

This is a Healthforce Center at UCSF rapid response resource and is a living document last updated April 29, 2020. The views expressed in this document do not necessarily reflect the opinions of the University of California system or UCSF.

## ALTERNATE CARE SITE

These documents were produced by Healthforce Center at UCSF modified from the [Hospital Incident Command System \(HICS\)](#) originally created in 2014. These documents are intended as an additional resource to [Adult Admissions to Low Acuity Alternate Care Sites During COVID-19 \(PDF\)](#).

Please refer to the ACS Org Structure document listed first for orientation. All job action sheets are listed thereafter alphabetically.

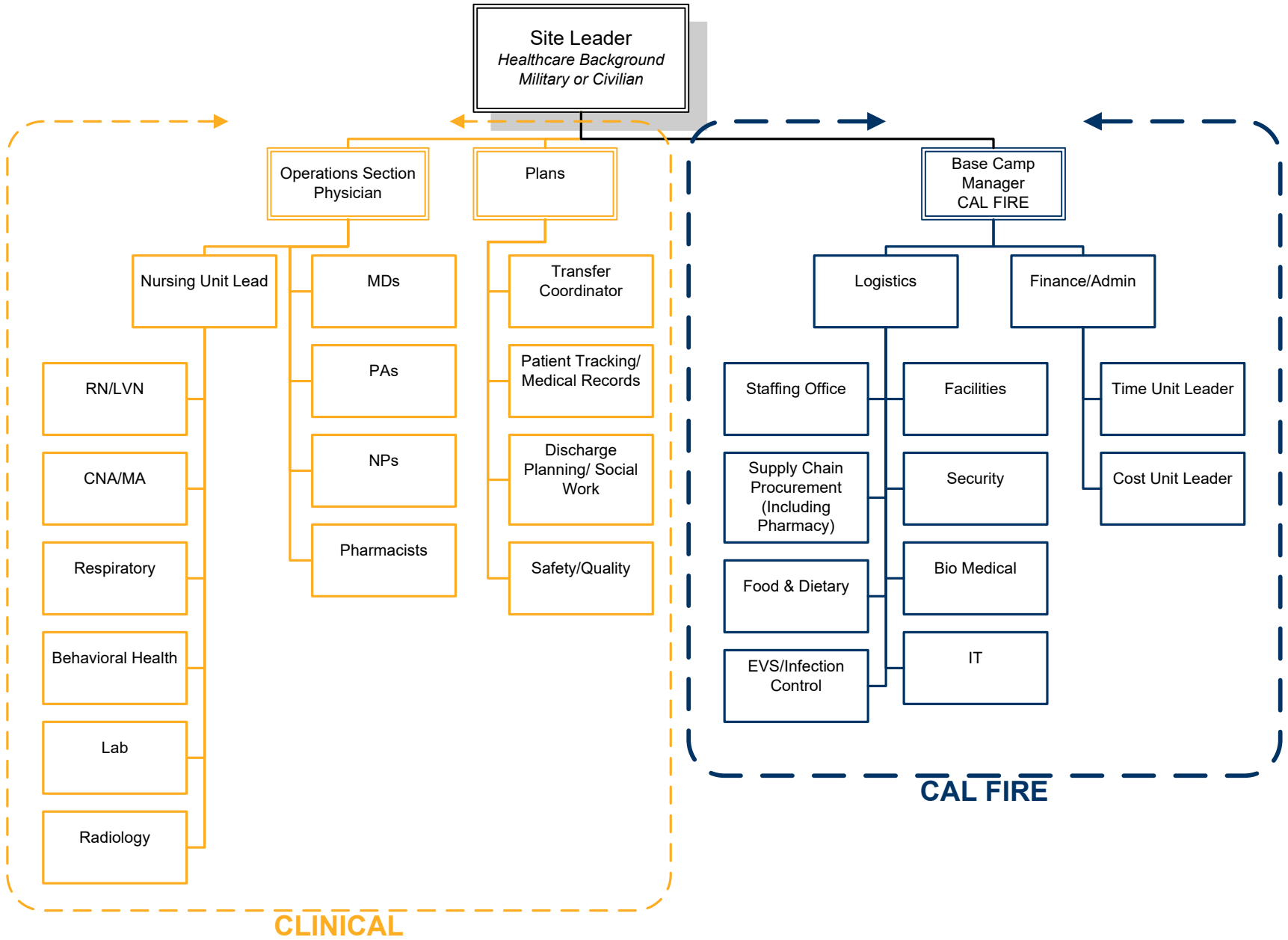


The mission of the Healthforce Center is to equip health care organizations with the workforce knowledge and leadership skills to effect positive change.

Healthforce Center at UCSF  
3333 California Street, Suite 410  
San Francisco, CA 94118

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**Coordinators:**  
Healthforce Center at UCSF



**Mission:** Advise the Nursing Unit Lead, as assigned, on issues related onsite behavioral health needs; oversee all onsite behavioral health staff (LCSW, clinical psychologist, MFT, and other counseling support staff) and provide behavioral health services

Position Reports to: <b>Nursing Unit Lead</b> Command Location: _____		
Position Contact Information: Phone: ( _____ ) - _____ Radio Channel: _____		
Alternate Care Site (ACS): Phone: ( _____ ) - _____ Fax: ( _____ ) - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>• Obtain a briefing from the Nursing Unit Lead on:                             <ul style="list-style-type: none"> <li>○ Size and complexity of the incident</li> <li>○ Expectations of the Nursing Unit Lead</li> <li>○ Incident objectives</li> <li>○ Involvement of outside agencies, stakeholders, and organizations</li> <li>○ The situation, incident activities, and any special concerns</li> </ul> </li> <li>• Assume the role of ACS: Behavioral Health Lead</li> <li>• Review this Job Action Sheet</li> <li>• Put on position identification (e.g., position vest)</li> <li>• Notify your usual supervisor of your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>• Assess ACS behavioral health staff availability and resources</li> <li>• Provide information to your superior on staff situation including capabilities and limitations</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Develop and maintain a behavioral health staffing plan</li> <li>• Assist the Logistics Section and or Credentialing Unit Leader with behavioral health staff credentialing issues, if needed</li> <li>• Address the utilization, and oversight of volunteer behavioral health</li> <li>• Meet regularly with the Nursing, Operations and Planning Leads to plan and project patient care needs</li> <li>• Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested</li> <li>• Coordinate with the Incident Management Team (IMT) as appropriate</li> </ul>		

<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 206: Assist the Logistics Section Support Branch Director with completion of Staff Medical Plan</li> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• Documentation of behavioral health care should be completed in the electronic health record, per standard documentation practices.</li> </ul>		
<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

Intermediate Response (2 – 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Behavioral Health Lead, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Meet regularly with the Nursing Unit and Operations Leads, as appropriate, to brief them on behavioral health staff status and projected needs</li> <li>• Establish a regular meeting schedule with Nursing Unit and Operations Leads, for updates on the situation regarding ACS operational needs</li> <li>• Maintain regular communications with the Nursing Unit Lead to co-monitor the delivery and quality of behavioral health care in all patient areas</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• Documentation of behavioral health care should be completed in the electronic health record, per standard documentation practices</li> </ul>		
<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Behavioral Health Unit Lead role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> <li>● Continue to ensure response issues related to the behavioral staff are identified and effectively managed</li> <li>● Report critical issues to the Nursing Unit Lead, as appropriate</li>   <li>● Meet regularly with the Nursing or Operations Unit Lead to update them on the current status and conditions</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>● HICS 213: Document all communications on a General Message Form</li> <li>● HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>● Documentation of behavioral health care should be completed in the electronic health record, per standard documentation practices</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

Demobilization/System Recovery	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>● Transfer the Nursing Unit Lead role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>● Participate in other briefings and meetings as required</li> <li>● Submit comments to Site Leader on lessons learned and procedural or equipment changes needed</li> <li>● Submit comments to the Planning Lead for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:                             <ul style="list-style-type: none"> <li>○ Review of pertinent position activities and operational checklists</li> <li>○ Recommendations for procedure changes</li> <li>○ Accomplishments and issues</li> </ul> </li> <li>● Participate in stress management and after action debriefings</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>● HICS 221: Demobilization Check-Out</li> <li>● Ensure all documentation is provided to the Planning Section Documentation Unit</li> </ul>		

**Documents and Tools**

- HICS 203 - Organization Assignment List
- HICS 204 - Assignment List
- HICS 206 - Staff Medical Plan
- HICS 213 - General Message Form
- HICS 214 - Activity Log
- HICS 215A - Incident Action Plan (IAP) Safety Analysis
- HICS 221 - Demobilization Check-Out
- Incident Specific Plans or Annexes
- Alternate Care Site organization chart
- Alternate Care Site telephone directory
- Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

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**Coordinators:**  
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**Mission:** Report to the Behavioral Health Lead or Nursing Staff, as assigned, and provide all needed onsite behavioral health care

Position Reports to: <b>Behav Health Lead/Nursing Unit Lead</b> Command Location: _____		
Position Contact Information: Phone: ( _____ ) - _____ Radio Channel: _____		
Alternate Care Site (ACS): Phone: ( _____ ) - _____ Fax: ( _____ ) - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>• Obtain a briefing from the Behavioral Health or Nursing Unit Lead on:                             <ul style="list-style-type: none"> <li>○ Size and complexity of the incident</li> <li>○ Expectations of the Behavioral Health or Nursing Unit Lead</li> <li>○ Incident objectives</li> <li>○ Involvement of outside agencies, stakeholders, and organizations</li> <li>○ The situation, incident activities, and any special concerns</li> </ul> </li> <li>• Assume the role of ACS: Behavioral Health Staff</li> <li>• Review this Job Action Sheet</li> <li>• Put on position identification (e.g., position vest)</li> <li>• Notify your usual supervisor of your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>• Provide information to your superior on behavioral health situation including capabilities and limitations (e.g., technology to communicate with clients' outside support systems)</li> <li>• Assess supervision needs for other behavioral health staff, if delegated</li> <li>• Review client assignment and resources</li> <li>• Identify priority client care needs, including discharge needs for return to home</li> <li>• Assess support needs for ACS staff (e.g., staff psychological support)</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Provide <a href="#">psychological first aid</a></li> <li>• Provide brief psychological interventions and support for clients and staff</li> <li>• Assess clients for psychiatric symptoms needing additional management</li> <li>• Assist with assessing for substance abuse conditions and treatment, if appropriate</li> <li>• Meet regularly with medical, nursing, and behavioral health staff to coordinate addressing clients' behavioral health needs and to manage problematic psychiatric symptoms</li> <li>• Assist in providing interface with family and outside support systems</li> </ul>		

<ul style="list-style-type: none"> <li>• Assist with discharge planning, coordination of care, if delegated (coordinate with site discharge coordinator if position exists)</li> <li>• Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• Any documentation of behavioral health care should be completed in the electronic health record, per standard documentation practices.</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use of electronic health record, and protocols for interface with external partners</i></p>		

Intermediate Response (2 – 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Behavioral Health Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions and available resources</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Meet regularly with the Behavioral Health or Nursing Unit Lead to brief them on patient status and projected needs</li> <li>• Establish a regular meeting schedule with the Behavioral Health Lead, Nursing Unit Lead for updates on the situation regarding ACS operational needs</li> <li>• Maintain regular communications with the Behavioral Health or Nursing Unit Lead to co-monitor the delivery and quality of client care in all patient areas</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• Any documentation of behavioral health care should be completed in the electronic health record, per standard documentation practices.</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use of the electronic health record, and protocols for interface with external partners</i></p>		

Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Behavioral Health Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Continue to ensure response issues related to the behavioral staff are identified and effectively managed</li> </ul>		



<ul style="list-style-type: none"> <li>• Report critical issues to the Behavioral Health or Nursing Unit Lead, as appropriate</li> <li>• Meet regularly with the Behavioral Health or Nursing Staff to update them on the current status and conditions</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• Any documentation of behavioral health care should be completed in the electronic health record, per standard documentation practices.</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use the electronic health record, and protocols for interface with external partners (e.g., Regional Transfer Center)</i></p>		

Demobilization/System Recovery	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Behavioral Health Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Participate in other briefings and meetings as required</li> <li>• Submit comments to Site Leader on lessons learned and procedural or equipment changes needed</li> <li>• Submit comments to the Planning Lead for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:                             <ul style="list-style-type: none"> <li>○ Review of pertinent position activities and operational checklists</li> <li>○ Recommendations for procedure changes</li> <li>○ Accomplishments and issues</li> </ul> </li> <li>• Participate in stress management and after action debriefings</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 221: Demobilization Check-Out</li> <li>• Ensure all documentation is provided to the Planning Section Documentation Unit</li> </ul>		

**Documents and Tools**

- HICS 203 - Organization Assignment List
- HICS 204 - Assignment List
- HICS 206 - Staff Medical Plan
- HICS 213 - General Message Form
- HICS 215A - Incident Action Plan (IAP) Safety Analysis
- HICS 221 - Demobilization Check-Out



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**Coordinators:**  
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**Mission:** Report to the Nursing Unit Lead, as assigned, and provide all needed onsite laboratory services. (If Vendor used for laboratory services, some functions could be fulfilled by Nursing Unit Lead and key activities would need to be incorporated into that Job Action Sheet.)

Position Reports to: <b>Nursing Unit Lead</b> Command Location: _____		
Position Contact Information: Phone: ( _____ ) - _____ Radio Channel: _____		
Alternate Care Site (ACS): Phone: ( _____ ) - _____ Fax: ( _____ ) - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>• Obtain a briefing from the Nursing Unit Lead on:                             <ul style="list-style-type: none"> <li>○ Size and complexity of the incident</li> <li>○ Expectations of the Nursing Unit Lead</li> <li>○ Incident objectives</li> <li>○ Involvement of outside agencies, stakeholders, and organizations</li> <li>○ The situation, incident activities, and any special concerns</li> </ul> </li> <li>• Assume the role of ACS: Clinical Laboratory Lead</li> <li>• Review this Job Action Sheet</li> <li>• Put on position identification (e.g., position vest)</li> <li>• Notify your usual supervisor of your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>• Assess ACS laboratory staff availability and resources (e.g., supplies) and compliance with CLIA</li> <li>• Provide information to Nursing Unit Lead on laboratory situation including capabilities and limitations</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Assist the Nursing Unit Leader with laboratory staffing issues, if needed</li> <li>• Meet regularly with Nursing Unit Lead and Operations Lead to plan and project laboratory needs</li> <li>• Monitor and maintain laboratory inventory and supply of materials, as needed</li> <li>• Oversee quality control for testing, results and staff</li> <li>• Oversee training and quality for point-of-care testing</li> <li>• Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested</li> <li>• Coordinate with the Incident Management Team (IMT) as appropriate</li> </ul>		

<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use of electronic health record, and protocols for interface with external partners</i></p>		

Intermediate Response (2 – 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Clinical Laboratory Lead role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, laboratory testing, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Meet regularly with the Nursing Unit Lead, as appropriate, to brief them on laboratory status and projected needs</li> <li>• Establish a regular meeting schedule with the Nursing Unit Lead for updates on the situation regarding ACS operational needs</li> <li>• Maintain regular communications with the Nursing Unit Lead to co-monitor the delivery and quality of laboratory services in all patient areas</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> </ul>		
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Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Clinical Laboratory Lead role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital</li> <li>○ Address any health, laboratory testing, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Continue to ensure response issues related to laboratory status are identified and effectively managed</li> <li>• Report critical issues to the Nursing Unit Lead, as appropriate</li> </ul>		

<ul style="list-style-type: none"> <li>Meet regularly with the Nursing Unit to update them on the current status and conditions</li> </ul>		
<b>Documentation</b> <ul style="list-style-type: none"> <li>HICS 213: Document all communications on a General Message Form</li> <li>HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> </ul>		
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Demobilization/System Recovery	Time	Initial
<b>Activities</b> <ul style="list-style-type: none"> <li>Transfer the Clinical Laboratory Lead role, if appropriate                             <ul style="list-style-type: none"> <li>Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>Address any health, laboratory testing, and safety concerns</li> <li>Address political sensitivities, when appropriate</li> <li>Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>Participate in other briefings and meetings as required</li> <li>Submit comments to Site Leader on lessons learned and procedural or equipment changes needed</li> <li>Submit comments to the Planning Lead for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:                             <ul style="list-style-type: none"> <li>Review of pertinent position activities and operational checklists</li> <li>Recommendations for procedure changes</li> <li>Accomplishments and issues</li> </ul> </li> </ul>		
<b>Documentation</b> <ul style="list-style-type: none"> <li>HICS 221: Demobilization Check-Out</li> <li>Ensure all documentation is provided to the Planning Section Documentation Unit</li> </ul>		

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Position Contact Information: Phone: ( _____ ) _____ - _____ Radio Channel: _____		
Alternate Care Site (ACS): Phone: ( _____ ) _____ - _____ Fax: ( _____ ) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
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Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>• Obtain a briefing from the Clinical Laboratory Lead or Nursing Unit Lead on:                             <ul style="list-style-type: none"> <li>○ Size and complexity of the incident</li> <li>○ Expectations of the Clinical Laboratory Lead or Nursing Unit Lead</li> <li>○ Incident objectives</li> <li>○ Involvement of outside agencies, stakeholders, and organizations</li> <li>○ The situation, incident activities, and any special concerns</li> </ul> </li> <li>• Assume the role of ACS: Clinical Laboratory Staff</li> <li>• Review this Job Action Sheet</li> <li>• Put on position identification (e.g., position vest)</li> <li>• Notify your usual supervisor of your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>• Assist with assessing ACS laboratory resources (e.g., supplies) and compliance with CLIA</li> <li>• Assess and prioritize laboratory and point-of-care testing requests</li> <li>• Provide information to Clinical Laboratory Lead or Nursing Unit Lead on laboratory situation including capabilities and limitations</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Perform blood collection according to phlebotomy SOP</li> <li>• Meet regularly with Clinical Laboratory Lead or Nursing Lead to plan and project laboratory needs</li> <li>• Monitor laboratory inventory and supply of materials, as needed</li> <li>• Provide information to nursing and medical staff on specimen requirements</li> <li>• Transport blood specimens to the processing area in the required timeframe</li> <li>• Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested</li> </ul>		

<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis OR laboratory testing log (including: date, time, patient, confirmation of patient verification, testing SOP followed, list of tests done, staff name)</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use of electronic health record, and protocols for interface with external partners</i></p>		

Intermediate Response (2 – 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Clinical Laboratory Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, laboratory testing, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Meet regularly with the Clinical Laboratory Lead or Nursing Unit Lead, as appropriate, to brief them on laboratory testing status and projected needs</li> <li>• Establish a regular meeting schedule with the Clinical Laboratory Lead or Nursing Unit Lead for updates on the situation regarding ACS operational needs</li> <li>• Maintain regular communications with the Clinical Laboratory Lead or Nursing Unit Lead to co-monitor the delivery and quality of laboratory services in all patient areas</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis OR laboratory testing log (including: date, time, patient, confirmation of patient verification, testing SOP followed, list of tests done, staff name)</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use of the electronic health record, and protocols for interface with external partners</i></p>		

Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Clinical Laboratory Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital</li> <li>○ Address any health, laboratory testing, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> </ul>		



<ul style="list-style-type: none"> <li>• Continue to ensure response issues related to laboratory status are identified and effectively managed</li> <li>• Report critical issues to the Clinical Laboratory Lead or Nursing Unit Lead, as appropriate</li> <li>• Meet regularly with the Clinical Laboratory Lead or Nursing Unit to update them on the current status and conditions</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis OR laboratory testing log (including: date, time, patient, confirmation of patient verification, testing SOP followed, list of tests done, staff name)</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use the electronic health record, and protocols for interface with external partners</i></p>		

Demobilization/System Recovery	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Clinical Laboratory Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, laboratory testing, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Participate in other briefings and meetings as required</li> <li>• Submit comments to Site Leader on lessons learned and procedural or equipment changes needed</li> <li>• Submit comments to the Planning Lead for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:                             <ul style="list-style-type: none"> <li>○ Review of pertinent position activities and operational checklists</li> <li>○ Recommendations for procedure changes</li> <li>○ Accomplishments and issues</li> </ul> </li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 221: Demobilization Check-Out</li> <li>• Ensure all documentation is provided to the Planning Section Documentation Unit</li> </ul>		

**Documents and Tools**

- HICS 203 - Organization Assignment List
- HICS 204 - Assignment List
- HICS 206 - Staff Medical Plan
- HICS 213 - General Message Form
- HICS 214 - Activity Log
- HICS 215A - Incident Action Plan (IAP) Safety Analysis
- HICS 221 - Demobilization Check-Out



The mission of the Healthforce Center is to equip health care organizations with the workforce knowledge and leadership skills to effect positive change.

