



New York State Department of Health
Community-Based
**Care Center
Toolkit**

Appendices



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Note: This document is being provided to assist
localities with planning for Community-Based Care centers.
The final document is available at the above web site.

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Appendix 1: Job Action Sheets

Functional Roles

Acute Care Area Boss‡
*CBCC Group Supervisor
*Clinical Staff (Level I, II, III) † ‡ Ψ
*Communications Officer/PIO
Cook
Credentialing/Training Boss
*Credentialor - Staff Check-in
*Community Triage Point Supervisor
Data Entry Boss
*Data Entry Clerk
*Discharge Planner†
Discharge Planning Boss†
*Facilities Unit Leader
Food Services Boss
Holding Area Boss‡
Home Care Preparation Coordinator†
*Housekeeping
Intake Area Boss‡
*Inventory Controller
IT Services Technician
*Liaison Officer
*Logistics Unit Leader
Maintenance
*Medical Care Branch Director
Mental Health Boss
Mental Health Worker
Observation/Hydration Area Boss‡
Palliative Care Area Boss‡
*Patient Care Unit Leader‡
*Pharmacist
Pharmacy Technician†
*Physician Medical Director Ψ
*Registrar
Runner
*Safety Officer
Security Boss
*Security Officer
Staff Needs Coordinator
*Support Services Unit Leader
Translator
*Transportation Coordinator
*Triage Area Boss - Community‡

*Volunteer Coordinator

† - Requires Level I Clinical Staff ‡ - Requires Level II Clinical Staff Ψ - Requires Level III Clinical Staff * - Essential Operational Personnel
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ACUTE CARE AREA BOSS

Functional Role Overview: This individual is responsible for the supervision of clinical staff in the Acute Care Area of the CBCC.

Essential: NO **Required Clinical Level:** LEVEL II

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; Medical Protocol Orientation

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Patient Care Unit Leader **Direct Reports:** Clinical Staff Assigned to Acute Care Area

Assigned Work Area/Location: CBCC Acute Care Area

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Patient Care Unit Leader		
Recieve Just-in-time training		
Establish communications with Patient Care Unit Leader and Clinical Staff		
Obtain shift report, and patient census/status from off-going Acute Care Area Boss		
Meet with Clinical Staff assigned to Acute Care Area and assign patient care assignments		
Establish deficiencies of supplies in Acute Care Area		

Intermediate Operational Tasks	Time	Initial
Organize and direct all Acute Care Area staff		

Intermediate Operational Tasks (Continued)

	Time	Initial
Monitor and replenish all Acute Care Area supplies as needed		
Communicate directly with Patient Care Unit Leader for patient admissions & discharges		
Maintain contact with Level III providers		
Communicate hourly with Patient Care Unit Leader regarding status of Acute Care Area		
Authorize resources as needed for Clinical Staff		
Conduct routine briefings with clinical staff when appropriate		
Consult with Patient Care Unit Leader on the needs for equipment, supplies and staffing.		

Extended Operational Tasks

	Time	Initial
Observe all staff, volunteers and patients for signs of stress and fatigue. Provide rest periods and breaks regularly.		
Organize and direct briefings in Acute Care Area		

Demobilization/Operational Stand-down

	Time	Initial
Direct clinical staff to secure area for shift change and/or debriefing/demobilization		
Assist with breakdown of Acute Care Area upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**
- **Transportation plan**

Notes/Additional Information

Signature _____ **Date** _____

CBCC GROUP SUPERVISOR

Functional Role Overview: Provide overall direction for the CBCC. Oversee the organization and operation of the CBCC, and supervise all unit leaders. Coordinate CBCC activities with Medical Care Branch Director.

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200/300/400; NIMS 700/800; Fit Testing; Facility-specific training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Medical Branch Director **Direct Reports:** CBCC: Patient Care Unit Leader; Logistics Unit Leader; Facilities Unit Leader; Support Services Unit Leader.

Assigned Work Area/Location: CBCC

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Medical Care Branch Director		
Receive Just-in-time training		
Establish communications with Physician Medical Director for CBCC operational period		
Obtain shift report from off-going CBCC Group Supervisor		
Conduct Briefing with Unit Leaders on incident status, objectives and chain of command		
Establish command post and work area in CBCC		
Direct Unit Leaders to conduct just-in-time training with staff as needed.		
Assure hourly situation updates are provided by Unit Leaders		

Intermediate Operational Tasks	Time	Initial
Oversee and resolve any CBCC problems		

Intermediate Operational Tasks (Continued)

	Time	Initial
Perform CBCC walk-through every hour		
Communicate at least hourly with direct reports and Medical Care Branch Director every 1-2 hours		
Communicate operational period objectives to Unit Leaders		
Remain in facility at all times during operational period. If relief required contact Medical Care Branch Director and appoint interim replacement		

Extended Operational Tasks	Time	Initial
Keep track of all damage to facility and communicate losses to Finance/Administration Section at Agency EOC		
Maintain logs and prepare reports as directed by Medical Care Branch Director		
Direct Unit Leaders to debrief employees in their area immediately after operational period		
Be informed of health status of personnel and when staff require medical treatment for illness		
Work closely with Safety Officer to monitor staff compliance with personal protection requirements and safe work practices		
Receive report on security status on regular basis by Facilities Unit Leader		

Demobilization/Operational Stand-down	Time	Initial
Conduct end-of-shift debriefings with each functional area under supervision		
Participate in senior staff debriefing with Medical Care Branch Director		
Instruct Unit Leaders to demobilize staff as needed based on closure of functional areas		
Coordinate and direct breakdown of site upon deactivation of CTP/CBCC and facilitate return of facility to pre-incident condition.		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC/CTP Operations Plan**
- **Agency ICS Structure**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP Telephone Directory**
- **Radio/satellite phone**
- **ICS Forms**
- **Functional Roles and Job Action Sheets**
- **Site Security/Lockdown Plan**
- **Transportation Plan**
- **Equipment and Supply List**

Notes/Additional Information

Signature _____ **Date** _____

Intermediate Operational Tasks (Continued)**Time****Initial**

Monitor and replenish all Care Area supplies as needed		
Evaluate patients in accordance with Level I roles in medical care protocols		
Communicate hourly with Level II Clinical Staff regarding status of patients		
Consult with Care Area Boss on the needs for equipment and supplies		

Extended Operational Tasks**Time****Initial**

Observe all patients for signs of worsening condition		
Maintain contact with Level II/III providers		
Perform any additional tasks as assigned by Care Area Boss or Level II/III Clinical Staff		

Demobilization/Operational Stand-down**Time****Initial**

Assist with breakdown of Care Area and any other assigned tasks upon deactivation of CBCC/CTP		

CLINICAL STAFF - LEVEL 1

Functional Role Overview: Deliver direct patient care as instructed by Level II/Level III Clinical Staff and as authorized in the Medical Care Protocols.

Essential: YES **Required Clinical Level:** LEVEL I

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; Medical Protocol Orientation

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Care Area Unit Leader **Direct Reports:** NONE

Assigned Work Area/Location: Assigned CTP or CBCC Care Area

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from the Care Unit Leader		
Receive Just-in-time training		
Review Level I roles in medical care protocols		
Meet with Clinical Staff assigned to Care Area and obtain patient care assignments		
Identify and Report deficiencies of supplies in Care Area		

Intermediate Operational Tasks	Time	Initial
Provide patient care in accordance with Level I roles in medical care protocols		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**
- **Transportation plan**

Notes/Additional Information

Signature _____ **Date** _____

CLINICAL STAFF - LEVEL 2

Functional Role Overview: Deliver direct patient care as instructed by Care Area Boss or Level III Clinical Staff and as authorized in the Medical Care Protocols.

Essential: YES **Required Clinical Level:** LEVEL II

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; Medical Protocol Orientation

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Care Area Unit Leader **Direct Reports:** Level I Clinical Staff

Assigned Work Area/Location: Assigned CTP or CBCC Care Area

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from the Care Area Boss		
Receive Just-in-time training		
Review Level II roles in medical care protocols		
Meet with Clinical Staff assigned to Care Area and obtain patient care assignments		
Identify and Report deficiencies of supplies in Care Area		
Provide just-in-time training to Level I Clinical Staff as directed by Care Area Boss		

Intermediate Operational Tasks	Time	Initial
Provide patient care in accordance with Level I roles in medical care protocols		

Intermediate Operational Tasks (Continued)**Time****Initial**

Establish deficiencies of supplies and equipment in patient care and triage areas and report to Area Boss		
Evaluate patients in accordance with Level II roles in medical care protocols		
Provide direct patient care in assigned area		
Communicate directly with Area Boss for all patient status changes		
Supervise all care provided by Level I clinical staff		

Extended Operational Tasks**Time****Initial**

Observe all patients for signs of worsening condition		
Maintain contact with Level III providers		
Perform any additional tasks as assigned by Care Area Boss or Level III Clinical Staff		

Demobilization/Operational Stand-down**Time****Initial**

Assist with breakdown of Care Area and any other assigned tasks upon deactivation of CBCC/CTP		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**
- **Transportation plan**

Notes/Additional Information

Signature _____ **Date** _____

CLINICAL STAFF - LEVEL 3

Functional Role Overview: Oversee the delivery of patient care and perform complex decision making within the CBCC/CTP as requested by the Commissioner of Health and in accordance with the medical protocols outlined in the CBCC Medical Care Plan.

Essential: YES **Required Clinical Level:** LEVEL III

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; Medical Protocol Orientation

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: CBCC Physician Medical Director **Direct Reports:** Level I/II Clinical Staff

Assigned Work Area/Location: Assigned CTP or CBCC Care Area

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from the Care Area Boss and CBCC Physician Medical Director		
Receive Just-in-time training		
Review Level III roles in medical care protocols		
Provide just-in-time training to Level II Clinical Staff as directed by Care Area Boss		

Intermediate Operational Tasks	Time	Initial
Provide patient care in accordance with Level III roles in medical care protocols		

Intermediate Operational Tasks (Continued)**Time****Initial**

Evaluate patients in accordance with Level III roles in medical care protocols		
Provide direct patient care in assigned area		
Communicate directly with Area Boss for all patient admission/discharge decisions		
Provide medical oversight of Level II Clinical Staff in accordance with Medical Care Plan		

Extended Operational Tasks**Time****Initial**

Observe all patients for signs of worsening condition		
Maintain contact with Physician Medical Director		
Perform any additional tasks as assigned by Care Area Boss or Physician Medical Director		

Demobilization/Operational Stand-down**Time****Initial**

Brief Physician Medical Director and any on-coming Level III Clinical Staff		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**
- **Transportation plan**

Notes/Additional Information

Signature _____ **Date** _____

COMMUNICATIONS OFFICER/PIO

Functional Role Overview: Coordinate communications at the CBCC site and update the EOC and Medical Care Branch Director as needed.

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200/300/400; NIMS 700; Fit Testing;

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Medical Care Branch Director **Direct Reports:** NONE

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Medical Care Branch Director and EOC PIO		
Receive Just-in-time training		
Familiarize self with CBCC work area and security procedures		

Intermediate Operational Tasks	Time	Initial
Inform Medical Care Branch Director of communication updates as needed		

Intermediate Operational Tasks (Continued)**Time Initial**

Interact with Risk Communicator/PIO for County and report back to Medical Care Branch Director		
Hourly contact with Media Center/PIO for CBCC Updates		
In conjunction with Medical Care Branch Director, create and disseminate and CBCC-related messages to PIO		
In conjunction with Security, ensure no media at CBCC/CTP sites.		

Extended Operational Tasks**Time Initial**

Monitor outside communications and news reports		
Organize and establish a Communications Officer/PIO command post within CBCC		

Demobilization/Operational Stand-down**Time Initial**

Participate in debriefing with security		
Report to secure area for shift change and/or debriefing		
Assist with take down of CBCC/CTP		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**
- **Transportation plan**
- **Communications plan**
- **Site Security plan**

Notes/Additional Information

Signature _____ **Date** _____

COOK

Functional Role Overview: Prepare and safely handle food for patients and staff of the CTP/CBCC.

Essential: NO **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; Food Safety Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Food Services Boss/Facilities Unit Leader **Direct Reports:** NONE

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Food Services Boss or Facilities Unit Leader		
Receive Just-in-time training		
Take inventory of food storage areas and establish deficiencies of food supplies.		

Intermediate Operational Tasks	Time	Initial
Plan and prepare menu for next operational period		

Intermediate Operational Tasks (Continued)

Time Initial

Contact Patient Care Unit Leader at beginning of shift to identify quantity of meals and special dietary requirements.		
Work with runners to distribute meals during mealtimes		

Extended Operational Tasks

Time Initial

Maintain a clean, safe and sanitary workspace and food preparation area		
Provide Food Services Boss with supply order for next operational period		

Demobilization/Operational Stand-down

Time Initial

Clean and sanitize workstation		
Assist with breakdown of food services area upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **List of approved food vendors**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**

Notes/Additional Information

Empty box for notes and additional information.

Signature _____ **Date** _____

CREDENTIALING/TRAINING BOSS

Functional Role Overview: Securely credential and badge all CBCC/CTP volunteers and employees per the protocol and provide oversight and supervision to Credentialor to ensure that all pre-event training requirements have been met.

Essential: NO **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; Credentialing Procedures

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Support Services Unit Leader **Direct Reports:** Credentialor

Assigned Work Area/Location: CBCC or CTP as assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Support Services Unit Leader		
Receive Just-in-time training		
Report to Credentialing Area		
Provide just-in-time training to Credentialor/Staff Check-in Personnel		

Intermediate Operational Tasks	Time	Initial
Supervise credentialing and staff check-in process		

Intermediate Operational Tasks (Continued)**Time Initial**

Welcome employee/volunteer		
Check County IC, drivers license, MRC/NYserv ID, or other photo ID (2 forms)		
Ask employee/volunteer to complete authorization form with printed name, signature and initials. (If not pre-credentialed).		
Verify accuracy by initialing appropriate box.		
Direct employee/volunteer to next table/station for badging and work assignment		
Instruct employee/volunteer to proceed to secure area		

Extended Operational Tasks**Time Initial**

Ensure that credentialing staff are following established procedures		
Ensure that in-coming staff/volunteers have completed all pre-event training requirements		
Ensure that all in-coming staff complete N95 fit testing prior to entering any patient care area.		
Ensure that staff/volunteers who fail or cannot comply with fit testing procedures do not work in patient care areas or are excluded from participation in this CBCC activation		

Demobilization/Operational Stand-down**Time Initial**

Participate in short de-briefing in Credentialing Area		
Assist with breakdown of site upon deactivation of CTP/CBCC		
Secure area for shift change and/or debriefing		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC/CTP Operations Plan**
- **CBCC Credentialing Plan**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP Telephone Directory**
- **Radio/satellite phone**
- **Functional Roles & Job Action Sheets**
- **List of Pre-credentialed Staff and Volunteers**
- **Fit Testing Protocol and Procedures**

Notes/Additional Information

Signature _____ **Date** _____

CREDENTIALOR/STAFF CHECK-IN

Functional Role Overview: Securely credential all CBCC/CTP employees and volunteers per written policy and procedure.

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; Credentialing Procedures

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Credentialing/Training Boss **Direct Reports:** None

Assigned Work Area/Location: CBCC or CTP as assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Credentialing/Training Boss or Support Service Unit Leader		
Receive Just-in-time training		
Report to Credentialing Area		

Intermediate Operational Tasks	Time	Initial
Welcome employee/volunteer		

Intermediate Operational Tasks (Continued)**Time Initial**

Check County IC, drivers license, MRC/NYserv ID, or other photo ID (2 forms)		
Ask employee/volunteer to complete authorization form with printed name, signature and initials. (If not pre-credentialed).		
Verify accuracy by initialing appropriate box.		
Direct employee/volunteer to next table/station for badging and work assignment		
Instruct employee/volunteer to proceed to secure area		

Extended Operational Tasks**Time Initial**

Ensure that in-coming staff/volunteers have completed all pre-event training requirements		
Ensure that all in-coming staff complete N95 fit testing prior to entering any patient care area.		
Ensure that staff/volunteers who fail or cannot comply with fit testing procedures do not work in patient care areas or are excluded from participation in this CBCC activation		

Demobilization/Operational Stand-down**Time Initial**

Participate in short de-briefing in Credentialing Area		
Assist with breakdown of site upon deactivation of CTP/CBCC		
Secure area for shift change and/or debriefing		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC/CTP Operations Plan**
- **CBCC Credentialing Plan**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP Telephone Directory**
- **Radio/satellite phone**
- **Functional Roles & Job Action Sheets**
- **List of Pre-credentialed Staff and Volunteers**
- **Fit Testing Protocol and Procedures**

Notes/Additional Information

Signature _____ **Date** _____

CTP GROUP SUPERVISOR

Functional Role Overview: Provide overall direction for the CTP. Oversee the organization and operation of the CTP, and supervise all unit leaders. Coordinate CTP activities with Medical Care Branch Director.

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200/300/400; NIMS 700/800; Fit Testing; Facility-specific training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Medical Branch Director **Direct Reports:** CTP: Patient Care Unit Leader; Logistics Unit Leader; Facilities Unit Leader; Support Services Unit Leader.

