

NEIGHBORHOOD EMERGENCY HELP CENTER PLAN

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This document is a guideline for an orderly response to a crisis. It should not replace sound judgment nor jeopardize the safety of responding personnel.

1.0 Agencies

- 1.1 Delaware Health and Social Services (DHSS)
 - 1.1.1 Division of Public Health (DPH)
 - 1.1.2 Division of Substance Abuse and Mental Health (DSAMH)
 - 1.1.3 Office of the Chief Medical Examiner (OCME)
- 1.2 Delaware Emergency Management Agency (DEMA)
- 1.3 Delaware Pharmacist Society (DPS)
- 1.4 Delaware Department of Transportation (DelDOT)
- 1.5 Delaware State Police (DSP)
- 1.6 Emergency Medical Services (EMS)

2.0 Purpose

- 2.1 To describe the circumstances under which the State Health Operation Center (SHOC) would establish a Neighborhood Emergency Help Center (NEHC) to provide prophylactic medications and/or vaccinations.
- 2.2 To describe general concepts of operations of a NEHC facility
- 2.3 To define the roles and responsibilities of all NEHC personnel.
- 2.4 To be used as a guide. As such, it does not address all conceivable situations or contingencies and should never be used as a substitute for sound judgment.
- 2.5 To implement an all hazards methodology.

3.0 Concept of Operation

3.1 General

- 3.1.1 A Neighborhood Emergency Help Center (NEHC) is a facility operated by the Division of Public Health in cooperation with other agencies to provide prophylaxis, medical triage and sheltering, and serve as a gateway into the healthcare system in the event of a disaster or public health event.
- 3.1.2 The size of the population affected, type of agent or disease, and the time of dissemination will affect the size and number of NEHC(s) established by the State Health Operations Center (SHOC). The SHOC will activate an appropriate number of NEHC(s).

- 3.1.3 Each NEHC is designed to provide prophylactic medications and/or vaccines for up to 1000 to 2000 people per hour for dispensing medications and 600 people per hour for vaccination.
- 3.1.4 NEHC(s) will be established in educational facilities, state service centers, Federally Qualified Health Centers (FQHC), or appropriate community buildings near the event, but out of known hazard zones.
- 3.1.5 This plan is a guideline to operate a NEHC. The given situation may require deviation or expandable modules from the described plan. The SHOC may exclude certain areas or protocols within the NEHC(s) to increase the throughput.
- 3.1.6 These concepts of operation are guidelines to operate a NEHC and can be modified based on operational needs.
- 3.1.7 For the minimum staffing requirements, see Tab F—*Staff Requirements*

3.2 **Activation and Notification**

3.2.1 **Activation**

- 3.2.1.1 The SHOC Incident Commander, based upon information and data from SHOC, emergency management, and/or federal sources, will determine the need for activating one or more NEHC(s).

3.2.2 **Notification**

- 3.2.2.1 The SHOC will use the Delaware Emergency Notification System (DENS) to notify NEHC personnel to report at the specified time and location and/or coordinate with the appropriate department personnel to have staff report at the specified time and location.
- 3.2.2.2 Specific procedures for DENS notification are detailed in the *Communication and Emergency Notifications Standard Operating Guideline* and the *Crisis and Risk Communication Plan*.
- 3.2.2.3 The SHOC coordinates with the selected facility's owners and/or administrators to open the facility.
- 3.2.2.4 The SHOC coordinates with the NHS and/or SHS Liaison(s) to direct deployment of NEHC equipment and notify the NEHC Commander of the estimated time of arrival.
- 3.2.2.5 The SHOC requests DEMA to notify supporting agencies.

- 3.2.2.6 The SHOC will request resources from other DHSS agencies to include Office of the Chief Medical Examiner, Division of Substance Abuse and Mental Health, and other Divisions as needed.
- 3.2.2.7 The SHOC will request the Security Liaison Officer from the Delaware State Police (DSP) to report to the NEHC facility. Security needs will depend upon the size of the event. DSP will determine the need and extent of security. They will also oversee all law enforcement operations.
- 3.2.2.8 The SHOC will notify DEMA when the NEHCs are operational.

3.3 Set-up

3.3.1 General

- 3.3.1.1 Tables are set up and NEHC staff (interpreters, security, and mental health professionals) will be available to clients needing special assistance (special needs) to complete forms or have questions.
- 3.3.1.2 One to two client assistants are posted at the head of each line to direct clients to the next available dispensing table.
- 3.3.1.3 It is anticipated that the greatest numbers will be English-speaking clients. The distribution of English and non-English speaking tables can be modified depending on the NEHC location.
- 3.3.1.4 Non-DHSS and DPH employees report to the NEHC as assigned by their respective agencies. This may include:
- Volunteer medical providers from the Delaware Medical Reserve Corps (DMRC);
 - Employees and volunteers of county, local, and private EMS agencies; and
 - Officers of state, local, and private law enforcement agencies assigned by Delaware State Police.
- 3.3.1.5 Consideration must be given to the limited initial staffing, supplies, and equipment available to the NEHC and the limited capabilities for treatment and resuscitation.
- 3.3.1.6 The NEHC set up should be completed within four (4) hours.

3.3.2 Command and Control

- 3.3.2.1 DPH's response to a disaster and/or public health event will be coordinated and controlled from the State Health Operations Center (SHOC).
- 3.3.2.2 The NEHC is managed under the incident command system model and compliant with the National Incident Management System (NIMS).
- 3.3.2.3 Depending upon the location of the NEHC, the NEHC Commander will report to the Northern Health Services (NHS) Liaison or the Southern Health Services (SHS) Liaison.
- 3.3.2.4 NHS and SHS Liaisons report information to the SHOC NEHC/Clinic Group Supervisor.
- 3.3.2.5 Each NEHC command function and section wears identifying colors.
- 3.3.2.6 The following NEHC Incident Command structure and identifying vest colors are:

- **NEHC Incident Command Staff:**

- NEHC Commander-White with black letters
- Safety Officer-Orange with black letters
- Public Information Officer (PIO)-(From the SHOC) Navy with white letters
- Security Liaison Officer-Law enforcement uniform

- **NEHC Command Sections:**

- Finance and Administration Section-Green with white letters
- Planning Section-Blue with white letters
- Operations Section-Red with white letters
- Logistics-Yellow with black letters.

- 3.3.2.7 Support agencies will appoint their respective supervisory and staff. This includes:

- Security Liaison Officer and Law Enforcement Unit – Delaware State Police
- Mental Health Group Supervisor – Division of Substance Abuse and Mental Health

- Mortuary Group Supervisor – Office of the Chief Medical Examiner
- Facilities Unit Leader – From facility owner

3.3.3 Initial Sorting and Screening

- 3.3.3.1 The main entrance to the NEHC needs to be well marked and wheelchair accessible. Whenever possible, the NEHC should have only one to two entrances for clients to reduce confusion and to facilitate site security and control. One entrance will be for “Not Sick” clients and the other for “Sick” clients.
- 3.3.3.2 If possible, this area needs to be set up outside of the facility.
- 3.3.3.3 Directional signs should be used to help guide clients to the waiting area and registration area.

3.3.4 Queue Area

- 3.3.4.1 A red line will designate the path to the Triage and Evacuation Area for those clients designated as “sick.”
- 3.3.4.2 A blue line will be for clients with special needs, which includes pediatrics, medication allergies, and non-English speaking clients.
- 3.3.4.3 A green line will be for all other “Not Sick” clients.

3.3.5 Registration Area

- 3.3.5.1 A Registration Area will be established where clients fill out the required NEHC registration and screening forms.
- 3.3.5.2 The registration area will be delineated by a line that directs clients to the registration stations. This area will have several tables and chairs placed adjacent to the line for clients that may need assistance with their registration forms. Up to ten registration stations will be set up to initiate the client registration process. This number reflects the maximum number of stations to register clients during peak hours when electronic registration is used.
- 3.3.5.3 Separate lines and registration tables will exist for special needs clients, to include non-English speaking clients, pediatrics, and those with medication allergies.

3.3.6 Medication Dispensing/Vaccination Area

- 3.3.6.1 Tables will be set up for the dispensing of prophylactic medication or vaccinations.
- 3.3.6.2 Dispensing staff (pharmacy tech) will hand out the medications, collect the client record, and note the medication dispensed.
- 3.3.6.3 A separate room will be staffed by a pharmacist and pharmacy technician for special medication compounding.
- 3.3.6.4 If vaccination is required, setup should be similar to the medication dispensing area. Nurses should be substituted for pharmacists and pharmacy technicians. The Vaccination Group Supervisor will be responsible for vaccine and medical supply levels and request re-supply through Medication and Supply Unit.

3.3.7 Pharmacy

- 3.3.7.1 A room should be set aside for the pharmaceutical staff to store and organize medications and/or vaccinations.
- 3.3.7.2 Oral medications will be prepackaged or premixed to maximize throughput.

3.3.8 Medication Counseling Area

- 3.3.8.1 A Medication Counseling Area will be placed near the exit from the NEHC facility for clients who need additional assistance.
- 3.3.8.2 Three pharmacists will staff the Medication Counseling Area if medications are dispensed. If vaccinations are given, the counseling area will be staffed by DHSS/DPH nurses.

3.3.9 Community Outreach Branch

- 3.3.9.1 The Community Outreach Branch will be located in a separate area where it can coordinate with the Community Outreach Provider Network (COPN) to provide NEHC services to clients who cannot come to the NEHC.

3.3.10 **Mental Health Room/Area**

- 3.3.10.1 A Mental Health Area, preferably in a separate room, to treat clients who are having difficulties coping with the event. This can also be used to treat staff.
- 3.3.10.2 The Mental Health Group is located approximate to the Medication Dispensing/Vaccination Area.

3.3.11 **Triage and Evacuation Area**

- 3.3.11.1 The Triage and Evacuation area should be at least 3,500 square feet to accommodate 40 beds, medical equipment and supplies, and aisle space. Each station requires space to conduct individual patient evaluations. Partitions are recommended between the stations. Storage space to maintain a limited amount of readily available first aid supplies is also needed. The room should be designed to allow the monitoring of the staff working in this area and control the flow of clients.

3.3.11.2 **Mortuary Area**

- The mortuary will be established in an area remote and out of direct view of the general population both inside and outside of the facility to the greatest extent possible.
- The Mortuary Group is operated by the Office of the Chief Medical Examiner (OCME) under the general supervision of the Support Operations Branch Director.
- General policies and procedures of the OCME will be utilized for storing, transporting, and releasing victims' remains.
- Space (preferably hard surfaced) will be set aside for refrigerated trailers.

3.3.12 **Communications**

- 3.3.12.1 The NEHC Commander will maintain communications with the NHS and/or SHS Liaison(s) at the SHOC through the following methods, in order of preference:
 - Telephone
 - E-mail
 - 800 MHz radio system
- 3.3.12.2 Internal communication within the NEHC will be conducted through the following methods, in order of preference:

- Email (if available)
- Internal telephone system
- Portable radio
- Runner with message form

3.3.12.3 Radio issue-800 MHz

- Communications Unit-2
- Transportation Unit Leader-1
- NEHC Commander-1

3.3.12.4 800 MHz talk groups will be assigned by the SHOC at the time of event.

3.3.12.5 Portable Radio (non-800 MHz) Issue-Internal

- NEHC Commander-1
- Communications Unit-2
- Security Liaison Officer-15
- Section Chiefs-4
- Branch Directors-3
- All Unit Leaders and Group Supervisors-based on operational needs.

3.3.13 **Transportation**

3.3.13.1 Space will be set aside for ambulances to pick up patients.

3.3.13.2 A staging area will be set aside for vehicle parking.

3.3.14 **Security**

3.3.14.1 One law enforcement officer will be assigned to the medical Rapid Intervention Team, and two other officers will be assigned to the security Rapid Intervention Team. Rapid Intervention Teams are designed to handle medical and security emergencies at the NEHC.

3.3.15 **Medication and Supply Unit**

3.3.15.1 The Medication and Supply Unit requires a storage area for supplies and equipment close to or with direct access to an exterior door. Access to a loading dock would be beneficial.

3.3.16 Food Unit

3.3.16.1 A Food Unit will be established within the NEHC in a cafeteria (if available) or in another large room as a separate rest area for short-term rest periods for staff.

3.3.16.2 Staff rest rooms will be separate from general public rest rooms whenever possible.

3.3.17 Additional Information

3.3.17.1 For more information on setting up a NEHC, see Tab C—*NEHC Set-up and Process*.

3.4 Process

3.4.1 All NEHC staff will be directed to the Registration Area or the Medication Dispensing/Vaccination Area for processing to receive appropriate prophylactic medications or vaccine, if available through the NEHC. NEHC staff will register themselves and their family members and receive medications for their respective families to take home following their assigned shift.

3.4.2 Initial Sorting and Screening Area

3.4.2.1 Initial Sorting Area

- The main entrance in the NEHC needs to be well marked and wheelchair accessible.
- Client assistants need to assist clients with physical disabilities who do not have family or caretaker support.
- While this treatment facility is intended for Delaware residents, no person requesting assistance should be denied care based on residence status.
- Clients will determine whether they are sick or not sick based on signs and symptoms posted at the entrance.
- Sick and/or injured clients will be directed to the entrance to the Triage and Evacuation Area.
- Uniformed security officers will keep the clients orderly, explain the process of obtaining medications or getting a vaccination, and explain delays, as necessary.
- Families stay together regardless of individual triage status. If one family member is triaged to “sick” all family members will go with that client down the “sick” triage (red) line.
- If none of the family members are sick, a single adult member of the family may enter the NEHC and pick up

medications for the entire family. However, a screening form must be completed for each member of the family receiving medication. This is known as the Head of Household Process and can only be utilized in medication dispensing. SHOC will provide detailed information on the process.

- A family member or legal guardian 18 years or older may pick-up prescriptions for household family members in a medication dispensing situation only. In other cases a person may also pick up prescriptions for a person when authorized by a power of attorney or court order. If vaccination is required, all family members must be present. A NEHC Registration Form must be filled out for each person.

3.4.2.2 **Screening**

- A healthcare provider (emergency department nurse, critical care nurse, paramedic, or EMT-B) will reassess clients.
- Sick and/or injured clients will be directed to the Triage and Evacuation Area. If a family has even one sick member, the entire family is directed to the Triage and Evacuation Area.
- Asymptomatic (“Not sick”) clients will be directed to the Queue Area to proceed through the Registration Area.

3.4.3 **Queue Area**

3.4.3.1 A gatekeeper will be posted at the entrance of the Queue Area and should allow 30 or more persons to enter the facility at a time.

3.4.3.2 Clients will be directed to one of 10 tables containing registration forms, pencils and information sheets describing the nature of the disaster and the medication being prescribed. Staff needs to be assigned to help clients with their registration forms.

3.4.3.3 A mask or other protective barrier device may be given to clients to wear, depending on the agent.

3.4.4 **Registration Area**

3.4.4.1 If appropriate and feasible, all clients will be required to register in the Registration Area. A NEHC Registration Form must be completed by the client prior to medication dispensing and/or vaccination.

3.4.4.2 Incoming clients should complete the registration forms prior to entering the NEHC to maximize throughput. Every effort should

be made to have all forms filled out prior to clients arriving at the NEHC.

- 3.4.4.3 If clients do not have a *NEHC Registration Form* prior to initial sorting, a form will be given following initial sorting to be filled out.
- 3.4.4.4 *NEHC Registration Forms* are to be made available, in languages known to be distinctive to Delaware, on the DPH website and public access sites, such as the United States Post Office, Public Libraries, and local convenient stores.
- 3.4.4.5 Immediately upon review by the client registration clerk, the client (and their accompanying family members) will proceed with their registration forms to await entry into the Medication Dispensing/Vaccination Area. The registration form may be required for entry into the Medication Dispensing/Vaccination Area.
- 3.4.4.6 Separate lines and registration tables will exist for special needs clients, to include non-English speaking clients, pediatrics, and those with medication allergies.
- 3.4.4.7 Client Registration Clerks record demographic and basic clinical client information on the client registration form. This information is transferred to the master client registration form.
- 3.4.4.8 Once the client data has been recorded, the client is instructed to go to Medication Dispensing/Vaccination Area line.
- 3.4.4.9 If any individual in the Registration Area becomes disruptive, a mental health professional will request a security officer to intervene, and arrange for additional psychological support, if necessary.
- 3.4.4.10 Additional interpreters may be needed to assist non-English speaking clients with completing forms written in their language.
- 3.4.4.11 This area has the potential to bottleneck due to the volumes of clients that will be passing through. The Registration Group Supervisor will notify NEHC Command when the bottleneck is delaying medication dispensing and/or giving vaccinations.

- 3.4.4.12 Registration Area personnel must have the ability to request help and client transportation in the event of an emergency.
- 3.4.4.13 For additional information, see Tab C—*NEHC Set-up and Process*.
- 3.4.5 **Medication Dispensing/Vaccination Area**
 - 3.4.5.1 One to two client assistants will be posted at the head of each queue to direct clients to the next available dispensing table.
 - 3.4.5.2 Dispensing staff (pharmacy tech) will hand out the medications, collect the client record, and note the medication dispensed. Several pharmacists will float among the stations to address any questions from the pharmacy technicians.
 - 3.4.5.3 A Head of Household Process will be implemented for medication dispensing when directed to do so by SHOC.
 - 3.4.5.4 After receiving medications or vaccination, clients are requested to keep moving.
 - 3.4.5.5 Clients need to be directed to the Medication/Vaccination Counseling Area where information on wound management (vaccination) and/or additional information about their medication such as, medication interaction and side effects, is provided.
 - 3.4.5.6 After receiving their medication and/or vaccination and/or medication counseling, direct clients to the closest exit door
 - 3.4.5.7 Clients can call the DPH Call Center number listed on the instruction form if they have questions after leaving the NEHC.
 - 3.4.5.8 For medical treatment and dispensing protocols, reference the *Delaware Emergency Operation Plan*, “Emergency Support Function (ESF-8), Public Health, and Medical Services”, “Appendix A-1: NBC Treatment Medical Protocols.” The State Health Officer will approve all medical protocols for treatment and pharmaceutical dispensing in a disaster. Protocols will be maintained in advance for known diseases.

3.4.6 **Pharmacy**

- 3.4.6.1 Clients should be given their medications and medication instruction form at the dispensing table and requested to keep moving, holding all questions for the Medication Counseling Area.
- 3.4.6.2 A pharmacist will float among the stations to address any questions from the pharmacy technicians.
- 3.4.6.3 Dispensing staff will monitor medication and medical supply levels and request re-supply through Medication and Supply Unit.

3.4.7 **Medication/Vaccination Counseling Area**

- 3.4.7.1 Clients can have immediate questions answered in the Medication/Vaccination Counseling Area, or direct their questions to the DPH call center number listed on the instruction form.

3.4.8 **Mental Health Room/Area**

- 3.4.8.1 The Mental Health Group staff will be visible in all areas of the NEHC. Several mental health professionals will be assigned to each area and one will be assigned to a Rapid Intervention Team reporting to the Medical Operation Branch Director.
- 3.4.8.2 Mental health professionals will float in the Queue Area, the Medication Dispensing/Vaccination Area, and near the exit doors to intervene with potential mental health issues.
- 3.4.8.3 A mental health professional will be trained in critical incident stress management and assigned to the Food Unit Area for stress defusing and debriefing, as necessary

3.4.9 **Triage and Evacuation Area**

- 3.4.9.1 All medical personnel assigned to this area must understand the system used for evaluating and triaging patients in the NEHC.
- 3.4.9.2 In the Triage and Evacuation Area a client becomes a patient.
- 3.4.9.3 The Simple Triage and Rapid Treatment (START) process will be the standard triage process for the Triage and Evacuation Area

(for more information, see Tab D—*Sorting and Triage Guidelines*.)

- 3.4.9.4 After START, the Triage and Evacuation Group staff will make a decision based on clinical evaluation where to transfer the patients.
- 3.4.9.5 “Minor (Green)” patients with family or other social support systems in place will be sent to the Medication Dispensing/Vaccination Area to receive medications or be vaccinated.
- 3.4.9.6 “Minor (Green)” patients without family or social support systems may be transported to a definitive care facility within 24 hours.
- 3.4.9.7 “Delayed (Yellow)” patients should be evacuated within two hours, to prevent their condition from deteriorating.
- 3.4.9.8 “Immediate (Red)” patients will be moved to the holding area and transported to a definitive care facility within one hour.
- 3.4.9.9 Clients who are “Expectant/Deceased (black)” (i.e. likely to die despite the best available care) are low priority for transport and may be sequestered within the Triage and Evacuation Area.
- 3.4.9.10 The *NEHC Medical Evaluation Form* will be utilized and will accompany the client to the hospital or ACC (see Tab J—*NEHC Forms*).

3.4.9.11 Mortuary Area

- The deceased need to be held in the Mortuary Area until released to the Office of the Chief Medical Examiner or a funeral home. In the event that a patient dies while in the NEHC, do the following:
 - Notify the Command Post that a patient has expired;
 - Inform the Mortuary Group that a body is inbound;
 - Arrange for transport of the deceased to the morgue;
 - Tie an identification tag on the left great toe of the deceased;
 - Cover the body with a clean sheet or place in a body bag for transport to the morgue;
 - Fill out the appropriate patient record information;
 - Ensure the patient record and personal belongings accompany the remains during transport to the Mortuary Area or morgue;
 - Log the deceased's disposition on the patient tracking log; and
 - Refer all inquiries regarding the deceased to the Command Post

3.4.9.12 Transfer of Patients

- Transfer of clients from the Triage and Evacuation Area will depend on the client's signs and symptoms, his/her underlying medical condition, and the specific agent involved. Medical Protocols provide guidance for transferring patients to an ACC, hospital, or expectant management. These protocols will be provided at the time an incident begins based on the known or suspect agent. There is also a fact sheet for "unknown agent."
- The Acute Care Center (ACC) is capable of providing care for clients whose needs exceed the ability to provide care at home and do not require a high level of respiratory or cardiovascular support. The ACC can provide bronchodilators, hydration, pain management, and IV antibiotics. (See *Acute Care Center Plan* for further details.)
- Stable patients can typically be transferred to an ACC as a routine transport provided their treatment is initiated by the NEHC's Triage and Evacuation Group. Unstable patients

who cannot be stabilized at the NEHC should be transferred as “Immediate” (Red).

3.4.9.13 **Rapid Intervention Team**

- If a medical emergency takes place at the NEHC, a Rapid Intervention Team consisting of critical care or Emergency Department RNs or EMT, a mental health professional, and a law enforcement officer will be sent to the site to render treatment.

3.4.9.14 For additional information on triage and sorting, see Tab C—*NEHC Set-up and Process* and Tab D—*Sorting and Triage Guidelines*.

3.4.10 **Community Outreach Branch**

3.4.10.1 The Community Outreach Branch will oversee and provide services from the NEHC to homebound clients or others unable to come to the NEHC.

3.4.10.2 The Community Outreach Branch will coordinate with the Community Outreach Provider Network to accomplish this.

3.4.10.3 **Community Outreach Provider Network (COPN)**

- COPN will provide teams comprised of the COPN network provider agencies serving their respective client base and comprised of no less than two persons, one of whom shall be a nurse when possible.
- COPN will dispatch teams with medications and supplies to triage clients in their home. If triage reveals that transportation to an ACC or hospital is necessary, 9-1-1 will be activated to provide transport.
- COPN will provide data reports and documentation to the NEHC.

3.4.11 **Communications**

3.4.11.1 Communications with clients will be accomplished by kiosks, handouts, or signs along with mental health professionals working the lines.

- Information should address the situation and include the disease or infection, medication information, instructions,

and possible side effects. Information also needs to be available in Spanish and other languages.

- Increased communications along with mental health professionals walking the lines and increased security should help minimize rumors.

3.4.12 **Transportation**

3.4.12.1 Transportation resources for the NEHC are provided through existing emergency patient transportation plans and State Emergency transportation contracts established by DEMA.

3.4.12.2 The Transportation Unit coordinates transportation of clients to and from the NEHC.

3.4.12.3 Whenever possible, a paramedic unit should be stationed at the NEHC. It will remain available for calls in district.

3.4.12.4 The Transportation Unit Leader coordinates and works with tow truck agencies and law enforcement officials to place abandoned vehicles in a segregated area until the client or family arranges to pick up the vehicle.

3.4.12.5 EMS and public transit employees receive appropriate education, training, and equipment for personal protection. They will also receive prophylactic medications and/or vaccinations as available for the identified agent before assignment to duty.

3.4.13 **Security**

3.4.13.1 Security personnel monitor and provide security, safety, and protection for all NEHC operations.

3.4.13.2 All security personnel will be instructed to look for unattended children.

- Security personnel will make a brief attempt to locate parent or guardian. If unable to locate, they will radio for a mental health professional to take the unattended child to the Mental Health Area.

3.4.13.3 Security personnel verify all NEHC staffs' respective agency's identification badge, shirt and/or vest, and any issued NEHC identification badge.

3.4.14 **Medication and Supply Unit**

- 3.4.14.1 All Strategic National Stockpile (SNS) and In-state Stockpile (ISS) assets are received by the Medication and Supply Unit Leader. The unit leader will be responsible for signing the delivery receipt from the delivering agent.
- 3.4.14.2 All prophylactic medications and vaccines are stored securely and records of distribution maintained.
- 3.4.14.3 The unit will only release SNS medications to designated representatives of the Medication Dispensing/Vaccination Group.
- 3.4.14.4 Prophylactic medications or vaccines not used will be returned to the Medication and Supply Unit for storage.
- 3.4.14.5 The NEHC is the primary public dispensing site for the SNS (See *SNS Plan*).
- 3.4.14.6 The NEHC may also serve as a point of dispensing` for assets of the ISS (see *ISS Plan*). Locations for ISS first responder dispensing includes local fire or paramedic stations, or some other centrally located facility within a county or community.
- 3.4.14.7 Requests for additional medications and vaccines, equipment or supplies available from the SNS will be directed to the NEHC Commander for routing to the SHOC.

3.4.15 **Food Unit**

- 3.4.15.1 The Food Unit will remain open as a break area for NEHC personnel.

3.5 **Demobilization**

- 3.5.1 Returning of the facility to its owner/occupier will be given high priority by the NEHC Commander.
- 3.5.2 For more information, see Section 7-*Facility Demobilization*.

3.6 **Records**

- 3.6.1 Detailed records will be required from each section to capture important personnel, supply, equipment, and facility information. Each section,

branch, group, and unit will utilize documentation procedures established for that section, branch, group, or unit.

- 3.6.2 All other reports including time sheets, material receipts, purchase requisitions, damage reports, injury reports, etc. need to be forwarded to the Finance and Administration Section for recording and retention.
- 3.6.3 Registration may not be used in all cases depending upon the situation. If used, client records will be kept secured and filed near the Registration Area. Records will be entered into a database if possible.

4.0 NEHC Command and Sections Responsibilities

4.1 NEHC Command Staff

4.1.1 NEHC Commander

- 4.1.1.1 Commands all NEHC operations under the direction of the NHS/SHS Liaisons and the SHOC.
- 4.1.1.2 Provides updated reports to the SHOC via the NHS/SHS Liaisons on number of clients seen, strength of staff, resources used, number of deceased, and number of patients transferred to definitive care facilities.
- 4.1.1.3 Develops and enforces the internal policies and staffing strategies to operate the center incorporating guidelines provided by the SHOC.
- 4.1.1.4 Schedules regular briefings with the Section Chiefs, Staff Officers, and the Security Liaison Officer. There will be at least three regular briefings scheduled for every 12-hour shift. Section Chiefs will brief their branches and units after every scheduled briefing.
- 4.1.1.5 Appoints a Security Liaison Officer to supervise security.
- 4.1.1.6 The structure of the Incident Command System and suggested staffing leave wide discretion to the NEHC Commander. All positions do not have to be filled. Likewise, there may be a need to have more than the suggested staff to perform a certain task.

4.1.2 **Public Information Officer (PIO)**

- 4.1.2.1 Reports to the SHOC Public Affairs Officer and the NEHC Commander, works closely with the NHS/SHS Liaisons, and interfaces with other agencies.
- 4.1.2.2 Develops accurate and complete information on current situation, resources committed, and number of clients treated. The approval of the SHOC Incident Commander needs to approve information before distribution.
- 4.1.2.3 Is responsible along with the SHOC Public Affairs Officer for developing a communication plan, which will include information for special needs clients.

4.1.3 **Security Liaison**

- 4.1.3.1 Coordinates activities with the NEHC Commander to:
 - Maintain traffic flow in parking areas and keeps routes of travel for emergency vehicles and transport vehicles accessible;
 - Maintain order at entrances and in Initial Sorting and Screening Area, Queue Area, and Medication Dispensing/Vaccination Area;
 - Provide security staff to protect pharmaceutical supplies;
 - Protect clients, staff and property;

4.2 **Finance and Administration Section**

4.2.1 **Finance and Administration Section Chief**

- 4.2.1.1 Organizes and directs all aspects of the Finance and Administration Section
- 4.2.1.2 Trains and registers NEHC personnel and maintains all financial and human resources records.
- 4.2.1.3 Oversees administrative staff, the Human Resources Unit, and the Time Unit.

