**COMMAND JOB AID**

**Initial assessment**
- Review threat intensity and likely duration
- Review any unit-based relocations that are occurring and anticipate needs

**Shelter in place**
- Instruct Infrastructure Branch Director to shut down air intakes if plume threat or internal ventilation if internal HAZMAT spill
- Implement necessary access controls and monitoring in response to threats

**Relocation**
- Determine affected units and actions taken, notify affected units
- Determine facility capacity for relocated patients – if insufficient seek evacuation
- Secure resources (staff and supplies) transferred to units with relocated patients

**Evacuation**
- Determine scope of evacuation (partial for subset of patients / areas – for example ICU patients, complete for total facility evacuation) based on threat
- Consider appointment of Evacuation Branch Director under Operations if Operations has multiple other issues (fire, etc) to address
- Announce evacuation order to affected units / institution
- Determine whether usual staging area(s) can be used and announce alternative

**Evacuation Staging**
- Place alert on MnTrac or appropriate electronic communication tool regarding evacuation
- Notify local EMS agency of situation and activate any mutual aid plans; summon necessary public safety assistance
- Continue to provide the Operations Section Chief with periodic situation updates.

**Extended (Operational Period Beyond 12 Hours)**
- Continue to monitor the Evacuation Staging Area's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.
- Coordinate assignment and orientation of personnel sent to assist patient/resident
- Rotate staff on a regular basis.
- Document actions and decisions on a continual basis.
- Continue to provide the Operations Section Chief with periodic situation updates.
- Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.
- Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit Leader.

**Demobilization/System Recovery**
- As needs for Evacuation Staging Area decrease, return staff to their normal jobs or release and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader.

**STAGING JOB AID**

**Immediate (Operational Period 0-2 Hours)**
- Receive appointment and briefing from the Operations Section Chief. Obtain Staging Unit Job Action Sheets
- Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.
- Notify your usual supervisor of your HICS assignment.
- Determine need for and appropriately appoint Evacuation Staging Team Leaders, distribute any corresponding Job Action Sheets and position identification.
- Complete the Branch Assignment List (HICS Form 204).
- Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.
- Brief the Evacuation Staging Team Leaders on current situation; outline branch action plan and designate time for next briefing.
- Identify appropriate area(s) to serve as Staging Area(s) based on patient acuity for the preparation of transporting patients and their equipment from facility to an accepting facility.

**Extended (Operational Period Beyond 12 Hours)**
- Continue to monitor the Evacuation Staging Team's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.
- Coordinate assignment and orientation of personnel sent to assist patient/resident
- Rotate staff on a regular basis.
- Document actions and decisions on a continual basis.
- Continue to provide the Operations Section Chief with periodic situation updates.
- Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.
- Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit Leader. Provide for staff rest periods and relief.
- Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.

**HOSPITAL EVACUATION JOB AID**

**Threat Assessment and Decision Tool**
- Review threat intensity and likely duration
- Identify threat intensity and likely duration
- Review any unit-based relocations that are occurring and anticipate needs
- Determine, based on the unit-based impacts the need for sheltering vs. relocation of displaced patients vs. partial or full evacuation to other institutions (see relevant sections below)
- Assure damage and utilities impact assessment (Infrastructure Branch Director)
- Communicate protective actions (door and drape closings, etc) to affected units as well as any event specifics

**Evacuation**
- Determine scope of evacuation (partial for subset of patients / areas – for example ICU patients, complete for total facility evacuation) based on threat
- Consider appointment of Evacuation Branch Director under Operations if Operations has multiple other issues (fire, etc) to address
- Announce evacuation order to affected units / institution
- Determine whether usual staging area(s) can be used and announce alternative

**Evacuation Staging**
- Place alert on MnTrac or appropriate electronic communication tool regarding evacuation
- Notify local EMS agency of situation and activate any mutual aid plans; summon necessary public safety assistance
- Continue to provide the Operations Section Chief with periodic situation updates.

**Demobilization/System Recovery**
- As needs for Evacuation Staging Area decrease, return staff to their normal jobs or release and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader.