Assigned Work Area/Location: CTP

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Medical Care Branch Director		
Receive Just-in-time training		
Establish communications with Physician Medical Director for CTP operational period		
Obtain shift report from off-going CTP Group Supervisor		
Conduct Briefing with Unit Leaders on incident status, objectives and chain of command		
Establish command post and work area in CTP		
Direct Unit Leaders to conduct just-in-time training with staff as needed.		
Assure hourly situation updates are provided by Unit Leaders		

Intermediate Operational Tasks	Time	Initial
Oversee and resolve any CTP problems		

Intermediate Operational Tasks (Continued)**Time****Initial**

Perform CTP walk-through every hour		
Communicate at least hourly with direct reports and Medical Care Branch Director every 1-2 hours		
Communicate operational period objectives to Unit Leaders		
Remain in facility at all times during operational period. If relief required contact Medical Care Branch Director and appoint interim replacement		

Extended Operational Tasks**Time****Initial**

Keep track of all damage to facility and communicate losses to Finance/Administration Section at Agency EOC		
Maintain logs and prepare reports as directed by Medical Care Branch Director		
Direct Unit Leaders to debrief employees in their area immediately after operational period		
Be informed of health status of personnel and when staff require medical treatment for illness		
Work closely with Safety Officer to monitor staff compliance with personal protection requirements and safe work practices		
Receive report on security status on regular basis by Facilities Unit Leader		

Demobilization/Operational Stand-down**Time****Initial**

Conduct end-of-shift debriefings with each functional area under supervision		
Participate in senior staff debriefing with Medical Care Branch Director		
Instruct Unit Leaders to demobilize staff as needed based on closure of functional areas		
Coordinate and direct breakdown of site upon deactivation of CTP/CBCC and facilitate return of facility to pre-incident condition.		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC/CTP Operations Plan**
- **Agency ICS Structure**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP Telephone Directory**
- **Radio/satellite phone**
- **ICS Forms**
- **Functional Roles and Job Action Sheets**
- **Site Security/Lockdown Plan**
- **Transportation Plan**
- **Equipment and Supply List**

Notes/Additional Information

Signature _____ **Date** _____

DATA ENTRY BOSS

Functional Role Overview: Organize and direct staff in the Data Entry area to input demographic and clinical data of individuals admitted to the CBCC for the purpose of establishing a tracking database and for potential billing/reimbursement.

Essential: NO **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; IT/Data Entry Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Support Services Unit Leader **Direct Reports:** Data Entry Clerk

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Support Services Unit Leader		
Receive Just-in-time training		
Establish and organize the data entry work area		
Conduct just-in-time training for Data Entry Clerks assigned		

Intermediate Operational Tasks	Time	Initial
Organize and direct the Data Entry area		

Intermediate Operational Tasks (Continued)**Time****Initial**

Supervise all Data Entry Staff		
Monitor and replenish data entry supplies as needed		
Monitor workload to keep Data Entry area running smoothly and efficiently		
Refer any technology problems to the IT Technician		

Extended Operational Tasks**Time****Initial**

Communicate with the Support Services Unit Leader hourly		
Organize and direct briefings in the Data Entry Area		

Demobilization/Operational Stand-down**Time****Initial**

Direct Data Entry staff to secure the area for shift change and/or debriefing		
Assist with breakdown of Data Entry area upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Communications plan**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**

Notes/Additional Information

Signature _____ **Date** _____

DATA ENTRY CLERK

Functional Role Overview: Input demographic and clinical data of individuals registered at the CBCC for the purpose of establishing a tracking database and billing/reimbursement purposes.

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; IT/Data Entry Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Data Entry Boss/Support Services Unit Leader **Direct Reports:** NONE

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Data Entry Boss		
Receive Just-in-time training		
Establish and organize the data entry work area and equipment		

Intermediate Operational Tasks	Time	Initial
Receive patient registration forms from the intake area		

Intermediate Operational Tasks (Continued)**Time****Initial**

Perform data entry of the patient registration form into the computer system		
Retrieval of data if requested by supervisor		
Report any technology problems to the Data Entry Boss		

Extended Operational Tasks**Time****Initial**

Communicate with the Data Entry Boss or Support Services Unit Leader hourly		
Perform any other duties as assigned		

Demobilization/Operational Stand-down**Time****Initial**

Participate in debriefing after operational period		
Assist with breakdown of Data Entry area upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Communications plan**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**

Notes/Additional Information

Signature _____ **Date** _____

DISCHARGE PLANNER

Functional Role Overview: This individual is responsible for the disposition of all patients discharged or transferred from the CBCC to another location.

Essential: YES **Required Clinical Level:** LEVEL I

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; Medical Protocol Orientation

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Discharge Planning Boss **Direct Reports:** Mental Health staff assigned to CBCC or CTP

Assigned Work Area/Location: CBCC Care Areas as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Discharge Planning Boss		
Receive Just-in-time training		
Establish communications with Discharge Planning Boss and Clinical Area Boss in assigned work area		
Obtain shift report, and patient census/status from Discharge Planning & Care Area Boss		
Meet with Mental Health Staff assigned to CBCC and coordinate efforts for follow-up services		
Procure needed supplies from Discharge Planning Boss		

Intermediate Operational Tasks	Time	Initial
Collect all patient discharge educational materials and prepare them for distribution		

Intermediate Operational Tasks (Continued)**Time Initial**

Communicate directly with Clinical Staff for patient status updates and pending discharges		
Maintain contact with transportation coordinator to assist with patients needing assistance returning home or being transferred to other facilities from the CBCC		
Ensure that patients awaiting discharge home have been provided with necessary follow-up instructions for any medical, mental health, or social service needs		
Ensure that community-based agencies have been contacted for any needed follow-up services		
Ensure that patient's primary care physician has been faxed a copy of the discharge summary and treatment plan.		
Ensure that pharmacy has provided patient with a supply of any aftercare medications		
Contact home care services/visiting nursing services when appropriate for follow-up		

Extended Operational Tasks**Time Initial**

Ensure that all patients are observed for signs of mental illness or worsening clinical illness prior to discharge home		
Perform any additional duties as assigned by Discharge Planning Boss		

Demobilization/Operational Stand-down**Time Initial**

Prepare discharge planning work area for shift change and/or debriefing/demobilization		
Assist with breakdown of site upon deactivation of CTP/CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC Telephone Directory**
- **Radio/satellite phone**
- **Transportation plan**
- **Contact information for community mental health agencies**
- **List and contact info for home care agencies/visiting nurse services**
- **Contact information for meals-on-wheels and social work services**

Notes/Additional Information

Signature _____ **Date** _____

DISCHARGE PLANNING BOSS

Functional Role Overview: This individual is responsible for the supervision of Discharge Planners in the CBCC and overall disposition of all patients discharged or transferred from the CBCC to another location.

Essential: NO **Required Clinical Level:** LEVEL I

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; Medical Protocol Orientation

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Patient Care Unit Leader **Direct Reports:** Discharge Planning Staff

Assigned Work Area/Location: CBCC

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Patient Care Unit Leader		
Receive Just-in-time training		
Establish communications with Patient Care Unit Leader and Discharge Planning Staff		
Obtain shift report, and patient census/status from off-going Discharge Planning Boss		
Meet with Discharge Planning Staff assigned to CBCC and assign roles		
Establish supply needs for Discharge Planners		

Intermediate Operational Tasks	Time	Initial
Organize and direct all Discharge Planning staff		

Intermediate Operational Tasks (Continued)**Time Initial**

Communicate directly with Clinical Staff for patient status updates and pending discharges		
At the request of clinical staff, assign discharge planners to each patient		
Ensure that patients awaiting discharge home have been provided with necessary follow-up instructions for any medical, mental health, or social service needs		
Ensure that community-based agencies have been contacted for any needed follow-up services		
Ensure that patient's primary care physician has been faxed a copy of the discharge summary and treatment plan.		
Ensure that pharmacy has provided patient with a supply of any aftercare medications		

Extended Operational Tasks**Time Initial**

Ensure that all patients are observed for signs of mental illness or worsening clinical illness prior to discharge home.		

Demobilization/Operational Stand-down**Time Initial**

Prepare discharge planning work area for shift change and/or debriefing/demobilization		
Assist with breakdown of site upon deactivation of CTP/CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC Telephone Directory**
- **Radio/satellite phone**
- **Transportation plan**
- **Contact information for community mental health agencies**
- **List and contact info for home care agencies/visiting nurse services**
- **Contact information for meals-on-wheels and social work services**

Notes/Additional Information

Signature _____ **Date** _____

FACILITIES UNIT LEADER

Functional Role Overview: Organize and direct the facility needs and requirements of the CBCC or CTP as assigned. Supervise and direct the actions of personnel assigned to the Facilities Unit.

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; Facility-specific Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: CTP or CBCC Group Supervisor **Direct Reports:** CBCC: Registration; Housekeeping; Maintenance; IT Services; Security; Food Services. CTP: Registration; Housekeeping; Maintenance; IT Services; Security; Food Services

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the CTP/CBCC Group Supervisor		
Receive Just-in-time training		
Establish communications with Group Supervisor and Direct Reports		
Obtain shift report, and patient census/status from off-going Facilities Unit Leader		
Conduct Briefing with Direct Reports		
Establish facility needs for CTP and CBCC		
Work closely with CTP or CBCC Group Supervisor to plan for and modify facility configurations as needed to expand services delivery		

Intermediate Operational Tasks	Time	Initial
Organize and direct all Facilities Staff		

Intermediate Operational Tasks (Continued)**Time****Initial**

Identify and maintain control of facilities needs within CTP and CBCC		
Communicate at least hourly with direct reports and Group Supervisor		
Consult with Group Supervisor about operational period objectives and anticipated needs for next operational period		
Remain in facility at all times during operational period. If relief required contact Group Supervisor		
Maintain close contact with Facilities Unit Bosses and have check-in meetings at least hourly		

Extended Operational Tasks**Time****Initial**

Conduct debriefings with each functional area under supervision		
Coordinate any equipment, supply or personnel resource needs with Patient Care, Logistics and Support Services Leaders as needed		
Maintain logs and prepare reports as directed by Group Supervisor		

Demobilization/Operational Stand-down**Time****Initial**

Conduct end-of-shift debriefings with each functional area under supervision		
Participate in supervisory debriefing with Group Supervisor and other Unit Leaders		
Facilitate return of facility to normal state of functioning upon demobilization, including sanitation and decontamination needs of the facility as required.		
Assist with breakdown of site upon deactivation of CTP/CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC/CTP Operations Plan**
- **Equipment and Supply List**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP Telephone Directory**
- **Radio/satellite phone**
- **Transportation plan**
- **ICS Forms**
- **Site security/lockdown plan**

Notes/Additional Information

Signature _____ **Date** _____

FOOD SERVICES BOSS

Functional Role Overview: Support the ordering and preparation of food for patients and staff of the CTP and CBCC sites.

Essential: NO **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; Food Safety Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Facilities Unit Leader **Direct Reports:** Cook

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Facilities Unit Leader		
Receive Just-in-time training		
Assist in taking inventory of food storage areas and establishing deficiencies of food supplies.		

Intermediate Operational Tasks	Time	Initial
Plan and prepare menu for next operational period		

Intermediate Operational Tasks (Continued)**Time****Initial**

Contact approved food vendors to order supplies		
Supervise cook(s) in the preparation and handling food for meals		

Extended Operational Tasks**Time****Initial**

Maintain contact with Facilities Unit Leader 2-4 times per operational period		

Demobilization/Operational Stand-down**Time****Initial**

Provide debriefing to Cook		
Assist with breakdown of food services area upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **List of approved food vendors**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**

Notes/Additional Information

Signature _____ **Date** _____

HOLDING AREA BOSS

Functional Role Overview: This individual is responsible for the supervision of clinical staff in the Holding Area of the CTP awaiting transfer to the CBCC.

Essential: NO **Required Clinical Level:** LEVEL II

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; Medical Protocol Orientation

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Patient Care Unit Leader **Direct Reports:** Clinical Staff Assigned to Holding Area

Assigned Work Area/Location: CTP Care Area

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Patient Care Unit Leader		
Recieve Just-in-time training		
Establish communications with Patient Care Unit Leader and Clinical Staff		
Obtain shift report, and patient census/status from off-going Holding Area Boss		
Meet with Clinical Staff assigned to Holding Area and assign patient care assignments		
Establish deficiencies of supplies in Acute Care Area		
Contact Transportation Coordinator for transport status on current patients		

Intermediate Operational Tasks	Time	Initial
Organize and direct all Acute Care Area staff		

Intermediate Operational Tasks (Continued)**Time Initial**

Monitor and replenish all Holding Area supplies as needed		
Communicate directly with Observation/Hydration Area Boss for patients needing transfer to CBCC		
Maintain contact with Level III providers		
Communicate hourly with Patient Care Unit Leader regarding status of Holding Area		
Authorize resources as needed for Clinical Staff		
Conduct routine briefings with clinical staff when appropriate		
Consult with Patient Care Unit Leader on the needs for equipment, supplies and staffing.		
Consult with Transportation Coordinator for patient transfers to CBCC.		

Extended Operational Tasks**Time Initial**

Observe all staff, volunteers and patients for signs of stress and fatigue. Provide rest periods and breaks regularly.		
Organize and direct briefings in Holding Area		

Demobilization/Operational Stand-down**Time Initial**

Direct clinical staff to secure area for shift change and/or debriefing/demobilization		
Assist with breakdown of Holding Area upon deactivation of CTP/CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- CBCC Operations Plan
- Medical Care Protocols
- CBCC Organization/ICS Chart
- CBCC telephone directory
- Radio/satellite phone
- Transportation plan
- Triage Plan

Notes/Additional Information

Empty box for notes and additional information.

Signature _____ **Date** _____

HOME CARE PREPARATION COORDINATOR

Functional Role Overview: This individual is responsible for the coordination of patients released from the CTP without admission to the CBCC but who warrant follow-up care in the home setting.

Essential: NO **Required Clinical Level:** LEVEL I

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; Medical Protocol Orientation

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Patient Care Unit Leader **Direct Reports:** NONE

Assigned Work Area/Location: Community Triage Point

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Patient Care Unit Leader		
Receive Just-in-time training		
Establish communications with Triage Area Boss, and Obs/Hydration Area Boss		
Obtain shift report, and patient census/status from off-going Home Care Preparation Coordinator		

Intermediate Operational Tasks	Time	Initial
Collect all patient discharge educational materials and prepare them for distribution		

Intermediate Operational Tasks (Continued)**Time Initial**

Communicate directly with Observation/Hydration Area Boss for patient discharge status		
Maintain contact with transportation coordinator to assist with patients needing assistance returning home from CTP		
Communicate hourly with Patient Care Unit Leader regarding status of discharges home		
Ensure that patients awaiting discharge home have been provided with necessary medication for continued at home treatment.		
Contact home care services/visiting nursing services when appropriate for follow-up		
Provide patients primary care physician with a faxed copy of the discharge summary and treatment plan from the CTP		

Extended Operational Tasks**Time Initial**

Observe all patients for signs of worsening illness prior to discharge home.		
Consult with mental health services to speak with patients without any caregiver present in the home, or who may require additional social work services.		

Demobilization/Operational Stand-down**Time Initial**

Prepare area for shift change and/or debriefing/demobilization		
Assist with breakdown of CTP upon deactivation of CTP/CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**
- **Transportation plan**
- **Triage Plan**
- **List and contact info for home care agencies/visiting nurse services**
- **Contact information for meals-on-wheels and social work services**

Notes/Additional Information

Signature _____ **Date** _____

HOUSEKEEPING

Functional Role Overview: Maintain clean and tidy public areas and clinic areas (secure area and clinic staff break area).

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; Bloodborne Pathogens Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Facilities Unit Leader **Direct Reports:** NONE

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Facilities Unit Leader		
Receive Just-in-time training		
Familiarizes self with areas inside and outside CTP/CBCC location		

Intermediate Operational Tasks	Time	Initial
Empty trash and medical waste receptacles		

Intermediate Operational Tasks (Continued)**Time****Initial**

Properly dispose of trash and medical waste		
Replenish bathroom supplies in both public areas and hospitality and secure areas		
Maintain clean and dry public clinic areas (ex. sweeping, mopping, etc.)		

Extended Operational Tasks**Time****Initial**

Report any sanitary or safety issues to Facilities Unit Leader		

Demobilization/Operational Stand-down**Time****Initial**

Participate in debriefing with Facilities staff		
Assist with breakdown of CBCC/CTP upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **HVAC Operations Procedures**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**
- **Generator Operation Procedures**
- **Waste disposal procedure**
- **Site Security plan**

Notes/Additional Information

Signature _____ **Date** _____

INTAKE AREA BOSS

Functional Role Overview: This individual is responsible for the supervision of clinical staff in the Intake Area of the CBCC.

