Incident Response Guide: Tornado

# Mission

To provide a safe environment for patients, staff, and visitors within the hospital before and after a tornado impacts the campus, structural integrity of the buildings and availability of normal operational services. To provide the continuation of care for patients, visitors and those seeking care post incident including the potential for full or partial evacuation.

# Directions

Read this entire response guide and review the Hospital Incident Management Team Activation chart.

Use this response guide as a checklist to ensure all tasks are addressed and completed.

# Objectives

* Provide for the safety of patients, staff, and visitors
* Initiate hospital protection actions
* Provide for patient care and management

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| **Immediate Response (0 – 2 hours)** |
| **Section** | **Officer** | **Time** | **Action** | **Initials** |
| **Command** | **Incident Commander** |  | Activate Emergency Operations Plan, the Tornado , the Hospital Incident Management Team, and Hospital Command Center. Activate the Evacuation, Shelter-in-Place, and Hospital Abandonment Plan, as needed. |  |
|  | Establish operational periods, objectives, and regular briefing schedule. Consider using the Incident Action Plan Quick Start for initial documentation of the incident.  |  |
|  | Determine timeline and criteria for discontinuation of nonessential services and procedures. |  |
|  | Notify the hospital Chief Executive Officer, Board of Directors, and other appropriate internal and external officials of situation status. |  |
| **Public Information Officer** |  | Inform patients, staff, families, and visitors of situation status and provide regular updates. |  |
|  | Update internet, intranet, and social media with hospital status and alteration in services. |  |
|  | Monitor media outlets for updates on the incident and possible impacts on the hospital. Communicate the information via regular briefings to Section Chiefs and the Incident Commander. |  |
| **Liaison Officer** |  | Notify community partners in accordance with local policies and procedures (e.g., consider local Emergency Operations Center, other area hospitals, local emergency medical services, and healthcare coalition coordinator),to determine incident details, community status, estimates of casualties, and establish contacts for requesting supplies, equipment, or personnel not available in the hospital. |  |
|  | Obtain the most current and projected weather information from local sources. |  |
|  | Communicate with other hospitals to determine situation status, ability to accept patients if transfer, hospital abandonment, or evacuation is ordered. |  |
| **Safety Officer** |  | Advise the Infrastructure Branch regarding hospital hardening and protective measures.  |  |
|  | Recommend safe areas for immediate shelter-in-place to protect life. |  |
|  | Monitor the safe shelter-in-place of patients, staff, and visitors.  |  |

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| **Immediate Response (0 – 2 hours)** |
| **Section** | **Branch/Unit** | **Time** | **Action** | **Initials** |
| **Operations** | **Section Chief** |  | Discontinue nonessential services.  |  |
|  | Determine if personnel and resources are available to successfully complete the Incident Action Plan. If not, contact Logistics to request additional personnel or resources. |  |
| **Medical Care Branch Director** |  | Move patients, staff, and visitors away from windows, skylights, and exterior walls. |  |
|  | Assess patients for risk and to prioritize care and resources as appropriate. |  |
|  | Identify evacuation priorities and transfer requirements. |  |
|  | During warning, relocate ambulatory patients, staff, and visitors to the hospital’s tornado shelter area. When patients cannot be moved, consider protective measures and staff to stay with patients. |  |
|  | After storm impact, evacuate any patients, staff, and visitors from impacted areas to safety. |  |
| **Infrastructure****Branch Director** |  | Implement emergency plans and procedures as needed (heating, ventilation, and air conditioning, utilities, communications, etc.). |  |
|  | Oversee the immediate stabilization of the hospital and initiate hospital protective measures. |  |
|  | Implement emergency support procedures to sustain critical services (e.g., power, water, medical gases, and communications).  |  |
|  | Maintain utilities and communications with service providers, activating alternate systems as needed. |  |
| **Security Branch Director** |  | Initiate hospital access restrictions. |  |
| **Planning** | **Section Chief** |  | Establish operational periods, incident objectives, and the Incident Action Plan in collaboration with the Incident Commander. |  |
| **Resources Unit Leader** |  | Gather internal situation status including supply and equipment status, and current staff and visitor census.  |  |
| **Situation Unit Leader** |  | Assess community impact of storm to determine direct or indirect effects on staff, transportation, power, etc. |  |
|  | Activate HICS 254 tracking for patients and injured visitors that are relocated to another hospital during and after the storm.  |  |
|  | Confirm patient census and bed status. Identify potential discharges in conjunction with the Operations Section. |  |
| **Logistics** | **Section Chief** |  | Refer to the Job Action Sheet for appropriate tasks.  |  |
| **Service Branch Director** |  | Implement emergency support procedures to sustain communications and information technology.  |  |
| **Support Branch Director** |  | Distribute appropriate equipment throughout the hospital (portable lights, flashlights, blankets, etc.). |  |

