

DEPARTMENT EAP EMERGENCY ACTION PLAN

UCSF Medical Center

UCSF Benioff Children's Hospital

DEPARTMENT: PARNASSUS MEDICAL CENTER FACILITIES MANAGEMENT
BUILDING/MAIN ROOM NUMBER: 505 PARNASSUS AVE, SUITE L210
MAIN PHONE NUMBER: 415-353-1120

DEPARTMENT MANAGER (TITLE): BRUCE MACE (SENIOR DIRECTOR)

CONTACT INFORMATION (PHONES, EMAIL):

415-353-7109 (O)

415-728-3105 (C)

415-443-1952 (P)

bruce.mace@ucsf.edu

SECONDARY DEPARTMENT MANAGER/SUPERVISOR (TITLE): JHORIC DE GUZMAN (DIRECTOR – OPERATIONS & REGULATORY)

CONTACT INFORMATION (PHONES, EMAIL):

415-353-1129 (O)

415-860-6414 (C)

415-443-2822 (P)

jhoric.deguzman@ucsf.edu

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014

Last Revised: 02/2019

TERTIARY DEPARTMENT MANAGER(S)/SUPERVISOR(S)

ALAN LADWINIEC (OPERATIONS MANAGER - Parnassus)

alan.ladwiniec@ucsf.edu

415-514-6666 (O)

415-350-5026 (C)

EDMON OBINIANA (ASSOCIATE DIRECTOR)

edmon.obiniana@ucsf.edu

415-713-9313 (C)

PLAN OVERVIEW..... 3

TABLE OF CONTENTS 4 - 5

SECTION 1: INTRODUCTION 6 - 7

 A. Purpose 6

 B. Objectives..... 6

 C. Scope..... 6

 D. Planning Assumptions..... 6

 E. Authorities..... 6

 F. Definitions 6-7

SECTION 2: CONCEPT OF OPERATIONS 7 - 8

 A. Mitigation, Preparedness, Response, and Recovery 7

 B. HICS/HICS-D 7

 C. Department Operations Center (DOC)..... 7

 C. Pre-Incident Risk Assessment 8

SECTION 3: RESPONSIBILITIES 8 - 10

 A. Department Manager/Supervisor or Charge Nurse 8

 B. Staff..... 8

 C. Physician 9

 D. Labor Pool..... 9

 E. HICS-D 10

 F. Orders of Succession..... 10

SECTION 4: STANDARD OPERATING PROCEDURES.....10 – 12

 A. Activation 11

 B. Departmental/Backup Operations..... 11-12

 C. Essential Functions 11-12

 D. Fire/Life Safety Management..... 11

 E. Evacuation 11-12

 F. Emergency Assembly Areas..... 11-12

SECTION 5: CONTINUITY OF OPERATIONS.....12– 14

 G. Reconstitution 12

 H. Prioritization..... 13

 I. Reconstitution 14

SECTION 6: EMERGENCY COMMUNICATIONS.....14 – 22

SECTION 7: EMERGENCY OPERATIONS STANDARD WORK.....22 - 28

SECTION 8: RESOURCES & ASSETS..... 28

 A. Department Go-Kit..... 28

 B. Emergency Supplies & Equipment 28

 C. Vendor(s)..... 28

 D. Utilities Management & Failures..... 28

 E. Hazardous Material & Spill Management..... 28

APPENDIX A: DEPARTMENT EMERGENCY CALL-BACK LIST 30-32

MCFM Emergency Action Plan

POLICY 200.0003

**MCFM Operations Issued: 06/2014
Last Revised: 02/2019**

| | |
|--|--------------|
| APPENDIX B: EMERGENCY CALL ROSTERS | 33-35 |
| APPENDIX C: DISASTER REPORTING GRID | 36 |
| APPENDIX D: PERSONNEL ROSTER | 37-38 |
| APPENDIX E: VENDOR LIST | 39-41 |
| APPENDIX F: QUICK GUIDE | 42 |
| APPENDIX O: MCFM INCIDENT RESPONSE TEAM ORG CHART..... | 43 |
| APPENDIX P: MCFM IRT JOB ACTION SHEETS – INCIDENT COMMANDER | 44-45 |
| APPENDIX Q: MCFM IRT JOB ACTION SHEETS - OPERATIONS..... | 46-48 |
| APPENDIX R: MCFM IRT JOB ACTION SHEETS - PLANS..... | 49-51 |
| APPENDIX S: MCFM IRT JOB ACTION SHEETS - LOGISTICS | 52-54 |
| APPENDIX T: MCFM IRT JOB ACTION SHEETS - FINANCE | 55-56 |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014

Last Revised: 02/2019

SECTION 1 >> INTRODUCTION

A. Purpose:

The purpose of the Medical Center Facilities Department EAP (Emergency Action Plan) is to plan and provide a structure/framework for the Facilities Department in a medical center-wide emergency incident/event during response and recovery efforts.

B. Objectives:

- A written document required to facilitate and organize employer and employee actions during workplace emergencies.
- Fulfill Joint Commission Requirement EM.01.01.01 in support of the overall Medical Center's Emergency Operations Plan (EOP)
- Align with the overall Medical Center mission of Emergency Management. Based on the four phases of emergency management of mitigation, preparedness, response, and recovery Emergency Management's mission is to manage and protect primarily staff who in turn will be able to provide a high standard of care for the patients and visitors at UCSF Medical Center during, before, and after emergency incidents/events.
- Empower staff in ensuring knowledge of the Department EAP and processes of response and recovery during a declared medical center-wide emergency incident/event.

C. Scope:

This plan is intended to guide emergency response and recovery efforts. If a larger disaster impacts multiple departments across the institution, the UCSF Medical Center Emergency Operations Plan will be activated. All Departmental EAPs ultimately roll up to the comprehensive UCSF Medical Center Emergency Operations Plan.

D. Planning Assumption:

- Emergency Incidents/Events occur anytime and any day.
- Account and plan for day shift, night shift, and weekend shifts

E. Authorities:

The following documents outline and support authorities and references that assisted in the development and implementation of this Department Emergency Action Plan.

- FEMA Continuity Guidance Circulars 1 and 2
- Joint Commission – Emergency Management Standards
- UCSF Medical Center Emergency Management Policies
- UCSF Medical Center Facilities Management Departmental Policies
- UCSF Medical Center Emergency Operations Plan (Volume I and II)

F. Definitions:

Emergency: An emergency is an unexpected or sudden event that significantly disrupts the organization's ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the organization's services. Emergencies can be either human-made or natural (such as an electrical system failure or a tornado), or a combination of both, and they exist on a continuum of severity. A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and



requires outside assistance to sustain patient care, safety, or security functions.

Hospital Command Center (HCC): The operating facility that serves as the command and control point for emergency management officials responding to, or preparing for, the onset of an incident.

Isolated Emergency: An emergency incident/event that is isolated to a floor or unit that be corrected within that floor or unit in a controlled time frame.

Medical Center-Wide Emergency: An emergency incident/event that affects the majority of the medical center impacting several services and/or could possibly extend beyond 96 hours.

SECTION 2 >> CONCEPT OF OPERATIONS

- A. The Four Phases of Emergency Management
 - **Mitigation** – activities which actually eliminate or reduce the chance of occurrence or the effects of a disaster (i.e., facility improvements, hazard vulnerability analysis).
 - **Preparedness** – planning how to respond in case an emergency or disaster occurs and working to increase resources available to respond effectively (i.e., detailed plans, updated information, training and exercises).
 - **Response** – activities that occur during and immediately following a disaster (i.e., incident-specific response procedures).
 - **Recovery** – continues until all systems return to normal, or near normal. Short-term recovery returns vital life support systems to minimal operating standards. Long term recovery from a disaster may go on for years until the entire disaster area is completely redeveloped; either as it was in the past or for entirely new purposes that are less disaster-prone (i.e., recuperation of financial, human and materials resources).
- B. **Hospital Incident Command System (HICS)/Hospital Incident Command System – Department (HICS-D)**
– Developed by the US Federal Government and subsequently implemented and adopted by state, tribal, and local governments HICS is an emergency management system that employs a logical management structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify UCSF Medical Center in its emergency response along with other hospitals and community emergency responders. HICS is activated at the discretion of the Administrator-On-Call (AOC) to manage the emergency incident/event and ultimately deactivated when medical center operations are deemed at near normal or stable capacity. HICS consists of a flexible management organizational chart that allows for a customized hospital response to any emergency incident/event. The HICS organizational chart is divided into individual positions grouped into four sections: Operations, Planning, Logistics, and Finance. This division of tasks provides a realistic span of control for each Section Chief and all Managers, Directors, and Unit Leaders reporting to that Chief.
- C. **Department Operations Center (DOC)** – Physical or virtual space where HICS-D can coordinate operations during a response and recovery and streamline communication to HICS and/or HCC when activated.
- D. **Pre-Incident Risk Assessment**

A hazard vulnerability analysis (HVA) is conducted annually, and these top five threats have been identified. For detailed results, see the HVA document.