Essential: NO **Required Clinical Level:** LEVEL II

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; Medical Protocol Orientation

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Patient Care Unit Leader **Direct Reports:** Clinical Staff Assigned to Intake Area

Assigned Work Area/Location: CBCC Intake Area

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Patient Care Unit Leader		
Recieve Just-in-time training		
Establish communications with Patient Care Unit Leader and Clinical Staff		
Obtain shift report, and patient census/status from off-going Intake Area Boss		
Meet with Clinical Staff assigned to Intake Area and and provide initial shift briefing		
Establish deficiencies of supplies in Intake Area		

Intermediate Operational Tasks	Time	Initial
Organize and direct all Intake Area staff		

Intermediate Operational Tasks (Continued)

Time Initial

Monitor and replenish all Intake Area supplies as needed		
Communicate directly with Patient Care Unit Leader for patient admissions & discharges		
Maintain contact with Level III providers		
Communicate hourly with Patient Care Unit Leader regarding status of Intake Area		
Authorize resources as needed for Clinical Staff		
Conduct routine briefings with clinical staff when appropriate		
Consult with Patient Care Unit Leader on the needs for equipment, supplies and staffing.		

Extended Operational Tasks

Time Initial

Observe all staff, volunteers and patients for signs of stress and fatigue. Provide rest periods and breaks regularly.		
Organize and direct briefings in Intake Area		

Demobilization/Operational Stand-down

Time Initial

Direct clinical staff to secure area for shift change and/or debriefing/demobilization		
Assist with breakdown of Intake Area upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**
- **Transportation plan**
- **CBCC/CTP Triage Protocol**

Notes/Additional Information

Signature _____ **Date** _____

INVENTORY CONTROLLER

Functional Role Overview: Oversee inventory management, reordering and receipt of all necessary CBCC and CTP equipment and supplies.

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing;

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Logistics Unit Leader **Direct Reports:** NONE

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Logistics Unit Leader		
Receive Just-in-time training		
Organize and manage the area at the CBCC/CTP site where all inventory is received and stored		
Communicate with each functional area supervisor as to their specific inventory needs and supply status.		

Intermediate Operational Tasks	Time	Initial
Communicate with area supervisors regarding clinical and non-clinical supply and equipment needs		

Intermediate Operational Tasks (Continued)**Time Initial**

Maintain appropriate clinical and non-clinical inventory		
Communicate hourly with area supervisors to facilitate restocking of supplies		
Coordinate through chain of command to EOC to procure/order additional equipment and supplies.		
Replenish all supplies and equipment for next operational period as needed		

Extended Operational Tasks**Time Initial**

Report any inventory supply issues to Logistics Supervisor		
Coordinate with Pharmacist regarding and medication supply needs		

Demobilization/Operational Stand-down**Time Initial**

Report to secure area for shift change and/or debriefing		
Assist with capturing unused supplies and equipment upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Data Entry Procedure**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP telephone directory**
- **Radio/satellite phone**
- **Equipment and Supply List**
- **Communications plan**
- **Site Security plan**

Notes/Additional Information

Signature _____ **Date** _____

IT SERVICES TECHNICIAN

Functional Role Overview: Oversee technology and communications infrastructure and needs at both the CTP and CBCC sites.

Essential: NO **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; Facility-specific Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Facilities Unit Leader **Direct Reports:** NONE

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Facilities Unit Leader		
Receive Just-in-time training		
Familiarize self with location of all phone, computer, cable, IP, radio, and other communications hardware at assigned location		
Familiarize self with software in use at assigned location		

Intermediate Operational Tasks	Time	Initial
Assist with set-up of any communications/computer equipment		

Intermediate Operational Tasks (Continued)**Time****Initial**

Maintain technology needs during operational period		
Ensure equipment and software is functional and in working order		

Extended Operational Tasks**Time****Initial**

Respond to staff inquiries regarding end user problems/questions		
Troubleshoot hardware and software issues and resolve issues promptly		
Communicate regularly with Facilities Unit Leader with equipment needs and status updates		

Demobilization/Operational Stand-down**Time****Initial**

Participate in debriefing with facilities staff		
Assist with breakdown of IT infrastructure upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Data Entry Procedure**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP telephone directory**
- **Radio/satellite phone**
- **Equipment and Supply List**
- **Communications plan**
- **Site Security plan**

Notes/Additional Information

Signature _____ **Date** _____

LIAISON OFFICER

Functional Role Overview: Serve as the point of contact for other agencies and the CBCC. Communicate with outside agencies on behalf of the CBCC. Specifically including contact with patient's primary medical doctors and hospitals.

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; Command Staff Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Medical Care Branch Director **Direct Reports:** NONE

Assigned Work Area/Location: CBCC Command Post

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Medical Care Branch Director and participate in the formulation of the incident action plan		
Receive Just-in-time training		
Establish contact with liaison representatives of each supporting agency and the EOC		
Ensure that all area supervisors have your contact information		

Intermediate Operational Tasks	Time	Initial
Respond to requests and complaints from incident personnel regarding inter-agency issues		

Intermediate Operational Tasks (Continued)**Time Initial**

Keep agencies supporting the incident aware of the incident status		
Monitor the incident to identify current or potential inter-organizational problems		
Document all actions and interactions with outside agencies and personnel in an activity log		
Receive and respond to requests for assistance from other agencies and the medical community		

Extended Operational Tasks**Time Initial**

Obtain information to provide to other agencies from the Communications Officer/PIO		
Maintain a list of all assisting and cooperating agencies and their resource availability and contact information		
Provide status updates to Medical Care Branch Director 2-4 times per operational period or as requested.		

Demobilization/Operational Stand-down**Time Initial**

Prepare updated end-of-shift reports and brief the oncoming Liaison Officer		
Plan for the possibility of extended deployment		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Interagency Contact List**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP telephone directory**
- **Radio/satellite phone**
- **EOC Contacts Information**
- **Communications plan**
- **Site Security plan**

Notes/Additional Information

Signature _____ **Date** _____

LOGISTICS UNIT LEADER

Functional Role Overview: Organize and direct the logistical needs of the CBCC or CTP as assigned. Supervise and direct the actions of personnel assigned to the Logistics Unit.

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing;

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: CTP or CBCC Group Supervisor **Direct Reports:** CBCC: Inventory Controller; Runners; Transportation Coordinator; Pharmacy. CTP: Inventory Controller; Runners; Transportation Coordinator.

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the CTP/CBCC Group Supervisor		
Receive Just-in-time training		
Establish communications with Group Supervisor and Direct Reports		
Obtain shift report, and patient census/status from off-going Logistics Unit Leader		
Conduct Briefing with Direct Reports		
Establish supply needs for Patient Care Units		

Intermediate Operational Tasks	Time	Initial
Organize and direct all Logistics Staff		

Intermediate Operational Tasks (Continued)**Time Initial**

Identify and maintain control of logistical needs within CTP and CBCC		
Communicate at least hourly with direct reports and Group Supervisor		
Consult with Group Supervisor about operational period objectives and anticipated needs for next operational period		
Remain in facility at all times during operational period. If relief required contact Group Supervisor		

Extended Operational Tasks**Time Initial**

Conduct debriefings with each functional area under supervision		
Coordinate any equipment, supply or personnel resource needs with Patient Care, Facilities and Support Services Leaders as needed		
Maintain logs and prepare reports as directed by Group Supervisor		

Demobilization/Operational Stand-down**Time Initial**

Conduct end-of-shift debriefings with each functional area under supervision		
Participate in supervisory debriefing with Group Supervisor and other Unit Leaders		
Assist in inventorying equipment and supplies as demobilized.		
Assist with breakdown of site upon deactivation of CTP/CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- CBCC/CTP Operations Plan
- Equipment and Supply List
- CBCC/CTP Organization/ICS Chart
- CBCC/CTP Telephone Directory
- Radio/satellite phone
- Transportation plan
- ICS Forms

Notes/Additional Information

Signature _____ **Date** _____

MAINTENANCE

Functional Role Overview: Maintain the safe and functional operation of facilities and services within the CBCC and other CTP sites.

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; Facility-specific training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Facilities Unit Leader **Direct Reports:** None

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Facilities Unit Leader		
Receive Just-in-time training		
Familiarize self with areas inside and outside the CBCC and CTP locations		

Intermediate Operational Tasks	Time	Initial
Perform repairs of malfunctioning facility equipment or physical plant		

Intermediate Operational Tasks (Continued)**Time Initial**

Assist Housekeeping as needed		
Maintain clean and dry public areas (ex. Sweeping, mopping, snow removal, etc.)		
Secure outdoor storage for medical and non-medical waste		
Ensure that the site generator has ample fuel for the next 3 operational periods		

Extended Operational Tasks**Time Initial**

Notify Facilities Unit Leader of any equipment or supply requests		
Maintain hourly communication with Facility Unit Leader		
Report any safety issues to Facility Unit Leader		

Demobilization/Operational Stand-down**Time Initial**

Participate in debriefing with facilities staff		
Assist with breakdown of CBCC/CTP upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **HVAC Operations Procedures**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**
- **Generator Operation Procedures**
- **Waste disposal procedure**
- **Site Security plan**

Notes/Additional Information

Signature _____ **Date** _____

MEDICAL CARE BRANCH DIRECTOR

Functional Role Overview: Provide overall direction for the CBCC and CTP. Oversee the organization and operation of the CTP and CBCC, and provide oversight and support to Group Supervisors. Coordinate response activities with the incident Operations Section Chief.

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200/300/400; NIMS 700/800; EOC Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Operations Section Chief **Direct Reports:** CBCC Group Supervisor and CTP Group Supervisor

Assigned Work Area/Location: Emergency Operations Center

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Operations Section Chief		
Receive Just-in-time training		
Establish communications with CTP and CBCC Group Supervisors		
Obtain shift report from off-going Medical Care Branch Director		
Conduct Briefing with Group Supervisors on incident status, objectives and chain of command		
Establish command post and work area in EOC		
Direct Group Supervisors to conduct just-in-time training with Unit Leaders as needed.		
Assure hourly situation updates are provided by Group Supervisors		

Intermediate Operational Tasks	Time	Initial
Assure that any problems at CBCC or CTP are being resolved		

Intermediate Operational Tasks (Continued)**Time Initial**

Communicate at least hourly with direct reports and Operations Section Chief		
Communicate operational period objectives to Group Supervisors		
Remain at EOC at all times during operational period		

Extended Operational Tasks**Time Initial**

Communicate any logistical needs up through the ICS structure		
Maintain logs and prepare reports as directed by Operations Section Chief		

Demobilization/Operational Stand-down**Time Initial**

Participate in senior staff debriefing with Operations Section Chief		
Instruct Group Supervisors to demobilize staff as needed based on closure of functional areas		
Authorize and direct breakdown of site upon deactivation of CTP/CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC/CTP Operations Plan**
- **Agency ICS Structure**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP Telephone Directory**
- **Radio/satellite phone**
- **ICS Forms**
- **Functional Roles and Job Action Sheets**
- **Site Security/Lockdown Plan**
- **Transportation Plan**

Notes/Additional Information

Signature _____ **Date** _____

MENTAL HEALTH BOSS

Functional Role Overview: This individual is responsible for the supervision of mental health professionals in the CBCC and CTP.

Essential: NO **Required Clinical Level:** Licensed mental health professional (preferred)

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; Disaster Mental Health Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Patient Care Unit Leader **Direct Reports:** Mental Health staff assigned to CBCC or CTP

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Patient Care Unit Leader		
Receive Just-in-time training		
Establish communications with Patient Care Unit Leader and Mental Health Staff		
Obtain shift report, and patient census/status from off-going Mental Health Boss		
Meet with Mental Health Staff assigned to CBCC/CTP and assign roles		
Establish supply needs for mental health workers		

Intermediate Operational Tasks	Time	Initial
Organize and direct all Mental Health staff		

Intermediate Operational Tasks (Continued)**Time Initial**

Communicate directly with Care Area Bosses for patient status updates and clinical needs		
Maintain contact with Mental Health staff at both CBCC and STP sites		
Communicate hourly with Patient Care Unit Leader regarding status of patients requiring mental health services		
Ensure that patients awaiting discharge home have been provided with necessary follow-up instructions for continued counseling, social services and referral to community-based providers		
Contact community mental health agencies when appropriate for follow-up services		

Extended Operational Tasks**Time Initial**

Ensure that all patients are observed for signs of clinical mental illness prior to discharge home.		
Consult with discharge planner and home care prep coordinator regarding in-home services for patients without any caregiver present in the home		

Demobilization/Operational Stand-down**Time Initial**

Prepare mental health work area for shift change and/or debriefing/demobilization		
Assist with breakdown of site upon deactivation of CTP/CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC Telephone Directory**
- **Radio/satellite phone**
- **Transportation plan**
- **Contact information for community mental health agencies**
- **List and contact info for home care agencies/visiting nurse services**
- **Contact information for meals-on-wheels and social work services**

Notes/Additional Information

Signature _____ **Date** _____

MENTAL HEALTH WORKER

Functional Role Overview: This individual is responsible to provide mental health counseling and support to patients in the CBCC and CTP.

Essential: NO **Required Clinical Level:** Licensed mental health professional (preferred)

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; Disaster Mental Health Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Mental Health Boss **Direct Reports:** NONE

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Mental Health Boss		
Receive Just-in-time training		
Establish communications with Mental Health Boss and other Mental Health Staff		
Meet with Clinical Staff in assigned patient care areas to assist in determining mental health needs		
Procure supplies from Mental Health Boss, needed for shift		

Intermediate Operational Tasks	Time	Initial
Provide clinical mental health assessment and counseling services as needed in CTP and CBCC		

Intermediate Operational Tasks (Continued)**Time Initial**

Communicate directly with Clinical Staff for patient status updates and clinical needs		
Communicate hourly with Mental Health Boss regarding status of patients requiring mental health services		
Ensure that patients awaiting discharge home have been provided with necessary follow-up instructions for continued counseling, social services and referral to community-based providers		
Contact community mental health agencies when appropriate for follow-up services		

Extended Operational Tasks**Time Initial**

Ensure that all patients are observed for signs of clinical mental illness prior to discharge home.		
Consult with discharge planner and home care prep coordinator regarding in-home services for patients without any caregiver present in the home		
Perform any additional tasks as assigned by Mental Health Boss		

Demobilization/Operational Stand-down**Time Initial**

Prepare mental health work area for shift change and/or debriefing/demobilization		
Assist with breakdown of site upon deactivation of CTP/CBCC		

Demobilization/Operational Stand-down (Continued)**Time****Initial**

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC Telephone Directory**
- **Radio/satellite phone**
- **Transportation plan**
- **Contact information for community mental health agencies**
- **List and contact info for home care agencies/visiting nurse services**
- **Contact information for meals-on-wheels and social work services**

Notes/Additional Information

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Signature _____ **Date** _____

OBSERVATION/HYDRATION AREA BOSS

Functional Role Overview: This individual is responsible for the supervision of clinical staff in the Acute Care Area of the CBCC.

Essential: NO **Required Clinical Level:** LEVEL II

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; Medical Protocol Orientation

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Patient Care Unit Leader **Direct Reports:** Clinical Staff Assigned to Observation/Hydration Area

Assigned Work Area/Location: Community Triage Point Care Area

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Patient Care Unit Leader		
Recieve Just-in-time training		
Establish communications with Patient Care Unit Leader and Clinical Staff		
Obtain shift report, and patient census/status from off-going Obs/Hydration Area Boss		
Meet with Clinical Staff assigned to Obs/Hydration Area and assign patient care assignments		
Establish deficiencies of supplies in Observation/Hydration Area		

Intermediate Operational Tasks	Time	Initial
Organize and direct all Observation/Hydration Area staff		

Intermediate Operational Tasks (Continued)

	Time	Initial
Monitor and replenish all Observation/Hydration Area supplies as needed		
Communicate directly with Triage Area Boss for new patient admissions		
Maintain contact with Level III providers		
Communicate hourly with Patient Care Unit Leader regarding status of Clinical Area		
Authorize resources as needed for Clinical Staff		
Conduct routine briefings with clinical staff when appropriate		
Consult with Patient Care Unit Leader on the needs for equipment, supplies and staffing.		
Consult with Transportation Coordinator and/or Home Care Prep. Coordinator for patient discharges and/or transfer to CBCC.		

Extended Operational Tasks

	Time	Initial
Observe all staff, volunteers and patients for signs of stress and fatigue. Provide rest periods and breaks regularly.		
Organize and direct briefings in Observation/Hydration Area		

Demobilization/Operational Stand-down

	Time	Initial
Direct clinical staff to secure area for shift change and/or debriefing/demobilization		
Assist with breakdown of Observation/Hydration Area upon deactivation of CTP/CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- CBCC Operations Plan
- Medical Care Protocols
- CBCC Organization/ICS Chart
- CBCC telephone directory
- Radio/satellite phone
- Transportation plan
- Triage Plan

Notes/Additional Information

Signature _____ **Date** _____

PALLIATIVE CARE AREA BOSS

Functional Role Overview: This individual is responsible for the supervision of clinical staff in the Palliative Care Area of the CBCC.

