# Minnesota Department of Health

# Chemical Emergency Surge Plan Template

Use this template to create a facility plan for a Chemical Emergency Surge Incident. Feel free to add or delete sections of the template to best suit your needs.

This template references the [Hospital Decontamination Self-Assessment Tool – Harvard School of Public Health](https://www.hsph.harvard.edu/wp-content/uploads/sites/2345/2020/03/Hospital-Decontamination-Resources-Section-2.pdf)

#### Policy/Reference Number: Click or tap here to enter text.

## **Purpose**

Click or tap here to enter text.

## Scope

This plan is a supplement to, not a replacement for, the response actions and resources described in the facility Emergency Operations Plan and provides additional details relevant to a chemical emergency event.

## Planning Assumptions

1. Our facility will utilize the Hospital Incident Command System (HICS) to respond.
2. A facility should be prepared to assemble a large-scale decontamination area.
3. Families should be kept together during all phases of care whenever possible.
4. In large incidents, or when access to the facility is an issue, we may have to provide ongoing care pending arrival of sufficient transportation or treatment resources.
5. If the event involves more than one facility regional coordination will be required with the health care coalition (HCC).
6. Priority is to transfer the most critical and then youngest patients (<8 years old) as early as possible to an appropriate referral center.
7. Our facility has stabilization supplies for (see Statewide [Burn](https://www.health.state.mn.us/communities/ep/surge/burn/burnsurgeplan.pdf), [Pediatric](https://www.health.state.mn.us/communities/ep/surge/pediatric/pedsurgeplan.pdf), and [Radiational](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.health.state.mn.us%2Fcommunities%2Fep%2Fsurge%2Fnuclear%2Fnuclear_template.docx&wdOrigin=BROWSELINK) for reference):
   1. **Pediatric Patients:** Click or tap here to enter text. critical patients less than 8 years old and Click or tap here to enter text. critical infants
   2. **Burn Patients:** Click or tap here to enter text. critical patients
   3. **Patients:** Click or tap here to enter text. critical patients

## Concept of Operations

1. Patients will go through decontamination Click or tap here to enter text..
2. Patients will then be triaged and receive initial treatment in the Emergency Department.
3. Designated chemical supplies should be brought to the ED resuscitation area from: Click or tap here to enter text..
4. Hospital Incident Command Center should quantify transportation and referral needs early in the incident and communicate these to EMS, jurisdictional EOC, or HCC depending on the current state of activation and role of these entities.
5. EMS Dispatch phone: Click or tap here to enter text.
6. Local EOC phone: Click or tap here to enter text.
7. HCC/RHPC phone: Click or tap here to enter text.
8. Blast/Trauma/Burn/Chemical or HAZMAT Medicine Technical Specialist should be appointed by Incident Commander (See Appendix A for Job Action Sheet).
9. If multiple patients require transportation, medical providers should work with the Incident Commander, Operations, and Planning section chiefs to determine the priority for transport and what additional staffing and resources will be required. An emphasis will be placed on transferring the most critical victims to appropriate levels of care:
   1. Burn victims to American Burn Association (ABA) certified Burn Centers or MDH approved Burn Surge Facilities (BSFs) (see [Triage of Patients with Cutaneous Burns Only During Mass Casualty Scenario](https://www.health.state.mn.us/communities/ep/surge/burn/triageburns.html) and Initial Burn Management and Assessment in [MDH Patient Care Strategies for Scarce Resources Situations](http://www.health.state.mn.us/communities/ep/surge/crisis/standards.pdf)).
   2. Those <8 years of age to pediatric referral centers (see pediatric triage card in [MDH Patient Care Strategies for Scarce Resources Situations](http://www.health.state.mn.us/communities/ep/surge/crisis/standards.pdf)).
10. The Regional Health Care Preparedness Coordinator (RHPC) should be notified at Click or tap here to enter text. immediately in a chemical emergency.
11. Hospital Incident Command Center should rapidly disseminate information to staff, patients, and their families.
    1. In a chemical emergency: get away, get it off, get help.