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

| Rank | Hazard | Type |
|------|----------------------------------|--------------------------|
| 1 | Earthquake | Elements of Nature |
| 2 | Flood (Internal) | Water |
| 3 | Power Disruption | Utility |
| 4 | Elevator Disruption | Patient/Supply Transport |
| 6 | Temperature Emergency (Hot/Cold) | Elements of Nature |
| 7 | Code Dry (Water Shutoff) | Water Disruption |

SECTION 3 >> RESPONSIBILITIES

- A. **Department Manager/Supervisor or Charge Nurse** – Bruce Mace, Medical Center Facilities Director, will be the person in charge. If Bruce is unavailable, orders of succession (see part F of Section 3) below will be followed. The person in charge will be responsible for ensuring their department respond adequately to a disaster.

Department Managers/Supervisor or Charge Nurse are responsible for ensuring their departments respond adequately to any emergency by providing necessary orientation and training. Department Managers/Supervisor or Charge Nurse should review hospital-wide disaster-specific plans with their staff and develop department-specific disaster plans to outline department-specific actions. Managers should use the Emergency Conditions and Basic Staff Response “rainbow chart” as a reference for possible situations for which the department must prepare.

- B. **Staff** – are responsible in maintaining business continuity or to function outside their day-to-day role in a specific emergency role/function designated at the discretion of the Department Manager/Supervisor or Charge Nurse prior or during an emergency. Staff are also requested to do the following:
- Limit email and telephone use
 - Remain calm;
 - Are not to go home unless allowed by the Incident Commander
 - Maintain situational awareness by listening to overhead announcements and directions
 - Continue care for patients, staff and visitors
 - Obtain supplies normally

- C. **Physician** – The role of physicians (medical staff) within Emergency Management is to maintain and ensure



patient care and safety of patients and business continuity within the four phases of Emergency Management (mitigation, preparedness, response, and recovery). Medical staff will coordinate and receive further direction from the Charge Nurse of the Clinical Unit to which they are assigned or in which they work. Maintain and ensure patient care and patient safety of patients. Ensure business continuity as situation and circumstances permits.

D. Labor Pool

A labor pool is a source of trained and skilled workers that can be utilized at a central point for assignment. The Labor Pool/Internal Volunteer for Emergency Incident/Events site (www.laborpool.ucsfhealth.org) will collect and inventory staff skills and align them with the needs of the medical center before, during, and after an emergency incident/event.

E. HICS-D

- **Department Command Section**

- Identifies the person in charge.
- Additional positions may be required depending on the nature, scope, complexity, and location(s) of the incident(s) or according to specific requirements established by the Incident Commander – Department (IC-D).

- **Department Operations Section**

- The Operations Section is responsible for all tactical activities focused on reducing the immediate hazard, saving lives and property, establishing situational control, and restoring normal operations.

- **Department Planning Section**

- The Planning Section collects, evaluates, and disseminates incident situation information and intelligence to the IC-D and incident management personnel.
- This Section then prepares status reports, displays situation information, maintains the status of resources assigned to the incident, and prepares and documents the Incident Action Plan (IAP).

- **Department Logistics Section**

- The Logistics Section is responsible for all service support requirements needed to facilitate effective and efficient incident management, including ordering resources.
- This section also provides facilities, supplies, equipment maintenance and fuel, food services, communications and information technology support.

- **Department Finance Section**

- A Finance/Administration Section is established when the incident management activities require on-scene or incident-specific finance and other administrative support services.

F. Orders of Succession

In the event that the Manager on Duty of Department Director for any reason is not available during an emergency, the order of succession (alternate manager, back-up manager, and so forth) will be the person in charge.



MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

| Successor | Current Position | Home Address Location | Phone Number(s) |
|------------------|----------------------------|-----------------------|--|
| Jhoric De Guzman | MCFM Director | Novato | Office – 415 353-1129 Cell – 415-860-6414 |
| Edmon Obiniana | MCFM Associate Director | Daly City | Office – 415-353-1126 Cell – 415-713-9313 |
| Alan Ladwiniec | MCFM Operations Manager | San Francisco | Office – 415-514-6666 Cell – 415-350-5026 |
| Norma Lopez | Chief Engineer - Parnassus | San Francisco | Office – 415-514-6355 Cell – 415-238-6435 |

SECTION 4 >> STANDARD OPERATING PROCEDURES

Note: Standard Operating Procedures (SOP's) are operating procedures that is conducted in an emergency. Please customize the plan information as appropriate for your areas.

A. Activation

- The decision to activate the Department EAP may be made by any of the following: Department Manager/Supervisor or Charge Nurse, Administrator on Call (AOC), the Nursing Supervisor, a Senior Administrator, with the advisement from the Director of Emergency Management.
- The Department EAP may be activated in conjunction with the UCSF Medical Center Emergency Operations Plan or standalone.

B. Department Operations Center (DOC)

DOC should have power/utilities/communication equipment and access to emergency supplies.

- Primary Location: 505 Parnassus L210
- Secondary Location: Mt. Zion Facilities Planning Room
- Tertiary Location: Mission Bay M2220

C. Alternate/Backup Operating Locations

- Insert information regarding any alternate/backup locations (sites, locations within the building) where you can relocation operations if your primary worksite is damaged or destroyed.

| Primary Facility/Site | Alternate/Backup Operating Locations |
|--|--------------------------------------|
| 505 Parnassus Ave, L210 San Francisco, 94143 | Mt. Zion Facilities Planning Room |
| Mt. Zion Facilities Planning Room | Mission Bay M2220 |

D. Essential Functions

- Departmental functions and activities that must be continued under all circumstances.

Within the six areas, input essential functions that should be described and prioritized to ensure your

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

department is on the same page during an emergency incident/event.

| Priority | Essential Functions |
|----------|---|
| 6 | <u>Patient Clinical + Support Activities</u> : Ensure immediate needs to patients and staff are addressed |
| 2 | Communications: Internal personnel notification/mobilization, Affected area Everbridge, Initial notification from MCFM, ALL subsequent Everbridge to come from Emergency Management (Everbridge Business Owner) |
| 4 | <u>Resources + Assets</u> : Ensure ALL appropriate incident response and mitigation equipment is available and in working order |
| 5 | Safety + Security: Ensure safety and security of all staff, patients, and visitors |
| 3 | <u>Staff Responsibilities</u> : Ensure that all MCFM personnel understand their individual responsibilities and critical roles during emergency situations |
| 1 | <u>Utilities</u> : Ensure that all critical hospital utility infrastructure is functional and if not functional, is made a priority for immediate attention |

E. Fire/Life Safety Management

- Fire Extinguishers – Located in L210
- Fire Extinguishers – Located in L210
- Emergency Lighting and Red Plugs – Located throughout L210 common areas and office suites
- Crash Cart (Patient Care Areas Only) – N/A
- Fire Doors and Nearest Area of Refuge – Medical Center Way is primary rally point

R.A.C.E. Procedure

- R – Remove those in danger
- A – Announce: Pull alarm and call 9 + 911
- C – Contain fire: Close door to fire/area doors
- E – Extinguish if safe to do so or evacuate

P.A.S.S. Procedure for Fire Extinguishers

- P – Pull out the pin in the handle, and raise the horn or nozzle
- A – Aim the horn or nozzle at the base of the fire
- S – Squeeze the handle to open the valve, directing discharge at the base of fire
- S – Sweep back and forth along the base of the fire



MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014

Last Revised: 02/2019



F. Evacuation

If your department is an inpatient care area, please use the “Patient Care” section. If not, continue filling in the “General” evacuation procedures. Erase the “Patient Care” section if you are not within an inpatient care area. Please refer to EOC Fire Life Safety Policy 5.1.0 for reference. If you have any questions, contact the UCSF Fire Marshal – Tim Brey email: timothy.brey@ucsf.edu.