Essential: NO **Required Clinical Level:** LEVEL II

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; Medical Protocol Orientation

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Patient Care Unit Leader **Direct Reports:** Clinical Staff Assigned to Palliative Care Area

Assigned Work Area/Location: CBCC Palliative Care Area

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Patient Care Unit Leader		
Recieve Just-in-time training		
Establish communications with Patient Care Unit Leader and Clinical Staff		
Obtain shift report, and patient census/status from off-going Palliative Care Area Boss		
Meet with Clinical Staff assigned to Palliative Care Area and assign patient care assignments		
Establish deficiencies of supplies in Palliative Care Area		
Review CBCC fatality plan		

Intermediate Operational Tasks	Time	Initial
Organize and direct all Acute Care Area staff		

Intermediate Operational Tasks (Continued)

	Time	Initial
Monitor and replenish all Palliative Care Area supplies as needed		
Communicate directly with Patient Care Unit Leader for patient admissions & discharges		
Maintain contact with Level III providers		
Communicate hourly with Palliative Care Unit Leader regarding status of Palliative Care Area		
Authorize resources as needed for Clinical Staff		
Conduct routine briefings with clinical staff when appropriate		
Consult with Patient Care Unit Leader on the needs for equipment, supplies and staffing		
Consult with mental health boss when needed for grief/loss support and family notification		

Extended Operational Tasks

	Time	Initial
Observe all staff, volunteers and patients for signs of stress and fatigue. Provide rest periods and breaks regularly.		
Organize and direct briefings in Palliative Care Area		

Demobilization/Operational Stand-down

	Time	Initial
Direct clinical staff to secure area for shift change and/or debriefing/demobilization		
Assist with breakdown of Palliative Care Area upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**
- **Transportation plan**
- **CBCC fatality plan**

Notes/Additional Information

Signature _____ **Date** _____

PATIENT CARE UNIT LEADER

Functional Role Overview: Organize and direct the delivery of patient care to all individuals presenting to the CTP and CBCC. Supervise and direct the actions of personnel assigned to the Patient Care Unit.

Essential: YES **Required Clinical Level:** LEVEL II

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; Triage

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: CTP or CBCC Group Supervisor **Direct Reports:** CBCC: Intake Area Boss; Acute Care Area Boss; Palliative Care Area Boss; Discharge Planning Boss; Mental Health Boss. CTP: Triage Area Boss; Observation & Hydration Area Boss; Holding Area Boss; Home Care Preparation Coordinator; Mental Health Boss.

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the CTP/CBCC Group Supervisor		
Receive Just-in-time training		
Establish communications with Group Supervisor and Direct Reports		
Obtain shift report, and patient census/status from off-going Patient Care Unit Leader		
Conduct Briefing with Direct Reports		
Establish supply needs for Patient Care Areas		

Intermediate Operational Tasks	Time	Initial
Organize and direct all Care Area Leadership Staff		

Intermediate Operational Tasks (Continued)**Time Initial**

Identify and maintain control of patient care areas within CTP and CBCC		
Communicate at least hourly with direct reports and Group Supervisor		
Consult with Group Supervisor about operational period objectives and anticipated needs for next operational period		
Remain in facility at all times during operational period. If relief required contact Group Supervisor		

Extended Operational Tasks**Time Initial**

Conduct debriefings with each functional area under supervision		
Coordinate any equipment, supply or personnel resource needs with Logistics, Facilities and Support Services Leaders as needed		
Maintain logs and prepare reports as directed by Group Supervisor		

Demobilization/Operational Stand-down**Time Initial**

Conduct end-of-shift debriefings with each functional area under supervision		
Participate in supervisory debriefing with Group Supervisor and other Unit Leaders		
Direct breakdown of care areas by area bosses.		
Assist with breakdown of site upon deactivation of CTP/CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC/CTP Operations Plan**
- **Medical Care Protocols**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP Telephone Directory**
- **Radio/satellite phone**
- **Transportation plan**
- **ICS Forms**

Notes/Additional Information

Signature _____ **Date** _____

PHARMACIST

Functional Role Overview: Organize, oversee and direct the ordering and dispensation of all pharmaceuticals at the CBCC and CTP sites.

Essential: YES **Required Clinical Level:** Licensed/Registered Pharmacist

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; Medical Protocol Orientation

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Logistics Unit Leader **Direct Reports:** Pharmacy Technician

Assigned Work Area/Location: Pharmacy at CBCC

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from the Logistics Unit Leader		
Receive Just-in-time training		
Review CBCC/CTP formulary and medical care protocols		
Organize and manage the secure storage area for all pharmaceuticals		
Familiarize self with medication distribution/dispensing area and staff		
Provide just-in-time training to Pharmacy Technician as needed.		

Intermediate Operational Tasks	Time	Initial
Organize and maintain an adequate supply of pharmaceuticals for CBCC and CTP		

Intermediate Operational Tasks (Continued)**Time Initial**

Communicate hourly with the Inventory Controller regarding medication supplies		
Communicate hourly with the Patient Care Unit Leader		
Be available to Clinical Staff for medication-related questions		

Extended Operational Tasks**Time Initial**

Communicate with Logistics Unit Leader regarding any medication supply problems		
Supervise Pharmacy Technician and provide additional just-in-time training as needed		
Perform any additional tasks as assigned by Physician Medical Director or Logistics Unit Leader		

Demobilization/Operational Stand-down**Time Initial**

Assist with breakdown of Pharmacy and any other assigned tasks upon deactivation of CBCC/CTP		
Report to secure area for shift change and/or debriefing		
Provide in-coming Pharmacist with report on supply status and any immediate issues		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP telephone directory**
- **Radio/satellite phone**
- **Pharmaceutical Formulary**
- **Equipment and Supply List**

Notes/Additional Information

Signature _____ **Date** _____

PHARMACY TECHNICIAN

Functional Role Overview: Assist with the ordering and dispensation of all pharmaceuticals at CBCC and CTP locations as directed by the Pharmacist.

Essential: NO **Required Clinical Level:** Certified Pharmacy Technician or Level I

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; Medical Protocol Orientation

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Pharmacist **Direct Reports:** NONE

Assigned Work Area/Location: Pharmacy at CBCC

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from the Pharmacist		
Receive Just-in-time training		
Review CBCC/CTP formulary and medical care protocols		
Assist in the organization and secure storage of all pharmaceuticals		
Familiarize self with medication distribution/dispensing area and staff		

Intermediate Operational Tasks	Time	Initial
Assist in the maintenance of an adequate supply of pharmaceuticals for the CBCC/CTP		

Intermediate Operational Tasks (Continued)**Time****Initial**

Communicate hourly with the Pharmacist		
Refer clinical staff to Pharmacist for medication-related questions		
Communicate with Pharmacist regarding any medication supply problems		

Extended Operational Tasks**Time****Initial**

Replenish pharmaceutical supplies in care areas as needed		

Demobilization/Operational Stand-down**Time****Initial**

Assist with breakdown of Pharmacy and any other assigned tasks upon deactivation of CBCC/CTP		
Report to secure area for shift change and/or debriefing		
Secure any pharmaceuticals for the next operational period		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP telephone directory**
- **Radio/satellite phone**
- **Pharmaceutical Formulary**
- **Equipment and Supply List**

Notes/Additional Information

Signature _____ **Date** _____

PHYSICIAN MEDICAL DIRECTOR

Functional Role Overview: Oversee the delivery of patient care and perform complex decision making within the CBCC/CTP as requested by the Commissioner of Health and in accordance with the medical protocols outlined in the CBCC Medical Care Plan. Make recommendations to the Commissioner of Health on modifications to the current standard of care. Supervise and provide guidance to all Level III Clinical Staff.

Essential: YES **Required Clinical Level:** LEVEL III

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; Medical Protocol Orientation

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Medical Care Branch Director **Direct Reports:** Level III Clinical Staff

Assigned Work Area/Location: CBCC or Off-Site

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from the Care Area Boss and Medical Care Branch Director		
Receive Just-in-time training (as needed) for Level III Clinical Staff		
Review medical care protocols		
Provide just-in-time training to Level III Clinical Staff as directed by Care Area Boss		

Intermediate Operational Tasks	Time	Initial
Assurance of care in compliance with CBCC Medical Care Protocols		

Intermediate Operational Tasks (Continued)**Time Initial**

Communicate directly with Level III Clinical Staff when change in standard of care is required		
Provide Level III Clinical Staff with assistance in complex decision making		
Communicate directly with Area Boss for all patient admission/discharge decisions		
Provide medical oversight of Level III Clinical Staff in accordance with Medical Care Plan		

Extended Operational Tasks**Time Initial**

Communicate as needed with CBCC Group Supervisor regarding status of CBCC		
Maintain contact with Medical Care Branch Director		
Perform any additional tasks as assigned by Medical Care Branch Director		

Demobilization/Operational Stand-down**Time Initial**

Brief Medical Care Branch Director, Commissioner of Health and any on-coming Level III Clinical Staff		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**
- **Transportation plan**

Notes/Additional Information

Signature _____ **Date** _____

REGISTRAR

Functional Role Overview: Quickly and accurately register patients for the CBCC and CTP

Essential: YES

Required Clinical Level: NONE

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; IT/Data Entry Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Facilities Unit Leader **Direct Reports:** NONE

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Facilities Unit Leader		
Receive Just-in-time training		

Intermediate Operational Tasks	Time	Initial
Quickly and accurately complete and/or review demographic section of clinic form, name, address, DOB, insurance information and social security number		

Intermediate Operational Tasks (Continued)**Time****Initial**

Verify the accuracy and legibility of the information before person leaves registration area		
Direct perform to Triage Area at CTP or Intake Area at CBCC		
Collect any medical insurance information on appropriate forms for processing and data entry		

Extended Operational Tasks**Time****Initial**

Notify IT Services Technician of any software or hardware issues		

Demobilization/Operational Stand-down**Time****Initial**

Participate in debriefing with Logistics staff at shift change		
Assist with breakdown of Registration Area upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP telephone directory**
- **Radio/satellite phone**
- **CBCC Operations Plan**
- **Communications plan**
- **Site Security plan**

Notes/Additional Information

Signature _____ **Date** _____

RUNNER

Functional Role Overview: Assist staff working in the ACS to meet the needs of participants and staff members

Essential: NO **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing;

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Logistics Unit Leader **Direct Reports:** NONE

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Logistics Unit Leader		
Receive Just-in-time training		
Familiarize self with CBCC/CTP floor plan		

Intermediate Operational Tasks	Time	Initial
Locate and acquire items and services for participants as requested by staff		

Intermediate Operational Tasks (Continued)**Time****Initial**

Locate and acquire items for supervisory staff as requested		
Hand carry messages and other communications to and from work areas		
Provide directions to participants as needed (ex. Restrooms, telephones)		
Assist inventory controller, food services boss, and pharmacist as needed with distribution		

Extended Operational Tasks**Time****Initial**

Report problems to Logistics Unit Leader		
Perform any additional tasks as assigned by functional area supervisor		

Demobilization/Operational Stand-down**Time****Initial**

Participate in debriefing for logistics staff		
Assist with breakdown of CBCC/CTP upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP telephone directory**
- **Radio/satellite phone**
- **Site Security plan**

Notes/Additional Information

Signature _____ **Date** _____

SAFETY OFFICER

Functional Role Overview: Assure the safety and security of all staff, patients and visitors to the ACS location or Community Triage Site

Essential: NO **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200/300/400; NIMS 700; Fit Testing; Command Staff Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Medical Care Branch Director **Direct Reports:** NONE

Assigned Work Area/Location: CBCC Command Post

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Medical Care Branch Director		
Establish Safety Command Post		
Review the IAP for safety implications		
Review medical care plan established for the CBCC (ex. Infection control procedures, and PPE requirements)		
Review fit testing procedures and type of N95/N100 respirators being issued to staff		
Ensure that all supervisors have your contact information		

Intermediate Operational Tasks	Time	Initial
Exercise emergency authority to stop work and prevent unsafe acts		

Intermediate Operational Tasks (Continued)**Time Initial**

Alert staff to report all hazards and unsafe conditions		
Conduct accident investigations and document observations		
Arrange to secure all areas to limit unauthorized access		
Advise the Medical Care Branch Director and Group Supervisors immediately of unsafe actions or hazardous situations		
Establish routine briefings with the Medical Care Branch Director and Group Supervisors		
Document all actions and decisions in an Activity Log		

Extended Operational Tasks**Time Initial**

Ensure that all CBCC/CTP staff follow health and safety practices		
Provide ongoing reports to the Command Staff on CBCC safety		
Ensure incident/injury reports are written/documented.		

Demobilization/Operational Stand-down**Time Initial**

Prepare updated end-of-shift report and brief oncoming Safety Officer		
Plan for the possibility of extended deployment		
Confirm status of the facility upon closure, note damage and safety issues.		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Worker Safety Plan**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP telephone directory**
- **Radio/satellite phone**
- **Fit Testing Procedure**
- **Communications plan**
- **Site Security plan**

Notes/Additional Information

Signature _____ **Date** _____

SECURITY BOSS

Functional Role Overview: Assure both internal and external security and order at the CBCC and CTP sites.

Essential: NO

Required Clinical Level: NONE

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; Security/Law Enforcement Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Facilities Unit Leader **Direct Reports:** Security Officers

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Facilities Unit Leader		
Receive Just-in-time training		
Obtain copies of security/lockdown plan and floor plan for CTP/CBCC facilities		
Conduct just-in-time training for Security Officers assigned		

Intermediate Operational Tasks	Time	Initial
Organize and direct all Security Staff		

Intermediate Operational Tasks (Continued)**Time Initial**

Provide protection for all staff and patients		
Safeguard all medication and medical supplies		
Maintain organized and appropriate traffic control		
Report the need for reinforcements to the appropriate agencies (ex. Local Police, Sheriff, State Police, or Private Security Company)		

Extended Operational Tasks**Time Initial**

Document security incidents in an Activity Log		
Report any officer injuries to Facilities Unit Leader and/or site safety officer		

Demobilization/Operational Stand-down**Time Initial**

Provide security debriefing for all Security Staff Officers		
Assist with maintenance of security during breakdown of CBCC upon deactivation		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Worker Safety Plan**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP telephone directory**
- **Radio/satellite phone**
- **Equipment and Supply List**
- **Communications plan**
- **Site Security plan**

Notes/Additional Information

Signature _____ **Date** _____

SECURITY OFFICER

Functional Role Overview: Ensure/maintain security and order within assigned area.

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing; Security/Law Enforcement Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Security Boss/Facilities Unit Leader **Direct Reports:** NONE

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Security Boss/Facilities Unit Leader		
Receive Just-in-time training from Security Boss		
Obtain copies of security/lockdown plan and floor plan for CTP/CBCC facilities		
Familiarize self with assigned area (floor plan, traffic flow, worker identification, etc.)		

Intermediate Operational Tasks	Time	Initial
Protect staff and patients		

Intermediate Operational Tasks (Continued)**Time Initial**

Maintain order within assigned area		
Deter public disturbances		
Safeguard medications and medical supplies		
Report the need for reinforcements to the Security Boss or Unit Leader (ex. Local Police, Sheriff, State Police, or Private Security Company)		
Maintain organized and appropriate crowd/traffic control		
Respond to requests for assistance by CTP/CBCC staff		

Extended Operational Tasks**Time Initial**

Document security incidents in an Activity Log		
Report any officer injuries to Security Boss, Facilities Unit Leader and/or site safety officer		

Demobilization/Operational Stand-down**Time Initial**

Participate in security officer debriefing at end of shift		
Assist with maintenance of security during breakdown of CBCC upon deactivation		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Worker Safety Plan**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP telephone directory**
- **Radio/satellite phone**
- **Equipment and Supply List**
- **Communications plan**
- **Site Security plan**

Notes/Additional Information

Signature _____ **Date** _____

STAFF NEEDS COORDINATOR

Functional Role Overview: Provide support services to all CBCC/CTP workers.

Essential: NO **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing;

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Support Services Unit Leader **Direct Reports:** NONE

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Support Services Unit Leader		
Establish and organize a staff worker break area		

Intermediate Operational Tasks	Time	Initial
Maintain adequate supplies of food and drink		

Intermediate Operational Tasks (Continued)

Time Initial

Maintain a clean and comfortable break/rest area		
Refer workers for mental health debriefing as necessary		
Assist with housekeeping duties as needed in staff lounge area		

Extended Operational Tasks

Time Initial

Communicate with Support Services Unit Leader 2-4 times per shift.		
Make arrangements for sleeping quarters, shower facilities and bathrooms dedicated to CBCC and CTP staff		

Demobilization/Operational Stand-down

Time Initial

Participate in debriefing with Support Services Staff		
Assist with breakdown of Staff Needs Area upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**
- **Transportation plan**
- **Communications plan**
- **Site Security plan**

Notes/Additional Information

Signature _____ **Date** _____

SUPPORT SERVICES UNIT LEADER

Functional Role Overview: Organize and direct the support needs and requirements of the CBCC or CTP as assigned. Supervise and direct the actions of personnel assigned to the Support Services Unit.