4.2.2 **Human Resources Unit Leader**

- 4.2.2.1 Maintains human resources function to ensure the NEHC facility has the ability to operate.

- 4.2.2.2 Trains and supports NEHC personnel and verifies and credentials the healthcare professionals.
- 4.2.2.3 Establishes a room or area to identify, log, stage, and credential staff before they are sent to their respective areas.
- 4.2.2.4 Positively identifies staff before admission to the NEHC. All positive identification must include a photograph. Identification will be cross-checked with staff rosters before entry is permitted. All others are to be denied entry.

4.2.3 **Trainer**

- 4.2.3.1 Provides training through the NEHC trainer on an as needed basis by the respective section, branch, group, or unit personnel or designees.
- 4.2.3.2 Assures that all personnel assigned to the NEHC receive information on the agent that the NEHC is treating and appropriate personal protective equipment. The trainer will maintain records of training and Personal Protective Equipment (PPE) distribution.
- 4.2.3.3 Follows up with the NEHC Commander and Section Chiefs to determine if there are additional training needs.
- 4.2.3.4 Observes operations throughout the shift to determine follow-up training needs for NEHC personnel.

4.2.4 **Time Unit Leader**

- 4.2.4.1 Ensures proper daily recording of personnel time, in accordance with the policies of the relevant agencies and records or captures equipment usage time.
- 4.2.4.2 Tracks and documents all NEHC personnel hours worked.

4.3 **Planning Section**

4.3.1 **Planning Section Chief**

- 4.3.1.1 Develops and maintains the facility specific action plan, policies, and procedures.
- 4.3.1.2 Prepares the Incident Action Plan specific to the NEHC.
- 4.3.1.3 Provides technical assessment.
- 4.3.1.4 Provides forecasting.
- 4.3.1.5 Manages resources.
- 4.3.1.6 Prepares Demobilization Plan.
- 4.3.1.7 Maintains accurate incident documentation and ongoing situation information.
- 4.3.1.8 Utilizes data obtained from the various operational areas to project staffing, resource needs, and project population throughput. The data is analyzed to determine if greater efficiencies can be implemented.
- 4.3.1.9 Holds planning meetings at least two times every 12 hours to update the command staff with pertinent information.
- 4.3.1.10 Assures that updated information is given to staff.

4.4 **Logistics Section**

4.4.1 **Logistics Section Chief**

- 4.4.1.1 Assures receipt and distribution of supplies and equipment and the maintenance of the physical facilities to support NEHC operations.
- 4.4.1.2 Oversees the Facilities Unit, Transportation Unit, the Medication and Supply Unit, the Communications Unit, and the Food Unit.

4.4.2 **Facilities Unit Leader**

- 4.4.2.1 Maintains the physical facility assuring proper operations of electrical, mechanical, and utility functions.
- 4.4.2.2 Will be either a DHSS employee and/or an on-site facility employee.
- 4.4.2.3 Works with on-site maintenance department to provide general housekeeping of the facility.

4.4.3 **Transportation Unit Leader**

- 4.4.3.1 Coordinates transportation resources for the NEHC.
- 4.4.3.2 Coordinates transportation of clients to and from the NEHC.
- 4.4.3.3 A minimum of four basic life support ambulances and four paratransit (wheelchair) vehicles with crews should be assigned to transport clients among the NEHC, ACC, and hospital, when available. If unavailable, SHOC will work through the Emergency Operations Center (EOC) to provide client transportation.
- 4.4.3.4 Coordinates with the SHOC Logistics' Transportation Unit to obtain additional transportation vehicles, when needed.
- 4.4.3.5 Coordinates and works with tow truck agencies and law enforcement officials to place abandoned vehicles in a segregated area until the client or family arranges to pick up the vehicle.

4.4.4 **Medication and Supply Unit Leader**

- 4.4.4.1 Sends requests for additional medications, equipment, or supplies to the NEHC Commander.
- 4.4.4.2 Records inventory quantities of SNS medications every two hours and report them to the NEHC Commander.
- 4.4.4.3 Coordinates receiving and unloading of the NEHC equipment trailer and prepares for set-up.
- 4.4.4.4 Establishes a distribution area for parking supplies and equipment.

- 4.4.4.5 Provides re-supply and delivery services to each operational area.
- 4.4.4.6 Maintains or obtains replacement for electronic or other capital equipment items.
- 4.4.4.7 Collects and disposes of contaminated waste containers utilizing existing state contracts.
- 4.4.4.8 Ensures the delivery of appropriate PPE.

4.4.5 **Communications Unit Leader**

- 4.4.5.1 Establishes a communications center at the command post to send and receive voice, fax, e-mail, portable radio, and 800 MHz radio traffic.

4.4.6 **Food Unit Leader**

- 4.4.6.1 Operates the Food Unit Area and assures that it is constantly stocked with food and refreshments for a minimum number of hours.

4.5 **Operations Section**

4.5.1 **Operations Section Chief:**

- 4.5.1.1 Oversees the Medical Operations Branch, the Support Operations Branch, and the Community Outreach Branch.
- 4.5.1.2 Implements the NEHC-specific Incident Action Plan

4.5.2 **Medical Operations Branch**

4.5.2.1 **Medical Operations Branch Director**

- Supervises the Initial Sorting and Screening Group Supervisor, the Triage and Evacuation Group Supervisor, the Registration Group Supervisor, the Medication Dispensing/Vaccination Group Supervisor, Medication/Vaccination Counseling Group Supervisor, and the Rapid Intervention Team.
- Organizes, prioritizes, and assigns medical personnel to units where clinical care is being delivered
- Advises the Operations Section Chief on issues related to medical activities.
- Initiates and supervises the clients triage process.
- Provides controlled client discharge.

4.5.2.2 **Initial Sorting and Screening Group Supervisor**

- Sorts clients according to severity of illness or injury and assures their disposition to the proper treatment unit.

4.5.2.3 **Triage and Evacuation Group Supervisor**

- Coordinates the medical assessment and minor care of clients received from the Initial Sorting and Screening Area.
- Assures adequate staffing and supplies in the Triage and Evacuation Area.
- Facilitates the medical assessment triage, minor treatment, and transportation of patients.

4.5.2.4 **Medication Dispensing/Vaccination Group Supervisor**

- Coordinates the throughput of clients in the Medication Dispensing/Vaccination Area.
- Facilitates the process of client education, dispensing mass prophylaxis and final client discharge by assuring adequate staff and supplies in the Medication Dispensing/Vaccination Group.

4.5.2.5 **Medication/Vaccination Counseling Group Supervisor**

- Supervises and provides client education related to the incident and medications dispensed and/or vaccines given.
- Ensures that clients have an understanding of what they are to do upon leaving, when to return, when follow-up is necessary, and who to call if problems arise.

4.5.2.6 **Rapid Intervention Team**

- Responds to medical emergencies at the NEHC.
- Consists of RNs or EMT-Bs, a mental health professional, and a law enforcement officer.

4.5.2.7 **Registration Group Supervisor**

- Establishes and oversees the Registration Area.
- Ensures continuous and rapid client flow.

4.5.3 **Support Operations Branch**

4.5.3.1 **Support Operations Branch Director**

- Organizes and oversees the Support Operations Branch, which includes the Mental Health Group and the Mortuary Group.

4.5.3.2 **Mental Health Group Supervisor**

- Organizes, directs, and supervises those services associated with the social and psychological needs of the clients, staff, and their respective families.
- Provides mental health assistance to clients within the NEHC. Services include critical stress defusing, mental health counseling, discharge counseling, and staff debriefing.
- Intervenes as necessary to ensure that clients exhibiting signs of critical incident stress such as anger, verbal abuse, aggressiveness, fear, and other outward signs are quickly sequestered from the general NEHC population and provided professional services. If mental health professionals cannot quickly defuse the situation, security will intervene. The mental health professional should not approach the client until security has made the scene safe.
- Monitors NEHC Staff for signs of stress and has the authority to pull staff from their work station with cause after notifying the Mental Health Group Supervisor and their immediate supervisor.
- Assists in finding services, as necessary to support families or individual discharged from the NEHC.
- Provides self-help information packets on signs and symptoms of a mental health crisis for distribution in the Medication Dispensing/Vaccination Area.
- Responsible for unattended or lost children. A separate room and volunteers will be dedicated to this function. Volunteers, preferably teachers, will be used to monitor the children and provide support. Every effort will be made to reunite the child with their parent or guardian.

4.5.3.3 **Mortuary Group Supervisor**

- Collects, protects, and identifies deceased clients
- Supervises the Mortuary Group
- Utilizes general policies and procedures of the OCME for storing, transporting, and releasing the deceased.

- Provides the Operations Section Chief and the NEHC Commander with hourly status of deceased client identification.

4.5.4 **Community Outreach Branch**

4.5.4.1 **Community Outreach Branch Director**

- Oversees and provides services from the NEHC to homebound clients or others unable to come to the NEHC.
- Coordinates services and supplies needed to assure homebound clients or others unable to come to the NEHC in the affected areas have access to medical care.
- Provides NEHC services to those who are unable to reach the NEHC due to physical disability, homelessness, lack of family or social support, home medical care (i.e., home ventilator), hospice clients, or other culturally related issues.
- Works through the Community Outreach Provider Network (COPN) and others to distribute and dispense medications and/or vaccinate. This includes: Hospice, developmentally disabled, prisons, physically handicapped, visiting nurses, etc. The COPN will be established and maintained by PHPS.
- Assists long-term care administrators or high-occupancy resident facility captains seeking medications or vaccines for their facilities. Administrators with the appropriate credentials and supporting documentation will be given medication for their facilities. The SHOC will determine the priority for the populations to be served.
- Communicates with the COPN through electronic means to activate and alert them to the need to provide service to their clients and to assure that these special populations are reached.
- Dispatches COPN teams from the NEHC to provide services in the home and community.
- Provides clients care in the home through the COPN to the greatest extent possible, and where family or support services are in place.

5.0 Agency Responsibilities

5.1 Delaware Health and Social Services (DHSS)

- 5.1.1 Assist in planning efforts with DPH.
- 5.1.2 Provide personnel for NEHC(s).
- 5.1.3 Participate and/or observe in yearly exercises by DPH, if necessary.

5.2 Division of Public Health (DPH)

- 5.2.1 Provide command and control for NEHC(s) through the State Health Operations Center (SHOC).
- 5.2.2 Provide oversight for all planning efforts.
- 5.2.3 Provide personnel for NEHC(s).
- 5.2.4 Conduct and participate in yearly exercises.
- 5.2.5 Provide training on NEHC operations.
- 5.2.6 Request the Strategic National Stockpile (SNS) through the Delaware Emergency Management Agency (DEMA) for deployment when necessary.

5.3 Division of Substance Abuse and Mental Health (DSAMH)

- 5.3.1 Assist in planning efforts with DPH.
- 5.3.2 Provide mental health services at NEHC(s).
- 5.3.3 Participate and/or observe in yearly exercises by DPH, if necessary

5.4 Office of the Chief Medical Examiner (OCME)

- 5.4.1 Assist in planning efforts with DPH.
- 5.4.2 Provide mortuary services at NEHC(s).
- 5.4.3 Participate and/or observe in yearly exercises by DPH, if necessary.

5.5 Delaware Emergency Management Agency (DEMA)

- 5.5.1 Assist in planning efforts with DPH.
- 5.5.2 Act as the lead state agency in the event of a declared state of emergency.
- 5.5.3 Participate and/or observe in yearly exercises by DPH, if necessary.
- 5.5.4 Provide additional supply transportation support between the RSS and NEHC sites through private transportation and warehouse companies as stipulated in State emergency transportation contracts.

5.6 Delaware Pharmacists Society (DPS)

- 5.6.1 Assist in planning efforts with DPH.
- 5.6.2 Provide pharmacists and pharmacy technicians to dispense medications when a NEHC is activated
- 5.6.3 Participate and/or observe in yearly exercises by DPH, when requested.

5.7 Delaware Department of Transportation (DelDOT)

- 5.7.1 Assist in planning efforts with DPH.
- 5.7.2 Provide traffic control at NEHC facilities.
- 5.7.3 Participate and/or observe in yearly exercises by DPH, if necessary.

5.8 Delaware State Police (DSP)

- 5.8.1 Assist in planning efforts with DPH.
- 5.8.2 Coordinate security, crowd control, and traffic support at NEHC(s).
- 5.8.3 Participate and/or observe in yearly exercises by DPH, if necessary.

5.9 Emergency Medical Services (EMS)

- 5.9.1 Assist in planning efforts with DPH.
- 5.9.2 Plan for identifying, treating, and transporting clients during public health emergencies.
- 5.9.3 Provide support for identifying, treating, and transporting clients during public health emergencies, if available.
- 5.9.4 Provide EMT-B(s), if available, for supporting NEHC(s).

6.0 Staffing Guidelines

6.1 General

- 6.1.1 This section serves as a guideline for the staffing needs for one 12-hour shift in a NEHC. The NEHC Commander and the SHOC will make adjustments based on planning information.
 - 6.1.1.1 NEHC personnel should be pre-selected, trained, and assigned to their position before a NEHC is activated. The Public Health Preparedness Section (PHPS) will take the lead in training NEHC personnel. Planning guidance allows for the establishment of five NEHC(s) facilities to treat an estimated 240,000 to 480,000 people in 48 hours, based on a throughput of 1,000 to 2,000 clients per hour. Planning assumptions were based on an anthrax scenario with the NEHC(s) excluding a registration process and providing minimal education.

- 6.1.1.2 The Medical Reserve Corps (MRC) of Delaware may be utilized to fill staff positions.
 - 6.1.1.3 Depending upon agent, illness, or medical emergency situation NEHC personnel can be changed and replaced with other appropriate medical personnel. For example, if the NEHC is administering vaccinations, pharmacy technicians and pharmacist should be replaced with licensed nurses.
 - 6.1.1.4 Clients can be assigned to a NEHC either by area, city, town, zip code, telephone number or other method in order to spread throughout throughout the entire 24 hours. Shifts can be increased, altered or locations added to increase throughput throughout the daytime.
 - 6.1.2 All staff will report to the Human Resources Unit area within the NEHC. DPH staff will sign timesheets, receive assignments and facility credentials.
 - 6.1.2.1 Support agency staff will also report to the Human Resources Unit area to check-in with their agency supervisor, receive assignments and facility credentials.
 - 6.1.3 Staff will sign-out in the Human Resources Unit area upon being relieved by the incoming shift.
 - 6.1.4 The staffing plan should only serve as a guideline. Staffing can be expanded, decreased, or reallocated according to the type of illness, agent, or conditions in the NEHC.
 - 6.1.5 Volunteers will be recruited to work in the NEHC as client assistants, runners, housekeepers, records collection clerks, data entry clerks, and any other function as needed or directed.
- 6.2 **NEHC Staffing Guidelines (See Tab F—*Staff Requirements*)**

7.0 Facility Demobilization

- 7.1 Returning of the facility to its owner/occupier will be given high priority by the NEHC Commander.
- 7.2 Impact to existing infrastructure or content will be kept to the minimum to achieve the objective.
- 7.3 DPH will restore the facility to the same status when the NEHC was opened. DPH will pay expenses for restoration.
- 7.4 The Logistics Section will develop a facility demobilization plan.
- 7.5 A facility walk-through needs to be done by DPH and the facility owner/occupier prior to final turnover to the owner/occupier.
- 7.6 A schedule to restore the facility will be provided in the facility demobilization plan. Facility restoration timetable will depend on the agent involved, the number of persons processed through the facility, and the number of days the NEHC operated.

8.0 Plan Maintenance and Administration

- 8.1 This plan will be reviewed annually by PHPS.
- 8.2 Changes in plan and contact information will be provided by the Division of Public Health.
- 8.3 Training and/or exercises will be conducted annually.
- 8.4 An After Action Report (AAR) will be prepared by the Division of Public Health, Public Health Preparedness Section, within 60 days of the event or exercise ending.
- 8.5 AARs will to be sent to all key participants to allow them to revise plans, if necessary.
- 8.6 Just-In-Time Training
 - 8.6.1 Definition – Just-in-Time Training is a concise, specific training provided just prior to its usage.
 - 8.6.2 Situation – JIT is most typically used to orient new staff to their role. Prolonged events, events that cause workforce shortages, changes in procedures, new staff, are some reasons why JIT may be needed.
 - 8.6.3 Delivery – JIT will most likely be delivered on site by Supervisors who have received Train-the-Trainer classes. The SHOC Logistics may deploy the

JIT Team to the site. JIT may also be available via videoconference, pre-deployed materials and distance learning (DeTRAIN).

8.6.4 Content – JIT Content for the NEHC includes:

8.6.4.1 Incident Command Structure

8.6.4.2 Sequence of Events

8.6.4.3 Description of NEHC Operations and Facility Orientation

8.6.4.4 Review of Job Action Sheets and Responsibilities

8.6.4.5 NEHC Forms

8.6.4.6 Safety

9.0 Tabs

- Tab A—References
- Tab B—Glossary
- Tab C—NEHC Set-up and Process
- Tab D—Sorting and Triage Guidelines
- Tab E—NEHC Checklist
- Tab F—Staff Requirements
- Tab G—Equipment List
- Tab H—Job Action Sheets
- Tab I—Client Fact Sheets
- Tab J—NEHC Forms
- Tab K—Diagrams
- Tab L—List of Potential NEHC Locations
- Tab M—NEHC Just-In-Time Training Guidelines

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Tab A—References

- *Acute Care Center Plan*
- *Crisis and Risk Communication Plan.*
- *Delaware Emergency Operation Plan*, “Emergency Support Function (ESF-8), Public Health, and Medical Services”, “Appendix A-1: NBC Treatment Medical Protocols.”
- *Communications and Emergency Notification Standard Operating Guidelines.*
- *In-State Stockpile Plan*
- *Strategic National Stockpile Plan*
- U.S. Army’s Soldier and Biological Chemical Command (SBCCOM) publication *Biological Weapons Improved Response Program (BW IRP)* dated June 1, 2003.
- U.S. Department of Homeland Security publication *National Incident Management System (NIMS)*, dated March 1, 2004.

Tab B—Glossary

A

AAR—After Action Report

ACC—Acute Care Center

ACLS—Advanced Cardiac Life Support

ALS—Advanced Life Support

APN—Advanced Practical Nurse

B

C

CBRNE—Chemical, Biological, Radiation, Nuclear, or Explosive

CDC—Center for Disease Control and Prevention

CHA—County Health Administrator

Channel—A radio frequency used for two-way communications. See “talk group.”

COPN—Community Outreach Provider Network

COS—Community Outreach Section

D

“Deceased” Patient—Patient who has died as the result of exposure to chemical, biological, radiological, nuclear, or explosive agent.

Delaware Emergency Notification System (DENS)—A system that can call telephone numbers and alert pagers. A prerecorded message is played to all telephone numbers. Pagers may be numeric or alpha-numeric.

“Delayed” Patient—Patient who has become ill and should be evacuated within two hours to prevent their condition from deteriorating.

DelDOT—Delaware Department of Transportation

DEMA—Delaware Emergency Management Agency

DENS—Delaware Emergency Notification System

DHAN—Delaware Health Alert Network

DHSS—Delaware Health and Social Services

DOE—Department of Education

DPC—Disease Prevention and Control

DPH—Division of Public Health

DPS—Delaware Pharmacists Society

DSAMH—Division of Substance Abuse and Mental Health

DSFS—Delaware State Fire School

DSP—Delaware State Police

E

ED—Emergency Departments

EOC—Emergency Operations Center

EMT-B—Emergency Medical Technician-Basic

EMS—Emergency Medical Services

“Expectant/Deceased” Patient—Patient who is expected to die despite the best medical care available

F

FAC—Facility Administrator Center

G

H

Head of Household Process—A method of dispensing prophylactic medication to a family by having the head of the household pick up the medications.

HR—Human Resources

HRSA—Health Resources and Services Administration

I

ICS—Incident Command System

"Immediate" Patient—Patient who should be evacuated as soon as possible, not exceeding one hour, in order to save life or limb.

ISS—In-state Stockpile

J

K

L

M

MCI—Mass Casualty Incident

ME—Medical Examiner

“Minor” Patient—Patient whose condition is not expected to worsen significantly while awaiting evacuation.

N

NEHC—Neighborhood Emergency Help Center

Neighborhood Emergency Help Center (NEHC)—A facility operated by the Division of Public Health to provide prophylaxis, medical triage and sheltering, and serves as a gateway into the healthcare system in the event of a disaster or public health event.

NHS—Northern Health Services

NIMS—National Incident Management System

"Not Sick" Client—Client who is able to walk on their own, follow simple commands, and are free of fever, active coughing or are otherwise asymptomatic and are not suffering from incident-related trauma.

O

OCME—Office of the Chief Medical Examiner

P

PA—Physician Assistant

PAO—Public Affairs Officer

PHPS—Public Health Preparedness Section

PIO—Public Information Officer

POD—Points of Dispensing

PPE—Personal Protective Equipment

Q

R

RPM—Respiratory, Perfusion, and Mental Status

S

SHO—State Health Officer

SHOC—State Health Operations Center

SHS—Southern Health Services

Sick Patient—Patient who has a fever, respiratory distress, other symptoms, or has an obvious life threatening condition.

Simple Triage and Rapid Treatment (START)—Process used to categorize patients based on the presence or absence of ventilation, capillary perfusion, and mental status.

SNS—Strategic National Stockpile

Special Needs Client—Client including non-English speaking, pediatric, medication allergies, and others who need some form of specialized assistance.

START—Simple Triage and Rapid Treatment

State Health Operations Center (SHOC)—Center with the overall responsibility of managing public health's response to an event.

T

Talk Group—Term used for channel in the 800 MHz radio system.

U

V

W

X

Y

Z

Tab C—NEHC Set-up and Process

1.0 Initial Sorting and Screening Area

1.1 Function

- 1.1.1 This group is responsible for welcoming and quickly identifying sick/not sick clients and directing them to the appropriate starting point within the NEHC. In a small number of circumstances sick clients will not be permitted into the NEHC. These clients will be directed to a hospital or ACC.

1.2 Staffing/Organization

1.2.1 Recommend Staffing

Initial Sorting Group Supervisor (ACLS-certified)	Registered Nurse/EMTP (Critical Care)	1
Sorting Officers (EMT or BLS-certified RN) -	EMT-Basics (Fire Service) , EMT-P, or RN	5
Client Assistant	DHSS Staff	2
Interpreter	DHSS Staff	1
Screeners/ EMT or BLS-certified RN)	DHSS Staff	2
Gatekeeper	DHSS Staff	1
Administrative Assistant	DHSS Staff	1

- 1.2.2 As a minimum, the **Initial Sorting and Screening Area Supervisor** will have to provide a brief overview and training on Initial Sorting and Screening Area procedures. This includes, but is not limited to:

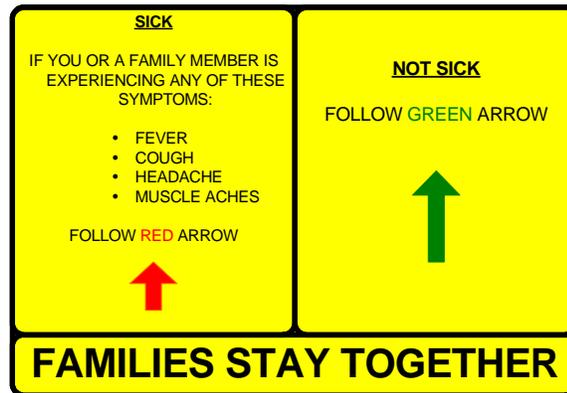
- 1.2.2.1. Assessment and sorting of clients;
- 1.2.2.2. Client information and commonly asked questions;
- 1.2.2.3. On-site emergencies;
- 1.2.2.4. Chain of command and logistical support;
- 1.2.2.5. Client mobility and movement training for assistants;
- 1.2.2.6. Calming and reassurance techniques and behavioral interventions; and
- 1.2.2.7. Personal protective equipment.

1.3 Process and Client Flow

- 1.3.1 The **Sorting Officers** separate clients by simply identifying those individuals that are “not sick” or “sick” in accordance with the Quick Assessment Guidelines (Reference Tab D Sorting and Triage Guidelines). This area has the potential to bottleneck due to the volumes of clients that will be passing through. The **Initial Sorting and Screening Group Supervisor** will have to project an authoritative image in order to maintain control. This is aided by monitors and

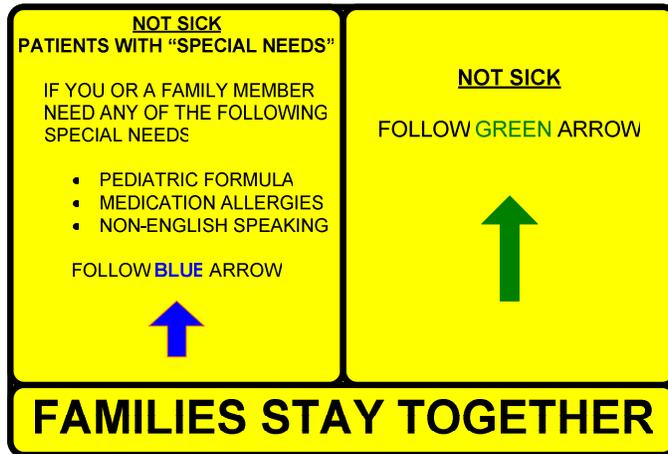
uniformed security officers who assist in keeping the victims orderly, explaining procedures and assisting in the triage process, as necessary.

- 1.3.2 The process is augmented by signs that explain initial symptoms in simple terms to help victims direct themselves to the correct areas (below).



- 1.3.3 The Queue Area for the Initial Sorting and Screening Area will include tables parallel to the line. The tables will have registration forms, pencils and information sheets describing the nature of the disaster and the medication being prescribed.
- 1.3.4 Clients with obvious symptoms consistent with the suspected agent and who haven't already self-triaged to the "Sick" queue are given a blue/white ribbon that is tied to the right arm. Clients are then directed to the Triage and Evacuation Area. As symptoms require, a mask or other protective barrier device may be given or placed on a client. If family members are directed to report to an NEHC and that family has even one sick member, the entire family is directed to the Triage and Evacuation Area. Wherever possible, "Sick" clients should be directed to a different entrance door from "Not Sick" clients in order to limit secondary infection when the suspect agent is communicable.
- 1.3.5 "Not sick" clients are directed to go to the Queue Area. A person designated as a "gatekeeper" will be posted at the entrance of the Queue Area for "Not Sick" clients. The gatekeeper will allow 30 or more persons to enter the facility at a time. The gatekeeper will monitor the flow to the Medication Dispensing/Vaccination Area.
- 1.3.6 Screeners will further sort clients into two lines. The blue line will be for clients with special needs. Special needs consist of the following: pediatrics, medication allergies, and non-English speaking clients. The

green line will be for “Not Sick” clients who do not have any special needs.



1.3.7 The main entrance in the NEHC needs to be well marked and wheelchair accessible. Whenever possible, the NEHC should have only one to two entrances for clients to reduce confusion and to facilitate site security and control. One entrance will be for “Not Sick” clients and the other for “Sick” clients. Client assistants will assist in moving those clients with physical impediments or illness and do not have necessary or able family support.

1.3.8 Depending on the time of year, this process may occur outside of the NEHC, especially if the suspect agent is communicable disease. A large tent or covered walkway may be utilized in inclement weather. When necessary, the process can be moved indoors. Directional signs should be used to help guide clients to the waiting area and registration area.

1.4 Initial Sorting and Screening Area Equipment Requirements

1.4.1 The following equipment is recommended to support the NEHC initial sorting process:

- 1.4.1.1. Bullhorn
- 1.4.1.2. Quick Assessment Guidelines
- 1.4.1.3. Blue/white ribbon
- 1.4.1.4. Writing implements
- 1.4.1.5. Registration instructions (multi-lingual) and registration forms
- 1.4.1.6. Directional signs (self-triage, registration, sick registration)
- 1.4.1.7. Internal two-way radio
- 1.4.1.8. Wheelchairs or wheeled stretchers (minimum of two)
- 1.4.1.9. Trash Cans

- 1.4.1.10. Personal protective equipment kits consisting of: N95 masks, red bags, disposable gowns, gloves
- 1.4.1.11. N95 masks (as necessary for communicable agents)

2.0 Registration Area

2.1 Function

- 2.1.1 The Registration Area initiates obtaining medical information and tracking clients, and providing a sheltered waiting area for clients to be registered. This group documents demographic and clinical client information on the master client registration form

2.2 Staffing/Organization

- 2.2.1 Immediately following the Initial Sorting and Screening Area, clients are allowed entry by the “gatekeeper”. The Registration Area will be delineated by a line that directs clients to the registration stations. This area will have several tables and chairs placed adjacent to the line for clients that may need assistance with their registration forms. Up to ten registration stations will be set up to initiate the client registration process. This number reflects the maximum number of stations to register clients during peak hours when electronic registration is used.
- 2.2.2 The blue line will be for special needs clients and the green line will be for all other clients.
- 2.2.3 Separate lines and registration tables will exist for special needs clients, who include non-English speaking clients, pediatrics, and medication allergies.