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| **Intermediate Response (2 – 12 hours)** |
| **Section** | **Officer** | **Time** | **Action** | **Initials** |
| **Command** | **Incident Commander** |  | Evaluate the hospital’s capability to provide safe patient care and the need for evacuation. |  |
| **Public Information Officer** |  | Conduct briefings to patients, staff, persons seeking shelter, as well as the media to provide updates on storm and hospital status. |  |
|  | Coordinate risk communication messages with the Joint Information Center, if able. |  |
| **Liaison Officer** |  | Maintain contact with the local Emergency Operations Center, other area hospitals, and regional medical health coordinator to relay status and critical needs and to receive storm and community updates. |  |
|  | Assist with and facilitate the procurement of supplies and equipment from outside agencies. |  |
| **Safety Officer** |  | Continue to monitor weather reports and conditions. |  |
|  | Communicate potentially unsafe conditions to the Incident Commander for evaluation for continuation of care or closure. |  |
|  | Maintain safety of patients, staff, people seeking shelter, and families to the best possible extent. |  |
|  | Initiate the HICS 215A to assign, direct, and ensure safety actions are adhered to and completed. |  |

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| **Intermediate Response (2 – 12 hours)** |
| **Section** | **Branch/Unit** | **Time** | **Action** | **Initials** |
| **Operations** | **Section Chief** |  | Coordinate or implement the transfer of evacuated patients and establish alternate care sites as required. |  |
| **Medical Care Branch Director** |  | In coordination with the Logistics Section, provide transportation services for internal operations and patient evacuation. |  |
| **Infrastructure****Branch Director** |  | Conduct regular hospital and infrastructure evaluations and assessments, and respond immediately to damage or problems. |  |
| **Security Branch Director** |  | Continue hospital security, traffic, and crowd control. |  |
| **Business Continuity Branch Director** |  | Implement Business Continuity Plans and procedures. |  |
| **Patient Family Assistance Branch Director** |  | Assist with notification of patients’ families regarding the situation and inform them of the likelihood of evacuation, if required.  |  |
|  | Provide assistance to persons seeking shelter, as needed. |  |
| **Planning** | **Section Chief** |  | Continue operational periods and incident objectives, and revise the Incident Action Plan in collaboration with the Incident Commander. |  |
| **Resources Unit Leader** |  | Continue staff and equipment tracking. |  |
| **Situation Unit Leader** |  | Conduct a hospital census and identify potential discharges, in coordination with the Operations Section. |  |
|  | Plan for the next operational period and shift change, including staff patterns, location of labor pool, hospital campus entry and exit in view of curtailed services, and the impact on canceled procedures and appointments, etc.  |  |
|  | Continue patient and bed tracking. |  |
| **Documentation Unit Leader** |  | Monitor complete documentation of activities, decisions, and actions. |  |
| **Demobilization Unit Leader** |  | Prepare the Demobilization Plan. |  |
| **Logistics** | **Section Chief** |  | Refer to the Job Action Sheet for appropriate tasks.  |  |
| **Service Branch Director** |  | Provide for continuing communications systems and information technology systems functionality. |  |
|  | Plan for food and water for patients, staff, visitors, and persons seeking shelter. |  |
| **Support Branch Director** |  | Conduct equipment, supply, medication, and personnel inventories and obtain additional supplies to sustain hospital for a minimum of 96 hours after the storm. Route requests for additional resources not available in the hospital through the Liaison Officer to outside agencies. |  |
|  | Coordinate the transportation services (ambulance, and other transportation) with the Operations Section (Medical Care Branch) to ensure safe patient relocation, if necessary. |  |
|  | Designate staff rest and sleeping areas for patients, staff, visitors, and persons seeking shelter. |  |
|  | Continue to provide staff for patient care and evacuation, and obtain supplemental staffing as needed. |  |
|  | Monitor staff for adverse effects on health and for psychological stress; provide behavioral health support services for staff.  |  |
|  | Monitor, report, follow up on, and document staff or patient injuries. |  |
| **Finance/ Administration** | **Section Chief** |  | Refer to the Job Action Sheet for appropriate tasks.  |  |
| **Time Unit Leader** |  | Implement established pay codes for personnel to track hours associated with the incident, and track all hours. |  |
| **Procurement Unit Leader** |  | Facilitate procurement of supplies, etc., in cooperation with Logistics Support Branch. |  |
| **Compensation/ Claims Unit Leader** |  | Begin to collect, when safe, documentation of structural and infrastructure damage and initiate reimbursement and claims procedures. |  |
| **Cost Unit Leader** |  | Track and monitor all expenditures, response purchases, storm damage, and repair costs. |  |
|  | Track estimates of lost revenue due to hospital storm damage and response. |  |