Healthforce Center at UCSF  
3333 California Street, Suite 410  
San Francisco, CA 94118

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**Coordinators:**  
Healthforce Center at UCSF

ALTERNATE CARE SITE: MEDICAL STAFF  
(Physician, Physician Assistant, Nurse Practitioner)

**Mission:** Advise the Operations Lead, as assigned, and provide medical services to patients.

Position Reports to: <b>Operations Unit Lead</b> Command Location: _____		
Position Contact Information: Phone: ( _____ ) - _____ Radio Channel: _____		
Alternate Care Site (ACS): Phone: ( _____ ) - _____ Fax: ( _____ ) - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>Obtain a briefing from the Operations Unit Lead on:                             <ul style="list-style-type: none"> <li>Size and complexity of the incident</li> <li>Expectations of the Operations Unit Lead</li> <li>Incident objectives</li> <li>Involvement of outside agencies, stakeholders, and organizations</li> <li>The situation, incident activities, and any special concerns</li> </ul> </li> <li>Assume the role of ACS: Medical Staff</li> <li>Review this Job Action Sheet</li> <li>Put on position identification (e.g., position vest)</li> <li>Notify your usual supervisor of your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>Assess ACS patient care needs and resources</li> <li>Provide information to your superior on patient care situation including capabilities and limitations</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>Meet regularly with the Operations and Nursing Leads to plan and project patient care needs</li> <li>Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested</li> <li>Coordinate with the Incident Management Team (IMT) as appropriate</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>HICS 213: Document all communications on a General Message Form</li> <li>Any documentation of medical care should be completed in the electronic health record, per standard medical documentation practices</li> </ul>		

ALTERNATE CARE SITE: MEDICAL STAFF  
(Physician, Physician Assistant, Nurse Practitioner)

<p><b>Communication</b> <i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		
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Intermediate Response (2 – 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Medical Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Meet regularly with the Operations and Nursing Leads, as appropriate, to brief them on patient status and projected needs</li> <li>• Establish a regular meeting schedule with the Site Leader or Operations Lead for updates on the situation regarding ACS operational needs</li> <li>• Maintain regular communications with the Operations Unit Lead to monitor the delivery and quality of medical care in all patient areas</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• Any documentation of medical care should be completed in the electronic health record, per standard medical documentation practices</li> </ul>		
<p><b>Communication</b> <i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Medical Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Continue to ensure response issues related to patient care are identified and effectively managed</li> <li>• Report critical issues to the Operations Lead, as appropriate</li> <li>• Meet regularly with the Nursing Lead or Operations Unit Lead to update them on the current status and conditions</li> </ul>		

ALTERNATE CARE SITE: MEDICAL STAFF  
(Physician, Physician Assistant, Nurse Practitioner)

<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• Any documentation of medical care should be completed in the electronic health record, per standard medical documentation practices</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

<b>Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Medical Staff role, if appropriate               <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Participate in other briefings and meetings as required</li> <li>• Submit comments to Site Leader on lessons learned and procedural or equipment changes needed</li> <li>• Submit comments to the Planning Lead for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:               <ul style="list-style-type: none"> <li>○ Review of pertinent position activities and operational checklists</li> <li>○ Recommendations for procedure changes</li> <li>○ Accomplishments and issues</li> </ul> </li> <li>• Participate in stress management and after action debriefings</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 221: Demobilization Check-Out</li> <li>• Ensure all documentation is provided to the Planning Section Documentation Unit</li> </ul>		

**Documents and Tools**

- HICS 203 - Organization Assignment List
- HICS 204 - Assignment List
- HICS 213 - General Message Form
- HICS 215A - Incident Action Plan (IAP) Safety Analysis
- HICS 221 - Demobilization Check-Out
- Alternate Care Site telephone directory
- Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication



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**Coordinators:**  
**Healthforce Center at UCSF**

**Mission:** Advise the Operations Lead, as assigned, on issues related to the nursing staff.

Position Reports to: <b>Operations Lead</b> Command Location: _____		
Position Contact Information: Phone: ( _____ ) - _____ Radio Channel: _____		
Alternate Care Site (ACS): Phone: ( _____ ) - _____ Fax: ( _____ ) - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>Obtain a briefing from the Operations Unit Lead on:                             <ul style="list-style-type: none"> <li>Size and complexity of the incident</li> <li>Expectations of the Operations Unit Lead</li> <li>Incident objectives</li> <li>Involvement of outside agencies, stakeholders, and organizations</li> <li>The situation, incident activities, and any special concerns</li> </ul> </li> <li>Assume the role of ACS: Nursing Unit Lead</li> <li>Review this Job Action Sheet</li> <li>Put on position identification (e.g., position vest)</li> <li>Notify your usual supervisor of your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>Assess ACS nursing staff availability and resources</li> <li>Provide information to your superior on nursing staff situation including capabilities and limitations</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>Develop and maintain a nursing staffing plan</li> <li>Assist the Logistics Section and or Credentialing Unit Leader with nursing staff credentialing issues, if needed</li> <li>Address the credentialing, utilization, and oversight of volunteer nurses</li> <li>Meet regularly with the Operations and Planning Leads to plan and project patient care needs</li> <li>Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested</li> <li>Coordinate with the Incident Management Team (IMT) as appropriate</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>HICS 206: Assist the Logistics Section Support Branch Director with completion of Staff Medical Plan</li> </ul>		

<ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• Documentation of nursing care should be completed in the electronic health record, per standard nursing documentation practices.</li> </ul>		
<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

Intermediate Response (2 – 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Nursing Unit Lead, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Meet regularly with the Site Leader or the Operations Section Chief, as appropriate, to brief them on nursing staff status and projected needs</li> <li>• Establish a regular meeting schedule with the Site Leader or Operations Lead for updates on the situation regarding ACS operational needs</li> <li>• Maintain regular communications with the Operations Unit Lead to co-monitor the delivery and quality of medical care in all patient areas</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> </ul>		
<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Nursing Unit Lead role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Continue to ensure response issues related to the medical staff are identified and effectively managed</li> </ul>		



<ul style="list-style-type: none"> <li>• Report critical issues to the Operations Lead, as appropriate</li> <li>• Meet regularly with the Site Leader or Operations Unit Lead to update them on the current status and conditions</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

Demobilization/System Recovery	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Nursing Unit Lead role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Participate in other briefings and meetings as required</li> <li>• Submit comments to Site Leader on lessons learned and procedural or equipment changes needed</li> <li>• Submit comments to the Planning Lead for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:                             <ul style="list-style-type: none"> <li>○ Review of pertinent position activities and operational checklists</li> <li>○ Recommendations for procedure changes</li> <li>○ Accomplishments and issues</li> </ul> </li> <li>• Participate in stress management and after action debriefings</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 221: Demobilization Check-Out</li> <li>• Ensure all documentation is provided to the Planning Section Documentation Unit</li> </ul>		

**Documents and Tools**

- HICS 203 - Organization Assignment List
- HICS 204 - Assignment List
- HICS 206 - Staff Medical Plan
- HICS 213 - General Message Form
- HICS 214 - Activity Log
- HICS 215A - Incident Action Plan (IAP) Safety Analysis
- HICS 221 - Demobilization Check-Out
- Incident Specific Plans or Annexes
- Alternate Care Site organization chart
- Alternate Care Site telephone directory
- Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

**Healthforce  
Center** at UCSF

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**Coordinators:**  
Healthforce Center at UCSF

**Mission:** Report to the Nursing Unit Lead or Nursing Staff, as assigned, and assist with providing nursing care.

Position Reports to: <b>Nursing Unit Lead/Nursing Staff</b> Command Location: _____		
Position Contact Information: Phone: ( _____ ) - _____ Radio Channel: _____		
Alternate Care Site (ACS): Phone: ( _____ ) - _____ Fax: ( _____ ) - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>• Obtain a briefing from the Nursing Unit Lead or Nursing Staff on:                             <ul style="list-style-type: none"> <li>○ Size and complexity of the incident</li> <li>○ Expectations of the Nursing Unit Lead or Nursing Staff</li> <li>○ Incident objectives</li> <li>○ Involvement of outside agencies, stakeholders, and organizations</li> <li>○ The situation, incident activities, and any special concerns</li> </ul> </li> <li>• Assume the role of ACS: Nursing and Medical Assistant Staff</li> <li>• Review this Job Action Sheet</li> <li>• Put on position identification (e.g., position vest)</li> <li>• Notify your usual supervisor of your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>• Provide information to your superior on nursing situation including capabilities and limitations</li> <li>• Review client assignment and resources</li> <li>• Identify priority client care needs</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Meet regularly with medical and nursing staff to plan and project patient care needs</li> <li>• Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested</li> <li>• Provide patient care, as appropriate</li> <li>• Coordinate with the nursing care team, as appropriate</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• Any documentation of patient care should be completed in the electronic health record, per standard documentation practices.</li> </ul>		

<p><b>Communication</b> <i>ACS to complete: Insert communications technology, instructions for use of electronic health record, and protocols for interface with external partners (e.g., Regional Transfer Center)</i></p>		
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Intermediate Response (2 – 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Nursing or Medical Assistant Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions and available resources</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Meet regularly with the Nursing Unit Lead or Nursing Staff to brief them on patient status and projected needs</li> <li>• Establish a regular meeting schedule with the Nursing Staff for updates on the situation regarding ACS operational needs</li> <li>• Maintain regular communications with the Nursing Unit Lead to co-monitor the delivery and quality of client care in all patient areas</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• Any documentation of patient care should be completed in the electronic health record, per standard documentation practices</li> </ul>		
<p><b>Communication</b> <i>ACS to complete: Insert communications technology, instructions for use of the electronic health record, and protocols for interface with external partners</i></p>		

Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Nursing or Medical Assistant Staff staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Continue to ensure response issues related to the medical staff are identified and effectively managed</li> <li>• Report critical issues to the Nursing Unit Lead and Nursing Staff, as appropriate</li> <li>• Meet regularly with the Nursing Unit or Nursing Staff to update them on the current status and conditions</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• Any documentation of care should be completed in the electronic health record, per standard documentation practices</li> </ul>		

<p><b>Communication</b> <i>ACS to complete: Insert communications technology, instructions for use the electronic health record, and protocols for interface with external partners (e.g., Regional Transfer Center)</i></p>		
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<b>Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Nursing Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Participate in other briefings and meetings as required</li> <li>• Submit comments to Site Leader on lessons learned and procedural or equipment changes needed</li> <li>• Submit comments to the Planning Lead for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:                             <ul style="list-style-type: none"> <li>○ Review of pertinent position activities and operational checklists</li> <li>○ Recommendations for procedure changes</li> <li>○ Accomplishments and issues</li> </ul> </li> <li>• Participate in stress management and after action debriefings</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 221: Demobilization Check-Out</li> <li>• Ensure all documentation is provided to the Planning Section Documentation Unit</li> </ul>		

**Documents and Tools**

- HICS 203 - Organization Assignment List
- HICS 204 - Assignment List
- HICS 213 - General Message Form
- HICS 215A - Incident Action Plan (IAP) Safety Analysis
- HICS 221 - Demobilization Check-Out

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**Mission:** Report to the Nursing Unit Lead, as assigned, and provide nursing patient care.

Position Reports to: <b>Nursing Unit Lead</b> Command Location: _____		
Position Contact Information: Phone: ( _____ ) - _____ Radio Channel: _____		
Alternate Care Site (ACS): Phone: ( _____ ) - _____ Fax: ( _____ ) - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<b>Receive appointment</b> <ul style="list-style-type: none"> <li>Obtain a briefing from the Nursing Unit Lead on:                             <ul style="list-style-type: none"> <li>Size and complexity of the incident</li> <li>Expectations of the Nursing Unit Lead</li> <li>Incident objectives</li> <li>Involvement of outside agencies, stakeholders, and organizations</li> <li>The situation, incident activities, and any special concerns</li> </ul> </li> <li>Assume the role of ACS: Nursing Staff</li> <li>Review this Job Action Sheet</li> <li>Put on position identification (e.g., position vest)</li> <li>Notify your usual supervisor of your assignment</li> </ul>		
<b>Assess the operational situation</b> <ul style="list-style-type: none"> <li>Assess ACS nursing staff availability and resources</li> <li>Provide information to your superior on nursing situation including capabilities and limitations</li> </ul>		
<b>Activities</b> <ul style="list-style-type: none"> <li>Assist the Nursing Unit Leader with nursing staffing issues, if needed</li> <li>Meet regularly with medical and nursing staff to plan and project patient care needs</li> <li>Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested</li> <li>Coordinate with the Incident Management Team (IMT) as appropriate</li> </ul>		
<b>Documentation</b> <ul style="list-style-type: none"> <li>HICS 213: Document all communications on a General Message Form</li> <li>Any documentation of nursing care should be completed in the electronic health record, per standard nursing documentation practices.</li> </ul>		