## Organization - Responsibilities/Roles

### Activation

Hazardous Materials Branch

* 1. Is activated by: Click or tap here to enter text.
  2. And consists of:[[1]](#footnote-1) Click or tap here to enter text.

### Staffing

The following are sources of staff specific training in relation to a chemical emergency incident.[[2]](#footnote-2)

|  | **Pager, page group** | **Phone** | **Notes** |
| --- | --- | --- | --- |
| **Burn Specialist (and alternate)** |  |  |  |
| **Trauma Specialist** |  |  |  |
| **HAZMAT Specialist** |  |  |  |
| **Physicians** |  |  |  |
| **Nurses** |  |  |  |
| **Respiratory Therapist/Specialist** |  |  |  |
| **Other** |  |  |  |

### Space

Patients should be placed in the following areas for inpatient care.[[3]](#footnote-3)

|  | **Beds/room/unit** | **Additional supplies required** |
| --- | --- | --- |
| **Intensive Care (conventional)** |  |  |
| **Intensive care (contingency)** |  |  |
| **Floor Care (conventional)** |  |  |
| **Floor Care (contingency)** |  |  |
| **Cot-based care (crisis)** |  |  |
| **Minor/walking wounded care** |  |  |

### Supplies

The following are designated disaster supplies by type and location:

|  | **Type** | **Location** | **Notes** |
| --- | --- | --- | --- |
| **Burn Care** |  |  |  |
| **Pediatric Care** |  |  |  |
| **Decontamination** |  |  |  |
| **General patient care** |  |  |  |
| **Resuscitation** |  |  |  |
| **Social/Family Support** |  |  |  |

### Special Considerations

Decontamination

See Click or tap here to enter text. for specific supplies and instructions

Set up a decontamination area, near the emergency department

Give clear instructions on washing with warm water and soap

Plastic bags to put contaminated clothing in

When setting up, no clean patient should be able to back track through a contaminated area, have signs and personnel to help guide patients.

Suggested supplies – to keep in mind or to have on hand in you need to create a decontamination area

| **Category** | **Supplies** |
| --- | --- |
| Planning and Preparedness | * Does your facility have a written decontamination/HAZMAT incident plan as part of the EOP? * Does this plan fit with the HVA for your facility * Is there a person in your facility who is responsible for maintenance/revision of the plan |
| Clothing | Each person who will be on the decontamination team needs:   * Coveralls * Surgical gloves * Shoe coverings * Surgical masks/face shield * Surgical caps/hood |
| Decontamination Equipment | * High capacity, low pressure showerheads or hoses, connected to a high capacity, temperature-controlled water source * Capability to heat ambient air * Permanent and/or portable lighting fixtures * Portable generators, capable of providing power to the area in the event of a loss of power * Sterile sponges/sterile gauze * Sterile saline for wound irrigation purposes * Large towels * Soft scrub brushes/long handled brushes with soft bristles * Mild liquid soap * Dry decontamination supplies (if applicable) such as: brushes, baking powder, baby wipes * Large plastic sealable bags/containers (biohazard bags)- to collect clothing/belongings * Waterproof labels for bags, triage tags, wrist bands/bracelets * Adhesive tape/labels * Plastic sheets/coverings * Chemical warning signs * Copy of protocol for Decontamination team, and to show patients how to decontaminate if needed * Pens/waterproof permanent markers * Patient replacement clothing * Blankets |
| PPE | * Double layer of gloves made of two different materials * Chemically protective and water-repellant boots, a minimum of 200 m (8 inches) in height, made of a similar material as the gloves selected * Hooded, NIOSH-approved Powered Air-Purifying Respirators (PAPRs) with a 1,000-fold protection factor * NIOSH-approved 99.97% high efficiency particulate air (HEPA) filters * Organic vapor cartridges * CBRNE cartridges * A chemically protective suit that is tested for: * Resistance to tears * Resistance to liquid and blood borne pathogens * Performance in cold weather * Evaporative heat transfer * Bursting strength * Seam and closure strength |

**Decontamination for individuals who are injured**

* + Treat life threatening individuals first
  + When taking off clothing to begin decontamination, cut away from the face, and remove pieces of clothing from the top down.

