INCIDENT COMMANDER

Mission: Organize and direct the Hospital Command Center (HCC). Give overall strategic direction for hospital incident management and support activities, including emergency response and recovery. Authorize total facility evacuation if warranted.

Date: _____   Start: _____   End: _____   Position Assigned to: _____

Signature: _____   Initial: _____

Hospital Command Center (HCC) Location: _____   Telephone: _____

Fax: _____   Other Contact Info: _____   Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Assume role of Incident Commander and activate the Hospital Incident Command System (HICS).		
Read this entire Job Action Sheet and put on position identification.		
Notify your usual supervisor and the hospital CEO, or designee, of the incident, activation of HICS and your HICS assignment.		
Initiate the Incident Briefing Form (HICS Form 201) and include the following information: • Nature of the problem (incident type, victim count, injury/illness type, etc.) • Safety of staff, patients and visitors • Risks to personnel and need for protective equipment • Risks to the facility • Need for decontamination • Estimated duration of incident • Need for modifying daily operations • HICS team required to manage the incident • Need to open up the HCC • Overall community response actions being taken • Status of local, county, and state Emergency Operations Centers (EOC)		
Contact hospital operator and initiate hospital's emergency operations plan.		
Determine need for and appropriately appoint Command Staff and Section Chiefs, or Branch/Unit/Team leaders and Medical/Technical Specialists as needed; distribute corresponding Job Action Sheets and position identification. Assign or complete the Branch Assignment List (HICS Form 204), as appropriate.		
Brief all appointed staff of the nature of the problem, immediate critical issues and initial plan of action. Designate time for next briefing.		
Assign one of more clerical personnel from current staffing or make a request for staff to the Labor Pool and Credentialing Unit Leader, if activated, to function as the HCC recorder(s).		
Distribute the Section Personnel Time Sheet (HICS Form 252) to Command Staff and Medical/Technical Specialist assigned to Command, and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section's Time Unit Leader at the completion of a shift or at the end of each operational period.		
Initiate the Incident Action Plan Safety Analysis (HICS Form 261) to document hazards and define mitigation.		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive status reports from and develop an Incident Action Plan with Section Chiefs and Command Staff to determine appropriate response and recovery levels. During initial briefing/status reports, discover the following: • If applicable, receive initial facility damage survey report from Logistics Section Chief and evaluate the need for evacuation. • If applicable, obtain patient census and status from Planning Section Chief, and request a hospital-wide projection report for 4, 8, 12, 24 & 48 hours from time of incident onset. Adjust projections as necessary. • Identify the operational period and HCC shift change. • If additional beds are needed, authorize a patient prioritization assessment for the purposes of designating appropriate early discharge. • Ensure that appropriate contact with outside agencies has been established and facility status and resource information provided through the Liaison Officer. • Seek information from Section Chiefs regarding current "on-hand" resources of medical equipment, supplies, medications, food, and water as indicated by the incident. • Review security and facility surge capacity and capability plans as appropriate.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Authorize resources as needed or requested by Command Staff.		
Designate regular briefings with Command Staff/Section Chiefs to identify and plan for: • Update of current situation/response and status of other area hospitals, emergency management/local emergency operation centers, and public health officials and other community response agencies • Deploying a Liaison Officer to local EOC • Deploying a PIO to the local Joint Information Center • Critical facility and patient care issues • Hospital operational support issues • Risk communication and situation updates to staff • Implementation of hospital surge capacity and capability plans • Ensure patient tracking system established and linked with appropriate outside agencies and/or local EOC • Family Support Center operations • Public information, risk communication and education needs • Appropriate use and activation of safety practices and procedures • Enhanced staff protection measures as appropriate • Public information and education needs • Media relations and briefings • Staff and family support • Development, review, and/or revision of the Incident Action Plan, or elements of the Incident Action Plan		
Oversee and approve revision of the Incident Action Plan developed by the Planning Section Chief. Ensure that the approved plan is communicated to all Command Staff and Section Chiefs.		
Communicate facility and incident status and the Incident Action Plan to CEO or designee, or to other executives and/or Board of Directors members on a need-to-know basis.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Ensure staff, patient, and media briefings are being conducted regularly.		
Review and revise the Incident Action Plan Safety Analysis (HICS Form 261) and implement correction or mitigation strategies.		
Evaluate/re-evaluate need for deploying a Liaison Officer to the local EOC.		
Evaluate/re-evaluate need for deploying a PIO to the local Joint Information Center.		
Ensure incident action planning for each operational period and a reporting of the Incident Action Plan at each shift change and briefing.		
Evaluate overall hospital operational status, and ensure critical issues are addressed.		
Review /revise the Incident Action Plan with the Planning Section Chief for each operational period.		
Ensure continued communications with local, regional, and state response coordination centers and other HCCs through the Liaison Officer and others.		
Ensure your physical readiness, and that of the Command Staff and Section Chiefs, through proper nutrition, water intake, rest periods and relief, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit Leader.		
Upon shift change, brief your replacement on the status of all ongoing operations, critical issues, relevant incident information and Incident Action Plan for the next operational period.		