<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use of electronic health record, and protocols for interface with external partners (e.g., Regional Transfer Center)</i></p>		
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Intermediate Response (2 – 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Nursing staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Meet regularly with the Nursing Unit Lead or the Operations Section Chief, as appropriate, to brief them on patient status and projected needs</li> <li>• Establish a regular meeting schedule with the Nursing Unit Lead or Operations Lead for updates on the situation regarding ACS operational needs</li> <li>• Maintain regular communications with the Nursing Unit Lead to co-monitor the delivery and quality of nursing care in all patient areas</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• Any documentation of nursing care should be completed in the electronic health record, per standard nursing documentation practices</li> </ul>		
<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use of the electronic health record, and protocols for interface with external partners (e.g., Regional Transfer Center)</i></p>		

Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Nursing staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Continue to ensure response issues related to the medical staff are identified and effectively managed</li> <li>• Report critical issues to the Nursing Unit Lead, as appropriate</li> <li>• Meet regularly with the Nursing Unit or Operations Unit Lead to update them on the current status and conditions</li> </ul>		



<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• Any documentation of nursing care should be completed in the electronic health record, per standard nursing documentation practices</li> </ul>		
<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use the electronic health record, and protocols for interface with external partners (e.g., Regional Transfer Center)</i></p>		

Demobilization/System Recovery	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Nursing Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Participate in other briefings and meetings as required</li> <li>• Submit comments to Site Leader on lessons learned and procedural or equipment changes needed</li> <li>• Submit comments to the Planning Lead for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:                             <ul style="list-style-type: none"> <li>○ Review of pertinent position activities and operational checklists</li> <li>○ Recommendations for procedure changes</li> <li>○ Accomplishments and issues</li> </ul> </li> <li>• Participate in stress management and after action debriefings</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 221: Demobilization Check-Out</li> <li>• Ensure all documentation is provided to the Planning Section Documentation Unit</li> </ul>		

**Documents and Tools**

- HICS 203 - Organization Assignment List
- HICS 204 - Assignment List
- HICS 213 - General Message Form
- HICS 215A - Incident Action Plan (IAP) Safety Analysis
- HICS 221 - Demobilization Check-Out
- Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication



The mission of the Healthforce Center is to equip health care organizations with the workforce knowledge and leadership skills to effect positive change.

Healthforce Center at UCSF  
3333 California Street, Suite 410  
San Francisco, CA 94118

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**Coordinators:**  
Healthforce Center at UCSF

**Mission:** Report to the Nursing Unit Lead, as assigned, and manage all needed radiology services.

Position Reports to: <b>Nursing Unit Lead</b> Command Location: _____		
Position Contact Information: Phone: ( _____ ) - _____ Radio Channel: _____		
Alternate Care Site (ACS): Phone: ( _____ ) - _____ Fax: ( _____ ) - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>• Obtain a briefing from the Nursing Unit Lead on:                             <ul style="list-style-type: none"> <li>○ Size and complexity of the incident</li> <li>○ Expectations of the Nursing Unit Lead</li> <li>○ Incident objectives</li> <li>○ Involvement of outside agencies, stakeholders, and organizations</li> <li>○ The situation, incident activities, and any special concerns</li> </ul> </li> <li>• Assume the role of ACS: Radiology Staff</li> <li>• Review this Job Action Sheet</li> <li>• Put on position identification (e.g., position vest)</li> <li>• Notify your usual supervisor of your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>• Assess ACS radiology capacity, resources, and supplies</li> <li>• Provide information to Nursing Lead on radiology status, including capabilities and limitations</li> <li>• Assess need for onsite radiology studies in consultation with Nursing Unit Lead</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Coordinate with radiology services contractor to complete diagnostic radiologic tests ordered by medical staff</li> <li>• Meeting regularly with Nursing Unit Lead to plan and project radiology needs</li> <li>• Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• Completion of diagnostic radiology tests should be documented in the electronic health record</li> </ul>		

<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use of electronic health record, and protocols for interface with external partners</i></p>		
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Intermediate Response (2 – 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Radiology Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, radiology testing, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Meet regularly with the Nursing Unit Lead, as appropriate, to brief them on radiology testing status and projected needs</li> <li>• Establish a regular meeting schedule with the Nursing Unit Lead for updates on the situation regarding ACS operational needs</li> <li>• Maintain regular communications with the Nursing Unit Lead to co-monitor the delivery and quality of radiology services in all patient areas</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• Completion of diagnostic radiology tests should be documented in the electronic health record</li> </ul>		
<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use of the electronic health record, and protocols for interface with external partners</i></p>		

Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Radiology role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital</li> <li>○ Address any health, laboratory testing, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Continue to ensure response issues related to radiology services are identified and effectively managed</li> <li>• Report critical issues to the Nursing Unit Lead, as appropriate</li> <li>• Meet regularly with the Nursing Unit to update them on the current status and conditions</li> </ul>		

<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• Completion of diagnostic radiology tests should be documented in the electronic health record</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use the electronic health record, and protocols for interface with external partners</i></p>		

Demobilization/System Recovery	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Radiology Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, radiology testing, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Participate in other briefings and meetings as required</li> <li>• Submit comments to Site Leader on lessons learned and procedural or equipment changes needed</li> <li>• Submit comments to the Planning Lead for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:                             <ul style="list-style-type: none"> <li>○ Review of pertinent position activities and operational checklists</li> <li>○ Recommendations for procedure changes</li> <li>○ Accomplishments and issues</li> </ul> </li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 221: Demobilization Check-Out</li> <li>• Ensure all documentation is provided to the Planning Section Documentation Unit</li> </ul>		

**Documents and Tools**

- HICS 203 - Organization Assignment List
- HICS 204 - Assignment List
- HICS 213 - General Message Form
- HICS 215A - Incident Action Plan (IAP) Safety Analysis
- HICS 221 - Demobilization Check-Out



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**Coordinators:**  
Healthforce Center at UCSF

**Mission:** Maintain Alternate Care Site (ACS) capabilities and services as the situation warrants and circumstances allow. Advise the Incident Commander or Section Chief, as assigned, on issues related to ACS operations.

Position Reports to: <b>Site Leader</b> Command Location: _____		
Position Contact Information: Phone: (____) _____ - _____ Radio Channel: _____		
Alternate Care Site (ACS): Phone: (____) _____ - _____ Fax: (____) _____ - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>• Obtain briefing from the Site Leader on:                             <ul style="list-style-type: none"> <li>○ Size and complexity of the incident</li> <li>○ Expectations of the Site Leader</li> <li>○ Incident objectives</li> <li>○ Involvement of outside agencies, stakeholders, and organizations</li> <li>○ The situation, incident activities, and any special concerns</li> </ul> </li> <li>• Assume the role of ACS: Operations Unit Lead</li> <li>• Review this Job Action Sheet</li> <li>• Put on position identification (e.g., position vest)</li> <li>• Notify your usual supervisor of your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>• Assess the clinical resources (staff, supplies, equipment, and facilities) that could be mobilized to assist as needed during the incident</li> <li>• Obtain clinic census and status</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Regularly meet with Operations and Planning Section Chiefs and Base Camp Manager to determine current status of operations and need to continue or expand clinical operations</li> <li>• Complete and maintain daily Action assignment list (HICS 204) and Medical Staff Plan (HICS 206)</li> <li>• Notify appropriate clinic managers and staff of the incident and brief them on the current status</li> <li>• Request or prepare projections on clinical activities, as appropriate, for 4, 8, 12, 24, 48, and 96 hours from the time of the incident onset</li> </ul>		

<ul style="list-style-type: none"> <li>• Maintain the routine flow of clinic patients, materials, and information while the incident is being addressed, and respond promptly to issues that may disrupt that flow</li> <li>• Implement interim measures to maintain critical clinic operations, as necessary, in response to any disruption of patient services</li> <li>• Implement Business Continuity Plans for any affected clinics</li> <li>• Determine which ACS sites could support acute patient care (immediate or delayed)</li> <li>• Provide clinic resources (staff, supplies, and facilities) to assist ACS operations as requested</li> <li>• Oversee medication distribution of antibiotic prophylaxis or vaccination to staff or their families, if directed</li> <li>• Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• Any direct patient care documentation shall occur in the electronic health record according to standard medical documentation practices</li> </ul>		
<p><b>Communication</b> <i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

Intermediate Response (2 – 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Operations Unit Lead role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the ACS</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Receive updates from the clinical leads on issues that may be pertinent to the incident</li> <li>• Establish a regular meeting schedule with the Incident Commander or Operations Section Chief for updates on the situation regarding clinical operational needs</li> <li>• Determine the capability and financial impact of extended clinical operations beyond normal operating hours</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• Any direct patient care documentation shall occur in the electronic health record according to standard medical documentation practices</li> </ul>		



<p><b>Communication</b>  <i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		
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Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Operations Unit Lead role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the ACS</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• Any direct patient care documentation shall occur in the electronic health record according to standard medical documentation practices</li> </ul>		
<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

Demobilization/System Recovery	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Operations Unit Lead role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the ACS</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Participate in other briefings and meetings as required</li> <li>• Submit comments to Incident Commander on lessons learned and procedural or equipment changes needed</li> <li>• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan.                             <p>Topics include:</p> <ul style="list-style-type: none"> <li>○ Statement of Issue</li> <li>○ Review of pertinent position activities and operational checklists</li> <li>○ Recommendations for changes and improvements</li> <li>○ Accomplishments and issues</li> </ul> </li> </ul>		

<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 221: Demobilization Check-Out</li> <li>• Ensure all documentation is provided to the Planning Section Documentation Unit</li> </ul>		
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Documents and Tools
<ul style="list-style-type: none"> <li><input type="checkbox"/> HICS 201 - Incident Briefing</li> <li><input type="checkbox"/> HICS 202 - Incident Objectives</li> <li><input type="checkbox"/> HICS 203 - Organization Assignment List</li> <li><input type="checkbox"/> HICS 204 - Assignment List</li> <li><input type="checkbox"/> HICS 206 - Staff Medical Plan</li> <li><input type="checkbox"/> HICS 207- Hospital Incident Management Team Chart</li> <li><input type="checkbox"/> HICS 213 - General Message Form</li> <li><input type="checkbox"/> HICS 214 - Activity Log</li> <li><input type="checkbox"/> HICS 215A - Incident Action Plan (IAP) Safety Analysis</li> <li><input type="checkbox"/> HICS 221 - Demobilization Check-Out</li> <li><input type="checkbox"/> HICS 254 –Disaster Victim/Patient Tracking</li> </ul>

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 3333 California Street, Suite 410  
 San Francisco, CA 94118

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**Coordinators:**  
 Healthforce Center at UCSF

**Mission:** The Planning Section Chief is responsible for providing planning services for the incident. Under the direction of the Planning Section Chief, the Planning Section collects situation and resources status information, evaluates it, and processes the information for use in developing action plans. Dissemination of information can be in the form of the IAP, in formal briefings, or through map and status board displays.