**Special decontamination considerations for pediatric patients**

* + Children should be kept with parents if possible (though teen-aged patients may be uncomfortable being decontaminated with family).
  + If less than 2 years old, decontaminate with baby shampoo and carry in laundry basket
  + Additional personnel will be needed to escort and assist children during decontamination
  + Children are much more sensitive to hypothermia than to adults

#### Family Reunification

Hospital Command Center will establish a Hospital Support Center located: Click or tap here to enter text.

For details regarding child-parent/guardian reunification see Pediatric Surge Plan, Policy: Click or tap here to enter text..

Hospital support center should plan to demobilize the safe area and work with local Emergency Operations Center (EOC) to determine plans for family reunification.

#### Triage

Burns

* + See [Initial Burn Management and Assessment Card](https://www.health.state.mn.us/communities/ep/surge/crisis/standards.pdf) and Triage of [Patients with Cutaneous Burns Only During Mass Casualty Scenario](https://www.health.state.mn.us/communities/ep/surge/burn/triageburns.html)

Pediatrics

* + Children may not show signs of shock until later than adults—careful evaluation is required
  + There is a tendency to ‘over-triage’ children, especially when they have visible significant wounds and/or are extremely distressed
  + Pediatric providers should target care of those <8 years of age as they are most likely to benefit from specialty care

#### Treatment

Provide usual triage and initial treatment, triage for transport/referral/ongoing treatment as appropriate. See [MDH Patient Care Strategies for Scarce Resources Situations](http://www.health.state.mn.us/communities/ep/surge/crisis/standards.pdf) and [Pediatric Quick Reference](http://www.health.state.mn.us/communities/ep/surge/pediatric/priorities.pdf) for basic information.

Off-site technical experts – if needed, consultation for ongoing care/referral questions should be made to:

| **Facility Name** | **Phone** | **ICU Capacity/Surge Capacity** | **Floor Capacity/Surge Capacity** | **Specialty/Notes** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

On-site technical experts - in select situations, it may be an advantage for specialty staff to come to the affected hospital with one of the transport units to stay until the evacuation of civilians from the site has been completed. If desired, this should be arranged with a referral facility or via the health care coalition (HCC).

#### Transportation

Hospital Incident Command Center will work with EMS and/or the Regional H-MACC/RHPC to coordinate appropriate transportation assets and staffing. Burn, chemical/HAZMAT and Trauma Technical Specialist should assist Command Center with patient lists and priorities

Follow EOP for coordination of other transportation and staging, other needs, and issues.

Transportation could take hours for certain patients depending on condition and where EMS services are coming from.

**For Pediatric Patients:** See Minnesota Pediatric Referral Resources located in the [Pediatric Surge Primer](http://www.health.state.mn.us/communities/ep/surge/pediatric/primer.pdf) for referral facility capacities and contact information.

#### Patient Tracking

Assure destination is tracked according to usual facility MCI lists.

Attempt to keep families together, if they came in together, when possible

* + Provide transfer information to Family Support Center as soon as possible if parents were not available at time of transfer.

## Command, Control, Coordination, Communication

* When the facility disaster plan is activated for a chemical event the burn or trauma teams should be activated by Click or tap here to enter text.. This team consists of providers with burn or trauma -specific training.
* The following HICS positions may be assigned (in addition to usual HICS positions – assure that Mental Health Branch Director, PIO, and Liaison Officer are appointed to manage family and information issues):
  + Burn Specialist (See Appendix A for template Job Action Sheet)
  + Trauma Specialist (See Appendix B for template Job Action Sheet)
  + HazMat Director (See Appendix C for template Job Action Sheet)
  + Medical Technical Specialist: Chemical (See Appendix D for template Job Action Sheet)
* The following HICS positions have specific Job Action Sheet
  + Inpatient Unit Leader
  + Outpatient Unit Leader
  + Clinical Support Services Unit Leader
  + Nutrition/Food Services Unit Leader
  + Mental Health Branch Director
  + Victim Decontamination Unit Leader
  + Family Support Unit Leader
  + Access Control Unit Leader