- Two main forms of evacuation:
 - **Horizontal Evacuation** – (Primary) Remove patient or patients from the room (scene of emergency) to an area of refuge within the same unit or department. If necessary, evacuate people on the same floor from one unit to another or one wing to another, through the fire doors to a safe compartment (area of refuge).
 - **Vertical Evacuation** – (Last Resort) Evacuate from one floor to another floor below. Authorization to use specific elevators or stairwells to be given at the time of evacuation.
- Determining and Activating an Evacuation
 - An area may need to be evacuated due to fire, smoke, hazardous materials spill/release, explosion, earthquake, bomb threat, hostage situation, HCC Activation, etc.
 - Overhead announcement of “**Operation Exit (Stage)**” will be announced.
 - Alert Stage – Be aware that an evacuation may be announced. Begin planning.
 - Non-Urgent Stage – Evacuate patients who can be moved per instructions. Staff to remain with patients who cannot be moved.
 - Immediate State – Evacuate immediately; disaster imminent; do not remain with patient who cannot be quickly moved.
- Activation is done by fire alarm, announced by overhead page, department manager, and/or charge nurse.
 - Return to normal work duties when “All Clear” is announced by the Fire Department, Facilities (structural damage), Environmental Health and Safety (hazardous chemical spill), or Security.
- The nearest Emergency Stair Exit or path to the exterior of the building is located [L210 Entrance \(South side exit door adjacent to L210 conference room\)](#)

G. Emergency Assembly Areas

- The Emergency Assembly Area is a location external to the building to where staff will assemble safely



away from the emergency.

- Primary location is [Medical Center Way next to Campus Central Utility Plant \(C.U.P.\)](#)
- Secondary location if the primary location cannot be occupied is [350 Parnassus Outside stairs](#)

SECTION 5 >> Continuity of Operations

A. Reconstitution: Recovery and Resumption of Services

Reconstitution is the process by which surviving and/or replacement organization personnel resume normal operations in the primary operating space (a single department, floor, or the entire facility). In some cases, extensive coordination may be necessary to backfill staff, procure new operating space or facility, and re-establish communications, IT infrastructure, and essential records.

The four key phases of reconstitution for any type of operating space are:

1. Re-enter the physical space - ensure safety
2. Re-open the physical space - replenish supplies, equipment, and staff
3. Repatriation of patients, if a patient care area
4. Resumption of normal service delivery



B. Prioritization

An orderly return to the new or restored facilities will be established based on the safety of the facility and the resources available. Because the facility may be reopened in phases, a staggered staff schedule may be implemented. A detailed communication plan will be implemented to ensure that staff are notified accordingly.

An overview of steps includes:

1. Inform all personnel that the emergency no longer exists.
2. Implement a priority-based phased approach to reconstitution.
 - a. Inspect and repair/replenish affected areas.
 - b. Get approvals to re-open.
3. Notify employees of reconstitution and when to report.
4. Provide instructions for resumption of normal operations.
5. Verify all systems, communications, and other required capabilities are available and operational.
6. Identify vital records affected by the incident and ensure an effective transition or recovery of records.
7. Most critical functions transferred last.
8. Notify stakeholders of reconstitution.
9. Prepare After-Action Report, Corrective Action and Improvement Plans

MCFM Emergency Action Plan

POLICY 200.0003

**MCFM Operations Issued: 06/2014
Last Revised: 02/2019**

C. Reconstitution: Hierarchy of Repopulation Approvals

Dependent upon circumstances, the following sequential steps should be expected prior to the repopulation of evacuated hospital facilities.

| Steps | Completed (Y/N) |
|---|-----------------|
| A. Local government agencies have removed restrictions, if any, related to the environmental quality in the area or facility for the types of patients to be moved back into the facility. | |
| B. Local Fire Department and/or Law Enforcement agency representative allows re-entry to the specific evacuated building/buildings of the hospital and/or allows re-entry to evacuated facilities, as applicable. | |
| C. If structural integrity or any major building system is compromised, OSHPD inspects and repopulation cannot occur until any red and yellow building tags are removed from the impacted building by OSHPD. | |
| D. The MCFM Incident Response Team (IRT) Incident Commander (IC) oversees an assessment of environmental safety, facilities, operations and resources and prepare the facility for repopulation. | |
| E. IC maintains communication with Hospital Command Center (HCC) personnel regarding facility status, progress and estimated timeframes for reopening of facility (ies). HCC personnel communicate with Dept. of Public Health. | |
| F. Once the determination is made that hospital facilities are safe for patients, staff and visitors, programs and services can be resumed, and repopulation can be initiated, CEO or delegate will make a determination, based on best judgment, that the facility is ready to repopulate. | |

Reconstitution: General All-Hazards Hospital Re-Population Factors

| The following factors/steps should be considered as appropriate to the type of evacuation. | Completed (Y/N) |
|---|-----------------|
| A. Facilities are determined to be structurally sound and safe, and systems are not compromised, for occupancy. If not safe, may require repairs/ retrofits/ replacements that need to be approved by OSHPD, fire marshal and L&C. | |
| B. Air particulate exposure levels (e.g., smoke, chemicals) in buildings are documented to be reduced to acceptable/safe levels as defined by Cal/OSHA permissible exposure limits (PELS) and local Air Quality Management District Standards using available methods (e.g., air scrubbers, open windows, blowers, HAZWOPER response, etc), if needed. Only test equipment appropriate to the hazard should be used to determine safe levels of habitability and may require an outside testing laboratory service. | |
| C. Hospital shall have a plan to prepare for and implement repopulation. | |
| D. All interior and exterior surfaces/areas are clean and free of debris (e.g., counters, walls, drawers, closets, roof, parking facilities, etc). | |
| E. All filters in the facility, HVAC systems, and generators, etc. should be cleaned/replaced, if needed. | |

| | |
|--|--|
| F. All items within the facility that can be affected by spoilage due to loss of power and/or high temperatures are tested and repaired/replaced/quarantined, as needed (e.g., food, medications, radioactive supplies and equipment, computerized diagnostics, etc.). | |
| G. Essential functions and supplies/supply chains (pharmacy, supplies, laundry, etc.) are returned to operational status. The facility's ability to provide essential services should be sustainable for the long term. | |
| H. Full & non-abbreviated generator & smoke detector tests are completed, if needed. | |
| I. HVAC systems are tested and operational, if needed. | |
| J. Utilities are tested & operational (electricity, water supply & quality, plumbing, etc.). | |

SECTION 6 >> EMERGENCY COMMUNICATIONS

A. Redundant Forms of Communication

- Utilize Appendix G: Quick Guide with updated phone numbers for the main phone, backline, and Centrix.
- Phone numbers and modes of communication will be updated that include but not limited to: landlines, cell phones, texting (cell phone or third party apps i.e., WhatsApp, Line, etc.), Voalte phone, fax, and etc.

B. Department Emergency Call Back List

- Staff organized in proximity to the Medical Center in callback procedures utilizing Appendix A: Department Emergency Call Back List.
- Appendix A is secured in a private location and to only be accessed upon updating, drills, trainings, exercises, and actual emergency incident/events by department management.