Registration Area Supervisor	DHSS Staff	1
Administrative Assistant	DHSS Staff	1
Client Registration Clerks	DHSS Staff/Volunteers	10
Registered Nurse	DSP	1

- 2.2.4 **Client Registration Clerks** record demographic and basic clinical client information on the NEHC Registration Form. **Note:** *If registration starts backing up, only screening section of the form will be filled out prior to Medication Dispensing/Vaccination. Demographics can be filled out before exiting.*
- 2.2.5 The **Registration Group Supervisor** oversees the registration process.

- 2.2.6 Mental health professionals are responsible for seeking out those individuals in the registration area who are in need of psycho/social support or who are looking for a family member.
- 2.2.7 Staff members must receive just-in-time training prior to working in the NEHC. This training will include, but is not limited to the following:
 - 2.2.7.1. Unit processes,
 - 2.2.7.2. Client Record Form,
 - 2.2.7.3. On-site client emergencies,
 - 2.2.7.4. Sources of information and material support,
 - 2.2.7.5. Commonly asked questions, and
 - 2.2.7.6. Recognizing the need for additional registration staff.
- 2.2.8 Registration Area personnel must have the ability to request help and client transportation in the event of an emergency.
- 2.2.9 The staff must be trained in calming and reassuring techniques.

2.3 Process and Client Flow

- 2.3.1 As clients arrive from the Initial Sorting and Screening Area, they are directed to the next available registration station in the respective area.
- 2.3.2 **Client registration clerks** record general client information on the NEHC Registration Form. Once the client data has been recorded, the client is instructed to go to Medication Dispensing/Vaccination Area line. The average client processing time for this group is three to five minutes.
- 2.3.3 If any individual in the Registration Area becomes disruptive, a mental health professional will request a security officer to intervene. The mental health professional or security officer will work closely to get the individual under control and to arrange for additional psychological support, if necessary.
- 2.3.4 This area may need further support with interpreters and forms written in the prevalent languages of the region.

2.4 Registration Area Equipment Requirements

- 2.4.1 The following equipment is recommended to support the NEHC registration process:
 - 2.4.1.1. Tables and chairs (one table and chair for each registration station),
 - 2.4.1.2. Administrative Supplies,
 - 2.4.1.3. Client Registration form,
 - 2.4.1.4. Television, VCR and videos (waiting area), and
 - 2.4.1.5. If available, computers for bar coding, entering data, and reporting are also recommended equipment.

2.5 Registration Area Physical Requirements

- 2.5.1 The area must be large enough to accommodate at least six stations, consisting of a table and chair for the client registration clerk.
- 2.5.2 It must be immediately adjacent to the Initial Sorting and Screening Area.
- 2.5.3 The Registration Area should be situated to force a one-way flow to the Medication Dispensing/Vaccination Area.
- 2.5.4 Partitions and directional signs must be used to steer client flow.
- 2.5.5 Adequate lighting must be provided.
- 2.5.6 If the registration process is automated, appropriate electrical requirements must be met.
- 2.5.7 A waiting area or queue area from the Initial Sorting and Screening Area must be established within this area.

At this point, clients are directed to the Medication Dispensing/Vaccination Area.

3.0 Triage and Evacuation Area

3.1 Function

- 3.1.1 This group is responsible for a more detailed triage process and providing first-aid care.
- 3.1.2 The group conducts a simple clinical evaluation in accordance with the Tab D, “*Sorting and Triage Guidelines*” of all “Sick” clients. A medical record is created at this point. Assessment findings, treatments, and vital signs are recorded on the treatment record. In the Triage and Evacuation Area a client becomes a **patient**.
- 3.1.3 This area will have 40 beds to hold patients until they are transferred to a hospital or ACC.

3.2 Staffing/Organization

Triage and Evacuation Group Supervisor	Physician	1
Administrative Assistant	DHSS Staff	1
EMT-B or Registered Nurse (ACLS-certified recommended)	DHSS Staff	4
Patient Assistants	DHSS Staff	2

- 3.2.1 All medical personnel assigned to this group must understand the system used for evaluating and triaging patients in the NEHC.

3.3 Process and Patient Flow

- 3.3.1 Each station requires space to conduct individual patient evaluations. Partitions are recommended between the stations. Storage space to maintain a limited amount of readily available first aid supplies is also needed. The room should be designed to allow the monitoring of the staff working in this group and control the flow of patients.
- 3.3.2 Patients are assessed by the RN or EMT-Basic and medical record initiated for those triaged as “sick.”
- 3.3.3 Triage will result in four (4) possible dispositions. The Triage and Evacuation Group staff will make a disposition decision after clinical evaluation.

3.3.4 The four (4) possible dispositions are:

3.3.4.1. “Minor (Green)”

- Observation of any one abnormal vital sign except for an isolated low temperature in a well appearing patient.
- Patients in this category that have appropriate family and social support will be sent to the Medication Dispensing/Vaccination Area for prophylactic treatment.
- Those patients in this category with purely psychological complaints can be transferred to the Mental Health Area.
- Mildly ill patients with family support will be evaluated and medical interventions, if any, will be initiated and recorded on the patient’s record. The patient, with their accompanying family members, will receive medication instruction and prophylactic medication, if available, in the Medication Dispensing/Vaccination Area. Discharge and home care instructions will be given to the designated caregiver. Paper records will be collected prior to discharge from the NEHC.
- Patients without family support will be sent to the evacuation area for disposition.

3.3.4.2. “Delayed (Yellow)”

- One or more abnormal vital signs with the presence of symptoms consistent with the suspected agent of exposure are present. The patient needs to be moved to the evacuation area. Ongoing assessment will determine the disposition of the patient and priority for transport

3.3.4.3. “Immediate (Red)”

- Any patient with difficulty related to airway or breathing should be categorized as “Immediate.” This should include signs of upper airway involvement including stridor (high pitched whistling sound during inspiration); inability to speak, swallow, or clear secretions; or visible swelling of the tissues of the mouth or neck. Breathing difficulty will include criteria in the START assessment or low pulse ox, wheezing or other abnormal lungs sounds.

3.3.4.4. “Expectant/Deceased (Black)”

- Those patients who are expected to die prior to transport to an advanced care facility should be placed in a sequestered area away from other patients waiting for transfer.
- The decision to place a patient in this category is not necessarily a decision to render no therapy; rather, it only determines the priority in which the patient receives treatment.
- Patients in the expectant/deceased category can be transported to an ACC if the patient's condition is not deteriorating rapidly, the ACC is not filling with acutely ill patients, and there is a need to make beds available at the NEHC.
- Fatalities will be housed in the NEHC’s Mortuary Area.
- The Triage and Evacuation Area staff will make a disposition after clinical evaluation:

3.3.5 Transportation or Releasing to Medication Dispensing/Vaccination Area

3.3.5.1. Transfer of patients from the Triage and Evacuation Area will depend on patients’ signs and symptoms, their underlying medical condition, and the specific agent involved. Medical Protocols have guidance included for transfer to an ACC, hospital, or expectant management. These protocols will be provided at the time an incident begins based on the known or suspect agent.

3.3.5.2. The Acute Care Center is capable of providing care for patients whose needs exceed the ability of the home environment to provide care, but who do not have severe levels of illness requiring respiratory or cardiovascular support. The ACC can provide bronchodilators, hydration, pain management, and IV antibiotics. This environment is suitable for patients with early signs of illness or mild difficulty breathing.

3.3.5.3. The hospital environment should be reserved for those with critical levels of illness. The entire hospital may be

functioning at the levels of an intermediate care unit and intensive care unit and the "floor level" patient would be better served at home or in an ACC.

3.3.6 Priority

3.3.6.1. “Immediate” and “Delayed” patients who will be transferred to a hospital or ACC should be moved promptly as their need for high acuity care will stress the ability of the Triage and Evacuation Area to provide care to the volume of patients that may be present.

3.3.6.2. “Immediate” and “Delayed” patients can possibly be transferred in a routine manner provided their treatment can begin by the NEHC Triage and Evacuation Area. Those whose treatment cannot be provided at the NEHC should be transferred to a hospital or ACC.

3.3.6.3. Patients requiring evacuation to a hospital or ACC should be assigned an evacuation priority much the same way they are triaged for care. The decision for medical evacuation is made by the Triage and Evacuation Area staff and is based on the severity of the patient’s condition and the availability of medical resources. Generally, patients should be categorized into one of the following three groups:

- “Immediate (Red)”—Patients who should be evacuated as soon as possible, not exceeding one hour, in order to save life or limb.
- “Delayed (Yellow)”—Patients who should be evacuated within two hours, to prevent their condition from deteriorating.
- “Minor (Green)”—Patients whose condition is not expected to worsen significantly while awaiting evacuation.

3.3.6.4. Patients who require no further treatment are released to the Medication Dispensing/Vaccination Area.

3.3.7 Triage and Evacuation Area Equipment Requirements

3.3.7.1. The following equipment is recommended for the Triage and Evacuation Area:

- Stethoscopes
- Blood pressure cuffs (all sizes)

- Pulse oximeters
- Thermometers
- Penlights
- Tongue depressors
- Pediatric scale
- Examination tables
- Personal protective equipment (PPE) for staff (N95, gloves, gowns, eye protection, and shoe covers)
- Scissors
- Desk and chairs
- Administrative supplies
- First aid supplies
- Medical supply cart
- Washbasin for hands or alcohol based hand gels
- Containers and biohazard bags for medical waste disposal

3.3.7.2. The reality of a large-scale biological terrorism event will increase the ratio of the patients to medical care providers. A team approach is utilized to manage several patients simultaneously. When possible, this group should be organized into sub-groups that segregate patients based on their projected disposition and priority for evacuation.

3.3.8 **The Triage and Evacuation Group Supervisor** will coordinate and facilitate the medical assessment, minor treatment, and disposition of all the patients in this area. The RNs will assess and triage patients, manage patient flow, bed status and assist the group supervisor in the direction and coordination of patient care.

3.3.9 The **patient assistants** on the medical teams will provide general assistance and move patients in and out of the unit.

3.3.10 The **administrative assistant** will collect and process information, manage paperwork and supplies, and coordinate the transfer of patients to definitive care facilities.

3.3.11 This area must be designed so that patient care or patient movement is not restricted. The triage station should be located at the entrance of the area to allow the **RN or EMT** to monitor bed availability and control the flow of patients into and out of the area. This area must be large enough to accommodate 40 patient care stations (beds) and continuous movement of patients into and out of the area.

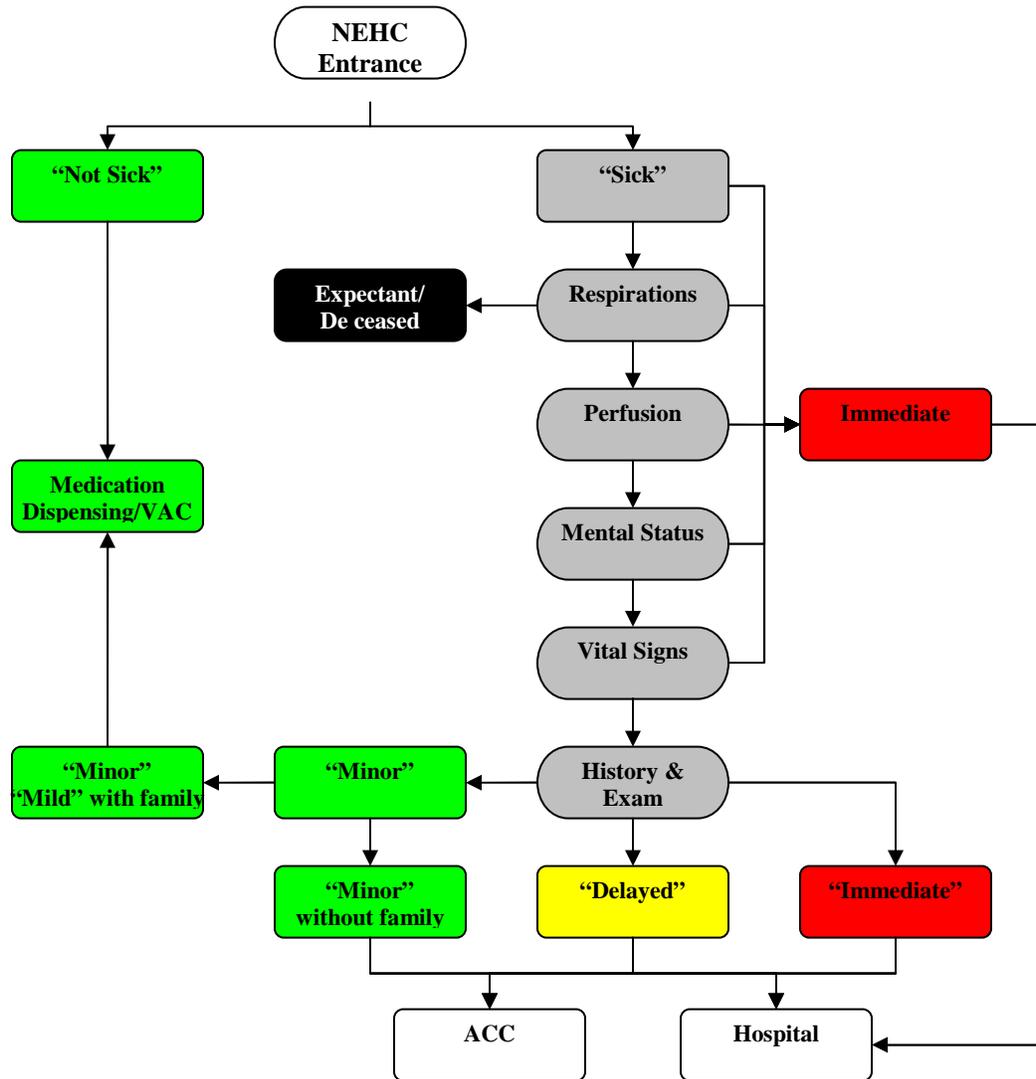
3.3.12 Staff will be given specific guidance on the level of care they are to provide. The staff will receive extemporaneous training for this station prior to the opening of the NEHC. This training should include, but is not limited to the following:

- 3.3.12.1. Unit processes
- 3.3.12.2. NEHC treatment capabilities and limitations
- 3.3.12.3. Patient triage and disposition guidelines
- 3.3.12.4. On-site patient emergencies
- 3.3.12.5. Sources of information and material support

3.3.13 In the event that a patient dies while in the NEHC, do the following:

- 3.3.13.1. Notify the Command Post that a patient has expired
- 3.3.13.2. Inform the Mortuary Area that a body is inbound
- 3.3.13.3. Arrange for transport of deceased to the morgue
- 3.3.13.4. Tie an identification tag on the patient's left great toe.
- 3.3.13.5. Cover the body with a clean sheet or place the patient in a body bag for transport to the morgue.
- 3.3.13.6. Fill out the appropriate patient record information
- 3.3.13.7. Ensure the patient record and personal belongings accompany the remains during transport to the Mortuary Area or morgue.
- 3.3.13.8. Log the deceased's disposition on the patient tracking log
- 3.3.13.9. Refer all inquiries regarding the deceased to the Command Post

4.0 Summary of Initial Sorting and Triage Process



Minor "Green"	Care and/or transport to be provided within 24 hours
Delayed "Yellow"	Care and transport to be provided within two hour
Immediate "Red"	Care and transport to be provided within one hour
Expectant/Deceased "Black"	No care required

This point marks the beginning of the “not sick” or Medication Dispensing/Vaccination side of the NEHC. Clients are directed from Registration Area or Queue Area into the Medication Dispensing/Vaccination line.

5.0 Medication Dispensing/Vaccination Area

5.1 Function

5.1.1 This group is responsible for providing an efficient and expeditious Medication Dispensing/Vaccination or vaccinations to provide medical prophylaxis (oral medications or immunizations), collect client records upon discharge, and provide client education, if necessary.

5.2 Staffing/Organization

5.2.1 Recommended Staffing

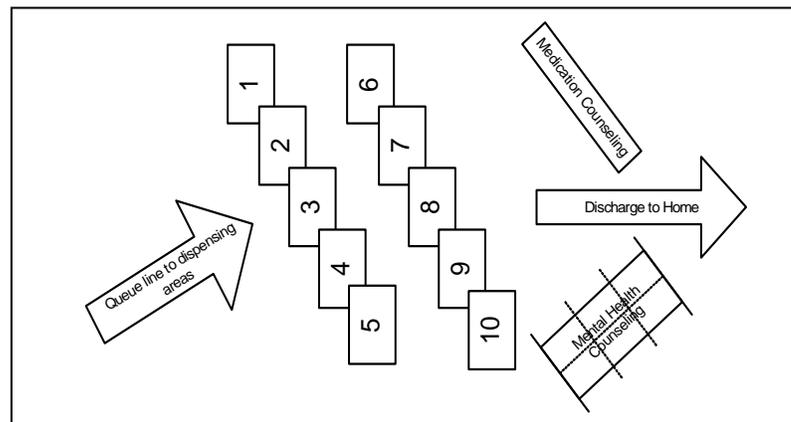
Medication Dispensing/Vaccination Supervisor	Pharmacist/DPS	Medication Dispensing/Vaccination Area	1
Administrative Assistant	DPS	Medication Dispensing/Vaccination Area	1
Pharmacist	Pharmacist/DPS	Medication Dispensing/Vaccination Area	1
Pharmacy Technicians	DPS	Medication Dispensing/Vaccination Area	10
Pharmacy Technicians (Special Needs)	DPS	Medication Dispensing/Vaccination Area	3
Registered Nurse	DHSS	Medication Dispensing/Vaccination Area	3
Client Assistant	DHSS	Medication Dispensing/Vaccination Area	4
Interpreter	DHSS	Medication Dispensing/Vaccination Area	1
Medication Counseling Group Supervisor	DPS	Medication Dispensing/Vaccination Area	1

5.3 In the event the NEHC facilities are administering vaccinations, pharmacists and pharmacy technicians may be replaced with DHSS/DPH nurses.

5.4 Process and Client Flow

5.4.1 One to two **client assistants** are posted at the head of each line and direct clients to the next available dispensing table. The Queue Area will have two lines:

- 5.4.1.1. One line is for special needs clients—Non-English speaking clients, Clients that have drug allergies or families with small children that need pediatric formulary, and the non-English speaking clients.
- 5.4.1.2. The other line is for other “Not Sick” clients.
- 5.4.2. It is anticipated that the greatest numbers of clients will be English speaking; however, the distribution of English and non-English speaking rooms can be modified depending on the NEHC locality.
- 5.4.3. Dispensing staff (a **pharmacy tech**) will hand out the medications, collect the client record, and note the medication dispensed. A pharmacist will float among the stations to address any questions from the pharmacy technicians.
- 5.4.4. Clients should be given their medications at the dispensing table and requested to keep moving, holding all questions. Instruction sheets will indicate where to address any questions regarding the agent or medication regime.



- 5.4.5. Clients can have immediate questions answered in the Medication Counseling Area or call the DPH Call Center number listed on the instruction form.
- 5.4.6. Clients are then directed to the closest exit door out of the NEHC. Set-up of the area should be arranged to force clients out of the NEHC and to guard against re-entry.

- 5.4.7 Dispensing staff will monitor stock levels and request re-stock through the Medication and Supply Unit as necessary. A room will be established and staff by a pharmacist and pharmacy technician for special medication compounding.
- 5.4.8 Three pharmacists will staff the Medication Counseling Area. Dispensing personnel will direct any medication questions to this area.
- 5.4.9 The Mental Health Area is located approximate to the Medication Dispensing/Vaccination Area. Mental health professionals will float in the Queue Area, the Medication Dispensing/Vaccination Area, and near the exit door to intervene with any potential mental health issues.

5.5 Medication Dispensing/Vaccination Area Equipment Requirements

- 5.5.1 Ten tables with chairs will be set up in the room. Two tables with chairs will be set up for a Medication Counseling Area. A separate room for Mental Health Counseling is ideal, but utilizing movable screens will suffice.
- 5.5.2 The majority of clients should be standing throughout the process to encourage movement. A small number of chairs may be provided for the elderly or infirm.
- 5.5.3 Appropriate medication instructions sheets in a variety of languages are necessary.
- 5.5.4 The special formulary rooms will need supplies and equipment for compounding pediatric medications.
- 5.5.5 Other supplies include:
 - 5.5.5.1 TV and VCR for the Queue Area (optional)
 - 5.5.5.2 Administrative supplies
 - 5.5.5.3 Enough prepackaged medications for the expected client population (including alternatives and pediatric dosages)
 - 5.5.5.4 Medication Dispensing/Vaccination log
 - 5.5.5.5 Boxes to temporarily hold records

Tab D—Sorting and Triage Guidelines

1.0 The NEHC triage guidelines will incorporate the Simple Triage and Rapid Treatment (START) system. The four colors used in the guidelines represent the following:

1.1 The Four Colors of Triage

Minor “Green”	Care and/or transport to be provided within 24 hours
Delayed “Yellow”	Care and transport to be provided within two hour
Immediate “Red”	Care and transport to be provided within one hour
Expectant/Deceased “Black”	No care required

2.0 The Initial Sorting and Screening Unit

- 2.1 The NEHC triage process begins at the Initial Sorting and Screening Area as clients arrive in the NEHC.
- 2.2 Staff members in this area separate clients into two categories, “Not Sick” and “Sick,” based on client’s appearance (Quick Assessment Guidelines in section 2.3) and the stated reason for coming to the NEHC.

2.3 Quick Assessment Guidelines

- 2.3.1 **General Appearance**—Does the client look sick? Does the client look poorly perfused (mottled or very pale skin, sunken eyes, or dry mucous membranes)? Is the client “persistently” coughing, short of breath, or having difficulty breathing? Does the client have signs of dehydration? Does the client’s skin look dehydrated or have an abnormal color (jaundice, pale, mottled, flushed)?
- 2.3.2 **Ability to Walk**—clients may initially present without cardinal signs of severe illness and develop them during long waits. Clients unable to walk are at high risk for having a true emergency medical condition.
- 2.3.3 **Mental Status**—Any confusion, slow or inappropriate response to questions, or other abnormalities of mental status?

2.4 Description of “Sick” and “Not Sick” Clients

Not Sick: Clients who enter the NEHC able to walk on their own, follow simple commands, and are free of fever, active coughing or are otherwise asymptomatic and are not suffering from incident-related trauma are directed to the Queue Area. In the case of families designated as “Not Sick,” family members may return to the car while a related, adult member of the family picks up medications for the family members.

Sick: Clients who come to the NEHC with fever, respiratory distress, other symptoms, or have an obvious life threatening condition (see below list) are designated as “Sick.” The Sorting Officers (EMT or BLS-certified registered nurse) will tie a blue/white ribbon on the right wrist of those clients not self-triaging, and direct them to the Triage and Evacuation Area where they will be evaluated and treated according to priority.

2.4.1 **Note:** *Persistent cough associated with chest pain or difficulty breathing should be regarded as a high risk problem. Production of sputum, especially if bloody, is also high risk. Immediately place a mask on these clients. An occasional cough or need to clear the throat due to nasal drainage or sore throat is less concerning. Other clinical factors should be present to move the client to the "sick" queue.*

2.5 Direct Admission to Hospital

2.5.1 Patients exhibiting signs or symptoms below are candidates for direct referral to the hospital emergency department and should bypass NEHC procedures. If inside the NEHC, the medical Rapid Intervention Team should respond.

2.5.1.1. (Acutely) Non-ambulatory with or without severe trauma;
2.5.1.2. Compromised airway and/or breathing;
2.5.1.3. Profuse bleeding or vomiting;
2.5.1.4. Severe acute chest pain;
2.5.1.5. Flaccid child with a weak cry;
2.5.1.6. Unconscious; and
2.5.1.7. Severe anxiety or other psychological distress.

2.5.1.8. **NOTE:** *If one family member is sorted as “Sick”, all family members will accompany client to the Triage and Evacuation Area.*

3.0 Triage and Evacuation Area

3.1 In this Area, patients are clinically evaluated to determine severity of their illness, priority for treatment, and care facility destination. Patients are designated **Minor**, **Delayed**, **Immediate**, or **Expectant/Deceased**. In the Triage and Evacuation Area a client becomes a patient.

3.2 Simple Triage and Rapid Treatment (START)

3.2.1 A rapid patient triage process will be conducted on all patients entering the Triage and Evacuation Area. The purpose of this triage is to prioritize patients for transport in the Group.

3.2.2 The START process will be utilized to categorize patients based on the presence or absence of ventilation, capillary perfusion, and mental status.

3.2.3 As triage personnel move through the assessment, any condition that is **Immediate** and requires priority attention, the evaluation process is stopped and intervention is made.

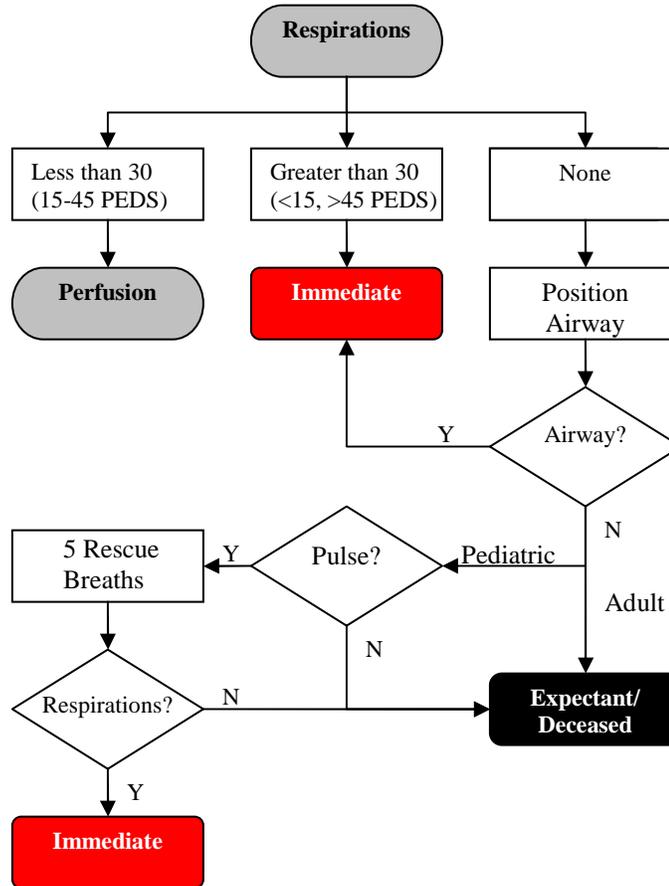
3.2.4 Respiratory

3.2.4.1. The first step in the START process is to assess respiratory function. Respiratory function is evaluated by determining the rate of respiration and by checking for the presence of intercostal retraction (indicative of airway spasm—obstruction might have staff looking for choking, etc), wheezing, and cyanosis of the mucosa or skin.

3.2.4.2. If a patient is not breathing, his/her head is re-positioned and then breathing assessed again. If the patient is still not breathing, they are triaged **Expectant/Deceased** and moved to the Morgue Unit. If the patient is a child, pulses are checked. If pulses are present, 5 rescue breaths are given. If the child is still not breathing or has no pulses, the child is triaged **Expectant/Deceased** and moved to the Morgue Unit.

3.2.4.3. If the patient is breathing more than 30 times a minute (or fewer than 15 times/greater than 45 times for a child) or appears cyanotic, he/she is triaged **Immediate**. If the patient's breathing is less than 30 times per minute (or between 15-45 times for a child), his/her perfusion is assessed.

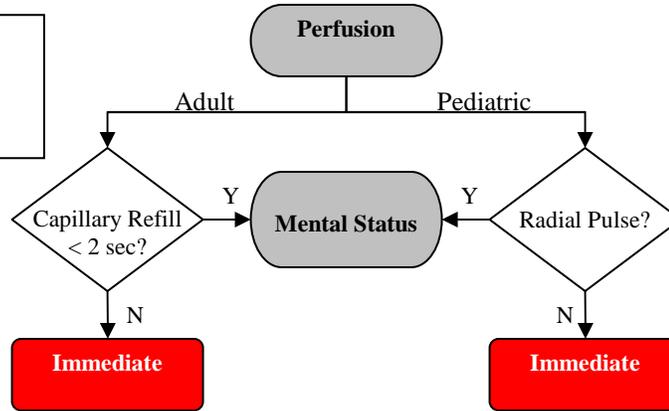
Figure 1:
Respiratory Triage



3.2.5 Perfusion

3.2.5.1. Perfusion is evaluated by assessing the rate of capillary refill along with the radial pulse. If the patient does not have a radial pulse or if capillary refill time is more than two seconds, he/she is triaged as **Immediate**. If capillary refill time is less than two seconds and he/she has a radial pulse, mental status is assessed. Take into consideration if the patient has just come in from a very cold environment. Recommend that in otherwise well appearing patients give them a few minutes to warm up then reassess.