## Review, Authorities, References

| Approval date: |  |
| --- | --- |
| Modification date(s): |  |
| Authorizing signature: |  |

Appendix A: Burn Specialist Job Action Sheet

Table A.1: Brief Job Description

| Position Description: | The Burn Specialist will provide guidance and develop policy on triage, treatment, transportation (including priority for transportation), and referrals/consultation during an incident with significant number of patients. |
| --- | --- |
| Reports to: | To be determined by individual hospital HICS framework (e.g. Incident Commander or Planning Section Chief) |
| Minimum Required Qualifications: | * Completion of [MDH Advance Burn Surge Education](https://www.health.state.mn.us/communities/ep/surge/burn/video.html) (85 minutes) * Completion of internal HICS training as deemed appropriate by HICS team * Knowledge of the Statewide Minnesota Burn Surge Plan and internal hospital surge plan(s) |

\*\*\*Read This Entire Position Checklist Before Taking Action\*\*\*

Command Center Location: Click or tap here to enter text.

Command Center Phone Number: Click or tap here to enter text.

### Immediate (0-2 hours)

* Read this entire Job Action Sheet and review organizational chart.
* Follow facility ICS process.
* Maintain situational awareness of evolving incident. Obtain briefing from the Incident Commander or Operations Section Chief or another assigned individual.
* Document any decisions and actions made during the response that will be vital in compiling an after report/improvement plan.
  + [ICS 214 Form](https://training.fema.gov/emiweb/is/icsresource/assets/ics%20forms/ics%20form%20214,%20activity%20log%20(v2).pdf)
* Gather information from Casualty Care Supervisor/ED Charge Nurse regarding:
  + Number of expected burn patients and their conditions
  + Hazardous materials or decontamination issues
  + Equipment, staff, or medication shortages/issues
* Determine number of patients that may require transfer
* Determine patients that may be cared for at the facility and assure appropriate staffing and location with Inpatient Area Supervisor
* Determine additional staff or materials needed based on expected patient volume and communicate with Logistics Section Chief as required
* Liaison with community EOC or Regional Healthcare Preparedness Coordinator if multiple hospitals affected to determine transportation resources and timeline
* Coordinate referral consultation with Casualty Care Supervisor and other inpatient locations and assist with arranging inpatient transfers and transportation
* Provide expert input into decisions about priority for transfer to referral facility when transportation/referral capacity is limited.
* **Call the referring Burn Center daily for assistance with pain medications, sedation, wound care, nutrition, and other questions. HCMC: 1-(800) 424-4262 or 612-873-4262 Regions Hospital: 1-(800) 922-BURN (2876)**

### Intermediate (2-12 hours)

* Assess on-going staff and materials needs based on patient status reports
* Assist Logistics and Planning Section Chiefs in detailing/obtaining additional resources
  + Recommend substitutions and adaptations as required
  + Provide policy guidance when pediatric resources must be triaged due to patient volumes or resource shortfalls
* Provide talking points to Public Information Officer to share with media, information on self-decontamination, or other relevant issues
* Provide guidance on any just-in-time training required
* Coordinate with Logistics and Planning Section Chiefs to expand/create additional Patient Care areas, if needed
* Facilitate referrals and consultations as required with other facilities
* Continue to prioritize and assist with transfer coordination including priority for transfer, safe means of transport, staffing requirements, and in-transit care requirements
* Determine, with pharmacy, if any specific dosing or formulation issues require action and provide guidance to address these issues
* Provide guidance and support as needed to clinical areas caring for burn patients