C. Target Notification System (Everbridge)

- Everbridge is an Targeted Notification System used to send notifications to individuals or groups, using lists, locations, and visual intelligence. This system keeps everyone informed before, during and after events (ex. Major disaster, Employee strike, etc.). For more information, please go to: <https://it.ucsf.edu/services/everbridge>
- Everbridge contains work contact information (i.e., Work Phone, Work Cell, Work Email, etc.). Instruct staff to add or update their personal contact information (i.e., Home Phone, Personal Cell) via the **Everbridge Member Portal** which can be accessed via <https://MyAccess.ucsf.edu>, click **Everbridge Member Portal**.
- **The updated information in the Everbridge Member Portal will not update your HR information. Instruct staff to update their work contact information in their HR record by accessing the <https://directory.ucsf.edu/>**
 - Enter name in *People Search* field
 - Click '*People Search*' button
 - Click '*Edit My Record*' button
 - Click '*Save Changes*' button

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

D. Communications Template for Target Notifications

- i. In the event of a Medical Center Facilities emergency, the department, in conjunction with Medical Center Emergency Management will communicate with key organization stakeholders to keep them informed on emergency impact, response, mitigation, and ultimately event recovery.
- ii. Medical Center Facilities Management identifies emergencies based on impact and estimated time. There are three tiers of Facilities Disruption priorities based on the following matrix:

| Emergency Tier | Definition | Everbridge Group to be Contacted | Everbridge Group Name |
|-----------------|--|---|--|
| P3 – Priority 3 | Utility system disruption of <u>LESS THAN 2</u> hours with <u>NOT MORE THAN 1</u> department or area impacted | <ol style="list-style-type: none"> 1. Local Department 2. Facilities Management 3. Nursing Supervisor 4. Patient Care Directors 5. AOC | <ol style="list-style-type: none"> 1. Incident Specific 2. MCFM Managers 3. Nursing Supervisors (Site Specific) 4. Patient Care Directors 5. AOC - AOC Pager |
| P2 – Priority 2 | Utility system disruption <u>GREATER</u> than 2 hours with <u>MORE THAN 1</u> department or area impacted | <ol style="list-style-type: none"> 1. Local Department 2. Facilities Management 3. Nursing Supervisor 4. AOC 5. Patient Care Directors 6. Senior Leadership | <ol style="list-style-type: none"> 1. Incident Specific 2. MCFM Managers 3. Nursing Supervisors (Site Specific) 4. AOC - AOC Pager 5. Patient Care Directors 6. Sr. Leadership |
| P1 – Priority 1 | Utility system disruption <u>GREATER</u> than 2 hours <u>HOSPITAL/SYSTEMS/MULTIPLE</u> departments or areas impacted | <ol style="list-style-type: none"> 1. Local Department 2. Facilities Management 3. Nursing Supervisor 4. AOC 5. Senior Leadership 6. Patient Care Directors 7. Additional Subject Matter Expert Stakeholders 8. Consider ALL UCSF employees | <ol style="list-style-type: none"> 1. Incident Specific 2. MCFM Managers 3. Nursing Supervisors (Site Specific) 4. AOC - AOC Pager 5. Sr. Leadership 6. Patient Care Directors 7. Incident Specific |

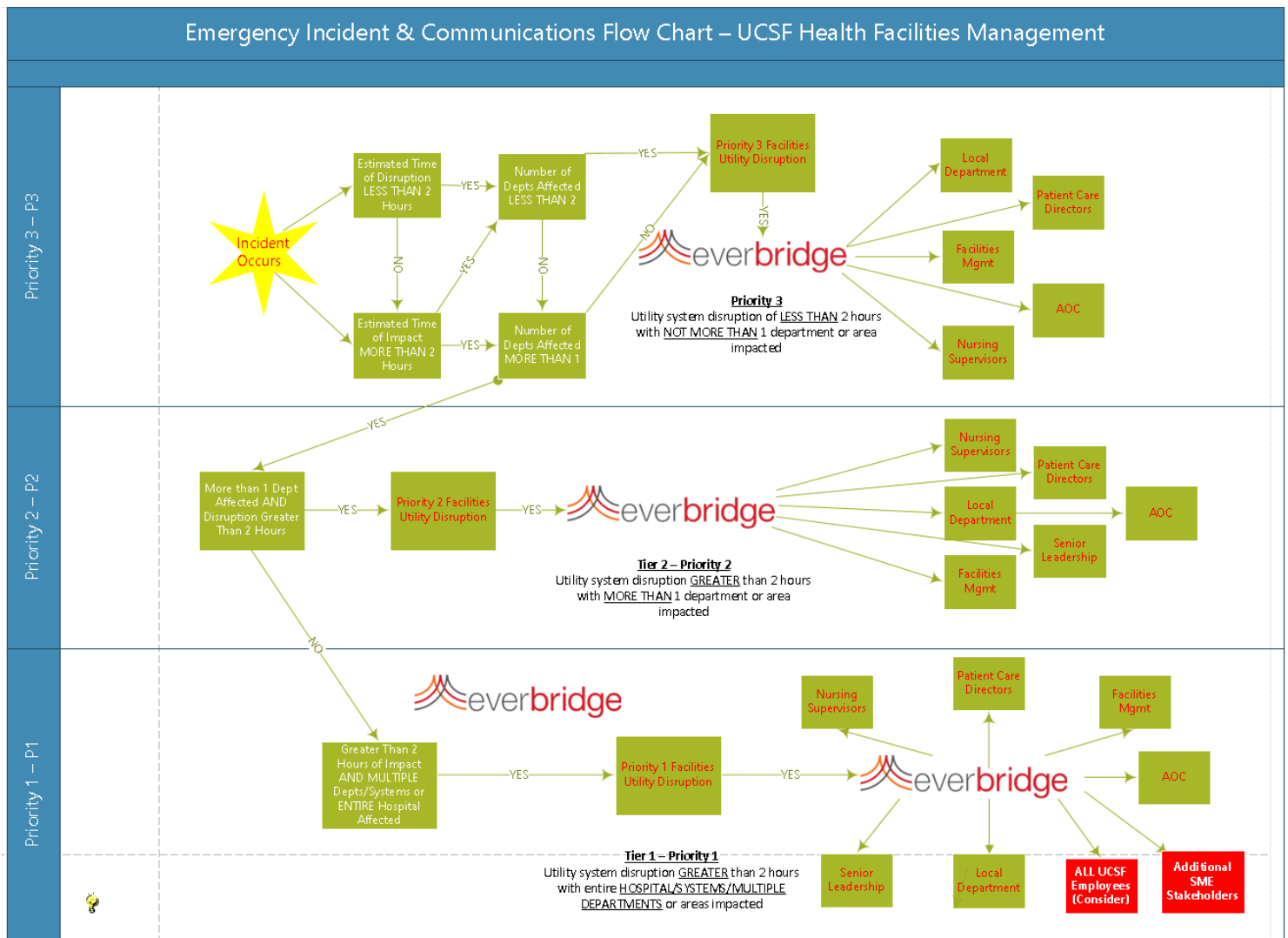
MCFM Emergency Action Plan

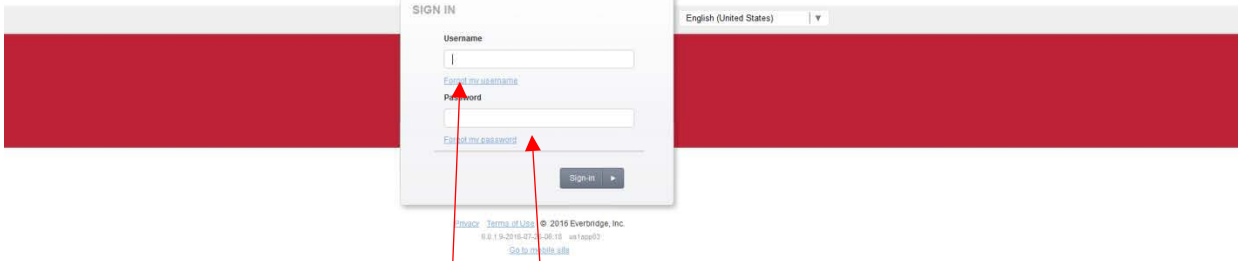
POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

E. Communications Template for Target Notifications

- Medical Center Facilities Management Manager On Duty (MOD) or delegate to utilize following workflow to determine incident priority (P1, P2, P3) and appropriate distribution lists:

