CALIFORNIA HOSPITAL ASSOCIATION
Providing Leadership in Health Policy and Advocacy

CHA Hospital Activation of the Emergency Operations Plan Checklist

The initial response to an emergency begins with recognition that an incident may, or has, occurred. In cases where the incident is likely to impact or disrupt routine operations and may require coordination of efforts and response involvement among hospitals, Health Care Coalition partners, EMS, public health, and environmental health. Key management issues involving situational status, incident characteristics and resource capabilities must be quickly determined and communicated amongst response partners in order to establish a common operating picture.

1. Activation	**Date/Time**	**Initials**
A. Initiate policy and procedure for activation of the Emergency Operations Plan		
B. Activate Hospital Command Center		
C. Activate Hospital Incident Management Team • Incident Commander activates needed positions down to the Chief Level and holds an initial briefing • Each Chief (Operations/Planning/Logistics/Finance) activates needed Branches/Units in their Section • Provide Job Action Sheet to each activated position • Provide HICS 214 Activity Log to each activated position. Each activated position initiates the 214 to document basic incident activity and details notable details. • Provide position identification (e.g. vests, hats)		
D. Provide associated HICS Incident Response Guides (IRG) to each Chief and above position as appropriate		
2. Assessment	**Date/Time**	**Initials**
A. Incident Commander completes HICS 201 Incident Briefing. The 201 provides basic information regarding the incident, current situation, and resources allocated to the response. *(If the Incident Commander does not activate the Planning Chief and Safety Officer, then the Incident Commander is also responsible for completing HICS 202 and HICS 215A)*		
B. Planning Chief completes HICS 202 Incident Objectives. The 202 describes basic incident objectives and safety considerations. These overarching objectives are applicable to and used throughout the response. (Examples of Incident Objectives can be found on the front page of the Incident Response Guide for the associated emergency)		
C. Safety Officer. Patient, visitor, and staff health and safety is the highest priority during any emergency response. The Safety Officer completes HICS 215A Incident Action Plan Safety Analysis. HICS 215A is an Operational Risk Assessment to prioritize hazards, safety, and health issues, and assigns mitigation actions.		
D. Section Chiefs complete a separate HICS 204 Assignment List for the Section and each Branch activated. The 204 documents objectives for the Operational Period, strategies and tactics, and resources required to accomplish those objectives, and lists those assigned.		
E. Infrastructure Branch Director (or Operations Chief if Infrastructure Branch not activated) completes HICS 251 Facility System Status Report. HICS 251 determines facility operating status. When air quality is compromised, be sure to review supply levels of N-95 respirators, HEPA filters, epinephrine, air scrubbers, etc. (Be aware of facility impacts such as exhaustive cleaning, water mitigation, pharmaceutical and nutritional supply damage, etc.)		
F. Develop Situational Status Report according to Operational Area procedure (Coordinate with MHOAC)		

Note: This Checklist is based on the Hospital Incident Command Guidebook and California Public Health and Medical Emergency Operations Manual located at www.emsa.ca.gov.

3. Response Plan	**Date/Time**	**Initials**
A. The Planning Section gathers and compiles the individual components of the Incident Action Plan (IAP) from the Hospital Incident Management Team. The Planning Chief and/or the Incident Commander conducts the Planning Meeting attended by Section Chiefs and the Command Staff to finalize the Incident Action Plan for the initial Operational Period. Minimum components of the IAP: (See also CHA IAP Checklist) • HICS 201 Incident Briefing (by the Incident Commander) • HICS 202 Incident Objectives (by the Planning Chief) • HICS 204(s) (by Chiefs and Branch Directors) • HICS 215A (by the Safety Officer) May use HICS Incident Action Plan Quick Start combined 201, 201, 203, 204, and 215A form). All forms are to be given to the Planning Section to assimilate into the Incident Action Plan, which provides preliminary guidance for the response effort for each Operational Period.		
B. Activate additional or relevant Specialty Plans or Annexes, for example: • Surge (See also CHA Surge Planning Checklist) • Pandemic • Highly Infectious Disease • Burn Surge • Trauma Surge • Active Shooter (See also CHA Active Shooter Checklist) • Business Continuity/Continuity of Operations Plan (COOP) • Mass Fatality (See also CHA Mass Fatality Checklist) • Electronic Medical Record downtime • Evacuation Plan (See also CHA Evacuation Checklist) Coordinate all evacuations with the Medical and Health Operational Area Coordinator (MHOAC) • Shelter-in-Place (See also CHA Shelter-in-Place Checklist) (In a community wide event, alternative staffing plans and policies to support impacted employees and physicians may be critical.)		
4. Notifications *(Note: Some notifications may be done immediately and others simultaneously with other functions)*	**Date/Time**	**Initials**
A. Activate redundant communication modalities as needed and appropriate • Voice systems (landline, cellular, VOIP, satellite) • Radio (amateur, commercial, Walkie-Talkies, and public safety 2-way radio) • Data Systems and Emergency Communications Systems (e.g. EMSystem, ReddiNet, Live Process) • Health Alert Network (California is CAHAN) – can include email, telephone, and pager		
B. Utilize facility's internal system to declare Emergency Codes		
C. Internal Notification		