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing;

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: CTP or CBCC Group Supervisor **Direct Reports:** CBCC: Staff Needs; Credentialing & Training; Volunteer Coordinator; Data Entry; Translator. CTP: Staff Needs; Credentialing & Training; Data Entry; Translator

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the CTP/CBCC Group Supervisor		
Receive Just-in-time training		
Establish communications with Group Supervisor and Direct Reports		
Obtain shift report, and patient census/status from off-going Support Services Unit Leader		
Conduct Briefing with Direct Reports		
Establish support needs for CTP and CBCC		
Work closely with CTP or CBCC Group Supervisor to plan for and modify staffing needs as needed to expand services delivery		

Intermediate Operational Tasks	Time	Initial
Organize and direct all Support Services Staff		

Intermediate Operational Tasks (Continued)**Time Initial**

Identify and maintain control of support services needs within CTP and CBCC		
Communicate at least hourly with direct reports and Group Supervisor		
Consult with Group Supervisor about operational period objectives and anticipated needs for next operational period		
Remain in facility at all times during operational period. If relief required contact Group Supervisor		
Maintain close contact with Support Services Unit Bosses and have check-in meetings at least hourly		

Extended Operational Tasks**Time Initial**

Conduct debriefings with each functional area under supervision		
Coordinate any equipment, supply or personnel resource needs with Patient Care, Logistics and Facilities Leaders as needed		
Maintain logs and prepare reports as directed by Group Supervisor		

Demobilization/Operational Stand-down**Time Initial**

Conduct end-of-shift debriefings with each functional area under supervision		
Participate in supervisory debriefing with Group Supervisor and other Unit Leaders		
Demobilize staff as needed based on closure of functional areas as directed by Group Supervisor		
Assist with breakdown of site upon deactivation of CTP/CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC/CTP Operations Plan**
- **Credentialing Policy and Procedure**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP Telephone Directory**
- **Radio/satellite phone**
- **ICS Forms**
- **Functional Roles and Job Action Sheets**

Notes/Additional Information

Signature _____ **Date** _____

TRANSLATOR

Functional Role Overview: Assist individuals in need of translation through the entire CBCC process.

Essential: NO **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200; NIMS 700; Fit Testing;

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Support Services Unit Leader **Direct Reports:** NONE

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Support Services Unit Leader		
Receive Just-in-time training		

Intermediate Operational Tasks	Time	Initial
Procure and organize multilingual educational and informational materials for CBCC and CTP patients		

Intermediate Operational Tasks (Continued)**Time Initial**

Provide translation for individuals in need		
Accompany individual and/or family through the CBCC/CTP registration and intake process		
Remain with individuals who are sent to Triage until process is complete		

Extended Operational Tasks**Time Initial**

Review all educational materials with individual once received		
Verify understanding of information and instructions at discharge		

Demobilization/Operational Stand-down**Time Initial**

Direct clinical staff to secure area for shift change and/or debriefing/demobilization		
Assist with breakdown of Acute Care Area upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**
- **Transportation plan**
- **Communications plan**
- **Site Security plan**

Notes/Additional Information

Signature _____ **Date** _____

TRANSPORTATION COORDINATOR

Functional Role Overview: Coordinate the transportation of patients from the CTP to the CBCC and facilitate all patient discharges home. Assist with the arrangement of ambulance transportation for patients being sent from the CBCC to the hospital.

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing;

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Logistics Unit Leader **Direct Reports:** NONE

Assigned Work Area/Location: CBCC or CTP as Assigned

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Logistics Unit Leader		
Receive Just-in-time training		
Identify all vehicular resources and assigned drivers		
Establish needs for fuel and supplies on mass transit vehicles		

Intermediate Operational Tasks	Time	Initial
Coordinate hourly transportation from the CTP to the CBCC		

Intermediate Operational Tasks (Continued)**Time Initial**

Handle transportation of discharges patients to the CTP to be picked up or transported directly home.		
Contact the EOC to arrange transportation of patients from the CBCC to the hospital		

Extended Operational Tasks**Time Initial**

Maintain contact with the discharge planner.		

Demobilization/Operational Stand-down**Time Initial**

Report to secure area for shift change and/or debriefing		
Assist with demobilization of transportation resources upon deactivation of CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC Operations Plan**
- **Medical Care Protocols**
- **CBCC Organization/ICS Chart**
- **CBCC telephone directory**
- **Radio/satellite phone**
- **Transportation plan**
- **Communications plan**
- **Site Security plan**

Notes/Additional Information

Signature _____ **Date** _____

TRIAGE AREA BOSS

Functional Role Overview: This individual is responsible for the supervision of clinical staff in the Triage Area of the Community Triage Point.

Essential: YES **Required Clinical Level:** LEVEL II

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; Medical Protocol Orientation; Triage

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Patient Care Unit Leader **Direct Reports:** Clinical Staff Assigned to Triage Area

Assigned Work Area/Location: CTP Triage Area

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing and situation status report from the Patient Care Unit Leader		
Recieve Just-in-time training		
Establish communications with Patient Care Unit Leader and Clinical Staff		
Obtain shift report, and patient census/status from off-going Triage Area Boss		
Meet with Clinical Staff assigned to Triage Area and assign roles		
Establish deficiencies of supplies in Triage Area		

Intermediate Operational Tasks	Time	Initial
Organize and direct all Acute Care Area staff		

Intermediate Operational Tasks (Continued)**Time Initial**

Monitor and replenish all Triage Area supplies as needed		
Communicate directly with Observation/Hydration and Holding Area Boss for patient admission or those needing transfer to the CBCC		
Maintain contact with Level III providers		
Communicate hourly with Patient Care Unit Leader regarding status of Triage Area		
Authorize resources as needed for Clinical Staff		
Conduct routine briefings with clinical staff when appropriate		
Consult with Patient Care Unit Leader on the needs for equipment, supplies and staffing.		
Consult with Transportation Coordinator for patient transfers to CBCC.		

Extended Operational Tasks**Time Initial**

Observe all staff, volunteers and patients for signs of stress and fatigue. Provide rest periods and breaks regularly.		
Organize and direct briefings in Triage Area		

Demobilization/Operational Stand-down**Time Initial**

Direct clinical staff to secure area for shift change and/or debriefing/demobilization		
Assist with breakdown of Triage Area upon deactivation of CTP/CBCC		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- CBCC Operations Plan
- Medical Care Protocols
- CBCC Organization/ICS Chart
- CBCC telephone directory
- Radio/satellite phone
- Transportation plan
- Triage Plan

Notes/Additional Information

Empty box for notes and additional information.

Signature _____ **Date** _____

VOLUNTEER COORDINATOR

Functional Role Overview: Coordinate volunteer staffing resources from various sources including the MRC, NYserv, American Red Cross, Salvation Army, community groups, etc. Ensure training and credentialing has been performed on volunteers and that essential positions are filled with qualified individuals.

Essential: YES **Required Clinical Level:** NONE

Required Pre-event Training: ICS 100/200/300; NIMS 700; Fit Testing; Volunteer Training

Date: _____ **Shift Start Time:** _____ **Shift End Time:** _____

Position Reports to: Support Services Unit Leader **Direct Reports:** NONE

Assigned Work Area/Location: CBCC

Assigned Landline: _____ **Designated Fax:** _____

Assigned Cellular/Satellite Phone: _____ **Radio Number:** _____

Initial Operational Tasks	Time	Initial
Read this entire Job Action Sheet		
Obtain briefing from Support Services Unit Leader and off-going Volunteer Coordinator		
Receive Just-in-time training		
Familiarize self with staff entrance and credentialing area/process		

Intermediate Operational Tasks	Time	Initial
Organize and direct the assignment and allocation of volunteers to relevant positions		

Intermediate Operational Tasks (Continued)

	Time	Initial
Supervise all volunteer staff workers		
Distribute assignments and job action sheets to volunteer staff		
Verify volunteers are appropriately credentialed and badged prior to entering patient care areas		
Provide waiver/consent forms, assure accuracy and signature		
Instruct employee/volunteer to proceed to secure area		

Extended Operational Tasks	Time	Initial
Ensure that in-coming staff/volunteers have completed all pre-event training requirements		
Ensure that all volunteers complete N95 fit testing prior to entering any patient care area.		
Ensure that volunteers who fail or cannot comply with fit testing procedures do not work in patient care areas or are excluded from participation in this CBCC activation		
Maintain communication with Support Services Unit leader hourly		
Request additional staff resources through appropriate chain of command		

Demobilization/Operational Stand-down	Time	Initial
Organize, monitor and participate in debriefing with volunteers		
Assist with breakdown of site upon deactivation of CTP/CBCC		
Direct volunteers where to go for shift change, debrief and check-out		

Demobilization/Operational Stand-down (Continued)

Time

Initial

	Time	Initial

Helpful Documents & Tools

- **CBCC/CTP Operations Plan**
- **CBCC Credentialing Plan**
- **CBCC/CTP Organization/ICS Chart**
- **CBCC/CTP Telephone Directory**
- **Radio/satellite phone**
- **Functional Roles & Job Action Sheets**
- **List of Pre-credentialed Staff and Volunteers**
- **Fit Testing Protocol and Procedures**

Notes/Additional Information

Signature _____ **Date** _____

Appendix 2: Community-Based Care Center (CBCC) Site Selection Checklist

CBCC Site Information:

Site Name	
Site Type (armory, hospital, school, arena, etc.)	
Address	
Date Assessed	

CBCC Site Contact Information:

Contact Person	Phone
Site access:	
After business hours site access:	
Facility maintenance:	
Site security:	

*Where applicable, specify quantity or numerical values for each category.

I. Security and Vehicular Access	Site Specifications	Comments
Perimeter security		
Secure command center and control area ¹		
Traffic control		
Parking availability and vehicle access pathways		
Secure storage space available for DEA scheduled controlled substances and medical materials		
Entrance and egress doors support both evacuation and lock downs		
Public address and fire alarm systems		
Fire detection and suppression systems		
Secure space for administration/patient records		
Pharmacy ²		
Secure storage for bulk supplies ³		

¹ Command center: minimum size 25'x25', securable with separate briefing room

² Pharmacy: minimum size 25'x25' with tables for processing orders. Should be access controlled so that only authorized personnel have access to pharmacy area

³ Supply area: minimum size 4,000ft² with loading dock

Number of secured entrances and exits		
---------------------------------------	--	--

II. Building Size and Configuration Considerations	Site Specifications	Comments
Total site area ⁴		
Enclosed site area		
Roof type (permanent building, tent, etc.)		
Number of buildings on site		
Number of floors per building		
Door width adequate to support gurneys and wheelchairs		
Loading dock, material supply and staging space		
Kitchen facility		
General and medical waste removal		
Hand-washing stations and safe hygiene technique areas		
Staff support, restrooms, break areas, shower areas		
Wheelchair/handicap accessibility		
Laundry services		
Mortuary area with ventilation ⁵		
Isolation/decontamination area		
Laboratory/sample testing facility		
Oxygen/medical gases receiving and staging area ⁶		
Ancillary support area ⁷		

⁴ Total site area: minimum size 160ft² per patient for a total area of 40,000ft², optimally 200ft² per patient for a total area of 50,000ft²

⁵ Morgue: minimum size 20'x10', must be securable, near a loading entrance, no refrigeration required

⁶ Medical gases: ideal size 30'x30' near loading dock and patient area. If tanks refilled on site, 20'x40' exterior, covered, well-ventilated, non-asphalt area required for use as filling area

⁷ Ancillary support: minimum size 30'x30' with respiratory, translation, data entry, mental health services

III. Infrastructure	Site Specifications	Comments
Back-up electrical power and generators		
HVAC climate control systems		
Natural gas supply (preferably direct to building, not propane tanks)		
Available safe water supply		

IV. Communications	Site Specifications	Comments
Telephone		
Two-way radios		
High speed internet access		
Fax lines		
Intercom systems		

V. Patient Care Consideration	Site Specifications	Comments
Individual rooms or partitions		
Unisex restrooms with showers ⁸		
Separate refrigeration/cold storage for food and medical supplies		
Intake area/waiting room for screening patients and visitors ⁹		

VI. Overall Findings and Recommendations	Comments
Based on assessment, the CBCC would accommodate (circle one):	
No potential for health care surge capacity use	
Potential for an outpatient care center during a health care surge	
Potential for outpatient and inpatient care during a health care surge	
Potential for critical care during a health care surge	
Potential for supportive care during a health care surge	

⁸ Restrooms: minimum of two toilets and one shower per 50-patient ward

⁹ Waiting area: near the entrance seating approximately 50 people, a registration desk, and an area for patient assessment and classification. Should be near a loading/unloading area and separate from the patient area

Appendix 3: Medical Surveillance and Worker Safety

Personal Protective attire will be provided as needed and required. Masks (surgical or N 95) will be worn when there is a communicable disease risk or at the direction of the Community-Based Care Center Director and the Community-Based Care Center Safety Officer. If N 95 masks are to be used then each staff member will be fitted for and issued the proper sized mask. Needles and syringes that are used shall be properly disposed of in sharps containers. Staff reminders about universal precautions and other appropriate health and safety shall be provided as necessary during just-in-time training and orientation sessions.

Bathroom facilities shall be made available inside and outside the facility. Portable latrines should be used where necessary. Hand wipes shall be placed in all client areas for use as needed by staff. The Staff Lounge Area shall have a sign reminding personnel about hand washing before eating and before returning to work. The Community-Based Care Center Safety Officer will routinely look for and correct any health and hygiene related problems.

The Center for Disease Control and Prevention (CDC) recognizes six Class A Biologic Agents: Anthrax, Botulism, Plague, Smallpox, Tularemia and Viral Hemorrhagic Fevers. The mode of transmission for these agents is varied, and therefore each requires different types of personal protection. It is vital for the mass prophylaxis clinic staff to be familiar with transmission mechanisms in order to protect themselves against infection. Four levels of infection control precautions have been developed to reduce the transmission of microorganisms in health care settings where direct patient care is provided. These are Standard, Contact, Droplet and Airborne Precautions. Each of these categories defines the personal protective equipment (PPE) and procedures to be used by care-givers to safeguard against disease transmission.

Detailed information about these infection control precautions may be found on the CDC website at: <http://www.cdc.gov/ncidod/hip/GUIDE/InfectControl98.pdf>, or the association of Professionals in Infection Control (APIC) website at: http://www.apic.org/Content/NavigationMenu/PracticeGuidance/Topics/Bioterrorism/Apic_BT_WG_BTRSugg.pdf. Recommendations for use of PPE and ACS have been abstracted from these guidelines. Decisions about the use of PPE are base on the type of patient interaction that is expected.

Most staff working at a Community-Based Care Center operation will **not** need to use PPE because they will **not** be exposed to infectious materials. Routine use of PPE by **all** staff working at the site is not recommended. It is unlikely that large numbers of infectious individuals will present at the Community-Based Care Center site for the following reasons:

- Only individuals who have the disease can transmit it person-to-person; those who have merely been exposed do not transmit disease; and
- The public information campaign that precedes the opening of the Community-Based Care Center will instruct persons who are symptomatic to seek treatment at a healthcare facility and not to present to the Community-Based Care Center. The campaign will stress that prophylaxis is meant only for patients who are exposed and asymptomatic.

- Screening performed at the pre-Community-Based Care Center site is not possible; therefore, persons who are symptomatic will be excluded from the ACS and sent for assessment to an emergency department or other treatment center.

Staff at the Pre- Community-Based Care Center and triage area may be exposed to potentially infectious patients. In these areas it is recommended that **all** staff working in these areas to perform routine hand washing. If a symptomatic patient is not detected and enter the Community-Based Care Center the staff should use PPE based on the disease and type of contact anticipated.

**Appendix 4: NYSDOH & SEMO Liability Protection Memo
MEMORANDUM**

To: County Attorneys

From: Lai Sun Yee
General Counsel, New York State Emergency Management Office

Donald P. Berens, Jr.
General Counsel, New York State Department of Health

Date: September 2, 2005

Re: Volunteer Liability Protection

The purpose of this memorandum is to provide a general overview of state and federal laws providing protection, including defense, indemnification or immunity, to volunteers who assist governments to prepare for and respond to emergencies. In general, defense and indemnification may be available to such volunteers expressly authorized to participate in volunteer programs sponsored by the state or a municipality. Also, certain licensed health care professionals are entitled to defense and indemnification when rendering professional treatment or consultation at the request of the NYS Department of Health. Conditional or partial immunity may be available to volunteers who either: perform certain civil defense functions; are so controlled by the government that they are deemed to be employees acting in the scope of government employment; or render first aid or emergency treatment contemplated by New York State's Good Samaritan Laws. The federal Volunteer Protection Act may provide additional partial immunity to volunteers serving governmental entities.

This memorandum provides a broad overview of the statutes and legal doctrines available to protect volunteers from liability. This is a summary document. Each jurisdiction is advised to review these and other protections as they may apply to volunteer liability protection in its particular jurisdiction.

Defense and Indemnification:

NYS Public Officers Law § 17

Public Officer's Law § 17:

Provides for defense and indemnification for employees of public entities acting within the scope of their public employment or duties.

