PREFACE

The 2015 California Statewide Medical and Health Exercise (SWMHE) is sponsored by the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA). This Healthcare Incident Response Guide was produced with input, advice, and assistance from the SWMHE Planning Team, comprised of representatives from:

- California Association of Health Facilities (CAHF)
- California Department of Public Health (CDPH)
- California Emergency Medical Services Authority (EMSA)
- California Hospital Association (CHA)
- California Primary Care Association (CPCA)
- County of San Mateo EMS Agency
- Emergency Medical Services Administrators Association of California (EMSAAC)
- Kaiser Permanente
- Los Angeles County Department of Public Health
- Orange County Health Care Agency
- Riverside County Department of Public Health
- San Joaquin County EMS Agency
- Sharp HealthCare
- Sutter County Department of Public Health
- Watsonville Community Hospital


This Guide is meant to aid hospitals and healthcare entities in developing and executing an operations-based exercise as part of the broader SWMHE. This is a guidance document that can and should be modified by healthcare entities with the particulars of their exercise, including the capabilities, objectives, roles, and job action sheet items of your facility.
 ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is the California Statewide Medical and Health Exercise (SWMHE) Healthcare Incident Response Guide.

2. If the exercise planner includes jurisdiction/organization/facility-specific information in this document, the attached materials will be disseminated strictly on a need-to-know basis and, when unattended, will be stored in a locked container or area that offers sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.

3. For more information about the exercise, please consult the following points of contact (POCs):

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PURPOSE

The purpose of this document is to aid healthcare disaster planners with preparing for response to pandemic influenza in conjunction with the 2015 SWMHE. Planners should use this document to cross-reference their existing plans and training materials for revision and expansion as needed. Healthcare planners may choose to distribute this document to healthcare personnel as reference for exercise planning, conduct, or evaluation. This document was created from a series of HICS checklists and job action sheets, as well as the Centers for Disease Control (CDC)’s 2009 H1N1 Pandemic Influenza Checklist. It was tailored specifically to support the successful conduct of the 2015 SWMHE.

There are four main checklists organized according to the following: Mitigation, Preparedness, Immediate and Intermediate Response, and Extended Response and System Recovery. Each checklist outlines the key responsibilities of healthcare planning in regards to a pandemic influenza outbreak.

HOW TO USE THIS GUIDE

The Incident Response Guide is a tool for use in planning and implementing a facility-wide response to pandemic influenza. The Incident Response Guide includes a checklist of key planning tasks and functions that should be addressed prior to a pandemic influenza incident. Exercise planners are encouraged to expand the checklist provided to better address each entity’s exercise objectives. Some areas may not apply to a jurisdiction/organization/facility and can be deleted. Additional information specific to the jurisdiction/organization/facility may be added by the exercise planner.

Information on the 2015 Shasta Medical and Health Pandemic Influenza Exercise is available at www.shastahpp.com. See link to Shasta County Healthcare Facility Emergency Response Information for •Shasta County Field to OA Medical and Health Situation Status Report Form and •Shasta County Field to OA Medical Health Resource Request Form.

Online training modules, online assessment, suggested objectives by discipline and survivor cards are available at www.californiamedicalhealthexercise.com.

MISSION

The mission of this Incident Response Guide is 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. All pandemic influenza responses should include considerations of staff absenteeism, coordination with external partners, protective measures for staff, necessary Just-In-Time training, continuity and recovery operations, standard of care, fatality management, and supplies distribution and tracking.
DIRECTIONS

Read this entire guide and use it as a checklist to ensure all tasks are addressed and completed.