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The Public Information Officer (PIO) notifies: • Staff • Patients (Keeping patients and visitors informed provides insight on what happened, what is being done, and provides assurance) • Visitors		
D. External Notification • The Liaison Officer (or designee) notifies the Operational Area Medical Health Operational Area Coordinator (MHOAC), who is the facility's principal point-of-contact, with Situation Reports (SitRep). Such reports both immediately, and periodic updates which include relevant information to create a common operating picture. The MHOAC will route situational updates and information up the Operational Area level, to the Region, and state, as appropriate to the situation. Hospitals are identified as "Field Level" under Standardized Emergency Management (SEMS) levels.		
E. The Liaison Officer (or designee) contacts other area response partners as needed (Coordinate contact with Medical Health Operational Area Coordinator – MHOAC) a. Health System/Corporate Offices b. Other Hospitals c. Fire d. Law e. EMS f. Local Health Department g. American Red Cross h. Licensing and Certification – request authorization for regulatory/statutory flexibility i. Emergency Management j. Ambulance Providers k. Coroner/Medical Examiner l. Utilities m. Office of Statewide Health Planning and Development (OSHPD) n. Other emergency response partners (Developing a hazard-specific compliance checklist in advance can help ensure timely and appropriate reporting including reopening approvals by key agencies)		
E. The Public Information Officer (or designee) provides briefings and press releases to the media and public		
F. Communications Unit Leader (or designee) completes HICS 205A Communications list. 205A provides information on all communication devices assigned.		
G. If evacuation occurs, communication with patient families with relocation information		
H. If using Alternative Care Sites (such as hospital expansion sites or government authorized Alternate Care Sites), the Liaison Officer (or designee) will communicate between sites		
5. Resource Requests	**Date/Time**	**Initials**
A. The HICS 258 Hospital Resource Directory that is completed by the Planning Section lists methods of contact to assist in the procurement of hospital resources for an incident		
B. Complete HICS 257 Resource Accounting Record. HICS 257 records the request, distribution, return, and condition of equipment and resources allocated to the response.		

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C. Utilize emergency assistance agreements – both formal and informal, Memoranda of Understanding (MOUs) and other agreements as needed		
D. Direct Resource Requests using ICS Form 213 RR (Resource Request) to Medical and Health Operational Area Coordinator (MHOAC) if necessary resources cannot be obtained through existing agreements or agreements such as Memorandums of Understanding (MOUs). The Public Health and Medical System for California uses a common framework and operating procedures. Requests typically include resources needed to complete your mission. Examples include medical supplies, staff, pharmaceuticals, PPE, tents, transportation, etc. Important tenants include: • The resource need is immediate and significant • The supply of the requested resource has been exhausted or exhaustion is imminent • The resource is not available from internal or regular supply chain • The resource or an acceptable alternative is unavailable from other vendors, providers, or Pubic Health caches • Payment/reimbursement issues addressed • Provider Resource Request is specific and descriptive and asks for: - Priority - Item Description - Kind (size, strength, specialty) - Type (number of cases, concentration, cert) - Quantity - Duration of Use - Delivery Information		
6. Tracking (Patient/Staff/Volunteers/Resources)	**Date/Time**	**Initials**
A. Patient Tracking Manager completes HICS 254 Disaster Victim/Patient Tracking. HICS 254 records the triage, treatment, and disposition of victims/patients of the event seeking medical attention.		
B. Each Section Chief ensures completion of HICS 252 Section Personnel Time Sheet for each position activated under their specific Section. HICS 252 is used to record each Section's personnel time and activities for each Operational Period.		
C. If volunteers are utilized, Labor Pool and Credentialing Unit Leader completes HICS 253 Volunteer Registration. HICS 253 documents volunteer information for each operational period.		
D. Procurement Unit Leader (or designee) competes the HICS 256 Procurement Summary Report. HICS 256 summarizes and tracks procurements either by Operational Period, or entire incident duration.		
E. Complete HICS 257 Resource Accounting Record. HICS 257 records the request, distribution, return, and condition upon receipt and return of equipment and resources.		
F. For casualty and fatality tracking the Planning Section completes HICS 259. HICS 259 tracks number for each Operational Period of: • Casualties • Fatalities • Patients seen • Patients admitted		

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• Critical Care • Medical/Surgical • Other • Patients discharged • Patients transferred • Patients transferred to the morgue • Patients waiting to be seen		
G. If under evacuation, Situation Unit Leader (or designee) to complete HICS 255 Master Patient Evacuation Tracking. HICS 255 records information concerning patient disposition during an evacuation.		
H. If under evacuation, Inpatient/Outpatient Unit Leader or Casualty Care Unit Leader will complete HICS 260 Patient Evacuation Tracking Form for each patient evacuated. ICS 260 details and accounts for patients transferred to another facility or alternate care site.		
I. If under evacuation, Labor Pool will track staff being assigned and sent to another location, facility or Alternate Care Site.		
J. Staff who become ill or injured as a result of their participation in the emergency response should be tracked and cared for immediately under the Logistics Section Employee Health and Well-Being Unit. Worker's compensation issues associated with illness or injury incurred as a part of the emergency response activities are tracked and addressed under the Finance Section Compensation and Claims Unit.		
K. Finance Section tracks expenses from the beginning of the incident activation including personnel, patient care, resources, equipment repair or replacement, hospital repair and operations in order to identify expenses (potentially) eligible for reimbursement and other forms of assistance		

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