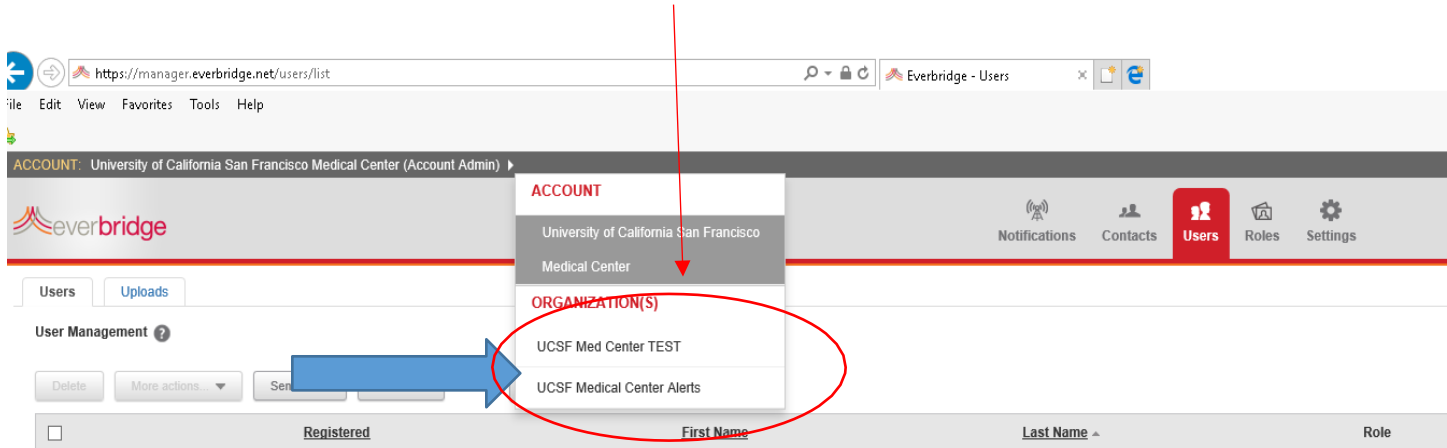




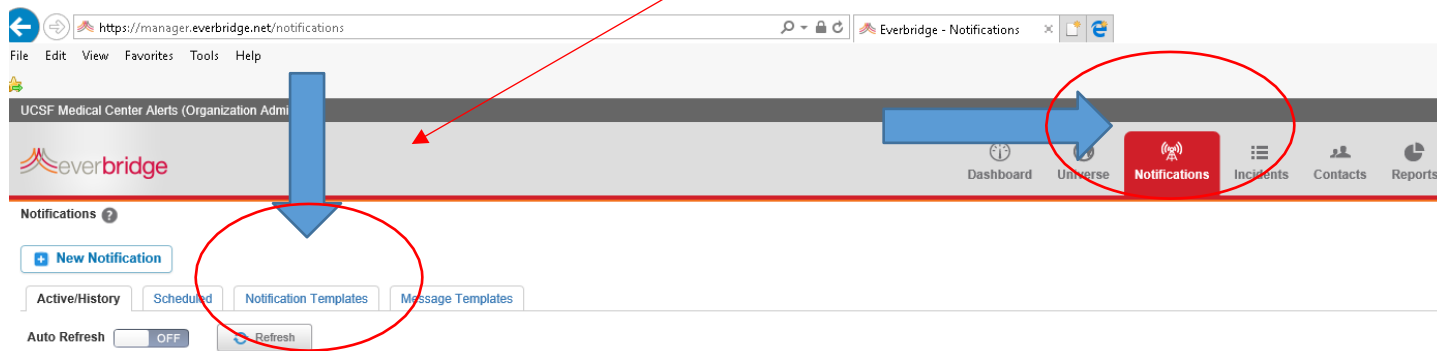
ued: 06/2014

1. If there is a Facilities or Utility related emergency and you are the MOD take the following steps:
2. Gather all emergency-related information to determine the Tier or Priority Level of the Emergency based on the table above.
3. If you determine that Emergency Notification needs to be sent via Everbridge, login to Everbridge Manager portal at <https://manager.everbridge.net/login> with the MCFM MOD account using the following information:
 - a. Username – mcfmmod
 - b. Password – Repairmaintain\$ (password IS case sensitive)

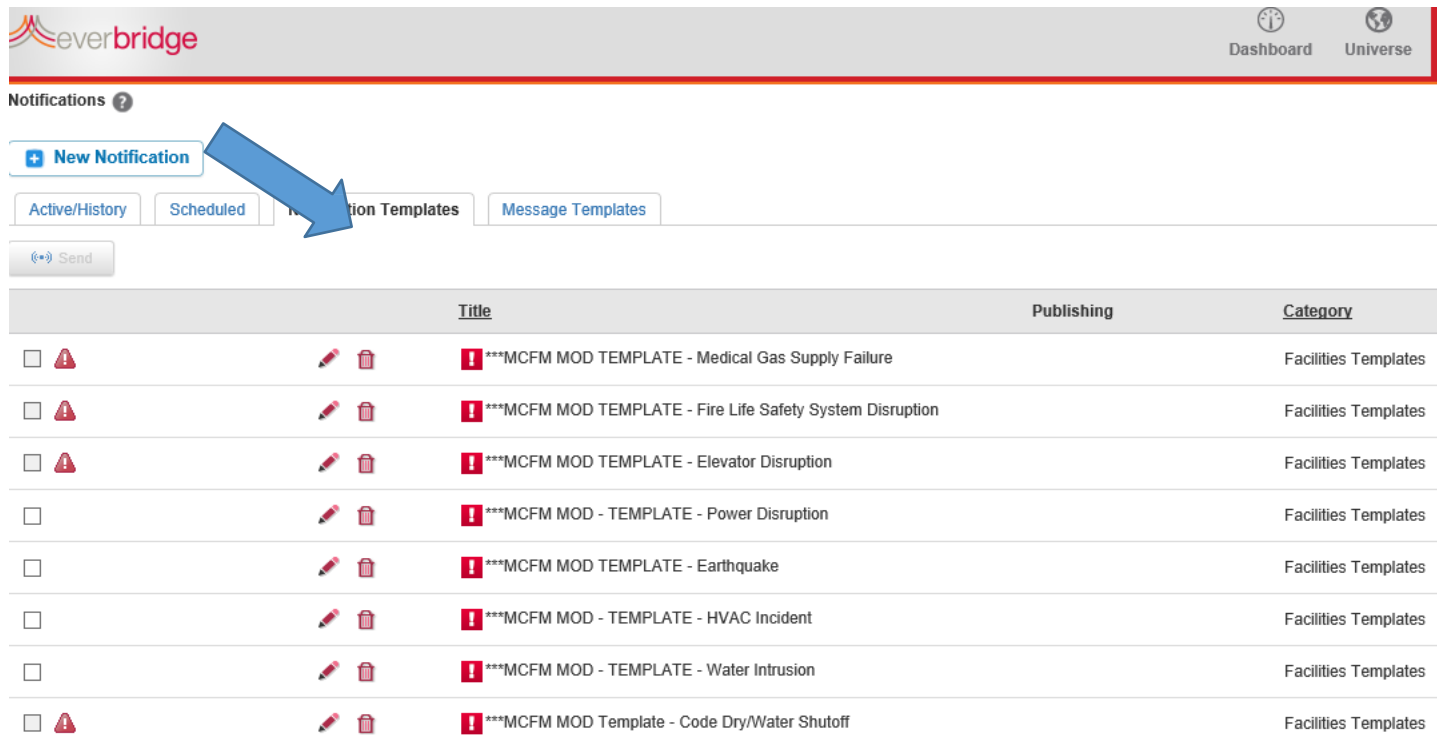
4. Once logged in, MOD will navigate to “Med Center Alerts” user mode to enable alerts to be sent



5. Once in Medical Center Alerts User Mode, select “Notifications” and then “Notification Templates” to choose correct template that corresponds to the emergency.



6. Choose “Title” to toggle MCFM emergency templates to populate to the beginning of available notification templates and choose the appropriate template based on emergency.