Position Reports to: <b>Site Leader</b> Command Location: _____		
Position Contact Information: Phone: ( _____ ) - _____ Radio Channel: _____		
Alternate Care Site (ACS): Phone: ( _____ ) - _____ Fax: ( _____ ) - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>• Obtain briefing from the Site Leader on:                             <ul style="list-style-type: none"> <li>○ Size and complexity of the incident</li> <li>○ Expectations of the Site Leader</li> <li>○ Incident objectives</li> <li>○ Involvement of outside agencies, stakeholders, and organizations</li> <li>○ The situation, incident activities, and any special concerns</li> </ul> </li> <li>• Assume the role of Planning Section Lead</li> <li>• Review this Job Action Sheet</li> <li>• Put on position identification (e.g., position vest)</li> <li>• Notify your usual supervisor of your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>• Obtain information and status from the Operations and Logistics Section Chiefs to ensure the accurate tracking of personnel and resources by the Personnel Tracking and Materiel Tracking Managers, if appointed, or the respective Section Chiefs if not</li> <li>• Provide information to the Site Leader on the Planning Section operational situation including capabilities and limitations</li> </ul>		
<p><b>Determine the incident objectives, tactics, and assignments</b></p> <ul style="list-style-type: none"> <li>• Determine which Planning Section Units need to be activated:                             <ul style="list-style-type: none"> <li>○ Transfers Unit</li> <li>○ Patient Tracking/Medical Records Unit</li> <li>○ Discharge Planning/Social Work Unit</li> <li>○ Safety/Quality Unit</li> <li>○ Demobilization Unit</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>• Make assignments and distribute corresponding Job Action Sheets and position identification</li> <li>• Determine strategies and how the tactics will be accomplished</li> <li>• Determine needed resources</li> <li>• Brief section personnel on the situation, strategies, and tactics, and designate a time for the next briefing</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Participate in daily briefings of command staff with Base Camp Manager and Section Leads</li> <li>• Collect and manage all incident-relevant operational data</li> <li>• Supervise preparation of the IAP and distribute to Site Leader and Section Chiefs</li> <li>• Provide input to the Site Manager and Operations in preparing the IAP</li> <li>• Incorporate Traffic, Medical, and Communications Plans and other supporting materials into the IAP</li> <li>• Conduct and facilitate planning meetings</li> <li>• Reassign personnel within the ACS organization</li> <li>• Compile and display incident status information</li> <li>• Establish information requirements and reporting schedules for units (e.g., Resources and Situation Units)</li> <li>• Determine need for specialized resources</li> <li>• Establish specialized data collection systems as necessary (e.g., report of beds, staffing, and current patient census and status)</li> <li>• Assemble information on alternative strategies</li> <li>• Provide periodic predictions on incident potential</li> <li>• Report significant changes in incident status</li> <li>• Collaborate with appropriate Medical-Technical Specialists as needed</li> <li>• Obtain information and updates regularly from Planning Section Unit Leaders</li> <li>• Communicate with the Operations and Logistics Sections for resource needs and projected activities</li> <li>• Inform Planning Section personnel of activities that have occurred; keep updates of status and utilization of resources</li> <li>• Communicate with the Finance/Administration Section for personnel time records, potential compensation and claims, and canceled surgeries and procedures</li> <li>• Activate Incident Specific Plans or Annexes as directed by Site Leader</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 200: Consider use of the Incident Action Plan (IAP) Cover sheet</li> <li>• HICS 201: Draft Incident Briefing for Site Leader as directed</li> <li>• HICS 202: Draft Incident Objectives for Site Leader approval</li> <li>• HICS 203: Prepare Organization Assignment List as part of the IAP</li> <li>• HICS 204: Document assignments and operational period objectives on Assignment List</li> <li>• HICS 205A: Distribute the Communications List appropriately</li> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• HICS 215A: Obtain completed Incident Action Plan (IAP) Safety Analysis from the Safety Officer for inclusion in the IAP</li> <li>• HICS 252: Distribute the Section Personnel Time Sheet to section personnel and ensure time is recorded appropriately</li> </ul>		

<ul style="list-style-type: none"> <li>• HICS 257: Track equipment used during the response on the Resource Accounting Record</li> </ul>		
<b>Resources</b> <ul style="list-style-type: none"> <li>• Determine equipment and supply needs; request them from the Logistics Section Supply Unit Leader</li> <li>• Assess issues and needs in section areas; coordinate for resource planning</li> <li>• Make requests for external assistance, as needed, in coordination with the Liaison Officer</li> </ul>		
<b>Communication</b> <i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i>		
<b>Safety and security</b> <ul style="list-style-type: none"> <li>• Ensure that all section personnel comply with safety procedures and instructions</li> </ul>		

Intermediate Response (2 – 12 hours)	Time	Initial
<b>Activities</b> <ul style="list-style-type: none"> <li>• Transfer the Planning Section Chief role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Ensure the following are being addressed:                             <ul style="list-style-type: none"> <li>○ Section personnel health and safety</li> <li>○ Update the Incident Action Plan (IAP) with each operational period</li> <li>○ Short and long term planning</li> </ul> </li> <li>• Ensure that the Planning Section is adequately staffed and supplied</li> <li>• Work with the Incident Commander and other Section Chiefs to identify short and long term issues with financial implications; establish needed policies and procedures</li> <li>• Communicate regularly with Hospital Incident Management Team (HIMT) staff</li> <li>• Brief the Site Leader, Public Information Officer, and Liaison Officer regularly on the status of the Planning Section</li> <li>• Designate a time for briefing and updates with Planning Section leadership to update the IAP</li> </ul>		
<b>Documentation</b> <ul style="list-style-type: none"> <li>• HICS 204: Document assignments and operational period objectives on Assignment List</li> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document actions, decisions, and information received on Activity Log</li> <li>• HICS 257: Track equipment used during the response on the Resource Accounting Record</li> </ul>		
<b>Resources</b> <ul style="list-style-type: none"> <li>• Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed, coordinating with the Operations and the Logistics Section Chiefs</li> </ul>		

<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		
<p><b>Safety and security</b></p> <ul style="list-style-type: none"> <li>• Review personnel protection practices; revise as needed</li> <li>• Ensure staff health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit</li> </ul>		

<b>Extended Response (greater than 12 hours)</b>	<b>Time</b>	<b>Initial</b>
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Planning Section Chief role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Continue to monitor the ability of Planning Section personnel to meet workload demands, personnel health and safety, resource needs, and documentation practices</li> <li>• Continue to receive projected activity reports from Section Chiefs and Planning Section Unit Leaders at designated intervals to prepare status reports and update the Incident Action Plan (IAP)</li> <li>• Ensure the Demobilization Unit Leader assesses the ability to deactivate positions, as appropriate, in collaboration with Section Chiefs and develops and implements a Demobilization Plan</li> <li>• Ensure the Documentation Unit Leader is receiving and organizing all documentation, including HICS 214: Activity Logs and HICS 213: General Message Form</li> <li>• Communicate regularly with Hospital Incident Management Team (HIMT) staff</li> <li>• Brief the Site Leader, Public Information Officer, and Liaison Officer regularly on the status of the Planning Section</li> <li>• Designate a time for a briefing and updates with the Planning Section leadership to update the IAP</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 204: Document assignments and operational period objectives on Assignment List</li> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document actions, decisions, and information received on Activity Log</li> <li>• HICS 257: Track equipment used during the response on the Resource Accounting Record</li> </ul>		
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Monitor the levels of all supplies and equipment, and collaborate on needs with the Logistics Section Supply Unit Leader</li> </ul>		
<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use and</i></p>		

<i>protocols for interface with external partners</i>		
<b>Safety and security</b> <ul style="list-style-type: none"> <li>Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader</li> <li>Provide for personnel rest periods and relief</li> <li>Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques</li> </ul>		

Demobilization/System Recovery	Time	Initial
<b>Activities</b> <ul style="list-style-type: none"> <li>Transfer the Planning Section Chief role, if appropriate                             <ul style="list-style-type: none"> <li>Conduct a transition meeting to brief your replacement on the current situation, demobilization actions, available resources, and the role of external agencies in support of the hospital</li> <li>Address any health, medical, and safety concerns</li> <li>Address political sensitivities, when appropriate</li> <li>Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>As objectives are met and needs decrease, return Planning Section personnel to their usual jobs and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader</li> <li>Assist Section Chiefs in restoring the hospital to normal operations</li> <li>Debrief section personnel on lessons learned and procedural or equipment changes needed</li> <li>Participate in other briefings and meetings as required</li> <li>Coordinate the final reporting of patient information with external agencies through the Liaison Officer and the Public Information Officer</li> <li>Work with Finance/Administration Section to complete cost data information</li> <li>Begin the development of the After Action Report and Corrective Action and Improvement Plan and assign staff to complete sections of the report. Topics include:                             <ul style="list-style-type: none"> <li>Review of pertinent position descriptions and operational checklists</li> <li>Recommendations for procedure changes</li> <li>Accomplishments and issues</li> </ul> </li> <li>Participate in stress management and after action debriefings</li> </ul>		
<b>Documentation</b> <ul style="list-style-type: none"> <li>HICS 221: Collect and Distribute the Demobilization Check-Out form for Incident Commander approval</li> <li>Ensure all documentation is submitted to the Documentation Unit</li> </ul>		

Documents/Tools
<ul style="list-style-type: none"> <li><input type="checkbox"/> Incident Action Plan (IAP) Quick Start</li> <li><input type="checkbox"/> HICS 200 - Incident Action Plan (IAP) Cover Sheet</li> <li><input type="checkbox"/> HICS 201 - Incident Briefing</li> <li><input type="checkbox"/> HICS 202 - Incident Objectives</li> </ul>

**Documents/Tools**

- HICS 203 - Organization Assignment List
- HICS 204 - Assignment List
- HICS 205A - Communications List
- HICS 213 - General Message Form
- HICS 214 - Activity Log
- HICS 215A - Incident Action Plan (IAP) Safety Analysis
- HICS 221 - Demobilization Check-Out
- HICS 252 - Section Personnel Time Sheet
- HICS 254 - Disaster Victim/Patient Tracking
- HICS 255 - Master Patient Evacuation Tracking
- HICS 256 - Procurement Summary Report
- HICS 257 - Resource Accounting Record
- Incident Specific Plans or Annexes
- ACS organization chart
- ACS telephone directory
- Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

**Healthforce  
Center** at UCSF

The mission of the Healthforce Center is to equip health care organizations with the workforce knowledge and leadership skills to effect positive change.

Healthforce Center at UCSF  
3333 California Street, Suite 410  
San Francisco, CA 94118

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**Coordinators:**  
Healthforce Center at UCSF



**Mission:** To facilitate patient tracking and to ensure adherence to acceptable standards regarding the integrity, quality and protection of patients' health information.

