5 miles from your hospital. The agent is sprayed over the entire stadium, contaminating and inflicting injuries on scores of people, killing several people, and rendering the stadium and immediate surrounding area contaminated. In a panic, many in the stadium rush out of the exits, resulting in more injuries from falls and trampling. Many of the contaminated and/or injured and will self present to the hospital without triage or decontamination.

The first EMS and law enforcement units arriving at the scene are also contaminated. A safe perimeter is established and patient triage and decontamination begins.

A moderate number of people living downwind from the stadium are exposed to the chemical agent, but exposure is low. These people arrive via private vehicles at the hospital. Your hospital is downwind from the stadium and you must consider shelter-in-place.

The media arrive at the stadium and news of the event quickly becomes the top story in the local, state and national news. People living in the city are worried about possible exposure and seek medical care/reassurance from area hospitals, clinics and medical offices.

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital have a procedure to obtain incident and chemical specific details from local officials immediately after the incident and regularly throughout the response?
2.	Does your hospital have immediate access to medication/antidotes?
3.	Does your hospital have integrated response plans with the local EOC that provides for patient tracking and demographic information to designated officials?
4.	Does your hospital have a hazardous material/chemical agent response plan?
5.	Does your hospital have a procedure for individually controlling HVAC and return air for impacted areas?
6.	Does your hospital have a chemical decontamination plan that can be immediately activated and receive victims? Does your plan include provisions for gross decontamination of the victims until full decontamination can be conducted?
7.	Does your hospital have a process to ensure medically qualified and test-fitted personnel are available and assigned to use PPE and provide patient decontamination?
8.	Does your hospital have criteria for and a procedure to determine the need for and implement shelter-in-place or evacuation, in consultation with local officials/experts?
9.	Does your hospital security plan consider the possibility of the hospital as a secondary site (target) for a chemical agent release?
10.	Does your hospital have procedures for securing the facility and for limiting hospital access to designated secure screening points for staff and visitors entering the facility?
11.	Does your hospital have a decontamination procedure, maintain decontamination equipment, and provide related training and fit-testing?
12.	Does your hospital have a surge capacity plan and pre-defined triggers for activation?

Response & Recovery

1.	Does your emergency management/operations plan address how your hospital receives timely and pertinent incident information from field incident command (e.g., chemical information, decontamination provided/recommendations, etc.)?
2.	Does your hospital have a procedure to notify field incident command of hospital decontamination location, and ingress and egress routes for EMS?
3.	Does your hospital have a procedure to secure the decontamination area?
4.	If chemical detection/monitoring equipment is available, does your hospital provide training in its use and maintain ready state of equipment?

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

5.	Does your hospital have a procedure to provide agent information to decontamination team, all treatment areas, security, and Hospital Command Center?
6.	Does your hospital have a process to contain or divert water run off collection and disposal in conjunction with local EPA and local water authority, and appropriately notify authorities when decontamination is activated?
7.	Does your hospital have a procedure to notify local EOC of operational status?
8.	Does your hospital have a procedure to receive on status of other area hospitals?
9.	Does your hospital have a procedure to consult with resident experts/Poison Control Center for assessment and treatment guidelines?
10.	Does your plan include an emergency patient registration procedure?
11.	Does your plan address the possibility that hospital and public safety personnel are among the injured?
12.	Does your plan address the possibility that perpetrator is among the injured?
13.	Does your hospital have a procedure to regularly inventory bed availability/census?
14.	Does your hospital have a procedure to regularly inventory antidote supplies?
15.	Does your hospital have a procedure to inventory blood products?
16.	Does your hospital have a procedure to modify staffing of the HCC as needed?
17.	Does your hospital have a process to identify and address issues associated with ongoing shelter in place, if applicable?
18.	Does your plan address evidence preservation measures and issues regarding return of patient belongings with HAZMAT/police?
19.	Does your hospital have a decision-making process and defined triggers to evaluate need for (further) evacuation?
20.	Does your hospital have a procedure to provide scheduled family briefings and provide for a family assistance center?
21.	Does your hospital have a process to modify family visitation policy?
22.	Does your hospital have a process to establish Media Conference area, a procedure to provide scheduled media briefings in conjunction with local EOC/JIC, and a plan to work with local EOC to address risk communication issues for the public?
23.	Does your hospital have a process to address fatality issues in conjunction with law enforcement and medical examiner/coroner?
24.	Does your hospital have a process to address bio-waste disposal?

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

25.	Does your hospital have a procedure to clean up decontamination area and other “contaminated” areas and reopen them for normal operations?

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

Mission: To safely manage victims of a blister agent attack.

Directions

☐ Read this entire response guide and review incident management team chart.

☐ Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

☐ Decontaminate and manage affected patients while protecting staff and existing patients

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- ❑ Receive notification about the incident from local officials
- ❑ Activate the Emergency Operations Plan and the HCC
- ❑ Appoint Section Chiefs and Branch Directors and Medical/Technical Specialist -- Chemical, appropriate

(Liaison):

- ❑ Establish communication with the field providers to ascertain incident information
- ❑ Communicate with local EOC/regional healthcare facility coordination centers
- ☐ ❑ Notify appropriate external official of incident (e.g., water authority, emergency management, fire department, etc.)
- ❑ Communicate with other healthcare facilities to determine:
  - Situation status
  - Surge capacity
  - Patient transfer/bed availability
  - Capability to loan needed equipment, supplies, medications, personnel, etc.

(Safety):

- ❑ Implement decontamination operations and safety measures including staff, patient and facility protection
- ❑ Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

Immediate (Operational Period 0-2 Hours)

COMMAND

☐ (Medical/Technical Specialist - Chemical):

- ❑ Investigate agent identification and disseminate clinical management information

OPERATIONS

- ❑ Set up decontamination area and implement decontamination plan and procedures for adults, pediatrics, and patients with special needs.
- ❑ Direct implementation of procedures for technical and emergency decontamination and ensure proper use of PPE
- ❑ Implement staff monitoring in and rotation through the decontamination area
- ❑ Relocate medications/antidotes to clinical care and decontamination areas and prepare specific patient antidote dose amounts (e.g., pediatric, geriatric)

☐

- ❑ Consult with Medical/Technical Specialist - Chemical and internal and external consultants, including Poison Control Center, Agency for Toxic Substances and Disease Registry (ATSDR) of the CDC to ascertain treatment protocols
- ❑ Implement shelter-in-place or evacuation plan, as determined by the Incident Commander
- ❑ Provide facility security, traffic and crowd control
- ❑ Activate surge capacity plan and patient registration emergency procedures
- ❑ Prepare for fatalities, including contaminated remains, in conjunction with local law enforcement, coroner/medical examiner and EOC
- ❑ Provide mental health support for staff, visitors, families and volunteers, in collaboration with Logistics Section

PLANNING

☐

- ❑ Implement patient, materiel, personnel and bed tracking
- ❑ Establish operational periods and develop Incident Action Plan

LOGISTICS

- ❑ Inventory medications and supplies (e.g., antidotes, ventilators, blood products, burn supplies, etc.), and bed availability

☐

- ❑ Determine medication, equipment, supply, and personnel needs and implement procedure to request and receive and allocate external resources into the hospital response
- ❑ Provide mental health support for patients/family/staff/command personnel
- ❑ Manage Labor Pool and solicited and unsolicited volunteers

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

FINANCE/ ADMINISTRATION

☐

- ❑ Track response costs and procurement

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- ❑ Ensure communications and decision making are coordinated with external agencies and healthcare facilities
- ❑ Direct implementation of surge capacity plan

☐ (PIO):

- ❑ Manage media relations/public information /risk communication and integrate public relations activities with the Joint Information Center.

(Safety Officer):

- ❑ Continue to monitor decontamination areas, staff and patient safety and use of personal protective equipment

OPERATIONS

- ❑ Ensure the victim decontamination is in compliance with established decontamination practices.
- ❑ Implement procedures for patient valuables management, evidence collection and security

☐

- ❑ Evaluate and update staff scheduling to accommodate decontamination team supplementation
- ❑ Implement family notification procedures in conjunction with family assistance center operations
- ❑ Ensure proper waste water and expendable materials disposal
- ❑ Continue patient management and facility monitoring activities

PLANNING

☐

- ❑ Update and revise the Incident Action Plan and initiate demobilization assessment and processes.
- ❑ Continue patient, materiel, personnel and bed tracking

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

LOGISTICS

☐
- ❑ Monitor the health status staff who participate in decontamination activities, provide appropriate medical care and follow up
- ❑ Facilitate procurement of supplies, equipment and medications for response and patient care

FINANCE/ADMINISTRATION

☐
- ❑ Continue tracking response costs and claims and report to the Incident Commander

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

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

(Public Information Officer):

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

(Liaison Officer):

☐
- ❑ Continue to ensure integrated response with local EOC
- ❑ Continue to communicate personnel/equipment/supply needs to local EOC
- ❑ Continue to update local public health of any health problems/trends identified

(Safety Officer and Medical/Technical Specialist-Chemical):

- ❑ Continue to monitor decontamination operations and begin facility decontamination as appropriate
- ❑ Monitor patient and staff safety and appropriate use of PPE

OPERATIONS

- ❑ Facilitate law enforcement requests for patient/staff interviewing

☐
- ❑ Manage ongoing patient care issues
- ❑ Maintain infrastructure support and services
- ❑ Continue security and facility decontamination and plan for return to normal services

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

PLANNING

☐
- ❑ Review and update the Incident Action Plan and plan for demobilization and system recovery
- ❑ Ensure documentation is being completed by all Sections
- ❑ Continue patient, personnel, materiel and bed tracking

LOGISTICS

☐
- ❑ Implement medical surveillance of response personnel
- ❑ Provide for staff food and water
- ❑ Ensure adequate supplies, equipment, personnel and facilities to support extended response operations

FINANCE/ADMINISTRATION

☐
- ❑ Compile response costs and submit to the Incident Commander
- ❑ Track any claims/injuries and complete appropriate documentation, compile report

Demobilization/System Recovery

COMMAND

(Incident Commander):

- ❑ Oversee and direct demobilization and system recovery operations

(Public Information Officer):

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

(Liaison Officer):

- ❑ Prepare a summary of the status of the hospital and disseminate to Command staff/Section Chiefs and to public health/EMS as appropriate

(Safety Officer):

- ❑ Oversee facility decontamination and declare facility safe to conduct normal operations

OPERATIONS

☐
- ❑ Manage decontamination of the facility and restore patient care and facility to normal operations

CHEMICAL ATTACK – BLISTER AGENT

INCIDENT RESPONSE GUIDE

PLANNING

- ❑ Finalize the Incident Action Plan and demobilization plan
- ❑ Compile a final report of the incident and hospital response and recovery operations
- ❑ Ensure appropriate archiving of incident documentation
- ❑ Write after-action report and corrective action plan to include the following:

☐

- ❑ Summary of actions taken
- ❑ Summary of the incident
- ❑ Actions that went well
- ❑ Area for improvement
- ❑ Recommendations for future response actions
- ❑ Recommendations for correction actions

LOGISTICS

☐

- ❑ Provide for mental health (acute and long term) services for staff and patients, in collaboration with Operations Section's Mental Health Unit Leader
- ❑ Provide for equipment and supply repair or replacement
- ❑ Provide ongoing support to injured staff or family of deceased staff

FINANCE/ ADMINISTRATION

☐

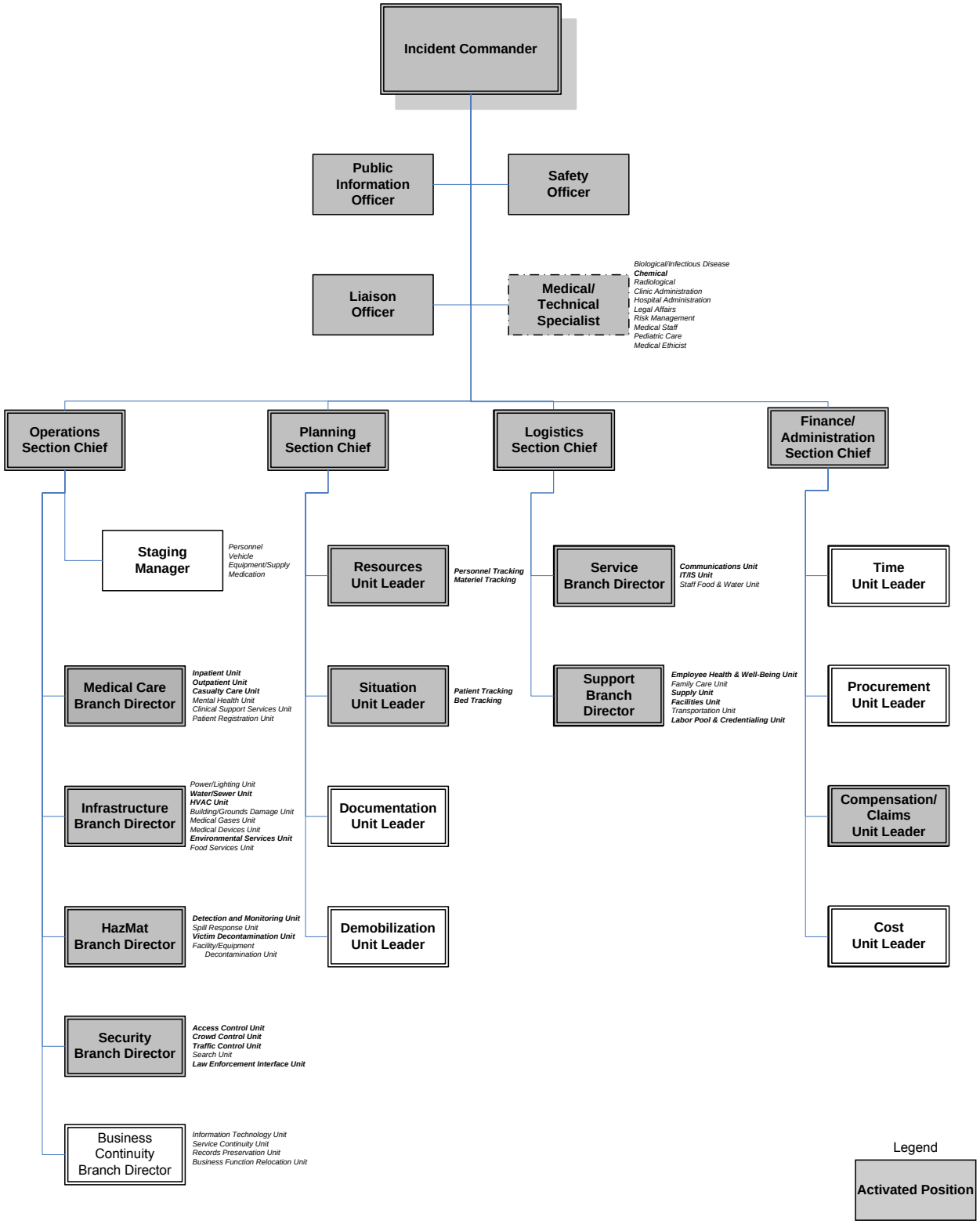
- ❑ Submit final response expenses to the Incident Commander for approval and to appropriate external authorities for reimbursement or other assistance

Documents and Tools

☐	Hospital hazardous materials plan
☐	HICS
☐	Emergency management plan
☐	Hospital decontamination plan
☐	Hazmat and terrorism/WMD annexes of local Emergency Operations Plan

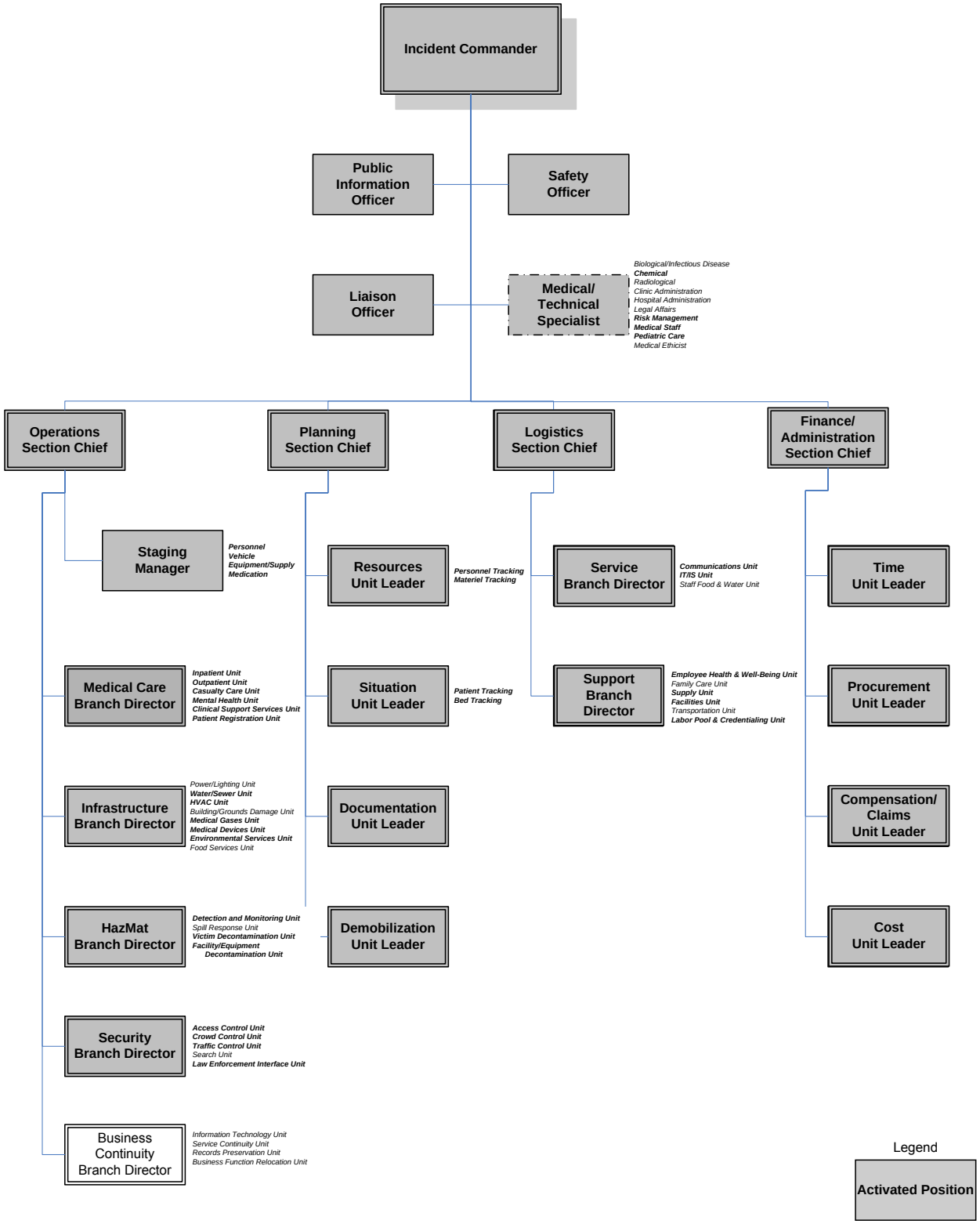
CHEMICAL ATTACK – BLISTER AGENT

INCIDENT MANAGEMENT TEAM CHART - **IMMEDIATE**



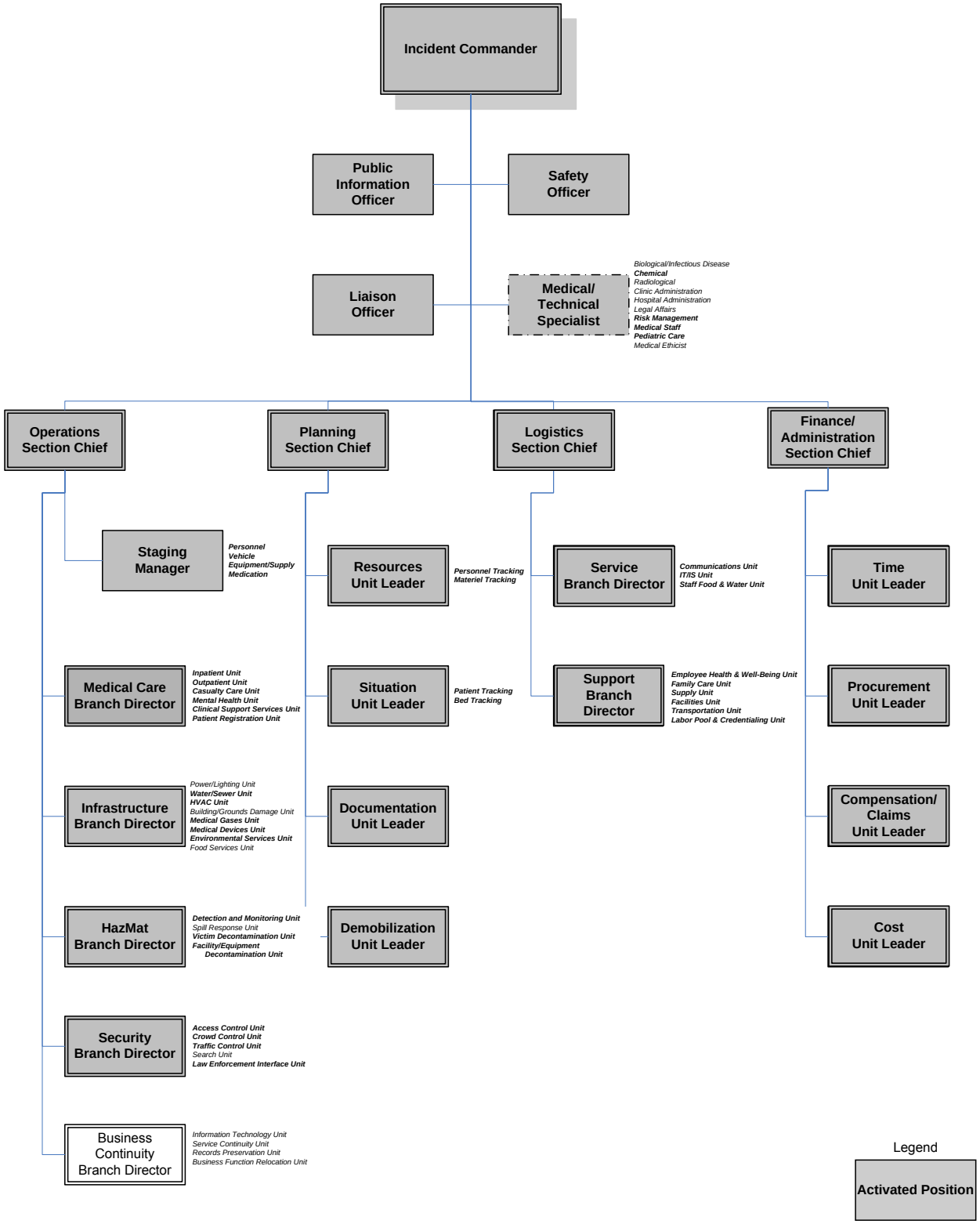
CHEMICAL ATTACK – BLISTER AGENT

INCIDENT MANAGEMENT TEAM CHART - **INTERMEDIATE**



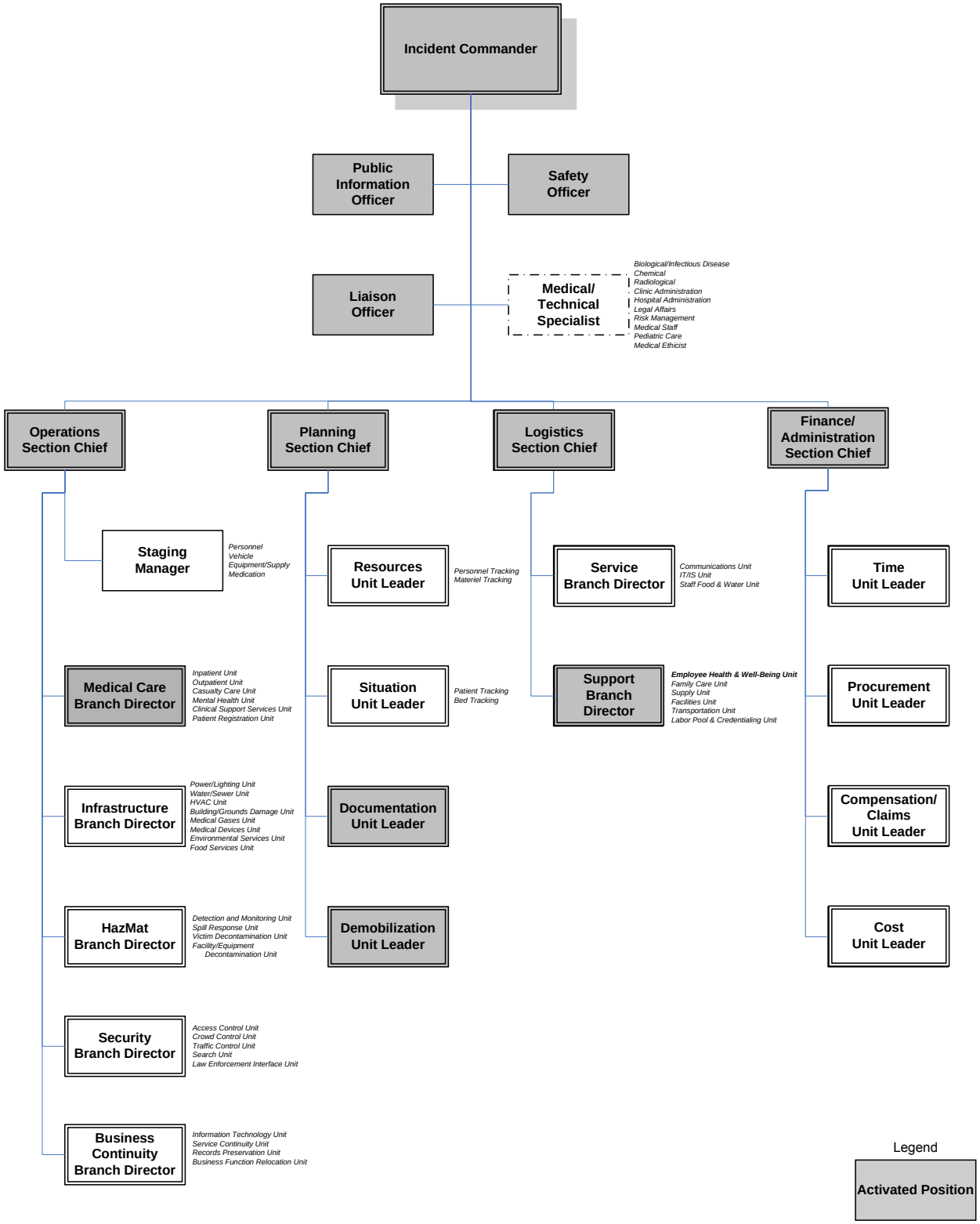
CHEMICAL ATTACK – BLISTER AGENT

INCIDENT MANAGEMENT TEAM CHART - **EXTENDED**



CHEMICAL ATTACK – BLISTER AGENT

INCIDENT MANAGEMENT TEAM CHART - **EXTENDED**



CHEMICAL ATTACK – TOXIC INDUSTRIAL CHEMICALS

SCENARIO

Terrorists from the Universal Adversary terrorist group land helicopters at multiple fixed facility petroleum refineries, located near the port. The terrorists plant improvised explosive devices on the multiple storage tanks and, as they take off in the helicopters, they launch additional rocket-propelled grenades (RPGs) at the larger tanks and supply lines. As the terrorists fly over the port, they launch RPGs at two cargo ships containing flammable materials. Major explosions and fires at the refinery and in the ships erupt, and a large chemical cloud develops.

One of the burning ships in the port contains resins and coatings including isocyanates, nitrites, and epoxy. The plume containing chemicals, metals and smoke is drifting toward heavily populated areas. There are multiple casualties and fatalities on site. The public alert/warning system is activated and the sirens warn the residents of the immediate area to immediately shelter-in-place.

Estimates of casualties will be high. Approximately five percent of the residents in the immediate downwind area will have extremely high exposures and will die before or during treatment. Approximately 15% of the population in the downwind area will require hospitalization and long term care.

Your hospital is approximately 20 miles downwind from the incident. Local emergency officials have advised you to immediately shelter-in-place and be prepared to receive large numbers of contaminated and traumatic injuries.

CHEMICAL ATTACK – TOXIC INDUSTRIAL CHEMICALS

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital have a plan and procedures to shelter-in-place, including: • The immediate shutdown of HVAC systems? • Lockdown or securing access to the facility? • Sealing the facility?
2.	Does your hospital have a chemical decontamination plan that can be immediately activated and receive victims?
3.	Does your chemical decontamination plan include provisions for gross decontamination of the victims until full decontamination can be conducted?
4.	Does your hospital have a procedure to obtain incident and chemical specific details from local officials immediately after the incident and regularly throughout the response?
5.	Does your hospital have a process to ensure medically qualified and test-fitted personnel are available and assigned to use PPE and provide patient decontamination?
6.	Does your hospital provide staff training and exercising on use of chemical detection/monitoring equipment and maintain ready state of equipment?
7.	Does your hospital have immediate access to medication/antidotes?
8.	Does your hospital have a plan to seal the facility and prevent contamination of staff, current inpatients and facilities?
9.	Does your hospital have a plan to monitor the health status of staff who participated in decontamination activities and to provide appropriate medical follow up?
10.	Does your hospital have procedures for the management of contaminated and non-contaminated personal belongings?
11.	Does your hospital have pre-event standardized messages for communicating the risks associated with this event and recommendations to the public and the media?
12.	Does your hospital use expert information sources (e.g., poison control, DOT Emergency Response Guide, CDC web site, city or county emergency operations plan) when planning for chemical incidents and decontamination?

Response & Recovery

1.	Does your hospital have procedures with assigned responsibilities to rapidly initiate shelter-in-place?
2.	Does your emergency management/operations plan address how your hospital receives timely and pertinent incident information from field incident command (e.g., chemical information, decontamination provided/recommendations, etc.)?

CHEMICAL ATTACK – TOXIC INDUSTRIAL CHEMICALS

INCIDENT PLANNING GUIDE

3.	Does your hospital have a procedure to notify field incident command of hospital decontamination location, and ingress and egress routes for EMS?
4.	Does your hospital have a procedure to secure the decontamination area?
5.	Does your hospital have a procedure to provide agent information to decontamination team, all treatment areas, security, and Hospital Command Center?
6.	Does your hospital have a process to contain or divert water run off collection and disposal in conjunction with local EPA and local water authority, and appropriately notify authorities when decontamination is activated?
7.	Does your hospital have a procedure to notify local EOC of operational status?
8.	Does your hospital have a procedure to receive on status of other area hospitals?
9.	Does your hospital have a procedure to consult with resident experts/Poison Control Center for assessment and treatment guidelines?
10.	Does your plan include an emergency patient registration procedure?
11.	Does your hospital have a procedure to regularly inventory bed availability/census?
12.	Does your hospital have a procedure to regularly inventory antidote supplies?
13.	Does your hospital have a procedure to inventory blood products?
14.	Does your hospital have a process to identify and address issues associated with ongoing shelter in place, if applicable?
13.	Does your hospital have a procedure to provide scheduled family briefings and provide for a family assistance center?
14.	Does your hospital have a process to modify family visitation policy?
15.	Does your hospital have a process to establish Media Conference area, a procedure to provide scheduled media briefings in conjunction with local EOC/JIC, and a plan to work with local EOC to address risk communication issues for the public?
16.	Does your hospital have a process to address fatality issues in conjunction with law enforcement and medical examiner/coroner?
17.	Does your hospital have a process to address bio-waste disposal?
18.	Does your hospital have a procedure to clean up decontamination area and other “contaminated” areas and reopen them for normal operations?

CHEMICAL ATTACK – TOXIC INDUSTRIAL CHEMICALS

INCIDENT RESPONSE GUIDE

Mission: To effectively and efficiently triage, decontaminate, treat and track a surge of potentially contaminated victims; and manage the uninjured/asymptomatic, family members, and the media.

Directions

- ☐ Read this entire response guide and review incident management team chart.
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- ☐ Decontamination
- ☐ Patient triage and medical management
- ☐ Patient tracking
- ☐ Safety and security of the facility (shelter in place, property protection)

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

☐
- ❑ Receive notification about the incident from local officials
- ❑ Notify the emergency department of possible incoming casualties that have been exposed to numerous chemicals (inhalational and dermal problems); may have blast injuries (pressure and fragment wounds); fire burns; and other possible trauma
- ❑ Activate the Emergency Operations Plan and the HCC
- ❑ Appoint Section Chiefs and Branch Directors and Medical/Technical Specialist -- Chemical, as appropriate
- ❑ Activate and implement the decontamination plan
- ❑ Establish operational periods
- ❑ Establish operational objectives
  - ❑ Protecting life safety of existing personnel & patients
  - ❑ Provide decontamination

(PIO):

- ❑ Monitor media outlets for updates on the incident and possible impacts on the hospital.

CHEMICAL ATTACK – TOXIC INDUSTRIAL CHEMICALS

INCIDENT RESPONSE GUIDE

COMMAND

(Liaison):

- ❑ Establish communication with the field providers to ascertain incident information
- ❑ Communicate with local EOC/regional healthcare facility coordination centers
- ❑ Notify appropriate external official of incident (e.g., water authority, emergency management, fire department, etc.)
- ❑ Communicate with other healthcare facilities to determine:
  - ❑ Situation status
  - ❑ Surge capacity
  - ❑ Patient transfer/bed availability
  - ❑ Capability to loan needed equipment, supplies, medications, personnel, etc.