EXERCISE OBJECTIVES

The selected capabilities are:

- Operational Communications (Information Sharing)
- Public Health and Medical Services (Medical Materiel Management and Distribution, Epidemiological Surveillance)
- Operational Coordination and On-Site Incident Management (Emergency Operations Coordination, Information Sharing)
- Emergency Public Information and Warning

The selected objectives are:

1. Communications process internally and externally in accordance with local policies and procedures.
2. Test the request, receipt management of medical countermeasures and materiel through established plans, procedures, and protocols.
3. Identify the process for epidemiological surveillance information, communication and coordination among Medical Health partners.
4. Test the ability to conduct surveillance and subsequent epidemiological investigations to identify potential exposure and disease.
5. Identify and coordinate government-sponsored alternative care site options, transportation, and patient tracking methods in support of hospitals and healthcare facilities inundated by the worried well.
6. Activate the Incident Command System (ICS).
7. Exercise the completion and submission of the Medical and Health Situation Report by the Medical and Health operational Area Coordinator (MHOAC) Program utilizing the most current Emergency Operations Manual format and process.
8. Test risk communications in response to a health emergency.
## Immediate (Operational Period 0-2 Hours)\(^1\)

### COMMAND

(Incident Commander):

- Receive notification of incident from local emergency medical services; notify the emergency department or staff members of possible incoming infectious patients.
- Notify healthcare facility/agency Chief Executive Officer, Board of Directors, and other appropriate internal and external officials of situation status.
- Activate the appropriate Medical/Technical Specialists to assess the incident.
- Activate Command staff and Section Chiefs.
- Activate the Emergency Operations Plan, Infectious Disease Plan, Surge Plan, Infectious Patient Transport Plan, Hospital Incident Management Team, and Hospital Command Center.
- Establish operational periods, objectives, a regular briefing schedule for Command staff and Section chiefs. Consider the use of the Incident Action Plan Quick Start for initial documentation of the incident.
- Cancel elective surgeries and outpatient clinics/testing, if required.

(Medical Technical Specialist – Biological/Infectious Disease):

- 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 personal protective equipment (PPE) and isolation precautions.

(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 any issues and record in the Incident Action Plan Safety Analysis.
- Monitor safe and consistent use of appropriate PPE by all staff members.

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COMMAND CONTINUED

(Liaison Officer):

- Establish contact with local Emergency Operations Center (EOC), local emergency medical services, healthcare coalition coordinator, and area hospitals to determine incident details, community status, estimates of casualties, request needed supplies, equipment, and personnel, and to identify the infectious agent.
- 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 number of possible infectious patients.
- Communicate regularly with Incident Commander and Section Chiefs regarding operational needs and integration of healthcare function with local EOC.

(Public Information Officer):

- In conjunction with the Joint Information Center (JIC), develop patient, staff, and community response messages and “unified messaging” in collaboration with other entities and key partners to convey healthcare preparations, services, and response.
- Monitor media outlets for updates on the pandemic and possible impacts on the healthcare facility/agency. Communicate information via regular briefings to Section Chiefs and Incident Commander.

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

- Coordinate with the Operations Section Chief to verify from the Emergency Department (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

(Section Chief):

- 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 and/or other staff members of possible numbers of incoming infectious patients, in consultation with the Liaison Officer who is in communication with external authorities (e.g., health department)

(Medical Care Branch Director):

- Ensure proper implementation of infectious patients surge plan or infectious disease plan/pandemic influenza 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 Centers for Disease Control and Prevention (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 facility entry
- Ensure safe collection, transport, and processing of laboratory specimens
- Identify evacuation priorities and transfer requirements
- Review patient census and determine if discharges and appointment cancellations are required
- Provide PPE to personnel with immediate risk of exposure (e.g., conducting outside duties, conducting screening and triage, interacting with infectious patients)
- Prepare for fatalities, if necessary
- Activate Emergency Patient Registration Plan as required
- Report actions/information to Command staff/Section Chiefs/Incident Commander regularly, according to schedule

(Security Branch Director):

- Activate the Security Plan to:
  - Secure the facility and/or implement facility lockdown to prevent infectious patients from entering the facility except through designated route
  - Establish ingress and egress routes
  - Implement crowd and traffic control protocols
- Report regularly to Operations Section Chief
PLANNING