Position Reports to: <b>Plans Lead</b> Command Location: _____		
Position Contact Information: Phone: ( _____ ) - _____ Radio Channel: _____		
Alternate Care Site (ACS): Phone: ( _____ ) - _____ Fax: ( _____ ) - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>• Obtain briefing from the Plans Lead on:                             <ul style="list-style-type: none"> <li>○ Size and complexity of incident</li> <li>○ Expectations of the Site Lead</li> <li>○ Incident objectives</li> <li>○ Involvement of outside agencies, stakeholders, and organizations</li> <li>○ The situation, incident activities, and any special concerns</li> </ul> </li> <li>• Assume the role of Patient Tracking/Medical Records Role</li> <li>• Review this Job Action Sheet</li> <li>• Put on position identification (e.g., position vest)</li> <li>• Notify your usual supervisor of your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>• Obtain information and status from the Plans Lead</li> <li>• Obtain current patient census from Transfer Coordinator or other sources</li> <li>• Provide information to the Site Leader on the operational situation</li> <li>• Assess availability and capacity of resources</li> </ul>		
<p><b>Determine objectives, tactics, and assignments</b></p> <ul style="list-style-type: none"> <li>• Document objectives, tactics, and assignments on the HICS 204: Assignment List</li> <li>• Based on the incident objectives for the response period consider the issues and priorities:                             <ul style="list-style-type: none"> <li>○ Determine strategies and how the tactics will be accomplished</li> <li>○ Determine needed resources</li> </ul> </li> <li>• Brief team personnel on the situation, strategies, and tactics, and designate time for next briefing</li> </ul>		

<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Address use, functionality and oversight of tracking and medical records systems</li> <li>• Liaison with electronic health record point-of-contact to monitor EHR use and implementation issues</li> <li>• Determine the patient tracking mechanism utilized by Regional Transfer Center and establish methods to ensure integration and continuity with ACS patient tracking systems</li> <li>• Activate and maintain a system, using the HICS 254: Disaster/Victim Patient Tracking form to track and display patient arrivals, discharges, transfers, locations, and dispositions</li> <li>• Produce daily patient tracking and EHR summary reports</li> <li>• Initiate the HICS 259: Hospital Casualty/Fatality Report in conjunction with the Operations Section Leader</li> <li>• If evacuation of the ACS is required or is in progress, initiate the HICS 255: Master Patient Evacuation Tracking form</li> <li>• Consider development of a team action plan; submit to the Site Leader if requested</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 204: Document assignments and operational period objectives on Assignment List</li> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• HICS 254: Document patient treatment and disposition on Disaster/Victim Patient Tracking Form</li> <li>• HICS 255: As directed by the Site Leader, prepare the Master Patient Evacuation Tracking form, if needed</li> <li>• HICS 259: Document victim information on the Hospital Casualty/Fatality Report</li> </ul>		
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Assess issues and needs in team areas; coordinate resource management</li> <li>• Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

Intermediate Response (2 – 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Patient Tracking/Medical Records role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Track patient movement outside of the hospital with local authorities and other health systems through the Liaison Officer and the Operations Section Staging Manager</li> </ul>		

<ul style="list-style-type: none"> <li>• Continue to track and display patient location and time of arrival for all patients; regularly report status to the Site Leader</li> <li>• Monitor and report to the Site Leader, projected shortages of critical supplies or equipment that may affect response capacity or strategy</li> <li>• Meet regularly with the Public Information Officer, the Liaison Officer, and the Operations Lead to update and exchange patient tracking information and census data within Health Insurance Portability and Accountability Act [HIPAA] and local guidelines</li> <li>• Advise the Plans Lead immediately of any operational issue you are not able to correct or resolve</li> <li>• Meet regularly with the Site Leader for status reports, and to relay important information to team personnel</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 204: Document assignments and operational period objectives on Assignment List</li> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• HICS 254: Update patient treatment and disposition on Disaster/Victim Patient Tracking Form</li> <li>• HICS 255: As directed by the Situation Unit Leader, update the Master Patient Evacuation Tracking form</li> <li>• HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response</li> <li>• HICS 259: Update victim information on the Hospital Casualty/Fatality Report</li> </ul>		
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Assess issues and needs in team areas; coordinate resource management</li> <li>• Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Patient Tracking/Medical Records role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> </ul> </li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul>		

<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 204: Document assignments and operational period objectives on Assignment List</li> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• HICS 254: Update patient treatment and disposition on Disaster/Victim Patient Tracking Form</li> <li>• HICS 255: As directed by the Situation Unit Leader, update the Master Patient Evacuation Tracking form</li> <li>• HICS 257: As directed by the Planning Section Chief, use the Resource Accounting Record to track equipment used during the response</li> <li>• HICS 259: Update victim information on the Hospital Casualty/Fatality Report</li> </ul>		
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Assess issues and needs in team areas; coordinate resource management</li> <li>• Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

Demobilization/System Recovery	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Patient Tracking/Medical Records role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Produce medical tracking and HER summary reports for entire mission</li> <li>• If information technology (IT) systems were offline, ensure appropriate information from HICS 254: Disaster/Victim Patient Tracking Form is transferred into patient tracking systems</li> <li>• Compile and finalize the HICS 254: Disaster/Victim Patient Tracking Form and submit copies to the Finance/Administration Section Chief, if requested</li> <li>• Notify the Plans Lead when demobilization and restoration is complete</li> <li>• Upon deactivation of your position, brief the Plans Lead on current problems, outstanding issues, and follow up requirements</li> <li>• Debrief personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed</li> <li>• Submit comments to the Plans Lead for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:                             <ul style="list-style-type: none"> <li>○ Review of pertinent position descriptions and operational checklists</li> <li>○ Recommendations for procedure changes</li> <li>○ Accomplishments and issues</li> </ul> </li> <li>• Participate in stress management and after action debriefings</li> </ul>		

<b>Documentation</b>		
<ul style="list-style-type: none"> <li>• HICS 221: Demobilization Check-Out</li> <li>• Ensure all documentation is submitted to the Documentation Unit</li> </ul>		

<b>Documents and Tools</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> HICS 203 - Organization Assignment List</li> <li><input type="checkbox"/> HICS 204 - Assignment List</li> <li><input type="checkbox"/> HICS 213 - General Message Form</li> <li><input type="checkbox"/> HICS 214 - Activity Log</li> <li><input type="checkbox"/> HICS 215A - Incident Action Plan (IAP) Safety Analysis</li> <li><input type="checkbox"/> HICS 221 - Demobilization Check-Out</li> <li><input type="checkbox"/> HICS 252 - Section Personnel Time Sheet</li> <li><input type="checkbox"/> HICS 254 - Disaster Victim/Patient Tracking</li> <li><input type="checkbox"/> HICS 255 - Master Patient Evacuation Tracking</li> <li><input type="checkbox"/> HICS 256 - Procurement Summary Report</li> <li><input type="checkbox"/> HICS 257 - Resource Accounting Record</li> <li><input type="checkbox"/> HICS 259 - Hospital Casualty/Fatality Report</li> <li><input type="checkbox"/> ACS Incident Specific Plans or Annexes</li> <li><input type="checkbox"/> ACS organization chart</li> <li><input type="checkbox"/> ACS telephone directory</li> <li><input type="checkbox"/> Access to bed tracking and cleaning status tracking systems</li> <li><input type="checkbox"/> Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication</li> </ul>

The mission of the Healthforce Center is to equip health care organizations with the workforce knowledge and leadership skills to effect positive change.

Healthforce Center at UCSF  
 3333 California Street, Suite 410  
 San Francisco, CA 94118

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**Coordinators:**  
 Healthforce Center at UCSF

**Mission:** Report to the Nursing Unit Lead, as assigned, and provide all needed onsite pharmacy services.

Position Reports to: <b>Nursing Unit Lead</b> Command Location: _____		
Position Contact Information: Phone: ( _____ ) - _____ Radio Channel: _____		
Alternate Care Site (ACS): Phone: ( _____ ) - _____ Fax: ( _____ ) - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>• Obtain a briefing from the Nursing Unit Lead on:                             <ul style="list-style-type: none"> <li>○ Size and complexity of the incident</li> <li>○ Expectations of the Nursing Unit Lead</li> <li>○ Incident objectives</li> <li>○ Involvement of outside agencies, stakeholders, and organizations</li> <li>○ The situation, incident activities, and any special concerns</li> </ul> </li> <li>• Assume the role of ACS: Pharmacy Lead</li> <li>• Review this Job Action Sheet</li> <li>• Put on position identification (e.g., position vest)</li> <li>• Notify your usual supervisor of your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>• Assess ACS pharmacy staff availability and resources (e.g., supply, demand for key medications)</li> <li>• Provide information to Nursing Unit Lead on pharmacy situation including capabilities and limitations</li> <li>• Orient to pharmacy documentation system, as appropriate</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Assist the Nursing Unit Leader with pharmacy staffing issues, if needed</li> <li>• Meet regularly with medical and nursing staff to plan and project medication needs</li> <li>• Monitor pharmaceutical inventory and coordinate resupply of medications with logistics as necessary</li> <li>• Provide onsite medication services (ordering, dispensing, reconciliation, etc.), if needed</li> <li>• Participate in interdisciplinary care team rounds</li> <li>• Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested</li> </ul>		

<ul style="list-style-type: none"> <li>• Coordinate with the Incident Management Team (IMT) as appropriate</li> </ul>		
<b>Documentation</b> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• Any documentation related to patient care should be completed in the electronic health record, per standard pharmacy documentation practices.</li> <li>• Any documentation in pharmacy documentation system, as appropriate</li> </ul>		
<b>Communication</b> <i>ACS to complete: Insert communications technology, instructions for use of electronic health record, and protocols for interface with external partners</i>		

Intermediate Response (2 – 12 hours)	Time	Initial
<b>Activities</b> <ul style="list-style-type: none"> <li>• Transfer the Pharmacy Lead role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medication, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Meet regularly with the Nursing Unit Lead or the Operations Section Chief, as appropriate, to brief them on medication status and projected needs</li> <li>• Establish a regular meeting schedule with the Nursing Unit Lead or Operations Lead for updates on the situation regarding ACS operational needs</li> <li>• Maintain regular communications with the Nursing Unit Lead to co-monitor the delivery and quality of pharmacy care in all patient areas</li> </ul>		
<b>Documentation</b> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• Any documentation related to patient care should be completed in the electronic health record, per standard pharmacy documentation practices.</li> <li>• Any documentation in pharmacy documentation system, as appropriate</li> </ul>		
<b>Communication</b> <i>ACS to complete: Insert communications technology, instructions for use of the electronic health record, and protocols for interface with external partners</i>		

Extended Response (greater than 12 hours)	Time	Initial
<b>Activities</b> <ul style="list-style-type: none"> <li>• Transfer the Pharmacy Lead role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital</li> <li>○ Address any health, medication, and safety concerns</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> <li>● Continue to ensure response issues related to medication status are identified and effectively managed</li> <li>● Report critical issues to the Nursing Unit Lead, as appropriate</li> <li>● Meet regularly with the Nursing Unit or Operations Unit Lead to update them on the current status and conditions</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>● HICS 213: Document all communications on a General Message Form</li> <li>● HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>● Any documentation related to patient care should be completed in the electronic health record, per standard pharmacy documentation practices.</li> <li>● Any documentation in pharmacy documentation system, as appropriate</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use the electronic health record, and protocols for interface with external partners</i></p>		

<b>Demobilization/System Recovery</b>	<b>Time</b>	<b>Initial</b>
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>● Transfer the Pharmacy Lead role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medication, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>● Participate in other briefings and meetings as required</li> <li>● Submit comments to Site Leader on lessons learned and procedural or equipment changes needed</li> <li>● Submit comments to the Planning Lead for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:                             <ul style="list-style-type: none"> <li>○ Review of pertinent position activities and operational checklists</li> <li>○ Recommendations for procedure changes</li> <li>○ Accomplishments and issues</li> </ul> </li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>● HICS 221: Demobilization Check-Out</li> <li>● Ensure all documentation is provided to the Planning Section Documentation Unit</li> </ul>		



**Documents and Tools**

- HICS 203 - Organization Assignment List
- HICS 204 - Assignment List
- HICS 206 - Staff Medical Plan
- HICS 213 - General Message Form
- HICS 214 - Activity Log
- HICS 215A - Incident Action Plan (IAP) Safety Analysis
- HICS 221 - Demobilization Check-Out
- Alternate Care Site organization chart
- Alternate Care Site telephone directory
- Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication



The mission of the Healthforce Center is to equip health care organizations with the workforce knowledge and leadership skills to effect positive change.