### Extended (>12 hours)

* Participate in planning meetings and briefings as required by the Incident Commander or Planning Section Chief
* Continue to support facility needs for clinical policies and guidance
* Monitor and anticipate staff and supply issues and work with Logistics and Planning Section Chiefs to remediate issues
* Monitor and provide support for any ongoing transportation/transfers
* Provide support for on-site burn care issues and consultations
* Work with Public Information Officer on messages for the public, staff, and patients
* Assure rest, nutrition, and psychological support are available for staff, and patients
* Coordinate with Mental Health Branch Director for support and, if needed, evaluations of mental health of staff.
* Track issues (successes and opportunities) for after-action analysis
* Upon shift change - brief your relief - including situation update, actions taken, issues and problems to be addressed, key contacts, and anticipated actions for the subsequent operational period

### Demobilization/Recovery

* Return all assigned HICS equipment
* Upon deactivation of your position, ensure all documentation and operational logs (ICS 214) are submitted to the Operations Section Chief or Incident Commander as appropriate
* Brief the Operations Section Chief or Incident Commander as appropriate on problems, outstanding issues, and follow-up requirements
* Submit comments to Operations Section Chief or Incident Commander, as appropriate for discussion and possible inclusion in the after-action report. Topics include:
  + Review of pertinent positions descriptions
  + Operation checklist
  + Recommendation for procedure changes
  + Section accomplishments and issue

Appendix B: Trauma Specialist Job Action Sheet

Table B.1: Brief Job Description

| Position Description: | The Trauma Specialist will provide guidance and develop policy on chemical triage, treatment, transportation (including priority for transportation), and referrals/consultation during an incident with significant number of patients. |
| --- | --- |
| Reports to: | To be determined by individual hospital HICS framework (e.g. Incident Commander or Planning Section Chief) |
| Minimum Required Qualifications: | * Trauma specialist * Completion of internal HICS training as deemed appropriate by HICS team * Knowledge of the MN Healthcare Surge Plan and internal hospital surge plan(s) |

\*\*\*Read This Entire Position Checklist Before Taking Action\*\*\*

Command Center Location: Click or tap here to enter text.

Command Center Phone Number: Click or tap here to enter text.

### Immediate (0-2 hours)

* Read this entire Job Action Sheet and review organizational chart.
* Follow facility ICS process.
* Maintain situational awareness of evolving incident. Obtain briefing from the Incident Commander or Operations Section Chief or another assigned individual.
* Document any decisions and actions made during the response that will be vital in compiling an after report/improvement plan.
  + [ICS 214 Form](https://training.fema.gov/emiweb/is/icsresource/assets/ics%20forms/ics%20form%20214,%20activity%20log%20(v2).pdf)
* Gather information from Casualty Care Supervisor/ED Charge Nurse regarding:
  + Number of expected trauma patients and their conditions
  + Hazardous materials or decontamination issues
  + Equipment, staff, or medication shortages/issues
* Determine number of patients that may require transfer.
* Determine patients that may be cared for at the facility and assure appropriate staffing and location with Inpatient Area Supervisor.
* Determine additional staff or materials needed based on expected patient volume and communicate with Logistics Section Chief as required.
* Liaison with community EOC or Regional Healthcare Preparedness Coordinator if multiple hospitals affected to determine transportation resources and timeline.
* Coordinate referral consultation with Casualty Care Supervisor and other inpatient locations and assist with arranging inpatient transfers and transportation.
* Provide expert input into decisions about priority for transfer to referral facility when transportation/referral capacity is limited.
* Review and provide educational resources to staff as necessary:
  + [HHS: Chemical Hazards Emergency Medical Management (CHEMM)](https://chemm.hhs.gov/index.html)
* Call Radiation Injury Treatment Network hospitals for assistance with acute radiation syndrome as needed. University of Minnesota or Mayo Clinic Rochester.
* Call the referring Burn Center daily for assistance with pain medications, sedation, wound care, nutrition, and other questions. HCMC: 1-(800) 424-4262 or 612-873-4262 Regions Hospital: 1-(800) 922-BURN (2876).