MCFM Emergency Action Plan

POLICY 200.0003

**MCFM Operations Issued: 06/2014
Last Revised: 02/2019**

7. Once appropriate template is selected, update TITLE, SMS TEXT INFO, EMAIL BODY INFO and DATE/TIME

Update Message

High priority message ⓘ

*** Title**

***MCFM MOD TEMPLATE - Earthquake

Body

Text Include a separate message for email notifications ⓘ
SMS Text, Fax, Pager, Text-to-speech conversion

- Who: Facilities Management Update
- What: *** What is happening*** (Example – Major earthquake has occurred. Multiple building and utility systems impacted)
- Where: ***Where is this issue taking place*** (Example – Epicenter of quake reported to be within 5 miles of UCSF. Widespread damage across UCSF Medical Center and Camp)

Email, Everbridge Mobile Safety App

B *↶* U *abc* *x* *x²* **T** *rT* **HI**

Who: Facilities Management Update

What: *** What is happening*** (Example – Major earthquake has occurred. Multiple building and utility systems impacted)

Where: ***Where is this issue taking place*** (Example – Epicenter of quake reported to be within 5 miles of UCSF. Widespread damage

Impact: ***What is the impact of this incident*** (Example – Reports of damage system wide. Patient surge expected)

**Earthquake
DATE
TIME**

8. Select appropriate groups based on Tier of Incident. When appropriate groups are selected, move to "OK"

The screenshot displays the 'Select Contacts' interface. At the top, a summary bar shows counts for 'Individuals' (1), 'Groups' (0), 'Rules' (0), and 'Map' (0). Below this, a search bar and a list of groups are visible. The 'Groups' list includes 'Hospital Supervisors' and 'MCFM ALL CONTACTS - Polling'. On the right, a preview pane shows the selected 'Groups' and 'Rules'. At the bottom, there are 'OK' and 'Cancel' buttons. Blue arrows indicate the flow from the summary bar to the 'Groups' list, and from the 'Groups' list to the 'OK' button. Red arrows point from the 'Hospital Supervisors' and 'MCFM ALL CONTACTS - Polling' items in the list to the preview pane.

9. Change template from Template mode to...

The screenshot shows a 'Send & Save' dialog box. At the top, the title is 'Send & Save'. Below it, there are three radio buttons for 'Send': 'Now', 'Later', and 'Recurring'. The 'Now' radio button is selected. Below these is the text '- Or -' followed by a radio button for 'Save as a notification template', which is also selected. Underneath is a 'Category' dropdown menu currently set to 'Facilities Templates'. At the bottom left, there is a checkbox labeled 'Include as part of an event' which is unchecked. At the bottom, there are two buttons: 'Save' (highlighted in orange) and 'Cancel'.

10. "SEND NOW" mode. Hit "SEND"

The screenshot shows the same 'Send & Save' dialog box. The title is 'Send & Save'. The 'Send' radio buttons are 'Now', 'Later', and 'Recurring'. The 'Now' radio button is selected. Below these is the text '- Or -' followed by a radio button for 'Save as a notification template', which is unselected. At the bottom left, there is a checkbox labeled 'Include as part of an event' which is unchecked. At the bottom, there are two buttons: 'Send' (highlighted in orange) and 'Cancel'.

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

| MCFM STANDARD WORK GUIDELINES FOR EMERGENCY OPERATIONS | |
|--|--|
| EMERGENCY | Standard Operations |
| Earthquake | <ol style="list-style-type: none"> 1. Drop, Cover, and Hold in current location. Protect your head from falling debris. Find shelter under a sturdy desk/table or against an inside wall. Duck, cover and hold till shaking stops. 2. If inside, remain in the building. Move away from windows, shelving or other furnishings/equipment that may topple or fall on you. Watch for falling objects such as ceiling tiles or light fixtures. Have patients cover their faces with bed linens for protection from falling glass. DO NOT run for exits, stand in doorways or use elevators. 3. If you are outside, get into open space away from buildings or power lines. 4. Wait for shaking to stop and assess surroundings 5. MOD to consider appropriate Everbridge notification group based on P1/P2/P3 triage criteria and follow appropriate workflow and communication contact group (per Section 6 Part E) 6. Provide assistance to those around you in need if you are able 7. Triage your immediate area. Identify major potential hazards such as fire, hazardous materials spill/release, flooding, electrical/trip hazards, and injuries to others nearby. 8. Report significant findings to L210 DOC (if activated) 9. Minimize hazards to reduce further damage or injury. Turn off damaged equipment, and clear away debris for safe pathways. 10. Prepare to extinguish a fire, avoid a hazardous materials spill/release, 11. Prepare for aftershocks. Move items that are likely to fall or move during an aftershock to a safer location (on the floor out of the path, etc.). |



MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

| | |
|--------------------------------|--|
| | <ol style="list-style-type: none"> 12. Listen for overhead or radio announcements for instructions on whether to shelter in place or prepare for evacuation. If evacuation ordered, refer to Dept. EAP for primary and secondary assembly locations (Section 4, Part G) 13. Report to L210 Dept Operations Center (DOC) for further instructions <p><u>Communications</u></p> <ol style="list-style-type: none"> 1. Manager On Duty (MOD) - (415-353-4788) 2. Facilities Team - On site via radio 3. Security - (415-885-7890) to assist with crowd control 4. Hospitality - (415-514-6233) to assist in containment 5. UCPD – 9-911 6. INFECTION CONTROL 415-307-8427 (NEED TO VERIFY) for Infection Control related issues if needed |
| <p>Power Disruption</p> | <ol style="list-style-type: none"> 1. Ensure personal safety by getting away from any active electrical sources or any areas that have become unsafe as a result of the incident 2. Assess immediate area for power failure and be prepared to report location and impact to DOC if needed 3. Provide assistance to those around you in need if you are able 4. Contact for status check the following departments: <ol style="list-style-type: none"> a. Operating Rooms b. Critical Care Units c. Emergency Department d. Information Technology 5. Report to L210 Operations Center (DOC) for further instructions <p><u>Communications</u></p> <ol style="list-style-type: none"> 1. Manager On Duty (MOD) - (415-353-4788) 2. Facilities Team - On site via radio 3. Security - (415-885-7890) to assist with crowd control 4. Hospitality - (415-514-6233) to assist in containment 5. UCPD – 9-911 6. INFECTION CONTROL 415-307-8427 (NEED TO VERIFY) for Infection Control related issues if needed |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

| | |
|-------------------------------|---|
| <p>Water Intrusion</p> | <p><u>Internal Flood:</u></p> <ol style="list-style-type: none"> 1. Determine source of flood (sewer overflow, broken waterline). 2. Secure water flow to affected area. 3. Assess which departments are affected. 4. Dr. Red to triage incident and notify the MOD at 415-353-4788 for escalation to AOC, Nursing Supervisor and Infection Control if needed. 5. MOD to consider appropriate Everbridge notification group based on P1/P2/P3 triage criteria and follow appropriate workflow and communication contact group (per Section 6 Part E) 6. Notify departments directly affected by the flooding. 7. Contain flood with assistance from Environmental Services. 8. Confer with Administration/Incident Commander on need to call a “Code Dry.” 9. Assist with clean up. 10. Return incident response equipment to appropriate storage location (insert location here) 11. Close loop with manager or supervisor of affected areas/departments <p><u>External Flood:</u></p> <ol style="list-style-type: none"> 1. Maintain access to the facility and ensure that runoff water does not block entrances and exits to the Medical Center. 2. Notify the MOD at 415-353-4788 for escalation to AOC, Nursing Supervisor and Infection Control. 3. MOD to consider appropriate Everbridge notification group based on P1/P2/P3 triage criteria and follow appropriate workflow and communication contact group (per Section 6 Part E) 4. Ensure that all normal drainage is free of obstruction, including parking structure. 5. Monitor water supply for contamination. 6. Confer with Administration/Incident Commander on need to call a “Code Dry.” 7. Check sewer system for overflow. 8. If flooding cannot be controlled by using portable submersible pumps, call the fire department for assistance. <p><u>Communications</u></p> <ol style="list-style-type: none"> 1. Manager On Duty (MOD) - (415-353-4788) 2. Facilities Team - On site via radio 3. Nursing Supervisor (415-353-1964) 4. Security - (415-885-7890) to assist with crowd control 5. Hospitality - (415-514-6233) to assist in containment 6. UCPD – 9-911 7. INFECTION CONTROL 415-307-8427 for Infection Control related issues if |
|-------------------------------|---|