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| **Extended Response (greater than 12 hours)** |
| **Section** | **Officer** | **Time** | **Action** | **Initials** |
| **Command** | **Incident Commander** |  | Continue regular briefings and Incident Action Planning meetings, and modify incident objectives as needed to meet the current situation. |  |
|  | Determine when to resume normal activities and services. |  |
| **Public Information Officer** |  | Continue regularly scheduled briefings to media, patients, staff, families, and persons seeking shelter. |  |
|  | Communicate regularly with Joint Information Center to update hospital status and coordinate public information messages. |  |
|  | Address social media issues as warranted; use social media for messaging as the situation dictates. |  |
| **Liaison Officer** |  | Maintain contact with the local Emergency Operations Center, other area hospitals, local emergency medical services, and regional medical health coordinator to relay status and critical needs and to receive storm and community updates. |  |
| **Safety Officer** |  | Maintain safety of patients, staff, families, and persons seeking shelter, to best possible extent. |  |
|  | Update the HICS 215A, as required. |  |

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| **Extended Response (greater than 12 hours)** |
| **Section** | **Branch/Unit** | **Time** | **Action** | **Initials** |
| **Operations** | **Section Chief** |  | Recommend when to resume normal activities and services. |  |
| **Medical Care Branch Director** |  | Provide behavioral health support to patients, families, and persons seeking shelter, as needed. |  |
| **Infrastructure****Branch Director** |  | Complete a hospital damage report, progress of repairs, and estimated timelines for restoration of the hospital to pre-incident condition.  |  |
| **Security Branch Director** |  | Maintain hospital security and limited access. |  |
| **Business Continuity Branch Director** |  | Continue business continuity measures, as required. |  |
| **Patient Family Assistance Branch Director** |  | Once weather threat is over and it is safe to do so, begin repatriation of persons seeking shelter and evaluate need to continue child and dependent care. |  |
| **Planning** | **Section Chief** |  | Continue regular briefings and action planning meetings, and modify incident objectives as needed to meet current situation. |  |
|  | Ensure that updated information and intelligence is incorporated into the Incident Action Plan. Ensure the Demobilization Plan is being readied. |  |
| **Resources Unit Leader** |  | Continue staff and equipment tracking. |  |
| **Situation Unit Leader** |  | Update and revise the Incident Action Plan. |  |
|  | Prepare plans to provide housing and other assistance for those staff displaced by the storm. |  |
|  | Continue patient and bed tracking. |  |
| **Documentation Unit Leader** |  | Collect documentation of actions, decisions, and activities. |  |
| **Demobilization Unit Leader** |  | Prepare to implement the demobilization plan. |  |
| **Logistics** | **Section Chief** |  | Refer to the Job Action Sheet for appropriate tasks.  |  |
| **Service Branch Director** |  | Maintain internal and external communication systems and redundant communication systems. |  |
|  | Provide food, water, and rest periods for staff. |  |
| **Support Branch Director** |  | Continue to monitor and ration, if necessary, onsite inventories of supplies, equipment, medications, food, and water. |  |
|  | Provide behavioral health support to staff, as needed. |  |
| **Finance/ Administration** | **Section Chief** |  | Refer to the Job Action Sheet for appropriate tasks.  |  |
| **Time Unit Leader** |  | Continue to track hours associated with the response. |  |
| **Procurement Unit Leader** |  | Facilitate the procurement of supplies in cooperation with the Logistics Support Branch. |  |
| **Compensation/ Claims Unit Leader** |  | Contact insurance carriers to assist in documentation of structural and infrastructure damage, and initiate reimbursement and claims procedures. |  |
| **Cost Unit Leader** |  | Continue to track and monitor response and hospital repair costs and expenditures. |  |