(Section Chief):

- Establish operational periods, incident objectives, and develop Incident Action Plan in coordination with the Incident Commander:
  - Engage other healthcare facility/agency departments
  - Share Incident Action Plan through Incident Commander with these areas
  - Provide instructions on needed documentation including completion detail and deadlines

(Resources Unit Leader):

- Track the receiving, dispensing, and returning of external pharmaceutical cache(s) such as the Strategic National Stockpile (SNS)
- Implement patient/staff/equipment tracking protocols
- Report actions/information to Incident Commander, Command Staff, Section Chiefs regularly

(Situation Unit Leader):

- Initiate patient and bed tracking (Disaster Victim/Patient Tracking – HICS Form 254)

LOGISTICS

(Section Chief):

- Refer to Job Action Sheet for appropriate tasks

(Support Branch):

- 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

(Service Branch):

- 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 with the Planning Section and communicate to Liaison Officer. Activate Labor Pool
- Report actions/information to Command staff/Section Chiefs/ Incident Command (IC) regularly, according to schedule
Intermediate (Operational Period 2-12 Hours)\(^2\)

**COMMAND**

(Incident Commander):

- Review the overall impact of the ongoing incident on the facility with Command and General staff.
- Ensure that communications and decision-making processes are coordinated with local Emergency Operations Center and area healthcare facilities and agencies, as appropriate.
- Activate and implement any and all additional emergency management plans, including mass fatality plan, required to address the incident.
- Consider deploying a healthcare representative to the local Emergency Operations Center (EOC).
- 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, healthcare facility/agency staff, patients, and media.
- Coordinate risk communication messages with the JIC, if activated.

(Liaison Officer):

- Maintain contact with local EOC, local emergency medical services, local health department, regional medical health coordinator, and area healthcare facilities to relay status and critical needs and to receive community updates.
- Keep local emergency medical services advised of any health problems and trends identified, in cooperation with Infection Control.
- Integrate outside personnel assistance into Hospital Command Center and healthcare facility/agency operations.
- Discuss operational status with other area healthcare facilities/agencies.
- Brief Command staff and Section Chiefs regularly with information from outside sources.

(Safety Officer):

- Continue to implement and maintain safety and personal protective measures to protect staff, patients, and visitors.
- Update Incident Action Plan Safety Analysis.
- Continue to monitor proper use of PPE and isolation procedures.

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

- Support Hospital Incident Management Team as needed; consult appropriately with other internal and external experts.
- Support Operations Section as needed by coordinating information regarding specific disease identification and treatment procedures and staff prophylaxis procedures.

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## OPERATIONS

### (Section Chief):
- Refer to Job Action Sheet for appropriate tasks

### (Medical Care Branch Director):
- Monitor continuation of medical mission activities. Conduct disease surveillance, including number of affected patients/personnel
- Continue patient management activities, including patient cohorting, isolation activities, and PPE practices
- 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
- 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
- Continue patient, staff, and healthcare facility/agency monitoring for infectious exposure, and provide appropriate follow-up care as required

### (Business Continuity Branch Director):
- Refer to Job Action Sheet for appropriate tasks
- Activate and implement business continuity/continuity of operations (COOP) plans and coordinate the EOC, Incident Commander, and other Section Chiefs to begin planning for recovery and demobilization operations

### (Patient Family Assistance Branch Director):
- Establish a patient information center

## PLANNING

### (Section Chief):
- Update and revise the incident objectives and the Incident Action Plan for the upcoming operational period in cooperation with Command Staff and Section Chiefs. Document updates into the Incident Action Plan and distribute appropriately
- Collect information regarding situation status and report to IC/Command Staff/Section Chiefs regularly
- Plan for termination of incident

### (Situation Unit Leader):
- Continue patient and bed tracking
- Revise security plan and family visitation policy, as needed

