***ATTACHMENT B: JOB ACTION SHEET FOR SURGE RESPONSE***

This Job Action Sheet provides a high-level overview of surge response for the RHPC and supports development of an appropriate Incident Action Plan.

To the extent possible, these actions are listed as they should be carried out chronologically. However, some items will require simultaneous action and, therefore, should be delegated in order to allow for the quickest impact possible.

* Read the entire Action Check List
* Obtain briefing from authorities in County (and State if applicable) as to nature and extent of incident and its impact.
* Obtain situation analysis from each of following healthcare agencies/facilities. (See Attachment A for contact information):
  + All hospitals
  + All skilled nursing facilities that are involved
  + All clinics that are involved
  + All ambulance services involved.
* Obtain situation analyses at:
  + On regular basis after initial and subsequent determined by exigencies of event.
  + At least 8-12 hours after event.
* Use above briefings and analyses – estimate numbers, types, and location of casualties from events.
* Determine need for evacuation of any facility or portion of facility.
* Determine which facilities are capable of receiving casualties or evacuees.
* Determine need for and proper location for staging area(s) and/or field treatment facility.
* Determine need for additional transportation resources.
* If needed, contact available transportation resources and activate use of resources. (See Attachment A for contact information).
* Determine need for use of Alternate Care Site and determine which site is appropriate. (See Attachment D).
* Arrange for cleaning of unused or “shuttered” facilities to be used as ACS.
* Activate ACS plan including, if needed, taking appropriate legal action to acquire ACS.
* Contact ACS sites and inform of activation of ACS plan (i.e., activation according to Memorandum of Understanding if appropriate).
* Develop an Incident Action Plan for surge response.
* Activate the Emergency Risk Communication Plan

***ATTACHMENT C: PANDEMIC INFLUENZA SURGE RESPONSE***

Pandemic influenza (or any other prolonged communicable disease emergency or pandemic) represents a unique surge situation due to the timing and epidemiologically measurable aspects of the event. The following are specific planning considerations based on an influenza pandemic. Also refer to the Pandemic Plan for description of activating a response to an influenza pandemic.

**Steps to take prior to emergence of pandemic**

* Establish infrastructure that can be utilized for management of surge in case of pandemic. Specific steps to take include
  + Establishment of HMACC plans:
    - Made up of leaders of
      * Healthcare
      * Public Health
      * EMS
      * Long Term Care
      * Law Enforcement
      * Clinics
    - Key roles
      * Establishment of regular communication in order to recognize emergence of disease in region.
      * Exchange of information regarding current capacities and needs.
      * Establishment of communication methods (e-mails, messaging, telephone, etc.).
    - Establishment of Public Health Point of Contact:
      * Reporting/monitoring of influenza like illnesses.
      * Clarifying agreements with local hospitals.
      * Clarifying agreements/Memorandum of Understanding with potential ACS.
      * Clarifying agreements/Memorandum of Understanding with potential Treatment Areas (CTA).
    - Develop/update Policies for operations of Casualty Treatment Areas.
    - Plan staffing of CTA.
    - Plan supply of CTA.
    - Plan transportation of patients to CTA.
    - Develop policies for operations of ACS.
    - Plan staffing for ACS.
    - Plan supply for ACS.
    - Plan transportation of patients to ACS to/from area hospitals.
    - Ensure existence of security plan for ACS:
      * Secure Memorandum of Understanding with security agency.
      * Secure Memorandum of Understanding with local law enforcement agency.