Demobilization/System Recovery	Time	Initial
Assess the plan developed by the Demobilization Unit Leader and approved by the Planning Section Chief for the gradual demobilization of the HCC and emergency operations according to the progression of the incident and facility/hospital status. Demobilize positions in the HCC and return personnel to their normal jobs as appropriate until the incident is resolved and there is a return to normal operations. - Briefing staff, administration, and Board of Directors - Approve announcement of "ALL CLEAR" when incident is no longer a critical safety threat or can be managed using normal hospital operations - Ensure outside agencies are aware of status change - Declare hospital/facility safety		
Ensure demobilization of the HCC and restocking of supplies, as appropriate including: - Return of borrowed equipment to appropriate location - Replacement of broken or lost items - Cleaning of HCC and facility - Restock of HCC supplies and equipment; - Environmental clean-up as warranted		
Ensure that after-action activities are coordinated and completed including: - Collection of all HCC documentation by the Planning Section Chief - Coordination and submission of response and recovery costs, and reimbursement documentation by the Finance/Administration and Planning Section Chiefs - Conduct of staff debriefings to identify accomplishments, response and improvement issues - Identify needed revisions to the Emergency Management Plan, Emergency		

Demobilization/System Recovery	Time	Initial
Operations Plan, Job Action Sheets, operational procedures, records, and/or other related items • Writing the facility/hospital After Action Report and Improvement Plan • Participation in external (community and governmental) meetings and other post-incident discussion and after-action activities • Post-incident media briefings and facility/hospital status updates • Post-incident public education and information • Stress management activities and services for staff		

Documents/Tools

- Incident Action Plan
- HICS Form 201 – Incident Briefing Form
- HICS Form 204 – Branch Assignment List
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- HICS Form 252 – Section Personnel Time Sheet
- HICS Form 261 – Incident Action Plan Safety Analysis
- Hospital emergency operations plan and other plans as cited in the JAS
- Hospital organization chart
- Hospital telephone directory
- Radio/satellite phone

PUBLIC INFORMATION OFFICER

Mission: Serve as the conduit for information to internal and external stakeholders, including staff, visitors and families, and the news media, as approved by the Incident Commander.

Date: _____   Start: _____   End: _____   Position Assigned to: _____ Initials: _____

Position Reports to: Incident Commander Signature _____ :

Hospital Command Center (HCC) Location: _____   Telephone: _____

Fax: _____   Other Contact Info: _____   Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Activate the facility communications and risk communications plan, policies and procedures.		
Establish a designated media staging and media briefing area located away from the HCC and patient care activity areas. Inform on-site media of the physical areas to which they have access and those which are restricted. Coordinate designation of such areas with the Safety Officer and the Security Branch Director.		
Contact external Public Information Officers from community and governmental agencies to ascertain and collaborate public information and media messages being developed by those entities to ensure consistent and collaborative messages from all entities.		
Consider need to deploy PIO to local Joint Information Center, if activated.		
Develop public information and media messages to be reviewed and approved by the Incident Commander before release to the news media and the public. Identify appropriate spokespersons to deliver the press briefings and public information announcements.		
Attend all command briefings and incident action planning meetings to gather and share incident and hospital information.		
Conduct or assign personnel to monitor and report to you incident and response information from sources such as the internet, radio, television and newspapers.		
Request one or more recorders and other support staff as needed from the Labor Pool & Credentialing Unit Leader, if activated, to perform all necessary activities and documentation.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue to attend all Command briefings and incident action planning meetings to gather		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
and share incident and hospital information. Contribute media and public information activities and goals to the Incident Action Plan.		
Continue contact and dialogue with external Public Information Officers, in collaboration with the Liaison Officer, from community and governmental agencies to ascertain public information and media messages being developed by those entities to ensure consistent and collaborative messages from the hospital/facility. Coordinate translation of critical communications into multiple languages.		
Determine whether a local, regional or State Joint Information Center (JIC) is activated, provide support as needed, and coordinate information dissemination.		
Continue to develop and revise public information and media messages to be reviewed and approved by the Incident Commander before release to the news media and the public.		
Ensure that media briefings are done in collaboration with JIC, when appropriate.		
Develop regular information and status update messages to keep staff informed of the incident and community and hospital/facility status in collaboration with the Employee Health and Well-Being Unit Leader, the Family Care Unit Leader and the Mental Health Unit Leader.		
Utilize internal hospital communications systems (e.g., email, intranet, internal TV, written report postings, etc.) to disseminate current information and status update messages to staff.		
Assess the need to activate a staff "hotline" for recorded information concerning the incident and facility status and establish the "hotline" if needed.		
Issue regular and timely incident information reports to the news media in collaboration with of the Situation Unit Leader and Liaison Officer, to be approved by the Incident Commander. Relay pertinent information received to the Situation Unit Leader and the Liaison Officer.		
Review the need for updates of critical information through in way finding and signage for staff, visitors and media. Assist in the development and dissemination of signage.		
Coordinate with the Patient Tracking Manager regarding: • Receiving and screening inquiries regarding the status of individual patients. • Release of appropriate information to appropriate requesting entities.		
Continue to document all actions and observations on the Operational Log (HICS Form 214) on a continual basis.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to receive regular progress reports from the Incident Commander, Section Chiefs and others, as appropriate.		
Coordinate with the Logistics Section Chief to determine requests for assistance to be released to the public via the media.		
With approval from Incident Commander and in collaboration with community and governmental PIOs, conduct ongoing news conferences, providing updates on casualty information and hospital operational status to the news media. Facilitate staff and patient interviews as appropriate.		
Ensure ongoing information coordination with other agencies, hospitals, local EOC and the JIC.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Prepare and maintain records and reports as indicated or requested.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Public Information team staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner.		
Coordinate release of final media briefings and reports.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, submit Operational Logs (HICS Form 214) and all completed documentation to the Planning Section Chief.		
Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report. Topics include: • Accomplishments and issues • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools

- Incident Action Plan
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- Hospital emergency operations plan
- Crisis and emergency risk communication plan (Facility, and if available, community plan)
- Hospital organization chart
- Hospital telephone directory
- Radio/satellite phone
- Community and governmental PIO and Joint Information Center contact information
- Local media contact information

SAFETY OFFICER

Mission: Ensure safety of staff, patients, and visitors, monitor and correct hazardous conditions . Have authority to halt any operation that poses immediate threat to life and health.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____

Position Reports to: Incident Commander Signature: _____

Hospital Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Establish contact with the Communications Unit Leader and confirm your contact information.		
Appoint Safety team members and complete the Branch Assignment List (HICS Form 204).		
Brief team members on current situation and incident objectives; develop response strategy and tactics; outline action plan and designate time for next briefing.		
Determine safety risks of the incident to personnel, the hospital facility, and the environment. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.		
Communicate with the Logistics Chief to procure and post non-entry signs around unsafe areas.		
Ensure the following activities are initiated as indicated by the incident/situation: • Evaluate building or incident hazards and identify vulnerabilities • Specify type and level of PPE to be utilized by staff to ensure their protection, based upon the incident or hazardous condition • Establish a Hazardous Materials Command Post, in collaboration with the Operations Section's Hazardous Materials Branch Director • Monitor operational safety of decontamination operations • Ensure that Safety staff identify and report all hazards and unsafe conditions to the Operations Section Chief		
Assess hospital operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.		
Initiate the Incident Action Plan Safety Analysis (HICS Form 261).		
Ensure implementation of all safety practices and procedures in the hospital.		
Initiate environmental monitoring as indicated by the incident or hazardous condition.		
Attend all command briefings and Incident Action Planning meetings to gather and share incident and hospital/facility safety requirements.		
Request one or more recorders as needed from the Labor Pool & Credentialing Unit		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Leader, if activated, to perform documentation and tracking.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Attend all command briefings and Incident Action Planning meetings to gather and share incident and hospital/facility information. Contribute safety issues, activities and goals to the Incident Action Plan.		
Continue to assess safety risks of the incident to personnel, the hospital facility, and the environment. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.		
Ensure proper equipment needs are met and equipment is operational prior to each operational period.		
Continue to document all actions and observations on the Operational Log (HICS Form 214) on a continual basis.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Re-assess the safety risks of the extended incident to personnel, the hospital facility, and the environment and report appropriately. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.		
Continue to update the Incident Action Plan Safety Analysis (HICS Form 261) for possible inclusion in the facility/hospital Incident Action Plan.		
Continue to assess hospital operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.		
Continue to attend all command briefings and incident action planning meetings to gather and share incident and hospital/facility information. Contribute safety issues, activities and goals to the Incident Action Plan.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Safety team staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Incident Commander on current problems,		

Demobilization/System Recovery	Time	Initial
outstanding issues, and follow-up requirements.		
Upon deactivation of your position, submit Operational Logs (HICS Form 214) and all completed documentation to the Planning Section Chief.		
Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report. Topics include: • Accomplishments and issues • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
• Incident Action Plan   • HICS Form 207 – Incident Management Team Chart   • HICS Form 213 – Incident Message Form   • HICS Form 214 – Operational Log   • HICS Form 261 – Incident Action Plan Safety Analysis   • Hospital emergency operations plan   • Hospital organization chart   • Hospital telephone directory   • Radio/satellite phone   • Material safety data sheets (MSDS) or other information regarding involved chemicals (ATSDR, CHEMTREC, NIOSH handbook)

LIAISON OFFICER

Mission: Function as the incident contact person in the Hospital Command Center for representatives from other agencies.