(Safety):

- ❑ Implement decontamination operations and safety measures including staff, patient and facility protection
- ❑ Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

(Medical/Technical Specialist - Chemical):

- ❑ Investigate agent identification and disseminate clinical management information

OPERATIONS

- ❑ Activate Medical Care, Infrastructure, HazMat, and Security Branch Directors
- ❑ Set up decontamination area and implement decontamination plan and procedures for adults, pediatrics, and patients with special needs
- ❑ Direct implementation of procedures for technical and emergency decontamination and ensure proper use of PPE
- ❑ Implement staff monitoring in and rotation through the decontamination area
- ❑ Relocate medications/antidotes to clinical care and decontamination areas and prepare specific patient antidote dose amounts (e.g., pediatric, geriatric)
- ❑ Implement shelter-in-place as determined by the Incident Commander and at the direction of local officials

CHEMICAL ATTACK – TOXIC INDUSTRIAL CHEMICALS

INCIDENT RESPONSE GUIDE

OPERATIONS

- ❑ Consult with Medical/Technical Specialist - Chemical and internal and external consultants, including Poison Control Center, Agency for Toxic Substances and Disease Registry (ATSDR) of the CDC to ascertain treatment protocols
- ❑ Provide facility security, traffic and crowd control
- ☐ ❑ Activate surge capacity plan and patient registration emergency procedures
- ❑ Prepare for fatalities, including contaminated remains, in conjunction with local law enforcement, coroner/medical examiner and EOC
- ❑ Provide mental health support for staff, visitors, families and volunteers, in collaboration with Logistics Section
- ❑ Lockdown the facility to prevent contaminated individuals from entering or leaving, and establish a clear perimeter with directions to the Decontamination Area.

PLANNING

- ☐ ❑ Establish operational periods and develop the Incident Action Plan, in collaboration with the Incident Commander
- ❑ Implement patient, materiel, personnel and bed tracking

Intermediate (Operational Period 2-12 Hours)

COMMAND

- ❑ Ensure communications and decision making are coordinated with external agencies and healthcare facilities
- ❑ Direct implementation of surge capacity plan

☐ (PIO):

- ❑ Manage media relations/public information /risk communication and integrate public relations activities with Joint Information Center.

(Safety Officer):

- ❑ Continue to monitor decontamination areas, staff and patient safety and use of personal protective equipment

---

OPERATIONS

- ❑ Activate Staging Manager
- ☐ ❑ Ensure the victim decontamination is in compliance with established decontamination practices.
- ❑ Implement procedures for patient valuables management, evidence collection and security

---

CHEMICAL ATTACK – TOXIC INDUSTRIAL CHEMICALS

INCIDENT RESPONSE GUIDE

OPERATIONS

☐
- ❑ Evaluate and update staff scheduling to accommodate decontamination team supplementation
- ❑ Implement family notification procedures in conjunction with family assistance center operations
- ❑ Ensure proper waste water and expendable materials disposal

PLANNING

☐
- ❑ Update and revise the Incident Action Plan and initiate demobilization assessment and processes.
- ❑ Continue patient, materiel, personnel and bed tracking

LOGISTICS

☐
- ❑ Inventory medications and supplies (e.g., antidotes, ventilators, blood products, burn supplies, etc.), and bed availability
- ❑ Determine medication, equipment, supply, and personnel needs and implement procedure to request and receive and allocate external resources into the hospital response
- ❑ Provide mental health support for patients/family/staff/command personnel
- ❑ Manage Labor Pool and solicited and unsolicited volunteers

FINANCE/ADMINISTRATION

☐
- ❑ Track response costs and claims and report to the Incident Commander

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

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

(Public Information Officer):

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

(Liaison Officer):

- ❑ Continue to ensure integrated response with local EOC
- ❑ Continue to communicate personnel/equipment/supply needs to local EOC
- ❑ Continue to update local public health of any health problems/trends identified

CHEMICAL ATTACK – TOXIC INDUSTRIAL CHEMICALS

INCIDENT RESPONSE GUIDE

COMMAND

(Safety Officer and Medical/Technical Specialist-Chemical):

☐
- ❑ Continue to monitor decontamination operations and begin facility decontamination as appropriate
- ❑ Monitor patient and staff safety and appropriate use of PPE

PLANNING

☐
- ❑ Review and update the Incident Action Plan and plan for demobilization and system recovery
- ❑ Ensure documentation is being completed by all Sections
- ❑ Continue patient, personnel, materiel and bed tracking

OPERATIONS

☐
- ❑ Facilitate law enforcement requests for patient/staff interviewing
- ❑ Manage ongoing patient care issues
- ❑ Maintain infrastructure support and services
- ❑ Continue security and facility decontamination and plan for return to normal services

LOGISTICS

☐
- ❑ Implement medical surveillance of response personnel
- ❑ Provide for staff food and water
- ❑ Ensure adequate supplies, equipment, personnel and facilities to support extended response operations

FINANCE/ADMINISTRATION

☐
- ❑ Compile response costs and submit to the Incident Commander
- ❑ Track any claims/injuries and complete appropriate documentation, compile report

CHEMICAL ATTACK – TOXIC INDUSTRIAL CHEMICALS

INCIDENT RESPONSE GUIDE

Demobilization/System Recovery

COMMAND

(Incident Commander):

- ❑ Oversee and direct demobilization and system recovery operations

(Public Information Officer):

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

☐

(Liaison Officer):

- ❑ Prepare a summary of the status of the hospital and disseminate to Command staff/Section Chiefs and to public health/EMS as appropriate

(Safety Officer):

- ❑ Oversee facility decontamination and declare facility safe to conduct normal operations

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OPERATIONS

- ❑ Manage decontamination of the facility and restore patient care and facility to normal operations

---

PLANNING

- ❑ Finalize the Incident Action Plan and demobilization plan
- ❑ Compile a final report of the incident and hospital response and recovery operations
- ❑ Ensure appropriate archiving of incident documentation
- ❑ Write after-action report and corrective action plan to include the following:

☐

  - ❑ Summary of actions taken
  - ❑ Summary of the incident
  - ❑ Actions that went well
  - ❑ Area for improvement
  - ❑ Recommendations for future response actions
  - ❑ Recommendations for correction actions

CHEMICAL ATTACK – TOXIC INDUSTRIAL CHEMICALS

INCIDENT RESPONSE GUIDE

LOGISTICS

☐
- ❑ Provide for behavioral health (acute and long term) services for staff and patients, in collaboration with Operations Section's Mental Health Unit Leader
- ❑ Provide for equipment and supply repair or replacement
- ❑ Provide ongoing support to injured staff or family of deceased staff

FINANCE/ ADMINISTRATION

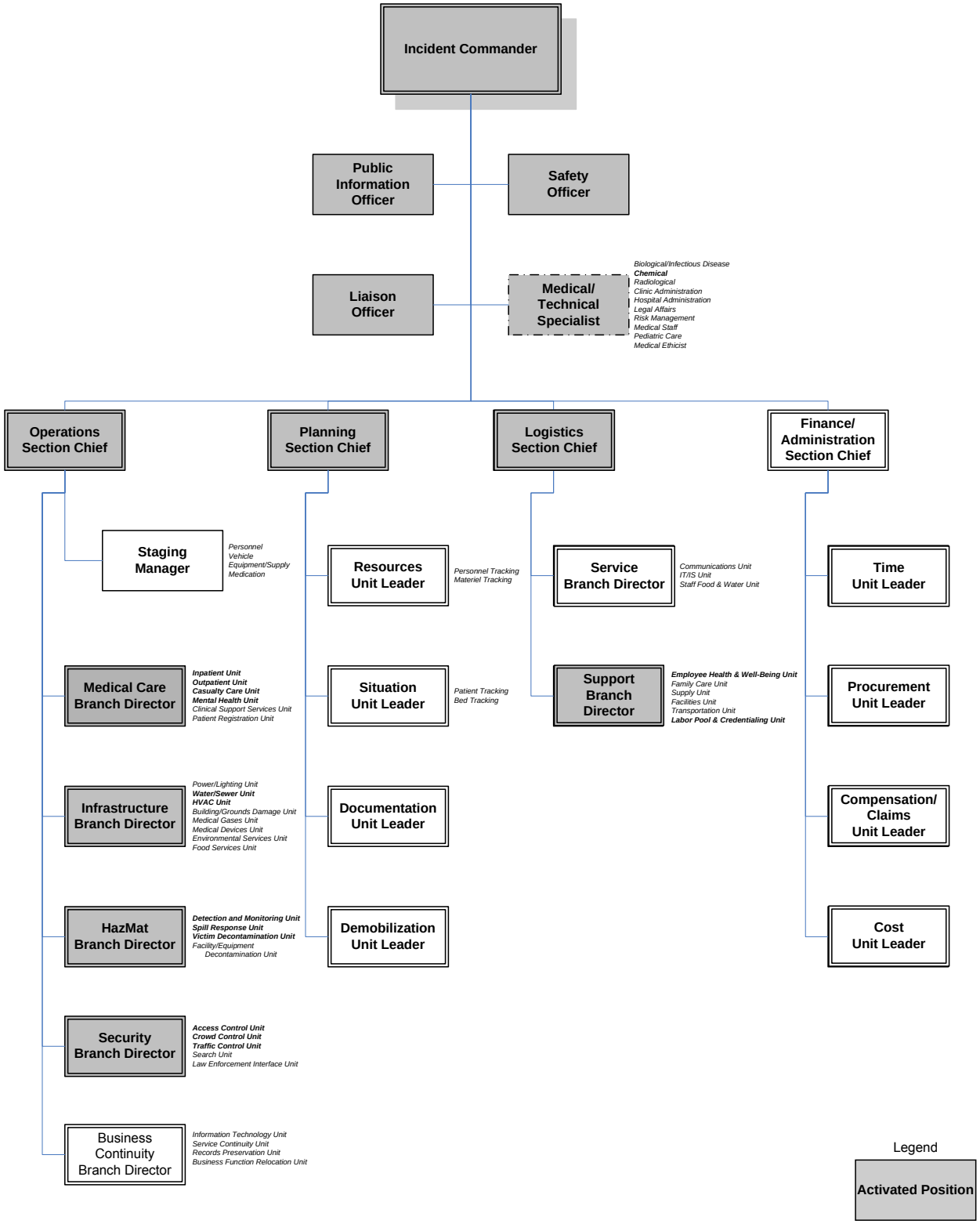
☐
- ❑ Submit documentation to external authorities for reimbursement or other assistance

Documents and Tools

☐	Hospital Emergency Operations Plan
☐	Hospital Decontamination Protocol
☐	Hospital Mass Casualty Incident Protocol
☐	Patient Tracking Form
☐	Hazmat and terrorism/WMD annexes of local Emergency Operations Plan

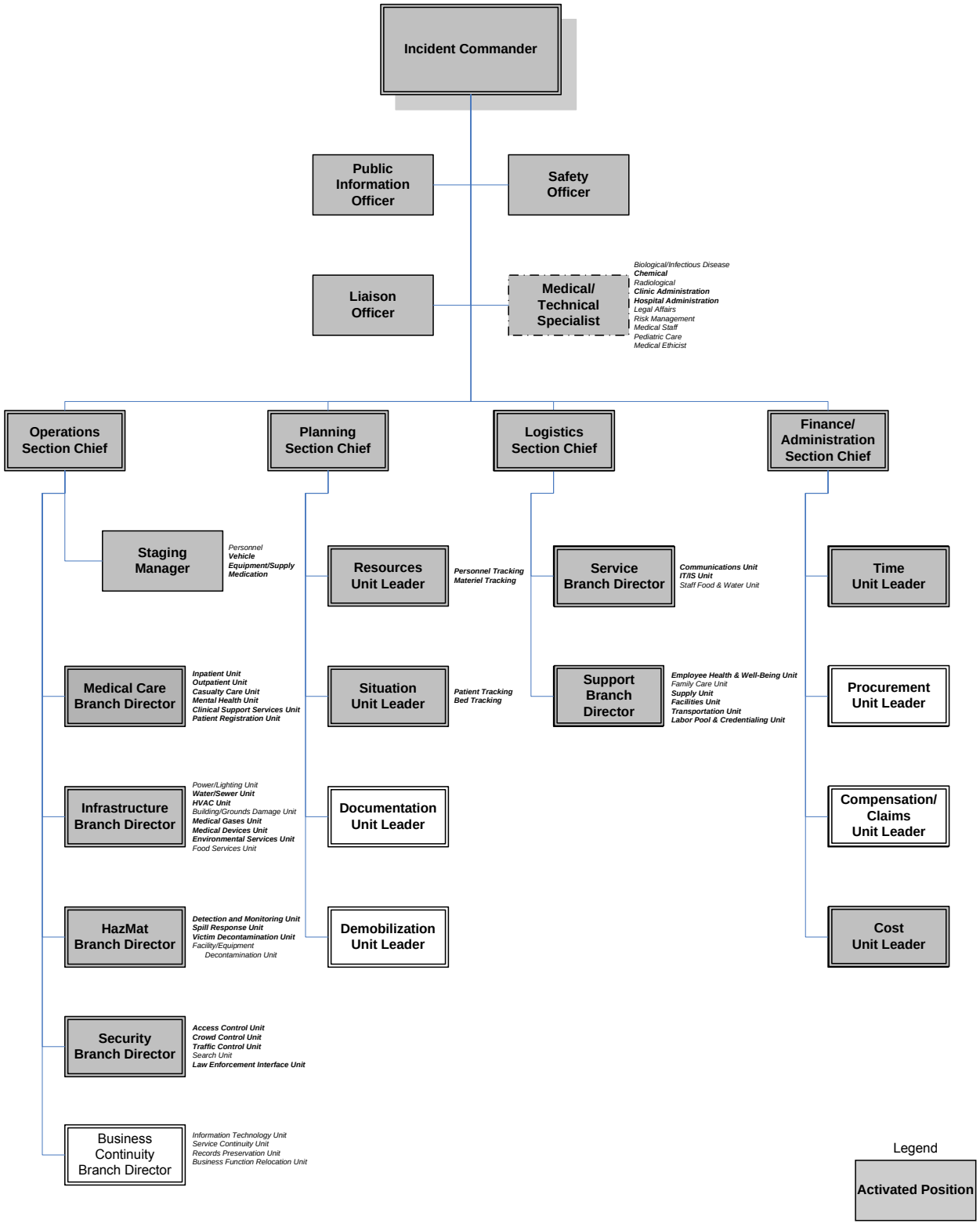
CHEMICAL ATTACK – TOXIC INDUSTRIAL CHEMICALS

INCIDENT MANAGEMENT TEAM CHART - **IMMEDIATE**



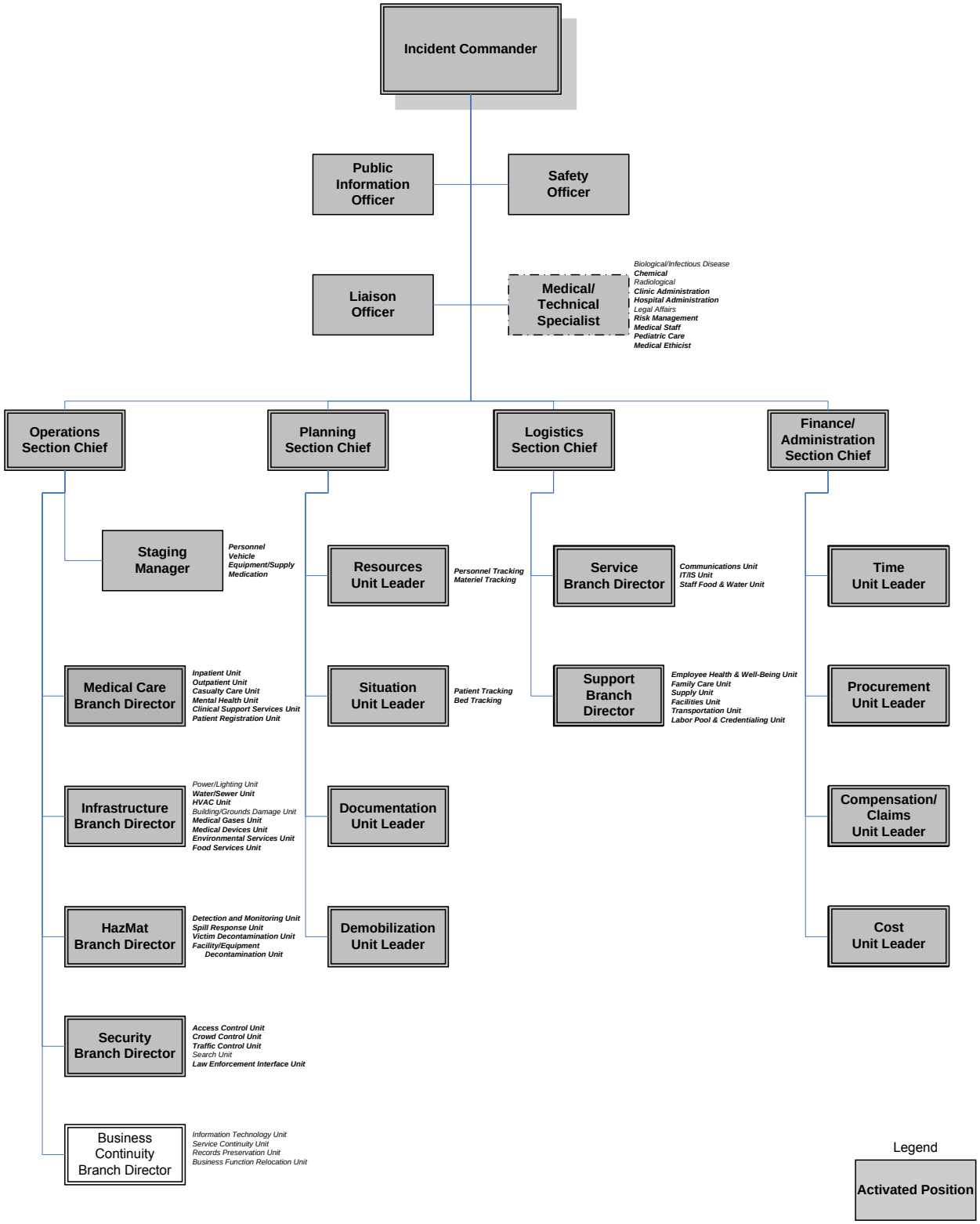
CHEMICAL ATTACK – TOXIC INDUSTRIAL CHEMICALS

INCIDENT MANAGEMENT TEAM CHART - **INTERMEDIATE**



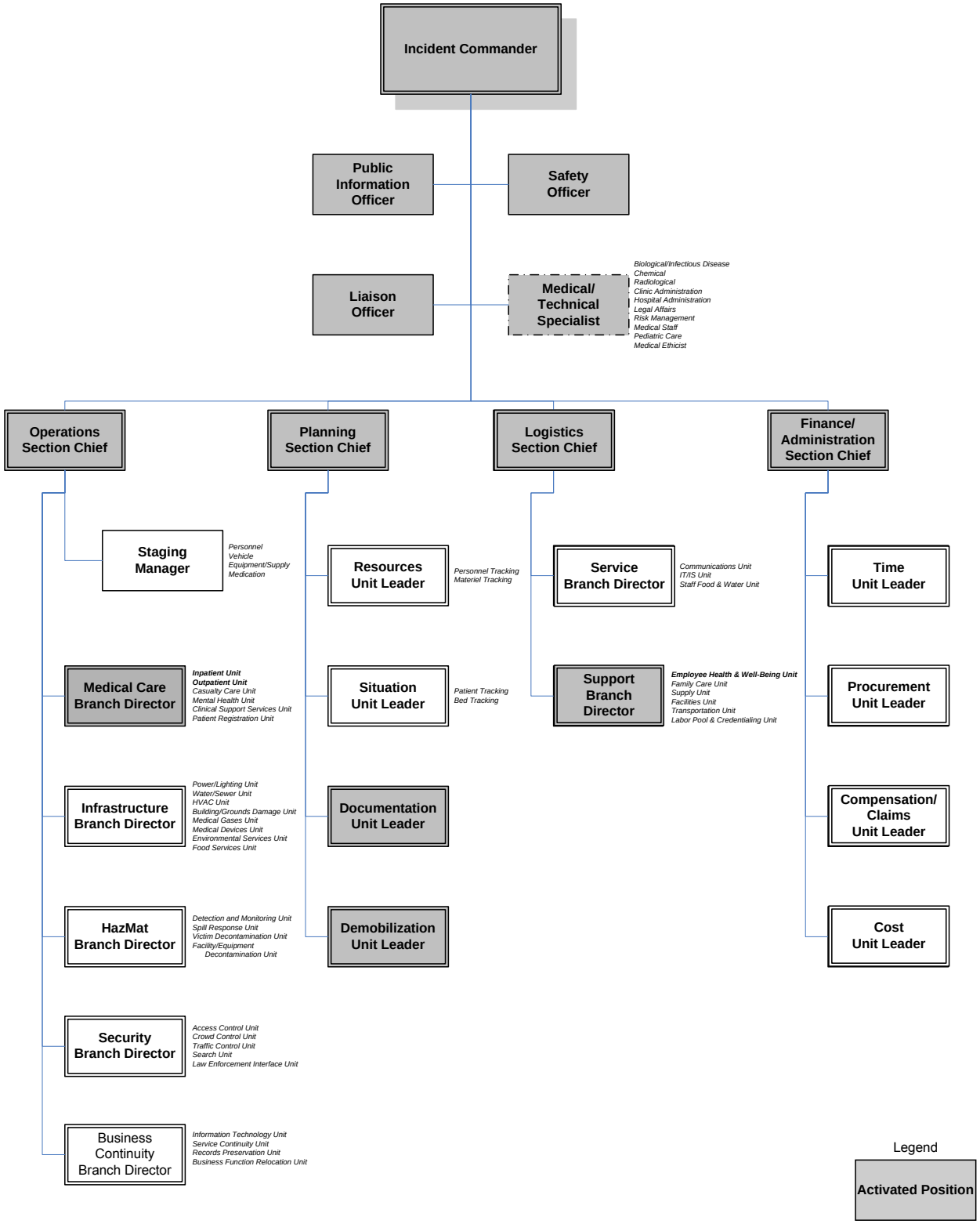
CHEMICAL ATTACK – TOXIC INDUSTRIAL CHEMICALS

INCIDENT MANAGEMENT TEAM CHART - **EXTENDED**



CHEMICAL ATTACK – TOXIC INDUSTRIAL CHEMICALS

INCIDENT MANAGEMENT TEAM CHART - **DEMOBILIZATION**



CHEMICAL ATTACK – NERVE AGENT

SCENARIO

The Universal Adversary terrorist group uses a spray device to release Sarin into the ventilation systems of three large commercial office buildings in a metropolitan area. Within a few minutes, the people within the buildings suddenly develop a runny nose, watery eyes, runny nose, coughing and chest tightness. Several people also report blurred vision, and drooling and sweating. On certain floors, there are people also experiencing severe muscle twitching, confusion and nausea and vomiting. Many have died.

People are self evacuating the building and there are numerous fall and crush injuries. EMS has initiated triage outside of the buildings, and are performing victim decontamination on the victims. Some of the victims continue to develop additional symptoms, even after triage and decontamination. HazMat officials tentatively identify the cause as a nerve agent, based on symptoms and EMS request nerve agent antidotes to be dispatched to the scenes in large quantities. Chemical and environmental monitoring by local HazMat teams is in progress, and soon confirms Sarin as the causative agent.

Your hospital is within 5 miles of the commercial office buildings. You have been notified by local EMS of the incident. Many of the victims are able to self evacuate and drive to your hospital for immediate treatment. Most of these people have mild or no symptoms upon arrival at the hospital. EMS also begins transporting the most critical victims to your facility with a short ETA. It is unknown if the victims have been fully decontaminated.

CHEMICAL ATTACK – NERVE AGENT

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital have a procedure to obtain incident and chemical specific details from local officials immediately after the incident and regularly throughout the response?
2.	Does your hospital have a plan to provide designated personal protective equipment (PPE), including respirators, and training to affected staff and work locations?
3.	Does your hospital have a procedure for individually controlling HVAC and return air for impacted areas?
4.	Does your hospital have procedures to notify appropriate internal and external experts, including security, Emergency Department, safety, decontamination teams, respiratory, critical care, burn specialists, infection control, and engineering/facilities?
5.	Does your hospital have a chemical decontamination plan that can be immediately activated and receive victims? Does your plan include provisions for gross decontamination of the victims until full decontamination can be conducted?
6.	Does your hospital have a process to ensure medically qualified and test-fitted personnel are available and assigned to use PPE and provide patient decontamination?
7.	Does your hospital have a contingency plan for being a secondary site for a chemical agent release?
8.	Does your hospital have procedures for securing the facility and for limiting hospital access to designated secure screening points for staff and visitors entering the facility?
9.	Does your hospital have a surge capacity plan and pre-defined triggers for activation?
10.	Does your hospital have procedures to monitor the health status of staff participating in decontamination and who may be exposed to first arriving contaminated patients?
11.	Does your hospital have a plan to interface with local and federal law enforcement agencies in a terrorism event?
12.	Does your hospital identify criteria and procedures to modify family visitation policy during the incident?
13.	Does your hospital have a plan to address mental health support needs for staff, patients, and their families?

Response & Recovery

1.	Does your emergency management/operations plan address how your hospital receives timely and pertinent incident information from field incident command (e.g., chemical information, decontamination provided/recommendations, etc.)?
2.	Does your hospital have a procedure to notify field incident command of hospital decontamination location, and ingress and egress routes for EMS?
3.	Does your hospital have a procedure to secure the decontamination area?

CHEMICAL ATTACK – NERVE AGENT

INCIDENT PLANNING GUIDE

4.	Does your hospital provide training on chemical detection/monitoring equipment use and maintain ready state of equipment, if available?
5.	Does your hospital have procedures to monitor the health status of staff who participated in decontamination activities?
6.	Does your hospital have a procedure to provide agent information to decontamination team, all treatment areas, security, and Hospital Command Center?
7.	Does your hospital have a process to contain or divert water run off collection and disposal in conjunction with local Environmental Protection Agency and local water authority, and appropriately notify authorities when decontamination is activated?
8.	Does your hospital have a procedure to notify local EOC of operational status?
9.	Does your hospital have a procedure to receive on status of other area hospitals?
10.	Does your hospital have a procedure to consult with resident experts/Poison Control Center for assessment and treatment guidelines?
11.	Does your plan address the possibility that perpetrator is among the injured?
12.	Does your hospital have a procedure to regularly inventory bed availability/census?
13.	Does your hospital have a procedure to regularly inventory antidote supplies?
14.	Does your plan address the possibility that perpetrator is among the injured?
15.	Does your hospital have a procedure to regularly inventory bed availability/census?
16.	Does your hospital have a procedure to regularly inventory antidote supplies?
17.	Does your plan address evidence preservation measures and issues regarding return of patient belongings with HazMat/police?
18.	Does your hospital have a procedure to provide scheduled family briefings and provide for a family assistance center?
19.	Does your hospital have a process to modify family visitation policy?
20.	Does your hospital have a process to establish Media Conference area, a procedure to provide scheduled media briefings in conjunction with local EOC/JIC, and a plan to work with local EOC to address risk communication issues for the public?
21.	Does your hospital have a process to address fatality issues in conjunction with law enforcement and medical examiner/coroner?
22.	Does your hospital have a procedure to provide scheduled family briefings and provide for a family assistance center?
23.	Does your hospital have a process to address bio-waste disposal?
24.	Does your hospital have a procedure to clean up decontamination area and other “contaminated” areas and reopen them for normal operations?

CHEMICAL ATTACK – NERVE AGENT

INCIDENT PLANNING GUIDE

25.	Does your hospital have a fatality management plan that addresses: ❑ Integration with local/state medical examiner/coroner? ❑ Mass fatalities? ❑ Management of contaminated decedents? ❑ Family notification procedures? ❑ Mental health support for family and staff? ❑ Documentation?
26.	Does your hospital have procedures and for reporting and documenting staff exposures and injuries?

CHEMICAL ATTACK – NERVE AGENT

INCIDENT RESPONSE GUIDE

Mission: To effectively and efficiently identify, triage, isolate, and treat patients who have been exposed to a nerve agent.

Directions

- ☐ Read this entire response guide and review incident management team chart
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed

Objectives

- ☐ Identify, triage, isolate, and treat contaminated/exposed patients
- ☐ Safely admit a large number of contaminated/exposed patients while protecting your staff and facility
- ☐ Accurately track patients through the healthcare system
- ☐ Assure safety and security of the facility

Immediate Actions (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- ❑ Activate the Medical/Technical Specialist – Chemical to assess the incident
- ❑ Activate Command Staff and Section Chiefs
- ❑ Activate decontamination and surge capacity plans

(Liaison Officer):

☐
- ❑ Communicate with local emergency management and other external agencies (e.g., health department) to identify the chemical agent
- ❑ Communicate with EMS/public health to determine the possible number of patients

(PIO):

- ❑ Monitor media outlets for updates

(Safety Officer):

- ❑ Activate decontamination plan and ensure personal protection of staff, issue PPE
- ❑ Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

CHEMICAL ATTACK – NERVE AGENT

INCIDENT RESPONSE GUIDE

OPERATIONS

Notify the ED of possible numbers of incoming patients

- ❑ Implement decontamination procedures
- ❑ Deliver antidotes to decontamination area and Emergency Department
- ❑ Prepare special patient antidote dose amounts (e.g., pediatric, geriatric)
- ☐ ❑ Ensure rapid triage of potentially contaminated patients, non-symptomatic patients, media, family members, etc.
- ❑ Protect environment/facility from contamination
- ❑ Isolate HVAC system in treatment areas, if possible
- ❑ Ensure medical monitoring of personnel participating in decontamination activities
- ❑ Secure the facility to prevent patients from entering the facility except through designated route(s)

PLANNING

- ☐ ❑ Implement patient, materiel, personnel and bed tracking
- ❑ Establish operational periods and develop the Incident Action Plan

LOGISTICS

- ❑ Inventory medications and supplies (e.g., antidotes, ventilators, blood products, burn supplies, etc.), and bed availability
- ☐ ❑ Determine medication, equipment, supply, and personnel needs and implement procedure to request and receive and allocate external resources into the hospital response
- ❑ Provide mental health support for patients/family/staff/command personnel
- ❑ Manage Labor Pool and solicited and unsolicited volunteers
- ❑ Prepare for receipt, distribution and tracking of external pharmaceutical resources from local, regional, state and federal resources

CHEMICAL ATTACK – NERVE AGENT

INCIDENT RESPONSE GUIDE

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- ❑ Ensure communications and decision making are coordinated with external agencies and healthcare facilities
- ❑ Direct implementation of surge capacity plan

☐ (PIO):

- ❑ Manage media relations/public information /risk communication and integrate public relations activities with the Joint Information Center
- ❑ Establish a patient information center in conjunction with the Liaison Officer

(Safety Officer):

- ❑ Continue to monitor decontamination areas, staff and patient safety and use of personal protective equipment

OPERATIONS

- ❑ Ensure the victim decontamination is in compliance with established decontamination practices
- ❑ Implement procedures for patient valuables management, evidence collection and security

☐

- ❑ Evaluate and update staff scheduling to accommodate decontamination team supplementation
- ❑ Implement family notification procedures in conjunction with family assistance center operations
- ❑ Ensure proper waste water and expendable materials disposal
- ❑ Continue patient management and facility monitoring activities

PLANNING

☐

- ❑ Update and revise the Incident Action Plan and initiate demobilization assessment and processes.
- ❑ Continue patient, materiel, personnel and bed tracking

LOGISTICS

☐

- ❑ Monitor the health status staff who participate in, supported or assisted in decontamination activities, provide appropriate medical care and follow up
- ❑ Facilitate procurement of supplies, equipment and medications for response and patient care

CHEMICAL ATTACK – NERVE AGENT

INCIDENT RESPONSE GUIDE

FINANCE/ADMINISTRATION

☐

- ❑ Continue tracking response costs and claims and report to the Incident Commander

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

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

(Public Information Officer):

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

(Liaison Officer):

☐

- ❑ Continue to ensure integrated response with local EOC
- ❑ Continue to communicate personnel/equipment/supply needs to local EOC
- ❑ Continue to update local public health of any health problems/trends identified

(Safety Officer and Medical/Technical Specialist-Chemical):

- ❑ Continue to monitor decontamination operations and begin facility decontamination as appropriate
- ❑ Monitor patient and staff safety and appropriate use of PPE

OPERATIONS

- ❑ Facilitate law enforcement requests for patient/staff interviewing

☐

- ❑ Manage ongoing patient care issues
- ❑ Maintain infrastructure support and services
- ❑ Continue security and facility decontamination and plan for return to normal services

PLANNING

- ❑ Review and update the Incident Action Plan and plan for demobilization and system recovery

☐

- ❑ Ensure documentation is being completed by all Sections
- ❑ Continue patient, personnel, materiel and bed tracking

CHEMICAL ATTACK – NERVE AGENT

INCIDENT RESPONSE GUIDE

LOGISTICS

☐
- ❑ Implement medical surveillance of response personnel
- ❑ Provide for staff food and water
- ❑ Ensure adequate supplies, equipment, personnel and facilities to support extended response operations

FINANCE/ADMINISTRATION

☐
- ❑ Compile response costs and submit to the Incident Commander
- ❑ Track any claims/injuries and complete appropriate documentation, compile report

Demobilization/System Recovery

COMMAND

(Incident Commander):

- ❑ Oversee and direct demobilization and system recovery operations

(Public Information Officer):

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

(Liaison Officer):

- ❑ Prepare a summary of the status of the hospital and disseminate to Command staff/Section Chiefs and to public health/EMS as appropriate

(Safety Officer):

- ❑ Oversee facility decontamination and declare facility safe to conduct normal operations

OPERATIONS

☐
- ❑ Manage decontamination of the facility and restore patient care and facility to normal operations

CHEMICAL ATTACK – NERVE AGENT

INCIDENT RESPONSE GUIDE

PLANNING

- ❑ Finalize the Incident Action Plan and demobilization plan
- ❑ Compile a final report of the incident and hospital response and recovery operations
- ❑ Ensure appropriate archiving of incident documentation
- ❑ Write after-action report and corrective action plan to include the following:

☐

  - Summary of actions taken
  - Summary of the incident
  - Actions that went well
  - Area for improvement
  - Recommendations for future response actions
  - Recommendations for corrective actions

LOGISTICS

☐

- ❑ Provide for mental health support (acute and long term) for staff and patients, in collaboration with Operations Section's Mental Health Unit Leader
- ❑ Provide for equipment and supply repair or replacement
- ❑ Provide ongoing support to injured staff or family of deceased staff