**SHELTER IN PLACE**
- Instruct Infrastructure Branch Director to shut down air intakes if plume threat or internal ventilation if internal HAZMAT spill
- Implement necessary access controls and monitoring in response to threats

**RELOCATION**
- Determine affected units and actions taken, notify affected units
- Determine facility capacity for relocated patients – if insufficient seek evacuation
- Secure resources (staff and supplies) transferred to units with relocated patients

**EVACUATION**
- Determine scope of evacuation (partial for subset of patients / areas – for example ICU patients, complete for total facility evacuation) based on threat
- Consider appointment of Evacuation Branch Director under Operations if Operations has multiple other issues (fire, etc) to address
- Announce evacuation order to affected units / institution
- Determine whether usual staging area(s) can be used and announce alternative

**EVACUATION STAGING**
- Place alert on MnTrac or appropriate electronic communication tool regarding evacuation
- Notify local EMS agency of situation and activate any mutual aid plans; summon necessary public safety assistance
- Continue to provide the Operations Section Chief with periodic situation updates.

**DEMobilization/SYSTEM RECOVERY**
- As needs for Evacuation Staging Area decrease, return staff to their normal jobs or release and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader.
### Demobilization/System Recovery (continued)

**Assist the Operations Section Chief and Branch Directors with restoring facility resources to normal operating condition.**

Ensure the retrieval/return of equipment/supplies

Debrief staff on lessons learned and procedural/equipment changes needed.

Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow-up requirements.

Upon deactivation of your position, ensure all documentation and Evacuation Staging Unit Operational Logs (HICS Form 214) are submitted to the Operations Section Chief.

Submit comments to the Operations Section Chief for discussion and possible inclusion in the after-action report; topics include:

- Review of pertinent position descriptions and operational checklists
- Recommendations for procedure changes
- Section accomplishments and issues

**STAGING TEAM MEMBER**

**Initial tasks**

Receive patients/residents into Staging area and confirm hand off information is accurate (Evacuation tag and Patient Evacuation tracking form HICS 260)

Assure patient/residents comfort and medical needs are met (personnel, medication, water, blankets)

Communicate any personnel/supply needs to Staging Team Leader

Group patients for transport loading by acuity or destination (dependent upon size of event and number of staging locations)

At the end of shift brief Evacuation Staging Team Leader on any current problems or any outstanding issues

Complete and submit any documentation to Evacuation Staging Team Leader

**Demobilization**

Ensure equipment and supplies are retrieved/returned

Upon deactivation of your position brief Evacuation Staging Team Leader on any current problems or any outstanding issues

Complete and submit any documentation to Evacuation Staging Team Leader

**TRIAGE OFFICER**

**Initial tasks**

Assure basic medications and any needed IV fluids or patient care supplies are available or requested via Staging Manager

Assist with identifying and clearing space for Green/Yellow/Red patients

Assess patients arriving to staging for:

- Discharge home – (depending on situation may be held for discharge or transferred to another safer location nearby for discharge)
- Transfer to other facility:
  - Green – ambulatory, low acuity (bus, etc.)
  - Yellow – non-ambulatory, non-critical care (WC or BLS vehicle)
  - Red – critical care (ALS / critical care)

**Subsequent tasks**

Group patients for transport loading by acuity

Direct staff to provide necessary patient cares during staging period

Coordinate with Staging Manager (or Officer, if several staging sites) and Transport Officer regarding supplies, patient loading priority, appropriate vehicle for transport, and flow issues

**TRIAGE LEVEL**

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**DEFINITIONS**

- **Shelter in place**: Patients are sheltered on the same unit with minimal movement (e.g. transfer to a different wing or floor) due to unsafe conditions.
- **Evacuation**: Patients are moved to another healthcare facility for continued care due to unsafe conditions.
- **Relocation**: Patients may require some assistance to move from one area of the hospital to another (e.g. from one unit to another).
- **Reposition**: Patients may require assistance to move from one area of the hospital to another (e.g. from one unit to another).
- **Evacuation tag applied and reflects priority for transfer accurately**: The use of an evacuation tag that accurately reflects the priority for transfer of a patient.

**OTHER CONTACT NUMBERS**

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