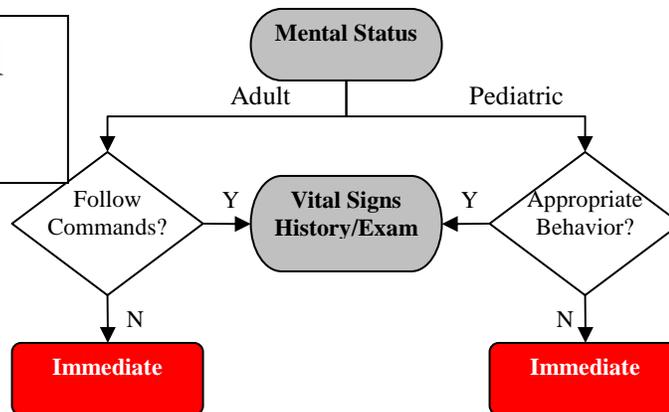
Figure 2:
Perfusion Triage



3.2.6 Mental Status

- 3.2.6.1. Rapid evaluation of a patient’s mental status is done by determining the level of consciousness. If the patient can follow simple commands, secondary triage is performed. If the patient is unable to follow commands, he/she is triaged as **Immediate**. Young children who appear flaccid or are unresponsive are also triaged **Immediate**.

Figure 3: Mental Status Triage



- 3.2.7 The START evaluation permits an immediate decision concerning the need for airway assistance, central nervous system (CNS) evaluation, or cooling, as well as determining the severity of a trauma-related injury.

3.3 Secondary Triage

3.3.1 Vital Signs---Are any grossly abnormal?

Vital Sign		Normal Limits	Abnormal Limits	
Temperature (°F)		97-100	95-97 100-105	<95, >105
Pulse (beats per minutes)	0-1 yr	120-160	100-120 160-180	<100 >180
	1-3 yrs	90-140	80-90 140-160	<80 >160
	4-6 yrs	80-110	70-80 110-130	<70 >130
	7-10 yrs	70-110	60-70 110-130	<60 >130
	11 yrs-adult	50-100	45-50 100-120	<45 >120
Respiratory Rate (breaths per minute)	0-1 yrs	25-50	20-25 50-60	<20 >60
	1-3 yrs	18-35	15-18 35-45	<15 >45
	4-6 yrs	17-27	15-17 27-35	<15 >35
	7-10 yrs	15-23	12-15 23-30	<12 >30
	11 yrs-adult	12-20	10-12 20-25	<10 >25
Systolic Blood Pressure (mmHg)	0-1 year	87-105	70-87	<70
	1-3 yrs	90-106	72-90	<72
	4-6 yrs	94-109	78-94	<78
	7-10 yrs	102-117	84-92	<84
	11 yrs-adult	100-130	90-100	<90
Pulse Oximetry (percentage)		≥94%	90-94	<90

3.3.2 Any patient with significantly abnormal vital signs (RED) should be triaged as **Immediate** and transported to a hospital.

3.3.3 Assessment of the Chief Complaint

3.3.3.1. Are there complaints of photophobia, stiff neck or acute chest pain? Are they a high acuity, high-risk, or true emergency?

3.3.4 Focused Physical Examination

3.3.4.1. Those who have grossly abnormal findings consistent with the suspected agent of exposure or causing problems with the airway, breathing, or circulation...**hospitalization**. (Example: a patient may have an earache, but this is unlikely to be consistent with anthrax exposure. In contrast, a patient who is wheezing on lung exam has a finding that is more likely consistent with exposure and possible infection from anthrax.)

3.3.4.2. Patients requiring medical care should be detected by the presence of abnormal vital signs, an abnormal examination during the Simple Triage and Rapid Treatment (START) process or an abnormal finding on their focused physical exam.

3.4 The Triage and Evacuation Area staff will make a disposition decision after clinical evaluation:

3.5 **Minor** patients with family or other social support systems in place will be sent to the Medication Dispensing/Vaccination Area for medication.

3.6 **Minor** without family or social support systems, **Delayed**, and **Immediate** will be moved to the holding area and transported to a care facility.

3.7 **Immediate** that are **Expectant/Deceased** (i.e. likely to die despite the best available care) are lower priority for transport and shall be sequestered within the Triage and Evacuation Area.

“Expectant/Deceased”

Those patients who are expected to die prior to transport to an advanced care facility should be placed in a sequestered area away from other patients waiting for transfer. The decision to place a patient in this category is not necessarily a decision to render no therapy; rather, it only determines the priority in which the patient receives treatment.

Patients in the expectant category can be transported to an ACC if the patient's condition is not deteriorating rapidly, the ACC is not filling with acutely ill patients, and there is a need to open more available space at the NEHC.

Fatalities will be housed in the NEHC's Mortuary Area.

“Immediate (Red)”

Any patient with difficulty related to airway or breathing should be categorized as severe. This should include signs of upper airway involvement including stridor (high pitched whistling sound during inspiration); inability to speak, swallow, or clear secretions; or visible swelling of the tissues of the mouth or neck. Breathing difficulty will include criteria in the START assessment or low pulse ox, wheezing or other abnormal lungs sounds.

“Delayed (Yellow)”

Observation of one or more abnormal vital signs with the presence of symptoms consistent with the suspected agent of exposure qualifies the patient to be moved to the evacuation area. Ongoing assessment will determine the disposition of the patient and priority for transport.

“Minor (Green)”

Observation of any one abnormal vital sign (with the exception of an isolated low temperature or oxygen saturation less than 94%) in a well appearing patient. Patients in this category MUST have appropriate family and social support. They will be sent to the Medication Dispensing Group for medication. Those patients in this category with purely psychological complaints can be transferred to the Mental Health Group. Patients that DO NOT have appropriate family and social support will be moved to the evacuation area for disposition to the appropriate facility.

A minor injury and patients who do not meet the above criteria (“Expectant/Deceased”, “Immediate”, “Delayed”, “Minor”) will be provided first aid treatment and be sent to the Medication Dispensing/Vaccination Area to receive instruction, prophylactic medication and/or vaccine, and self-help information.

3.8 If at any time a patient's condition deteriorates and he/she needs care beyond the level of first aid, they should be re-triaged appropriately and transferred to the hospital or ACC.

3.8.1 NOTE: *Special consideration must be given to families with one or more "Immediate" members. As many members of the family must be discharged to Medication Dispensing/Vaccination as possible. However, a minimum of one adult caregiver must accompany every one or two "Immediate" family members into the Triage and Evacuation Area and on to the Acute Care Center or Hospital.*

3.9 Patients who are triaged as **Immediate** should be transported first, followed by those triaged as **Delayed**, and then those triaged as **Minor** and **Expectant/Deceased**. Note: Patients should receive treatment for the following: hydration, breathing treatments, IV antibiotics, and pain management before transporting to a hospital or ACC.

3.10 All patients who are categorized **Immediate** are transferred within one hour to a hospital or ACC.

3.11 Patients with obvious fatal and non-resuscitative conditions are triaged as **Expectant/Deceased**. In extreme situations, **Expectant/Deceased** patients who have not expired may be held in the Triage and Evacuation Area to await transfer. Fatalities should be pronounced by a Triage and Evacuation Area physician and moved to the Mortuary Area.

3.12 In a mass casualty situation, CPR or other resuscitative measure should not be performed on patients without vital signs at triage.

3.13 Patients categorized as **Minor** will be sent to the Medication Dispensing/Vaccination Area.

4.0 Transportation or Releasing to Medication Dispensing/Vaccination Area

4.1 General statements:

4.1.1 Transfer of patients from the Triage and Evacuation Area will depend on the patient's signs and symptoms, his/her underlying medical condition, and the specific agent involved. Medical Protocols have guidance included for transfer to an ACC, hospital, or expectant management. These protocols will be provided at the time an incident begins based on the known or suspect agent.

- 4.1.2 The Acute Care Center is capable of providing care for patient's whose needs exceed the ability of the home environment to provide care BUT who do not have a severe level of illness requiring respiratory or cardiovascular support. The ACC can provide bronchodilators, hydration, pain management, and IV antibiotics. This environment is suitable for patients with early signs of illness or mild difficulty breathing.
- 4.1.3 The hospital environment should be reserved for those who are critically ill. The entire hospital may be functioning at the levels of an intermediate care unit and intensive care unit and the "floor level" patient would be better served at home or in an ACC.

4.2 Priority

- 4.2.1 Most patients who will be transferred to a hospital should be moved as soon as possible as their need for high acuity care will stress the ability of the Triage and Evacuation Area to provide care to the volume of patients that may be present.
- 4.2.2 ACC patients can possibly be transferred as **Minor** provided their treatment is initiated by the NEHC's Triage and Evacuation Area. Those whose treatment cannot be met at the NEHC should be a priority transfer.
- 4.2.3 Patients requiring evacuation to a hospital or ACC should be assigned an evacuation priority much based on START and focused history. The decision for medical evacuation is made by the Triage and Evacuation Area staff and is based on the severity of the patient's condition and the availability of medical resources. Generally, patients should be categorized into one of the following three groups:
 - 4.2.3.1. **Immediate** – patients who should be evacuated as soon as possible, not exceeding one hour, in order to save life or limb.
 - 4.2.3.2. **Delayed** – patients who should be evacuated within two hours, to prevent their condition from deteriorating.
 - 4.2.3.3. **Minor** – patients whose condition is not expected to worsen significantly while awaiting evacuation.

- 4.3 Patients who require no further treatment are released to the Medication Dispensing/Vaccination Area.

Tab E—NEHC Check List

NEHC Check List

Prepared by: _____ Date: _____

Site Name: _____

Street Address: _____

City, ZIP Code: _____

Item No.	Item	Comments
Facility		
1	A Memorandum of Understanding (MOU) signed.	____ Yes ____ No (If no, contact SHOC Finance and Administration Section)
2	Site assessment and survey on file at SHOC operations.	____ Yes ____ No
3	Estimated number of clients who can be accommodated.	_____ Quantity
4	One large room or area of at least 1600 square feet for Triage and Evacuation Area.	____ Yes ____ No Sq. Ft.
5	One large room, or six rooms, or two large areas for the Medication Dispensing and/or Vaccination Area and for the Triage and Evacuation Area	____ One large room or area ____ Two large areas ____ Six rooms
Building Access		
6	At least two main roads from different directions to access the facility.	____ Yes ____ No
8	Secondary road or long driveway (over 500 feet) used to access the facility.	____ Yes ____ No
9	Designate a location to place an exterior sign indicating that the building is a NEHC.	Location: _____
10	Building handicap accessible.	____ Yes ____ No
11	An entrance close to a parking lot or driveway to be used only by ambulances.	____ Yes ____ No
12	Signs easily installed to direct clients and employees to critical areas, Initial Sorting and Screening, Registration Area, and Medication Dispensing/Vaccination Area.	____ Yes ____ No
13	Number of signs needed to direct people to the Initial Sorting and Screening Area.	_____ Quantity
14	Person responsible for snow and ice removal from the walkways.	Name: _____ Phone Number: _____

Item No.	Item	Comments
15	Number of entrances needed to be staffed by security guards.	_____ Quantity
16	Loading dock area with the capability to accommodate parking for a tractor trailer and easily secured.	____ Yes ____ No
Main Electric		
17	KW of electricity supplied to the facility.	_____ kW
18	Emergency generator. If yes, number of kW.	____ Yes ____ No _____ kW
19	Areas of the building covered by the generator.	Areas: _____
20	Source of fuel for the emergency generator.	__ Piped in __ Tank Tank Capacity _____ gals.
21	Type of fuel for generator.	__ Natural gas __ Diesel __ Gasoline
22	Designate an area to locate a generator truck in the event additional electric power is needed.	Location: _____
23	Electricity supplied from more than one substation.	____ Yes ____ No
Exterior Lighting		
25	Walkways sufficiently illuminated.	____ Yes ____ No
26	Entrances to the Initial Sorting and Screening Area sufficiently illuminated.	____ Yes ____ No
27	Parking lots sufficiently illuminated.	____ Yes ____ No
28	Sufficient illumination around the building for security purposes.	____ Yes ____ No
HVAC		
29	Building air conditioned. If yes, tonnage.	____ Yes ____ No _____ Tonnage
30	Type(s) of fuel used for heating system.	__ Natural gas __ Propane __ Electricity
31	Number of air handlers.	_____ Quantity
32	Areas serviced by the air handlers.	AH ID _____ Areas: _____
Water		
33	Water source	____ Municipal __ Well __ Municipal and Well
Communications		

Item No.	Item	Comments
34	Separate telephone and facsimile lines.	____ Yes ____ No
35	Internet access.	____ Yes ____ No
36	Public address system.	____ Yes ____ No
37	Public address system pages the entire facility.	____ Yes ____ No
38	Public address system pages specific rooms or areas.	____ Yes ____ No
39	Location of a communications center for telephones, e-mails, faxes, and radio systems.	Location: _____
Parking		
40	Number of parking areas.	_____ Quantity
41	Total area enough to accommodate parking for visitors, employees, public transit vehicles (buses), police cars and ambulances.	____ Yes ____ No
42	Parking areas fenced to provide security for ambulances and police cars.	____ Yes ____ No
43	Main entrance to the Initial Sorting and Screening Area easily located from the parking area(s).	____ Yes ____ No
44	Other areas available to accommodate parking overflow.	____ Yes ____ No
45	Location of overflow parking areas.	Location: _____
46	Person responsible for snow and ice removal from the parking area(s).	Name: _____ Phone Number: _____
Food Service		
47	Cafeteria	____ Yes ____ No
48	If not, can one be set up?	____ Yes ____ No
49	Number of meals per hour the cafeteria can prepare.	_____ Quantity
47	Number of people the cafeteria s will seat.	_____ Quantity
48	Food easily delivered to the proposed patient care areas.	____ Yes ____ No
49	Number of day's food can be stored without a delivery.	_____ Quantity
50	Area to set up vending machines to provide food, snacks, and beverages when the cafeteria is closed. If yes, location.	____ Yes ____ No Location: _____
51	Number of hours the cafeteria needs to operate to feed staff, clients, and visitors.	____ Number of hours
NEHC Set-up		
52	NEHC Command Post	____ Yes ____ No
53	Administration Office/Conference Area	____ Yes ____ No

Item No.	Item	Comments
54	Communications Center	____ Yes ____ No
55	Finance and Administration Section	____ Yes ____ No
56	Planning Section within the Command Post with enough room for charts and maps	____ Yes ____ No
57	Human Resources Room for sign-in and out and for record keeping.	____ Yes ____ No
58	Training room to hold large groups of people	____ Yes ____ No
59	Operations Section	____ Yes ____ No
60	The Initial Sorting Area (Large enough to put up a tent, temporary building, or in a sheltered area in case of inclement weather.).	____ Yes ____ No
61	The Queue Area in a large open area to conduct screening and be able to accommodate two separate lines. Set up tables to provide information.	____ Yes ____ No
62	Registration Area in a large room. Tables and chairs will be required.	____ Yes ____ No
63	Medication Dispensing/Vaccination Area large enough to accommodate a minimum of 10 tables.	____ Yes ____ No
64	The Medication Counseling should be near the Medication Dispensing/Vaccination Area and near the exit.	____ Yes ____ No
65	Mental Health Area after the Medication Dispensing/Vaccination Area and in a separate room if possible.	____ Yes ____ No
66	The Community Outreach Branch	____ Yes ____ No
67	The Triage and Evacuation Area in a separate room or area away from medication dispensing and located near an exit door. Accommodate 40 beds.	____ Yes ____ No
68	The Mortuary Room near the loading dock and close to the Triage and Evacuation Area if possible.	____ Yes ____ No
69	Logistics Section	____ Yes ____ No
70	Facility Unit, Transportation Unit, and the Section Chief located in one office in close proximity to the loading dock area	____ Yes ____ No Number of loading docks _____
71	Medication and Supply Unit in a separate area or room.	____ Yes ____ No
72	Refrigeration for vaccines	____ Yes ____ No
73	Food Unit in two rooms away from operations. One room to serve as a staff rest area.	____ Yes ____ No
74	Room or area where isolation can be established.	____ Yes ____ No
Personnel		
75	Number of people needed to staff the NEHC.	_____ Quantity

Item No.	Item	Comments
76	Source of employees to meet staff requirements	<input type="checkbox"/> DPH <input type="checkbox"/> MRC <input type="checkbox"/> Other Source _____
Restrooms & Showers		
77	Number of showers available.	_____ Quantity
78	Number of handicap accessible restrooms and showers. If yes, how many?	<input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Quantity
79	Sufficient number of restrooms to meet the demands of clients, staff, and visitors. (Use "Number of Restrooms Guide" below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Restrooms Guide		
Number of Occupants		Minimum number of water closets(1)
1 to 15		1
16 to 35		2
36 to 55		3
56 to 80		4
81 to 110		5
111 to 150		6
Over 150		1 additional fixture for each additional 40 occupants
Footnote (1) Where toilet facilities will not be used by women, urinals may be provided instead of water closets, except that the number of water closets in such cases shall not be reduced to less than 2/3 of the minimum specified.		

Tab F—Staff Requirements

Incident Commander and Staff	<u>Page</u> 74
Finance and Administration Section	74
Planning Section	74
Logistics Section	75
Operations Section	75

Incident Commander and Staff

Title	Information	Location	Qty.
NEHC Commander	DHSS/DPH	Command Post	1
Administrative Assistant	DHSS/DPH	Command Post	1
Safety Officer	DHSS/DPH	Command Post	1
Public Information Officer	DHSS/DPH	Command Post	1
Security Liaison Officer	DSP	Command Post	1
Law Enforcement Unit	DSP/Local	As assigned	14
Volunteers/Runners/Monitors	Volunteers/DHSS	As needed (recommend 8 to 10)	
Total Command Staff			19

Finance and Administration Section

Title	Information	Location	Qty.
Section Chief	DHSS/DPH	Command Post	1
Administrative Assistant	DHSS/DPH	Command Post	1
Human Resources Unit Leader	DHSS/DPH	HR Room/Office	1
Administrative Assistant	DHSS/DPH	HR Room/Office	2
Trainer	DHSS/DPH	Training Room	1
Time Unit Leader	DHSS/DPH	HR Room/Office	1
Administrative Assistant	DHSS/DPH	HR Room/Office	1
Total Finance & Administration			8

Planning Section

Title	Information	Location	Qty.
Planning Section Chief	DHSS/DPH	Command Post	1
Administrative Assistant	DHSS/DPH	Command Post	1
Total Planning			2

Logistics Section

Title	Information	Location	Qty
Logistics Section Chief	DHSS/DPH	Command Post	1
Administrative Assistant	DHSS/DPH	Command Post	1
Transportation Unit Leader	DHSS/DPH	Triage and Evacuation Area	1
Administrative Assistant	DHSS/DPH	Triage and Evacuation Area	1
Facilities Unit Leader	DHSS/DPH	Supply Area	1
General Housekeeping	DHSS/Facility	As needed	2
Communications Unit Leader	DHSS/DPH	Command Post	1
Administrative Assistant	DHSS/DPH	Command Post	1
IT/Telecom Technician	DHSS/DPH	Command Post	2
Medication & Supply Unit Leader	DPS/DHSS/DPH	Supply Area	1
Administrative Assistant	DHSS/DPH	Supply Area	1
Transporter	DHSS/DPH	Supply Area	1
*Pharmacy Technician	DPS	Supply Area	2
Food Unit Leader	DHSS/DPH	Food Area	1
Food Assistant	DHSS/DPH	Food Area	2
Total Logistics			19

*In the event the NEHC facilities are administering vaccinations, pharmacists and pharmacy technicians may be replaced with nurses and/or logistics staffing.

Operations Section

Title	Information	Location	Qty
Section Chief	DHSS/DPH	Medication/Vaccination	1
Administrative Assistant	DHSS/DPH	Medication/Vaccination	1
Monitors	DHSS/DPH	As Needed	
Community Outreach Director	DHSS/DPH	Medication/Vaccination	1
Administrative Assistant	DHSS/DPH	Medication/Vaccination	1
Support Operations Director	DHSS/DPH	Mental Health Area	1
Mortuary Group Supervisor	OCME	Mortuary Room/Dock	1
Administrative Assistant	OCME	Mortuary Room/Dock	1
Mortuary Transporter	OCME	Mortuary Room/Dock	1
Mental Health Group Supervisor	DSAMH	Mental Health Room	1
Administrative Assistant	DSAMH	Mental Health Room	1
Mental Health Professional	DSAMH	Mental Health Room 1	1
Mental Health Professional	DSAMH	Mental Health Room 2	1
MHP Initial Sorting Group (Direct)	DSAMH	Initial Sorting Area	1
MHP Medication Dispensing (Direct)	DSAMH	Medication/Vaccination	1
MHP Triage & Evacuation (Direct)	DSAMH	Triage & Evacuation	1
MHP (Queue Area)	DSAMH	Queue Area	2
MHP Food Unit (Direct)	DSAMH	Food Area	1
Medical Operations Branch Director	Physician	Triage & Evacuation	1
Initial Sorting Group Supervisor	DHSS/DSFS	Initial Sort Area	1
Administrative Assistant/Clerk	DHSS/DPH	Initial Sort Area	1
Sorting Officer	DHSS/DSFS	Initial Sort Area	5

Client Assistant	DHSS/DPH	Initial Sort Area	2
Interpreter	DHSS/DPH	Initial Sort Area	1
Screener	DHSS/DPH	Screening Area	2
Gatekeeper	DPH	Initial Sort Area	1
Registration Group Supervisor	DHSS/DPH	Registration Area	1
Administrative Assistant	DHSS/DPH	Registration Area	1
Client Registration Clerk	DHSS/DPH	Registration Area	10
Registered Nurse	DHSS/DPH	Registration Area	1
Triage & Evacuation Group Supervisor	DHSS/DPH	Triage & Evacuation	1
Administrative Assistant	DHSS/DPH	Triage & Evacuation	1
Registered Nurse	DHSS/DPH	Triage & Evacuation	4
Patient Assistant	DHSS/DPH	Triage & Evacuation	2
Medication Dispensing Group Supervisor*	DPS/DHSS/ DPH	Medication/Vaccination	1
Administrative Assistant	DPS	Medication/Vaccination	1
Pharmacist*	DPS	Medication/Vaccination	1
Pharmacy Technician*	DPS	Medication/Vaccination	10
Pharmacy Technician (Special Needs)*	DPS	Medication/Vaccination	3
Registered Nurse	DHSS/DPH	Medication/Vaccination	3
Client Assistant	DHSS/DPH	Medication/Vaccination	4
Interpreter	DHSS/DPH	Medication/Vaccination	1
Medication Counseling Group Supervisor*	DPS	Medication/Vaccination	1
Administrative Assistant/clerk	DPS	Medication/Vaccination	1
Pharmacist*	DPS	Medication/Vaccination	2
Rapid Intervention Group Supervisor	DHSS/DPH	Medication/Vaccination	1
EMT-B or Critical Care RN	DSFS/DHSS	Medication/Vaccination	2
Mental Health (Rapid Intervention)	DSAMH	Medication/Vaccination	1
Total Operations			83

*In the event the NEHC facilities are administering vaccinations, pharmacists and pharmacy technicians may be replaced with DHSS/DPH nurses and/or logistics staffing.

Tab G—Equipment List

ITEM DESCRIPTION	QTY Req'd	Unit of Issue
Keys and Carts		
Door Key		
Hitch Key		
Spare Tire Lock		
Admin Supplies / Carts 1 thru 2		
Patient Care / Carts 3 thru 5		
Housekeeping / Cart 6		
Medical Equip & Supplies / Carts 7 thru 11		
Patient Care Equipment		
Bed Pan, Fracture, disposable (50/case)	2	CS
Blankets, 100 disposable	5	CS
Sheets, 2 ply 40x84" disposable (100/case)	2	CS
Towels, Bath, Terry, 22" x 44" disposable (500/case)	144	EA
Draper Sheet	1	BX
Urinal, Male, w/cover disposable	25	EA
Washcloths disposable 70 per Pack	7	CS
Child Cot	5	EA
Cot, Folding, canvas with aluminum frame	40	EA
Pillow, 20" x 26", non absorbent casing disposable	60	EA
Pillow case disposable 21"x27"	200	EA
Lab Coat, Men's Size XL	25	EA
Lab Coat, Ladies Size Med.	5	EA
Lab Coat, Ladies Size Large	15	EA
Lab Coat, Ladies Size XL	5	EA
Scale (Weighing Patient)	1	EA
NEHC Vest for all sections, 2 shifts		
Medical Equipment and Supplies		
AED Lifepak 500	1	EA
AED Lifepak 500 Replacement Pads	5	SE
AED Lifepak 500 Software AED to PC	1	EA
AED Lifepak 500, Cable AED to PC	1	EA
Alcohol Preps, sterile, medium, 200bx/10bx per case	1	CS
Bandage (Band-Aid), sheer strips, 1x3", (100bx/12bx/case)	1	CS
Bandage (Band-Aid), sheer strips, 2x4.5", (50bx/18bx/case)	10	BX
Bandage, Conform(Kling), non-sterile, 3"x5 yds,(12/bag, 8bag/case)	2	CS
Bandage, Triangular non-sterile (12/pack)	15	DZ
Band-Aids, Patch 1 1/2 x 1 1/2" (100/bx)	4	BX
Blood Pres. Cuff (Sphygmom. Pediatric)	3	EA
Blood Pres.Cuff (Sphygmom. Adult)	10	EA
Blood Pres.Cuff XL (Sphygmom. Adult)L	12	EA
Blood Pres.Cuff (Sphygmom. Adult/Child)	4	EA
Christmas Tree, Plastic (O2 adapter) fixed flow barb - plastic	25	EA

Cold Drinking Cups 3/5 or 5 oz	1	CS
Combitube Double Lumen airway tube	10	EA
Compressor Nebulizer	6	EA
Disposable Nebulizer	300	EA
Disposable Tourniquets (Latex free)	80	EA
Dressing, 5 x 9 (25 per BX)	5	BX
Dressing, Trauma, 12 X 30	10	EA
Emesis Basin, Polypropylene 10"	50	EA
Extension Set w/2 Y Sites	5	CS
First Aid Kits	20	EA
Gloves, Exam, on-latex, (100/bx/10bx/case) size: L	1	CS
Gloves, Exam, on-latex, (100/bx/10bx/case) size: M	1	CS
Gloves, Exam, on-latex, (100/bx/10bx/case) size: S	1	CS
Gloves, Exam, on-latex, (100/bx/10bx/case) size: XL	1	CS
Glucometer- Mckesson	4	EA
Glucometer Strips for Advantage meter 860	8	BX
Hydrogen Peroxide (16 oz. Bottle)	10	BT
Iodine Swabs (50/bx)	50	BX
IV Administration Sets, Standard (10 drops) (Y-Site)	125	EA
IV Administration Sets, Standard (10 drops) (Y-Site) (solution sets)	125	EA
IV Arm boards, Disposable, 3x11" , (6/pk)	50	EA
IV ext Kit	100	EA
IV Needle, 16g, gray, (50/bx)	1	BX
IV Needle, 18g, green, (50/bx)	3	BX
IV Needle, 20g, pink, (50/bx)	3	BX
IV Needle, 22g, blue, (50/bx)	1	BX
IV Needle, Butterfly, 25g	25	EA
IV Poles on wheel - portable lightweight	6	EA
IV Preparation Kit	5	EA
IV Pressure Infuser, Disposable (1000ml)	10	EA
IV Solutions, Saline, 500 ML 9%	10	EA
Lamp, examination goose neck, floor model	5	EA
Lancet (Use with glucometer)	4	BX
Nail Polish Remover Pads, (100/bx)	2	BX
Nasal Airways (9 assorted sizes per kit)	25	KT
Nasal Cannulas, Adult	3	CS
Nasal Cannulas, Infant	1	CS
Nasal Cannulas, Pediatric	50	EA
Needle, 18g x 1-1/2" (100/bx)	1	CS
Needle, 20g x 1-1/2" (100/bx)	1	BX
Needle, 22g x 1-1/2" (100/bx)	1	BX
Needle, 25g x 1" (100/bx)	1	BX
Non-Rebreather O ₂ Mask w/safety vent, Adult, (50/case)	100	EA
Non-Rebreather O ₂ Mask w/safety vent, Pediatric, (50/case)	50	EA
Obstetrical Kit (Emergency OB Kit)	10	EA
Oral Airways, 90mm	10	EA
Oral Airways, 40mm	10	EA
Oral Airways, 50mm	10	EA