### Intermediate (2-12 hours)

* Assess on-going staff and materials needs based on patient status reports
* Assist Logistics and Planning Section Chiefs in detailing/obtaining additional resources
  + Recommend substitutions and adaptations as required
  + Provide policy guidance when trauma resources must be triaged due to patient volumes or resource shortfalls
* Provide talking points to Public Information Officer to share with media, information on self-decontamination, or other relevant issues
* Provide guidance on any just-in-time training required
* Coordinate with Logistics and Planning Section Chiefs to expand/create additional Patient Care areas, if needed
* Facilitate referrals and consultations as required with other facilities
* Continue to prioritize and assist with transfer coordination including priority for transfer, safe means of transport, staffing requirements, and in-transit care requirements
* Determine, with pharmacy, if any specific dosing or formulation issues require action and provide guidance to address these issues
* Provide guidance and support as needed to clinical areas caring for patients

### Extended (>12 hours)

* Participate in planning meetings and briefings as required by the Incident Commander or Planning Section Chief
* Continue to support facility needs for clinical policies and guidance
* Monitor and anticipate staff and supply issues and work with Logistics and Planning Section Chiefs to remediate issues
* Monitor and provide support for any ongoing transportation/transfers
* Provide support for on-site trauma care issues and consultations
* Work with Public Information Officer on messages for the public, staff, and patients
* Assure rest, nutrition, and psychological support are available for staff, and patients
* Coordinate with Mental Health Branch Director for support and, if needed, evaluations of mental health of staff.
* Track issues (successes and opportunities) for after-action analysis
* Upon shift change - brief your relief - including situation update, actions taken, issues and problems to be addressed, key contacts, and anticipated actions for the subsequent operational period

### Demobilization/Recovery

* Return all assigned HICS equipment
* Upon deactivation of your position, ensure all documentation and operational logs (ICS 214) are submitted to the Operations Section Chief or Incident Commander as appropriate
* Brief the Operations Section Chief or Incident Commander as appropriate on problems, outstanding issues, and follow-up requirements
* Submit comments to Operations Section Chief or Incident Commander, as appropriate for discussion and possible inclusion in the after-action report. Topics include:
  + Review of pertinent positions descriptions
  + Operation checklist
  + Recommendation for procedure changes
  + Section accomplishments and issue

Appendix C: HAZMAT Director Job Action Sheet

Table C.1: Brief Job Description

| Position Description: | The HazMat Director will ensure the decontamination area is properly staffed and stocked during an emergency. The director will also ensure staff members are able to complete decontamination procedures correctly, to keep everyone safe. |
| --- | --- |
| Reports to: | To be determined by individual hospital HICS framework (e.g., Incident Commander or Planning Section Chief) |
| Minimum Required Qualifications: | * HazMat Specialist * Completion of internal HICS training as deemed appropriate by HICS team * Knowledge of HazMat procedures and internal hospital surge plan(s) |

\*\*\*Read This Entire Position Checklist Before Taking Action\*\*\*

Command Center Location: Click or tap here to enter text.

Command Center Phone Number: Click or tap here to enter text.

### Immediate (0-2 hours)

* Read this entire Job Action Sheet and review organizational chart.
* Follow facility ICS process.
* Obtain briefing from the Incident Commander or Operations Section Chief or another assigned individual.
* Document any decisions and actions made during the response that will be vital in compiling an after report/improvement plan.
  + [ICS 214 Form](https://training.fema.gov/emiweb/is/icsresource/assets/ics%20forms/ics%20form%20214,%20activity%20log%20(v2).pdf)
* Implement the hospital’s Decontamination Plan:
  + Establish triage and decontamination areas with a clear perimeter and directions on ingress and egress
  + Provide rapid triage and disposition of potentially contaminated patients, non-contaminated patients, media, family members, etc.
  + Implement staff monitoring in and rotation through the decontamination area
  + Consult with Medical-Technical Specialist: chemical and internal and external agencies or consultants to ascertain treatment protocols
  + Relocate medications and antidotes to clinical care and decontamination areas
  + Consider the need for evidence collection

### Intermediate (2-12 hours)

* Determine the need for ongoing staff or other support.
* Assess the need for continued decontamination and monitoring activities based on current and projected event status.