### (Resources):
- Continue staff, materials, and equipment tracking, while preparing for repatriation
LOGISTICS
(Section Chief):
Refer to Job Action Sheet for appropriate tasks

(Support Branch Director):
Coordinate activation of staff vaccination/prophylaxis plan with Operations
Monitor the health status of staff who are exposed to infectious patients and report to Operations Section
Consider temporarily 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)
Continue to assess surge capacity and need for supplies (equipment, blood products, medications, supplies) in cooperation with Operations Section. Obtain supplies as required and available or continue supply rationing
Continue staff call in (if safe and as needed) and provided additional staff to impacted areas

(Service Branch Director):
Establish Family Care Unit to address family/dependent care issues to maximize employee numbers at work.
Provide for staff food, water, rest periods, and behavioral health support

FINANCE/ADMINISTRATION
(Section Chief):
Refer to Job Action Sheet for appropriate tasks
Initiate the Resource Accounting Record (HICS Form 257) to track equipment used during the response
Approve a “cost-to-date” incident financial status report submitted by the Cost Unit Leader to develop or update the Section Action Plan
Work with the IC and other Section Chiefs to identify short and long term issues with financial implications
Establish needed policies and procedures

(Time Unit Leader):
Track hours associated with response

(Procurement Unit Leader):
Facilitate procurement of needed supplies, equipment, and contractors

(Compensation/Claims Unit Leader):
Track and follow up with employee illnesses and absenteeism issues

(Cost Unit Leader):
Track response expenses and report regularly to Command staff and Section Chiefs
Extended (Operational Period Beyond 12 Hours)\textsuperscript{3}

**COMMAND**

(Incident Commander):

- Continue regular briefing of Command Staff/Section Chiefs. Address issues identified.
- Reassess incident objectives and Incident Action Plan and revise as indicated by the response priorities and overall mission.
- Plan for the return to normal services in coordination with Command Staff and Section Chiefs; consider consulting with emergency medical services and other community healthcare facilities regarding their status and plans.
- Reevaluate the healthcare facility/agency’s ability to continue its medical mission.

(Public Information Officer):

- Continue coordination of the patient information center, as necessary. Coordinate efforts with local/state public health resources/joint information center (JIC).
- Continue regularly scheduled briefings to media, patients, staff, and families.
- Communicate regularly with the JIC to update healthcare facility/agency status and coordinate public information messages.
- Address social media issues as warranted; use social media for messaging as situation dictates.

(Liaison Officer):

- 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.

(Safety Officer):

- Assess the crowd control plan and any other safety issues with appropriate staff.
- Reevaluate the security needs of the facility.
- Continue to oversee safety measures and use of PPE for patients, staff, and visitors.

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

- Continue to support the Operations section as needed by coordinating information regarding specific infectious agent identification and treatment procedures.
- Continue to provide expert input into Incident Action Planning process.

\textsuperscript{3} Source: HICS Pandemic Influenza Incident Response Guide (2006) and Infectious Disease Incident Response Guide (2014)
**OPERATIONS**

(Section Chief):
- Refer to Job Action Sheet for appropriate tasks

(Medical Care Branch Director):
- Monitor continuation of medical mission, patient management, and facility monitoring activities, including patient care and isolation activities. Communicate personnel/equipment/supply needs to local EOC
- Continue patient monitoring for infectious exposure and provide appropriate follow up care as required

(Infrastructure Branch Director):
- Continue infrastructure maintenance and support, including continuing to monitor healthcare facility air quality
- Ensure proper disposal of infectious waste, including disposable supplies and equipment

**PLANNING**

(Section Chief):
- Revise and update the Incident Action Plan and distribute to IC, Command Staff and Section Chiefs
- Ensure that updated information and intelligence is incorporated into the Incident Action Plan