Healthforce Center at UCSF  
3333 California Street, Suite 410  
San Francisco, CA 94118

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**Coordinators:**  
**Healthforce Center at UCSF**

**Mission:** Report to the Pharmacy Lead or Nursing Unit Lead, as assigned, and provide all needed onsite pharmacy services.

Position Reports to: <b>Pharmacy Lead/Nursing Unit Lead</b> Command Location: _____		
Position Contact Information: Phone: ( _____ ) - _____ Radio Channel: _____		
Alternate Care Site (ACS): Phone: ( _____ ) - _____ Fax: ( _____ ) - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>Obtain a briefing from the Pharmacy Lead of Nursing Unit Lead on:                             <ul style="list-style-type: none"> <li>Size and complexity of the incident</li> <li>Expectations of the Pharmacy Lead of Nursing Unit Lead</li> <li>Incident objectives</li> <li>Involvement of outside agencies, stakeholders, and organizations</li> <li>The situation, incident activities, and any special concerns</li> </ul> </li> <li>Assume the role of ACS: Pharmacy staff</li> <li>Review this Job Action Sheet</li> <li>Put on position identification (e.g., position vest)</li> <li>Notify your usual supervisor of your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>Assess ACS pharmacy staff availability and resources (e.g., supply, demand for key medications)</li> <li>Provide information to Nursing Unit Lead on pharmacy situation including capabilities and limitations</li> <li>Orient to pharmacy documentation system, as appropriate</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>Assist the Pharmacy Lead or Nursing Unit Leader with pharmacy staffing issues, if needed</li> <li>Assist with monitoring pharmaceutical inventory and resupply of medications, as necessary</li> <li>Provide onsite pharmacy services (ordering, dispensing, medication review, drug interactions, reconciliation, etc.), if needed</li> <li>Participate in interdisciplinary care team rounds</li> <li>Participate in briefings and meetings, and contribute to the Incident Action Plan (IAP), as requested</li> <li>Coordinate with the Incident Management Team (IMT) as appropriate</li> </ul>		

<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• Any documentation related to patient care should be completed in the electronic health record, per standard pharmacy documentation practices.</li> <li>• Any documentation in pharmacy documentation system, as appropriate</li> </ul>		
<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use of electronic health record, and protocols for interface with external partners</i></p>		

Intermediate Response (2 – 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Pharmacy Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medication, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Meet regularly with the Nursing Unit Lead or Pharmacy Lead, as appropriate, to brief them on medication status and projected needs</li> <li>• Establish a regular meeting schedule with the Nursing Unit Lead or Pharmacy Lead for updates on the situation regarding ACS operational needs</li> <li>• Maintain regular communications with the Nursing Unit Lead and Pharmacy Lead to co-monitor the delivery and quality of pharmacy care in all patient areas</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• Any documentation related to patient care should be completed in the electronic health record, per standard pharmacy documentation practices.</li> <li>• Any documentation in pharmacy documentation system, as appropriate</li> </ul>		
<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use of the electronic health record, and protocols for interface with external partners</i></p>		

Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Pharmacy Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital</li> <li>○ Address any health, medication, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> <li>● Continue to ensure response issues related to medication status are identified and effectively managed</li> <li>● Report critical issues to the Nursing Unit Lead, as appropriate</li> <li>● Meet regularly with the Nursing Unit or Pharmacy Lead to update them on the current status and conditions</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>● HICS 213: Document all communications on a General Message Form</li> <li>● Any documentation of nursing care should be completed in the electronic health record, per standard nursing documentation practices</li> <li>● Any documentation related to patient care should be completed in the electronic health record, per standard pharmacy documentation practices.</li> <li>● Any documentation in pharmacy documentation system, as appropriate</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use the electronic health record, and protocols for interface with external partners</i></p>		

Demobilization/System Recovery	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>● Transfer the Pharmacy Staff role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medication, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>● Participate in other briefings and meetings as required</li> <li>● Submit comments to Site Leader on lessons learned and procedural or equipment changes needed</li> <li>● Submit comments to the Planning Lead for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:                             <ul style="list-style-type: none"> <li>○ Review of pertinent position activities and operational checklists</li> <li>○ Recommendations for procedure changes</li> <li>○ Accomplishments and issues</li> </ul> </li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>● HICS 221: Demobilization Check-Out</li> <li>● Ensure all documentation is provided to the Planning Section Documentation Unit</li> </ul>		

**Documents and Tools**

- HICS 203 - Organization Assignment List
- HICS 204 - Assignment List
- HICS 206 - Staff Medical Plan
- HICS 213 - General Message Form
- HICS 215A - Incident Action Plan (IAP) Safety Analysis
- HICS 221 - Demobilization Check-Out



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**Coordinators:**  
Healthforce Center at UCSF

**Mission:** Organize and direct the Alternate Care Site (ACS). Give overall strategic direction for ACS management and support activities, including emergency response and recovery. Approve the Incident Action Plan (IAP) for each operational period.

Position Reports to: <b>Executive Administration</b>		Command Location: _____
Position Contact Information: Phone: ( _____ ) - _____		Radio Channel: _____
Alternate Care Site (ACS): Phone: ( _____ ) - _____		Fax: ( _____ ) - _____
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>• Gather intelligence, information and likely impact from the sources providing event notification</li> <li>• Assume the role of Site Leader and activate the Hospital Incident Command System (HICS)</li> <li>• Review this Job Action Sheet</li> <li>• Put on position identification (e.g., position vest)</li> <li>• Notify your usual supervisor and the [enter position name here] of the incident, activation of the ACS, and your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>• Activate the Hospital Emergency Operations Plan (EOP) and applicable Incident Specific Plans or Annexes</li> <li>• Brief Command Staff on objectives and issues, including:                             <ul style="list-style-type: none"> <li>○ Size and complexity of the incident</li> <li>○ Expectations</li> <li>○ Involvement of outside agencies, stakeholders, and organizations</li> <li>○ The situation, incident activities, and any special concerns</li> </ul> </li> <li>• Seek feedback and further information</li> </ul>		
<p><b>Determine the incident objectives, tactics, and assignments</b></p> <ul style="list-style-type: none"> <li>• Determine incident objectives for the operational period</li> <li>• Determine which Command Staff need to be activated:                             <ul style="list-style-type: none"> <li>○ Safety Officer</li> <li>○ Liaison Officer</li> <li>○ Public Information Officer</li> </ul> </li> <li>• Determine the impact on affected departments and gather additional information from the Liaison Officer</li> <li>• Appoint a Planning Section Chief to develop an Incident Action Plan (IAP)</li> </ul>		

<ul style="list-style-type: none"> <li>• Appoint an Operations Section Chief to provide support and direction to affected areas</li> <li>• Appoint a Logistics Section Chief to provide support and direction to affected areas</li> <li>• Appoint a Finance Section Chief to provide support and direction to affected areas</li> <li>• Determine the need for, and appropriately appoint or ensure appointment of Medical-Technical Specialists</li> <li>• Make assignments and distribute corresponding Job Action Sheets and position identification</li> <li>• Ensure hospital and key staff are notified of the activation of the Alternate Care Site (ACS)</li> <li>• Identify the operational period and any planned Incident Management Team (IMT) staff shift changes</li> <li>• Conduct a meeting with IMT staff to receive status reports from Section Chiefs and Command Staff to determine appropriate response and recovery levels, then set the time for the next briefing</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Ensure all activated positions are documented in the Incident Action Plan (IAP) and on status boards</li> <li>• Obtain current patient census and status from the Planning Section Chief</li> <li>• Determine the need to activate surge plans based on current patient status and injury projections</li> <li>• If additional beds are needed, authorize a patient prioritization assessment for the purposes of designating appropriate early discharge</li> <li>• If applicable, receive an initial hospital damage survey report from the Operations Section Infrastructure Branch and evaluate the need for evacuation</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• Incident Action Plan (IAP) Quick Start</li> <li>• HICS 200: Consider whether to use the Incident Action plan (IAP) Cover Sheet</li> <li>• HICS 201: Initiate the Incident Briefing form</li> <li>• HICS 204: Assign or complete the Assignment List as appropriate</li> <li>• HICS 207: Assign or complete the Incident Management Team (IMT) Chart for assigned positions</li> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• HICS 252: Distribute the Section Personnel Time Sheet to Command and Medical-Technical Specialist Staff and ensure time is recorded appropriately</li> </ul>		
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Assign one or more clerical personnel from current staffing or make a request for staff to the Logistics Section Chief, if activated, to function as ACS Command Center ( ACS CC) recorders</li> </ul>		
<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		
<p><b>Safety and security</b></p> <ul style="list-style-type: none"> <li>• Ensure that appropriate safety measures and risk reduction activities are initiated</li> <li>• Ensure that HICS 215A – Incident Action Plan Safety Analysis is completed and distributed</li> <li>• Ensure that a hospital damage survey is completed if the incident warrants</li> </ul>		

Intermediate Response (2 – 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Site Leader role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, or safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Schedule regular briefings with Incident Management Team (IMT) staff to identify and plan to:                             <ul style="list-style-type: none"> <li>○ Ensure a patient tracking system is established and linked with appropriate outside agencies and the local Emergency Operations Center (EOC)</li> <li>○ Develop, review, and revise the Incident Action Plan (IAP), or its elements, as needed</li> <li>○ Approve the IAP revisions if developed by the Planning Section Chief, then ensure that the approved plan is communicated to IMT staff</li> <li>○ Ensure that safety measures and risk reduction activities are ongoing and re-evaluate if necessary</li> </ul> </li> <li>• Consider deploying a Public Information Officer to the local Joint Information Center (JIC), if applicable</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> </ul>		
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Authorize resources as needed or requested by Command Staff or Section Chiefs</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		
<p><b>Safety and security</b></p> <ul style="list-style-type: none"> <li>• Ensure that patient and personnel safety measures and risk reduction actions are followed</li> </ul>		

Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Site Leader role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, or safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> </ul>		



<ul style="list-style-type: none"> <li>• Evaluate or re-evaluate the need for deploying a Public Information Officer to the local Joint Information Center (JIC) and a Liaison Officer to the local Emergency Operations Center (EOC), if applicable</li> <li>• Ensure that an Incident Action Plan (IAP) is developed for each operational period, approved, and provided to Section Chiefs for operational period briefings</li> <li>• With Section Chiefs, determine the recovery and reimbursement costs and ensure documentation of financial impact</li> <li>• Ensure staff, patient, and media briefings are being conducted regularly</li> </ul>		
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<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> </ul>		
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Authorize resources as needed or requested by Command Staff and Section Chiefs</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		
<p><b>Safety and security</b></p> <ul style="list-style-type: none"> <li>• Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader</li> <li>• Provide for personnel rest periods and relief</li> <li>• Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques</li> </ul>		