FINANCE/ ADMINISTRATION

☐

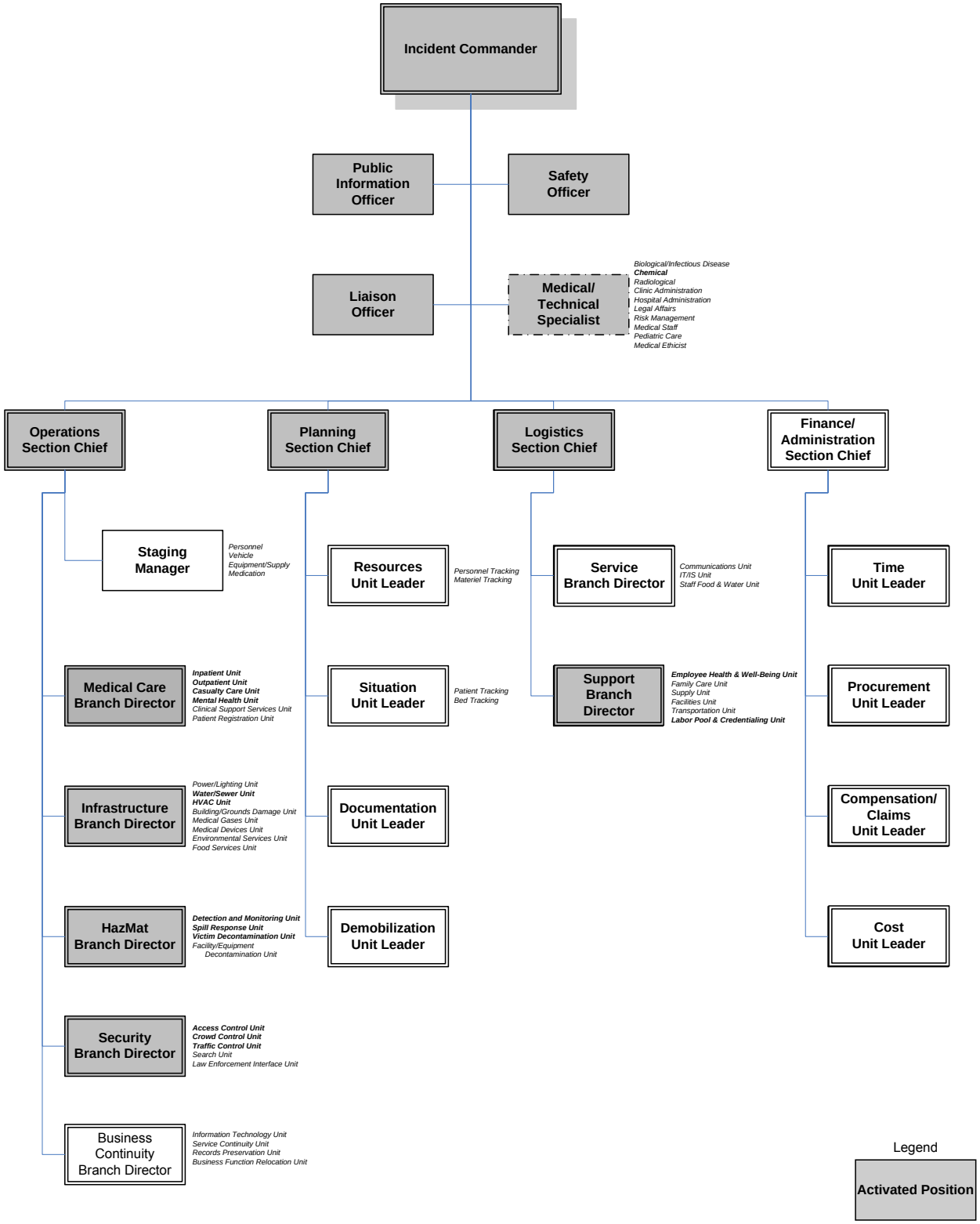
- ❑ Submit final documentation to Incident Commander for approval and to external authorities for reimbursement or other assistance

Documents and Tools

☐	Hospital Emergency Operations Plan/Decontamination Protocol
☐	Hospital Mass Casualty Incident Protocol
☐	Patient Tracking Form
☐	Isolation Protocol
☐	Hazmat and terrorism/WMD annexes of local Emergency Operations Plan

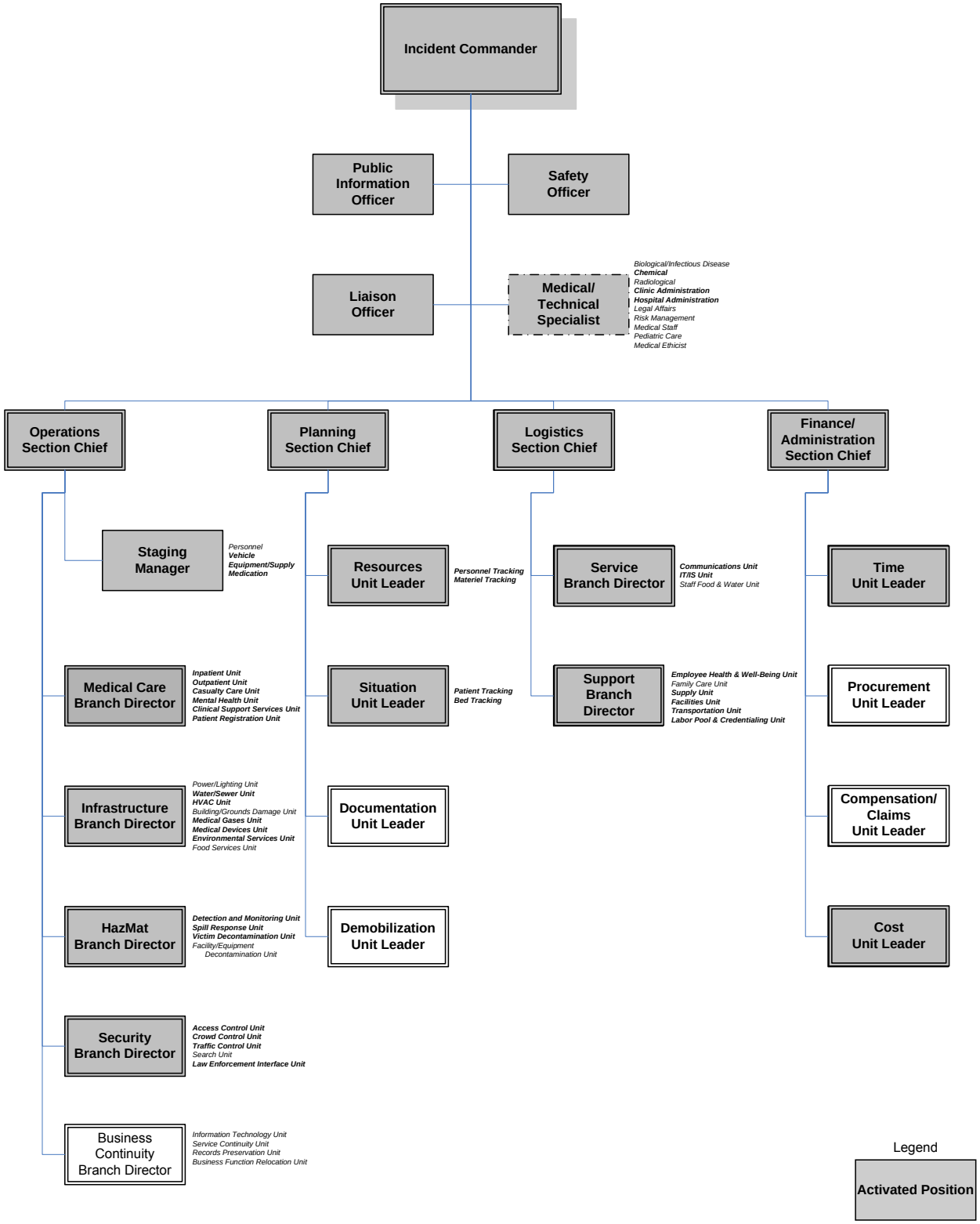
CHEMICAL ATTACK – NERVE AGENT

INCIDENT MANAGEMENT TEAM CHART -- **IMMEDIATE**



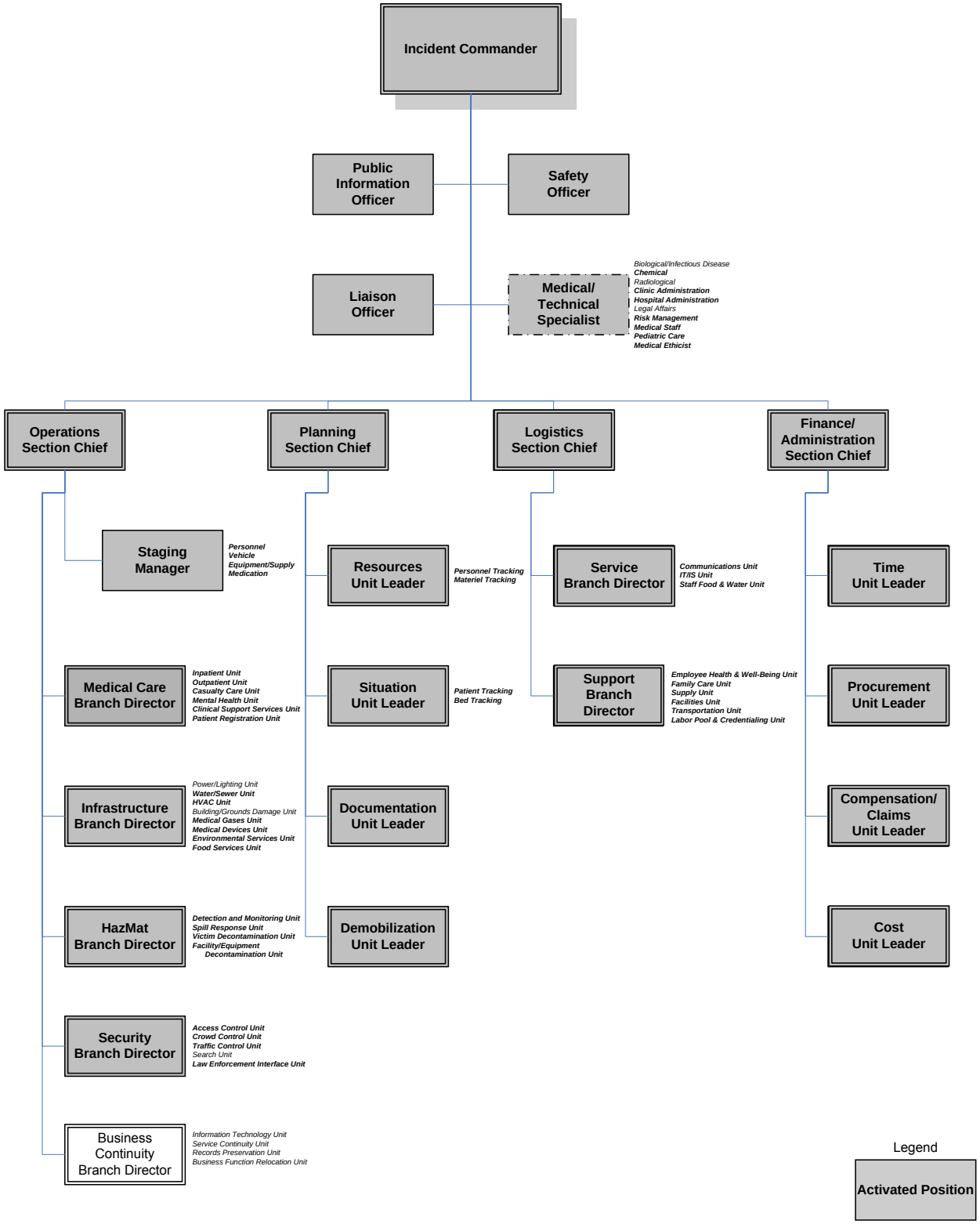
CHEMICAL ATTACK – NERVE AGENT

INCIDENT MANAGEMENT TEAM CHART – **INTERMEDIATE**



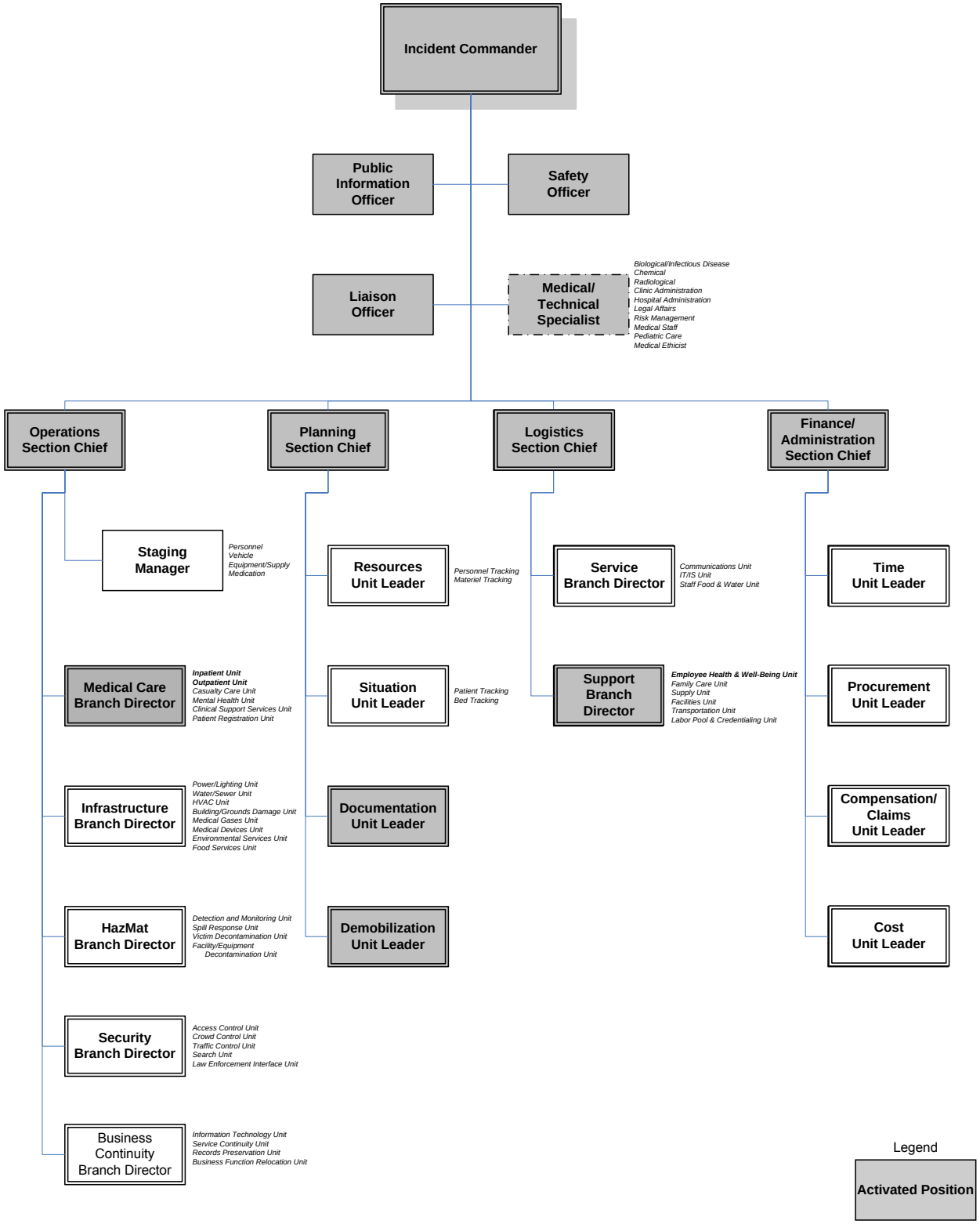
CHEMICAL ATTACK – NERVE AGENT

INCIDENT MANAGEMENT TEAM CHART -- **EXTENDED**



CHEMICAL ATTACK – NERVE AGENT

INCIDENT MANAGEMENT TEAM CHART -- **DEMOBILIZATION**



CHEMICAL ATTACK – CHLORINE TANK EXPLOSION

SCENARIO

The Universal Adversary terrorist group plan and execute an attack on the rail road transportation system by planting multiple improvised explosive devices on a train's tankers as is slows down for a community crossroads. There is an immediate explosion and release of chlorine gas into the air. A light (five miles per hour) breeze carries the plume toward residential and commercial areas. There are a moderate number of casualties and only two fatalities on site, but people in the immediate area are contaminated with chlorine.

Emergency warnings are issued for residents in the immediate area to shelter-in-place. It is estimated that nearly 100,000 people may be exposed to the smoke and chlorine as the plume moves downwind. Your hospital, 5 miles from the incident, has also been instructed by local officials to immediately shelter-in-place.

The media are reporting the incident as terrorism, and show the hazmat teams and fire/EMS personnel attempting to put out the fire. The local EOC is immediately activated. There is widespread fear of contamination by residents, even though they are not in the plume area, and many begin presenting to the hospital for treatment. The chlorine cloud and smoke are expected to impact your facility within the hour, and the chlorine may cause facility damage and will require cleanup and decontamination.

CHEMICAL ATTACK – CHLORINE TANK EXPLOSION

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital have a plan and procedures shelter-in-place, including: • The immediate shutdown of HVAC systems? • Lockdown or securing access to the facility? • Sealing the facility?
2.	Does your hospital have a chemical decontamination plan that can be immediately activated and receive victims? Does your plan include provisions for gross decontamination of the victims until full decontamination can be conducted?
3.	Does your hospital have a procedure for individually controlling HVAC and return air for impacted areas?
4.	Does your hospital have a procedure to obtain incident and chemical specific details from local officials immediately after the incident and regularly throughout the response?
5.	Does your hospital have a process to ensure medically qualified and test-fitted personnel are available and assigned to use PPE and provide patient decontamination?
6.	Does your hospital provide staff training and exercising on use of chemical detection/monitoring equipment and maintain ready state of equipment?
7.	Does your hospital have immediate access to medication/antidotes?
8.	Does your hospital have a plan to seal the facility and prevent contamination of staff, current inpatients and facilities?
9.	Does your hospital have procedures for the management of contaminated and non-contaminated personal belongings?
10.	Does your hospital have pre-event standardized messages for communicating the risks associated with this event and recommendations to the public and the media?
11.	Does your hospital use expert information sources (e.g., poison control, DOT Emergency Response Guide, CDC web site, city or county emergency operations plan) when planning for chemical incidents and decontamination?

Response & Recovery

1.	Does your hospital have procedures with assigned responsibilities to rapidly initiate shelter-in-place?
2.	Does your emergency management/operations plan address how your hospital receives timely and pertinent incident information from field incident command (e.g., chemical information, decontamination provided/recommendations, etc.)?
3.	Does your hospital have a procedure to notify field incident command of hospital decontamination location, and ingress and egress routes for EMS?

CHEMICAL ATTACK – CHLORINE TANK EXPLOSION

INCIDENT PLANNING GUIDE

4.	Does your hospital have a procedure to secure the decontamination area?
5.	Does your hospital have a procedure to provide agent information to decontamination team, all treatment areas, security, and Hospital Command Center?
6.	Does your hospital have a process to contain or divert water run off collection and disposal in conjunction with local EPA and local water authority, and appropriately notify authorities when decontamination is activated?
7.	Does your hospital have a procedure to notify local EOC of operational status?
8.	Does your hospital have a procedure to ascertain the status of other area hospitals?
9.	Does your hospital have a procedure to consult with resident experts/Poison Control Center for assessment and treatment guidelines?
10.	Does your plan include an emergency patient registration procedure?
11.	Does your hospital have a procedure to regularly inventory bed availability/census?
12.	Does your hospital have a procedure to regularly inventory antidote supplies?
13.	Does your hospital have a procedure to inventory blood products?
14.	Does your hospital have a process to identify and address issues associated with ongoing shelter in place, if applicable?
15.	Does your hospital have a procedure to provide scheduled family briefings and provide for a family assistance center?
16.	Does your hospital have a process to modify family visitation policy?
17.	Does your hospital have a process to establish Media Conference area, a procedure to provide scheduled media briefings in conjunction with local EOC/JIC, and a plan to work with local EOC to address risk communication issues for the public?
18.	Does your hospital have a process to address fatality issues in conjunction with law enforcement and medical examiner/coroner?
19.	Does your hospital have a process to address bio-waste disposal?
20.	Does your hospital have a procedure to clean up decontamination area and other “contaminated” areas and reopen them for normal operations?
21.	Does your hospital have a procedure to perform air quality monitoring in facility?

CHEMICAL ATTACK – CHLORINE TANK EXPLOSION

INCIDENT RESPONSE GUIDE

Mission: To protect the staff, patients, and facility in the event of an external threat, and to effectively and efficiently triage, decontaminate, treat, and track a surge of victims with respiratory needs.

Directions

- ☐ Read this entire response guide and review incident management team chart.
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- ☐ Implement shelter-in-place
- ☐ Protect the facility, staff, patients and visitors from contamination
- ☐ Patient triage and medical management
- ☐ Provide decontamination of patients and facility

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- ❑ Receive notification about the incident from local officials
- ❑ Notify the emergency department of possible incoming casualties that have been exposed to numerous chemicals (inhalational and dermal problems); may have blast injuries (pressure and fragment wounds); fire burns; and other possible trauma
- ❑ Implement the shelter-in-place plan
- ❑ Activate and implement the decontamination plan
- ❑ Activate the Emergency Operations Plan and the HCC
- ☐ ❑ Appoint Section Chiefs and Branch Directors and Medical/Technical Specialist -- Chemical, appropriate
- ❑ Establish operational periods
- ❑ Establish operational objectives
  - Protecting life safety of existing personnel & patients
  - Provide decontamination

(PIO):

- ❑ Monitor media outlets for updates on the incident and possible impacts on the hospital

CHEMICAL ATTACK – CHLORINE TANK EXPLOSION

INCIDENT RESPONSE GUIDE

COMMAND

(Safety):

- ❑ Implement decontamination operations and safety measures including staff, patient and facility protection

☐

- ❑ Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

(Medical/Technical Specialist - Chemical):

- ❑ Investigate agent identification and disseminate clinical management information

OPERATIONS:

- ❑ Activate Medical Care, Infrastructure, HazMat, and Security Branch Directors
- ❑ Notify the emergency department of possible incoming casualties that have been exposed to chlorine gas (inhalational and dermal problems) and who may have skin irritation or burns and other possible trauma
- ❑ Set up decontamination area and implement decontamination plan and procedures for adults, pediatrics, and patients with special needs
- ❑ Direct implementation of procedures for technical and emergency decontamination and ensure proper use of PPE
- ❑ Implement staff monitoring in and rotation through the decontamination area
- ❑ Relocate medications/antidotes to clinical care and decontamination areas and prepare specific patient antidote dose amounts (e.g., pediatric, geriatric)

☐

- ❑ Implement shelter-in-place as determined by the Incident Commander and at the direction of local officials
- ❑ Isolate HVAC systems in treatment areas, if possible
- ❑ Provide information and instructions to staff, visitors, and patients regarding sheltering-in-place
- ❑ Consult with Medical/Technical Specialist - Chemical and internal and external consultants, including Poison Control Center, Agency for Toxic Substances and Disease Registry (ATSDR) of the CDC to ascertain treatment protocols
- ❑ Provide facility security, traffic and crowd control
- ❑ Activate surge capacity plan and patient registration emergency procedures
- ❑ Prepare for fatalities, including contaminated remains, in conjunction with local law enforcement, coroner/medical examiner and EOC

CHEMICAL ATTACK – CHLORINE TANK EXPLOSION

INCIDENT RESPONSE GUIDE

OPERATIONS

☐
- ❑ Provide mental health support for staff, visitors, families and volunteers, in collaboration with Logistics Section
- ❑ Secure/lockdown the facility to prevent contaminated individuals from entering or leaving, and establish a clear perimeter with directions to the Decontamination Area

PLANNING

☐
- ❑ Establish operational periods and develop the Incident Action Plan, in collaboration with the Incident Commander
- ❑ Implement patient, materiel, personnel and bed tracking

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- ❑ Ensure communications and decision making are coordinated with external agencies and healthcare facilities
- ❑ Direct implementation of surge capacity plan

☐ (PIO):

- ❑ Manage media relations/public information /risk communication and integrate public relations activities with the Joint Information Center

(Safety Officer):

- ❑ Continue to monitor decontamination areas, staff and patient safety and use of personal protective equipment

OPERATIONS

- ❑ Ensure the victim decontamination is in compliance with established decontamination practices
- ❑ Implement procedures for patient valuables management, evidence collection and security

☐
- ❑ Evaluate and update staff scheduling to accommodate decontamination team supplementation
- ❑ Implement family notification procedures in conjunction with family assistance center operations
- ❑ Ensure proper waste water and expendable materials disposal

CHEMICAL ATTACK – CHLORINE TANK EXPLOSION

INCIDENT RESPONSE GUIDE

OPERATIONS

☐
- ❑ Continue patient management and facility monitoring activities
- ❑ Monitor the air quality in the facility and evaluate effectiveness of shelter-in-place measures

PLANNING

☐
- ❑ Update and revise the Incident Action Plan and initiate demobilization assessment and processes
- ❑ Continue patient, materiel, personnel and bed tracking

LOGISTICS

☐
- ❑ Monitor the health status staff who participated, supported or assisted in decontamination activities and ensure appropriate medical care and follow up
- ❑ Facilitate procurement of supplies, equipment and medications for response and patient care
- ❑ Continue to monitor the air quality in the hospital

FINANCE/ADMINISTRATION

☐
- ❑ Continue tracking response costs and claims and report to the Incident Commander

CHEMICAL ATTACK – CHLORINE TANK EXPLOSION

INCIDENT RESPONSE GUIDE

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

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

(Public Information Officer):

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

☐ (Liaison Officer):

- ❑ Continue to ensure integrated response with local EOC
- ❑ Continue to communicate personnel/equipment/supply needs to local EOC
- ❑ Continue to update local public health of any health problems/trends identified

(Safety Officer and Medical/Technical Specialist-Chemical):

- ❑ Continue to monitor decontamination operations and begin facility decontamination as appropriate
- ❑ Monitor patient and staff safety and appropriate use of PPE

OPERATIONS

- ❑ Monitor air quality in the facility
- ❑ Once the plume has passed and local officials advise it is safe to do so, discontinue shelter-in-place

☐

- ❑ Once the plume has passed and local officials advise it is safe to do so, conduct a external inspection of the facility for damage from chlorine and need for decontamination of the external facility
- ❑ Facilitate law enforcement requests for patient/staff interviewing
- ❑ Manage ongoing patient care issues
- ❑ Maintain infrastructure support and services
- ❑ Continue security and facility decontamination and plan for return to normal services

CHEMICAL ATTACK – CHLORINE TANK EXPLOSION

INCIDENT RESPONSE GUIDE

PLANNING

☐

- ❑ Review and update the Incident Action Plan and plan for demobilization and system recovery
- ❑ Ensure documentation is being completed by all Sections
- ❑ Continue patient, personnel, materiel and bed tracking

LOGISTICS

☐

- ❑ Once the plume has passed and local officials advise it is safe to do so, discontinue shelter-in-place
- ❑ Implement medical surveillance of personnel
- ❑ Provide for staff food and water
- ❑ Ensure adequate supplies, equipment, personnel and facilities to support extended response operations

FINANCE/ADMINISTRATION

☐

- ❑ Compile response costs and submit to the Incident Commander
- ❑ Track any claims/injuries and complete appropriate documentation, compile report

Demobilization/System Recovery

COMMAND

(Incident Commander):

- ❑ Oversee and direct demobilization and system recovery operations

(Public Information Officer):

☐

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

(Liaison Officer):

- ❑ Prepare a summary of the status of the hospital and disseminate to Command staff/Section Chiefs and to public health/EMS as appropriate

(Safety Officer):

- ❑ Oversee facility decontamination and declare facility safe to conduct normal operations

OPERATIONS

☐

- ❑ Manage decontamination of the facility and restore patient care and facility to normal operations

CHEMICAL ATTACK – CHLORINE TANK EXPLOSION

INCIDENT RESPONSE GUIDE

PLANNING

- ❑ Finalize the Incident Action Plan and demobilization plan
- ❑ Compile a final report of the incident and hospital response and recovery operations
- ❑ Ensure appropriate archiving of incident documentation
- ❑ Write after-action report and corrective action plan to include the following:

☐

  - Summary of actions taken
  - Summary of the incident
  - Actions that went well
  - Area for improvement
  - Recommendations for future response actions
  - Recommendations for correction actions

LOGISTICS

☐

- ❑ Provide for mental health (acute and long term) services for staff and patients, in collaboration with Operations Section's Mental Health Unit Leader
- ❑ Provide for equipment and supply repair or replacement
- ❑ Provide ongoing support to injured staff or family of deceased staff

FINANCE/ ADMINISTRATION

☐

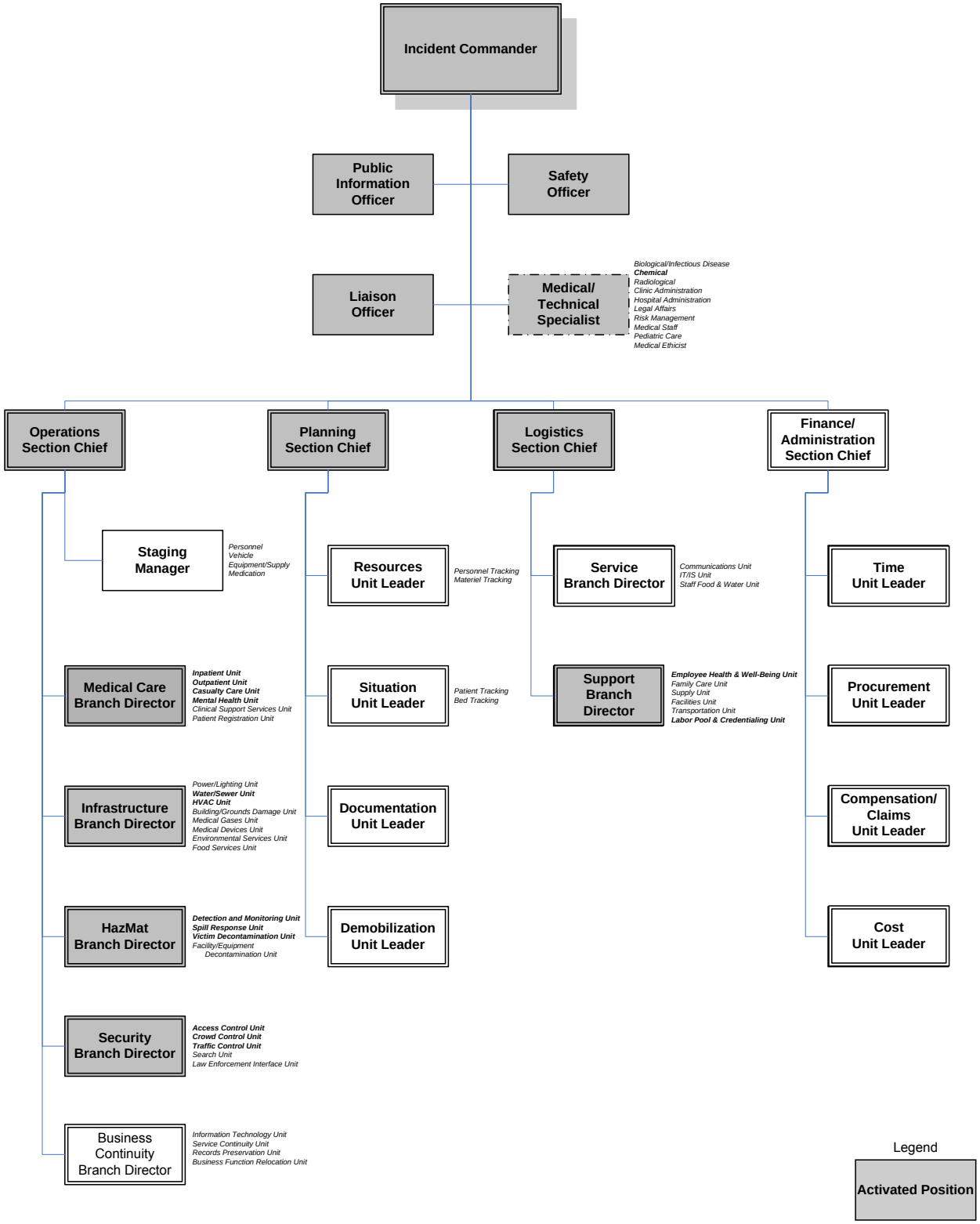
- ❑ Submit final response expenses to the Incident Commander for approval and to appropriate external authorities for reimbursement or other assistance

Documents and Tools

☐	CDC Medical Management Guidelines for Chlorine
☐	Hospital Emergency Operations Plan
☐	Hospital Decontamination Plan
☐	Hospital Mass Casualty Incident Plan
☐	Isolation Protocols
☐	Patient Tracking Form
☐	HICS
☐	Hazmat and terrorism/WMD annexes of local Emergency Operations Plan