**Steps to take during Pandemic Alert Period: (Global Cases/First Confirmed US Cases)**

* Generally encourage increased capacity to care for patients at home:
  + Encourage all healthcare institutions/providers to ensure adequate supply of chronic care medications available to patients to encourage care at home.
  + Encourage all healthcare institutions/providers to ensure adequate supply of first aid supplies/bandages/antipyretic medications/oral electrolyte solutions/Personal Protective Equipment (PPE).
* Establish daily or as determined communication with Healthcare Coalition if created.
  + Consider planned daily teleconference
  + Consider use of regular “listserv” or other e-mail communications.
* Activate the Emergency Risk Communication Plan
* Encourage healthcare facilities to prepare for decreased services:
  + Encourage scheduling of elective procedure within the next few weeks.
  + Increase outpatient services for non-urgent services that can be provided in next few weeks – e.g., employment physicals, annual exams, pre-natal checks.
    - Encourage staff increases for next few weeks.
    - Encourage extended hours for next few weeks.
    - Encourage communication to patients within systems to utilize these opportunities now. (Consider use of public service announcements to reach general public).
  + Consider creation of “anterooms” and areas within hospitals for cohorting of infectious patients.
  + Consider creation of “primary care” vans to go into the community for offering primary care services.
* Identify Alternate Care Sites to be used in upcoming stages.
  + Activate agreements with facilities for use as ACS
  + Transport coalition supply cache to site.
  + Establish plan for staffing of ACS:
    - Activate Volunteer Registry.
    - Contact all local facilities and identify those staffing opportunities.
    - Access State resources Mobile Medical Team (MMT)
    - Establish Incident Command Structure for each of the ACS sites.
  + Establish Security Plan for ACS, active Memorandum of Understanding with security services.
  + Unpack and inventory cache supplies.

**Steps to Take in Pandemic Period (Increased and sustained transmission in US Population):**

* Assess information about status of the pandemic?
  + Acquire updates from Centers for Disease Control and Protection (CDC) and from State officials.
  + Continue daily meetings of Healthcare Coalition to:
    - Assess Coalition impact.
    - Assess status of staffing and patient load at coalition hospitals.
    - Anticipate needs for upcoming period (i.e., current needs and planning 2 weeks, 1 month out).
  + Set up and utilize ACS:
    - Staff the ACS.
    - Instruct pre-hospital personnel to transport patients to ACS.
  + Address staffing issues at coalition hospitals and clinics. Encourage hospitals and clinics to utilize methods to alleviate staffing pressures such as:
    - Engaging patient families to provide basic care (e.g., feeding/bathing).
    - Activating local, hospital based, volunteer programs to assist with basic patient care, assisting nursing staff with transportation, communications, acquisition of supplies, etc.
    - Asking retired nursing personnel to return to work on volunteer basis – those with current license can pass medications, take vital signs, etc.
    - Using respiratory therapists to do only higher acuity care – e.g., management of ventilators and having nursing personnel provide other respiratory services.
    - Consider altering standard documentation of patient care to allow nursing and other professional staff to do more patient care.
    - Consider expanding capacity through schedule alteration – e.g., increasing shift length, changing staffing ratios.
    - Encourage all staff to adhere rigidly to PPE precautions so as to decrease risk of becoming ill.
  + Address space issues at coalition hospitals:
    - Encourage facilities to activate plans for cohorting of infectious patients.
    - Use designated operating room and procedure room space for additional ventilated patient care.
    - Encourage hospitals to make timely requests of Public Health for assistance in decompression of facility by use of ACS.

***ATTACHMENT E: JOB ACTION SHEET FOR IMPLEMENTING SURGE RESPONSE***

This job aid assumes surge response planning for a specific incident is completed and is intended to guide incident action plan (IAP) development for implementing the specific surge response.

This IAP is to be completed by the appropriate HMACC staff.