(Resources Unit Leader):
- Monitor supply and equipment levels and notify Logistics and Operations Section of identified needs

(Demobilization Unit Leader):
- Ensure the Demobilization Plan is being readied

**LOGISTICS**

(Section Chief):
- Continue monitoring the health status of staff exposed to infectious patients or that participated, support, or assisted in disinfection activities, and provide appropriate medical care and follow up

(Support Branch Director):
- Continue addressing behavioral health support needs for patients, visitors, and staff
- Continue providing equipment, supply, and personnel needs

**FINANCE/ADMINISTRATION**

(Section Chief):
- Coordinate with Risk Management for additional insurance and documentation needs, consider taking photographs where applicable

(Cost Unit Leader):
- Continue to track response expenses and employee injuries, illnesses, and absenteeism
- Continue to prepare regular reports for the IC
## Demobilization/System Recovery

### COMMAND

(Incident Commander):
- Determine termination of event and ability to return to normal operations
- Oversee and direct demobilization operations with restoration of normal services
- Ensure that process is mobilized to complete response documentation for submission for reimbursement
- 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 media briefing and assist staff, patients, families and others of termination of incident and restoration of normal services

(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
- Communicate final healthcare facility/agency status and termination of the incident to local emergency medical services and any established outside agency contacts

(Safety Officer):
- Monitor and maintain a safe environment during return to normal operations

### OPERATIONS

(Section Chief):
- Submit all section documentation to Planning Section for compilation in After Action Report

(Medical Care Branch Director):
- Return patient care and services to normal operations

(Infrastructure Branch Director):
- Ensure that deployable isolation equipment or alterations in air pressure flow are returned to pre-incident status

(Security Branch Director):
- Return traffic flow and security forces to normal services

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### LOGISTICS

(Section Chief):
- Submit all section documentation to Planning Section for compilation in After Action Report

(Support Branch Director):
- Conduct stress management and after-action debriefings and meetings as necessary
- Monitor health status of staff
- Inventory all Hospital Command Center and healthcare facility/agency equipment and supplies and replenish as necessary, appropriate, and available
- Inventory levels of PPE and work with Finance Section to replenish necessary supplies
- Restore, repair, and replace broken equipment
- Return borrowed equipment after proper cleaning/disinfection
- Restore normal non-essential services (i.e., gift shop, etc.)

### PLANNING

(Section Chief):
- Finalize and distribute Demobilization Plan
- Conduct debriefings and/or Hot Wash with:
  - Command Staff and section personnel
  - Administrative personnel
  - All staff
  - All volunteers
- Write an After Action Report (AAR), Corrective Action, and Improvement Plans (IP) for submission to the IC, and include:
  - Summary of the incident
  - Summary of actions taken
  - Actions that went well
  - Actions that could be improved
  - Recommendations for future response actions
- Prepare summary of the status and location of all incident patients, staff, and equipment. After approval by the Incident Commander, distribute as appropriate

### FINANCE/ADMINISTRATION

(Section Chief):
- Contact insurance carriers to identify requirements for documentation of any damage or losses, and initiate reimbursement and claims procedures
- Compile and finalize all time, expense and claims reports, summarize the costs of the response and recovery operations to submit to the Planning Section for inclusion in the After Action Report, and submit to IC for approval
### Documents and Tools

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<td>Infectious patient transport plan</td>
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<th>Television/radio/internet to monitor news</th>
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| Telephone/cell phone/radio/satellite phone/internet/amateur radio/ 2-way radio for communication |

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HICS PANDEMIC INFLUENZA INCIDENT RESPONSE GUIDE: ORG CHARTS

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### HICS MANAGEMENT TEAM ACTIVATION: INFECTIONOUS DISEASES

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<th>Extended</th>
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<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Procurement Unit Leader</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Compensation/Claims Unit Leader</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Cost Unit Leader</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
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</table>

7 Source: HICS Infectious Diseases Incident Response Guide (2014)