Employee is defined as "any person holding a position by election, appointment or employment in the service of the state, including clinical practice pursuant to subdivision fourteen of the public health law, whether or not compensated, or a **volunteer expressly authorized to participate in a state-sponsored volunteer program....**"

The volunteers recruited by State Department of Health ("DOH") will be provided this protection. The New York State Department of Health Professional

Volunteer Database is a **state-sponsored volunteer program**. In order to qualify as such, the database must be maintained by the State DOH and the volunteers must be activated by the State DOH and assigned to work under the direction of DOH or local health departments. If these conditions are met, the volunteers will receive the protections available under POL § 17. Please refer to the enclosed opinion letter from the Attorney General's office, which describes the Department of Health program and the application of POL § 17 in more detail.

NYS Public Health Law § 14

Public Health Law § 14 provides that Public Officers Law § 17 is applicable to any physician, dentist, nurse or other health care professional who "is licensed to practice pursuant to [NYS Education Law] and who is rendering professional treatment or consultation in connection with professional treatment authorized under such license at the request of the **Department**, or at a departmental facility...."

NYS Public Officers Law § 18

Public Officers Law section 18:

Provides defense and indemnification for officers and employees of public entities acting within the scope of their public employment duties.

Public entities include:

a county, city, town, village or any other political subdivision or civil division of the State; and any other separate corporate instrumentality or unit of government.

Employee is defined as:

(i) a commissioner, member of a public board or commission, trustee, director, officer, employee, **volunteer expressly authorized to participate in a publicly sponsored volunteer program** or any other person holding a position by election, appointment or employment in the service of a public entity, whether or not compensated....

The provisions of this section shall apply to any public entity:

whose governing body has agreed by the adoption of local law, bylaw, resolution, rule or regulation (i) to confer the benefits of this section upon its employees, and (ii) to be held liable for the costs incurred under these provisions; or

where the governing body of a municipality, for whose benefit the public entity has been established, has agreed by the adoption of local law or resolution (i) to confer the benefits of this section upon the employees of such public entity, and (ii) to be held liable for the costs incurred under these provisions.

NYS Public Officers Law § 19

Provides that it is the duty of the state to pay reasonable attorneys' fees and litigation expenses incurred by or on behalf of an employee in his or her defense of a criminal proceeding arising out of any act which occurred

while the employee was acting within the scope of his/her employment or duties upon his/her acquittal or dismissal of the criminal charges. The state must also pay reasonable attorneys' fees incurred in connection with an appearance before a grand jury which returns no true bill against the employee where the employee's appearance was required as a result of any act which occurred during the scope of his/her employment or duties.

Employee is defined as "any person holding a position by election, appointment or employment in the service of the state, whether or not compensated, or a **volunteer expressly authorized to participate in a state-sponsored volunteer program....**"

Immunity

NYS Executive Law Article 2-B*

Article 2-B of the Executive Law:

1. Local chief executives and officers are immune from liability for the acts or omissions of municipal employees, disaster preparedness forces and civil defense forces. Local chief executives, officers and **employees** are immune from liability when performing disaster assistance pursuant to a civil defense plan, drill or test. Executive Law § 26; *see also* 1980, Op.Atty.Gen. Dec 31 (Formal).
2. Civil defense forces shall be regarded as a reserve disaster force to be activated, in whole or in part, by the county civil defense director upon the direction of the county chief executive when the county chief executive is convinced that the personnel and resources of local municipal and private agencies normally available for disaster assistance are insufficient to cope adequately with the disaster. Executive Law § 29-b(1)(b).

NYS Defense Emergency Act

Defense Emergency Act (NY Unconsol. Laws Ch. 131):

1. Definition of Civil Defense:
Activities and measures designed or undertaken:
 - a. to minimize the effects upon the civilian population caused or which would be caused by an attack;
 - b. to deal with the immediate emergency conditions which would be created by any such attack;
 - c. To effectuate emergency repairs for the restoration of vital utilities and facilities destroyed or damaged by an attack by use of bombs, shellfire, or nuclear, radiological, chemical, bacteriological, or biological means or other weapons or processes. This includes measures to be taken following attack (including but not limited to activities for fire fighting; rescue, emergency medical, health and

sanitation attacks...distribution of stockpiled food, water, medical supplies, ...) NY Unconsol. Laws Ch. 131, § 3(5).

2. Definition of civil defense forces:

- Agencies, public officers, employees, and **enrolled civil defense volunteers**, all having duties and responsibilities under or pursuant to Emergency Defense Act in connection with volunteer forces. NY Unconsol. Laws Ch. 131, § 3(6).

3. Immunity from Liability:

- a. State, any political subdivision, municipal or volunteer agency, or another state or a civil defense force in good faith carrying out, complying with or attempting to comply with any law, rule, regulation or order duly promulgated ...relating to civil defense, including but not limited activities pursuant to, in preparation for an anticipated attack, during attack, or following attack or false warning, or in connection with an authorized drill or test, shall not be liable for any injury or death to persons or damage to property as the result thereof. NY Unconsol. Laws Ch. 131, § 113(1).

NYS General Municipal Law *

Employees may be entitled to indemnification under the General Municipal Law if they are not granted immunity by Executive Law Article 2-B. General Municipal Law Article 4 provides indemnification under limited circumstances related to the individuals involved and the cause of the injury. For example, General Municipal Law § 50-d provides municipal liability protection for malpractice of certain physicians, interns, dentists, podiatrists and optometrists in public institutions. General Municipal Law § 50-a provides municipal liability for the negligent operation of automobiles by municipal employees during the course of their official duties.

NYS common law governmental immunity*

* These immunities are available to employees, but not in so many words to volunteers. However, there are circumstances under which a volunteer may be considered an employee triggering the applicability of the statutes. It is well settled case law that “[w]hether an employment relationship exists necessarily is a question of fact, involving a determination of ‘the existence of a right of control over the agent in respect of the manner in which his work is to be done.’” Matter of Villa Maria Institute of Music, 54 N.Y.2d 691, 692 (1981). When determining whether an employment relationship exists, one must look at the degree of control and direction exercised by the employer. See e.g., Matter of Villa Maria, 54 N.Y.2d at 692; Matter of Concourse Ophthalmology Associates, P.C., 60 N.Y.2d 734, 736 (1983) (stating that whether an employment relationship exists depends on the facts as a whole and no one factor is determinative); Matter of Onondaga-Cortland-Madison Board of Cooperative Educational Services, 285 A.D.2d 36, 41 (3d Dept. 2001) (noting that volunteers have been recognized by the courts as employees for other purposes under other statutes). The fact that an individual provides services without the expectation of compensation does not automatically preclude that individual from the benefits typically reserved for employees.

In addition, some counties have passed board resolutions affirmatively stating that those volunteers recruited by the local health department, once activated to respond to an emergency, are considered employees of the local health department for the duration of the emergency.

Even if immunity of Executive Law Article 2-B or the Defense Emergency Act does not apply, local executives, officers and **employees** may raise the defense of governmental immunity. 1980, Op.Atty.Gen. Dec 31 (Formal). The doctrine of governmental immunity means, in its most basic sense, that public officers and employees are immune from liability for those injuries caused by discretionary action taken by the officers or employees. The application of this doctrine is very fact specific, but it has been used successfully to defend against suits brought against government employees after a disaster or emergency. See, Litchhult v. Reiss, 183 A.D.2d 1067 (3d Dept. 1992). See generally, Steel v. State, 307 A.D.2d 919 (2d Dept. 2004); Davis v. State, 257 A.D.2d 112 (3d Dept. 1999).

NYS Good Samaritan Laws

1. Public Health Law § 3000-a provides that any person who:
 - a. Voluntarily and without expectation of monetary compensation;
 - b. Renders first aid or emergency treatment;
 - c. At the scene of an accident or other emergency outside a hospital, doctor's office or any other place having proper and necessary medical equipment;
 - d. To a person who is unconscious, ill or injured;
2. Shall not be liable for damages for injuries or death alleged to have occurred by reason of an act or omission in the rendering of such emergency treatment,
3. Unless the injuries were or death was caused by gross negligence on the part of such person.

New York has additional Good Samaritan laws substantially similar to Public Health Law § 3000-a and applicable to the following specific professions:

1. Physicians – Education Law § 6527(2)
2. Physician assistants – Education Law § 6547
3. Dentists – Education Law § 6611(6)
4. Physical Therapists – Education Law § 6737
5. Nurses – Education Law § 6909 (1)

Federal Volunteer Protection Act

Volunteer Protection Act of 1997(42 USC § 14501 *et seq.*) provides immunity to volunteers serving governmental entities and nonprofit organizations if:

1. the volunteer was acting within the scope of the volunteer's responsibilities at the time of the act or omission;
2. if appropriate or required, the volunteer was properly licensed, certified, or authorized by the appropriate authorities for the activities or practice in the State in which the harm occurred, where the activities were or practice was undertaken within the scope of the volunteer's responsibilities;

3. harm was not caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer; and
4. the harm was not caused by the volunteer operating a motor vehicle, vessel, aircraft, or other vehicle for which the State requires the operator or the owner of the vehicle, craft or vessel to possess an operator's license or maintain insurance.
5. There are exceptions to limitations on liability for misconduct that
 - a. constitutes a crime of violence or act of international terrorism for which the defendant has been convicted in any court;
 - b. constitutes a hate crime
 - c. involves a sexual offense, as defined by applicable State law, for which the defendant has been convicted in any court;
 - d. involves misconduct for which the defendant has been found to have violated a federal or state civil rights law; or where the defendant was under the influence as determined by applicable state law of intoxicating alcohol or any drug at the time of the misconduct

Appendix 5: Credentialing Procedure for Health Care Professionals

County government has an obligation to verify credentials and to ensure competency through oversight of the health care professionals and care delivered in a Community-Based Care Center. The Joint Commission Comprehensive Accreditation Manual for Hospitals (2007) defines “credentialing” as the process of obtaining, verifying and assessing the qualifications of a healthcare professional to provide patient care services in or for a health care provider. The County Volunteer Coordinator follows specific protocols for credentialing of volunteers. These protocols are likely already written and should be referred to when developing this appendix.

Just-in-time Credentialing of Volunteer Health Professionals

For each licensed health professional who presents at a Community-Based Care Center who has not been previously pre-credentialed the following information will be collected:

- Health professional’s full name;
- Government-issued identification (driver's license/passport);
- Current picture health care facility identification card that clearly identifies professional designation;
- Current license and/or certification to work; and
- Identification by an employee of a current health care facility with personal knowledge regarding the volunteer’s ability to act as a licensed health care professional during a disaster (if applicable).

Once the health professional’s identity and ability to practice has been verified, the Credentialed will determine level to assign the healthcare professional based on their level of clinical skill (Level I, II, III). A tool which can be used to assist with the credentialing process is ServNY.

****All final determinations on just-in-time credentialing of volunteer health professionals will be made by the Credentialing Leader and when necessary in consultation with the Physician Medical Director.**

Appendix 6: Partner Agency Memorandums of Understanding and Contracts

MEMORANDUM OF UNDERSTANDING

**Between
COUNTY**

And

County Community-Based Care Center

THIS AGREEMENT, entered into this _____ day of _____, 200__, by and between the COUNTY OF XXXXX, having its principal place of business at <address> (hereinafter, the “COUNTY”), party of the first part, and the <Facility Name>, located at <address> (hereinafter, the “CBCC SITE”) party of the second part.

WHEREAS, Public Health Law Article 21 and NYCRR Part 2 confer authority upon local health departments to guard against the introduction of communicable disease designated in the State Sanitary Code by the exercise of proper and vigilant medical inspection and control of all persons and things infected with or exposed to such diseases; and

WHEREAS, Public Health Law Article 21 and NYCRR Part 2 further authorizes local boards of health and local health officers to provide for the care and isolation of cases of communicable disease in a hospital or elsewhere when necessary for protection of the public health; and

WHEREAS, the COUNTY desires to develop a Community-Based Care Center for XXXXX County where supportive care can be provided to victims of a large-scale mass casualty or bio event so as to ensure continuity of operations during a mass casualty event; and

WHEREAS, the XXXXX has served as an integral partner in the COUNTY’s disaster planning and has the personnel with the necessary qualifications, experience and education, and the resources and/or facilities to assist the COUNTY in developing an Community-Based Care Center that can provide supportive care to victims of a large-scale mass casualty or bio-event;

WHEREAS, the COUNTY wishes to utilize the XXXXX facility located at <address>, and the XXXXX agrees to allow the COUNTY to utilize XXXXX’s facility building, as a Community-Based Care Center where supportive care can be provided to victims of a large-scale mass casualty or bio-event;

NOW THEREFORE, it is hereby agreed between the parties that:

1. COUNTY and XXXXX accept the designation of XXXXX’s facility located at <address>, as a Community-Based Care Center (“CBCC”).
2. Should the XXXX County Commissioner of Health (hereinafter, “COMMISSIONER”) determine that use of a Community-Based Care Center is needed in response to a mass casualty event, the COMMISSIONER shall request

such use as soon as possible through the Bureau of Emergency Services, which shall relay the request to XXXXX at a mutually-agreed upon contact number, which shall be available 24 hours a day, 7 days a week. XXXXX shall update this information as necessary.

3. Upon request of the COMMISSIONER to use the Community-Based Care Center site, XXXXX agrees to alter or suspend normal operations in support of the Community-Based Care Center as needed.
4. While its facility is in use as a Community-Based Care Center XXXXX personnel shall be available to assist in the functioning of the Community-Based Care Center, including, but not limited to, providing clinical support, transportation, and training and/or guidance in the use of facilities, resources and equipment.
5. XXXXX authorizes the use of its facilities and equipment, including, but not limited to, the following:
 - diagnostic and treatment clinic, including but not limited to medical exam rooms, dental operatories, and medical supplies;
 - communications equipment, including but not limited to telephones, computers, Internet services, copying equipment, and fax machines;
 - transportation vehicles and equipment; and
 - loading equipment, including but not limited to loading docks and forklifts, etc.
6. The duration of the use of XXXXX's facility as Community-Based Care Center shall last as long as the COMMISSIONER believes that supportive care in response to a mass casualty event is required.
7. This Agreement shall remain in full force and effect for the term of one year commencing upon execution of this agreement and will be automatically renewed on an annual basis thereafter, unless terminated by either party upon giving the other party sixty (60) days prior notice in writing. At the expiration of the sixty (60) day notice period, the parties hereto shall be relieved of any and all further obligations or liabilities imposed by this Agreement.
8. The COUNTY agrees to reimburse the XXXXX for any and all damages or injury to any real property or personal property of the XXXXX that may arise, directly or indirectly, from the negligence, acts or omissions of the COUNTY, their officers, members, contractors, agents or employees.
9. The COUNTY agrees, to the fullest extent permitted by law, to defend, indemnify and save harmless the XXXXX from any and all suits, actions or causes of action of every name and description brought against the XXXXX for or on account of any injuries or damage received or sustained by any party or parties by or from the negligence of the COUNTY, their officers, members, contractors, agents, or

employees, unless that liability was created by the sole and exclusive negligence of the XXXXX.

10. The COUNTY will not assign this Agreement, or their right, title, or interest in this Agreement, without the prior express written consent of the XXXXX.
11. All notices of any nature referred to in this Agreement will be in writing and hand delivered or sent by registered or certified mail postage pre-paid, to the respective addresses set forth below or to such other addresses as the respective parties hereto may designate in writing:

To COUNTY:

COUNTY ATTORNEY

<address>

**XXXXX COUNTY DEPARTMENT
OF HEALTH**

<address>

To XXXX:

XXXX

<address>

12. This Agreement will be construed and enforced in accordance with the laws of the State of New York. Any and all disputes and/or legal actions or proceedings arising out of this Agreement shall be venued in XXXXX County, New York.
13. No modification or amendment of any of the provisions of this Agreement will be valid unless in writing and signed by all parties hereto.
14. This Agreement constitute the entire Agreement between the parties with respect to the subject matter hereof and shall supersede all previous negotiations, commitments and writings. It will not be released, discharged, changed or modified except by an instrument in writing signed by a duly authorized representative of each of the parties.

IN WITNESS WHEREOF, the parties have executed this Agreement in XXXXX, New York, on the date hereinabove set forth.

READ & APPROVED:

THE COUNTY OF XXXXX:

Date
XXXXX
Risk Manager

Date
XXXXX
County Executive

Date
XXXXXXX
County Attorney

Date
XXXXXXX.
Commissioner of Health

Date
XXXXXXX
Commissioner of Finance

XXXXXXX

Date
XXXXXXX
<address>

By: _____
Please Print Name & Title

**Contract
Between
XXXXXX COUNTY
and
XXXXX HOSPITAL**

THIS AGREEMENT, entered into this _____ day of _____, 200__,

by and between the COUNTY OF XXXXXX, having its principal place of business at <address> (hereinafter, the “COUNTY”), party of the first part, and the XXXXX HOSPITAL, located at <address> (hereinafter, the “HOSPITAL”) party of the second part.