Oral Airways, 60mm	10	EA
Oral Airways, 80mm	10	EA
Oral Airways, Kit (40, 50, 60, 80, 90) :	10	EA
Otoscope, Hal illum w/battery, recharge btry handle w/zip case	4	EA
Oxygen Cylinder Regulator (pin index safety system)	12	EA
Oxygen Cylinder Replacement Gaskets (O ₂) - "O" ring metal/Rubber	5	EA
Oxygen Cylinder Wrench for Size D & E Cylinders	3	EA
Oxygen Cylinders with on/off handle, E size, Aluminum	10	EA
Oxygen Supply Tubing(tubing con. ind wrap, 2 yds (/50 packs/case)	50	EA
Pocket Mask replacement one-way valves	25	EA
Pocket Mask w/O ₂ inlet - Lateral	5	EA
Pulse Oximeter	5	EA
Pulse Oximeter Probes	5	BX
Resuscitator, AMBU, Adult Single use	16	EA
Resuscitator, AMBU, Child/Infant Single use	6	EA
Roller Gauze 3x4	2	CS
Scissors, paramedic 7 1/4	15	PR
Sharps Container, 2 gal, sage red, clear top	20	EA
Splint, SAM, 36"	10	EA
Sponge Gauze, 2 x 2, unsterile (3000/case)	1	CS
Sponge, gauze, 4 x 4, unsterile (4000/case)	1	CS
Stethoscope, 22" tubing w/2 diaphragms and 3 bells in vinyl case	20	EA
Suction Sys w/lg bore Yankauer, Adult (Res-Q-Vac or equiv)	20	EA
Suction System Replacement Kits, Adult (includes Yankauer and canister)	20	EA
Suction System, Battery operated (S-Scort III or equivalent	1	EA
Suction System, Replacement canisters for S-Scort III or equivalent	10	EA
Surgeons Mask, Molded, no fiberglass,	10	CS
Surgical Mask, Barrier face mask	6	BX
Surgilube (5 gram pk) (144 packets/case)	15	CS
Syringe, 30cc (40/bx)	120	BX
Syringe, 60cc (30/bx/4bx/case)	1	BX
Syringe/needle, Safetylock, 3ml, 22g, 1"	200	EA
Syringe/needle, Safetylock, 5ml	200	EA
Syringe/needle, Safetylock, 10ml, 21g, 1-1/2"	200	EA
Syringe/needle, Safetylock, 1ml, 25g, 5/8"	200	EA
Tape, 1"x 10yds.(hypo), (12RL/bx/12bx/case)	1	CS
Tape, 2"x 10yds.(hypo), (6RL/bx/12bx/case)	1	CS
Tegaderm Transparent Dressing 2 3/8"x2 3/4" (100/bx)	5	BX
Thermometer, Probe cover (800/bx)	6	BX
Thermometer, Tympanic electronic (Ear)	6	EA
Thermometers, Pacifier	5	EA
Tongue Depressors, non-sterile, (500/bx/10bx/case)	10	CS
Tpte-L-Vac battery suction w/case	3	EA
Wheelchairs- Transport chair Steel	2	EA
Wheeled O2 cart 12 bottle capacity	3	EA
Yankauer Suction Catheter w/tubing	25	EA
Yankauer Suction Tip	75	EA

Administrative & Office Equipment		
Binder clips, Large	10	BX
Binder clips, Medium	10	BX
Binder clips, Small	10	BX
Box Cutter	1	EA
Copy paper, 8 1/2x11"	5	CS
Copy paper, 8 1/2x14"	10	RM
Desk/Table lamp	5	EA
Desk/Table lamp Bulbs 75 Watts	2	PK
Dispenser, tape, desk, black	10	EA
Dry-Erase Markers (blue)	3	DZ
Easel, Multipos.w/dry-erase Board & Flip Chart Holder	3	EA
Envelope, Business #10 (500/bx)	5	BX
Envelopes Kraft w/clasp (9x12") (100/bx)	1	BX
Extension Cords (25 ft.)	3	EA
Extension Cords (40 ft.)	3	EA
File Storage Boxes	1	EA
Folders, file, ltr size 2 fastener, draft (50/bx)	2	BX
Folders, file, ltr size, Manila (100/bx)	2	BX
Highlighters (Fluorescent Pink)	2	DZ
Highlighters (Fluorescent Yellow)	2	DZ
Pad, easel 27x34' plain white	8	EA
Pad, lined white, 8 1/2" x 11"	10	DZ
Paper clamps (Butterfly Shaped, #1)	20	BX
Paper clips (Jumbo)	10	BX
Paper clips (No. 1)	10	BX
Pencils Golf style	10	DZ
Pencils, No. 2	5	DZ
Penlight w/battery	50	EA
Pens (Bic Clic Stic or equivalent)	5	DZ
Permanent Marker (Black)	2	DZ
Permanent Marker (Sharpie or equivalent) (Black)	2	DZ
Post-its or equivalent ruled (4" x 6")	50	EA
Printer HP 1220 Laser Jet	2	EA
Printer, Image Cartridge	4	EA
Punch, paper 2 and 3 hole combination	3	EA
Registration Forms	1500	EA
Scissors stainless steel	15	EA
Sharpener, Pencil	1	EA
Staple Remover	4	EA
Staplers	4	EA
Staples	4	BX
Surge Protector/Power Strip, 6 outlet, 15ft cord	3	EA
Surge Protector/Power Strip, 6 outlet, 4ft cord	3	EA
Tag, Manila (1000/bx)	1	BX
Tape, Duct	3	RL
Tape, Magic 3/4"	12	RL
Telephone message pads 11x5" 400 msg - book	3	EA

Clipboards 8 1/2 x 11	100	EA
Housekeeping Equipment		
Disinfectant Spray - ADAC std 18 oz.	5	BX
Facial Tissue Kleenex Boutique or equivalent)	3	CS
Hand Sanitizer, Purell, 40z, (12/case)	5	CS
Trash Bags, 13-16 Gallon (.9 mil.)	2	BX
Trash Bags, 40-45 Gallon (1.7 mil.)	2	BX
Trash Bags, Biohazard (7 gallon size), (250/case)	1	CS
Trash Bags, Red Large	3	CS
Trash Cans, Biohazard, 22x18x18 collapsible	5	EA
Wet Floor Signs, Multilingual (English/German/French/Spanish)	5	EA
Ziploc Bags	38	BX
Personal Protective Equipment		
Pharmacy Jackets XL	100	EA
Bouffant Surgical Hat	1	CS
N95 Respirator regular	3	BX
N95 Respirator small	3	BX
Miscellaneous Hardware		
Batteries (9Volt Size)	20	EA
Batteries (AA Size)	100	EA
Batteries (AAA Size)	100	EA
Batteries (C Size)	20	EA
Batteries (D Size)	20	EA
Flashlight, pivoting head	3	EA
Lantern, Portable battery operated w/batteries	10	EA
Pedestrian Traffic Control Devices		
Wet Floor Signs	5	
Biohazard Waste Removal		
Box	TBD	Based on event
Disposal--Varies with location and response time	TBD	

Tab H—Job Action Sheets

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**ADMINISTRATIVE ASSISTANT
JOB ACTION SHEET**

- 1.) To provide the clerical and administrative support necessary for the NEHC and their immediate supervisor.
- 2.) To assist in the distribution of critical information and data throughout the NEHC.

Administrative assistants can be assigned to the command post, section, group, and/or unit. Assigned duties will vary.

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on position identification vest.	
	Obtain initial briefing from their assigned command staffer.	
	Receive training in the office guidelines, written report formats to be used, chain of command, preparation of meeting minutes; use of staff message board, priority tasks, etc.	
	Assure that the area you are assigned to has adequate supplies to perform office-related duties, i.e., paper, pens/pencils, minute-taking forms, markers, flip chart stand & paper, stapler/staples, etc.	
	Act as general support staff person by answering phones, taking/relaying messages, filing, distributing materials, scheduling meetings, setting up conference calls, typing documents, and other tasks as required by your supervisor.	
	Provide clerical support for your immediate supervisor.	
	Gather reports and data.	
	Communicate to personnel.	
	Assure that all communication support requests are documented and routed through the command structure and the Public Information Officer.	
	Continue supportive role to the command and control.	
	Observe clients, self, and others for signs of stress and/or inappropriate behaviors and report concerns immediately to their supervisor.	

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Utilize assigned rest periods.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**CLIENT REGISTRATION CLERK
JOB ACTION SHEET**

To record the client registration information on the client record, brief client of next step, and provide any written information.

Position Reports to the Registration Group Supervisor

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read this entire Job Action Sheet.	
	Put on position identification vest.	
	Obtain initial briefing from the Registration Group Supervisor.	
	Receive training in unit processes, client medical record, recognizing and reporting on-site client emergencies, sources of information and material support, customer skills to include greeting, calming and assuring the patient.	
	Record client information on the client record.	
	Alert supervisor to pull client medical record if second visit or greater.	
	Greet clients cheerfully and professionally.	
	Review all client medical records for completeness.	
	Alert Registration Group Supervisor when a client's health status is questionable.	
	Notify the supervisor in the event that questions cannot be appropriately answered or a client appears unable to answer.	
	Ensure the security and prevent the loss of client medical record and client log.	
	Observe all staff, and clients for signs of stress and inappropriate behavior. Report concerns to your direct report.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

COMMUNICATIONS UNIT LEADER
JOB ACTION SHEET

To establish and maintain the telecommunications, radio communications, network services, and a communication center at the NEHC facility.

Position Reports to the Logistics Section Chief

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on position identification vest.	
	Obtain briefing from the Logistics Section Chief.	
	Establish a telecommunications network services and communications center in the command post.	
	Assure that telephones, radios, computers, and intercom systems are operating.	
	Issue 800 MHz radios or Motorola Talk-About® radios to designated personnel	
	Obtain an operational talk group from the SHOC Communications Unit Leader	
	Train end users in the use of the computer hardware and software.	
	Configure, install, test, troubleshoot, repair, and monitor operation of the hardware and software.	
	Provide network systems administration to include defining access rights, implementing security policies/procedures, etc.	
	Identify and resolve network and telecommunication system malfunctions.	
	Organize Briefings for the Logistics Section Chief on telecommunications / network problems.	
	Maintain an inventory of computer parts and supplies.	

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Establish a mechanism to alert Logistics Section Chief of problems with network communications within the NEHC.	
	Observe all staff, and clients for signs of stress and inappropriate behavior. Provide for staff rest periods and relief.	
	Remind personnel to clean up areas upon termination	
	Participate in/complete after-action requirements	

COMMUNITY OUTREACH DIVISION DIRECTOR

JOB ACTION SHEET

- 1.) To oversee and provide services from the NEHC to homebound clients or others unable to come to the NEHC.
- 2.) To coordinate the services and supplies needed to assure homebound clients or others unable to come to the NEHC in the affected areas have access to medical care.

Position Reports to the Operations Section Chief

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review the organizational chart.	
	Put on position identification vest.	
	Receive briefing from Operation Section Chief.	
	Establish the Division.	
	Coordinate with team members for team composition and plan of action as directed by the Operations Section Chief.	
	Assess the situation and the Division supply and staffing needs.	
	Obtain prophylactic medications from the Medication and Supply Unit.	
	Maintain an inventory of prophylactic medication and supplies needed to treat clients.	
	Provide a room, care, and staff for unattended children.	
	Reunite children with parent or guardian.	
	Ensure the deployment of Community Outreach Provider Network staff to implement the situation protocols.	
	Maintain information and tracking of staff that are out of the NEHC.	
	Report frequently to the Operations Section Chief on the status of the field teams.	
	Receive information on referrals for follow-up from other groups.	

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Ensure staff adequately documents activities and medication distribution.	
	Observe and assist any staff who exhibits signs of stress and fatigue. Report any concerns to the Operations Section Chief.	
	Review the branches activity and summary information as required.	
	Remind personnel to clean up areas upon termination	
	Participate in/complete after-action requirements	

**FACILITIES UNIT LEADER
JOB ACTION SHEET**

- 1.) To maintain the maintenance and integrity of the physical facility to the best level.
- 2.) To provide adequate environmental controls to perform the medical mission.

Position Reports to the Logistics Section Chief

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on position identification vest.	
	Meet with Logistics Section Chief to receive briefing and develop action plan; deliver preliminary report on the physical status and security of the facility if available.	
	Provide a comprehensive facility status report as soon as possible to the Logistic Section Chief.	
	Facilitate and participate in damage assessment meeting between NEHC Commander and the Logistics Section Chief.	
	Assure that all sections and areas of the NEHC are informed of the implementation of the medical waste disposal/collection plan.	
	Position portable toilets in accessible areas; away from client care and food preparation, if necessary.	
	Ensure an adequate number of hand washing stations are operational near client care areas.	
	Monitor levels of all supplies, equipment and needs relevant to all sanitation operations.	
	Forward requests of outside service providers/resources to the Medication and Supply Unit Leader after clearing through the Logistics Section Chief.	
	Document actions and decisions on a continual basis. Obtain the assistance of a documentation aide if necessary.	
	Observe all staff and clients for signs of stress and inappropriate behavior. Report concerns to the Logistics Section Chief. Provide for staff rest periods and relief.	

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Observe and assist staff who exhibit signs of stress or fatigue. Report concerns to the Logistic Section Chief.	
	Remind personnel to clean up areas upon termination	
	Participate in/complete after-action requirements	

FINANCE & ADMINISTRATION SECTION CHIEF
JOB ACTION SHEET

- 1.) To organize and direct all aspects of the Finance and Administrative Section.
- 2.) To train and register NEHC personnel and maintain all financial and human resources records.

Position Reports to the NEHC Commander

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on identification vest.	
	Obtain briefing from the NEHC Commander	
	Establish a Human Resources Unit for personnel to sign-in and report to duty.	
	Establish records and files on all NEHC personnel.	
	Establish NEHC personnel tracking system.	
	Confirm verification of all certification and professional license.	
	Provide Job Action Sheet, briefing, PPE, and assignments to all NEHC personnel.	
	Utilize other administrative support staff to tabulate costs (e.g., human resources for personnel cost) of emergency response.	
	Provide briefings to the NEHC Commander and SHOC of personnel counts and arrivals and training every hour.	
	Attend briefings and updates scheduled by the NEHC Commander.	
	Complete necessary documents to submit reports to NEHC Commander and SHOC as required.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Remind personnel to clean up areas upon termination	
	Participate in/complete after-action requirements	

**FOOD UNIT LEADER
JOB ACTION SHEET**

To maintain and organize food service area for NEHC personnel and provide a separate area for rest and relaxation.

Position Reports to the Logistics Section Chief

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on identification vest.	
	Obtain briefing from the Logistics Section Chief	
	Establish a Food Service Area for NEHC personnel.	
	Establish a separate room for personnel to rest and relax.	
	Work with Mental Health Professionals to look for signs of distress.	
	Maintain cleanliness of the Food Service Area and Rest Area	
	Coordinate food purchase with the Finance and Administration Section Chief.	
	Attend briefings and updates scheduled by the Logistics Section Chief	
	Complete necessary documents to submit reports to Section Chief.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

GATEKEEPER
JOB ACTION SHEET

To maintain the steady flow of clients by only allowing the appropriate number into the Queue Area. The number will be established by the Group Supervisor.

Position Reports to the Initial Sorting and Screening Group Supervisor.

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read this entire Job Action Sheet and review organizational chart.	
	Put on identification vest.	
	Obtain briefing from the Operations Section Chief or Medical Operations Director.	
	Assist in establishing the Initial Sorting and Screening Area.	
	Monitor client flow in the Registration Area and the Medication Dispensing/Vaccination Area. .	
	Allow only the appropriate number of clients into the Queue Area. The Gatekeeper should be place at the entrance of the door for easy access and monitoring.	
	Provide clear direction to client.	
	Ensure the rapid flow of clients. .	
	Report frequently and routinely to the Initial Sorting and Screening Group Supervisor.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

HUMAN RESOURCES UNIT LEADER

JOB ACTION SHEET

To maintain human resources function to ensure the NEHC facility has the ability to operate.

Position Reports to the Finance and Administrative Section Chief

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on identification vest.	
	Obtain briefing from the Finance and Administration Section Chief	
	Identify personnel where overtime and/or union concerns may impact the response. Work with Section Chiefs, NEHC Commander, and the SHOC to address any issues surrounding union members' response to events	
	Inventory the number and classify staff presently available.	
	Oversee JIT training and training needs of NEHC personnel.	
	Train staff to: <ul style="list-style-type: none"> • Register new people. • Verify certification/license • Assign personnel when they are requested • Document where personnel are assigned. 	
	Meet with section chief to coordinate long-term staffing needs and identifying personnel that are in proximity to the site.	
	Maintain log of all assignments and time on duty.	
	Monitor staff utilization to ensure proper rotation of staff is maintained as much as possible	
	Maintain a message center for staff's family members to leave messages or find out the well being of their family member.	
	Work with the Finance and Administration Section Chief in establishing costs of personnel utilized in the event.	

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Brief the Finance and Administration Section Chief at least every 2 hours on the numbers and composition of the HR Unit.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Remind personnel to clean up areas upon termination	
	Participate in/complete after-action requirements	

**INITIAL SORTING & SCREENING GROUP SUPERVISOR
JOB ACTION SHEET**

- 1.) To sort casualties according to severity of illness or injury and assure their disposition to the proper treatment unit.
- 2.) Attach Delaware disaster tag to the client's wrist with the proper identification noted.

Position Reports to the Medical Operations Director or Operations Section Chief

Preferred Credentials: Registered Nurse or EMT with supervisory experience

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on position identification vest.	
	Receive briefing from Operations Section Chief.	
	Establish the Initial Sorting and Screening Area and consult with Security Liaison Officer to designate the vehicle off-loading area.	
	Ensure sufficient transport equipment (eg. wheelchairs) and personnel for Initial Sorting Group.	
	Assign sorting teams.	
	Identify other areas within the NEHC and coordinate with other supervisors and unit leaders.	
	Define traffic flow needs in the Initial Sorting and Screening Area. Inform Medical Operations Director of action.	
	Ensure that the blue/white ribbons are being placed on "sick" clients.	
	Keep Operations Section Chief apprised of status, number of casualties in the Initial Sorting and Screening Area, and the need for resources and staffing.	
	Observe and assist any staff who exhibits signs of stress and fatigue. Report concerns to your direct report	
	Direct non-utilized personnel to HR Unit.	

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Remind personnel to clean up areas upon termination	
	Participate in/complete after-action requirements	

LOGISTICS SECTION CHIEF
JOB ACTION SHEET

To organize and direct those operations associated with maintenance of the physical environment, and adequate levels of food, shelter, and supplies to support the medical objectives.

Position Reports to the NEHC Commander

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on position identification vest.	
	Obtain briefing from NEHC Commander.	
	Coordinate the receipt of the deliveries from storage to NEHC.	
	Brief unit leaders on current situation; outline incident action plan and designate time for next briefing.	
	Establish Logistics Section to include the Transportation Unit, Facilities Unit, Communications Unit, Medication and Supply Unit, and Food Unit.	
	Obtain information and updates regularly from unit leaders; maintain current status of all areas; pass status information to the Command Post.	
	Communicate frequently with NEHC Commander.	
	Send a copy of all internal reports to the Planning Section.	
	Observe all staff, and clients for signs of stress and inappropriate behavior. Report concerns to the NEHC Commander. Provide for staff rest periods and relief.	
	Remind personnel to clean up areas upon termination	
	Participate in/complete after-action requirements	

**MEDICAL OPERATIONS BRANCH DIRECTOR
JOB ACTION SHEET**

- 1.) To organize, prioritize, and assign medical personnel to units where clinical care is being delivered.
- 2.) To advise the Operations Section Chief on issues related to the medical activities.
- 3.) To initiate and supervise the patient triage process.
- 4.) To assure treatment of patients according to the triage and medical protocols.
- 5.) To provide for a controlled patient discharge.

Position Reports to the Operations Section Chief

Preferred Credentials: Physician, Physician Assistant, or Advanced Practice Nurse

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on position identification vest.	
	Meet with Operations Section Chief and other Operations Section Group Supervisors for briefing. Establish time for follow up meetings.	
	Brief clinical unit officers. Designate time for follow-up meeting.	
	Assist establishment of clinical units in pre-established locations.	
	Assess problem, treatment needs, and customize the staffing and supplies in each group.	
	Approve guidelines medical staff will use for assigning patient priority for treatment, evacuation, and discharge.	
	Establish two-way communication (radio or runner) with the Operations Section Chief and all clinical unit officers.	
	Meet regularly with NEHC Commander for appraisal of the situation regarding medical staff and projected needs.	
	Brief Operations Section Chief routinely on the status/quality of medical care.	

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Maintain communication with the Support Operations Branch Director to co-monitor the delivery and quality of medical care in all patient care areas.	
	Contact the Security Liaison Officer for security needs, especially those in the Triage and Evacuation Area, Medication Dispensing/Vaccination Area, and in the Mortuary Area. Advise the Operations Section Chief of any actions or requests.	
	Report equipment needs to the Medication and Supply Unit Leader.	
	Ensure maintenance of Medical Staff time sheet; obtain clerical support from the HR Unit, if necessary.	
	Meet as often as necessary with the Operations Section Chief to keep appraised of current conditions.	
	Remind personnel to clean up areas upon termination	
	Participate in/complete after-action requirements	

**MEDICATION & SUPPLY UNIT LEADER
JOB ACTION SHEET**

- 1.) To organize and store medical and non-medical equipment and supplies.
- 2.) To receive and sign for prophylactic medications and vaccines from the SNS Stockpile, ISS Stockpile, or other sources.

Position Reports to the Logistics Section Chief

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on position identification vest.	
	Receive briefing from Logistics Section Chief.	
	Procure prophylactic, medical, and administrative supply list.	
	Provide prophylactic, medical, and administrative supply storage.	
	Activate the internal delivery system.	
	Meet with and brief medication and supply personnel on receipt, storage, and distribution of medications and equipment.	
	Establish and communicate the inventory of the medication and supplies to the Logistics Section Chief.	
	Dispatch the supply carts and prophylactic medication or vaccine to the appropriate staff in the Medication Dispensing/Vaccination Area and the Triage and Evacuation Area.	
	Assembles, if necessary, gurneys, litters, wheelchairs, and stretchers.	
	Projects and order essential medical equipment and supplies.	
	Develop and maintain a current inventory of non-medical equipment and supplies.	
	Coordinate with Security Liaison Officer to protect prophylactic medication or vaccine.	

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Observe and assist staff who exhibit signs of stress or fatigue. Report concerns to the Logistic Section Chief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**MEDICATION COUNSELING GROUP SUPERVISOR
JOB ACTION SHEET**

- 1.) To supervise and provide patient education related to the incident and medications dispensed and/or vaccines given.
- 2.) To ensure that clients have an understanding of what they are to do upon leaving, when to return, when follow-up is necessary, and who to call if problems.

Position Reports to the Operations Section Chief or Medical Operations Branch Director

NAME: _____

DATE; _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review the organizational chart.	
	Put on position identification vest.	
	Receive briefing from Medical Operations Branch Director or Operations Section Chief.	
	Assist in establishing the Medication Counseling Area.	
	Provide drug counseling information and ensure that clients have an understanding of what they do upon leaving.	
	Coordinate with Medication Dispensing/Vaccination Group Supervisor.	
	Provide the client education briefing as directed by the incident protocols.	
	Dispense prophylactic medications as required.	
	Observe clients for any possible medication reactions.	
	Provide the medications for self care as indicated by the protocols.	
	Report frequently and routinely to the Medical Operations Branch Director or section chief.	
	Observe and assist any staff who exhibit signs of stress and fatigue. Report any concerns to the Mental Health Group.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**MEDICATION DISPENSING/VACCINATION GROUP SUPERVISOR
JOB ACTION SHEET**

- 1.) To coordinate the controlled discharge of clients received from all groups of the NEHC.
- 2.) To facilitate the process of client education, dispensing mass prophylaxis, and final client discharge by assuring adequate staff and supplies in the Medication Dispensing/Vaccination Group.

Position Reports to the Operations Section Chief or Medical Operations Branch Director

Preferred Credentials: Pharmacist or Registered Nurse

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review the organizational chart.	
	Put on position identification vest.	
	Receive briefing from the Medical Operations Branch Director or Operations Section Chief.	
	Establish the Medication Dispensing/Vaccination Group Area.	
	Coordinate with Security Officer.	
	Assess situation/area for supply and staffing needs; request medical and prophylaxis supplies from the Medication and Supply Unit.	
	Inventory most commonly used pharmaceutical items. Notify Medication and Supply Unit when stock re-supply is needed.	
	Communicate with the Medication and Supply Unit Leader to assure a smooth method of prepackaging and delivery of prophylactic medication for mass distribution.	
	Request involvement of Mental Health Professionals when necessary	
	Communicate regularly with other operational group supervisors.	
	Ensure that all clients discharged from area are tracked and documented in regards to disposition.	
	Report frequently and routinely to the Medical Operations Branch Director on situational status.	

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Observe and assist any staff or client whom exhibits sign of stress. Report concerns to the Mental Health Group. Provide for staff rest periods and relief.	
	Review the groups' administrative assistant recording of actions and decisions in the Medication Dispensing Group. Send Review Summary Results to the Medical Operations Director.	
	Direct non-utilized personnel to the HR Unit Leader.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**MENTAL HEALTH GROUP SUPERVISOR
JOB ACTION SHEET**

- 1.) To organize, direct, and supervise those services associated with the social and psychological needs of the clients, staff, and their respective families.
- 2.) To assist with discharge planning.

Position Reports to the Operations Section Chief or Support Operations Branch Director

Preferred Credentials: Licensed Mental Health Professional with supervisory experience

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on position identification vest.	
	Obtain briefing from Support Operations Branch Director and assist with development of the Operations Section's action plan. Designate time for follow up meeting.	
	Brief NEHC supervisors and leaders on Mental Health resources, capabilities, and current situation; outline the Service Action plan.	
	Establish a Mental Health Area near the Medication Dispensing/Vaccination Area.	
	Assist with establishment of Medication Dispensing/Vaccination Area.	
	Designate a secluded counseling area where individual and group intervention may take place.	
	Coordinate client referrals with victim assistance organizations and agencies such as, Red Cross, clergy, and other mental health professionals, to support the psychosocial needs of the client/family.	
	Arrange for mental health staff to visit all areas on a routine schedule.	
	Communicate frequently with the Support Operations Branch Director.	
	Document action and decisions on a continual basis.	

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Observe and assist staff who exhibit signs of stress or fatigue. Report concerns to the Logistic Section Chief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**MENTAL HEALTH PROFESSIONAL
JOB ACTION SHEET**

- 1.) To assess the mental health needs of the clients and their families in the NEHC and providing crisis management or referral.
- 2.) To assess the mental health needs of staff.
- 3.) To assist clients and families locate missing family members, making referrals for other assistance the clients may need.
- 4.) To gather information regarding homebound clients and refer then to the Community Outreach Branch Director and other agencies as needed.

Position Reports to the Mental Health Group Supervisor

Preferred Credentials: Licensed Mental Health Professional

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on position identification vest.	
	Obtain briefing from Support Operations Branch Director.	
	Assist with establishing the Area.	
	Coordinate with team members for team composition and plan of action as directed by the group supervisor.	
	Assist clients with needs as indicated, locating missing family, obtaining needed resources and referral to other agencies.	
	Assess clients and their families for signs of stress or anxiety and provide intervention as needed.	
	Gather information as requested regarding homebound clients and makes referrals.	
	Assist in other units as needed.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**MONITOR
JOB ACTION SHEET**

To help and assist NEHC clients and directing them to the appropriate stations.

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on position identification vest.	
	Obtain briefing from Section Chief or Branch Director	
	Receive training in organization and flow of the NEHC.	
	Assemble gurneys, litters, wheelchairs and stretchers for use in areas.	
	Receive training in unit and group processes, client records, recognizing and reporting on-site emergencies, sources of information and material support, customer skills to include greeting, calming and reassuring clients.	
	Maintain flow of clients as directed by section chiefs.	
	Assist clients and families in through the NEHC.	
	Observe clients and staff for stress and fatigue.	
	Observe all staff, and clients for signs of stress and inappropriate behavior. Report concerns to your direct report.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements	

**MORTUARY GROUP SUPERVISOR
JOB ACTION SHEET**

- 1.) To collect, protect, and identify deceased patients.
- 2.) To supervise the Mortuary Group.

Position Reports to the Support Operations Branch Director

Preferred Credentials: Licensed Professional from the OCME office.