### Extended (>12 hours)

* Provide for hospital and equipment decontamination where appropriate.
* Coordinate with Mental Health Branch Director for support and, if needed, evaluations of mental health of volunteers and children.
* Document all action/decisions.
* Identify issues for after-action analysis.

### Demobilization/Recovery

* Ensure that all personnel, supplies, and equipment utilized in the response have been properly decontaminated and stored.
* With Infrastructure Branch Director, monitor and manage decontamination of hospital.
* Finalize and distribute Demobilization Plan.
* Brief Supervisor on current conditions, issues, and follow-up requirements.
* Upon deactivation of your position, ensure all documentation and operational logs (ICS 214) are submitted to the appropriate HICS position.
* Conduct debriefings and hotwash with:
  + Command Staff and section personnel
  + Administrative personnel
  + All staff
  + All volunteers
* Submit comments to supervisor for discussion and possible inclusion in the after-action report. Topics include:
  + Review of pertinent positions descriptions
  + Operation checklist
  + Recommendation for procedure changes
  + Section accomplishments and issue

**Appendix D: Medical Technical Specialist—Chemical Job Action Sheet**

**Table D.1: Brief Job Description**

| Position Description: | The Medical Technical Specialist will ensure staff members, volunteers, and other personal understand the issues surrounding chemical emergencies. The specialist will also provide their expertise when needed to assist in the response. |
| --- | --- |
| Reports to: | To be determined by individual hospital HICS framework (e.g., Incident Commander or Planning Section Chief) |
| Minimum Required Qualifications: | * Chemical Specialist * Completion of internal HICS training as deemed appropriate by HICS team * Knowledge of chemical exposure procedures and internal hospital surge plan(s) |

**\*\*\*Read This Entire Position Checklist Before Taking Action\*\*\***

Command Center Location: Click or tap here to enter text.

Command Center Phone Number: Click or tap here to enter text.

Immediate (0-2 hours)

* Read this entire Job Action Sheet and review organizational chart.
* Follow facility ICS process.
* Obtain briefing from the Incident Commander or Operations Section Chief or another assigned individual.
* Document any decisions and actions made during the response that will be vital in compiling an after report/improvement plan.
  + [ICS 214 Form](https://training.fema.gov/emiweb/is/icsresource/assets/ics%20forms/ics%20form%20214,%20activity%20log%20(v2).pdf)
* Assist in obtaining specific information regarding chemical agent such as antidotes, treatment, decontamination procedures, etc.
* Provide expert input in the Incident Action Planning process.
* Assist the Incident Commander in determining the chemical threat, if any, to the hospital and the need for shelter-in-place or hospital evacuation.

Intermediate (2-12 hours)

* Support the Operations Section, as needed, by coordinating information regarding specific decontamination and treatment procedures; provide direct oversight to decontamination operations as directed.
* Continue to provide expert input into the Incident Action Planning process

Extended (>12 hours)

* Continue to support the Operations Section as needed by coordinating information regarding specific decontamination and treatment procedures.
* Continue to provide expert input into the Incident Action Planning process.

Demobilization/Recovery

* Continue to help coordinate patient care services returning to normal operations.
* Brief Supervisor on current conditions, issues, and follow-up requirements
* Upon deactivation of your position, ensure all documentation and operational logs (ICS 214) are submitted to the appropriate HICS position
* Submit comments to supervisor for discussion and possible inclusion in the after-action report. Topics include:
  + Review of pertinent positions descriptions
  + Operation checklist
  + Recommendation for procedure changes
  + Section accomplishments and issue

1. Note at least one physician that can perform triage/transport prioritization as the Hazardous Materials Specialist [↑](#footnote-ref-1)
2. This is intended for a smaller facility – larger facilities should list key individuals or group paging lists, etc. [↑](#footnote-ref-2)
3. Note that institutions that do not usually provide pediatric intensive or inpatient care will delete rows here to indicate only contingency beds – for a small hospital, the only contingency intensive care will likely be in the ED. [↑](#footnote-ref-3)