Demobilization/System Recovery	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Site Leader role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, or safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Assess the plan developed by the Planning Section Demobilization Unit and approved by the Planning Section Chief for the gradual demobilization of the ACS Command Center (ACS CC) and emergency operations according to the progression of the incident and hospital status</li> <li>• Demobilize positions in the ACS CC and return personnel to their normal jobs as appropriate, in coordination with the Planning Section Demobilization Unit</li> <li>• Brief staff, administration, and Board of Directors</li> <li>• Approve notification of demobilization to the hospital staff when the incident is no longer active or can be managed using normal operations</li> <li>• Participate in community and governmental meetings and other post-incident discussion and after action activities</li> </ul>		

<ul style="list-style-type: none"> <li>• Ensure post-incident media briefings and hospital status updates are scheduled and conducted</li> <li>• Ensure implementation of stress management activities and services for staff</li> <li>• Ensure that staff debriefings are scheduled to identify accomplishments, response, and improvement issues</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 221- Demobilization Check-Out</li> <li>• Ensure all ACS Command Center (ACS CC) documentation is provided to the Planning Section Documentation Unit</li> </ul>		
<b>Documents and Tools</b>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Incident Action Plan (IAP) Quick Start</li> <li><input type="checkbox"/> HICS 200 - Incident Action Plan (IAP) Cover Sheet</li> <li><input type="checkbox"/> HICS 201 - Incident Briefing form</li> <li><input type="checkbox"/> HICS 203 - Organization Assignment List</li> <li><input type="checkbox"/> HICS 204 - Assignment List(s)</li> <li><input type="checkbox"/> HICS 205A - Communications List</li> <li><input type="checkbox"/> HICS 207: Hospital Incident Management Team (HIMT) Chart</li> <li><input type="checkbox"/> HICS 213 - General Message Form</li> <li><input type="checkbox"/> HICS 214 - Activity Log</li> <li><input type="checkbox"/> HICS 215A - Incident Action Plan (IAP) Safety Analysis</li> <li><input type="checkbox"/> HICS 221 - Demobilization Check-Out</li> <li><input type="checkbox"/> HICS 252 - Section Personnel Time Sheet</li> <li><input type="checkbox"/> HICS 258 - Hospital Resource Directory</li> <li><input type="checkbox"/> Alternate Care Site Emergency Operations Plan (EOP)</li> <li><input type="checkbox"/> Incident Specific Plans or Annexes</li> <li><input type="checkbox"/> Alternate Care Site organization chart</li> <li><input type="checkbox"/> Alternate Care Site telephone directory</li> <li><input type="checkbox"/> Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication</li> </ul>		



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**Coordinators:**  
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**Mission:** Monitor and document the location of incoming and outgoing patients at all times within the ACS' patient care system, and track the destination of all patients departing the ACS.

Position Reports to: <b>Plans Lead</b> Command Location: _____		
Position Contact Information: Phone: ( _____ ) - _____ Radio Channel: _____		
Alternate Care Site (ACS): Phone: ( _____ ) - _____ Fax: ( _____ ) - _____		
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>• Obtain briefing from the Plans Lead on:                             <ul style="list-style-type: none"> <li>○ Size and complexity of incident</li> <li>○ Expectations of the Plans Lead</li> <li>○ Incident objectives</li> <li>○ Involvement of outside agencies, stakeholders, and organizations</li> <li>○ The situation, incident activities, and any special concerns</li> </ul> </li> <li>• Assume the role of Transfer Coordinator</li> <li>• Review this Job Action Sheet</li> <li>• Put on position identification (e.g., position vest)</li> <li>• Notify your usual supervisor of your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>• Obtain information and status from the Plans Lead</li> <li>• Obtain current patient census from admitting personnel or other sources</li> <li>• Review changes in ACS capacity, staffing, and resources</li> <li>• Provide information to the Plans Leader on the operational situation including capacity and staffing (including capabilities and limitations)</li> </ul>		
<p><b>Determine objectives, tactics, and assignments</b></p> <ul style="list-style-type: none"> <li>• Document objectives, tactics, and assignments on the HICS 204: Assignment List</li> <li>• Based on the incident objectives for the response period consider the issues and priorities:                             <ul style="list-style-type: none"> <li>○ Determine strategies and how the tactics will be accomplished</li> <li>○ Determine needed resources</li> </ul> </li> <li>• Brief team personnel on the situation, strategies, and tactics, and designate time for next briefing</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Meet regularly with Plans and Operations Lead to plan and project ACS capacity</li> </ul>		

<ul style="list-style-type: none"> <li>• Maintain continuous awareness of bed census and available bed status</li> <li>• Serve as point-of-content for Regional Transfer Center for transferring patients into ACS, including facilitating direct communication between sending and receiving clinicians</li> <li>• Follow transfer SOP when communicating with Regional Transfer Center to arrange and accept incoming patients</li> <li>• Communicate and coordinate transfers with Base Camp Manager and Operations Lead</li> <li>• Help coordinate transfer out of ACS to higher level of care, calling 9-1-1 when necessary</li> <li>• Activate system, using the HICS 254: Disaster/Victim Patient Tracking form to track and display patient arrivals, discharges, transfers, locations, and dispositions</li> <li>• Participate in Plans Section briefings and any meetings, as requested</li> <li>• Assist Patient Tracking/Medical Records maintain log of any potential incoming patients</li> <li>• Determine the tracking mechanism utilized and establish methods to ensure integration and continuity with ACS patient tracking systems</li> <li>• Initiate the HICS 259: Hospital Casualty/Fatality Report in conjunction with Patient Tracking/Medical Record</li> <li>• If evacuation of the ACS is required or is in progress, initiate the HICS 255: Master Patient Evacuation Tracking form</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 204: Document assignments and operational period objectives on Assignment List</li> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• HICS 254: Document patient treatment and disposition on Disaster/Victim Patient Tracking Form</li> <li>• HICS 255: As directed by the Plans Lead, prepare the Master Patient Evacuation Tracking form, if needed</li> <li>• HICS 259: Document victim information on the Hospital Casualty/Fatality Report</li> </ul>		
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Assess issues and needs in team areas; coordinate resource management</li> <li>• Ensure equipment, supplies, and personal protective equipment (PPE) are available as needed</li> </ul>		
<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

Intermediate Response (2 – 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Transfer Coordinator role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> <li>● Track patient movement outside of the ACS with Regional Transfer Center and other local authorities and other health systems through the Liaison Officer and Patient Tracking/Medical Records</li> <li>● Continue to track and display patient location and time of arrival for all patients; regularly report status to the Plans Lead</li> <li>● Monitor and report to the Plans Lead, projected shortages of critical supplies or equipment that may affect response capacity or strategy</li> <li>● Meet regularly with the Public Information Officer, the Liaison Officer, and Patient Tracking/Medical Records to update and exchange patient tracking information and census data within Health Insurance Portability and Accountability Act [HIPAA] and local guidelines</li> <li>● Advise the Plans Lead immediately of any operational issue you are not able to correct or resolve</li> <li>● Meet regularly with the Plans Leader for status reports, and to relay important information to team personnel</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>● HICS 204: Document assignments and operational period objectives on Assignment List</li> <li>● HICS 213: Document all communications on a General Message Form</li> <li>● HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>● HICS 254: Update patient treatment and disposition on Disaster/Victim Patient Tracking Form</li> <li>● HICS 255: As directed by the Site Leader, update the Master Patient Evacuation Tracking form</li> <li>● HICS 257: As directed by the Plans Lead, use the Resource Accounting Record to track equipment used during the response</li> <li>● HICS 259: Update victim information on the ACS Casualty/Fatality Report</li> </ul>		
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>● Assess issues and needs in team areas; coordinate resource management</li> <li>● Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed</li> </ul>		
<p><b>Communication</b>  <i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>● Transfer the Transfer Coordinator role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> <li>● Continue to monitor the ability of the Patient Tracking Team to meet workload demands, personnel health and safety, resource needs, and documentation practices</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>● HICS 204: Document assignments and operational period objectives on Assignment List</li> <li>● HICS 213: Document all communications on a General Message Form</li> <li>● HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>● HICS 254: Update patient treatment and disposition on Disaster/Victim Patient Tracking Form</li> <li>● HICS 255: As directed by the Site Leader, update the Master Patient Evacuation Tracking form</li> <li>● HICS 257: As directed by the Plans Lead, use the Resource Accounting Record to track equipment used during the response</li> <li>● HICS 259: Update victim information on the Hospital Casualty/Fatality Report</li> </ul>		
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>● Assess issues and needs in team areas; coordinate resource management</li> <li>● Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed</li> </ul>		
<p><b>Communication</b></p> <p><i>ACS to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		

Demobilization/System Recovery	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>● Transfer the Transfer Coordinator role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>● Ensure the return, retrieval, and restocking of equipment and supplies</li> <li>● As objectives are met and needs decrease, return personnel to their usual jobs and combine or deactivate positions in a phased manner in coordination with the Demobilization Unit Leader</li> <li>● If information technology (IT) systems were offline, ensure appropriate information from HICS 254: Disaster/Victim Patient Tracking Form is transferred into patient tracking systems</li> <li>● Compile and finalize the HICS 254: Disaster/Victim Patient Tracking Form and submit copies to the Finance/Administration Section Chief, if requested</li> <li>● Notify the Plans Lead when demobilization and restoration is complete</li> </ul>		

<ul style="list-style-type: none"> <li>• Upon deactivation of your position, brief the Plans Lead on current problems, outstanding issues, and follow up requirements</li> <li>• Debrief personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed</li> <li>• Submit comments to the Plans Lead for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:             <ul style="list-style-type: none"> <li>○ Review of pertinent position descriptions and operational checklists</li> <li>○ Recommendations for procedure changes</li> <li>○ Accomplishments and issues</li> </ul> </li> <li>• Participate in stress management and after action debriefings</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 221: Demobilization Check-Out</li> <li>• Ensure all documentation is submitted to the Documentation Unit</li> </ul>		

Documents and Tools
<ul style="list-style-type: none"> <li><input type="checkbox"/> HICS 203 - Organization Assignment List</li> <li><input type="checkbox"/> HICS 204 - Assignment List</li> <li><input type="checkbox"/> HICS 213 - General Message Form</li> <li><input type="checkbox"/> HICS 214 - Activity Log</li> <li><input type="checkbox"/> HICS 215A - Incident Action Plan (IAP) Safety Analysis</li> <li><input type="checkbox"/> HICS 221 - Demobilization Check-Out</li> <li><input type="checkbox"/> HICS 254 - Disaster Victim/Patient Tracking</li> <li><input type="checkbox"/> HICS 255 - Master Patient Evacuation Tracking</li> <li><input type="checkbox"/> HICS 256 - Procurement Summary Report</li> <li><input type="checkbox"/> HICS 257 - Resource Accounting Record</li> <li><input type="checkbox"/> HICS 259 - Hospital Casualty/Fatality Report</li> <li><input type="checkbox"/> ACS organization chart</li> <li><input type="checkbox"/> ACS telephone directory</li> <li><input type="checkbox"/> Access to ACS bed tracking and cleaning status tracking systems</li> <li><input type="checkbox"/> Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication</li> </ul>



The mission of the Healthforce Center is to equip health care organizations with the workforce knowledge and leadership skills to effect positive change.

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