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on position identification vest.	
	Obtain briefing from Support Operations Branch Director.	
	Establish Mortuary; coordinate with Medical Operations Branch Director.	
	Request an on-call physician from the Medical Operations Director to confirm any resuscitatable casualties in the Mortuary.	
	Obtain assistance from the Transportation Unit for transporting deceased patients.	
	Assure all transporting devices are removed from under deceased patients, disinfected, and decontaminated before returning to the Triage and Evacuation Unit.	
	Maintain master list of deceased patients with time of arrival tracking, time pronounced, and time released.	
	Assure all personal belongings are kept with deceased patients and are inventoried and secured.	
	Assure all deceased patients in the Mortuary Area are identified, tagged, and covered.	
	Keep NEHC Commander apprised of number of deceased.	
	Arrange for frequent rest and recovery periods, as well as relief for staff.	
	Schedule meetings with the Mental Health Group to allow for staff debriefing.	

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Observe and assist any staff whom exhibits signs of stress or fatigue. Report any concerns to the Support Operations Branch Director.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

MORTUARY TRANSPORTER

JOB ACTION SHEET

- 1.) To assist the Mortuary Group Supervisor in the processing of remains and effects.
- 2.) To assist with movement of remains including loading and unloading.

Position Reports to the Mortuary Group Supervisor

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on position identification vest.	
	Obtain briefing from Support Operations Branch Director.	
	Assist in establishing a Mortuary Area.	
	Conduct and records inventory of personal effects.	
	Move deceased with dignity.	
	Assist with the processing of remains as needed.	
	Report frequently and routinely to the group supervisor.	
	Observe all staff, and patients for signs of stress and inappropriate behavior. Report concerns to your direct report.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

NEHC COMMANDER

JOB ACTION SHEET

To organize and direct NEHC Command Post and give overall direction for NEHC operations.

Position Reports to the Northern or Southern Health Services Liaison

Preferred Credentials: Advance Practice Nurse with supervisor experience

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Initiate the NEHC operations by assuming role of NEHC Commander at the direction of the NHS/SHS Liaison.	
	Read this entire Job Action Sheet.	
	Put on position identification vest.	
	Post the NEHC and SHOC organization charts.	
	Announce a senior staff meeting of all Section Chiefs and Command Staff to be held twice per shift.	
	Receive status report and discuss initial actions with Section Chiefs and Directors. Determine appropriate priority actions.	
	Schedule briefings initially every two hours, then at the beginning of each shift.	
	Receive initial facility status report from Logistics Section Chief, and if applicable, evaluate the suitability of the building and proposed NEHC layout.	
	Approve Incident Action Plans before they are sent to SHOC.	
	Obtain staffing census and status from Planning Section Chief. Emphasize proactive actions within the Planning Section. Call for a staffing projection report. Adjust timeline as necessary.	
	Authorize a client prioritization assessment for the purposes of designating appropriate treatment, evacuation, and discharge priority.	
	Assure that contact and resource information has been established with outside agencies.	
	Authorize resources as needed or requested by Section Chiefs.	

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Track all expenditures based on personnel reports, inventory of equipment and supplies, purchase vouchers and purchase orders provided by NEHC Section Chiefs.	
	Schedule routine briefings with Section Chiefs to receive status reports and update the incident action plan regarding the continuance and termination of activities.	
	Communicate status to SHOC regularly.	
	Consult with Section Chiefs on needs for staff, physician, and transportation, food, and shelter. State a plan of action.	
	Review media releases provided by the PIO before the releases are sent to the SHOC.	
	Observe all staff, and clients for signs of stress and inappropriate behavior. Report concerns to the Mental Health Group and/or SHOC Lead. Provide for staff rest periods and relief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**OPERATIONS SECTION CHIEF
JOB ACTION SHEET**

- 1.) To organize and direct aspects relating to the Operations Section.
- 2.) To carry out directives of the NEHC Commander.
- 3.) To coordinate and supervise the Community Outreach, Support, and Medical Operations Branches of the Operations Section.

Position Reports to the NEHC Commander

Preferred Credentials: Physician, Physician Assistant, or Advance Practice Nurse with supervisor experience.

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read this entire Job Action Sheet.	
	Put on position identification vest.	
	Obtain briefing from NEHC Commander.	
	Brief all Operations Section directors on current situation and develop the section's initial action plan. Schedule time for next briefing.	
	Establish Operations Section Center in proximity to the Command Post.	
	Meet with branch directors and group supervisors to plan and project client care needs.	
	Designate times for briefings and updates with all Operations Section directors to develop/update section's action plan.	
	Ensure that all areas are adequately staffed and supplied.	
	Brief the NEHC Commander routinely on the status of the Operations Section.	
	Assure that all communications go to and through the Command Post; document all actions and decisions.	
	Maintain client tracking system.	
	Monitor client flow and Medication Dispensing/Vaccination Group.	

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Monitor client care.	
	Monitor Mortuary Area and Medical Transportation.	
	Observe all staff, and clients for signs of stress and inappropriate behavior. Report concerns to the NEHC Commander. Provide for staff rest periods and relief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**PATIENT/CLIENT ASSISTANT
JOB ACTION SHEET**

To assist in the collection of information and the movement of patients/clients from one area of the NEHC to another as directed by the Operations Section. Assist medical staff with patients as needed.

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart	
	Put on position identification vest.	
	Obtain briefing from the Group Supervisor.	
	Assist in establishing area.	
	Record patient/client information on the client/patient medical record as directed by medical personnel.	
	Move patients/client, as needed, to the designated area as determined by medical personnel.	
	Assist with loading and unloading patients/clients.	
	Assist medical personnel as necessary.	
	Report frequently and routinely to Supervisor.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**PHARMACY TECHNICIAN
JOB ACTION SHEET**

- 1.) To dispense prophylactic medication, and maintain client disposition logs, paperwork, and supplies for the group.
- 2.) To manage the flow of clients through this area. Ensure completeness of client records before filing.

Position Reports to the Medication Dispensing Group Supervisor

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on position identification vest.	
	Receive briefing from Medical Operation Director or section chief.	
	Assist with establishing the Area.	
	Dispense all prophylactic medications and direct clients who have questions to Medication Counseling Area	
	Manage the flow of clients into and out of the Medication Dispensing/Vaccination Area.	
	Control flow of clients.	
	Maintain medication dispensing log, if indicated.	
	Manage supplies for the Area.	
	Report frequently and routinely to the supervisor.	
	Observe and assist staff who exhibit signs of stress or fatigue. Report concerns to your direct report.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

PLANNING SECTION CHIEF

JOB ACTION SHEET

- 1.) To maintain current information and status regarding the incident and communicate to the NEHC Commander, Section Chiefs and staff members as appropriate.
- 2.) To write a NEHC-specific incident action plan.
- 3.) To provide to the Human Resources Unit Leader projections of staffing needs based on client flow/activity.
- 4.) To maintain closed records in a secure area.

Position Reports to the NEHC Commander

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on position identification vest.	
	Receive briefing from NEHC Commander.	
	Assign recorder to document decisions, actions, and attendance in Command Post.	
	Write incident action plan.	
	Establish a status board in Command Post with a documentation unit leader and ensure that this board is kept current.	
	Provide an internal NEHC update for staff as needed on the status board.	
	Communicate closely with the HR Unit Leader for the utilization of the staff message board as appropriate (i.e., staff projections identify need for more staff on the next shift, utilize staff message board to communicate need for staff who will work extra hours, next shift, etc.).	
	Ensure the security and prevent the loss of client medical records and client logs.	
	Ensure the coordination of incident and planning meetings.	
	Setup of Planning Section in the Command Post.	
	Provide regular briefings to NEHC Commander.	

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Observe and assist staff who exhibit signs of stress or fatigue. Report concerns to the NEHC Commander.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**PUBLIC INFORMATION OFFICER
JOB ACTION SHEET**

To provide recommendations and information to the PAO (Public Affairs Officer) and NEHC Commander for news updates and information.

Position Reports to the NEHC Commander and the SHOC Public Affairs Officer

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on position identification vest.	
	Receive briefing from NEHC Commander.	
	Contact and interface with the SHOC PAO (Public Affairs Officer) and NHS/SHS Liaisons and give status and established communications link.	
	Determine specific assignment (writing and media monitoring).	
	Obtain progress reports from the Public Affairs Officer or NEHC commander, as appropriate.	
	Obtain the NEHC Commander's approval before releasing information to the SHOC.	
	Identify relevant fact sheet for immediate release, post on the web, and provide to call center.	
	Gather and assess data for PAO periodically or as established by SHOC for news updates and information.	
	Monitor actions of the victims and report to the NEHC Commander and PAO.	
	Provide regular briefings to NEHC Commander.	
	Observe and assist staff who exhibit signs of stress or fatigue. Report concerns to NEHC Commander.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**REGISTERED NURSE
JOB ACTION SHEET**

- 1.) To give vaccinations
- 2.) To care for and assist clients.
- 3.) To assess treatment and answer questions as necessary.

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on identification vest.	
	Obtain briefing from the Operations Section Chief.	
	Assist in establishing Medication Dispensing/Vaccination Area.	
	Record patient information on the patient record as directed.	
	Move patients, as needed, to the designated area as determined by medical personnel.	
	Ensure patient receives clinical assessment and treatment per the incident protocols and condition.	
	Administer prophylactic medications/vaccination as directed.	
	Assist patient and answer questions as necessary.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Assure the client assistants accurately record assessments and treatments.	
	Report frequently and routinely to Supervisor.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**REGISTRATION GROUP SUPERVISOR
JOB ACTION SHEET**

To oversee the Registration Area and ensure continuous and rapid client flow. (NEHC-S only)

Position Reports to the Operations Section Chief

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on identification vest.	
	Obtain briefing from the Operations Section Chief.	
	Maintains client census.	
	Ensure the initiation of the client medical information by establishing a medical record for each client.	
	Establish the victim tracking process by ensuring that the client log is maintained.	
	Provide a sheltered waiting area for clients waiting to register.	
	Monitor client flow.	
	Provide regular updates to Group Supervisor.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**SAFETY OFFICER
JOB ACTION SHEET**

- 1.) To monitor and advise NEHC Commander on matters relating to safety, including the health and safety of NEHC personnel.
- 2.) To provide a set of systems and procedures necessary to ensure ongoing assessment of hazardous environments and general safety of operations.

Position Reports to the NEHC Commander

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on identification vest.	
	Obtain briefing from the NEHC Commander.	
	Write safe work practices and procedures specific to the event, as needed.	
	Write a temporary safety plan to control hazards at the facility.	
	Respond to and investigate all injuries, accidents, or unsafe conditions.	
	Advise NEHC Commander of any unsafe or hazardous conditions, especially those that are life-threatening.	
	Establish routine briefings with the NEHC Commander.	
	Ensure unauthorized people have been restricted from client areas.	
	Have all supervisors, directors, and leaders document all hazards, injuries, and corrective actions.	
	Review all accident and safety reports.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

SCREENER
JOB ACTION SHEET

To triage and separate clients entering the NEHC and assist clients who have special needs as defined in the medical protocols.

Position Reports to the Initial Sorting and Screening Group Supervisor

Preferred Credentials: Licensed Nurse (LPN or RN)

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read this entire Job Action Sheet and review organizational chart	
	Put on position identification vest.	
	Obtain briefing from the Operations Section Chief.	
	Assist in sorting clients according to special needs.	
	Separate clients into the blue or green line based on client guidelines	
	Receive regular updates from Group Supervisor.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**SECURITY LIAISON OFFICER
JOB ACTION SHEET**

- 1.) To monitor and provide security, safety, and protection for NEHC operations and reports hazardous conditions to the Safety Officer.
- 2.) To oversee law enforcement unit and provide assignments to law enforcement officers.

Position Reports to the NEHC Commander

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on identification vest.	
	Obtain briefing from the NEHC Commander and the State Police.	
	Obtain initial incident reports of any security issues for assessment and communications to the NEHC Commander.	
	Assess internal facility security requirements and to protect clients and staff.	
	Assure all security personnel are at assigned stations.	
	Provide communication for all security personnel.	
	Ensure identification badges are issued and worn by all staff.	
	Provide briefings to the NEHC Commander.	
	Routinely check all areas for security issues or concerns.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**SORTING OFFICER
JOB ACTION SHEET**

- 1.) To sort casualties according to severity of illness or injury and assure their disposition to the proper area.
- 2.) To attach blue/white ribbon to the client's wrist with the proper identification noted.

Position Reports to the Initial Sorting and Screening Group Supervisor.

Preferred Credentials: Licensed Nurse or EMT-B

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read this entire Job Action Sheet and review organizational chart.	
	Put on identification vest.	
	Obtain briefing from the Operations Section Chief or Medical Operations Branch Director.	
	Assist in establishing the Initial Sorting and Screening Area.	
	Ensure sufficient transport equipment.	
	Provide clear direction to client and victims.	
	Ensure the rapid disposition and flow of clients.	
	Document needed information on the disaster tag as indicated.	
	Report frequently and routinely to the Initial Sorting and Screening Group Supervisor.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**SUPPORT OPERATIONS BRANCH DIRECTOR
JOB ACTION SHEET**

To organize and oversee the Support Operations Branch which includes the Mortuary Group and the Mental Health Group.

Position Reports to the Operations Section Chief

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart	
	Put on identification vest.	
	Obtain briefing from the Operations Section Chief.	
	Assist in establishing the Mortuary and the Mental Health Area.	
	Request assessment of each support service after setting up.	
	Receive regular updates from Group Supervisors.	
	Monitor and observe all areas under command.	
	Track the ordering and receiving of supplies.	
	Provide regular briefings to the Operations Section Chief.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

TIME UNIT LEADER
JOB ACTION SHEET

To ensure proper daily recording of personnel time, in accordance with the policies of the relevant agencies and records or captures equipment usage time.

Position Reports to the Finance and Administration Section Chief

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review the organizational chart.	
	Put on position identification vest.	
	Receive briefing from Finance and Administration Section Chief.	
	Record and track NEHC personnel time records.	
	Coordinate with section chief and the SHOC to ensure all personnel are paid according to policies and procedures.	
	Receive and track all documents capturing equipment usage.	
	Review and check all documents for accuracy and record all excess hours worked on a separate log for tracking.	
	Report frequently to the Finance and Administration Section Chief on the status of the hours personnel worked and equipment usage.	
	Observe and assist any staff who exhibits signs of stress and fatigue. Report any concerns to the Operations Section Chief.	
	Remind personnel to clean up areas upon termination	
	Participate in/complete after-action requirements	

TRAINER
JOB ACTION SHEET

- 1.) To provide just-in-time (JIT) training to all NEHC personnel.
- 2.) To assure that all personnel assigned to the NEHC receive information on the CBRNE agent that the NEHC is treating and appropriate personal protective equipment.

Position Reports to the Human Resources Unit Leader

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on identification vest.	
	Obtain briefing from the Finance and Administration Section Chief.	
	Provide specific training to NEHC personnel for the job they are assigned.	
	Provide all JIT training and maintain participant logs of all training.	
	Provide instruction on Personal Protection Equipment (PPE).	
	Document and provide PPE to specified personnel.	
	Observe and identify individual training needs.	
	Work closely with section chiefs to identify training needs.	
	Work closely with unit leader and provide training documentation.	
	Provide briefing to unit leader regularly.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

TRANSPORTATION UNIT LEADER
JOB ACTION SHEET

To organize and coordinate the transportation of all client and non-client movement within the NEHC including medical supplies, NEHC personnel, client transportation (to and from), and other resources.

Position Reports to the Logistics Section Chief

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on identification vest.	
	Obtain briefing from the Logistics Section Chief.	
	Coordinate with SHOC on moving the NEHC trailer to the NEHC site.	
	Organize and communicate with DelDOT to transport clients to the NEHC.	
	Coordinate with the Planning Section to determine pickup schedules.	
	Provide Community Outreach Branch with transportation for the Community Outreach Network.	
	Provide transportation for NEHC personnel to and from the facility if necessary.	
	Provide and organize the arrival of the refrigerated tractor-trailer for the Mortuary Area.	
	Assess transportation requirements and needs for clients.	
	Establish ambulance loading area in cooperation with the Triage and Evacuation Group Supervisor.	
	Maintain transportation assignment record in the Triage and Evacuation Area.	
	Provide transportation for any other resources.	
	Communicate regularly with the drivers and keep a tracking record.	

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Update Logistics Section Chief on arrival of supplies and resources.	
	Provide briefing to Logistics Section Chief regularly.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**TRANSPORTER
JOB ACTION SHEET**

To deliver supplies to the appropriate Groups and Unit.

Position Reports to the Medication & Supply Unit Leader

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on identification vest.	
	Obtain briefing from the Logistics Section Chief.	
	Set-up supply room.	
	Deliver supplies to the appropriate Areas and Units.	
	Assist Medication & Supply Unit Leader in tracking supplies.	
	Provide briefing to unit leader regularly.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

TRIAGE & EVACUATION GROUP SUPERVISOR

JOB ACTION SHEET

- 1.) To coordinate the medical assessment and minor care of patients received from the Initial Sorting and Screening Area.
- 2.) To assure adequate staffing and supplies in the Triage and Evacuation Area. To facilitate the medical assessment triage, minor treatment, and transportation of patients.

Position Reports to the Medical Operations Branch Director

Preferred Credentials: Physician, Physician Assistant, Advanced Practice Nurse with supervisory experience.

NAME: _____

DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on identification vest.	
	Obtain briefing from the Operations Section Chief.	
	Establish the Triage and Evacuation Area.	
	Assign medical personnel and staff.	
	Assess area for supplies and request need items from Logistics Section.	
	Ensure rapid disposition and flow of patients.	
	Communicate with Transportation Unit Leader on transportation of patients to the ACC and hospital.	
	Maintain a patient tracking log to document disposition of all transferring patients	
	Ensure staff members adequately document assessment and treatment on patient medical records.	
	Provide briefing to the Medical Operations Director regularly.	
	Observe all staff for signs of stress and provide with nourishment, rest periods, and relief.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

Tab I—Client Information Forms

Tab I-1—Ciprofloxacin (CIPRO) 500mg

Patient Information:

CIPRO (ciprofloxacin)
ORAL TABLET 500mg



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Public Health Preparedness Section

1-888-295-5156

This drug treats infections. It belongs to a class of drugs called quinolone antibiotics. You have been given this drug for protection against possible exposure to an infection-causing bacteria.

You have been provided a limited supply of medicine. Local emergency health workers or your healthcare provider will inform you if you need more medicine after you finish this supply. If so, upon your follow-up visit, you will be told how to get more medicine. You will also be told if no more medicine is needed.

Take this medicine as prescribed. One tablet by mouth, two times a day.

You will be provided special dosing instructions for children. Keep taking your medicine, even if you feel okay, unless your healthcare provider tells you to stop. If you stop taking this medicine too soon, you may become infected, or your infection may come back.

You should take this medicine with a full glass of water. Drink several glasses of water each day while you are taking this medicine. It is best to take this medicine 2 hours after a meal. If it upsets your stomach, you may take it with food, but do not take it with milk, yogurt, or cheese. If you miss a dose, take the missed dose as soon as possible. If it is almost time for your next regular dose, wait until then to take your medicine, and skip the missed dose. *Do not take two doses at the same time.*

DRUGS AND FOODS TO AVOID: Do not take any of the following medicines within 2 hours of taking CIPROFLOXACIN: antacids such as Maalox or Mylanta, vitamins, iron supplements, zinc supplements, or sucralfate (Carafate). You may take them 2 hours after or 6 hours before CIPROFLOXACIN. Also, make sure your doctor knows if you are taking asthma medicine like theophylline (Theo-Dur), gout medicine like probenecid (Benemid), or a blood thinner such as warfarin (Coumadin).

Avoid drinking more than one or two caffeinated beverages (coffee, tea, soft drinks) per day. Avoid taking this medicine with foods containing large amounts of calcium, like milk, yogurt, or cheese.

WARNINGS: If you have epilepsy, kidney disease, you are pregnant, become pregnant, or are breastfeeding, tell emergency healthcare workers before you start taking this medicine.

Do not take this medicine if you have had an allergic reaction to ciprofloxacin or other quinolone medicines such as levofloxacin (Levaquin), moxifloxacin (Avelox), or gatifloxacin (Tequin).

This medicine may make you dizzy or lightheaded. Avoid driving or using machinery until you know how it will affect you. This medication increases the chance of sunburn; make sure to use sunscreen to protect your skin.

SIDE EFFECTS: Call your doctor or seek medical attention, right away, if you are having any of these side effects: rash or hives; swelling of face, throat, or lips; shortness of breath or trouble breathing; seizures; or severe diarrhea. Less serious side effects include nausea, mild diarrhea, stomach pain, dizziness, and headache. Talk with your doctor or pharmacist if you have problems with these side effects.

Patient Information:

DOXYCYCLINE 100 MG
ORAL TABLET



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Public Health Preparedness Section

1-888-295-5156

This drug treats infections. It belongs to a class of drugs called tetracycline antibiotics. You have been given this drug for protection against possible exposure to an infection-causing bacteria.

You have been provided a limited supply of medicine. Local emergency health workers or your healthcare provider will inform you if you need more medicine after you finish this supply. If so, upon your follow-up visit, you will be told how to get more medicine. You will also be told if no more medicine is needed.

Take this medicine as prescribed. One tablet by mouth, two times a day.

Special dosing instructions for children are provided on the back side of this document. Keep taking your medicine, even if you feel okay, unless your healthcare provider tells you to stop. If you stop taking this medicine too soon, you may become infected, or your infection may come back.

If you miss a dose, take the missed dose as soon as possible. If it is almost time for your next regular dose, wait until then to take your medicine, and skip the missed dose. *Do not take two doses at the same time.*

DRUGS AND FOODS TO AVOID: Do not take any of the following medicines within 2 hours of taking DOXYCYCLINE: antacids such as Maalox or Mylanta, calcium or iron supplements, cholestyramine (Questran) or colestipol (Colestid).

While you are taking this medicine, birth control pills may not work as well; make sure to use another form of birth control.

WARNINGS: If you have liver disease, if you are or might be pregnant, or if you are breastfeeding, tell emergency healthcare workers before you start taking this medicine.

This medicine increases the chance of sunburn. Make sure to use sunscreen to protect your skin. Do not take this medicine if you have had an allergic reaction to any tetracycline antibiotics. Women may have vaginal yeast infections from taking this medicine.

SIDE EFFECTS: Call your doctor or seek medical attention, right away, if you are having any of these side effects: skin rash, hives, or itching; wheezing or trouble breathing; swelling of the face, lips or throat. Less serious side effects include diarrhea, upset stomach, nausea, sore mouth or throat, sensitivity to sunlight, or itching of the mouth or vagina lasting more than 2 days. Talk with your doctor or pharmacist if you have problems with these side effects.

Tab I-3—Ciprofloxacin Dosaging for Infants and Children



DELAWARE HEALTH AND SOCIAL SERVICES
 Division of Public Health
 Public Health Preparedness Section

This card explains how to prepare *emergency* dosages of
CIPROFLOXACIN
 for infants and children.

Once you have been notified by your state public health authority that you have been exposed to a biological agent, it may be necessary to prepare emergency doses of ciprofloxacin for infants and children using ciprofloxacin tablets.

You will need:

- One (1) 500-milligram (mg) ciprofloxacin tablet
- Metal teaspoon
- Measuring spoons [1 teaspoon; and ½ teaspoon]
 (NOTE measuring spoons are preferred, however if not available, use the metal teaspoon to grind, measure and give the medicine)
- 1 or 2 small bowls
- One of these foods or drinks
 - Lowfat milk
 - Lowfat chocolate milk
 - Regular (whole) chocolate milk
 - Chocolate pudding
 - Apple juice mixed with table sugar*

**For apple juice mixture only*

- Add four (4) level *teaspoons* of sugar and four (4) *teaspoons* of apple juice in a second small bowl.
- Stir the mixture until all the sugar is dissolved.
- Then follow directions 1 and 2 below.

Directions:

1. Put one (1) 500-mg ciprofloxacin tablet into a small bowl. Grind into a fine powder using the back of the metal teaspoon. The powder should not have any large pieces.
2. Add four (4) level *teaspoons* of a food or drink to the ciprofloxacin powder. Mix them together until the powder dissolves.

Revised: October 22, 2007
 D. Pina/Deaf Pina/SS/Cipro Card

How Much of the Ciprofloxacin Mixture To Give A Child

The number of teaspoons of the ciprofloxacin mixture to give a child depends on the child's weight. The chart below tells you how much to give a child for **one dose**. You should give a child **two doses** (one in the morning and one in the evening) each day.

<i>If the child weighs</i>	<i>Give the child</i>
0 - 12.5 lbs.	One half (1/2) teaspoon
12.5 - 25 lbs.	One (1) teaspoon
25 - 37.5 lbs.	One and one half (1 ½) teaspoons
37.5 - 50 lbs.	Two (2) teaspoons
50 - 62.5 lbs.	Two and one half (2 ½) teaspoons
62.5 - 75 lbs.	Three (3) teaspoons
75 - 87.5 lbs.	Three and one half (3 ½) teaspoons
87.5 - 100 lbs.	Four (4) teaspoons

Children heavier than 100 pounds or adults who are exposed to a biological agent should take one (1) 500-mg tablet of ciprofloxacin twice a day (one in the morning and one in the evening) for 60 days.

How already prepared Ciprofloxacin mixture should be stored:

- Ciprofloxacin mixed with any of the recommended foods and drinks will keep for at least 24 hours.
- Store the mixture in a covered container and always refrigerate mixtures made with milk or pudding.
- Mixtures made with juice can be stored at room temperature.

If you are taking other medications:

- If taking theophylline with ciprofloxacin, reduce theophylline dosage by 50%.
- If taking HIV medication, delay taking ciprofloxacin by at least 2 hours.
- If taking warfarin (Coumadin), delay taking ciprofloxacin by at least 2 hours.
- Do not take probenecid (Benemid) while taking ciprofloxacin; discontinue use of probenecid.

Source: U.S. Department of Health and Human Services
 Food and Drug Administration

Tab I-4—Doxycycline Dosaging for Infants and Children



DELAWARE HEALTH AND SOCIAL SERVICES
 Division of Public Health
 Public Health Preparedness Section

This card explains how to prepare *emergency* dosages of
DOXYCYCLINE
 for infants and children.

Once you have been notified by your state public health authority that you have been exposed to a biological agent, it may be necessary to prepare emergency doses of doxycycline for infants and children using doxycycline tablets.

You will need:

- One (1) 100-milligram (mg) doxycycline tablet
- Metal teaspoon
- Measuring spoons [1 teaspoon; and ½ teaspoon]
 (NOTE measuring spoons are preferred, however if not available, use the metal teaspoon to grind, measure and give the medicine)
- 1 or 2 small bowls
- One of these foods or drinks
 - Lowfat milk
 - Lowfat chocolate milk
 - Regular (whole) chocolate milk
 - Chocolate pudding
 - Apple juice mixed with table sugar*

*For apple juice mixture only

- Add four (4) level *teaspoons* of sugar and four (4) *teaspoons* of apple juice in a second small bowl.
- Stir the mixture until all the sugar is dissolved.
- Then follow directions 1 and 2 below.

Revised: October 22 2007
 I: Plans/Draft Plans/ISS/Doxy Card

Directions:

1. Put one (1) 100-mg doxycycline tablet into a small bowl. Grind into a fine powder using the back of the metal teaspoon. The powder should not have any large pieces.

2. Add four (4) level *teaspoons* of a food or drink to the doxycycline powder. Mix them together until the powder dissolves.

How Much of the Doxycycline Mixture To Give A Child

The number of teaspoons of the doxycycline mixture to give a child depends on the child's weight. The chart below tells you how much to give a child for **one dose**. You should give a child **two doses** (one in the morning and one in the evening) each day.

<i>If the child weighs</i>	<i>Give the child</i>
0 - 12.5 lbs.	One half (1/2) teaspoon
12.5 - 25 lbs.	One (1) teaspoon
25 - 37.5 lbs.	One and one half (1 ½) teaspoons
37.5 - 50 lbs.	Two (2) teaspoons
50 - 62.5 lbs.	Two and one half (2 ½) teaspoons
62.5 - 75 lbs.	Three (3) teaspoons
75 - 87.5 lbs.	Three and one half (3 ½) teaspoons
87.5 - 100 lbs.	Four (4) teaspoons

Children heavier than 100 pounds or adults who are exposed to a biological agent should take one (1) 100-mg tablet of doxycycline twice a day (one in the morning and one in the evening).

How already prepared Doxycycline mixture should be stored:

- Doxycycline mixed with any of the recommended foods and drinks will keep for at least 24 hours.
- Store the mixture in a covered container and always refrigerate mixtures made with milk or pudding.
- Mixtures made with juice can be stored at room temperature.