Date: _____   Start: _____   End: _____   Position Assigned to: _____   Initial: _____

Position Reports to: **Incident Commander** Signature: _____   Initial: _____

Hospital Command Center (HCC) Location: _____   Telephone: _____

Fax: _____   Other Contact Info: _____   Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Appoint Liaison team members and complete the Branch Assignment List (HICS Form 204).		
Brief Liaison team members on current situation and incident objectives; develop response strategy and tactics; outline action plan and designate time for next briefing.		
Establish contact with the Communications Unit Leader, and confirm your contact information.		
Establish contact with local, county and/or state emergency organization agencies to ascertain current status, appropriate contacts and message routing.		
Consider need to deploy a Liaison Officer to local EOC; make recommendation to the Incident Commander.		
Communicate information obtained and coordinate with Public Information Officer.		
Obtain initial status and information from the Planning Section Chief to provide as appropriate to the inter-hospital emergency communication network and local and/or county EOC, upon request: • Patient Care Capacity – The number of "immediate (red)," "delayed (yellow)," and "minor (green)" patients that can be received and treated immediately, and current census. • Hospital's Overall Status – Current condition of hospital structure, security, and utilities. • Any current or anticipated shortage critical resources including personnel, equipment, supplies, medications, etc. • Number of patients and mode of transportation for patients requiring transfer to other hospitals, if applicable. • Any resources that are requested by other facilities (e.g., personnel, equipment, supplies, medications, etc.). • Media relations efforts being initiated, in conjunction with the PIO.		
Establish communication with other hospitals, local Emergency Operations Center (EOC), and/or local response agencies (e.g., public health). Report current hospital status.		
Establish contact with liaison counterparts of each assisting and cooperating agency (e.g., local EOC, Red Cross), keeping governmental Liaison Officers updated on changes in		

Immediate (Operational Period 0-2 Hours)	Time	Initial
facility/hospital status , initial hospital response to incident, critical issues and resource needs.		
Request one or more recorders as needed from the Labor Pool and Credentialing Unit Leader, if activated, to perform all necessary documentation.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Attend all command briefings and Incident Action Planning meetings to gather and share incident and hospital/facility information. Contribute inter-hospital information and community response activities and provide Liaison goals to the Incident Action Plan.		
Request assistance and information as needed through the inter-hospital emergency communication network or from the local and/or regional EOC.		
Consider need to deploy a Liaison Officer to the local EOC; make this recommendation to the Incident Commander.		
Obtain Hospital Casualty/Fatality Report (HICS Form 259) from the Public Information Officer and Planning Section Chief and report to appropriate authorities the following minimum data: • Number of casualties received and types of injuries treated. • Current patient capacity (census) • Number of patients hospitalized, discharged home, or transferred to other facilities. • Number dead. • Individual casualty data: name or physical description, sex, age, address, seriousness of injury or condition.		
Respond to requests and issues from incident management team members regarding inter-organization (e.g., other hospitals, governmental entities, response partners) problems.		
Assist the Labor Pool & Credentialing Team Leader with problems encountered in the volunteer credentialing process.		
Report any special information obtained (e.g., identification of toxic chemical, decontamination or any special emergency condition) to appropriate personnel in the receiving area of the hospital (e.g., emergency department), HCC and/or other receiving facilities.		
Continue to document all actions and observations on the Operational Log (HICS Form 214) on a continual basis.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
In coordination with the Labor Pool & Credentialing Unit Leader and the local EOC, request physicians and other hospital staff willing to volunteer as Disaster Service Workers outside of the hospital, when appropriate.		
Communicate with Logistics Section Chief on status of supplies, equipment and other resources that could be mobilized to other facilities, if needed or requested.		
Consider need to deploy/maintain a Liaison Officer to local EOC; make the		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
recommendation to the Incident Commander.		
Prepare and maintain records and reports as appropriate.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Liaison team staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, submit Operational Logs (HICS Form 214) and all completed documentation to the Planning Section Chief.		
Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report. Topics include: • Accomplishments and issues • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools

- Incident Action Plan
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- HICS Form 259 – Hospital Casualty/Fatality Report
- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory
- Radio/satellite phone
- Municipal organization chart and contact numbers
- County organization chart and contact numbers