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| **Demobilization/System Recovery** |
| **Section** | **Officer** | **Time** | **Action** | **Initials** |
| **Command** | **Incident Commander** |  | Determine hospital status and declare termination of the incident. |  |
|  | Approve the Demobilization Plan. |  |
| **Public Information Officer** |  | Conduct a final media briefing and assist with updating patients, staff, families, and persons seeking shelter of termination of incident. |  |
| **Liaison Officer** |  | Communicate final hospital status and termination of the incident to regional medical health coordinator, local Emergency Operations Center, area hospitals, corporate offices, and officials. |  |
| **Safety Officer** |  | Monitor and maintain a safe environment during the return to normal operations. |  |
|  | Ensure applicable regulatory agencies are notified of alterations in life safety, safe workplace issues, or environment of care issues. |  |

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| **Demobilization/System Recovery** |
| **Section** | **Branch/Unit** | **Time** | **Action** | **Initials** |
| **Operations** | **Section Chief** |  | Discontinue ambulance diversion, if applicable. |  |
|  | Ensure that all documentation, including damage assessments, repair costs, and tracking materials, are submitted to the Planning Section.  |  |
| **Medical Care Branch Director** |  | Restore patient care and management activities, including normal staffing plans. |  |
|  | With the Planning Section, reschedule canceled surgeries, procedures, elective admissions, and outpatient appointments. |  |
|  | Repatriate transferred patients, if applicable. |  |
| **Infrastructure Branch Director** |  | Oversee the resolution of response actions that impacted normal operations. Monitor that fire doors and alarms are in working order.  |  |
|  | Conduct or continue damage assessment surveys.  |  |
|  | Ensure completion of hospital repairs: coordinate with Planning and Finance/Administration Sections. |  |
|  | Complete a hospital damage report, progress of repairs, and estimated timelines for restoration of hospital to pre-incident condition. |  |
| **Security Branch Director** |  | Monitor that entry and exit points are open and functioning. |  |
| **Patient Family Assistance Branch Director** |  | Notify families of repatriated patients or patients permanently transferred to other hospitals.  |  |
| **Planning** | **Section Chief** |  | Finalize and distribute the Demobilization Plan. |  |
|  | Conduct debriefings and hotwash with: * Command Staff and section personnel
* Administrative personnel
* All staff
* All volunteers
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|  | Write an After Action Report and Corrective Action and Improvement Plan for submission to the Incident Commander, including:* Summary of the incident
* Summary of actions taken
* Actions that went well
* Actions that could be improved
* Recommendations for future response actions
 |  |
| **Documentation Unit Leader** |  | Collect, collate, file, and secure completed documentation of actions, decisions, and activities. |  |
|  | Prepare a summary of the status and location of all patients, staff, and equipment. After approval by the Incident Commander, distribute it to appropriate external agencies. |  |
| **Demobilization Unit Leader** |  | Ensure that issues impacting clinical and support operations are relayed to appropriate sections for resolution. |  |
|  | Implement the Demobilization Plan. |  |
| **Logistics** | **Section Chief** |  | Inventory all Hospital Command Center and hospital supplies and replenish as necessary, appropriate, and available. |  |
| **Service Branch Director** |  | Monitor and assist with restoration of communications and Information Technology Services. |  |
| **Support Branch Director** |  | Restock supplies, equipment, medications, food, and water to pre-incident inventories. |  |
|  | Provide staff debriefing and behavioral health support.  |  |
|  | Complete documentation and follow up of personnel injury as appropriate. |  |
| **Finance/ Administration** | **Section Chief** |  | Compile a final response and recovery cost and expenditure and estimated lost revenues summary, and submit to Planning Section Chief for inclusion in After Action Report. |  |
| **Compensation/ Claims Unit Leader** |  | Contact insurance carriers to initiate reimbursement and claims procedures. |  |
|  | Coordinate with Risk Management for additional insurance and documentation needs, including photographs of damages. |  |