WHEREAS, Public Health Law Article 21 and NYCRR Part 2 confer authority upon local health departments to guard against the introduction of communicable disease designated in the State Sanitary Code by the exercise of proper and vigilant medical inspection and control of all persons and things infected with or exposed to such diseases; and

WHEREAS, Public Health Law Article 21 and NYCRR Part 2 further authorizes local boards of health and local health officers to provide for the care and isolation of cases of communicable disease in a hospital or elsewhere when necessary for protection of the public health; and

WHEREAS, the COUNTY intends to develop Community-Based Care Center for XXXX County where supportive care can be provided to victims of a large-scale mass casualty or bio-event so as to ensure continuity of operations during a mass casualty event; and

WHEREAS, the HOSPITAL has served as an integral partner in the COUNTY’s disaster planning and has the personnel with the necessary qualifications, experience and education, and the resources and/or facilities to assist the COUNTY in providing supportive care to victims of a large-scale mass casualty or bio-event; and

WHEREAS both parties wish to provide mutual aid to each other to assist in the efficient care of victims of a large-scale mass casualty or bio-event;

NOW THEREFORE, it is hereby agreed between the parties that:

1. In the event of a large-scale mass casualty or bio-event, should the XXXXX County Commissioner of Health (hereinafter “COMMISSIONER”) determine that use of one or more Community-Based Care Center (“CBCC”) is needed, the COMMISSIONER shall convey such use as soon as possible through the XXXXX Bureau of Emergency Services, which shall relay such information to the HOSPITAL at a mutually-agreed upon contact number, which shall be available 24 hours a day, 7 days a week. HOSPITAL shall update this information as necessary.

2. Both parties agree to make available dedicated telephone, fax, and electronic mail and/or other communications lines so that the both parties may communicate directly 24 hours a day, 7 days a week. Both parties shall update this information as necessary.
3. Both parties shall provide personnel to assist in the care of patients, including, but not limited to, providing medical care, clinical support, transportation, and training and/or guidance in the use of facilities, resources and equipment.
4. Both parties agree to share and/or exchange as necessary resources including, but not limited to, the following:
 - diagnostic and treatment facilities, including but not limited to medical exam rooms, dental operatories, and medical supplies;
 - communications equipment, including but not limited to telephones, computers, Internet services, copying equipment, and fax machines;
 - transportation vehicles and equipment; and
 - loading equipment, including but not limited to loading docks and forklifts, etc.
5. While a Community-Based Care Center in XXXXX County is in operation, both parties shall, upon the request of the other party, accept patients from the other party's facility for treatment. Personnel from the referring facility shall relay all pertinent information to the receiving facility regarding patients being transferred.
6. In providing services under this agreement each party shall:
 - a. Be responsible for injury to any of its employees if it is a workers' compensation injury pursuant to Workers' Compensation Law section 2(7).
 - b. Pay its personnel as it would if the work were performed for the providing party.
 - c. Be liable for negligence of its employees occurring in the performance of their duties in the same manner and to the same extent as if the negligence occurred in the performance of their duties for the providing party.
 - d. Be responsible for all repairs to its equipment except those caused by the sole and exclusive negligence of the other party.
7. The duration of the use of an Community-Based Care Center and likewise HOSPITAL's obligations under this Agreement in connection with the operation of such Community-Based Care Center, shall last as long as the COMMISSIONER believes that supportive care in response to a mass casualty event is required.
8. This Agreement shall remain in full force and effect for the term of one year commencing upon execution of this agreement and will be automatically renewed on

IN WITNESS WHEREOF, the parties have executed this Agreement in XXXXX, New York, on the date hereinabove set forth.

READ & APPROVED:

THE COUNTY OF XXXXXX:

Date
XXXXX
Risk Manager
Date Date

Date
XXXXX
County Executive

Date
XXXXX
County Attorney

Date
XXXXX
Commissioner of Health

Date
XXXXX.
Commissioner of Finance

Date

XXXXX HOSPITAL

Date
XXXXX Hospital
<address>

By: _____
XXXX, President and CEO

Appendix 7: Sample Equipment List Based on 50 Patients

Durable Supplies	
Equipment	Quantity
ADA Nutrition Manual	1
Beds	52
Blender	1
Blood Pressure Device	5
Chairs	12
Coffee Maker	1
Commodes	4
NYSDOH Pediatric and OB Toolkit	1
Flashlight	5
Glucometer	1
Goggles	1 per staff member
Hot Water Dispenser	1
Housekeeping Cart (with supplies)	1
IV Poles	25
Linens	100
Multitators	10
Oven	1
Oxygen Concentrators	10
Oxygen Regulators	10
Oxygen Tubing	50
Pharmacy Carts	1
Penlights	5
Pulse Oximeter	5
Refrigerator with Thermometer	1
Scale	1
Signs for Hand Hygiene	1 per sink
Signs for Respiratory Etiquette	20
Stethoscope	5
Stove	1
Suction Device (battery-operated)	1
Supply Carts	3
Telephones	5
Temperature Log	1
Thermometer	5
Treatment Cards	2
Washing Machine	1

Medical Supplies	
Equipment	Quantity (per week)
Adhesive Tape	10 Boxes
Alcohol Prep Pads	10 Boxes
Ambu Bags	10
Band-Aids	7 Boxes
Bedpans	65
Butterfly Needles:	
23 Gauge	35
25 Gauge	35
Emesis Basins	100
Gauze Pads (4x4)	2800
IV Catheters:	
18 Gauge	150
20 Gauge	150
22 Gauge	25
24 Gauge	25
IV Fluids (1 Liter Bags):	
Normal Saline	1000
D5 ½ NS	315
D5 1/3 NS	100
IV Tubing (with Drip Chambers)	60
Nasal Cannulas:	
Adult	50
Pediatric	10
Non-Rebreather Masks:	
Adult	5
Pediatric	2
Oral Rehydration Solution	150 Liters
Povidone-Iodine Bottles (12 oz.)	14
Saline for Injection (10 cc Bottles)	350
Sharps Container	3
Sterile Needles:	
18 Gauge	7 Boxes
21 Gauge	7 Boxes
25 Gauge	7 Boxes
Suction Tubing	10
Syringes:	
10cc, Luer Lock	400
3cc, Luer Lock, 21g 1.5" needle	1400
60cc Catheter Tip	25
Insulin	28
TB	14
Thermometer Probe Covers	30 Boxes
Tongue Depressors	1000
Tourniquets	150
Yankauer Suction Catheters	10

Medications	
Medicine	Quantity (per week)
Cefuroxime	
Doxycycline	
Macrolide/Quinolone	
Sulfamethoxazole	
Trimethoprim	
Oseltamivir	
Zanamivir	
Diphenhydramine	
Acetaminophen	1500 g
Ondansteron	175 Doses
Phenothizine	85 Doses
Albuterol	15 Multidose Vials
Ipratropium Bromide	15 Boxes
Naloxone	35 Doses
Ibuprofen	7 Bottles
Acetaminophen + Codeine	7 Bottles
Morphine	350 mg
Hydromorphone	70 Doses
Acetaminophen + Oxycodone	70 Doses
Loperamide	350 Doses
Hydrocodone	70 Doses
Lorazepam	150 mg
Halloperidol	35 Vials

Personal Protective Equipment/Infection Control	
Equipment	Quantity (per week)
Bedpans	65
Bleach	
Chux Pads	8400
Diapers	
Adult	70
Pediatric	175
Infant	280
Disposable Utensils	1400
Gloves	
Small	30
Medium	30
Large	30
Extra Large	15
Gowns	50
Handi-Wipes	1400
Isolation Gowns	5 Cases
N95 Fit Test Kit	1
N95 Masks	1 per Patient/Staff
Paper Towels	7 Boxes
Prepackaged Bathing Supplies	350
Red Bags	7 Cases
Soap	400 Bars
Tissues	350 Boxes
Toilet Paper	175 Rolls
Trash Bags	7 Cases
Urinals	50
Waterless Hand Hygiene Product	35 Pumps

Office Supplies	
Supplies	Quantity (per week)
Admission History and Physical Forms	
Admission Order Forms	
Bags for Patient's Belongings	
Batteries: 9V AA C D	
Black Markers	
Clipboards	
Death Certificates/Packets	
Dry-Erase Markers	
File Folders	
Hole Punch	
Identification/Allergy Wristbands	
Nursing Flow Sheets	
Paper Clips	
Patient Care Records	
Pens (Black)	
Pens (Red)	
Physician Order Forms	
Plain Paper	
Rolling Filing Cabinets	
Stapler	
Staples	
Tape	
Tape Dispenser	
Trash Cans	
White Board	
Yellow Highlighter	

Appendix 8 - AHRQ Reopening Shuttered Hospitals to Expand Surge Capacity (AHRQ Publication No 06-0029)

Staffing Excerpt

4.4.5 Numbers of Staff Needed in a Surge Hospital Situation

To estimate the numbers of staff needed under the two scenarios, we relied on information provided by two community hospital and nursing facility staff, and the opinions of experts in the field of hospital administration, medicine, health-care human resources, and emergency management. In an emergency situation, staffing levels would be based on the judgment of those in charge and the number of available qualified people. Staffing would probably not be as high as is currently reported by the 'model' community hospitals. The nurse staffing levels reported at nursing facilities may be more useful, to illustrate the numbers of patients that can be cared for with adequate supplemental ancillary help (i.e., nurse aides). The next table shows a range of staffing levels by staff type, using community hospital levels as an ideal and nursing facility staffing as a suggested minimum.

For purposes of this report, we're assuming that the patients under the two mass casualty scenarios are equally acute and that staffing levels will vary depending on: 1) the expertise that

will be required to care for the two groups, 2) a presumption that the institution of precaution procedures in the infectious population (Scenario 2) would necessitate higher direct care staffing levels because of the additional time required to care for patients on precautions, and 3) the availability of ancillary staff (e.g., EKG technician, phlebotomist), which will affect the number of nursing staff required. Fewer ancillary staff would necessitate more nursing staff to accomplish tasks normally the responsibility of ancillary staff. We did not assume that the Federal Emergency Management Agency (FEMA) would deploy any Disaster Medical Assistance Teams (DMATs) to assist in staffing the surge facility, although that may be a likely scenario based on historical precedent, if the mass casualty incident is localized to one geographic area or region.

Table 8 contains a suggested range of staff needed for each scenario. Estimates of staffing needs are included for those types identified as needed on a daily basis for each scenario.

Table 8: Estimated Staffing Levels for Surge Facility Scenarios

Staff Type	Staff	Scenario 1: Medical/ Surgical	Scenario 2: Infectious Disease	Discussion
Physician and Physician Extenders	Chief Medical Officer	1	1	One person responsible for medical care 24 hours per day/ 7 days per week. Physically onsite 8 hours/ day, M-F, available off-shift and weekends.
	Internist	3-7 FTEs/ 7 AM – 7 PM 1 FTE/ 7 PM – 7 AM	3-7 FTEs/ 7 AM – 7 PM 1 FTE/ 7 PM – 7 AM	Each MD, assuming 10 - 15 minutes per patient, could see 48 - 72 patients over 12 hours (7A – 7 P) plus at least one person for night coverage (7P-7A).
	Radiologist	As needed	As needed	Adjust according to patient acuity. May be an increased need with an infectious disease population.
	Infectious Disease Specialist	As needed	As needed	Likely only needed for infectious disease population.
	Nurse Practitioner/ Physician Asst	As needed to supplement internists or nurses	As needed to supplement internists or nurses	Must work under the supervision of an MD, could supplement internist coverage if adequate number of physicians not available or supplement nursing coverage (supervisor or RN).
Nursing	Nursing Director	1 RN	1 RN	One person responsible for nursing care 24 hours per day/ 7 days per week. Physically onsite 8 hours/ day, M-F, available off-shift and weekends.
	Supervisor	1 RN per shift	1 RN per shift	Prefer RN supervisor, but if none available, an experienced LPN would suffice.
	RN	1:5 – 1:15 RN to patient ratios	1:5 – 1:15 RN to patient ratios	Could go as high as 1:40 with adequate LPN, nurse aide and ancillary staff coverage, but highly dependent on patient acuity. Precaution procedures in an infectious disease scenario would require increased staffing levels to accommodate the additional time needed for gowning, disposal of infectious waste, etc.
	LPN	1:5 – 1:15 LPN to patient ratios	1:5 – 1:15 LPN to patient ratios	Could go as high as 1:40 on off-shifts with adequate nurse aide and ancillary staff coverage but highly dependent on patient acuity. Precaution procedures in an infectious disease scenario would require increased staffing levels to accommodate the additional time needed for gowning, disposal of infectious waste, etc.

Table 8: Estimated Staffing Levels for Surge Facility Scenarios

Staff Type	Staff	Scenario 1: Medical/ Surgical	Scenario 2: Infectious Disease	Discussion
	Nurse Aide	1:6 (day shift) 1:8 (eve shift) 1:15 (night shift) NA to patient ratios	1:6 (day shift) 1:8 (eve shift) 1:15 (night shift) NA to patient ratios	Adjust nurse aides up or down according to licensed nurse coverage and ancillary staff support. Precaution procedures in an infectious disease scenario would require increased staffing levels to accommodate the additional time needed for gowning, disposal of infectious waste, etc.
Allied Health	Dietitian	1 FTE RD	1 FTE RD	Dependent on the level of supervision needed in Dietary Department, number of admissions and discharges, level of patient acuity.
	Discharge Planner	2 - 4 FTEs (M-F normal business hours) Discharge planners or social workers	2 - 4 FTEs (M-F normal business hours) Discharge planners or social workers	Adjust up as needed according to number of admissions and discharges. Assumed one SW per two units (80 beds)
	EKG Technician	1 FTE to cover 7 AM - 3 PM, M-F	1 FTE to cover 7 AM - 3 PM, M-F	If no EKG tech available, EKGs may be done by nurses, NP/PAs, physicians, EMTs. Interpretation done by physician or interpretive software program if available.
	Laboratory Technician	2.1 FTEs (7 AM – 7 PM, 7 days/week) One person to run basic hematology, chemistry, urinalysis, bacteriology tests. Assume no blood bank, no type and x-match needed.	2.1 FTEs (7 AM – 7 PM, 7 days/week) One person to run basic hematology, chemistry, urinalysis, bacteriology tests. Assume no blood bank, no type and x-match needed.	Adjust up according to the number of specimens to be processed. May not be needed if specimens are sent out. Nursing able to perform certain screens (e.g., dipstick urine, hemocult) on the unit.
	Medical Records	1 FTE	1 FTE	Adjust up according to the number of admissions and discharges.
	Mental Health Worker/Social Worker	2 –4 FTEs (M – F, 8 AM – 4PM)	2 - 4 FTEs (M – F, 8 AM – 4 PM)	Adjust up according to patient, family and staff needs. Assumed one SW per two units (80 beds)
	Pharmacist	2.1 FTEs RPh (7 AM – 7 PM, 7 days/week)	2.1 FTEs RPh (7 AM – 7 PM, 7 days/week)	Adjust up according to patient needs. If drugs were supplied from another location, would not be needed.
	Pharmacy Technician	1-2 FTEs CPhTs	1-2 FTEs CPhTs	Adjust up according to patient needs. Must be supervised by pharmacist.
	Phlebotomist	1 FTE able to perform venipuncture 7 AM – 3 PM, M-F	1 FTE able to perform venipuncture 7 AM - 3 PM, M-F	If not available, some nurses, NP/PAs, physicians, and EMTs would be able to draw blood.
Respiratory Therapist	1 FTE RT needed primarily to set up, monitor and troubleshoot problems with ventilators	1 FTE RT needed primarily to set up, monitor and troubleshoot problems with ventilators	Adjust according to patient needs. Nurses/physicians/NP/PAs and EMTs are able to assess lung sounds, provide chest physical therapy.	

Table 8: Estimated Staffing Levels for Surge Facility Scenarios

Staff Type	Staff	Scenario 1: Medical/ Surgical	Scenario 2: Infectious Disease	Discussion
	X-Ray Technician	1 FTE	1 FTE	May not be needed on a daily basis, but requires specialized skills. It's likely that coverage would not be available from other staff types.
All Other Types of Staff	Administrative Support	3-6 FTEs (8 AM – 4 PM, M-F)	3-6 FTEs (8 AM – 4 PM, M-F)	Includes payroll (1 person), billing (1 person) and 1-4 people to assist with unit clerk-level work.
	Biomedical Engineering	1 FTE 7 AM - 3 PM, M-F and on-call	1 FTE 7 AM - 3 PM, M-F and on-call	As needed to deal with problems associated with medical monitoring equipment.
	Central Supply/Materials Mgt	2-4 FTEs 1-2 people covering 7 AM – 7 PM, 7 days/week	2-4 FTEs 1-2 people covering 7 AM – 7 PM, 7 days/week	To oversee ordering, distribution of supplies. Adjust up as needed based on acuity of patients.
	Food Service Supervisor	1 FTE (M-F, 8 AM – 4 PM)	1 FTE (M-F, 8 AM – 4 PM)	To oversee the dietary department, order food and supplies, schedule dietary staff.
	Cook	2-4 per meal	2-4 per meal	Food Service Supervisor may also act as cook.
	Food Service Workers	4-6 per meal	4-6 per meal	Increased staff needed at peak meal times.
	Housekeeping	5-9 people 7 AM – 7 PM 1-2 people 7 PM – 7 AM	5-9 people 7 AM – 7 PM 1-2 people 7 PM – 7 AM	Assuming one person per unit (40 beds) plus one person for common areas, trash from 7AM– 7 PM. One – two people 7 PM - 7AM.
	Human Resources	1 FTE (M-F, 8 AM – 4 PM)	1 FTE (M-F, 8 AM – 4 PM)	Assist with staff support/dependent care. May need to recruit dependent care staff/volunteers to cover all shifts as needed.
	Laundry			Adjust depending on equipment available and acuity of patients. Assuming three complete bed changes per day.
	Maintenance	3-4 FTEs (1-3 people, 8 AM – 4 PM, 7 days per week)	3-4 FTEs (1-3 people, 8 AM – 4 PM, 7 days per week)	May assist with housekeeping, safety and security as needed.
	Morgue Worker	1 FTE	1 FTE	As needed.
	Public Information Specialist	1 FTE	1 –2 FTEs	An infectious disease scenario would likely require more communication with media, families, etc.
	Safety Manager	1 FTE	1 FTE	May have maintenance responsibilities also.
	Security	8-12 FTEs (1-3 people per shift, 7 days per week, 24 hours per day)	8 – 12 FTEs (1-3 people per shift, 7 days per week, 24 hours per day)	Adjust according to scenario, number of entrances, facility location.
Transport	1.5 - 3 FTEs (1-2 people covering M-F, 7 AM - 7 PM)	1.5-3 FTEs (1-2 people covering M-F, 7 AM - 7 PM)	Adjust according to staff availability. All staff capable of transport.	
Volunteers	As available	As available	Assist with transport, delivery of supplies and meals, administrative/clerical functions, dependent care, etc.	