* Ensure that the HMACC is opened.
* Determine and communicate the concept of operations/concept of care; what levels of care will be provided, in what settings, and by whom, to relevant partners and staff.
* Develop an incident action plan spanning all elements of surge response including:
  + Requests for mutual aid.
  + Communication with partners.
  + Concept of operations for specific use of specific facilities:
    - What kinds of patients will be sent to which facilities.
    - Identify types of patients based on case definition or triage scoring.
  + Address any transportation issues.
  + Establish a comprehensive public information strategy.
  + Determine if specific just-in-time training will be required.
* Determine the need for, and implement, modified treatment protocols, altered clinical care standards, palliative care guidelines, or other care provisions. Convene a Clinical Care Committee as needed.
* Implement appropriate ancillary plans as needed.
* Centrally coordinate patient transportation issues.
* Request state-level declaration emergency as needed for suspension of such rules as nurse-patient ratios, commandeering powers, etc.
* Open any ACS to be used (regardless of field triage, decompression, or other purpose):
  + Communicate with facility managers at ACS.
  + Establish incident command system at ACS using HICS and fill all positions needed.
  + Request update on the ACS’s readiness to accept surge patients or projected time when they will be able to accept surge patients.
  + Ensure that the following ACS issues have been addressed:
    - Signage in English and Spanish as appropriate directing patients to correct location.
    - Clear patient ingress and egress.
    - Security for site and personnel.
    - Transportation routes determined and communicated.
    - Staffing of ACS for first 48 hours, using 12 hours shifts (i.e., first 4 shifts)
    - Power, water, and sanitation (toilets) in working order and with reserve supplies for at least 48 hours.
    - Rules and policies for ACS operation.
* Establish communication and coordination with hospitals, clinics, public health and emergency medical services.
  + Convene regular teleconferences during implementation phase.
  + Ensure clarity regarding concept of operations for surge response (what kinds of patients are going where and how they are getting there).
  + Address risk communication to regions population to decrease “worried well” and to direct patients as needed
  + Hospital managers have prepared overflow capacity.
  + Request coalition hospitals utilize overflow capacity measures.
  + Alert facilities for Continuity of Operations Plan (COOP) activation
  + Monitor COOP operation
* Coordinate with Emergency Managers and County Coroners for overflow measures and morgue arrangements at ACS.
* Coordinate with (as appropriate) the Federal Bureau of Investigation (FBI), CDC, U.S., the Minnesota Department of Health, and other agencies if the event is a bioterrorism, nuclear, radiological, and other weapon of mass destruction-oriented event.

***ATTACHMENT F: JOB ACTION SHEET FOR MONITORING SURGE RESPONSE***

This job aid assumes surge response is underway, and is intended to guide incident action plan development for daily monitoring of the specific surge response.

The IAP is to be completed by the appropriate HMACC staff.

* Request/obtain the following information on at least a daily basis:
  + Bed capacity at all coalition facilities (including ACS)
  + Casualty counts by triage tag color/status (untreated patients)
  + Patients waiting to be seen/treated.
  + Mortality rate.
  + Relevant epidemiological data if a communicable disease incident.
* Ensure daily communications between all coalition partners.
* Determine if ACS are meeting needs, based on daily casualty counts and census and determine if any ACS are still required.
* Determine the limiting factor(s) pertinent to surge operations, both at hospitals and ACS (staffing, beds, or specific supplies)
* Project surge response needs for the next 24 hours.
* Monitor declarations of emergency for their continued relevancy.
* Monitor physical and mental health of yourself and your staff.
* Monitor patient transportation for needs, efficacy, and safety.
* If modified treatment protocols, altered clinical care standards, palliative care guidelines, or other care provisions are in effect, review the efficacy and appropriateness of those guidelines. Modify and disseminate as needed. Utilize a clinical care committee as needed.
* Continue liaison with mutual aid sources and revisit mutual aid requests.
* Monitor logistics and supply chains.
* Monitor scarce supplies and personnel, and re-allocate as needed (e.g., pharmaceuticals, ventilators, burn nurses, etc.)
* Determine if the surge response is still required.
* Begin developing an exit strategy to close the ACS.
* Continue to monitor COOP activation.

***ATTACHMENT G: JOB ACTION SHEET FOR RECOVERY FROM SURGE***

This job aid assumes surge response planning for a specific incident is completed and is intended to guide incident action plan development for recovery-phase operations.

This IAP is to be completed by the appropriate HMACC staff.

* Systematically ensure that all elements of the surge response are returned to normal. If the surge response gives way to an interim, non-normal health care situation (e.g., building repair to a hospital following a tornado ensure a smooth transition.
* Close any ACS:
  + Discharge or transfer patients.
  + Demobilize staff
  + Arrange for decontamination, clean-up.
* Arrange for resupply of all caches, equipment, stores, etc.
* Determine the needs for critical stress debriefings.
* Participate in after action report development.