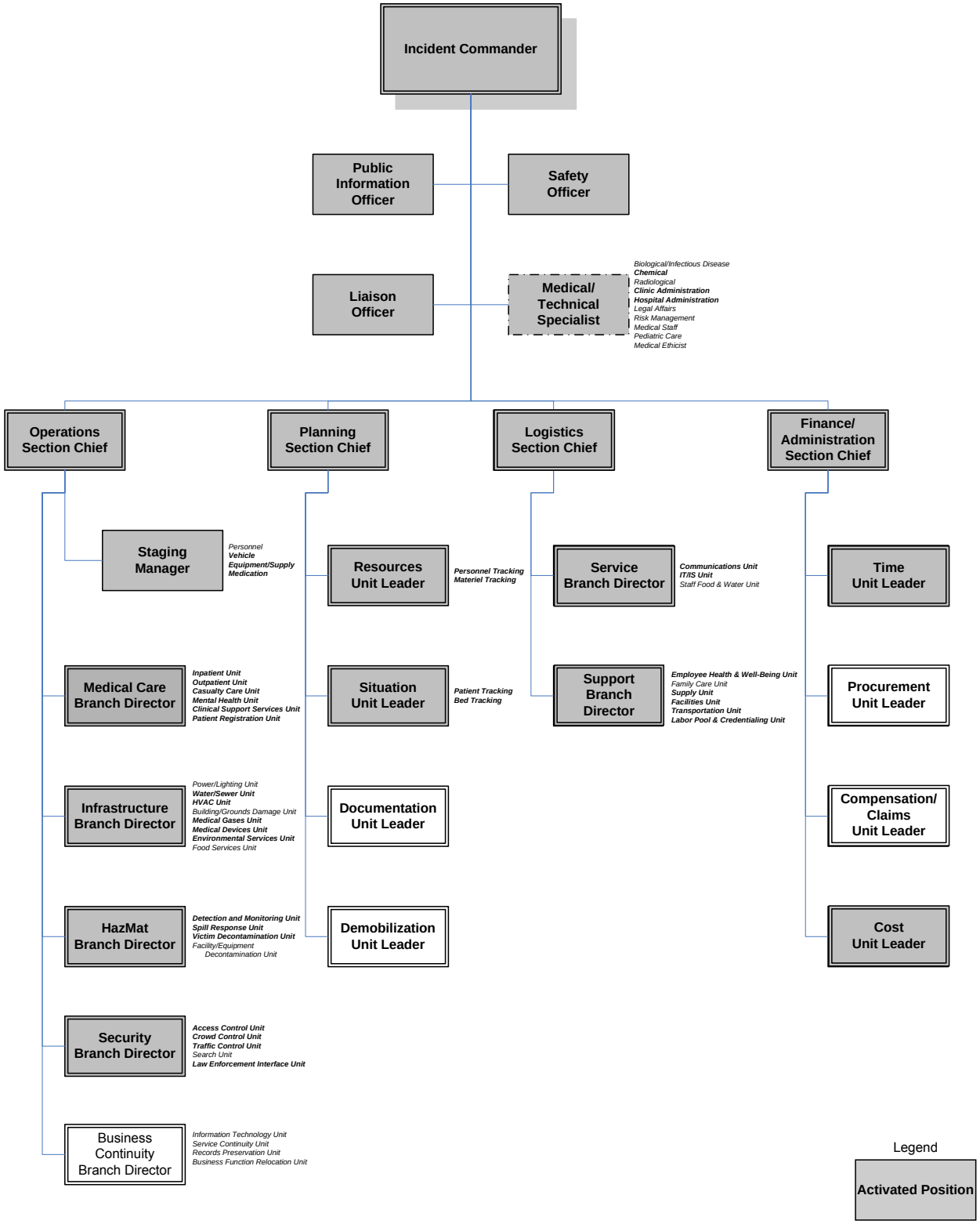
CHEMICAL ATTACK – CHLORINE TANK EXPLOSION

INCIDENT MANAGEMENT TEAM CHART -- **IMMEDIATE**



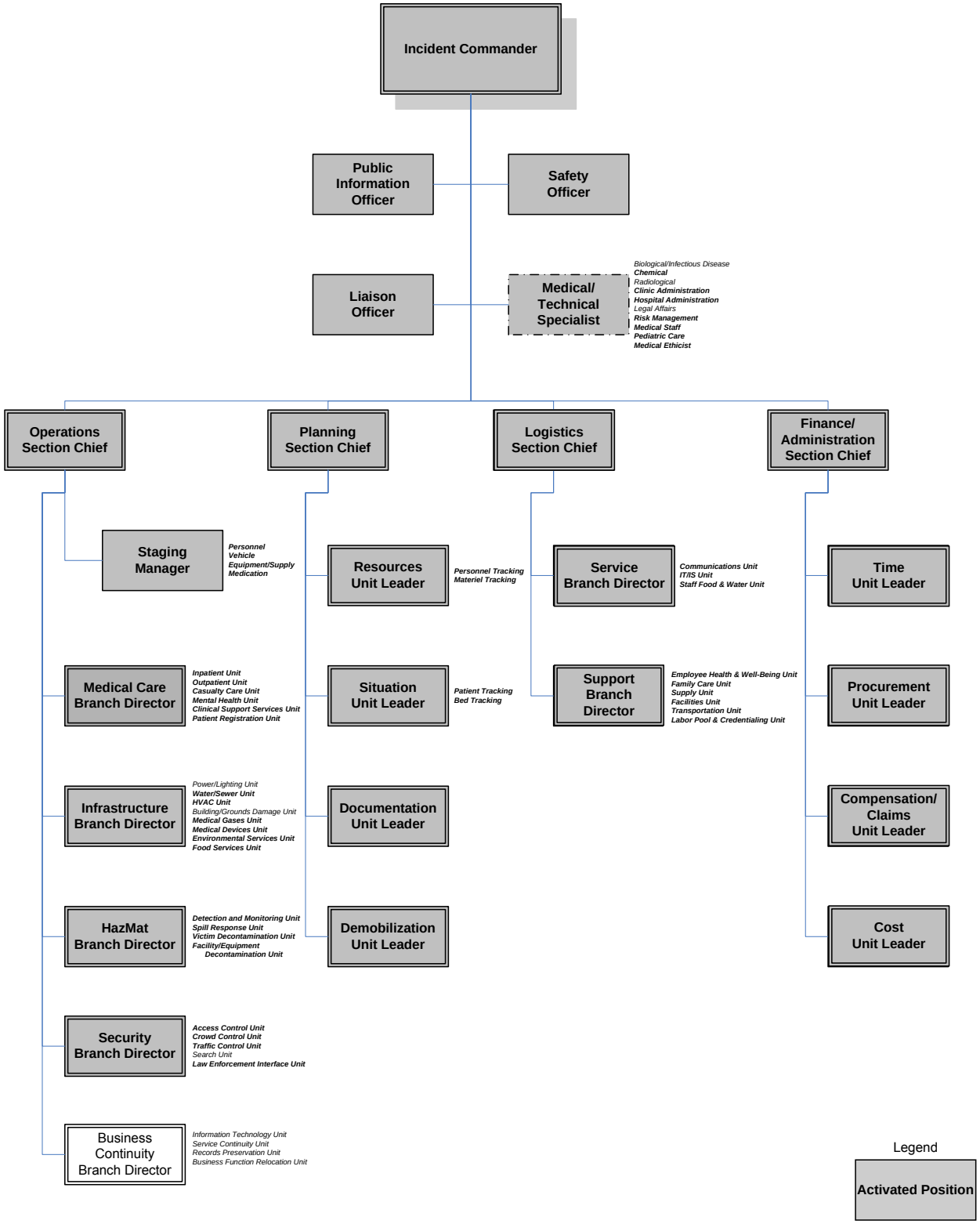
CHEMICAL ATTACK – CHLORINE TANK EXPLOSION

INCIDENT MANAGEMENT TEAM CHART -- **INTERMEDIATE**



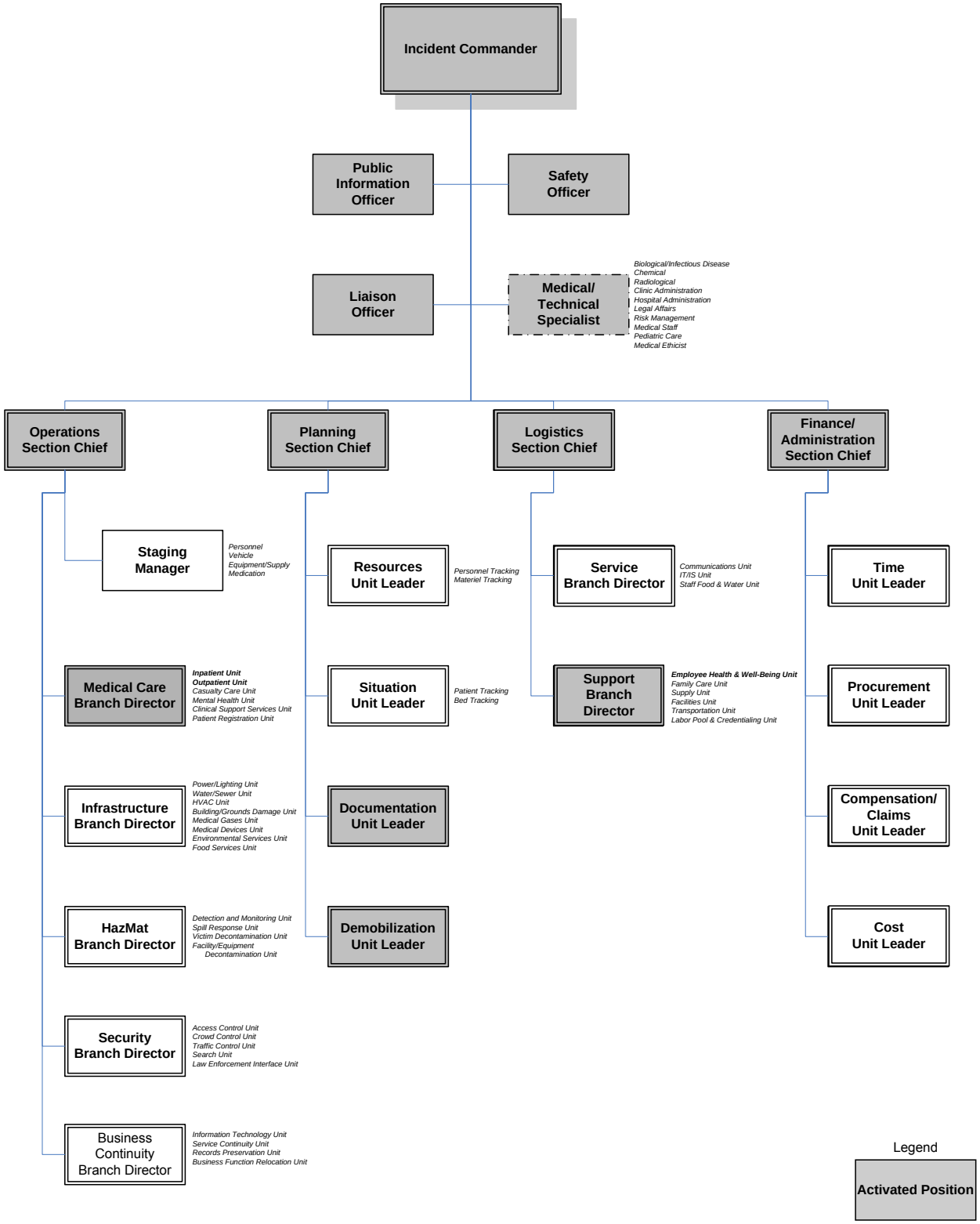
CHEMICAL ATTACK – CHLORINE TANK EXPLOSION

INCIDENT MANAGEMENT TEAM CHART -- **EXTENDED**



CHEMICAL ATTACK – CHLORINE TANK EXPLOSION

INCIDENT MANAGEMENT TEAM CHART -- **DEMOBILIZATION**



NATURAL DISASTER – MAJOR EARTHQUAKE

SCENARIO

A 7.2-magnitude earthquake occurs along a fault zone in a metropolitan area approximately 50 miles from your hospital. Ground shaking and liquefaction occurs throughout a widespread area, impacting a six-county region. Moderate to major damage is reported for two hundred square miles. Multiple severe aftershocks are expected for days and weeks after the initial earthquake.

Hundreds of thousands of people sustain mild to severe injuries, and hospitals outpatient buildings sustain moderate to severe damage to their facilities and infrastructure. EMS is overwhelmed wit the numbers of calls and injuries and transport to hospitals is difficult due to debris in the streets blocking access.

Your hospital has sustained moderate to severe damage. The Emergency Department and outpatient surgery areas have been impacted the most, rendering the area non-functional. All services in these areas will need to be relocated. Main water and power services are disrupted, but emergency power from the generators is functioning. Landlines are non-functional rendering telephone, fax and internet unavailable to the hospital. Large numbers of injured are presenting to the hospital for care and many who are not injured seek shelter and reassurance from medical providers.

NATURAL DISASTER – MAJOR EARTHQUAKE

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital have a process to assess damage to hospital structure and infrastructure: HVAC, water, sewage, lighting, power, information systems, communications, medical gases, hazardous materials?
2.	Does your hospital have procedures to establish redundant communications with public safety officials and local emergency management in the event of loss of normal communications?
3.	Does your hospital have defined criteria and procedures to evacuate all or sections of the facility based on damage assessments?
4.	Does your hospital have criteria and triggers to cancel elective surgeries and procedures and all non-essential services in the event of an earthquake?
5.	Does your hospital have a plan for contacting personnel (i.e., staff call back lists) and a backup system if primary systems fail?
6.	Does your hospital have procedures to manage volunteers and donated items?
7.	Does your hospital have procedures for augmenting staff levels or managing with limited staff available?

Response & Recovery

1.	Does your hospital have procedures to determine the status of communication systems outside of the hospital in order to communicate with local emergency management, police, fire within city, county and operational area?
2.	Does your hospital have a plan to establish alternate care sites and relocated services provided in damaged areas?
3.	Does your hospital have protocols to manage injuries to patients, staff and visitors?
4.	Does your hospital have a plan to secure unsafe areas of the facility?
5.	Does your hospital have a plan to communicate facility and situation status to staff, patients and visitors?
6.	Does your hospital have a surge capacity plan to manage an influx of large numbers of victims?
7.	Does your hospital have a process to assess current hospital surge capacity and initiate discharge planning or move less acute patients to other areas (i.e., alternate care sites within the facility) to free up acute beds?
8.	Does your hospital have a procedure for managing discharged patients whose residences are damaged or when roadways are unsafe?
9.	Does your hospital have a process to inventory available supplies, equipment and personnel for both short and long term operations?

NATURAL DISASTER – MAJOR EARTHQUAKE

INCIDENT PLANNING GUIDE

10.	Does your hospital have procedures to track patients and beds?
11.	Does your hospital have a process for obtaining supply and equipment supplementation?
12.	Does your hospital have a process for determining food and water needs for patients, visitors and staff for 72 hours and plan for obtaining needed supplies?
13.	Does your hospital have procedures for assessment, documentation of and action plan for facility damage, system restoration and repair?
14.	Does your hospital have a process for reporting all injuries, system failures, and long term damage to state licensing and certification authorities as required?
15.	Does your hospital have a process for submitting cost for disaster reimbursement from insurance carriers, local, state, and FEMA disaster relief?
16.	Does your hospital have a process for regularly reassessing the status of the facility, patient care, and staffing and adjusting the Incident Action plan and operations accordingly?
17.	Does your hospital have a plan to resupply fuel for the generators to maintain power to the facility?
18.	Does your hospital have procedures and forms to track costs, expenses and provide reports?
19.	Does your hospital have procedures to prepare a report of all patients evaluated, treated, and discharged from hospital?
20.	Does your hospital have procedures for preparing final damage reports and long term restoration and repair plans?
21.	Does your hospital have criteria to confirm restoration of the facility to normal function?
22.	Does your hospital have procedures for resuming normal operations such as surgeries, procedures, and out patient services?
23.	Does your hospital have a plan for providing mental health support and stress management services to employees, patients and families?
24.	Does your hospital have a plan for providing staff dependent care services such as elder and child care?
25.	Does your hospital have a plan to participate in after action review with local emergency management and community partners?
26.	Does your hospital have a process for conducting an after action review and develop after action report and improvement plan?

NATURAL DISASTER – MAJOR EARTHQUAKE

INCIDENT RESPONSE GUIDE

Mission: To maintain hospital operations for a minimum of 72 hours following a major earthquake that may impact the structural integrity of the facility, and to ensure the continuum of care for patients, visitors, and casualties of the event.

Directions

- ☐ Read this entire response guide and review incident management team chart
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed

Objectives

- ☐ Damage Assessment
- ☐ Patients, visitors, staff assessed for injuries and accounted for
- ☐ Patient tracking
- ☐ Hospital facility self-sustainment for a minimum of 72 hours

Immediate Actions (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- ❑ Activate the facility Emergency Operations Plan
- ❑ Appoint Planning, Operations and Logistics Section Chiefs
- ❑ Appoint Medical Technical Specialists – Hospital Administration, Clinic Administration and Risk Management, as appropriate

(Liaison Officer):

☐

- ❑ Communicate with local Emergency Operations Center and officials to determine extent damage to critical infrastructure and services
- ❑ Communicate with other hospitals to determine status
- ❑ Coordinate and communicate with RHCC or equivalent; notify as appropriate

(Public Information Officer):

- ❑ Obtain information from Situation Unit Leader to provide situation briefing to hospital patients, visitors, and staff

NATURAL DISASTER – MAJOR EARTHQUAKE

INCIDENT RESPONSE GUIDE

COMMAND

(Safety Officer):

☐
- ❑ Conduct, in conjunction with Operations Section, an assessment of the facility to identify damaged and/or non-functional areas
- ❑ Determine safe evacuation procedures and routes
- ❑ Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

OPERATIONS

☐
- ❑ Activate alternate care sites for evacuated patients
- ❑ Implement evacuation of unsafe/unstable areas of the facility
- ❑ Assess facility for damage, initiate repairs as appropriate or secure unsafe areas
- ❑ Activate search procedures as appropriate
- ❑ Assess status of security systems, access and egress from facility, and implement security plan
- ❑ Prepare to receive incident casualties; establish triage and treatment areas, discharge areas and appropriate protocols
- ❑ Conduct an census of inpatients, clinic patients, those available for discharge
- ❑ Ensure continued functioning of emergency power generators
- ❑ Consider activating HazMat Branch if any facility damage resulting in hazardous materials spill or incident

PLANNING

☐
- ❑ Initiate patient, bed, materiel and personnel tracking procedures
- ❑ Establish operational periods and develop Incident Action Plan in collaboration with the Incident Commander

LOGISTICS

☐
- ❑ Inventory and assess for damage all supplies, equipment, food and water stores
- ❑ Activate alternate communication systems and establish contact with local EOC, EMS and ensure intra-hospital communications with walkie talkies, runners, etc.
- ❑ Project needs for 72 hours and institute rationing, if appropriate

NATURAL DISASTER – MAJOR EARTHQUAKE

INCIDENT RESPONSE GUIDE

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- ❑ Consider deploying a Liaison Officer to the local EOC, as appropriate
- ☐ ❑ Ensure evacuation procedures are being conducted

(PIO):

- ❑ Continue briefings to media, staff and patients
- ❑ Establish the patient information center, in collaboration with the Liaison Officer

COMMAND

(Liaison Officer):

- ❑ Continue communications with local EOC to relay critical issues, needs and requests for assistance
- ☐ ❑ Establish the patient information center, in collaboration with the PIO

(Safety Officer):

- ❑ Continue monitoring evacuation of damaged areas, ensure safety practices in alternate care sites

OPERATIONS

- ❑ Continue patient care and management of inpatients, clinic patients and new casualties
- ❑ Continue to manage alternate care sites and establish new sites as needed to accommodate evacuated or arriving patients
- ☐ ❑ Determine need for on-site housing and feeding of staff, in collaboration with Logistics Section
- ❑ Institute alternate care standards of practice (austere care) as appropriate to prioritize and manage the patient surge and lack of resources

PLANNING

- ❑ Update and distribute the Incident Action Plan
- ☐ ❑ Revise incident objectives as needed to meet the mission, in collaboration with the Incident Commander
- ❑ Continue patient, bed, materiel and personnel tracking

NATURAL DISASTER – MAJOR EARTHQUAKE

INCIDENT RESPONSE GUIDE

FINANCE

☐
- ❑ Track response expenses and compile estimates of repairs for facility damage
- ❑ Facilitate procurement of supplies, equipment, medications and personnel for response

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

☐
- ❑ Review and revise incident objectives and the Incident Action Plan to reflect current status and critical issues
- ❑ Consult with Medical/Technical Specialists – Hospital and Clinic Administration to ensure continuity of operations

COMMAND

(PIO):

- ❑ Continue regularly scheduled and as needed briefings to media
- ❑ Provide information updates to staff, patients and families

☐
- ❑ Continue patient information center activities

(Safety Officer):

- ❑ Continue to oversee safety of operations, repair and recovery operations
- ❑ Continue to ensure the safety practices in alternate care sites, if activated

OPERATIONS

- ❑ Continue patient care and management activities
- ❑ Reassess facility integrity after any earthquake aftershocks occur, and evacuate additional areas, if necessary
- ❑ Reassess status of utilities (power, water, sewer) and modify response plan as needed

☐
- ❑ Ensure staff food, water and rest periods
- ❑ Continue security operations and activities
- ❑ Provide mental health support services to patients, families and staff
- ❑ Assess the need for activating the Continuity Branch Director to ensure business operations are maintained

NATURAL DISASTER – MAJOR EARTHQUAKE

INCIDENT RESPONSE GUIDE

LOGISTICS

☐
- ❑ Continue to monitor inventory of supplies, equipment, medications, food and water, and institute/continue rationing as necessary
- ❑ Maintain contact with vendors to ascertain re-supply timelines

FINANCE

- ❑ Continue tracking, monitoring and reporting response costs and personnel hours

☐
- ❑ Communicate with local, state and federal emergency management to begin reimbursement procedures for cost expenditures related to the event
- ❑ Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures

Demobilization/System Recovery

COMMAND

(Incident Commander):

- ❑ Receive status reports from Section Chiefs to determine if normal hospital operations can be restored and the incident declared terminated

(Liaison Officer):

- ❑ Communicate facility status and demobilization status to the local EOC, other area hospitals and response partners

☐
- ❑ Demobilize the patient information center, in collaboration with the PIO

(PIO):

- ❑ Conduct final media briefing to update facility status, provide appropriate patient information and inform of return to normal operations
- ❑ Demobilize the patient information center, in collaboration with the Liaison Officer

(Safety Officer):

- ❑ Determine the safety of the facility, ability to inhabit damaged but repaired areas, and protection of staff, patients and visitors

NATURAL DISASTER – MAJOR EARTHQUAKE

INCIDENT RESPONSE GUIDE

OPERATIONS

- ☐ ❑ Restore normal medical care operations
- ☐ ❑ Oversee the movement of patients from alternate care sites into the hospital facility/repaired areas
- ☐ ❑ Continue to secure damaged, unsafe areas
- ☐ ❑ Restore communication systems and utilities
- ☐ ❑ Provide for mental health support services and stress management for patients, families and staff

PLANNING

- ☐ ❑ Prepare a summary of response operations, including number of patients received, status and current census
- ☐ ❑ Write an after-action report including these topics:
  - ▪ Summary of the incident
  - ▪ Response activities that went well
  - ▪ Response activities that need improvement
  - ▪ Recommendations for future actions

LOGISTICS

- ☐ ❑ Restock supplies, equipment and medications to normal levels
- ☐ ❑ Compile a final facility damage and repair report
- ☐ ❑ Conduct stress manage services and debriefings for staff, as appropriate

FINANCE

- ☐ ❑ Prepare a final summary of response costs and expenditures for approval by the Incident Commander
- ☐ ❑ Submit claims to insurance companies, as appropriate
- ☐ ❑ Submit patient records and other appropriate information for reimbursement

Documents and Tools

- ☐ Hospital Emergency Operations Plan
- ☐ Hospital Damage Assessment procedures and documentation forms
- ☐ Discharge Policy

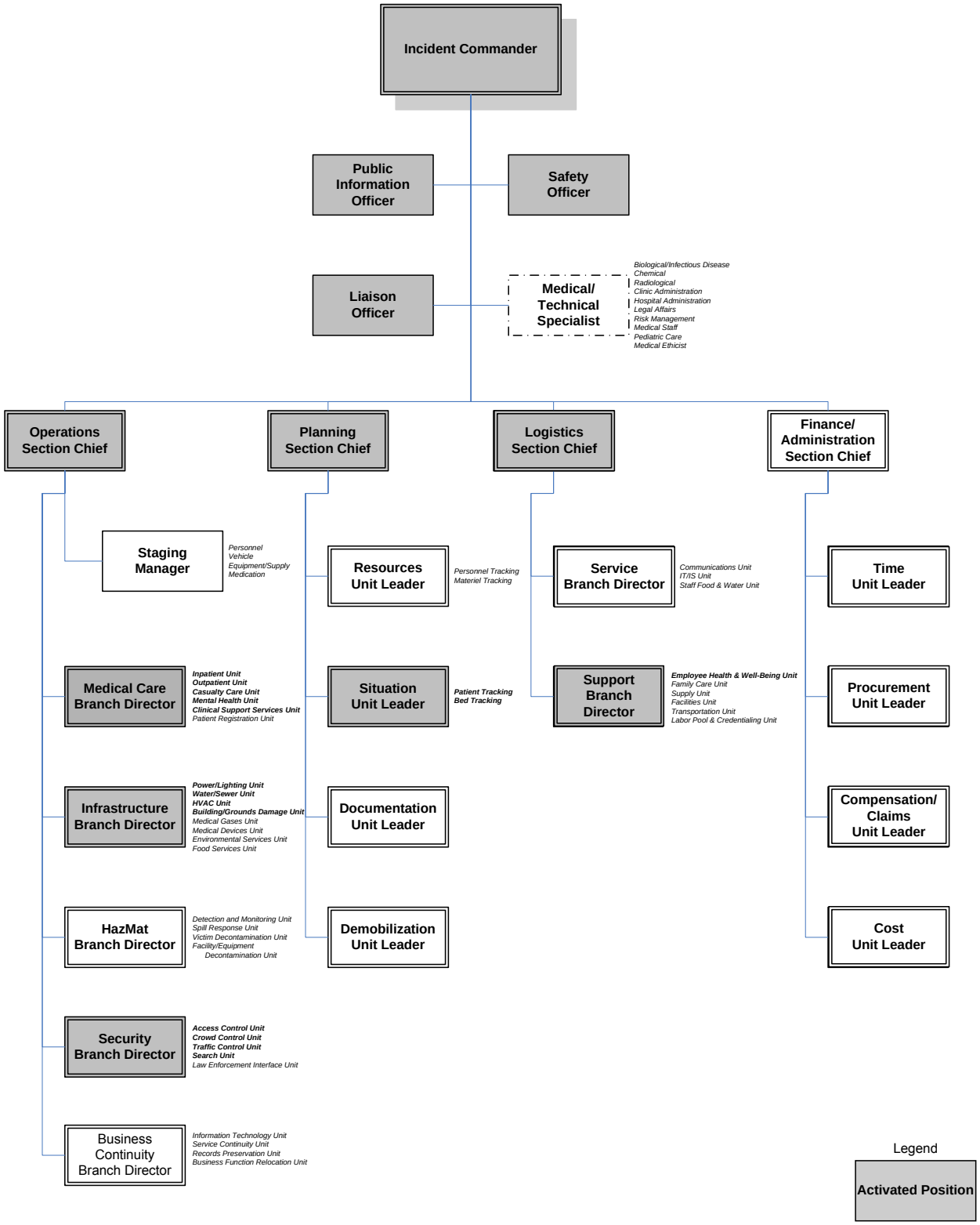
NATURAL DISASTER – MAJOR EARTHQUAKE

INCIDENT RESPONSE GUIDE

☐	Emergency procurement policy
☐	Patient Tracking
☐	Staff activity forms
☐	Interoperable communications plan
☐	Utility Failure Plans
☐	Evacuation Plan
☐	Departmental Business Continuity Plans

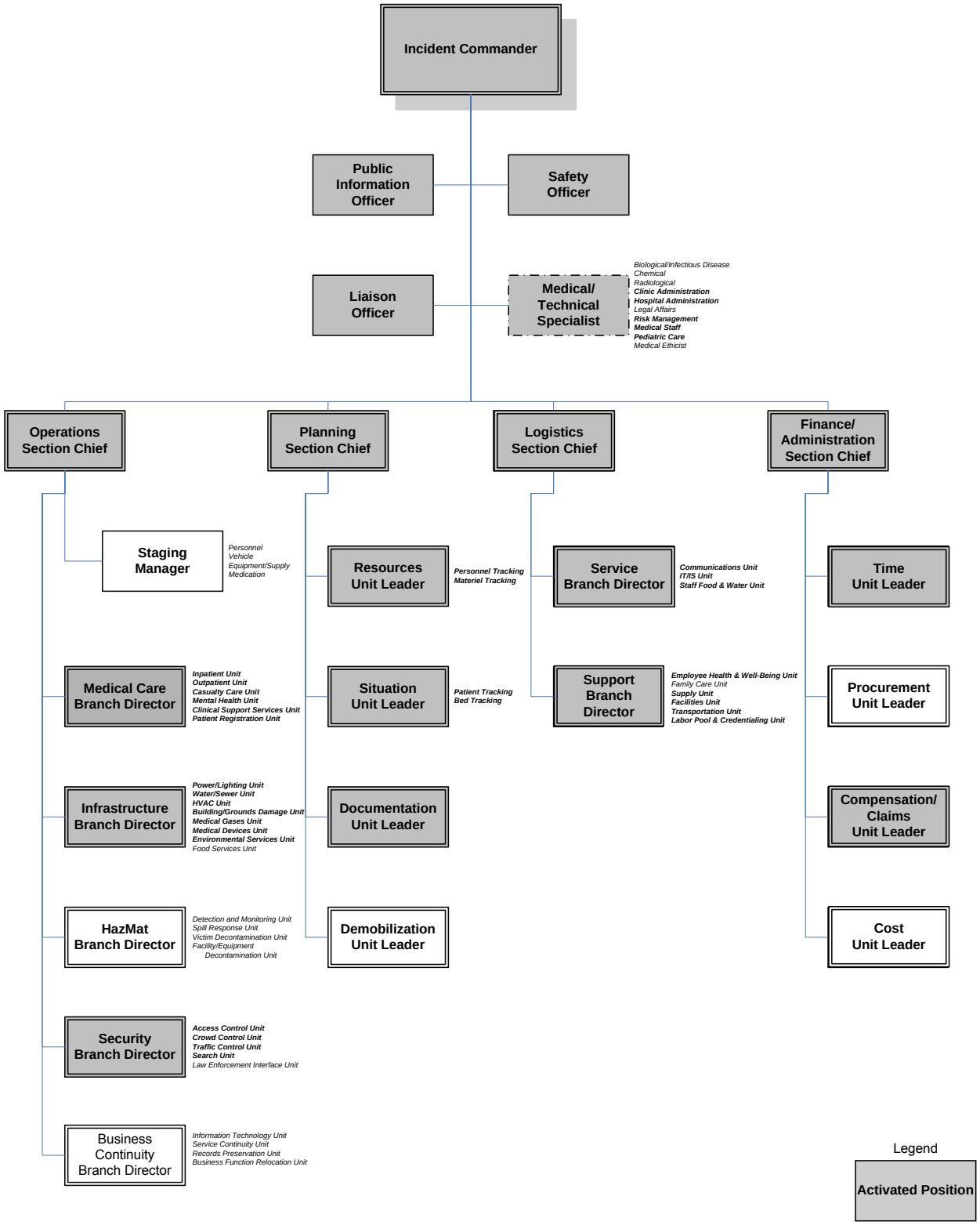
NATURAL DISASTER – MAJOR EARTHQUAKE

INCIDENT MANAGEMENT TEAM CHART -- **IMMEDIATE**



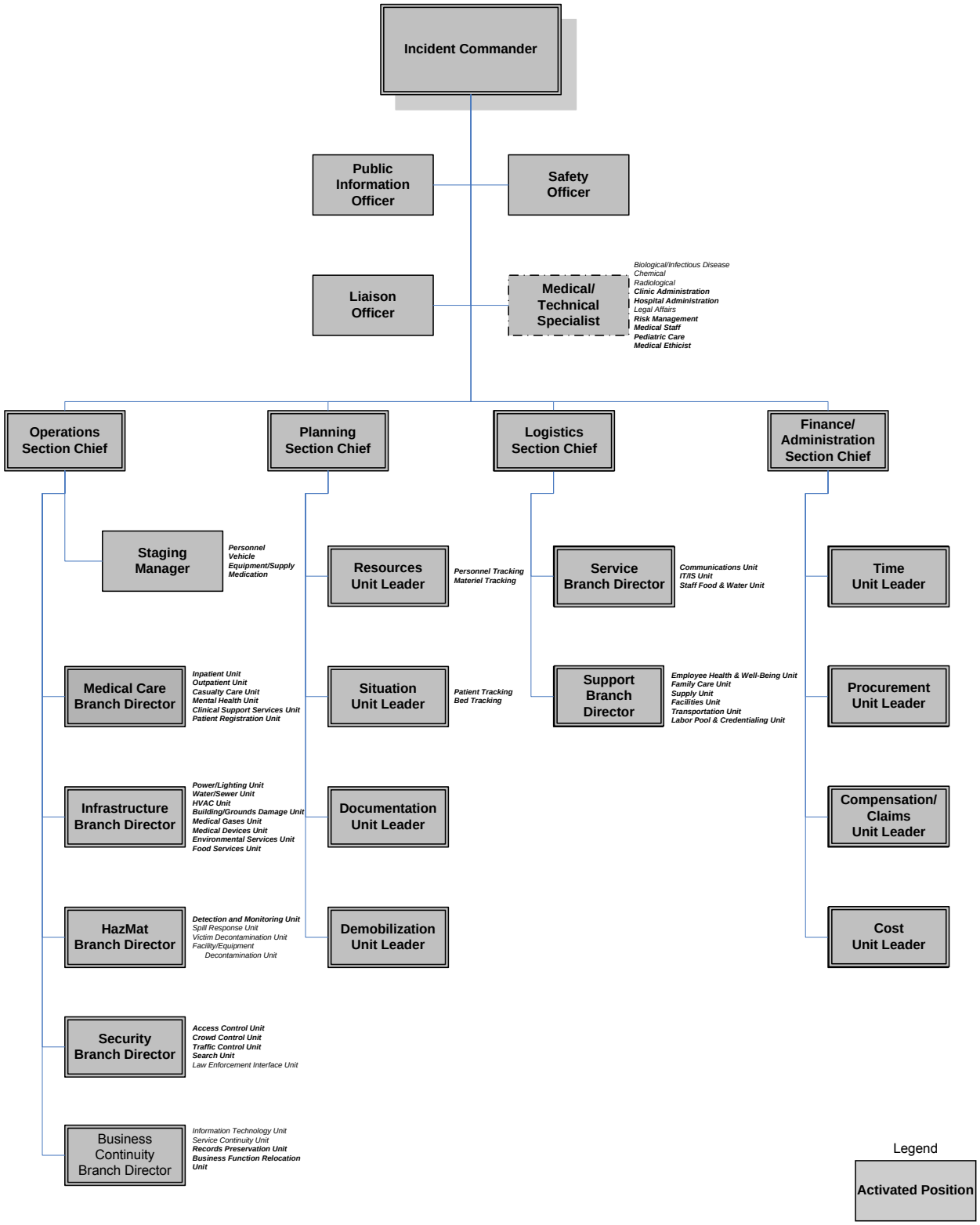
NATURAL DISASTER – MAJOR EARTHQUAKE

INCIDENT MANAGEMENT TEAM CHART -- **INTERMEDIATE**



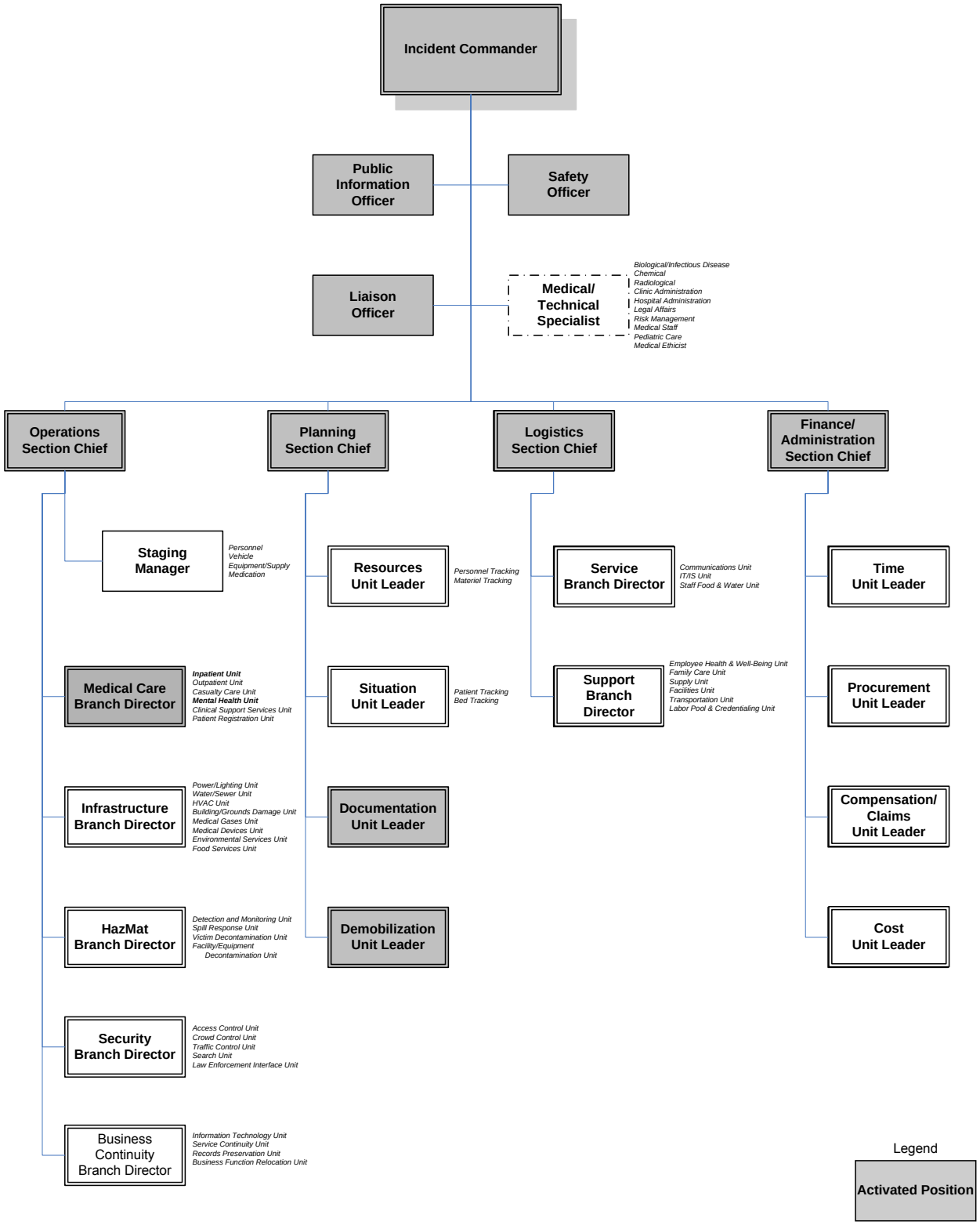
NATURAL DISASTER – MAJOR EARTHQUAKE

INCIDENT MANAGEMENT TEAM CHART -- **EXTENDED**



NATURAL DISASTER – MAJOR EARTHQUAKE

INCIDENT MANAGEMENT TEAM CHART -- **DEMOBILIZATION**



NATURAL DISASTER – MAJOR HURRICANE

SCENARIO

The National Weather Services predicts that a Category 5 Hurricane will hit the coast of your city, with sustained winds at 160 miles per hour and a storm surge greater than 20 feet above flood stage. City, county and state officials issue mandatory evacuations of the coastal and low lying areas.