FTE= full-time employee

Table 8: Estimated Staffing Levels for Surge Facility Scenarios

Staff Type	Staff	Scenario 1: Medical/ Surgical	Scenario 2: Infectious Disease	Discussion
	X-Ray Technician	1 FTE	1 FTE	May not be needed on a daily basis, but requires specialized skills. It's likely that coverage would not be available from other staff types.
All Other Types of Staff	Administrative Support	3-6 FTEs (8 AM – 4 PM, M-F)	3-6 FTEs (8 AM – 4 PM, M-F)	Includes payroll (1 person), billing (1 person) and 1-4 people to assist with unit clerk-level work.
	Biomedical Engineering	1 FTE 7 AM - 3 PM, M-F and on-call	1 FTE 7 AM - 3 PM, M-F and on-call	As needed to deal with problems associated with medical monitoring equipment.
	Central Supply/Materials Mgt	2-4 FTEs 1-2 people covering 7 AM – 7 PM, 7 days/week	2-4 FTEs 1-2 people covering 7 AM – 7 PM, 7 days/week	To oversee ordering, distribution of supplies. Adjust up as needed based on acuity of patients.
	Food Service Supervisor	1 FTE (M-F, 8 AM – 4 PM)	1 FTE (M-F, 8 AM – 4 PM)	To oversee the dietary department, order food and supplies, schedule dietary staff.
	Cook	2-4 per meal	2-4 per meal	Food Service Supervisor may also act as cook.
	Food Service Workers	4-6 per meal	4-6 per meal	Increased staff needed at peak meal times.
	Housekeeping	5-9 people 7 AM – 7 PM 1-2 people 7 PM – 7 AM	5-9 people 7 AM – 7 PM 1-2 people 7 PM – 7 AM	Assuming one person per unit (40 beds) plus one person for common areas, trash from 7AM– 7 PM. One – two people 7 PM - 7AM.
	Human Resources	1 FTE (M-F, 8 AM – 4 PM)	1 FTE (M-F, 8 AM – 4 PM)	Assist with staff support/dependent care. May need to recruit dependent care staff/volunteers to cover all shifts as needed.
	Laundry			Adjust depending on equipment available and acuity of patients. Assuming three complete bed changes per day.
	Maintenance	3-4 FTEs (1-3 people, 8 AM – 4 PM, 7 days per week)	3-4 FTEs (1-3 people, 8 AM – 4 PM, 7 days per week)	May assist with housekeeping, safety and security as needed.
	Morgue Worker	1 FTE	1 FTE	As needed.
	Public Information Specialist	1 FTE	1 –2 FTEs	An infectious disease scenario would likely require more communication with media, families, etc.
	Safety Manager	1 FTE	1 FTE	May have maintenance responsibilities also.
	Security	8-12 FTEs (1-3 people per shift, 7 days per week, 24 hours per day)	8 – 12 FTEs (1-3 people per shift, 7 days per week, 24 hours per day)	Adjust according to scenario, number of entrances, facility location.
Transport	1.5 - 3 FTEs (1-2 people covering M-F, 7 AM - 7 PM)	1.5-3 FTEs (1-2 people covering M-F, 7 AM - 7 PM)	Adjust according to staff availability. All staff capable of transport.	
Volunteers	As available	As available	Assist with transport, delivery of supplies and meals, administrative/clerical functions, dependent care, etc.	

FTE= full-time employee

Appendix 9 - Community Health Care Surge Capacity

Approach to determining healthcare surge capacity in community

1. Use the worksheet in this appendix to allow each institution in your jurisdiction's to determine and provide to you its inpatient health care capacity under normal conditions and their projected surge. Make copies of this form and use for all relevant facilities including but not limited to acute care hospitals, skilled nursing facilities, rehabilitation hospitals, inpatient psychiatric hospitals, and long term care facilities. Much of this information is already entered by each facility in HERDS and as such should be easy to provide.
2. Aggregate the information collected to determine your community's normal health care capacity.
3. Then use the surge capacity multiplier provided to determine for each facility their surge health care capacity.
4. Aggregate the surge capacity and then adding this to normal capacity determine your community's total health care capacity.

Worksheet – Institutional Normal and Surge Health Care Capacity

Part 1 – Identifying Data

Facility Name: _____

Location: _____

Contact Information: (Phone): _____

Point of Contact: _____

Date/Time: _____

Part 2 - Type of Facility

Acute care hospitals Skilled nursing facilities Rehabilitation hospitals Inpatient psychiatric hospital Long-term care facilities

Part 3 – Normal Health Care Capacity

Total Inpatient Beds _____ Total Admitted Patients _____

Total Available Beds _____

Inpatient Non-critical Care Beds: _____

Critical Care Beds: _____

Pediatric Beds: _____

Other Beds: _____

Admitted Non-critical Care Patients: _____

Critical Care Admitted: _____

Pediatric Admitted: _____

Other Admitted: _____

Available Non-critical Care Beds: _____
Available Beds: _____

Care Beds Available _____

Pediatric Available Beds: _____

Other _____

Note: Available should include only beds for which there is current staffing, supplies and equipment to operate and for which there would be no restriction such as infection control to place a patient in the bed.

STAFFING

Staffing for Available Beds: Y/N Number/Percentage of Staff Absenteeism in Past 72 hours: _____

Specific Areas of Staffing Shortage: Nursing Allied Health (Resp/PT/Radiology) Physician Administrative Security Lab
Pharmacy Other: _____

PHARMACY/SUPPLIES

72-Hour Availability of the Following (Y/N): Antivirals: _____ Antibiotics: _____ IV Fluids: _____ Antipyritics: _____ Antiemetics: _____
Bronchodilators: _____ N95 Respirators: _____ Food: _____ Water: _____ Standard Medical Supplies: _____ Other: _____

INFLUENZA STATUS

Suspected cases of ILI Among Patients in last 72 hours: _____ Suspected Cases of ILI among Staff in last 72 hours: _____

Confirmed cases of ILI among patients in last 72 hours: _____ Confirmed Cases of ILI among Staff in last 72 hours: _____

Part 4 – Surge Capacity

Method 1 – Surge Percentage

Percentage to which bed capacity can be increased _____

Does this percentage apply to all types of bed _____ Yes _____ No

If no to which type of beds does this apply _____ Inpatient Non-critical Care _____ Critical Care _____ Pediatric _____ Other

Method 2 – Specific Calculations

Total additional surge beds which can be created _____

_____ Surge Inpatient Non-critical Care _____ Surge Critical Care _____ Surge Pediatric _____ Surge Other

Affect on Normal Capacity

Will the creation of surge beds diminish any aspect of your normal bed capacity? _____ Yes _____ No

If yes please indicate below the reduction in number of normal beds

Inpatient Non-critical Care Beds: _____ Critical Care Beds: _____ Pediatric Beds: _____ Other Beds: _____

SURGE STAFFING
Staffing for Surge Available Beds: Y/N

Specific Areas of Staffing Shortage: Nursing Allied Health (Resp/PT/Radiology) Physician Administrative Security Lab
Pharmacy Other: _____

SURGE PHARMACY/SUPPLIES
72-Hour Availability of the Following for Surge (Y/N): Antivirals: _____ Antibiotics: _____ IV Fluids: _____ Antipyritics: _____
Antiemetics: _____ Bronchodilators: _____ N95 Respirators: _____ Food: _____ Water: _____ Standard Medical Supplies: _____
Other: _____

Appendix 10 – FEMA Assistance for Pandemic Influenza



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I. TITLE: Emergency Assistance for Human Influenza Pandemic

II. DATE: March 31, 2007

III. PURPOSE:

Establish the types of emergency protective measures that are eligible under the Public Assistance Program during a Federal response to an outbreak of human influenza pandemic in the U.S. and its territories.

IV. SCOPE AND AUDIENCE:

The policy is applicable to all major disasters and emergencies declared on or after the date of publication of this policy. It is intended for personnel involved in the administration of the Public Assistance Program.

V. AUTHORITY:

Sections 403 (42 U.S.C. 5121-5206) and 502 (42 U.S.C. 5192) respectively, of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), and 44 Code of Federal Regulations (CFR) §206.225(a)(3)(i).

VI. BACKGROUND:

A. The severity of the next human influenza pandemic cannot be predicted, but modeling studies suggest that the impact of a pandemic on the United States could be substantial. In the absence of any control measures (vaccination or drugs), it has been estimated that in the United States a “medium-level” pandemic could cause 89,000 to 207,000 deaths, 314,000 to 734,000 hospitalizations, 18 to 42 million outpatient visits, and another 20 to 47 million people being sick. Over an expected period of two years, between 15% and 35% of the U.S. population could be affected by an influenza pandemic, and the economic impact could range between \$71.3 and \$166.5 billion. This effect does not include members of the general population that may have to miss work to care for ill family members, potentially raising the population affected by an influenza pandemic to 55% during the peak weeks of community outbreak (Department of Health and Human Services, Centers for Disease Control and Prevention, Pandemic Flu: Key Facts, January 17, 2006).



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B. An influenza pandemic differs from other public health threats, in that:

- A pandemic will last much longer than most public health emergencies, and may include “waves” of influenza activity separated by months (in 20th century pandemics, a second wave of influenza activity occurred 3 to 12 months after the first wave).
- The numbers of health-care workers and first responders available to work is expected to be reduced. This population will be at high risk of illness through exposure in the community and in health-care settings.
- Resources in many locations could be limited, depending on the severity and spread of an influenza pandemic.

C. Assumptions:

1. Three conditions must be met for a pandemic to begin:
 - a. A new influenza virus subtype must emerge, for which there is little or no human immunity. (For example, the H5N1 virus (bird flu) is a new virus for humans. It has never circulated widely among people, infecting more than 200 humans, but killing over half of them.)
 - b. It must infect humans and cause illness; and:
 - c. It must spread easily and sustainably (continue without interruption) among humans.
2. There will be large surges in the number of people requiring or seeking medical or hospital treatment, which could overwhelm health services.
3. High rates of worker absenteeism will interrupt other essential services, such as emergency response, communications, fire and law enforcement, and transportation, even with Continuity of Operations Plans in place.
4. Rates of illness are expected to peak fairly rapidly within a given community, because all populations will be fully susceptible to an H5N1-like virus.
5. Local social and economic disruptions may be temporary, yet have amplified effects due to today’s closely interrelated and interdependent systems of trade and commerce.



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6. A second wave of global spread should be anticipated within a year, based on past experience.

7. All countries are likely to experience emergency conditions during a pandemic, leaving few opportunities for international assistance, as seen during natural disasters or localized disease outbreaks. Once international spread has begun, governments will likely focus on protecting domestic populations.

VII. POLICY:

A. The following Emergency Protective Measures (Category B) may be eligible for reimbursement to State and local governments and certain private non-profit organizations:

1. Activation of State or local emergency operations center to coordinate and direct the response to the event.
2. Purchase and distribution of food, water, ice, medicine, and other consumable supplies.
3. Management, control, and reduction of immediate threats to public health and safety.
4. Movement of supplies and persons.
5. Security forces, barricades and fencing, and warning devices.
6. Emergency medical care (non-deferrable medical treatment of disaster victims in a shelter or temporary medical facility and related medical facility services and supplies, including emergency medical transport, X-rays, laboratory and pathology services, and machine diagnostic tests for a period determined by the Federal Coordinating Officer).
7. Temporary medical facilities (for treatment of disaster victims when existing facilities are overloaded and cannot accommodate the patient load).
8. Congregate sheltering (for disaster victims when existing facilities are overloaded and cannot accommodate the patient load).
9. Communicating health and safety information to the public.



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10. Technical assistance to State and local governments on disaster management and control.

11. Search and rescue to locate and recover members of the population requiring assistance and to locate and recover human remains.

12. Storage and internment of unidentified human remains.

13. Mass mortuary services.

14. Recovery and disposal of animal carcasses (except if another federal authority funds the activity – e.g., U.S. Department of Agriculture, Animal, Plant and Health Inspection Service provides for removal and disposal of livestock).

B. Eligible Costs. Overtime pay for an applicant's regular employees may be eligible for reimbursement. The straight-time salaries of an applicant's regular employees who perform eligible work are not eligible for reimbursement. Regular and overtime pay for extra-hires may be eligible for reimbursement. Eligible work accomplished through contracts, including mutual aid agreements, may be eligible for reimbursement. Equipment, materials, and supplies made use of in the accomplishment of emergency protective measures may be eligible.

C. Ineligible Costs. Ineligible costs include the following:

1. Definitive care (defined as medical treatment or services beyond emergency medical care, initiated upon inpatient admissions to a hospital).

2. Cost of follow-on treatment of disaster victims is not eligible, in accordance with FEMA Recovery Policy 9525.4 – Medical Care and Evacuation.

3. Costs associated with loss of revenue.

4. Increased administrative and operational costs to the hospital due to increased patient load.

5. Rest time for medical staff. Rest time includes the time a staff member is unavailable to provide assistance with emergency medical care.

6. Because the law does not allow disaster assistance to duplicate insurance benefits, disaster assistance will not be provided for damages covered by insurance. The PA applicant



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should not seek reimbursement for these costs if underwritten by private insurance, Medicare, Medicaid or a pre-existing private payment agreement.

Note: Ineligible costs remain ineligible even if covered under contract, mutual aid, or other assistance agreements.

D. Coordination with Emergency Support Function (ESF). Coordination among ESFs 3, 5, 6, 8, 9, 11, and 14 will be required.

VIII. ORIGINATING OFFICE: Recovery Division (Public Assistance Branch).

IX. SUPERSESSION: This policy supersedes all previous guidance on this subject.

X. REVIEW DATE: Three years from date of publication.

A handwritten signature in blue ink, appearing to read "David Garratt", written over a horizontal line.

David Garratt
Acting Assistant Administrator
Disaster Assistance Directorate

Appendix 11: Reference List

Bond, C. *Alternate Care Site Plan*. Finger Lakes Public Health Alliance; September 2008.

California Department of Health Services. *Development of Standards and Guidelines for Healthcare Surge During Emergencies: Alternate Care Sites*.

California Department of Public Health. Government-Authorized Alternate Care Site Operational Tools Manual. In: *Standards and Guidelines for Healthcare Surge During Emergencies*. California Department of Public Health.

California Department of Public Health. Government-Authorized Alternate Care Site Training Guide. In: *Standards and Guidelines for Healthcare Surge During Emergencies*. California Department of Public Health.

California Department of Public Health. Volume II: Government-Authorized Alternate Care Sites. In: *Standards and Guidelines for Healthcare Surge During Emergencies*. California Department of Public Health.

Catholic Health System; Kaleida Health; Veterans Administration Medical Center; et al. *Alternate Care Site Concept of Operations Document*. Erie County, New York; New York State Department of Public Health.

Department of Defense. *A Mass Casualty Care Strategy for Biological Terrorism Incidents*. Department of Defense; December 1, 2001.

Guidelines for Non-Traditional Sites and Workers. In: *The Canadian Pandemic Influenza Plan for the Health Sector*. February, 2004.

New England Center for Emergency Preparedness. *Building Community-Based Medical Surge Capacity within the State of New Hampshire: The Acute Care Center*. New England Center for Emergency Preparedness.

Placer County. *Alternate Care Site Activation*. Placer County. October 1, 2007.

Putnam County Department of Health. *Alternate Care Sites (ACS) Concept of Operations Plan*. Version 1.0. Putnam County Department of Health; February 27, 2009.

Santa Clara County Public Health Department Advanced Practice Center. *Mass Medical Care During an Influenza Pandemic: Guide and Toolkit for Establishing Influenza Care Centers*. County of Santa Clara, Public Health Department; May 31, 2007.