Source: U.S. Department of Health and Human Services
 Food and Drug Administration

Tab J—NEHC Forms

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NEHC COMMUNICATIONS LOG

Name /Organization Of Communicator	Message	Person receiving Communications	Action Taken	Lead Person	Closure of Issue

NEHC OBSERVATIONS/COMMENTS/LESSONS LEARNED FORM

TYPE OF EVENT: _____

NAME:	JOB TITLE:
ROLE DURING EVENT:	SECTION/UNIT/GROUP:
TELEPHONE:	DATE:
OBSERVATION/COMMENT/LESSON LEARNED (Be as specific as possible, give example)	
DISCUSSION (Discuss your observations and the potential implications of the observed activity. If appropriate, identify related references.)	
RECOMMENDATION (Describe what you think should be done to improve the activity or response in this area. If appropriate, identify the organization or entity to implement this recommendation or the plan that needs to be revised.)	

**NEHC SITUATION REPORT
(SITREP)**

(Submitted every six hours or as required)

SECTION/UNIT: _____

DATE:
* ACTIVITY SUMMARY:
MEDIA CONTACT:
POLICY ISSUES:
STAFFING ISSUES:
SUPPLIES:
SPECIFIC UNIT ISSUES:
FINANCIAL REPORT:

NEHC MEDICAL EVALUATION FORM

Name: _____
D.O.B./Age _____ **Sex:** M F
Address: _____
City, State, ZIP: _____
Phone No. _____

Circle positive findings. Backslash (/) negative findings.
 Use space to write location if needed.

Patient Bar Code
Label

NEHC Site: _____
City: _____

Initial Assessment (Circle Word for Positive; Backslash (/) through Word for Negative)

Temp _____ Pulse _____ B/P _____ Resps _____ Sat _____

NO COMPLAINTS MINOR COMPLAINTS, NO SIGNS ILL APPEARING No Yes

HISTORY (Circle Word for Positive; Backslash (/) through Word for Negative)

Chief Complaint: Possible Exposure to _____ Fever Cough Sputum (Blood?) Short of Breath
 Skin Rash Swollen Glands Nausea Vomiting Diarrhea
 Weakness Vision Problem Swallowing difficulty

Time/Date/Location of Exposure or Symptom Onset: _____

Significant Past Medical: NONE CAD Asthma/COPD DM Immunocompromised _____

Medications NONE _____

Allergies NKDA Cipro Doxycycline PCN _____

Specific Immunizations: Smallpox: NEVER or Yes Other if relevant _____

PHYSICAL EXAM (Circle Word for Positive; Backslash (/) through Word for Negative)

Distress: NAD Mild Moderate Severe **Pupils:** Equal Dilated Constricted
Pharynx: injected exudates dry MMs **Neck:** Lymphadenopathy Stridor
Chest: wheezing rhonchi decreased air movement
Skin: No rash
Rash: Ulcerative Vesicular Macular Papular Pustular Petechiae
 Discreet lesions Confluent Lesions Palms/Soles Trunk Face Extremities

Abdomen: Normal Tenderness _____
Neurologic: Mental Status Change Focal Weakness _____ Speech or Swallowing difficulty

Other Pertinent Findings:

<u>TREATMENT</u>	Antibiotics:	Cipro Doxycycline Other _____	Dosage _____ Duration _____	<u>Number Dispensed</u>
<u>DISPOSITION</u>	HOME	OBSERVE AT NEHC TRANSFER TO ACC TRANSFER TO HOSPITAL TRANSFER TO OTHER	Duration _____ Urgent Urgent EMERGENT _____	

TREATMENT

DISPOSITION OBSERVE AT NEHC Duration _____ TRANSFER TO ACC Urgent TRANSFER TO
HOSPITAL Urgent Emergent TRANSFER TO OTHER _____



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

NEIGHBORHOOD EMERGENCY HELP CENTER
REGISTRATION FORM

SECTION 1: DEMOGRAPHICS (TO BE COMPLETED BY CLIENT)

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address _____

Home Phone: _____ Work Phone: _____ E-Mail _____

Age: _____ Date of Birth: _____ Weight: _____ (lbs) Male Female Social Security # _____

Race: Black White Hispanic Native American Pacific Islander/Asian Other

Non-English Speaking: No Yes Disability No Yes
Specify _____

SECTION 2: MEDICAL HISTORY (TO BE COMPLETED BY CLIENT)

In the past 72 hours, have you had any of the following symptoms?

<i>Cough</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>	<i>New skin lesions</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<i>Shortness of Breath</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>	<i>Nausea</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<i>Fever/Chills</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>	<i>Vomiting</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<i>Bloody Sputum (Saliva)</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>	<i>Diarrhea</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<i>Chest Pain</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>	<i>Muscle aches/pains</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>

Have you ever had any of the following medical conditions?

<i>Seizures</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>	<i>Kidney Disease/Dialysis</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<i>Cancer</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>	<i>Sickle Cell Disease</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<i>Heart Disease</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>	<i>Spleen Removal</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<i>Hepatitis/Liver Disease</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>	<i>Stomach/Throat Ulcers</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<i>HIV/AIDS</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>	<i>Stroke</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<i>Organ Transplant</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>	<i>Diabetes</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>

Are you presently taking any medications including over the counter medications? If yes, please list all of them:

Name of Primary Care Provider: _____ Telephone Number: _____

Females Only: Date of last menstrual period: ___/___/___ Are you pregnant/breastfeeding? Yes No

Do you use birth control? No Yes Type: _____

Have you ever had any allergies to Doxycycline, Tetracycline, Vibramycin or Minocycline? Symptoms such as, trouble breathing, swelling, rash or hives? Yes No

Have you ever had any allergies to Cipro, Levaquin, Avelox or Tequin? (Symptoms such as, trouble breathing, swelling, rash or hives?) Yes No

Have you ever had any allergies to Penicillin, Amoxicillin, Ampicillin, or Trimox? (Symptoms such as, trouble breathing, swelling, rash or hives?) Yes No

Do you have any medication allergies? Yes No If yes, please list medications:

SECTION 3: ACKNOWLEDGEMENT / AUTHORIZATION

I, _____, seek medication in accordance with current guidelines from the Centers for Disease Control and Prevention (CDC) and the Delaware Division of Public Health. I have received and read the information sheets about the disease and medication. I do / do not (circle one) consent to the treatment prescribed.

Signature (Self or Guardian)

Date

Witness (Printed Name/Signature)

SECTION 4: DISPENSING INFORMATION (TO BE COMPLETED BY HEALTH CARE PROFESSIONAL)

- Doxycycline 100 mg BID
- Ciprofloxacin 500 mg BID
- Doxycycline suspension _____mg BID
- Ciprofloxacin suspension _____mg BID
- Other: _____

Label goes here:

Health Care Professional Printed Name:

Signature:

Date: _____

REQUEST FOR NEHC LOCAL PURCHASE

SECTION	DATE REQUIRED	PRIORITY ROUTINE <input type="checkbox"/> URGENT <input type="checkbox"/>	DATE OF REQUEST:
COMPLETE ITEM DESCRIPTION:			
CATALOG PART NUMBER	QUANTITY	UNIT OF ISSUE	
UNIT COST	TOTAL COST	NON-RECURRING: <input type="checkbox"/>	RECURRING: <input type="checkbox"/> MONTHLY USE: _____
MANUFACTURER'S NAME/ADDRESS/PHONE, IF KNOWN			
DISTRIBUTOR/ALTERNATE SOURCE/PHONE			
IF THIS ITEM REPLACES AN EXISTING ITEM, RECORD THE NAME OF THE ITEM BEING REPLACED:			
JUSTIFICATION: (State why item is needed. If new program or policy changes state approval authority. If emergency, provide justification.)			
NAME/GRADE OF SUPPLY CUSTODIAN		Signature	
NAME/GRADE OF NEHC FACILITY ADMINISTRATOR		Signature	
RESEARCHED BY:		STK #:	
APPROVAL AUTHORITY: APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	NAME/TITLE: SIGNATURE:	DATE STAMP: Date:	

Tab K—Diagrams

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Figure K-1—NEHC Organizational Chart

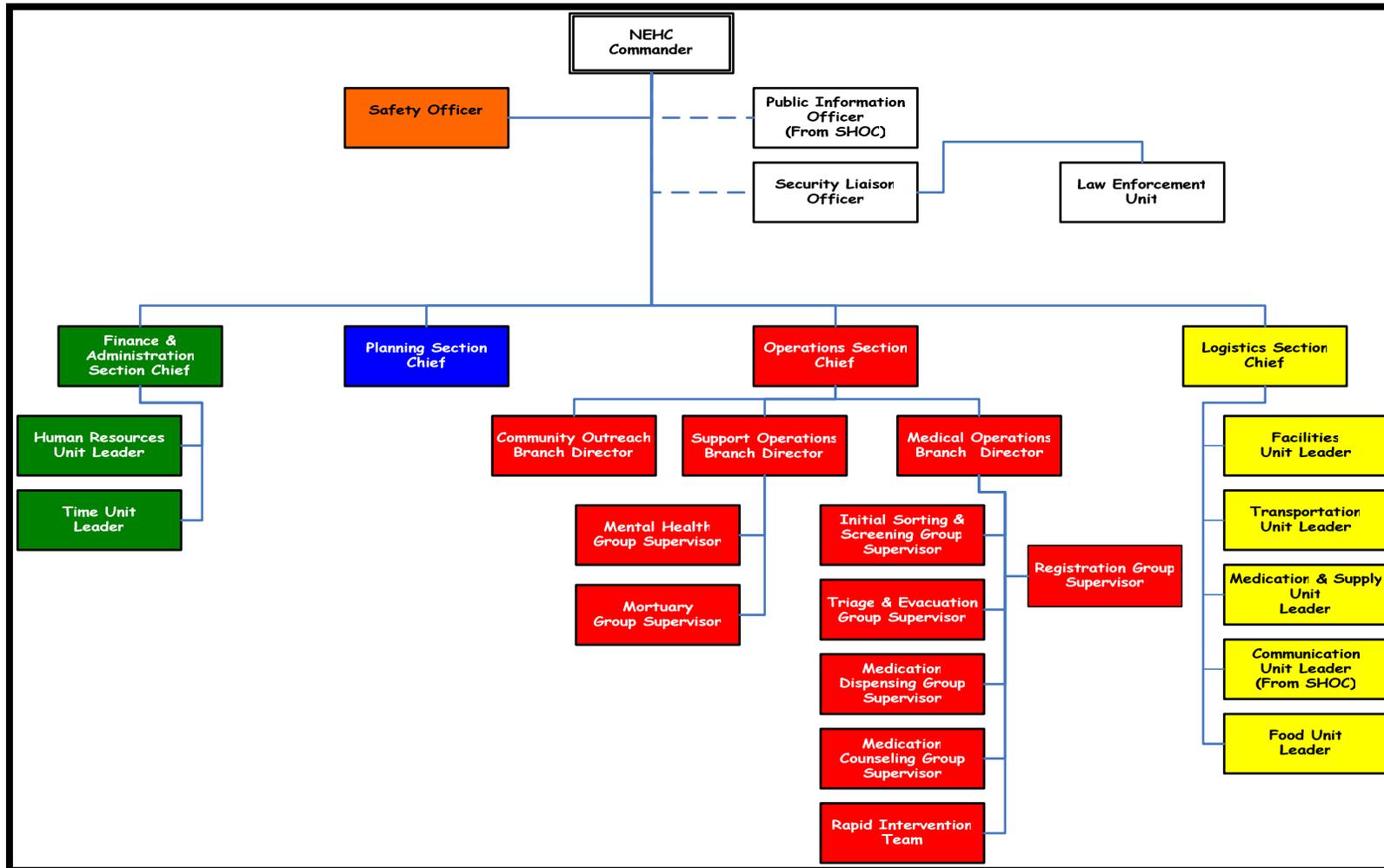


Figure K-2—NEHC Flow Diagram & Staffing

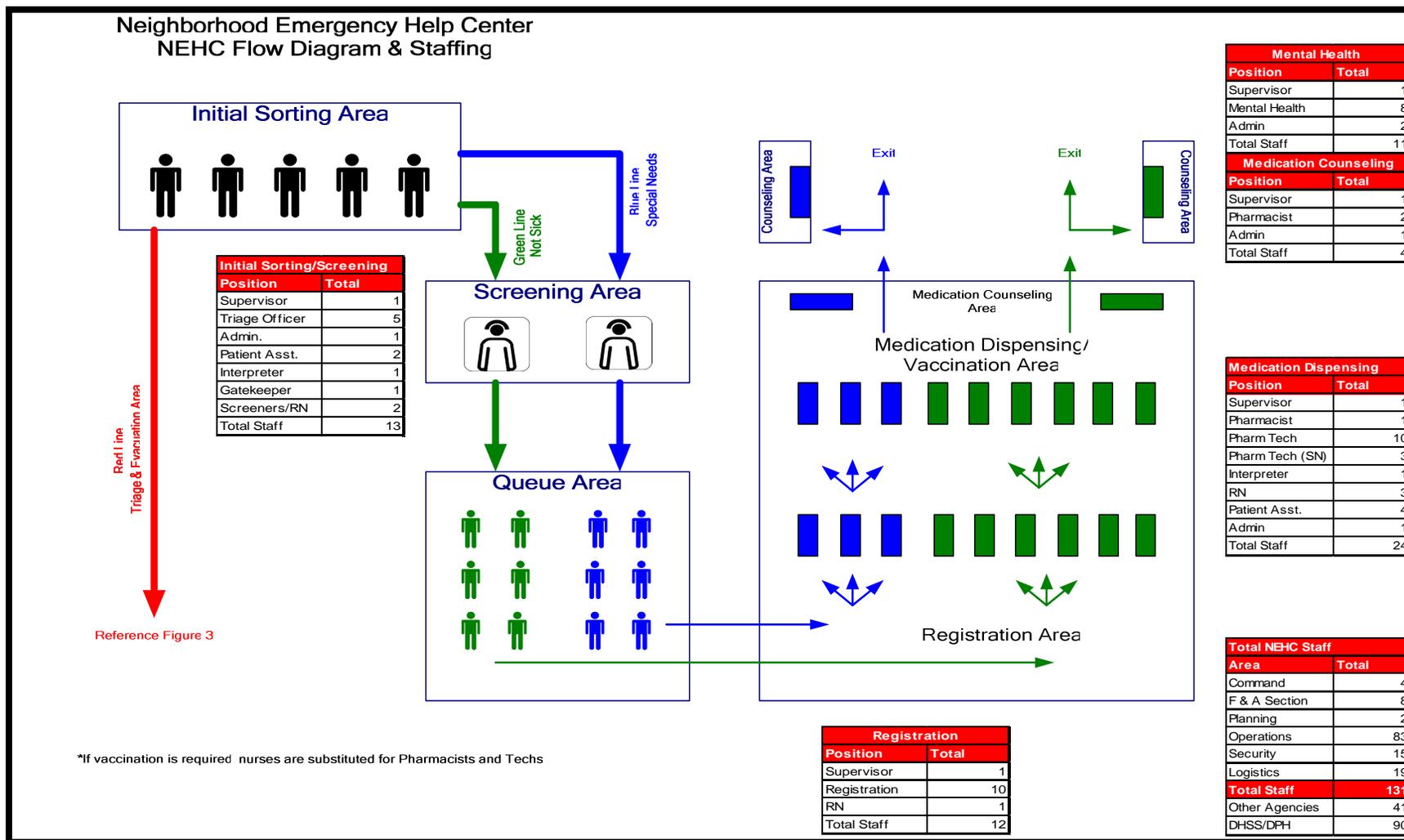


Figure K-3—NEHC Flow Diagram & Staffing-Triage & Evacuation Area

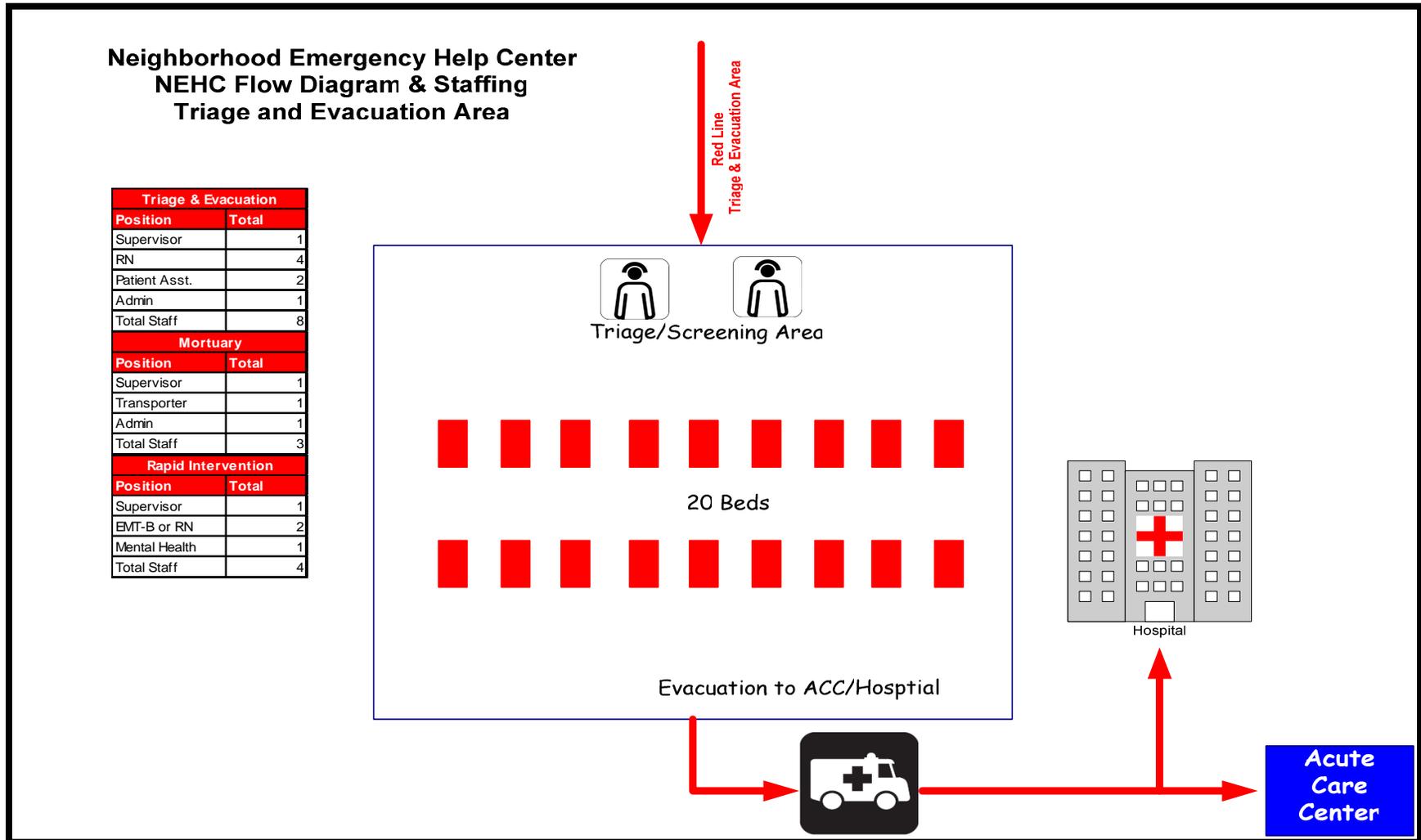
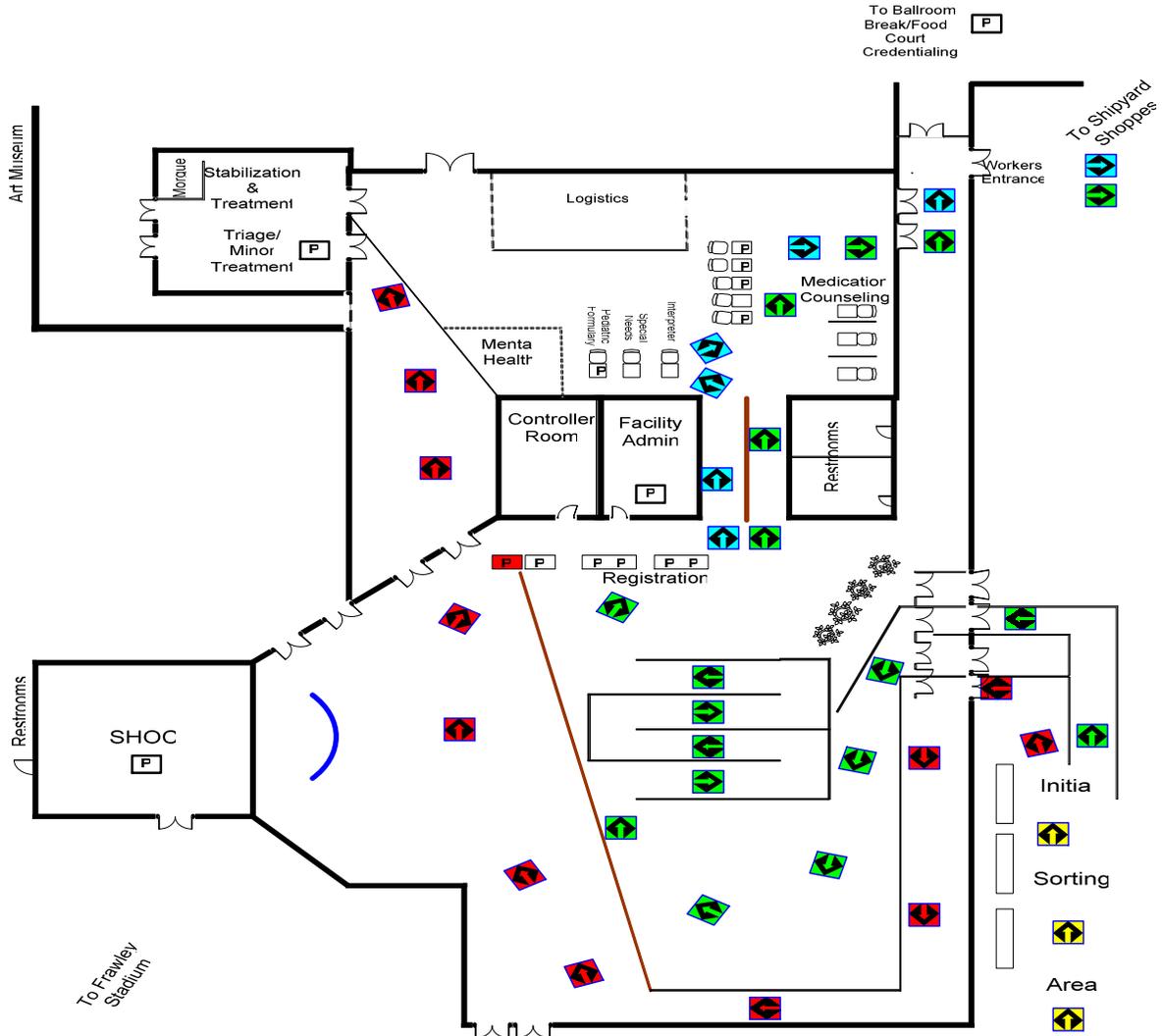


Figure K-4—Riverfront Facility



Riverfront NEHC Layout



Legend
(Date: 05-06-2004)

Approximate Scale: 1"=30'