As the storm approaches, rain is heavy and low-lying escape routes are flooded, making evacuation more difficult.

Your hospital is located approximately 10 miles from the coast, the hospital is on high ground and the facility is hardened to withstand a major hurricane. While you do not plan to evacuate, you limit admissions, discharge appropriate patients and cancel elective surgeries, procedures and treatments.

NATURAL DISASTER – MAJOR HURRICANE

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital reside in a safe location (higher ground) to maintain operations during the hurricane and flooding?
2.	Does your hospital regularly monitor pre-event weather forecasts and projections?
3.	Does your hospital participate in pre-event local response planning with emergency management officials, including meetings/conference calls to plan and share status?
4.	Does your facility have a plan to initiate pre-event facility hardening actions: protect windows; secure outside loose items; test back up generators; bring in supplemental supplies of essential items (food, water, medications, lighting); protect basement high risk areas; relocate at-risk items to higher levels; evacuate research animals/facility; secure surveillance cameras; prepare staff sleep/rehab areas; activate amateur radio operators; top off fuel tanks, etc.?
5.	Does your hospital have contingency staff utilization and support plans?
6.	Does your hospital have a plan to reduce census with cooperating inland and unaffected hospitals?
7.	Does your facility have a plan to accommodate pregnant women who report to facility before and during the storm?
8.	Does your facility have an established list of medical staff specialties and backup/relief staff that will need to be in the hospital to continue care during the storm?
9.	Does your facility plan to provide child care for staff so that they can report to and remain on duty?
10.	Does your facility have a list of non-essential staff that may be used in alternate roles?
11.	Does your facility have a plan to distribute radios, auxiliary phones, and flashlights to appropriate people and hospital areas?
12.	Does your facility have a plan to maintain water and sanitation systems during the storm, including providing personal hygiene/sanitation supplies (i.e., hand wipes, portable toilets, potable water)?
13.	Does your hospital have a process to determine daily clinical and non-clinical services to be continued or modified before and during the storm?
14.	Does your facility have a plan to accommodate community boarders that includes services provided, a designated area(s) and triggers for activation and deactivation of the boarding?
15.	Does your hospital have a surge capacity plan that includes triggers and criteria for activation?
16.	Does your hospital have a security plan to manage the patient surge and facility security before, during and after the storm?
17.	Does your hospital have criteria and plans to evacuate the facility (partial/complete) for different category storms?

NATURAL DISASTER – MAJOR HURRICANE

INCIDENT PLANNING GUIDE

18.	Does your hospital have a plan for alternate care sites including set up, equipment, staffing and signage?
19.	Does your facility have MOUs with inland hotels/motels, supply vendors, alternate care site venues, and transportation providers to provided needed services before, during or after the storm?
20.	Does your facility have MOUs with fuel suppliers to ensure a supply of fuel for emergency generators and vehicles?
21.	Does your facility have a plan to modify staffing and hours of work?
22.	Does your facility have plans to maintain infrastructure during and after the storm including power, water, sewer, medical gases, facility repair, etc.?
23.	Does your hospital identify and/or have MOUs with contractors that can perform repairs after the storm?
24.	Does your hospital have a process to consider relocating hazardous materials/chemical agents to prevent contamination in case of flooding?

Response & Recovery

1.	Does your hospital have procedures to perform damage assessment (interior and exterior), report damage to the HCC and initiate appropriate repairs during and after the storm?
2.	Does your hospital have a plan to supplement staffing?
3.	Does the facility have a plan to transport staff and their families living in potentially flooded areas or without transportation to the hospital to ensure staffing?
4.	Does the hospital have a procedure to inventory equipment, supplies and medications?
5.	Does your hospital have a plan and back up (redundant) systems to maintain communications with the local EOC and other officials during and after the storm?
6.	Does your hospital have a process to evaluate the need for further evacuation (partial/complete) of areas of the hospital as a result of structural damage or flooding during the storm?
7.	Does your hospital evacuation/relocation plan include notification of family members when patients are moved to other facilities?
8.	Does your hospital have a plan to manage an increase in numbers of people presenting to the facility for non-medical, general assistance (food, medicine, diapers)?
9.	Does your hospital have procedures to regularly evaluate infrastructure and operational needs and implement appropriate actions to meet the needs?
10.	Does your hospital have a fatality management plan that integrates with law enforcement, medical examiner/coroner?
11.	Does your hospital have a plan to house staff and their families that cannot return to or lose their homes in the storm?

12.	Does the facility have protocols to notify local public health of patient status and medical/health problems presenting by types of illness or injury?
13.	Does your hospital have a protocol to monitor severity of damage and progress of repairs?
14.	Does your hospital have a process to monitor contractor services (work quality, costs, etc.)?
15.	Does your hospital have procedures to monitor environmental issues, water safety, and biohazardous waste disposal during and after the storm, for an extended period?
16.	Does your hospital have a plan to maintain essential contract services (e.g., trash pick up, food service delivery, linen and laundry, etc.)?
17.	Does your hospital have a plan to provide rest/sleep, nutrition, and hydration to staff before, during and after the event?
18.	Does your hospital have a plan to repatriate evacuated patients and staff?
19.	Does the facility have criteria and decision-making processes to prioritize service restoration activities?
20.	Does your hospital have protocols and criteria for restoring normal non-essential service operations (e.g., gift shop)?
21.	Does your hospital have procedures to ensure equipment, medications and supplies are reordered to replace stock supplies?
22.	Does your hospital have procedures to return borrowed equipment after proper cleaning and supplies?
23.	Does your hospital have a process to recognize and acknowledge appreciation to staff, patients, solicited and unsolicited volunteers, and local, state and federal personnel sent to help?

NATURAL DISASTER – MAJOR HURRICANE

INCIDENT RESPONSE GUIDE

Mission: To maintain hospital operations for a minimum of 72 hours or for a prolonged period following a major storm event that may impact the structural integrity of the facility or availability of services, and to ensure the continuation of care for patients, visitors, and those seeking care post event?

Directions

- ☐ Read this entire response guide and review incident management team chart
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed

Objectives

- ☐ Pre-event hardening of facility and decreasing inpatient census
- ☐ During and post-event damage assessment and repairs
- ☐ Patient care and management
- ☐ Safety of staff, patients, community boarders, visitors, families and facility

Immediate (Operational Period 0-2 Hours from Warning)

COMMAND

(Incident Commander):

- ❑ Appoint Command Staff and Section Chiefs for pre-event planning and decision-making
- ❑ Activate the Emergency Operations Plan
- ❑ Attend community event planning meetings and relay information to Command Staff, Section Chiefs and CEO/hospital board for decision-making
- ❑ Determine need for evacuation or transfer of patients to inland hospitals

☐ (Liaison Officer):

- ❑ Communicate with local EOC to establish routine and ongoing communications and attend community pre-event planning meetings

(PIO):

- ❑ Develop staff, patient and community storm preparedness and response messages to convey hospital preparations, services and response

(Safety Officer):

- ❑ Conduct facility and safety assessments of the facility and perform facility hardening protective measures

NATURAL DISASTER – MAJOR HURRICANE

INCIDENT RESPONSE GUIDE

OPERATIONS

- ❑ Develop storm staffing plan and triggers for activation
- ❑ Assess status of security systems, determine access and egress traffic flows, and timeline for facility lockdown
- ❑ Initiate facility hardening activities
- ☐ ❑ Designate an area(s) to accommodate community boarders including those who may be electrically dependent or have medical needs
- ❑ Designate staff rest and sleeping areas, plan for food and water for feeding patients, staff, boarders and visitors
- ❑ Designate an area(s) and staffing for a staff child care area, if appropriate
- ❑ Distribute appropriate equipment throughout the facility (i.e. portable lights)
- ❑ Determine timeline and criteria for discontinuation of non-essential services and facility lockdown

PLANNING

- ❑ Establish operational periods, incident objectives and develop Incident Action Plan, in collaboration with the Incident Commander
- ☐ ❑ Conduct a hospital census and identify potential discharges, in coordination with Operations Section
- ❑ Initiate tracking system for patients and arriving community boarders and visitors that will remain in the facility during the storm

LOGISTICS

- ☐ ❑ Conduct equipment, supply, medication and personnel inventories and obtain additional supplies to sustain the facility for a minimum of 72 hours after the storm

FINANCE

- ❑ Establish pay codes for personnel to track hours associated with storm
- ☐ ❑ Assist with and facilitate procurement activities for supplies, equipment, medications and personnel

NATURAL DISASTER – MAJOR HURRICANE

INCIDENT RESPONSE GUIDE

Intermediate (Operational Period 2-12 Hours – During Storm)

COMMAND

(Incident Commander):

- ❑ Meet frequently with Command Staff and Section Chiefs to assess situation and facility status
- ❑ Ensure revision/update of the Incident Action Plan

(PIO):

☐

- ❑ Continue briefings to media, staff, patients and community boarders to update them on storm and hospital status
- ❑ Coordinate risk communication messages with the Joint Information Center, if able

(Liaison Officer):

- ❑ Maintain contact with local EOC other area hospitals to relay status and critical needs, and to receive storm and community updates

(Safety Officer):

- ❑ Maintain safety of patients, staff, community boarders and family to the best possible extent

OPERATIONS

☐

- ❑ Continue patient care and management activities
- ❑ Provide assistance to community boarders, as needed
- ❑ Conduct regular facility and infrastructure evaluations/assessments and respond immediately to damage or problems

PLANNING

☐

- ❑ Continue to track patient, bed, personnel and materiel and report status
- ❑ Update and revise the Incident Action Plan and distribute to Command Staff and Section Chiefs

FINANCE

☐

- ❑ Track and monitor all expenditures, response and storm damage/repair costs

NATURAL DISASTER – MAJOR HURRICANE

INCIDENT RESPONSE GUIDE

Extended (Operational Period Beyond 12 Hours – Post Storm)

COMMAND

(Incident Commander):

- ❑ Continue regular briefings and action planning meetings and modify incident objectives as needed to meet the current situation

☐ (PIO):

- ❑ Continue regularly scheduled briefings to media, patients, staff, family and community boarders
- ❑ Communicate regularly with the JIC to update hospital status and coordinate public information messages

OPERATIONS

- ❑ Continue patient care and management activities
- ❑ Provide mental health support to staff, patients, families and community boarders, as needed
- ☐ ❑ Conduct frequent facility re-assessments and initiate facility repairs and operations restoration plans
- ❑ Provide food, water and rest periods for staff
- ❑ Once storm is over and it is safe to do so, begin repatriation of boarders and expectant mothers to home; evaluate need to continue child care
- ❑ Determine when to resume normal activities and services

PLANNING

- ☐ ❑ Prepare plans to provide housing and other assistance for those staff displaced by the storm
- ❑ Update and revise the Incident Action Plan

LOGISTICS

- ❑ Continue to monitor and ration, if necessary, on-hand inventories of supplies, equipment, medications, food, and water
- ❑ Provide mental health support to staff, as needed
- ☐ ❑ Maintain internal and external communication systems and/or redundant communication systems
- ❑ Continue providing family care and day care services
- ❑ Determine, in collaboration with Operations Section, when to resume normal activities and services

NATURAL DISASTER – MAJOR HURRICANE

INCIDENT RESPONSE GUIDE

FINANCE

☐ ❑ Continue to track and monitor response and facility repair costs and expenditures and report to the Incident Commander

Demobilization/System Recovery

COMMAND

(Incident Commander):

❑ Determine hospital status and declare termination of the incident

(Liaison Officer):

❑ Communicate final hospital status and termination of the incident to local EOC, area hospital and officials

☐ ❑ Assist with the repatriation of patients transferred during the storm

(PIO):

❑ Conduct final media briefing and assist with updating staff, patients, community boarders, families and others of the termination of the event

(Safety Officer):

❑ Ensure facility safety and restoration of normal operations

❑ Ensure facility repairs are completed, in conjunction with the Operations Section

OPERATIONS

❑ Restore normal patient care operations

☐ ❑ Ensure restoration of utilities and communications

❑ Complete a facility damage report, progress of repairs and estimated timelines for restoration of facility to pre-event condition

PLANNING

❑ Complete a summary of operations, status, and current census

☐ ❑ Conduct after-action reviews and debriefings

❑ Develop the after-action report and improvement plan for approval by the Incident Commander

NATURAL DISASTER – MAJOR HURRICANE

INCIDENT RESPONSE GUIDE

LOGISTICS

☐
- ❑ Restock supplies, equipment, medications, food and water to pre-storm inventories
- ❑ Ensure communications and IT/IS operations return to normal
- ❑ Provide stress management and mental health support to staff

FINANCE

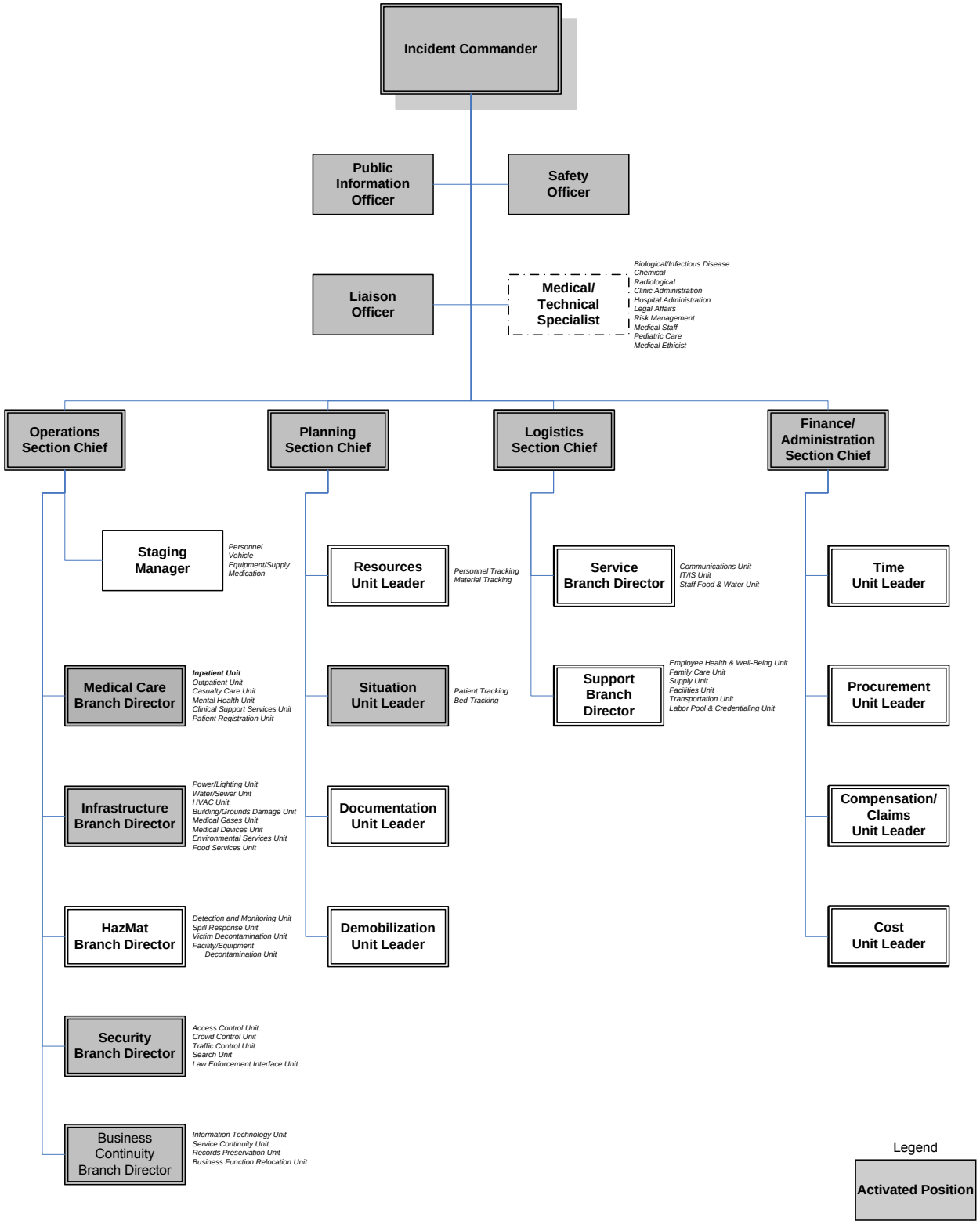
☐
- ❑ Compile a final report of response and facility repair costs for approval by the Incident Commander
- ❑ Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event
- ❑ Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures

Documents and Tools

☐	Hospital Emergency Operations Plan
☐	Hospital Damage Assessment Procedures and Documentation Forms
☐	Discharge Policy
☐	Emergency Procurement Policy
☐	Patient Tracking Policy
☐	Staff activity forms
☐	Interoperable Communications Plan

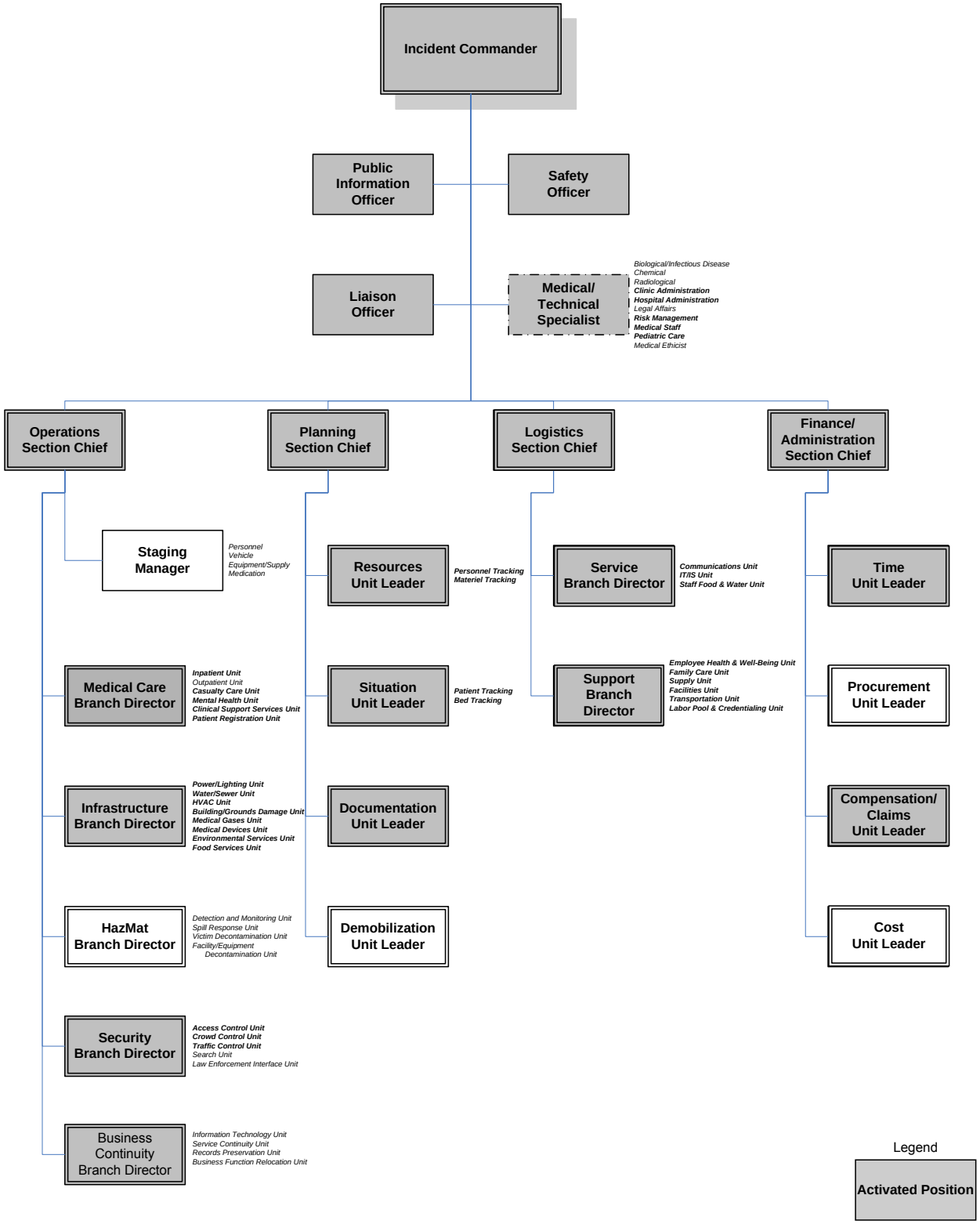
NATURAL DISASTER – MAJOR HURRICANE

INCIDENT MANAGEMENT TEAM CHART -- **IMMEDIATE**



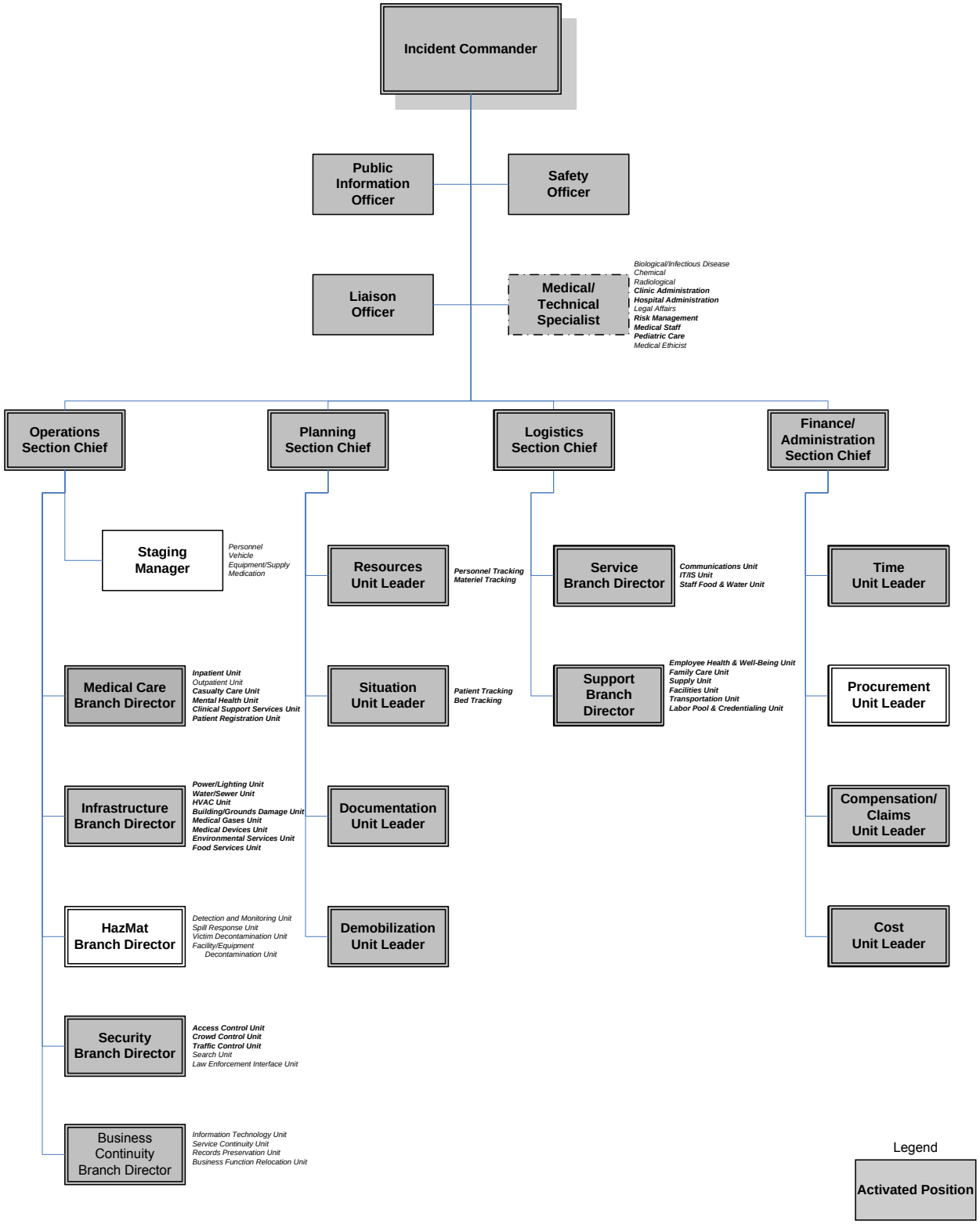
NATURAL DISASTER – MAJOR HURRICANE

INCIDENT MANAGEMENT TEAM CHART -- **INTERMEDIATE**



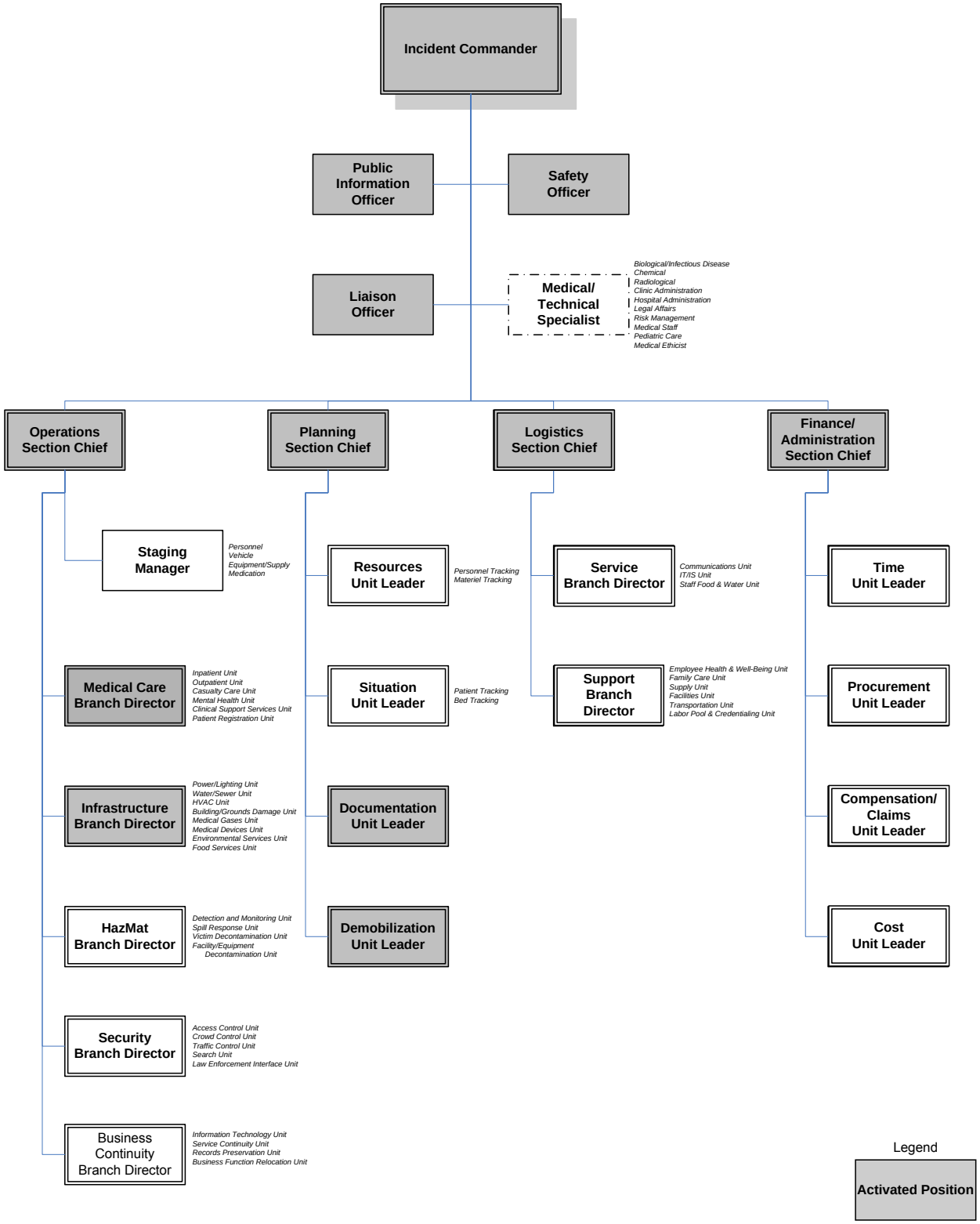
NATURAL DISASTER – MAJOR HURRICANE

INCIDENT MANAGEMENT TEAM CHART -- **EXTENDED**



NATURAL DISASTER – MAJOR HURRICANE

INCIDENT MANAGEMENT TEAM CHART -- **DEMOBILIZATION**



RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

SCENARIO

The Universal Adversary terrorist group detonates a Radiological Dispersal Device (RDD), or “dirty bomb,” containing cesium chloride in your city. Approximately a thirty-six block area is severely damaged and is contaminated with low levels of radiation. The bomb blast injures a large number of people, some with fragment wounds with radiological material imbedded. There are multiple fatalities. The first EMS and Fire responders into the scene are contaminated with low levels of radiation, but quickly a secure perimeter and triage/decontamination areas are established in the primary impact area.

Your hospital is located 5 miles from the blast zone and the explosion did not disrupt utilities (power, water and communications) to your facility. The local EOC, however, was impacted by the blast as it was located within the thirty-six block area.

Your hospital is notified of the bomb blast and the possible radiological contamination and you immediately prepare for contaminated victims that will self present at the facility without field decontamination.

RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital have a procedure securing the facility and controlling access and egress?
2.	Does your security department receive regular training on managing facility security and personal protection during a radioactive event?
3.	Does your hospital have a plan for decontamination of radiologically contaminated victims, including monitoring of staff and decontamination of the facility?
4.	Does your hospital train staff on radiological emergencies, including the appropriate level and type of personal protective equipment required?
5.	Does your hospital have a process to determine the safety threat to your facility from the radiological dispersal device blast and whether you need to shelter-in-place?
6.	Does your hospital have a procedure to obtain incident specific details from the emergency management agency and/or local Emergency Operations Center?
7.	Does your hospital have a procedure for detecting for and monitoring radiation levels in the facility and in people? If not, who would you contact to provide this service if needed?