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| **Documents and Tools** |
| **Emergency Operations Plan, including:*** Tornado Plan
* Evacuation, Shelter-in-Place, and Hospital Abandonment Plan
* Employee Health monitoring and treatment Plan
* Surge Plan
* Triage Plan
* Patient, staff, and equipment tracking procedures
* Hospital Damage Assessment procedures
* Business Continuity Plan
* Behavioral Health Support Plan
* Alternate Care Site Plan
* Security Plan
* Fatality Management Plan
* Volunteer Utilization Plan
* Utility Failure Plan
* Discharge policy
* Emergency Procurement policy
* Emergency Patient Registration Plan
* Hospital and campus maps, blueprints and floor plans
* Risk Communication Plan
* Interoperable Communications Plan
* Demobilization Plan
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| **Forms, including:*** HICS Incident Action Plan (IAP) Quick Start
* HICS 200 – Incident Action Plan (IAP) Cover Sheet
* HICS 201 – Incident Briefing
* HICS 202 – Incident Objectives
* HICS 203 – Organization Assignment List
* HICS 205A – Communications List
* HICS 214 – Activity Log
* HICS 215A – Incident Action Plan (IAP) Safety Analysis
* HICS 221 – Demobilization Check-Out
* HICS 251 – Facility System Status Report
* HICS 253 – Volunteer Registration
* HICS 254 – Disaster Victim/Patient Tracking
* HICS 255 – Master Patient Evacuation Tracking
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| Job Action Sheets |
| Access to hospital organization chart |
| Television/radio/internet to monitor news |
| Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication |

Hospital Incident Management Team Activation: Tornado

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| **Position** | **Immediate** | **Intermediate** | **Extended** | **Recovery** |
| **Incident Commander** | X | X | X | X |
| Public Information Officer | X | X | X | X |
| Liaison Officer | X | X | X | X |
| Safety Officer | X | X | X | X |
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| **Operations Section Chief** | X | X | X | X |
| Medical Care Branch Director | X | X | X | X |
| Infrastructure Branch Director | X | X | X | X |
| Security Branch Director | X | X | X | X |
| Business Continuity Branch Director |  | X | X | X |
| Patient Family Assistance Branch Dir. |  | X | X | X |
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| **Planning Section Chief** | X | X | X | X |
| Resources Unit Leader | X | X | X | X |
| Situation Unit Leader | X | X | X | X |
| Documentation Unit Leader |  | X | X | X |
| Demobilization Unit Leader |  | X | X | X |
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| **Logistics Section Chief** | X | X | X | X |
| Service Branch Director | X | X | X | X |
| Support Branch Director | X | X | X | X |
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| **Finance /Administration Section Chief** |  | X | X | X |
| Time Unit Leader |  | X | X | X |
| Procurement Unit Leader |  | X | X | X |
| Compensation/Claims Unit Leader |  | X | X | X |
| Cost Unit Leader |  | X | X | X |