-  Blue Arrow—Special Needs
-  Green Arrow—General Population

-  Red Arrow—Infectious/Injured
-  Yellow Arrow—Unscreened

J:\Plans\Diagrams Drawings\Rev Riverfront Arts Ctr NEHC

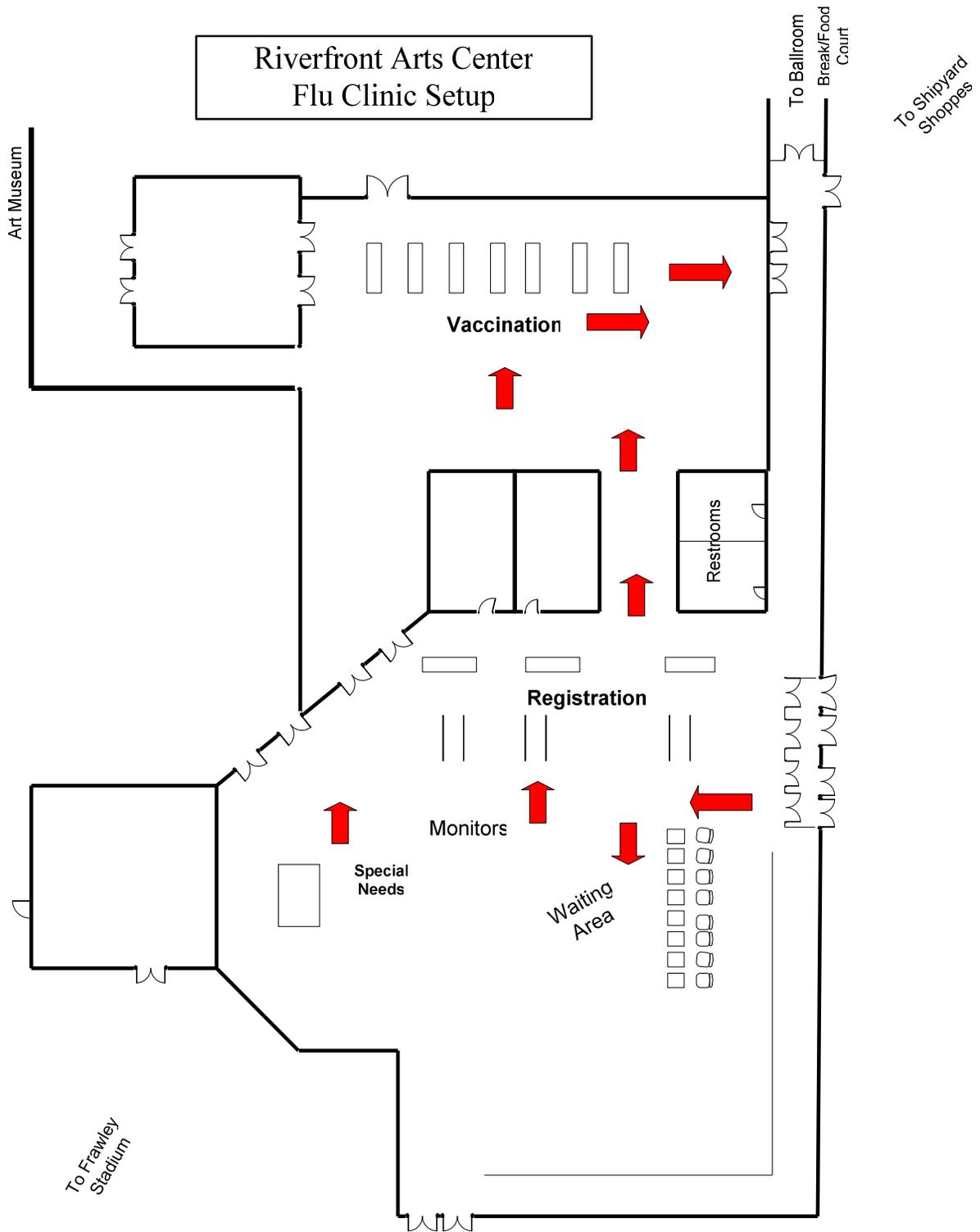


Figure K-5—DTCC Dover Campus

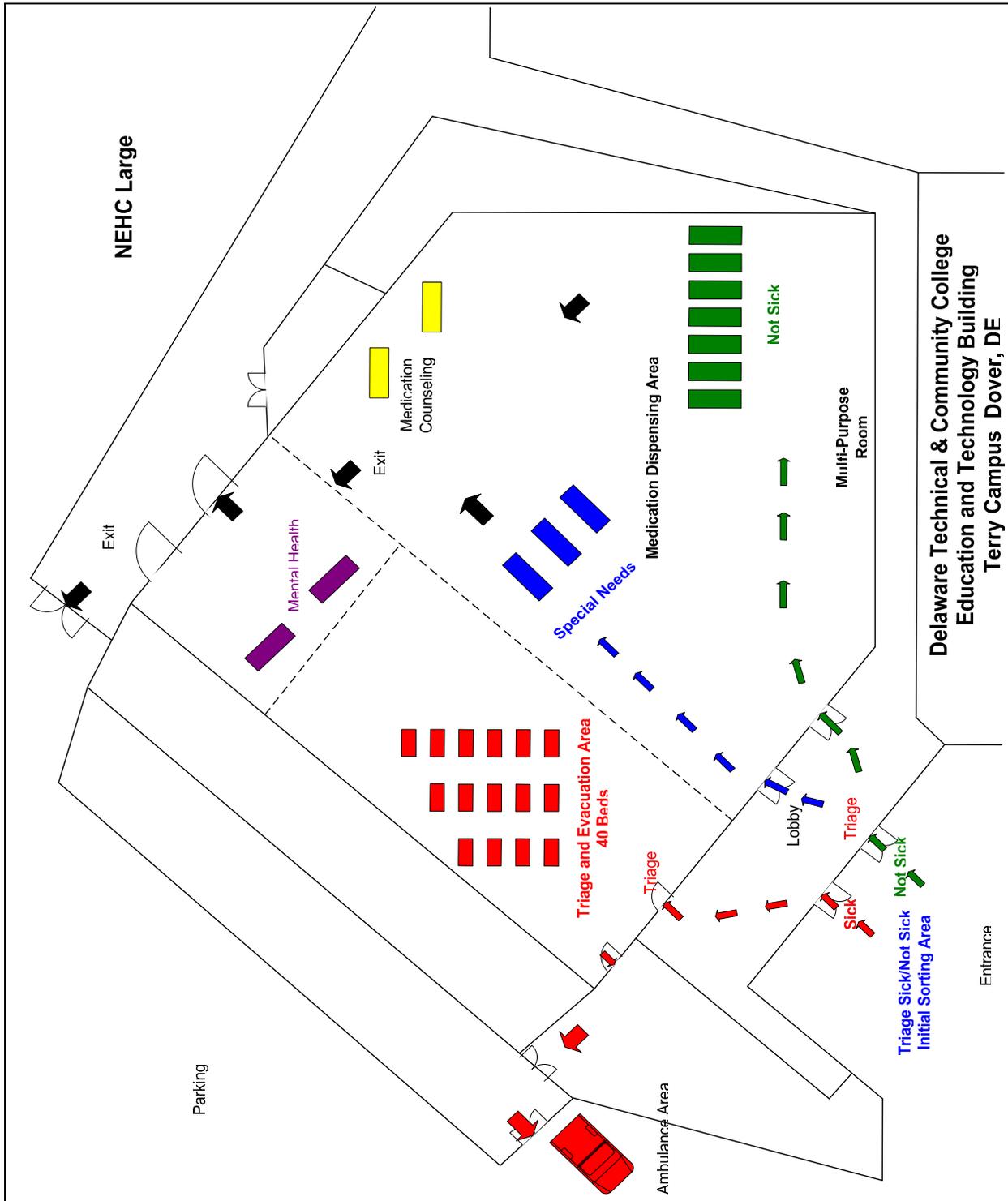
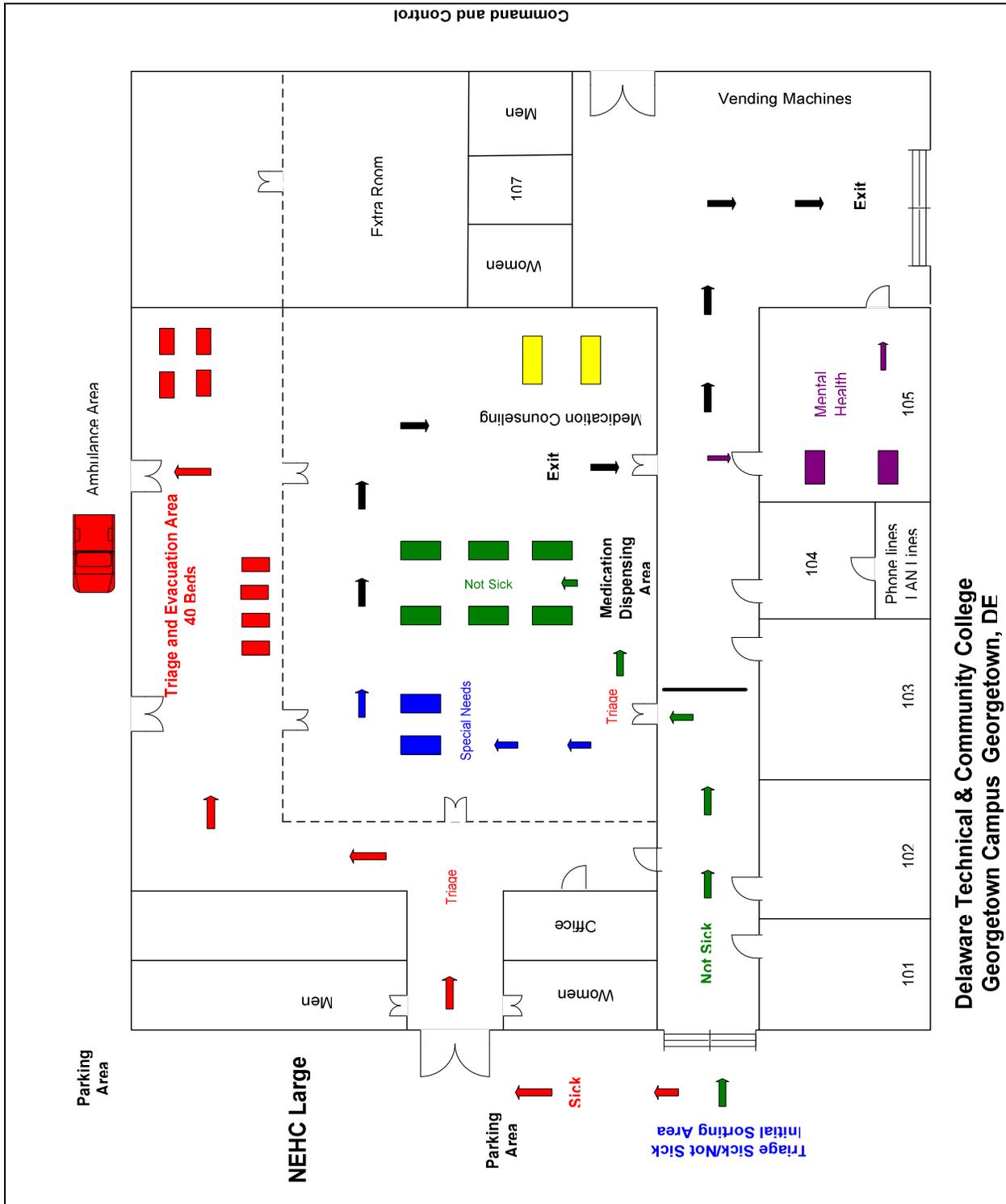
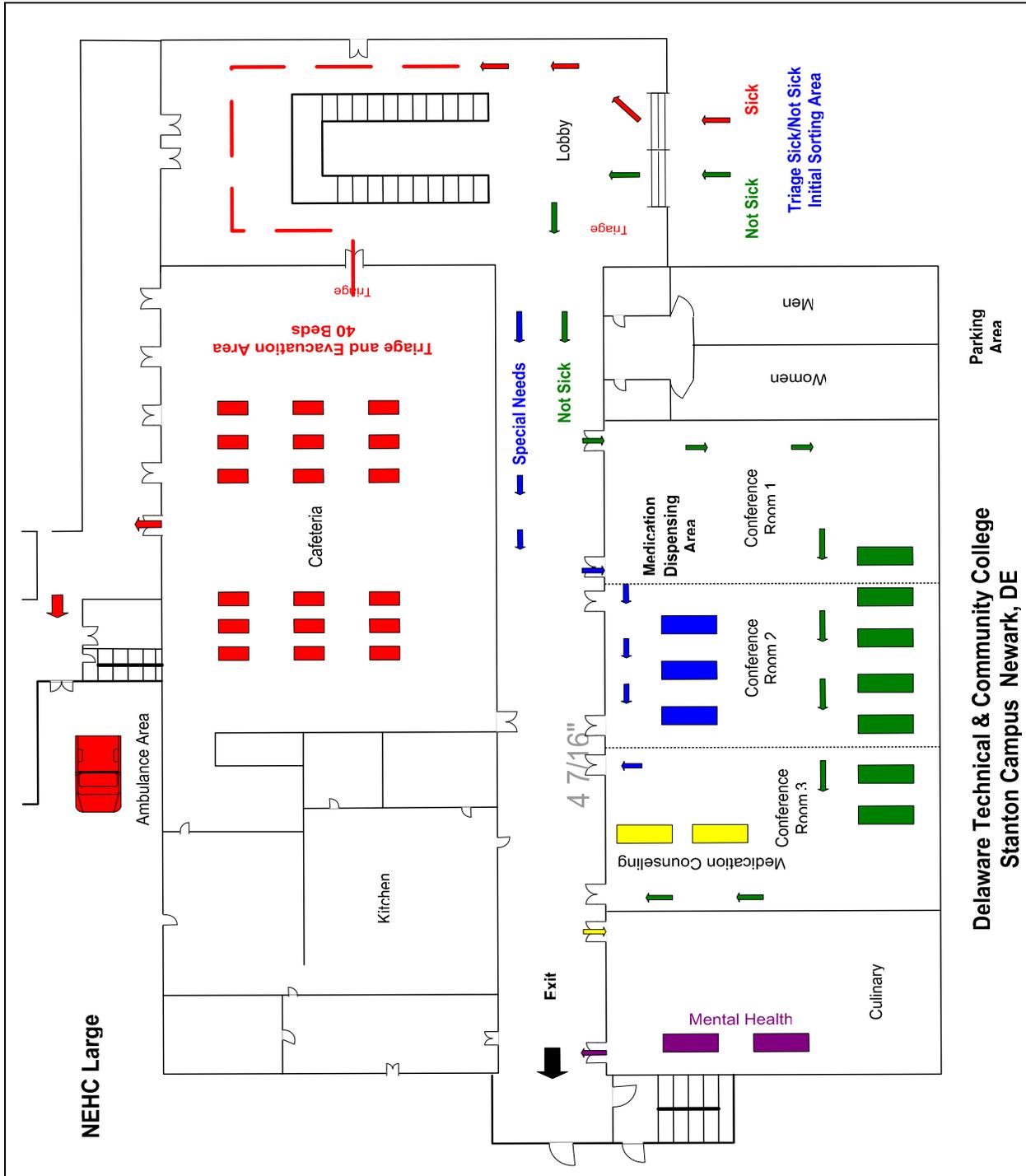


Figure K-6—DTCC Georgetown Campus



Delaware Technical & Community College
Georgetown Campus Georgetown, DE

Figure K-7—DTCC Stanton Campus



Delaware Technical & Community College
Stanton Campus Newark, DE

Figure K-9—DTCC Wilmington Campus First Floor

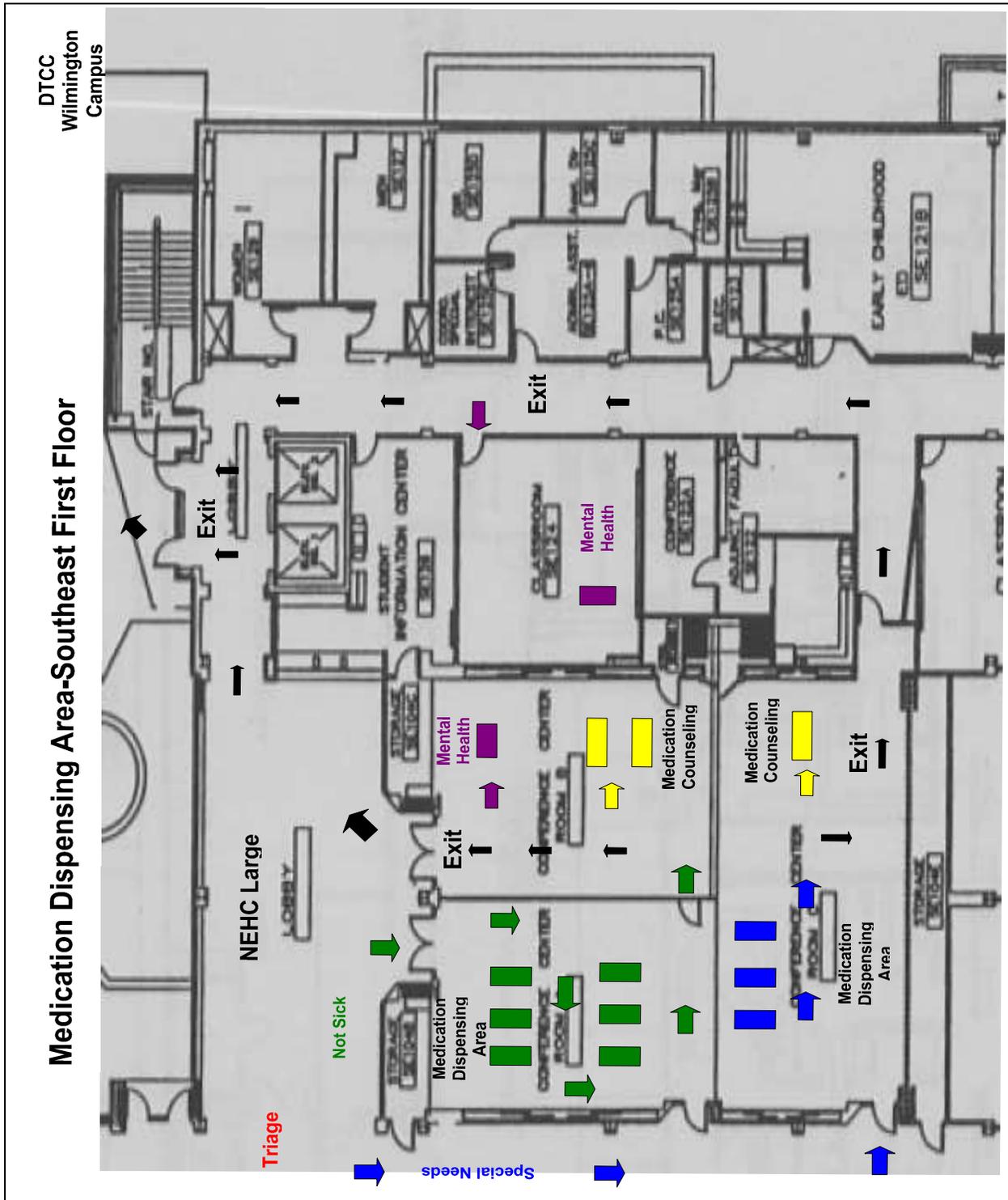


Figure K-10—DTCC Wilmington Campus

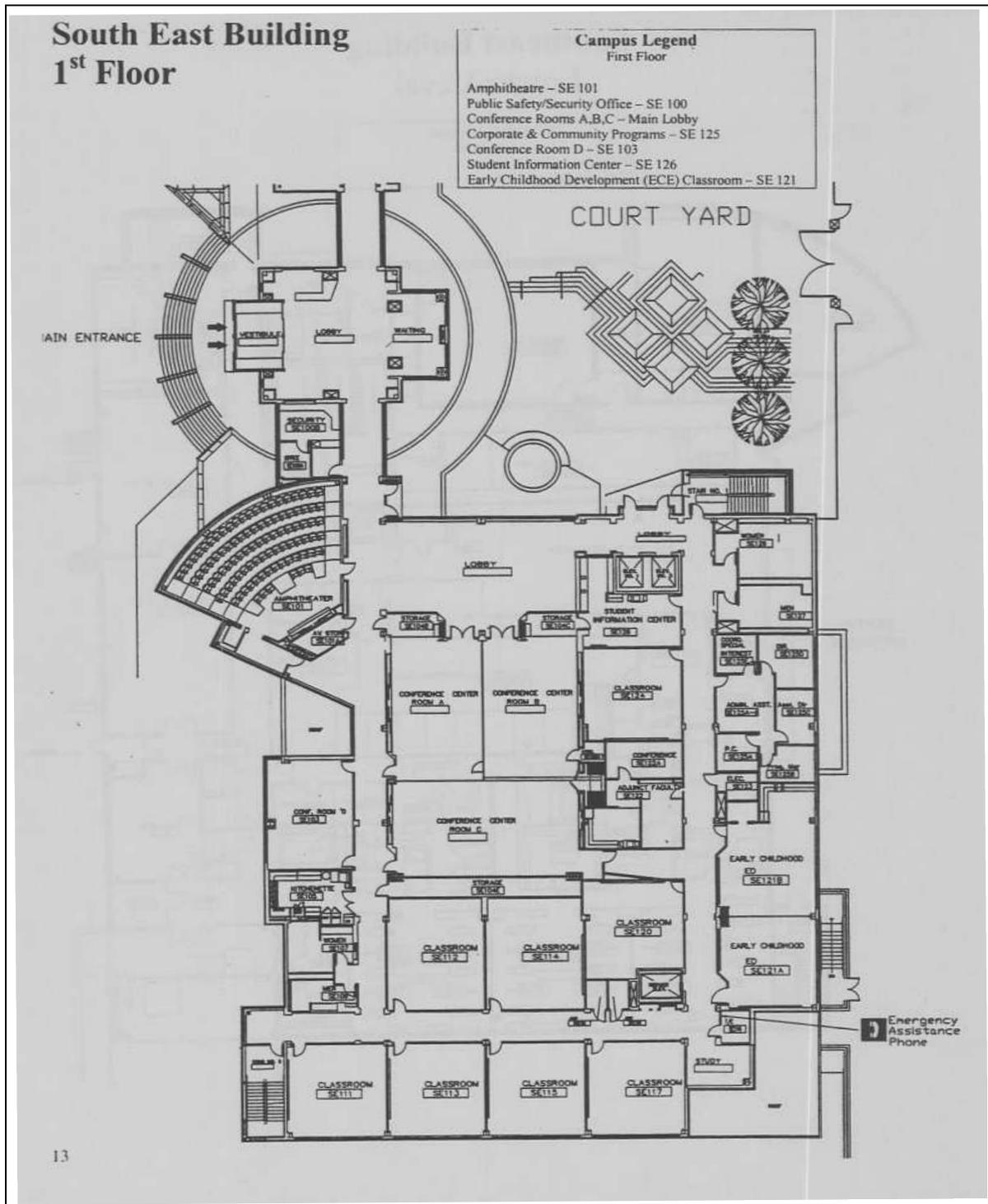


Figure K-11—DTCC Wilmington Campus Lower Level

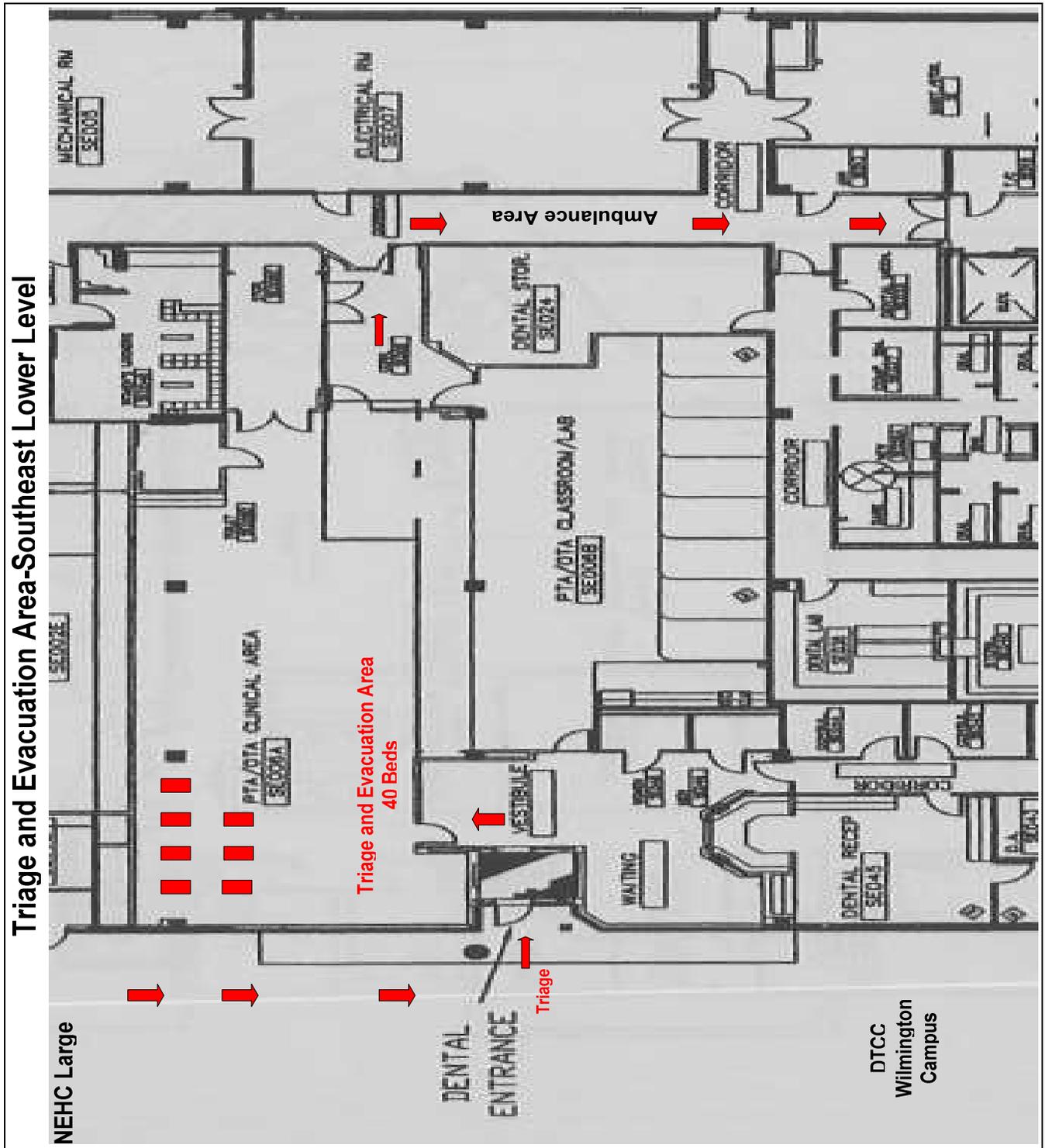
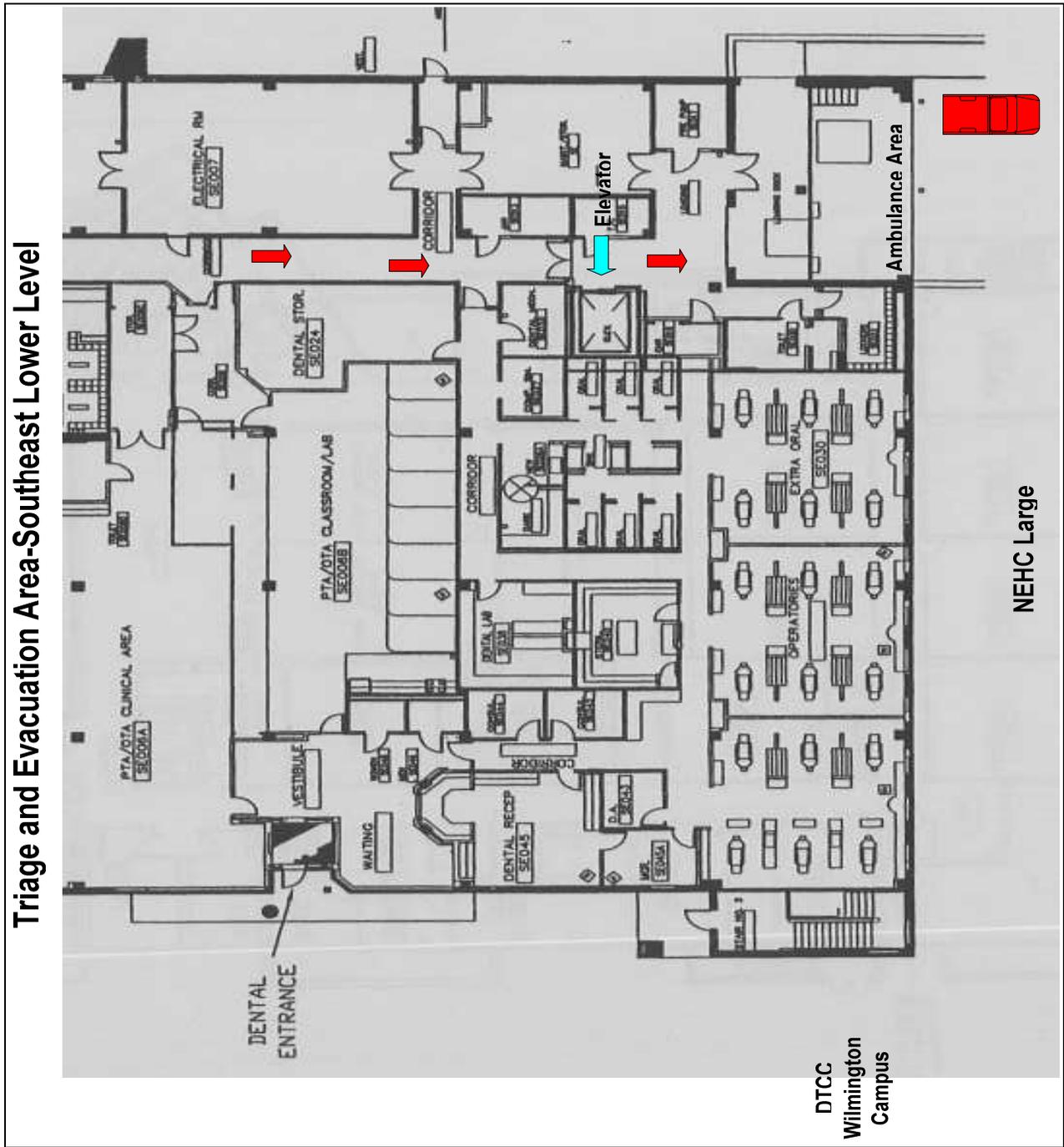


Figure K-12—DTCC Wilmington Campus Lower Level



Tab L—List of Potential NEHC Locations

Site	Location
Northern Health Services Area Sites	
Brandywine Senior Center	Claymont
Christiana Fire Company	Christiana
Claymont Community Center	Claymont
Del Tech - Stanton	Stanton
Del Tech - Wilmington	Wilmington
Jewish Community Center	Wilmington
Newark Senior Center	Newark
Riverfront	Wilmington
Southern Health Services Area Sites	
Blades Fire Company	Blades
Cape Henlopen Senior Center	Rehoboth Beach
Del Tech - Dover	Dover
Del Tech - Georgetown	Georgetown
Delaware National Guard (Smyrna Readiness Center)	Smyrna
Georgetown CHEER Community Center	Georgetown
Greenwood Fire Hall	Greenwood
Harrington Senior Center	Harrington
Laurel Fire Hall	Laurel Fire Hall
Modern Maturity Center Dover	Dover
Roxana Fire Company	Roxana
State Service Centers	
Appoquinimink State Service Center	Middletown
Belvedere State Service Center	Wilmington
Claymont State Service Center	Claymont
DelaWarr State Service Center	New Castle
Floyd I. Hudson State Service Center	Newark
Northeast State Service Center	Wilmington
Winder Laird Porter State Service Center	Wilmington
Anna C. Shipley State Service Center	Seaford
Bridgeville State Service Center	Bridgeville
Edward W. Pyle State Service Center	Frankford
Georgetown State Service Center	Georgetown
James W. Williams State Service Center	Dover
Laurel State Service Center	Laurel
Milford State Service Center	Milford

Tab M— NEHC Just-In-Time Training Guidelines

1.0 Purpose

- 1.1 Develop the skills and knowledge of assigned NEHC personnel so they can perform their roles effectively and efficiently.
- 1.2 Provide an outline on the core content included in each Just-In-Time training module.

2.0 Agencies

- 2.1 Primary Agency
 - 2.1.1 Division of Public Health
- 2.2 Support Agencies
 - 2.2.1 Delaware National Guard
 - 2.2.2 RSS Facility Representatives

3.0 Concepts of Operations

- 3.1 Just-In-Time (JIT) may take place at a NEHC facility and/or an alternate staging facility.
- 3.2 The site for training is at the discretion of the State Health Operations Center.
- 3.3 JIT may be conducted by the Human Resource Unit, Command Staff, and Unit Leaders and/or Supervisors.
- 3.4 A Trainer/Educator from the SHOC Logistics Training Unity may be utilized to augment NEHC facility training.

4.0 Presentations

- 4.1 Facilitators
 - 4.1.1 A facilitator is an individual who contributes *structure* and *process* to the training so the group and/or individual will be able to function effectively and efficiently.
 - 4.1.2 A facilitator may be used to conduct training

4.2 Self-Training

4.2.1 Self-Training is a learning at a pace set by the individual.

4.2.2 The computer program allows NEHC team members to educate themselves regarding the roles and responsibilities of their assigned task.

4.2.3 Training may be accessed on a free standing computer and/or through the internet.

5.0 Just-In-Time Training Module Content

5.1 Each module includes the following information

5.1.1 Incident Command Structure

5.1.2 Sequence of Events

5.1.3 Description of NEHC Operations

5.1.4 Review of Job Action Sheets

5.1.5 NEHC Forms

5.1.6 Safety

6.0 Documentation

6.1 A completed Attendance Sheet will be returned to the course facilitators and/or sent to the SHOC Logistics Training Unit at the end of each operational period.

6.2 Attendance sheets maybe faxed to the SHOC Logistics Training Unit.