Response & Recovery

1.	Does your hospital have radiological response and victim decontamination plan?
2.	Does your hospital have a plan to implement radiological monitoring and detection for staff, patients and visitors?
3.	Does your hospital have a protocol and criteria for determining shelter-in-place and/or evacuation of the facility is needed?
4.	Does your hospital have a procedure to provide appropriate PPE to staff and provide “just-in-time” training for staff participating in contaminated patient care?
5.	Does your hospital consider the possibility of being a secondary terrorist target and take appropriate measures to protect the facility?
6.	Does your hospital have a security plan to lock down the facility and control access and egress?
7.	Does your hospital have a protocol or know the process for establishing contact with the alternate local EOC in the case of the primary local EOC being rendered non-functional by the blast?
8.	Does your hospital’s security plan include the preservation and securing of evidence, contaminated patient belongs and specimens?
9.	Does your hospital have a procedure to interface with local, state and federal law enforcement agencies to interview patients, gather evidence and investigate the incident?
10.	Does your hospital prepare for the possibility that the perpetrator(s) is among the injured?

RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

INCIDENT PLANNING GUIDE

11.	Does your hospital have a procedure/system to obtain current information from local officials about the RDD (e.g., plume direction, weather considerations, damage assessments, progress reports, etc.)?
12.	Does your hospital have a communications plan that includes coordination with the local public health department and the local EOC/Joint Information Center?
13.	Does your hospital have a triage process to separate contaminated victims from non-contaminated persons presenting for care that were not involved in the incident?
14.	Does your hospital have procedures to manage radioactive shrapnel in traumatically injured and contaminated patients in surgery?
15.	Does your hospital have procedures to manage arriving patients with blast injuries?
16.	Does your hospital have a system and procedures to determine status of other area hospitals?
17.	Does your hospital have a procedure to obtain specialized equipment and supplies?
18.	Does your hospital have a procedure to establish a media conference area and provide regular briefings and updates, in collaboration with the JIC?
19.	Does your hospital have criteria to prioritize business continuity and recovery activities?
20.	Does your hospital have procedures to manage contaminated fatalities in conjunction with medical examiner and emergency management agency?
21.	Does your hospital have a procedure to track patients, beds, personnel and materiel?
22.	Does your hospital have a facility decontamination plan and procedures?
23.	Does your hospital have procedures to restore the facility and operations to normal?
24.	Does your hospital have a plan to provide mental health support and stress management debriefings to staff, patients and families?

RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

INCIDENT RESPONSE GUIDE

Mission: To provide care to radiologically contaminated and blast injuries after a terrorist attack with a radiological dispersal device that does not directly impact or contaminate the hospital.

Directions

- ☐ Read this entire response guide and review incident management team chart
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed

Objectives

- ☐ Protect the facility, patients and staff from contamination and injury
- ☐ Detect and monitor radiation levels
- ☐ Provide patient care and decontamination
- ☐ Communicate with the local EOC and emergency response partners
- ☐ Cooperate with and assist law enforcement with investigative activities
- ☐ Safely decontaminate the facility and restore normal operations

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- ❑ Appoint Command Staff, Section Chiefs and Medical/Technical Specialist – Radiological
- ❑ Activate the Emergency Operations Plan and the radiological decontamination plan
- ❑ Determine the radiological threat to the facility and the need for shelter-in-place

☐ (PIO):

- ❑ Establish a media staging area and prepare media briefings in collaboration with the Joint Information Center and other area hospitals

(Liaison Officer):

- ❑ Establish contact with the alternate local EOC, other response partners and area hospitals to determine incident details, community status and estimates of casualties
- ❑ Contact appropriate authorities and experts for support and recommendations for radiological contamination

RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

INCIDENT RESPONSE GUIDE

COMMAND

(Safety Officer):

- ☐ ❑ Ensure activation of the radiological decontamination plan
- ❑ Ensure the safe and consistent use of appropriate personal protective equipment by staff

(Medical/Technical Specialist-Radiological):

- ❑ Assist in obtaining specific information regarding radiological agent such as antidotes, treatment, decontamination procedures, etc.

OPERATIONS

- ❑ Activate the radiological decontamination plan
- ❑ Secure the facility and establish access and egress routes and crowd control protocols
- ☐ ❑ Conduct a census of inpatients and clinic patients and prioritize for discharge or cancellation of appointment/procedures to accommodate the incoming surge of patients
- ❑ Activate the shelter-in-place plan, if necessary
- ❑ Establish and secure area(s) for collection of contaminated belongings and valuables

PLANNING

- ❑ Initiate patient, bed, personnel and materiel tracking
- ☐ ❑ Establish operational periods and develop Incident Action Plan, in collaboration with the Incident Commander
- ❑ Initiate patient, bed, personnel and materiel tracking
- ❑ Establish operational periods and develop incident objectives and the Incident Action Plan, in collaboration with the Incident Commander

LOGISTICS

- ❑ Ensure internal and external communications and IT/IS systems are operational
- ☐ ❑ Initiate staff radiation monitoring
- ❑ Anticipate an increased need for medical and surgical supplies, medications and equipment and take actions to obtain needed supplies
- ❑ Initiate staff call-in systems to increase hospital staffing

RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

INCIDENT RESPONSE GUIDE

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- ❑ Review the overall impact of the ongoing incident on the facility with Command Staff and Section Chiefs
- ❑ Re-evaluate the need to shelter-in-place
- ❑ Consider deploying a Liaison Officer to the alternate local EOC

(PIO):

- ❑ Establish a patient information center, coordinate with the Liaison Officer
- ❑ Establish a media center and conduct regular media briefings
- ❑ Coordinate messages with the Joint Information Center

☐ (Liaison):

- ❑ Contact area hospitals and healthcare partners through local emergency management to assess their capabilities
- ❑ Maintain communication with the local EOC to relay hospital status and requests and obtain current situation status information

(Safety Officer):

- ❑ Continue to monitor and ensure proper use of personal protective equipment and decontamination procedures
- ❑ Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

(Medical/Technical Specialist-Radiological):

- ❑ Support Operations Section as needed. Continue to provide expert input into Incident Action Planning process

OPERATIONS

☐

- ❑ Activate fatalities management plan and management of contaminated remains

PLANNING

☐

- ❑ Update and revise the incident objectives and the Incident Action Plan
- ❑ Continue patient, bed, personnel and materiel tracking

RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

INCIDENT RESPONSE GUIDE

LOGISTICS

☐

- ❑ Continue employee monitoring for radiation and provide appropriate follow up
- ❑ Establish family care area, if needed
- ❑ Continue to inventory supplies, equipment, blood products, medications and obtain additional supplies as needed
- ❑ Ensure safety of the facility and provide essential services
- ❑ Initiate staff call-in and provide additional staff to impacted areas

FINANCE

☐

- ❑ Track response expenses and expenditures
- ❑ Investigate staff or patient exposures or injuries and implement risk management/claims procedures

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

- ❑ Reassess incident objectives and Incident Action Plan, revise as indicated by the response priorities and mission

(PIO):

- ❑ Provide briefings and situation updates for staff, patients, visitors and families
- ❑ Continue to conduct regular media briefings in coordination with the JIC

☐

(Safety Officer):

- ❑ Continue to oversee safety measures and use of personal protective equipment for staff, patients and visitors
- ❑ Monitor radiation exposures and decontamination operations

(Medical/Technical Specialist-Radiological):

- ❑ Continue to support Operations Section as needed. Continue to provide expert input into Incident Action Planning process

RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

INCIDENT RESPONSE GUIDE

OPERATIONS

- ❑ Continue patient care and management activities
- ❑ Continue security measures and control of traffic and crowds

☐

- ❑ Ensure enforcement of hospital policies and provide liaison with local, state and federal law enforcement agencies when interviewing patients and collecting evidence
- ❑ Provide for facility decontamination
- ❑ Initiate return to normal activities of the hospital, as appropriate

PLANNING

☐

- ❑ Continue patient, bed, materiel and personnel tracking
- ❑ Update and revise the Incident Action Plan, in collaboration with the Incident Commander

FINANCE

☐

- ❑ Continue to track response costs and expenditures and prepare regular reports for the Incident Commander
- ❑ Facilitate procurement of needed supplies, equipment and contractors

Demobilization/System Recovery

COMMAND

(Incident Commander):

- ❑ Ensure demobilization and recovery is in progress
- ❑ Announce termination of event or “all clear” when appropriate

☐ (PIO):

- ❑ Conduct final media briefing including hospital status, appropriate patient information and incident status, in coordination with the JIC
- ❑ Deactivate the patient information center
- ❑ Communicate final status to the JIC

RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

INCIDENT RESPONSE GUIDE

COMMAND

(Liaison Officer):

☐
- ❑ Communicate hospital status and demobilization to the local EOC, area hospitals and other local officials

(Safety Officer):

- ❑ Ensure safe return of hospital to normal operations
- ❑ Ensure facility decontamination

OPERATIONS

- ❑ Return patient care and services to normal operations

☐
- ❑ Ensure decontamination of facility
- ❑ Ensure proper disposal of contaminated waste and waste water
- ❑ Provide mental health support services for patients and their families

PLANNING

- ❑ Write after-action report and improvement plan to include the following:

☐
  - Summary of actions taken
  - Summary of the incident
  - Actions that went well
  - Area for improvement
  - Recommendations for future response actions
  - Recommendations for correction actions

LOGISTICS

- ❑ Restock all hospital supplies, equipment and medications to normal levels

☐
- ❑ Initiate long term monitoring of employees exposed to radiation and/or participating in decontamination or patient care activities
- ❑ Assist in restoring hospital services to normal operations
- ❑ Provide mental health support and stress management services, as appropriate

RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

INCIDENT RESPONSE GUIDE

FINANCE

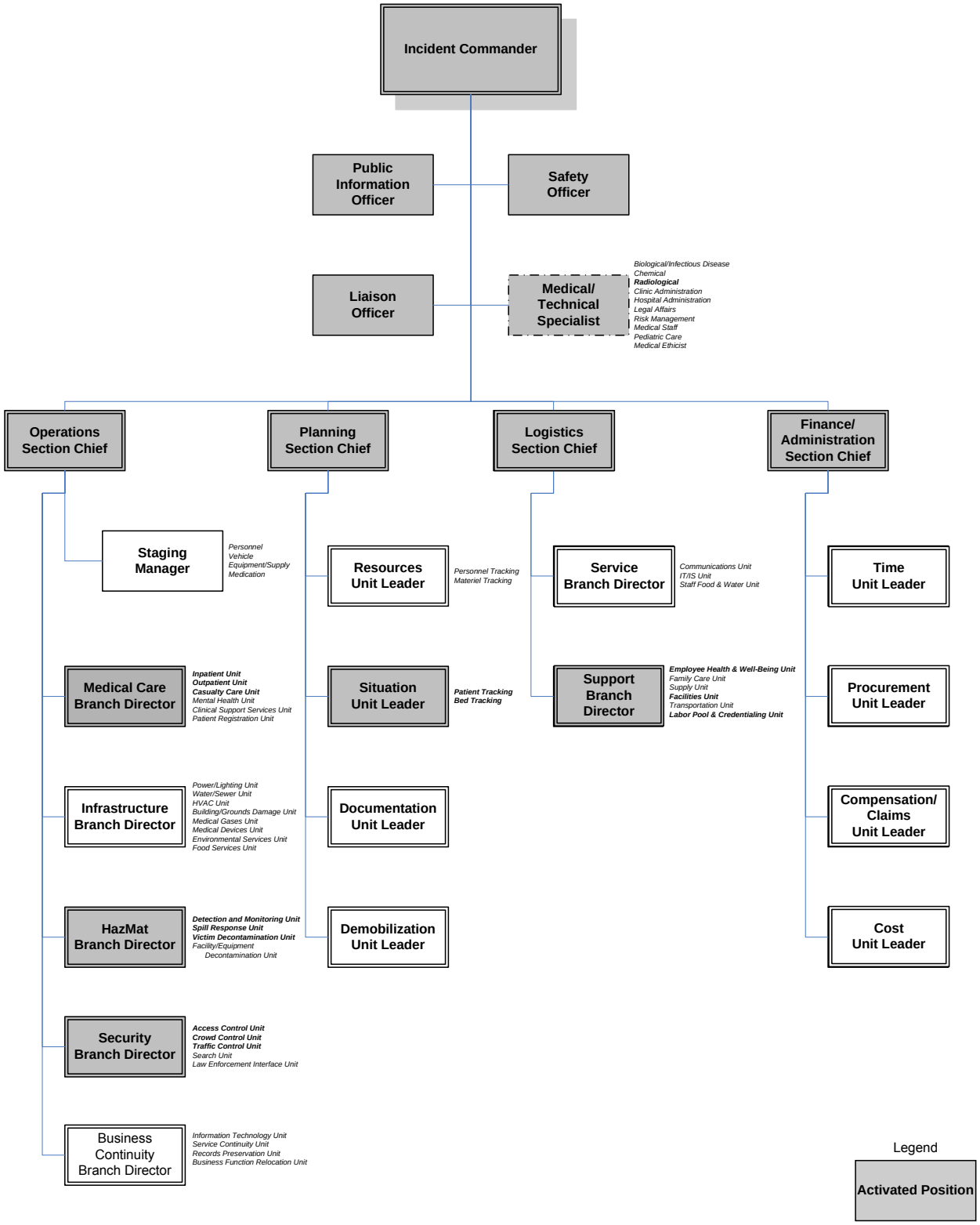
- ☐ ❑ Compile final response and recovery expenditure and expense reports and submit to the Incident Commander for approval and to distribution to appropriate authorities for reimbursement

Documents and Tools

- ☐ Hospital Emergency Preparedness Plan
- ☐ Disaster Plan Call List
- ☐ Hospital Damage Assessment Procedures
- ☐ Hospital Decontamination Plan
- ☐ HICS forms

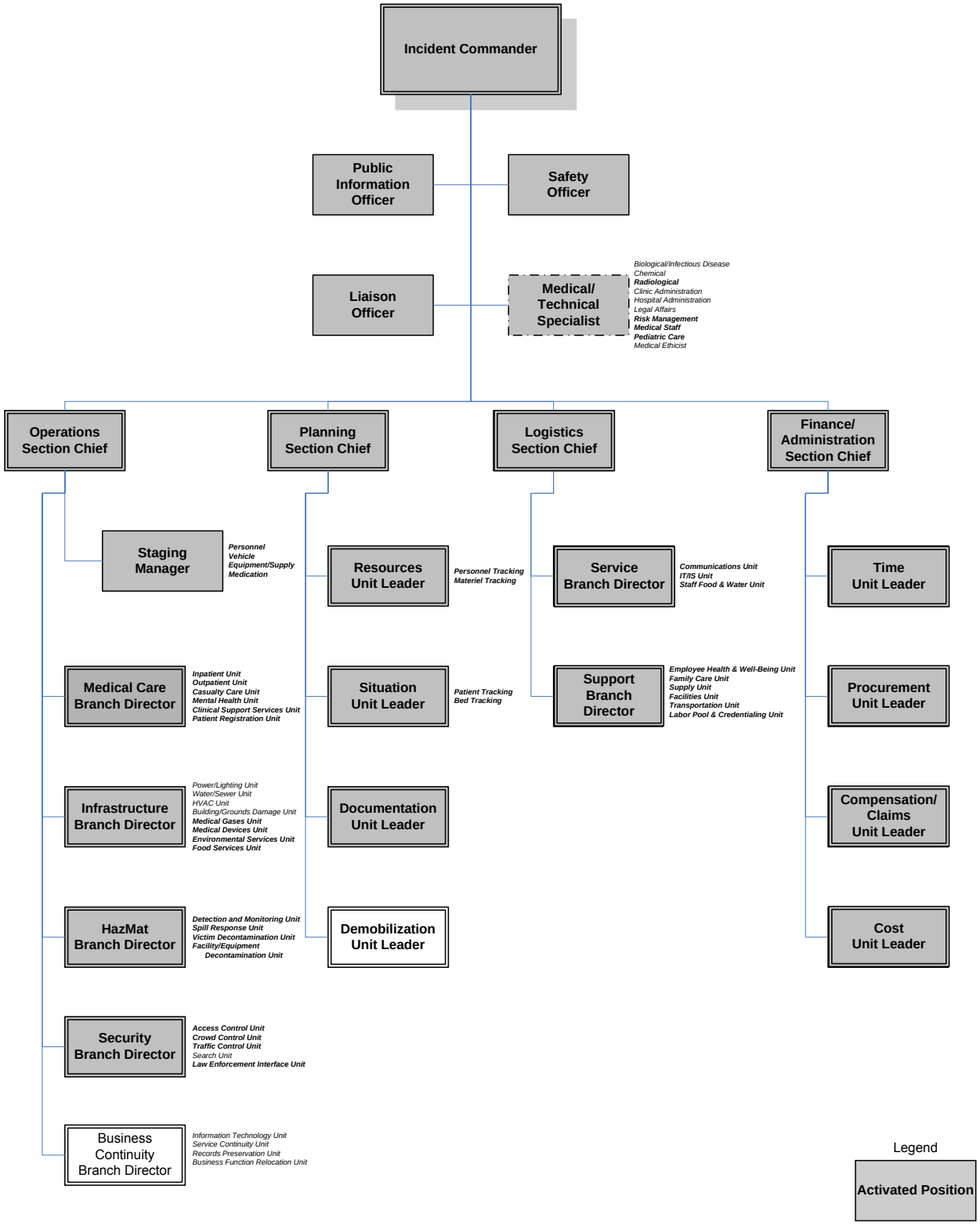
RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

INCIDENT MANAGEMENT TEAM CHART -- **IMMEDIATE**



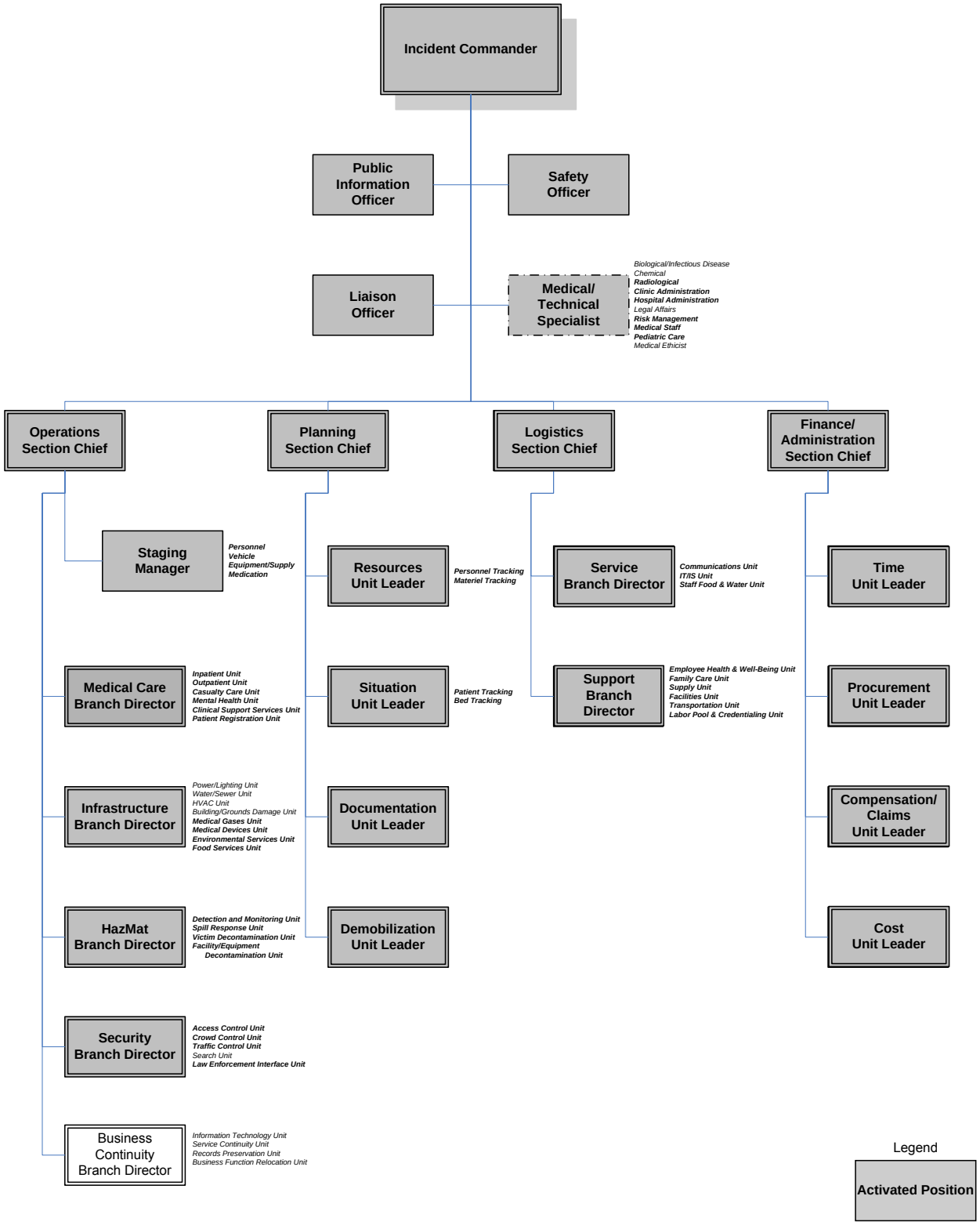
RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

INCIDENT MANAGEMENT TEAM CHART -- **INTERMEDIATE**



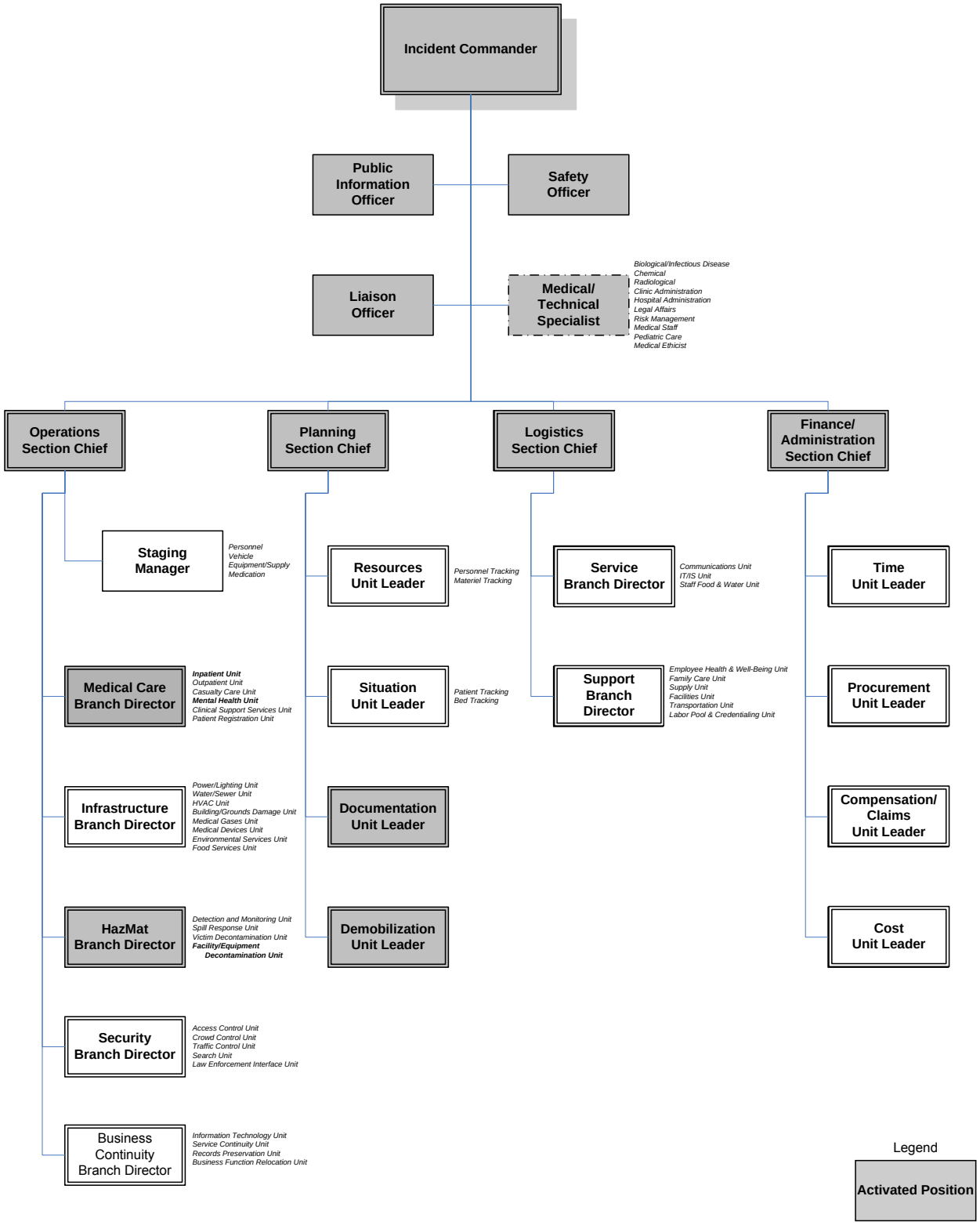
RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

INCIDENT MANAGEMENT TEAM CHART -- **EXTENDED**



RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

INCIDENT MANAGEMENT TEAM CHART -- **DEMOBILIZATION**



EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

SCENARIO

The Universal Adversary terrorist group has detonated a vehicle bomb in the parking lot of the community's largest public building during business hours. The building is currently hosting a convention with large numbers of people attending the event. Part of the structure has collapsed and fires are burning throughout the facility. There is severe blast and fire damage to the surrounding buildings.

There are a large number of people with trauma and burn injuries, including children. There are an unknown number of people trapped in the primary and surrounding buildings. There are many fatalities.

Your hospital is the closest medical center to the public building, but has not been damaged by the blast. Water, power and communications services are functioning normally in the area. Victims and the uninjured begin arriving at the facility within 15 minutes of the blast.

EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital have procedures and systems to communicate with local EMS and emergency management for situation/incident information and estimated numbers of casualties?
2.	Does your hospital have procedures to secure the facility and control access and egress?
3.	Does your hospital have a plan to implement surge capacity plans and accommodate large numbers of patients with trauma, blast and burn injuries?
4.	Does your hospital have procedures to rapidly increase blood products supplies?
5.	Does your hospital have procedures to determine if the bomb contained radioactive or biological agents and prepare for the possibility of contaminated victims?
6.	Does your hospital have procedures for collecting forensic evidence for law enforcement?
7.	Does your hospital provide training to security and other personnel on how to recognize and respond to suspicious activity, including unidentified packages and persons exhibiting suspicious behavior?

Response & Recovery

1.	Does your hospital have protocols and systems to communicate with the local EOC to relay hospital status and request assistance and supplies and to obtain situation and community status?
2.	Does your hospital have a procedure to ascertain the status of other area hospitals?
3.	Does your hospital have procedures to rapidly triage trauma and burn patients and prioritize care and resources?
4.	Does your hospital have a procedure to notify field incident command of hospital decontamination location, and ingress and egress routes for EMS?
5.	Does your hospital have MOUs or agreements with trauma and burn centers to transfer patients for specialty care?
6.	Does your hospital consider that you may be a secondary target and implement appropriate security precautions?
7.	Does your plan include an emergency patient registration procedure?
8.	Does your hospital have a procedure to regularly inventory bed availability/census?
9.	Does your hospital have a procedure to provide scheduled family briefings and provide for a family assistance center?
10.	Does your hospital have a process to modify family visitation policy?
11.	Does your hospital have a process to establish a Media Conference area, a procedure to provide scheduled media briefings in conjunction with local EOC/JIC, and a plan to work with local EOC to address risk communication issues for the public?

EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT PLANNING GUIDE

12.	Does your hospital have a process to address fatality issues in conjunction with law enforcement and medical examiner/coroner?

EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT RESPONSE GUIDE

Mission: To safely manage the influx of patients due to the detonation of an IED.

Directions

- ☐ Read this entire response guide and review incident management team chart
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed

Objectives

- ☐ Prepare for the influx/surge of trauma and burn victims
- ☐ Ensure facility security
- ☐ Patient triage and medical management
- ☐ Collect forensic evidence for law enforcement
- ☐ Communicate situation status and information to staff, patients, media and the public

Immediate (Operational Period 0-2 Hours)

☐

COMMAND

(Incident Commander):

- ❑ Activate the Command Staff and Section Chiefs
- ❑ Receive notification about the incident from local officials
- ❑ Notify the emergency department of possible incoming trauma, blast and burn casualties
- ❑ Activate the Emergency Operations Plan and the HCC
- ❑ Establish operational periods
- ❑ Establish operational objectives

(PIO):

- ❑ Monitor media outlets for updates on the incident and possible impacts on the hospital
- ❑ Establish a patient information center; coordinate with the Liaison Officer
- ❑ Establish a media staging/briefing area initiate media/communications plan

EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT RESPONSE GUIDE

COMMAND

(Liaison):

- ❑ Establish communication with the field providers and the local EOC to ascertain incident information
- ❑ Communicate with other healthcare facilities to determine:
  - ❑ Situation status
  - ❑ Surge capacity including trauma and burn beds
  - ❑ Patient transfer/bed availability
  - ❑ Capability to loan needed equipment, supplies, medications, personnel, etc.

☐

(Safety Officer):

- ❑ Monitor safety practices related to staff, patients, and facility, and implement corrective actions to address or correct the problems

(Medical/Technical Specialist-Pediatric Care):

- ❑ Assist Operations Section Chief in identifying specific medical care management needs of children injured by the incident.

OPERATIONS

- ❑ Activate Medical Care, Infrastructure, HazMat, and Security Branch Directors
- ❑ Notify the emergency department of possible incoming trauma and burn casualties
- ❑ Consider the possibility of contaminated victims. Check for radiation and biological contamination of incoming casualties. If necessary, activate appropriate Medical/Technical Specialist
- ❑ Conduct hospital and clinic census to determine early discharges
- ❑ Provide facility security, traffic and crowd control

☐

- ❑ Activate surge capacity plan and patient registration emergency procedures
- ❑ Prepare for fatalities in conjunction with local law enforcement, coroner/medical examiner and local EOC
- ❑ Rapidly triage and prioritize patient care and resources
- ❑ Arrange for transfer of critical trauma and burn patients to specialty care facilities, as appropriate
- ❑ Implement evidence collection procedures
- ❑ Liaison with law enforcement official to interview patients and gather evidence

EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT RESPONSE GUIDE

PLANNING

☐
- ❑ Prepare and implement patient, bed, materiel and personnel tracking
- ❑ Establish operational periods and develop Incident Action Plan, in collaboration with the Incident Commander

LOGISTICS:

☐
- ❑ Initiate staff call-back procedures to obtain additional staffing for impacted areas
- ❑ Conduct an inventory of critical supplies, equipment, medications and blood products and obtain additional supplies as needed
- ❑ Ensure functionality of communications and IT/IS systems

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- ❑ Review incident objectives and Incident Action Plan, modify as needed

(PIO):

- ❑ Establish a patient information center, in collaboration with Liaison Officer
- ❑ Manage media relations, public information, risk communication and integrate public relations activities with the Joint Information Center

☐ (Liaison Officer):

- ❑ Continue regular communication with the local EOC and other officials to ascertain situation status and communicate hospital status and needs

(Safety Officer):

- ❑ Continue to monitor safety practices of staff and patient safety and use of personal protective

(Medical/Technical Specialist-Pediatric Care):

- ❑ Assist Operations Section Chief in meeting specific medical care management needs of children injured by the incident.

EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT RESPONSE GUIDE

OPERATIONS

- ☐ ❑ Implement procedures for patient valuables management, evidence collection and security
- ❑ Continue patient care and management activities
- ❑ Implement family notification procedures in conjunction with family assistance center operations
- ❑ Ensure rapid patient registration
- ❑ Ensure proper waste water and expendable materials disposal
- ❑ Continue facility security, traffic and crowd control
- ❑ Continue to liaison with law enforcement agencies
- ❑ Implement forensic/evidence collection policies and procedures

PLANNING

- ☐ ❑ Continue patient, bed, materiel and personnel tracking
- ❑ Update and revise the Incident Action Plan
- ❑ Ensure documentation of patient care and hospital response

LOGISTICS

- ❑ Provide mental health support services for staff
- ☐ ❑ Facilitate procurement of supplies, equipment and medications for response and patient care
- ❑ Continue to provide supplemental staffing to impacted areas to maintain operations
- ❑ Ensure communications systems and IT/IS functionality

FINANCE/ADMINISTRATION

- ☐ ❑ Continue tracking response costs and claims and report to the Incident Commander

EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT RESPONSE GUIDE

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

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

(Public Information Officer):

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

(Liaison Officer):

☐

- ❑ Continue to ensure integrated response with local EOC
- ❑ Continue to communicate personnel/equipment/supply needs to local EOC
- ❑ Continue to update local public health of any health problems/trends identified

(Safety Officer):

- ❑ Continue to monitor safety practices and take appropriate corrective actions

(Medical/Technical Specialist-Pediatric Care):

- ❑ Continue to assist Operations Section Chief in meeting specific medical care management needs of children injured by the incident

OPERATIONS

- ❑ Continue patient care and management activities
- ❑ Facilitate law enforcement requests for patient/staff interviewing

☐

- ❑ Maintain infrastructure support and services
- ❑ Continue security measures
- ❑ Plan for demobilization and system recovery

PLANNING

- ❑ Review and update the Incident Action Plan and plan for demobilization and system recovery

☐

- ❑ Ensure documentation is being completed by all Sections
- ❑ Continue patient, personnel, materiel and bed tracking

EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT RESPONSE GUIDE

LOGISTICS

☐
- ❑ Provide for staff food and water
- ❑ Ensure adequate supplies, equipment, personnel and facilities to support extended response operations

FINANCE/ADMINISTRATION

☐
- ❑ Compile response costs and submit to the Incident Commander
- ❑ Track any claims/injuries and complete appropriate documentation, compile report

Termination/System Recovery

COMMAND

(Incident Commander):

- ❑ Oversee and direct demobilization and system recovery operations

(Public Information Officer):

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

(Liaison Officer):

- ❑ Prepare a summary of the status of the hospital and disseminate to Command staff/Section Chiefs and to public health/EMS as appropriate

(Safety Officer):

- ❑ Oversee safe restoration to normal operations

OPERATIONS

☐
- ❑ Return patient care and services to normal operations
- ❑ Ensure evidence and appropriate documentation are provided to law enforcement officials

EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT RESPONSE GUIDE

PLANNING

- ❑ Finalize the Incident Action Plan and demobilization plan
- ❑ Compile a final report of the incident and hospital response and recovery operations
- ❑ Ensure appropriate archiving of incident documentation
- ❑ Write after-action report and corrective action plan to include the following:

☐

- Summary of actions taken
- Summary of the incident
- Actions that went well
- Area for improvement
- Recommendations for future response actions
- Recommendations for correction actions

LOGISTICS

☐

- ❑ Provide for mental health (acute and long term) services for staff and patients, in collaboration with Operations Section
- ❑ Restock supplies, equipment, medications and blood products to normal levels

FINANCE/ ADMINISTRATION

☐

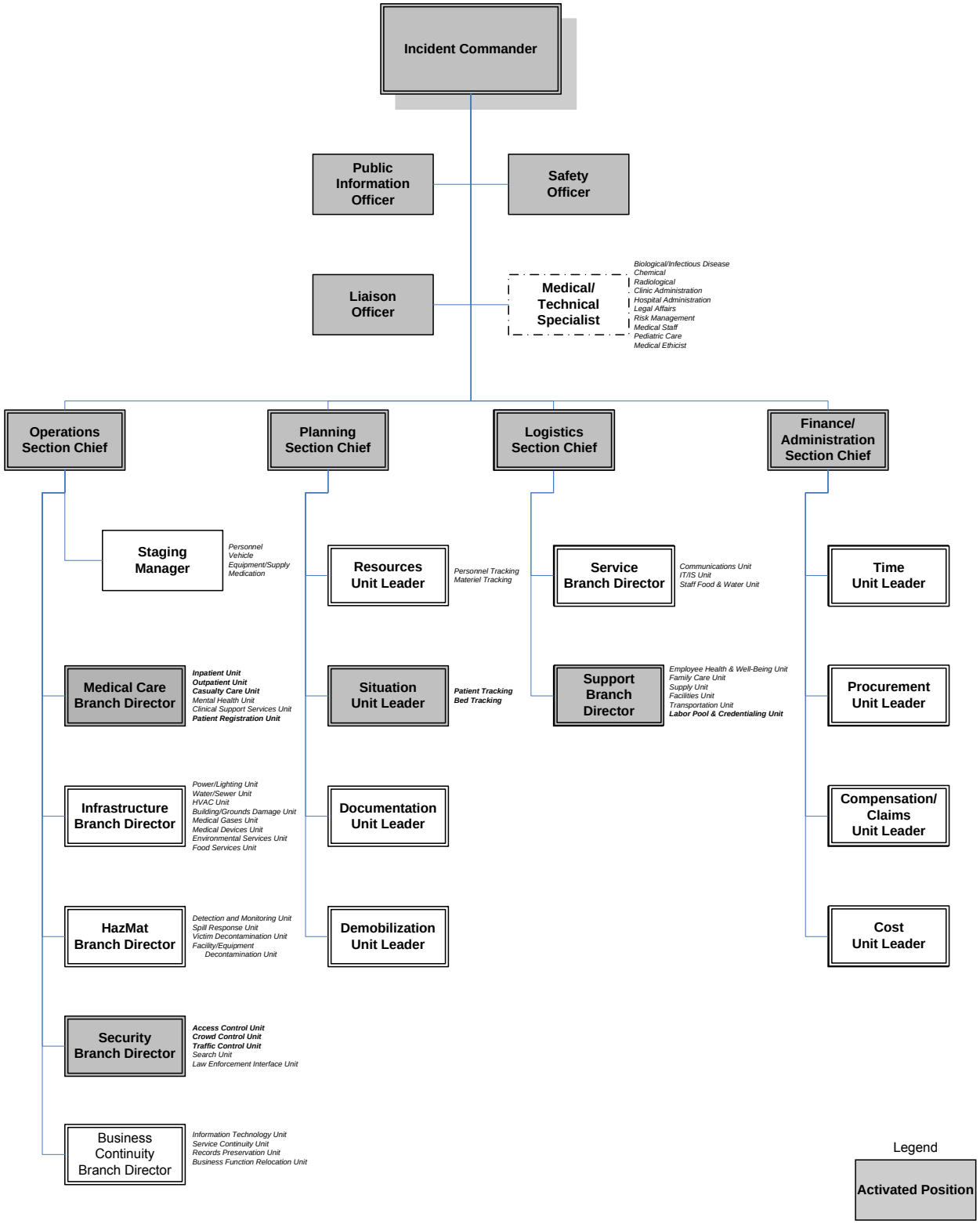
- ❑ Submit final response expenses to the Incident Commander for approval and to appropriate external authorities for reimbursement or other assistance

Documents and Tools

☐	Hospital Emergency Operations Plan
☐	Hospital Decontamination Protocol
☐	Evidence Collection Policy
☐	Surge Capacity Plan/Mass Casualty Plan

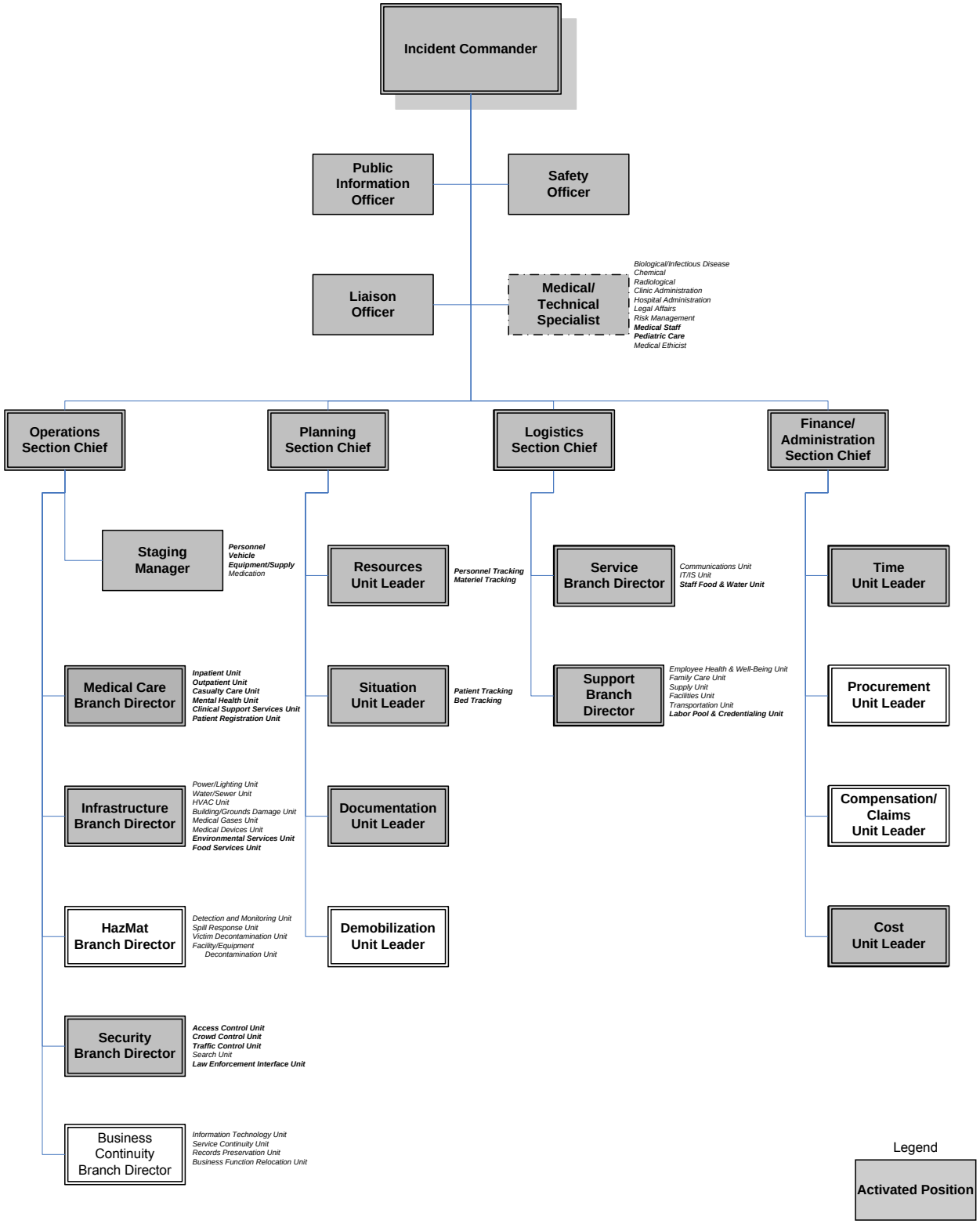
EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT MANAGEMENT TEAM CHART -- **IMMEDIATE**



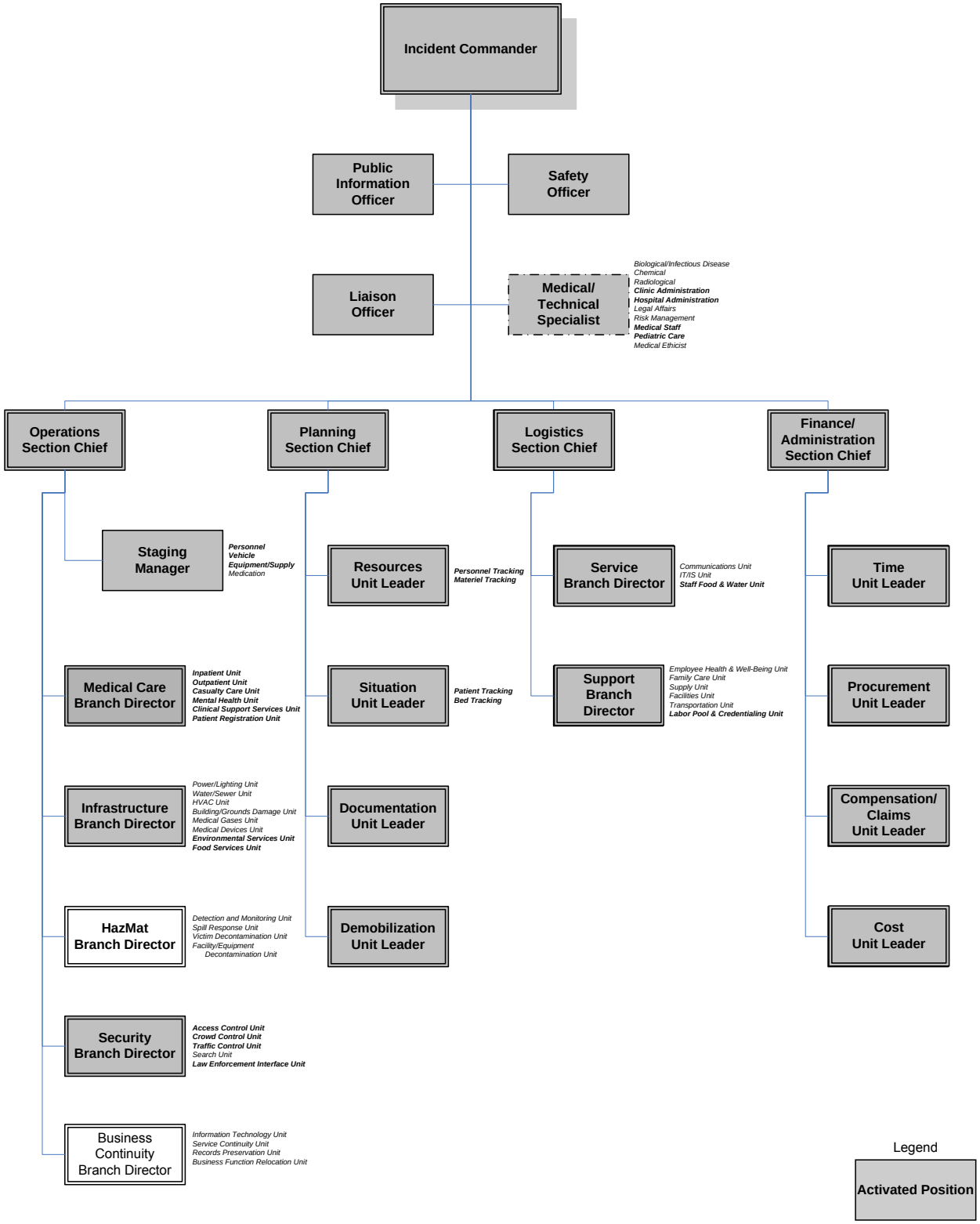
EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT MANAGEMENT TEAM CHART -- **INTERMEDIATE**



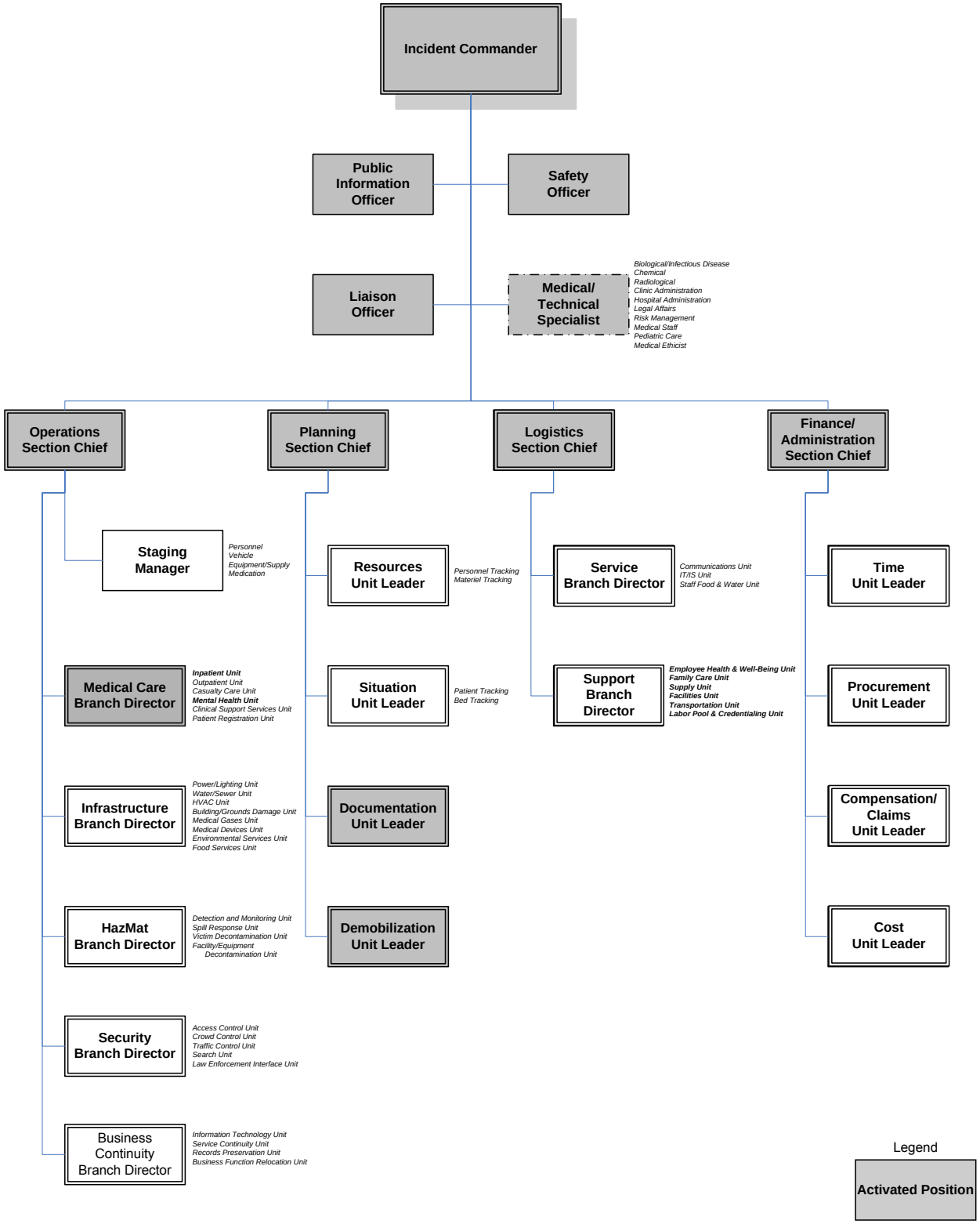
EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT MANAGEMENT TEAM CHART -- **EXTENDED**



EXPLOSIVES ATTACK – IMPROVISED EXPLOSIVE DEVICE

INCIDENT MANAGEMENT TEAM CHART -- **DEMOBILIZATION**



BIOLOGICAL ATTACK – FOOD CONTAMINATION

SCENARIO

The Universal Adversary terrorist group has acquired sensitive information revealing detailed vulnerabilities of a specific food production site and has delivered liquid *Clostridium botulinum* to pre-selected terrorist plant workers. Two batches of prepared luncheon meats are contaminated with *C. botulinum*, with distribution to cities on the West Coast, a Southwestern state, and a state in the Northwest. Three batches of orange juice are also contaminated with *C. botulinum* and have been distributed to these same cities.

Over the last three days, a large number of adults, children and the elderly become seriously ill with botulism. While there are some mild cases, most are seriously ill, develop descending paralysis and require long term ventilatory support and intensive care. Local and state public health and the CDC initiate source investigations and identify the luncheon meats and orange juice batches as contaminated and issue public health alerts. There is a recall of the products; however, most were already sold. Public health is concerned that more cases may develop and issue national public alerts in multimedia formats.

Hospitals in these cities are overwhelmed with the large number of cases requiring critical care. State and national supplies of *C. botulinum* antitoxin are insufficient to meet the patient numbers, so antitoxin is reserved for the most severe cases. There are many fatalities from botulism.

Media reports this terrorism incident and there is widespread public concern about food contamination: non-symptomatic people are seeking medical care and prophylaxis to prevent illness, further taxing the healthcare system even in non-affected areas across the nation.

Your hospital is located in one of the impacted areas and a few cases of botulism have been diagnosed and hospitalized. You anticipate a large influx of victims and the concerned public to seek care at the hospital.

BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital have procedures to obtain incident details, information about the contaminant, and the estimated number of victims from local and state public health and emergency management and the CDC?
2.	Does your hospital have access to a public health communication system such as the Health Alert Network/ to receive information and alerts from the local public health department?
3.	Does your hospital have key contacts and protocols to notify and provide appropriate patient information to local Public Health?
4.	Does your hospital have a procedure to monitor ED and clinic activity and inpatient census for trends and to report this information to appropriate partners?
5.	Does your hospital have an infectious disease/biological terrorism response plan or annex to your Emergency Operations Plan? Is the plan integrated and coordinated with other hospitals, clinics, EMS, public health, public safety and local emergency management agency?
6.	Does your hospital have an infectious disease surge plan to expand patient care capacities and capabilities including the following: • Rapid identification, triage and isolation practices in the Emergency Department and clinics? • Canceling elective surgeries and outpatient clinics/testing? • Establishing alternate care sites?
7.	Does your hospital have a protocol for requesting antitoxins (i.e. *C. botulinum* antitoxin) from local or state public health?
8.	Does your hospital provide education to staff in recognition of, treatment for and reporting disease outbreaks including biological terrorism and food contamination?
9.	Does your hospital have a protocol/procedure to provide infection control information and just-in-time training to staff about required infection control precautions and personal protective equipment?
10.	Does your hospital have a plan to provide appropriate personal protective equipment to laboratory personnel?
11.	Does your hospital have a plan for safely packaging, identifying, maintaining the chain of evidence of and transferring lab specimens to local, state and federal labs,?
12.	Does your hospital have a plan for increasing capability to perform specific screening tests for designated pathogens, including *C. botulinum*?
13.	Does your hospital maintain a contact directory (i.e., call-back lists) for essential personnel and exercise the call-back system?

BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT PLANNING GUIDE

14.	Does your hospital have a fatality management plan that addresses: • Integration with local/state medical examiner/coroner? • Mass fatality? • Management of contaminated decedents? • Family notification procedures? • Mental health support for family and staff? • Documentation?
15.	Does your hospital have a plan for communicating with the media, in conjunction with the local EOC and Joint Information Center?

Response & Recovery

1.	Does your hospital have procedures to obtain a current and accurate and hospital and clinic census?
2.	Does your hospital have procedures to verify that the ED has the staff and supplies needed for the immediate situation?
3.	Does your hospital have triggers and criteria for implementing the patient surge capacity plan?
4.	Does your hospital have criteria for prioritizing the use and allocation of scarce resources (i.e., ventilators, antitoxins, critical care beds)?
5.	Does your hospital have procedures to notify security, secure the facility and control traffic access and egress and crowds?
6.	Does your hospital have for a plan to provide regular staff, family and visitor briefings and updates?
7.	Does your hospital have a plan to provide regular media briefings and provide appropriate clinical/patient information, in conjunction with the JIC?
8.	Does your hospital have a plan to adjust staff schedules to meet the patient surge for an extended period?
9.	Does your hospital have procedures to ensure continuation of essential patient care?
10.	Does your hospital's continuity of operations plans include the continuation of essential non-patient care services (i.e., trash pick-up, food service delivery, linen and laundry services, etc)?
11.	Does your hospital have a system to track patients, beds, personnel and materiel?
12.	Does your hospital have plans to restore normal medical care operations?
13.	Does your hospital have plans for restoring facility visitation?
14.	Does your hospital have plans for restoring non-essential service operations (i.e., gift shop)?

BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT PLANNING GUIDE

15.	Does your hospital have a procedure to safely maintain custody of contaminated evidence for release to proper (verified) authority?
16.	Does your hospital have a plan to provide medical and mental health support to staff, patients, and their families?
17.	Does your hospital have procedures to collaborate with public health and law enforcement to investigate the incident, including evidence collection and release of patient information?
18.	Does your hospital have procedures for evidence collection and preservation?
19.	Does your hospital have for a protocol for updating the Incident Action Plan and for reviewing decisions made and actions undertaken to accomplish the mission?
20.	Does your hospital have a plan for extended operations, and demobilization and system recovery?

BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT RESPONSE GUIDE

Mission: To effectively and efficiently triage, treat and track a surge of victims with illness from contaminated food/biological terrorism; to assist public health in identifying the source and scope of food contamination; and to manage non-symptomatic patients, family members, and the media.

Directions

- ☐ Read this entire response guide and review incident management team chart
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed

Objectives

- ☐ Patient triage and medical management
- ☐ Prioritization of limited resources including ventilators, critical care beds, medications
- ☐ Patient history investigation and interface with public health and law enforcement
- ☐ Safety and security of the facility

Immediate Actions (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- ❑ Activate the Medical/Technical Specialist – Biological/Infectious Disease to assess the incident
- ❑ Activate Command staff and Section Chiefs
- ❑ Implement regular briefing schedule for Command staff and Section Chiefs
- ❑ Implement patient surge capacity plan and other emergency management plans
- ❑ Cancel elective surgeries and outpatient/clinics testing

☐ (Medical/Technical Specialist – Biological/Infectious Disease):

- ❑ Verify the following from the Emergency Department and outpatient clinics and local public health officials:
  - Number and condition of patients, including the asymptomatic patients
  - Type of biological/infectious disease and the case definition
  - Medical problems present besides biological/infectious disease involved
  - Measures taken (i.e., cultures, supportive treatment)
  - Potential for and scope of communicability
  - Appropriate isolation precautions and recommended personal protective equipment

BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT RESPONSE GUIDE

COMMAND

(Liaison Officer):

- ❑ Communicate with local Public Health to identify food contaminant and source(s), to identify required patient history questions, case definition and to determine the number of casualties expected and their condition
- ❑ Collaborate with the Medical/Technical Specialist to consult with or communicate with external agencies as appropriate
- ❑ Communicate with Public Health to determine the possible number of patients

(Public Information Officer):

- ❑ Monitor media outlets for updates on the biologic disease outbreak and possible impacts on the hospital
- ❑ Establish a media staging area and provide regular situation briefings, in collaboration with the Joint Information Center

☐

(Safety Officer):

- ❑ Conduct ongoing analysis of existing response practices for health and safety issues

(Medical/Technical Specialist – Biological/Infectious Disease):

- ❑ Verify the following from the Emergency Department and outpatient clinics and local public health officials:
  - Number and condition of patients, including the asymptomatic patients
  - Type of biological/infectious disease and the case definition
  - Medical problems present besides biological/infectious disease involved
  - Measures taken (i.e., cultures, supportive treatment)
  - Potential for and scope of communicability
  - Appropriate isolation precautions and recommended personal protective equipment

BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT RESPONSE GUIDE

OPERATIONS

- ☐ ❑ Notify the emergency department of possible incoming casualties that are experiencing symptoms of food-borne illness, case definition and required patient histories
- ☐ ❑ Ensure proper triage of incoming incident-related and other emergency patients or asymptomatic patients. Coordinate with Security, if necessary
- ☐ ❑ Conduct hospital census and determine if discharges and appointment cancellations are required
- ☐ ❑ Lockdown the facility to prevent patient and media surge from entering, and establish a clear perimeter with directions to the Triage Area
- ☐ ❑ Plan for possible prioritization of scarce resources (i.e., ventilators, critical care beds, antitoxins)
- ☐ ❑ Implement mass fatality plan, including management of morgue space and supplies

PLANNING

- ☐ ❑ Implement patient, materiel, personnel and bed tracking
- ☐ ❑ Establish operational periods in collaboration with the Incident Commander
- ☐ ❑ Develop and distribute the Incident Action Plan

LOGISTICS

- ☐ ❑ Implement plans and procedures to meet the need for additional medical supplies, medications including antibiotics, IV fluids, oxygen, ventilators, suction equipment and personnel
- ☐ ❑ Prepare for receipt, distribution and tracking of pharmaceutical resources, including antitoxin, from external sources (i.e., local, regional, state and federal caches)

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- ☐ ❑ Activate and implement emergency operations plans, including mass fatality plan, as needed
- ☐ ❑ Consider deploying a Liaison Officer to the local EOC

(Public Information Officer):

- ☐ ❑ Establish a patient information center in coordination with the Liaison Officer and local emergency management

BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT RESPONSE GUIDE

COMMAND

(Liaison Officer):

- ❑ Establish the patient information center in coordination with the PIO and local emergency management
- ❑ Ensure integrated response with local Emergency Operations Center and Joint Information Center
- ❑ Continue to work with Public Health to identify food contaminant and scope of illness

☐

- ❑ Communicate resource needs to local Emergency Operations Center
- ❑ Notify the local public health department of medical issues and trends identified, in collaboration with the Medical Care Branch Director and the Medical/Technical Specialist – Biological/Infectious Disease
- ❑ Communicate the hospital's operational status with area hospitals and officials

(Medical/Technical Specialist – Biological/Infectious Disease):

- ❑ Continue to support Emergency Department and Operations Section Chief, as needed

OPERATIONS

- ❑ Continue patient management activities, including management of asymptomatic patients.
- ❑ Continue disease surveillance, monitoring and reporting
- ❑ Determine need for supplies, equipment and personnel and report to the Logistics Section

☐

- ❑ Implement mass fatality plan, as needed , including activation of temporary morgue sites,
- ❑ Review and modify as needed, the security plan and family visitation policy
- ❑ Implement procedures for evidence collection and preservation
- ❑ Liaison with local law enforcement on patient investigations and release of patient information/documentation

PLANNING

- ❑ Continue patient, materiel, personnel and bed tracking

☐

- ❑ Update and distribute the Incident Action Plan
- ❑ Plan for demobilization of incident and system recovery

BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT RESPONSE GUIDE

LOGISTICS

☐

- ❑ Provide mental health support services to staff, as needed
- ❑ Provide supplemental staffing to impacted areas
- ❑ Ensure the procurement of medications, supplies and equipment

FINANCE

☐

- ❑ Track response expenses

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

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

(Public Information Officer):

- ❑ Continue patient information center
- ❑ Continue to work with Public Health to identify food contaminant and scope of illness
- ❑ Continue media and staff briefing in coordination with the JIC

(Liaison Officer):

☐

- ❑ Continue communication and coordination with local Emergency Operations Center
- ❑ Notify public health of medical issues or trends identified
- ❑ Communicate patient status and location information with appropriate external agencies

(Safety Officer):

- ❑ Continue to monitor safety practices of staff, patients, media, visitors and take corrective actions, as needed

(Medical/Technical Specialist – Biological/Infectious Disease):

- ❑ Continue to support Emergency Department and Operations Section Chief, as needed

BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT RESPONSE GUIDE

OPERATIONS

- ❑ Continue patient management and facility monitoring activities
- ☐ ❑ Ensure proper disposal of waste, including disposable supplies/equipment
- ❑ Continue to control traffic and crowds and access to the facility
- ❑ Ensure delivery of necessary supplies and food

LOGISTICS

- ❑ Continue monitoring the health status of staff exposed to infectious patients and providing medical and mental health support and follow up as needed
- ☐ ❑ Provide mental health support for patients, visitors and staff
- ❑ Providing needed equipment, supplies, medications and personnel

FINANCE

- ☐ ❑ Continue to track response expenses

Demobilization/System Recovery

COMMAND

(Incident Commander):

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

☐ (Public Information Officer):

- ❑ Conduct final briefings for media, in cooperation with the JIC

(Liaison Officer):

- ❑ Communicate hospital status and final patient condition and location information to appropriate authorities (i.e., local and state public health, local EOC)

OPERATIONS

- ❑ Restore normal facility operations and visitation
- ☐ ❑ Provide mental health and information about community services for patients and families
- ❑ Continue liaison with and provision of appropriate patient information and documentation to law enforcement

BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT RESPONSE GUIDE

PLANNING

- ❑ Prepare a summary of the status and location of all incident patients to Command Staff and Section Chiefs
- ❑ Write after-action report and improvement plan, including the following:
  - Summary of actions taken
  - Summary of the incident
  - Actions that went well
  - Area for improvement
  - Recommendations for future response actions
  - Recommendations for correction actions

LOGISTICS

- ❑ Conduct stress management and after-action debriefings and meetings for staff
- ❑ Monitor health status of staff exposed to infectious patients and provide appropriate medical and mental health follow up, as needed
- ❑ Restock all supplies and medications
- ❑ Restore/repair/replace broken equipment
- ❑ Return borrowed equipment after proper cleaning/disinfection
- ❑ Restore normal non-essential services (i.e., gift shop, etc.)