MCFM Emergency Action Plan

POLICY 200.0003

**MCFM Operations Issued: 06/2014
Last Revised: 02/2019**

| | |
|---|---|
| <p>HVAC Incident (Heat/Cold)</p> | <ol style="list-style-type: none"> 1. Assess HVAC system impact and project impacts of heat/cold on the facility, equipment and perishables 2. MOD to consider appropriate Everbridge notification group based on P1/P2/P3 triage criteria and follow appropriate workflow and communication contact group (per Section 6 Part E) 3. Determine, with input from appropriate stakeholders, and if possible, alternate cooling measures for patients, perishable supplies and the facility 4. Maintain other utilities and activate alternate systems as needed 5. Investigate and provide recommendations for rental/procurement of portable HVAC units 6. Investigate and provide recommendations for rental/procurement of portable filtration such as HEPA units and temporary isolation capability 7. Identify needed replacement air filters (e.g. HEPA) for HVAC system 8. Assess the HVAC system and prepare a plan and timeline for repair and restoration of service 9. Ensure continuation of patient care and essential services <p><u>Communications</u></p> <ol style="list-style-type: none"> 1. Manager On Duty (MOD) - (415-353-4788) 2. Facilities Team - On site via radio 3. Nursing Supervisor (415-353-1964) 4. Security - (415-885-7890) to assist with crowd control 5. Hospitality - (415-514-6233) to assist in containment 6. UCPD – 9-911 7. INFECTION CONTROL 415-307-8427 for Infection Control related issues if needed |
|---|---|

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

| | |
|--|---|
| <p>Elevator Disruption/Entrapment</p> | <ol style="list-style-type: none"> 1. If there is an elevator entrapment, UCPD will receive a call from the elevator and will be notified of a problem. The building location, elevator number, and phone number are visible on the dispatcher’s screen. This information will be used by UCPD to dispatch resources to the appropriate area. 2. UCPD will communicate with trapped passengers to assess if there is a medical emergency. 3. ***NOTE***: If a medical emergency is reported, UCPD will immediately contact the San Francisco Fire Department (SFFD) and request a rescue of the entrapped occupants. 4. If no medical emergency is reported, UCPD dispatchers will dispatch an officer to respond and will then call the Campus Customer Service Center (CSC) at 415-476-2021 to report that an entrapment has occurred. 5. The CSC will contact the appropriate elevator maintenance vendor for each site. 6. UCPD will contact Medical Center Security. Medical Center Security will contact Medical Center Facilities Engineers to respond to the impacted elevator. 7. Medical Center Facilities Engineer to stay with the responding UCPD Officer(s), Medical Center Security Officer, and will stay with the elevator car until the vendor can release the trapped occupants. 8. If the elevator vendor is unable to release the trapped occupants, the UCPD Officer on the scene will contact UCPD Dispatch to request a Fire rescue by SFFD. 9. If there is no medical emergency, Medical Center Facilities personnel will work with the elevator maintenance vendor and/or SFFD to extricate all trapped occupants by means other than breaking the elevator doors, where possible. 10. Escalation: Dr Red will escalate to Med Center Facilities Management during normal business hours (Mon-Fri 7:00am-4:30pm), and to MOD during off hours/weekends/UC holidays of ANY work that may impact hospital operations. This includes ANY shutdown of ANY Medical Center elevator. |
|--|---|

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

| | |
|--------------------------------------|--|
| | <p>11. MOD to consider appropriate Everbridge notification group based on P1/P2/P3 triage criteria and follow appropriate workflow and communication contact group (per Section 6 Part E)</p> <p><u>Communications</u></p> <ol style="list-style-type: none"> 1. Manager On Duty (MOD) - (415-353-4788) 2. Facilities Team - On site via radio 3. Nursing Supervisor (415-353-1964) 4. Security - (415-885-7890) to assist with crowd control 5. Hospitality - (415-514-6233) to assist in containment 6. UCPD – 9-911 7. ThyssenKrupp - (415-544-8150)/(866)634-5460 8. Otis – (800) 233 – 6847 9. INFECTION CONTROL 415-307-8427 for Infection Control –related issues |
| <p>Code Dry/Water Shutoff</p> | <ol style="list-style-type: none"> 1. Advise MOD of need for water shutdown 2. MOD to contact AOC and Director of Emergency Management to determine need for Water Shutdown or Code Dry 3. MOD to consider appropriate Everbridge notification group based on P1/P2/P3 triage criteria and follow appropriate workflow and communication contact group (per Section 6 Part E) 4. Coordinate with Security to make overhead announcement of Code Dry 5. Identify and obtain alternate sources of potable water. 6. Secure the main valves. 7. Monitor heating and cooling systems. 8. Notify the water utility company of water loss and estimated time for water main repair and restoration of services. <p><u>Communications</u></p> <ol style="list-style-type: none"> 1. Manager On Duty (MOD) - (415-353-4788) 2. Facilities Team - On site via radio 3. Nursing Supervisor (415-353-1964) 4. Security - (415-885-7890) to assist with crowd control 5. Hospitality - (415-514-6233) to assist in containment |



MCFM Emergency Action Plan

POLICY 200.0003

**MCFM Operations Issued: 06/2014
Last Revised: 02/2019**

| | |
|--|--|
| <p>Fire Life Safety System Disruption</p> | <ol style="list-style-type: none"> 1. If Code Red, be prepared to extinguish flames using RACE/PASS (Section 4 Part E) 2. Notify the MOD at 415-353-4788 for escalation to AOC, Nursing Supervisor and Infection Control. 3. MOD to consider appropriate Everbridge notification group based on P1/P2/P3 triage criteria and follow appropriate workflow and communication contact group (per Section 6 Part E) 4. Note location of system failure/hazard, impacted areas and advise MOD of findings 5. Provide assistance to those around you in need if you are able 6. Triage your immediate area. Identify related potential hazards such as fire, hazardous materials spill/release, flooding, electrical/trip hazards, and injuries to others nearby. 7. Report significant findings to L210 DOC (if activated) 8. Minimize hazards to reduce further damage or injury. 9. Turn off damaged equipment, and clear away debris for safe pathways. 10. Report to L210 Dept Operations Center (DOC) for further instructions <p><u>Communications</u></p> <ol style="list-style-type: none"> 1. Manager On Duty (MOD) - (415-353-4788) 2. Facilities Team - On site via radio 3. Security - (415-885-7890) to assist with crowd control 4. Hospitality - (415-514-6233) to assist in containment 5. UCPD – 9-911 for emergency dispatch 6. UCSF Fire Marshal - 9-911 for emergency dispatch 6. INFECTION CONTROL 415-307-8427 (NEED TO VERIFY) for Infection Control |
|--|--|

SECTION 8 >> RESOURCES & ASSETS

A. Department Go-Bag

- A collection of items assembled together and stored that may be utilized during an emergency.
- Located and secured at [L210](#)

Emergency Supplies & Equipment

- Emergency Supplies & Equipment are stored at/in– [L210](#)

B. Meals Ready to Eat (MRE)

- Location: **NEED TO UPDATE**
- Inventory items and contact Nutrition & Food Services for any replacement/issues.

C. Vendor(s)

- See Appendix F

D. Utilities Management & Failures

Equipment that is currently dependent on emergency power.

| Equipment | Location | Person Responsible/Position |
|-------------------------------|-----------------------|-----------------------------|
| Moffitt/Long Enunciator Panel | Engineers Workstation | Norma Lopez/Tim Tenorio |
| | | |
| | | |
| | | |

E. Hazardous Material & Spill Management

In the event of a hazardous material spill that cannot be safely cleaned by staff, call 9-911 for Environment, Health & Safety’s Emergency Response Team.

| Hazardous Material | Location | Person Responsible/Position |
|----------------------------|-----------------------|-----------------------------|
| Oils & Fuels | 1M4 Generator Room | Norma Lopez/Tim Tenorio |
| Oils & Fuels | L100DS Fuel Tank Room | Norma Lopez/Tim Tenorio |
| Chemicals, Water Treatment | L99MK Mechanical Room | Norma Lopez/Tim Tenorio |
| Chemicals, Water Treatment | L99MK Mechanical Room | Norma Lopez/Tim Tenorio |

- The location of the Spill Kit is located L235B and the Patient Care Manager is the responsible agent.
- The location of the PPE cart is in L199-MH

APPENDIX



MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

APPENDIX A:

DEPARTMENT MANAGEMENT EMERGENCY CALL-BACK LIST

Phone numbers listed will not be circulated. For those staff who elect to provide their personal contact information, managers should keep this record in a secure location for reference by management//supervisor in an emergency.