FINANCE

- ❑ Compile final response expense reports, submit to IC for approval and to appropriate authorities for reimbursement

BIOLOGICAL ATTACK – FOOD CONTAMINATION

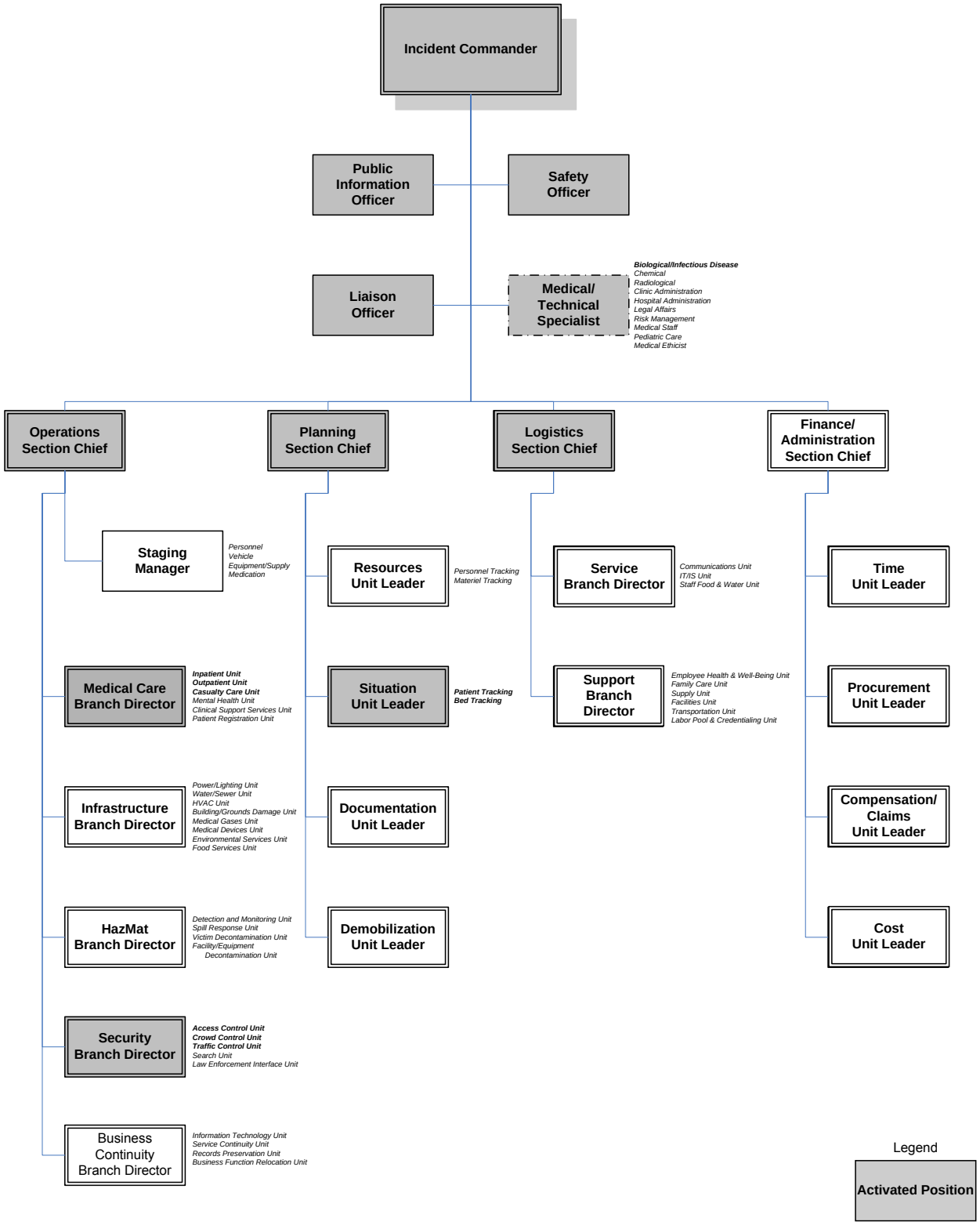
INCIDENT RESPONSE GUIDE

Documents and Tools

☐	Hospital Emergency Operations Plan, including: ❑ Infectious Patient Surge Plan ❑ Mass Prophylaxis Plan ❑ Risk Communications Plan ❑ Hospital Security Plan ❑ Patient/staff/equipment tracking procedures ❑ Behavioral health support for staff/patients plan ❑ Mass Fatalities Plan
☐	Employee health monitoring/treatment plan
☐	All other relevant protocols/guidelines relating to biological/infectious disease/mass casualty incidents
☐	HICS forms
☐	Hospital organization chart
☐	Television/radio/internet to monitor news
☐	Telephone/cell phone/radio/satellite phone/internet for communication

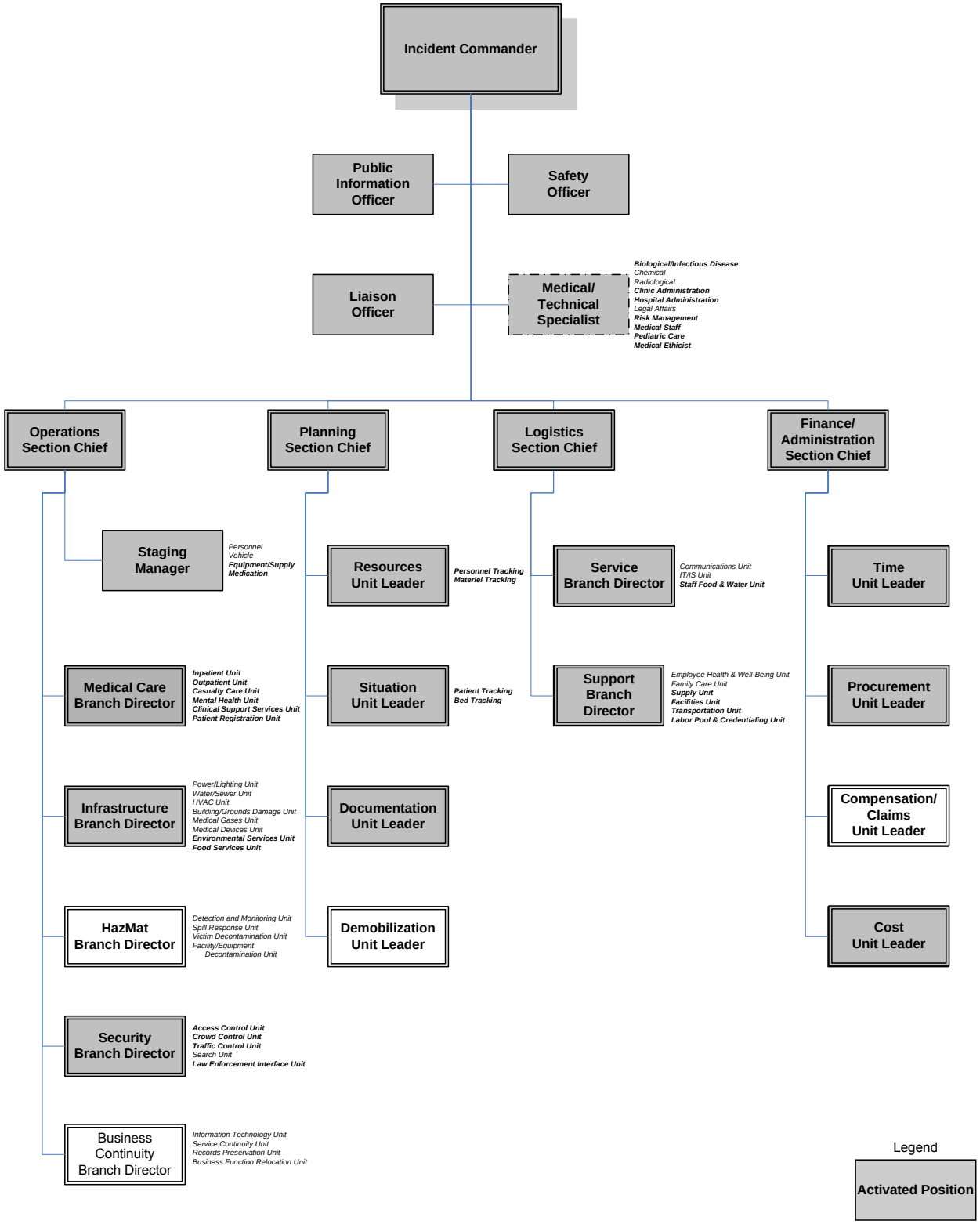
BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT MANAGEMENT TEAM CHART -- **IMMEDIATE**



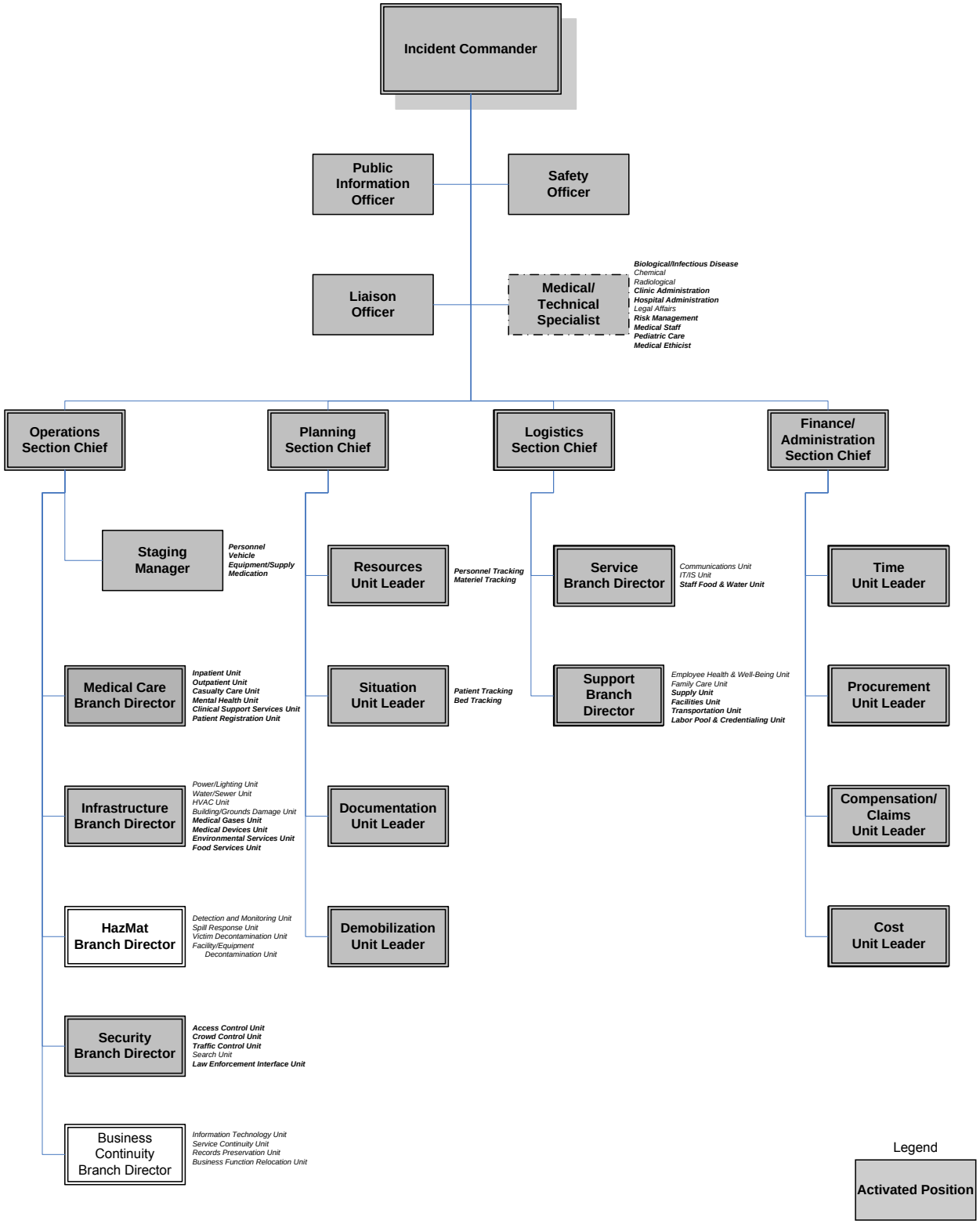
BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT MANAGEMENT TEAM CHART -- **INTERMEDIATE**



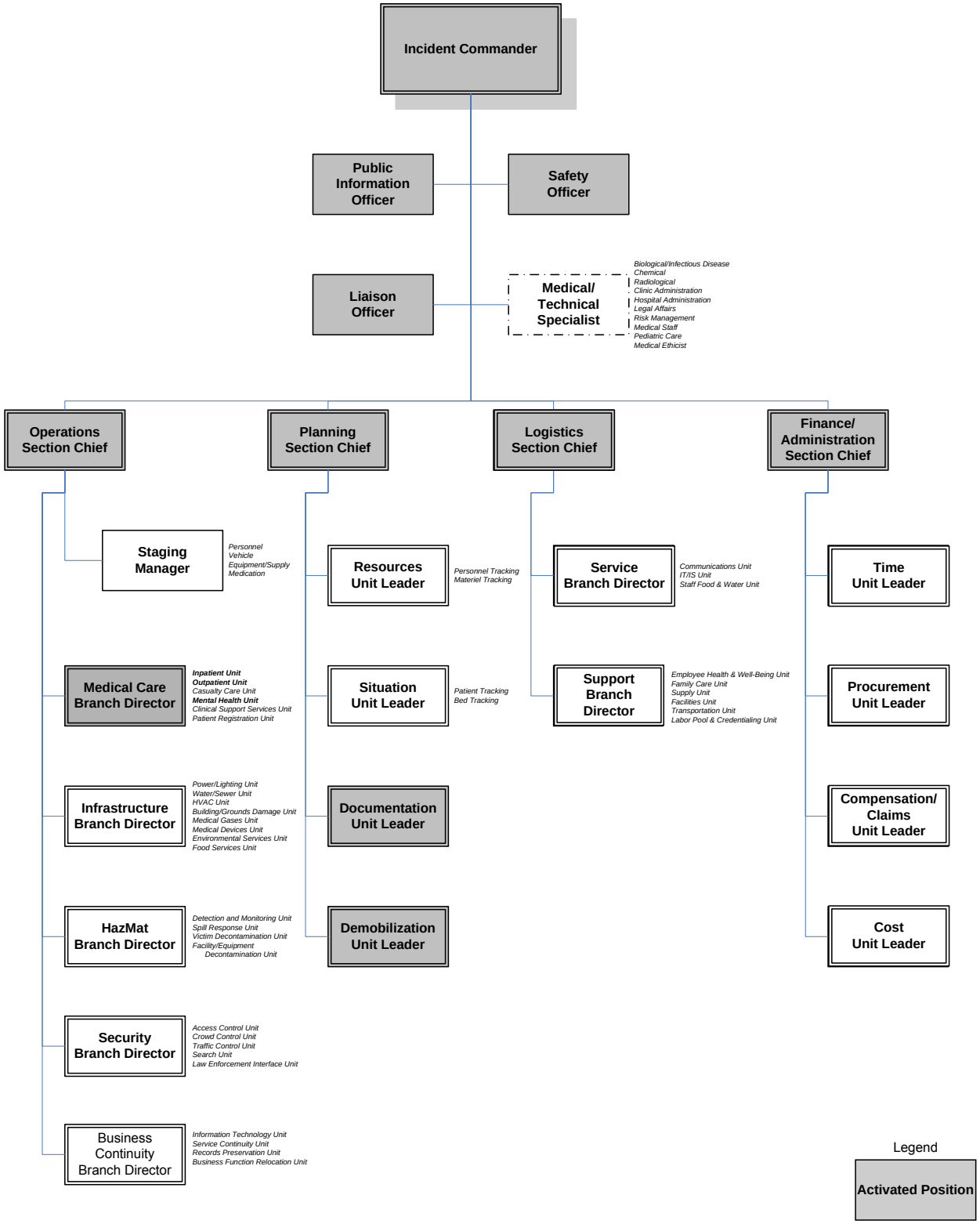
BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT MANAGEMENT TEAM CHART -- **EXTENDED**



BIOLOGICAL ATTACK – FOOD CONTAMINATION

INCIDENT MANAGEMENT TEAM CHART -- **DEMOBILIZATION**



CYBER ATTACK

SCENARIO

A disgruntled former hospital employee with exceptional computer skills hacks into the hospital network from their home computer and plants a very aggressive computer virus into the Computer-Aided Facility Management (CAFM) system.

The computer virus activates at midnight, shutting down the hospital HVAC system, security system, building automation, and patient medical monitoring system.

CYBER ATTACK

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does your hospital have the latest versions of firewall, anti-virus, and spyware software technologies deployed across the enterprise?
2.	Does your hospital have a system to monitor misuse or unauthorized/remote access of cyber-systems, especially by personnel under emotional or financial strains and with access to major data and system integrity?
3.	Does your hospital have a proactive and well-documented cyber-security training program for all personnel with potential access?
4.	Does your hospital have rules for employees working from home to comply with information and systems security?
5.	Does your hospital have data back-up (data redundancy) processes and policies for enterprise wide and departmental specific data systems?
6.	Does your hospital have a management process to approve all cyber-technologies utilized in the organization, including but not limited to different systems sharing like data and how shared or exchanged data protected from corruption while allowing access to critical data under emergent conditions?
7.	Does your hospital have policies for the interface and deployment of wireless data and voice systems communications?
8.	Does your hospital have trained personnel for cyber-system response and recovery operations?
9.	Does your hospital have a protocol to monitor the number of cyber-system response events involving external attacks by deliberate attempts to penetrate, and take appropriate protective actions?
10.	Has your hospital completed a hazard vulnerability analysis of all cyber-systems to determine infrastructure security improvements needed for all internal and external threats?
11.	Does your hospital have data security exchange protocols for secure interface with authorized emergency management agencies under a unified command?
12.	Does your hospital comply with current standards on disaster/emergency management and business continuity programs as they apply to all third-party vendors that support and supply cyber-technology services, such as offsite backup and data recovery process for the institution?
13.	Does your hospital have a system of cyber-security audits using a scenario based evaluation or a series of critical benchmarks approved by a multi-disciplinary committee of your organization?
14.	Does your hospital have standards for the development and security of systems and substructures (i.e., departments), including non-IT/IS staff with special levels of cyber-systems knowledge?
15.	Does your hospital have the ability to terminate access immediately upon an employee's termination of employment?

CYBER ATTACK

INCIDENT PLANNING GUIDE

Response & Recovery	
1.	Has you hospital established criteria and procedures to activate an IT/IS command center (partial or complete) during emergencies?
2.	Does your hospital have systems and/or procedures to determine what cyber-systems are affected by certain events?
3.	Does your hospital have procedures to obtain information on possible entry point of cyber-security violation?
4.	Does your hospital have procedures to evaluate firewall management and containment and to respond accordingly?
5.	Does your hospital have policies for the CIO or IT/IS manager to direct key IT/IS staff in identifying potential problem areas?
6.	Does your hospital have communication methods for the CIO or IT/IS manager to issue organizational alerts regarding cyber-systems failures or viruses affecting systems?
7.	Does your hospital have the ability to determine contact lists and communications methods in order for the CIO or IT/IS manager to immediately notify nursing staff (nursing house supervisor) and/or senior medical staff (chief of staff) regarding affected cyber-systems that will have direct impact on health care delivery and potential to adversely affect patient safety?
8.	Does your hospital have procedures for emergency incident notification when affected systems will take greater than two hours to return to full operational status, to alert the Incident Commander and key disaster response personnel?
9.	Does your hospital have procedures for all administrators and key health care delivery staff to use manual documentation systems or non-affected portable devices and later merge data with recovered systems?
10.	Does your hospital have procedures to identify medical care, patient records, admissions, financial, supply management, computer aided facility management (CAFM), and other critical systems and operations directly impacted by cyber system compromise?
11.	Does your hospital have a plan to notify patient about any delays in service and the situation?
12.	Does your hospital have procedures to ensure resources (i.e., personnel, equipment, software, and hardware) are obtained as appropriate to provide the fastest and most secure level of cyber-systems recovery?
13.	Does your hospital have procedures to implement regular briefings on cyber-system restoration status for personnel?
14.	Does your hospital have pre-developed, departmental business continuity plans with clear recovery time objectives (RTOs) in place. Are these plans practiced?
15.	Does your hospital have criteria to restore normal operations?
16.	Does your hospital have procedures to complete incident documentation and archiving?

17.	Does your hospital have procedures to debrief staff and identify corrective actions?
18.	Does your hospital identify components to include in an After Action Report, including a cost analysis of time spent of restoration efforts?
19.	Does your hospital have procedures to revise the Emergency Operations Plan as needed, including enhanced staff awareness training?

CYBER ATTACK

INCIDENT RESPONSE GUIDE

Mission: To ensure business continuity and availability of essential automated systems for the clinic/hospital/health care system in the event of a massive or sustained cyber-systems compromise or attack.

Directions

- ☐ Read this entire response guide and review incident management team chart
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed

Objectives

- ☐ Define scope of problem
- ☐ Isolate affected systems
- ☐ Restore automated systems and services
- ☐ Notify affected end-user supervisory personnel and provide directed guidance on systems use

Immediate Actions (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- ❑ Activate the IT/IS Unit Leader to assess the degree of cyber-systems intrusion or disruption
- ❑ Activate appropriate Command Staff and Section Chiefs

(PIO):

- ❑ Prepare initial risk communications for staff and patients regarding the cyber-systems situation and recommended actions until the systems are restored

☐ (Liaison Officer):

- ❑ Work with the Incident Commander and senior IT/IS staff to determine if the disruption is deliberate and targeted; contact local law enforcement, the FBI Cyber-Terrorism Division, and state Cyber-Terrorism Division or District Office, as appropriate
- ❑ Notify local emergency management authority, if appropriate

(Safety Officer):

- ❑ Ensure the safety of staff, patients and visitors in areas impacted by the automated system shut downs
- ❑ Ensure safe restoration of services and systems

CYBER ATTACK

INCIDENT RESPONSE GUIDE

OPERATIONS

- ❑ Activate the Business Continuity Branch Director to isolate affected systems and develop a severity of impact list to begin to establish restoration priorities in accordance with the business continuity plan
- ❑ Conduct a risk assessment regarding any automated environmental systems that may be affected and alternate plans to provide HVAC and other critical facility services in direct support of health care operations.

☐

- ❑ Notify key staff including house supervisors, chief of staff, Business Continuity Branch Director, support services, and others designated in the business continuity plan as it applies to cyber-systems disruptions
- ❑ Ensure continuation of patient care and management activities
- ❑ Ensure security of the facility
- ❑ Implement procedures to provide manual environment controls (HVAC systems are down)
- ❑ Activate redundant/back up documentation systems
- ❑ Consider need for patient evacuation or relocation in the facility due to loss of essential services

PLANNING

☐

- ❑ Establish operational periods, incident objectives and develop Incident Action Plan, in collaboration with the Incident Commander
- ❑ Implement manual documentation systems until automated systems can be restored

LOGISTICS

☐

- ❑ Activate IT/IS Unit Leader and personnel to isolate affected systems and develop a severity of impact list to begin to establish restoration priorities in accordance with the business continuity plan
- ❑ Implement redundant communications and reporting mechanisms as necessary

CYBER ATTACK

INCIDENT RESPONSE GUIDE

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- ❑ Conduct regular briefing and situation updates with Command Staff and Section Chiefs
- ❑ Update and revise the Incident Action Plan

(PIO):

☐
- ❑ Establish a central information center (clearinghouse) as needed to address all staff or patient issues that may arise as result of a cyber-systems disruption

(Liaison Officer):

- ❑ Continue to update local emergency management and other officials on situation and hospital status

(Safety Officer):

- ❑ Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

OPERATIONS

- ❑ Reassess HVAC and other critical services in direct support of healthcare operations and modify actions as necessary

☐
- ❑ Reevaluate need to transfer or relocate patients to ensure safety
- ❑ Continue the patient care and management and identify any patient care systems that are affected during the course of the restoration process
- ❑ Continue to assess cyber-systems disruptions and revise cyber security response plan

PLANNING

☐
- ❑ Update and revise the Incident Action Plan
- ❑ Initiate patient and bed tracking if patients are evacuated or relocated within the facility

LOGISTICS

☐
- ❑ Provide alternate documentation systems and support hardware (i.e., providing laptops and printers to affected areas for temporary use until systems are fully restored)

CYBER ATTACK

INCIDENT RESPONSE GUIDE

FINANCE/ADMINISTRATION

☐

- ❑ Track cost of response and restoration activities and expenditures
- ❑ Monitor and track costs related to the disruption to business continuity and compromise of automated systems

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

- ❑ Continue regular meetings and briefings with Command Staff and Section Chiefs to determine situation status and timelines for restoration of services

(PIO):

☐

- ❑ Update staff, patients and visitors on the situation status

(Liaison Officer):

- ❑ Continue to update local emergency management on situation status
- ❑ Notify appropriate licensing authorities of the sentinel event, as appropriate, in coordination with the Incident Commander

PLANNING

☐

- ❑ Update and revise the Incident Action Plan
- ❑ Track personnel, patients and beds as necessary

LOGISTICS

☐

- ❑ Monitor computer systems for new cyber-threats if the corrective actions are not completed within two hours

CYBER ATTACK

INCIDENT RESPONSE GUIDE

Demobilization/System Recovery

COMMAND

(Incident Commander):

- ❑ Ensure full system recovery and return to normal operations
- ❑ Declare the incident terminated

☐ (PIO):

- ❑ Issue final media update with hospital status and appropriate service disruption information, in collaboration with the Incident Commander

(Liaison Officer):

- ❑ Notify local emergency management of system recovery and incident termination

OPERATIONS

- ❑ Restore patient care to normal operations
- ❑ Repatriate patients, if evacuated or transferred to other areas within the hospital
- ❑ Restore infrastructure services
- ❑ Prepare a summary report of corrective actions and recommendations for updating/improving diagnostic and protective cyber-services

PLANNING

- ❑ Write after-action report and improvement plan including the following:
  - Summary of actions taken
  - Summary of the incident
  - Actions that went well
  - Area for improvement
  - Recommendations for future response actions
  - Recommendations for correction actions

☐

Documents and Tools

☐	Hospital Emergency Operations Plan
☐	Hospital and Department Level Business Continuity / Business Recovery Plan
☐	Manual procedures for System Downtime

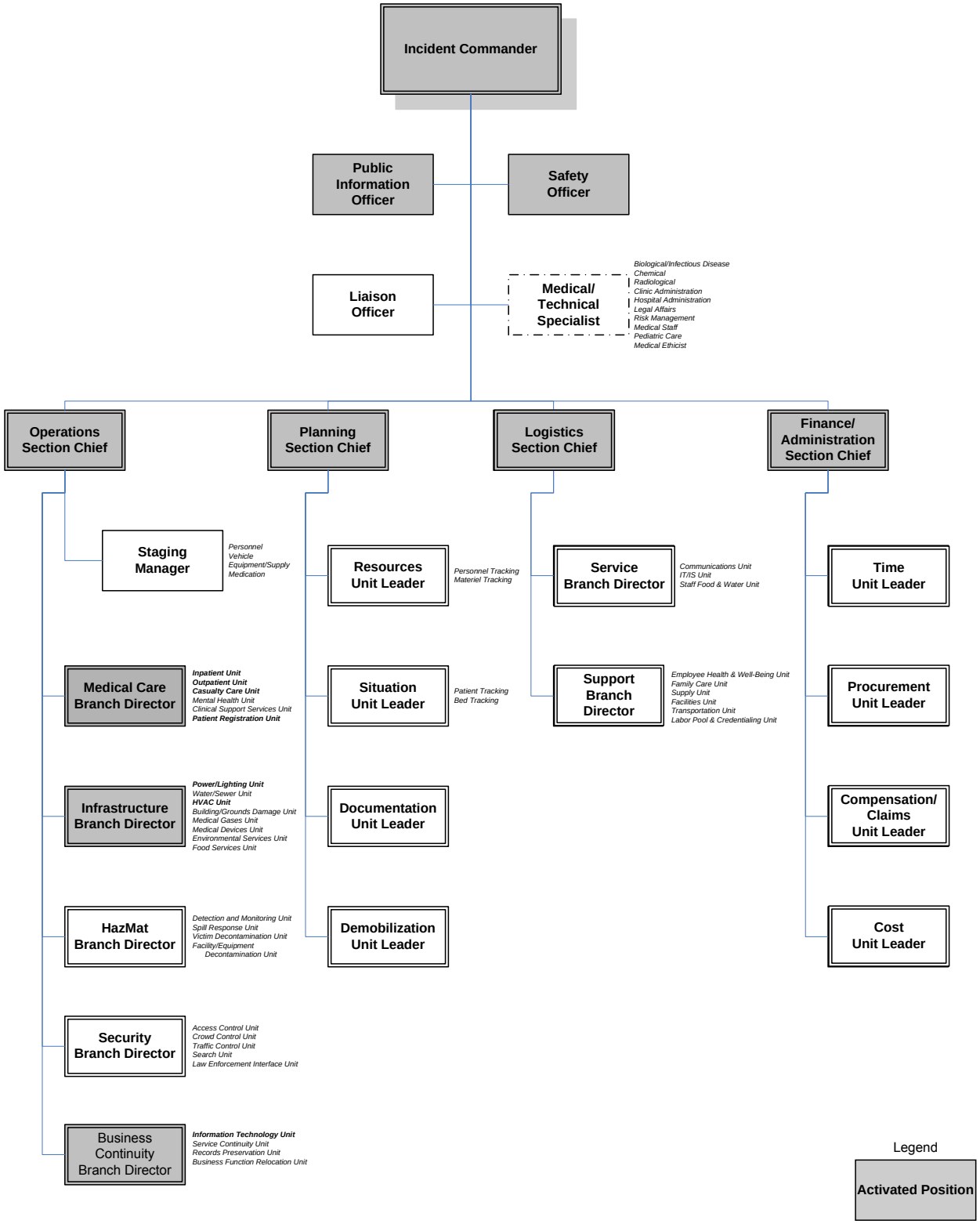
CYBER ATTACK

INCIDENT RESPONSE GUIDE

☐	Cyber-Systems Diagnostics (e.g., anti-virus, spyware, firewall software systems)
☐	Cyber-systems Malfunction Alert Notification

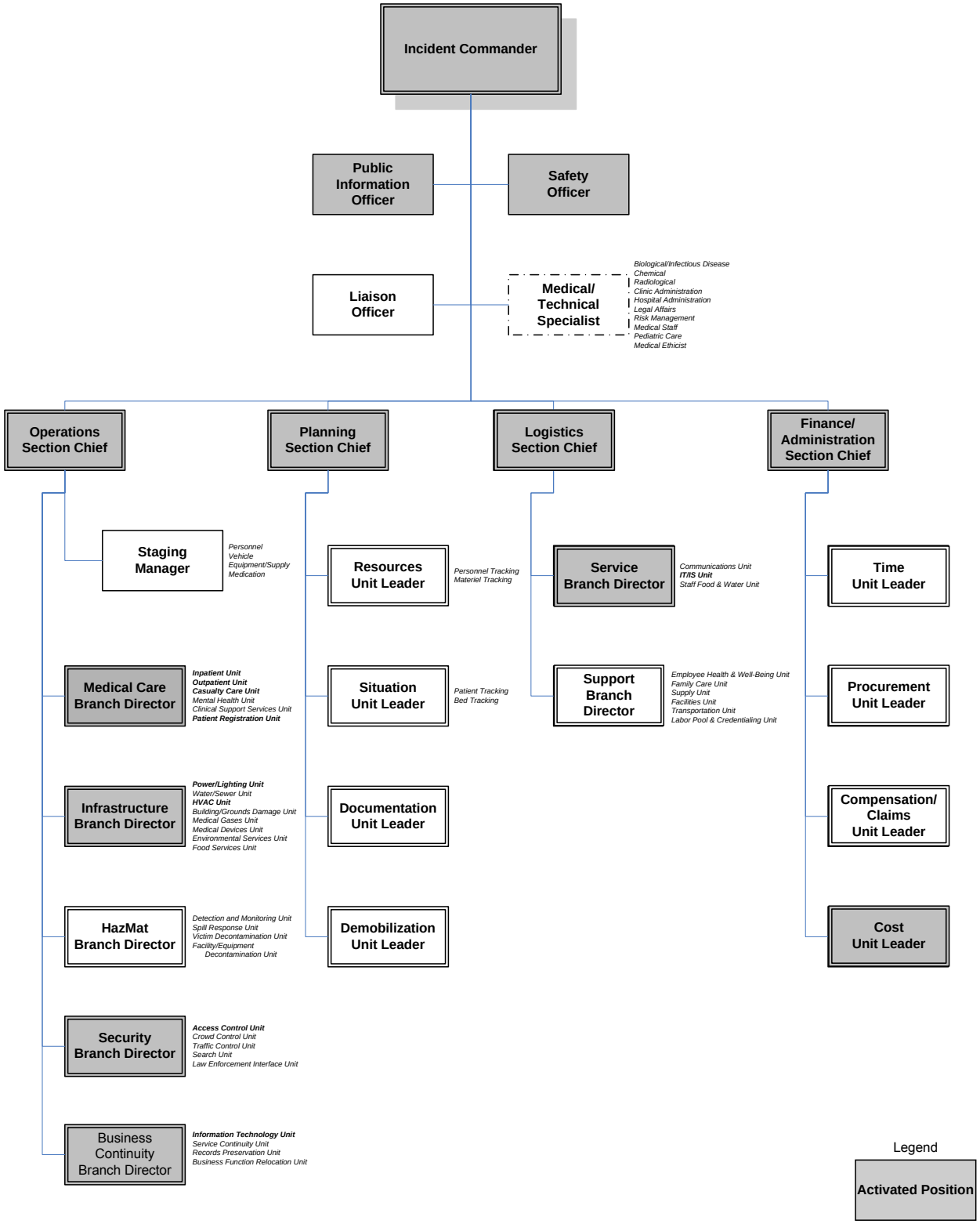
CYBER ATTACK

INCIDENT MANAGEMENT TEAM CHART – IMMEDIATE



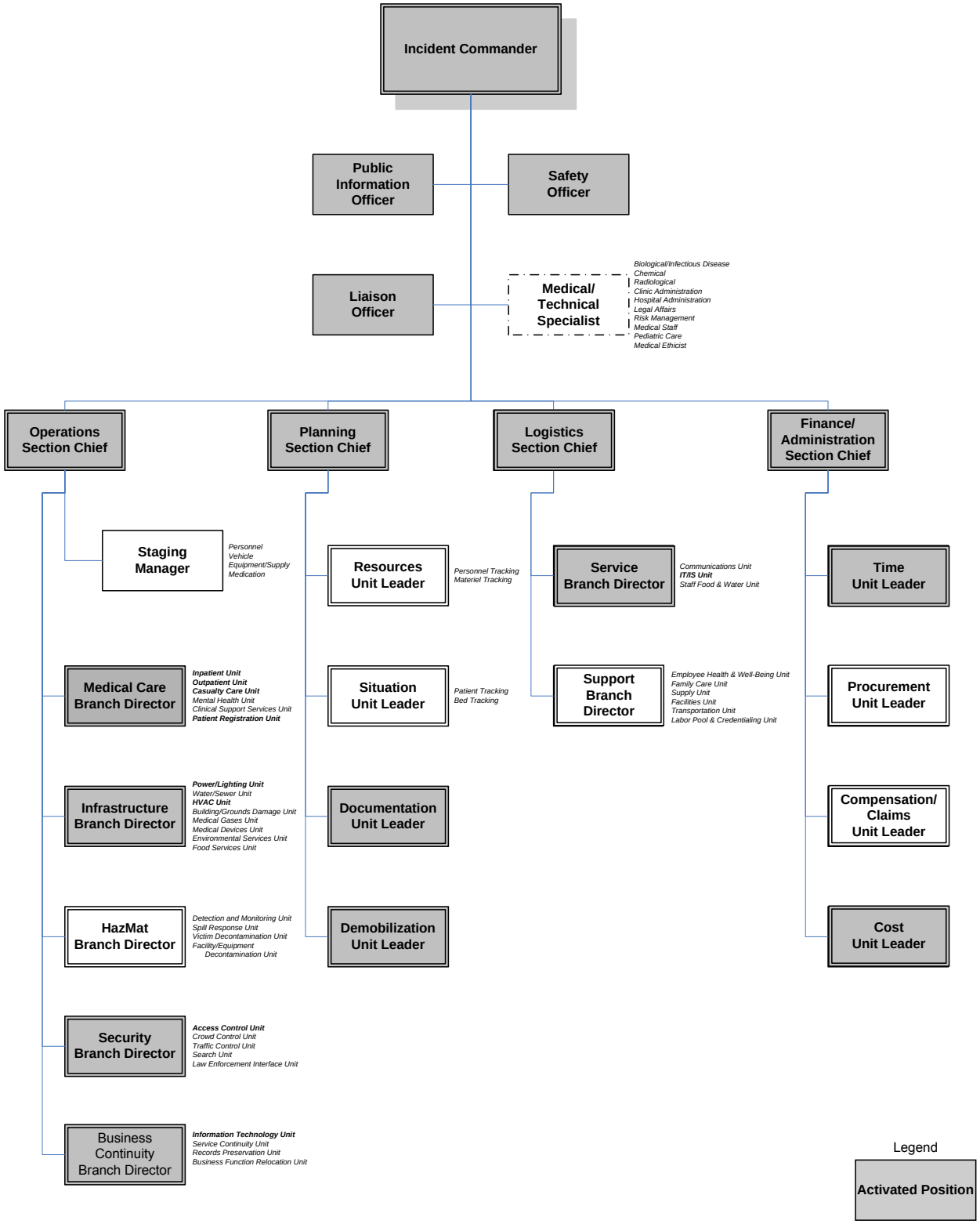
CYBER ATTACK

INCIDENT MANAGEMENT TEAM CHART – INTERMEDIATE



CYBER ATTACK

INCIDENT MANAGEMENT TEAM CHART – EXTENDED



CYBER ATTACK

INCIDENT MANAGEMENT TEAM CHART – DEMOBILIZATION