Create three lists, Team A (staff members who live in San Francisco or within a 30 min drive of the Medical Center), Team B (staff members who live outside of San Francisco but can be to the Medical Center in less than 45 min), and Team C (staff members who live outside of San Francisco and will take 45 min or longer to be at the Medical Center). Each group will be utilized by each operational period as set forth by the Incident Commander. Note: Please obtain this information by polling your staff.

| TEAM A – 20 Min or Less to Hospital | | | | | | | |
|--|-----------------|----------|--------------|-------------------|-----------------------|--------------------------|----------------------------|
| Employee Name (Last, First) | Shift | Work | Pager Number | Home Phone Number | Cellular Phone Number | Home Address and/or City | Estimated Time to Reach MC |
| Bird, Andrew | 8-4:30pm M-F | 353-1125 | | | 415-203-5066 | San Francisco | 10-15 min |
| Ladwiniec, Alan | 7:30-4pm M-F | 514-6666 | 415-443-1847 | | 415-350-5026 | San Francisco | 10-15 min |
| Lopez, Norma | 7-3:30pm M-F | 514-6355 | 415-443-2882 | 415-715-6813 | 415-238-6435 | San Francisco | 15-20 min |
| Mace, Bruce | 6am-5pm M-F | 353-7109 | 415-443-1952 | | 415-728-3105 | Corte Madera | 20 min |

| TEAM B – 45 Min or Less to Hospital | | | | | | | |
|--|-----------------|--------------|--------------|--------------|-----------------------|--------------------------|----------------------------|
| Employee Name (Last, First) | Shift | Work | Pager | Home Number | Cellular Phone Number | Home Address and/or City | Estimated Time to Reach MC |
| De Guzman, Jhoric | 8-4:30pm M-F | 415-353-1129 | 415-443-2822 | | 415-860-6414 | Novato | 40 minutes |
| Obiniana, Edmon | 7-3:30pm M-F | 415-353-1126 | 415-443-3342 | | 415-713-9313 | So. San Francisco | 20 minutes |
| Schikore, George | 7:30-4pm M-F | 415-353-8235 | 415-443-2352 | 415-762-5929 | 415-309-3040 | Petaluma | 40 minutes |
| Tenorio, Tim | 7-3:30pm M-F | 415-353-1127 | 415-443-6002 | 415-902-4780 | 415606-1025 | Alameda | 30 minutes |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

| TEAM C – 45 Minutes + to Hospital | | | | | | | |
|--|------------------|------------------|-----------------|----------------------|--------------------------|--------------------------------|----------------------------------|
| Employee Name (Last, First) | Shift | Work | Pager Number | Home Phone Number | Cellular Phone Number | Home Address and/or City | Estimated Time to Reach MC |
| Burris, Brian | 7:00-4:00 M-F | 353-1271 | N/A | N/A | 415-203-7098 | Windsor | 60 min |
| Cathey, Jordan | 7:00-4:00 M-F | 415-629- 4740 | N/A | 619-200-7033 | 415-629-4740 | Richmond (East Bay) | 45-60 min |
| Hall, Anthony | 7:00-3:30 M-F | | 443-6124 | 951-722-6804 | 415-535-6509 | Fairfield | 60 min |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

**APPENDIX B:
EMERGENCY CALL ROSTERS**

DEPARTMENT MANAGEMENT EMERGENCY CALLBACK LIST

Phone numbers listed will not be circulated. For those staff who elect to provide their personal contact information, managers should keep this record in a secure location for reference by management//supervisor in an emergency.

| UCSF Health Facilities – Management, Supervisors, Projects and Admin Support Roster | | | | | |
|---|----------------------------|-------|--------------|----------|--|
| Name - Last, First | Title/Group | Pager | Cell | Office | Email |
| Mace, Bruce | Director | N/A | 415-728-3105 | 353-7109 | bruce.mace@ucsf.edu |
| Blackman, Tyler | Database Developer | N/A | 415-203-1726 | 476-7563 | tyler.blackman@ucsf.edu |
| Burris, Brian | Facilities Supervisor | N/A | 415-203-7098 | 353-1271 | brian.burris@ucsf.edu |
| Cathey, Jordan | Operations Manager | N/A | 415-203-7098 | 353-1271 | brian.burris@ucsf.edu |
| De Guzman, Jhoric | Associate Director | N/A | 415-860-6414 | 353-1129 | jhoric.deguzman@ucsf.edu |
| DelosReyes, Precious | Admin. Officer - Call Ctr. | N/A | 510-386-2025 | 353-2556 | precious.delosreyes@ucsf.edu |
| Der, Stella | Projects | N/A | 415-819-1522 | 353-8864 | stella.der@ucsf.edu |
| Frazier, Gabriella | Finance Manager | N/A | 415-810-6508 | 514-8328 | gabriella.frazier@ucsf.edu |
| Herrera, Janice | Admin. Officer - Call Ctr. | N/A | | 502-9615 | janice.herrera2@ucsf.edu |
| Kang, Alison | Admin, Assistant | N/A | | 514-8329 | alison.Kang@ucsf.edu |
| Kong, Fiona | Database Developer | N/A | 415-203-3837 | 353-3132 | fiona.kong@ucsf.edu |
| Ladwiniec, Alan | Facilities Manager | N/A | 415-350-5026 | 514-6666 | alan.ladwiniec@ucsf.edu |
| Lopez, Norma | Chief Engineer | N/A | 415-238-6435 | 514-6355 | norma.lopez@ucsf.edu |
| Obiniana, Edmon | Associate Director | N/A | 415-713-9313 | 353-1126 | edmon.obiniana@ucsf.edu |
| Orlando, Donald | Projects Supervisor | N/A | 650-799-1045 | 353-1923 | don.orlando@ucsf.edu |
| Ravindra Kumar, Preethi | Program Developer | N/A | 415-770-8202 | 514-5880 | preethi.ravinder@ucsf.edu |
| Schikore, George | Construction Supervisor | N/A | 415-309-3040 | 353-8235 | george.schikore@ucsf.edu |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014

Last Revised: 02/2019

| UCSF Health Facilities Management – Trades Roster | | | | | |
|---|-------------|----------|----------|-------------------|--|
| Name - Last, First | Title/Group | Pager | Office | Home/Cell | Email |
| Arreola, Brenda | Carp | 443-0493 | 353-1765 | | Brenda.Arreola@ucsf.edu |
| Bishop, Michael | HVAC | 443-5157 | 353-1132 | 415-424-7708 cell | Michael.Bishop@ucsf.edu |
| Brown, Nick | Refer | 443-0540 | 353-1132 | | Nick.Brown@ucsf.edu |
| Calgaro, Damiano | Plumb | | | | |
| Callado, Sonny | BMW | 443-2039 | 353-1132 | | Aprilsonny.Callado@ucsf.edu |
| Cruz, Dwayne | Elec | 443-0632 | 353-1132 | | Dwayne.Cruz@ucsf.edu |
| Juarez Garcia, Juan | Refer | 443-6236 | 353-1132 | | Juan.JuarezGarcia@ucsf.edu |
| Kawasaki, James | HVAC | 443-5850 | 353-1132 | 650-359-5069 | James.Kawasaki@ucsf.edu |
| Kesseler, Forrest | Elec | 443-4579 | 353-1132 | 650-557-9431 | Forrest.Kesseler@ucsf.edu |
| Lee, Ken | Plumb | 443-1484 | 353-1132 | | Kendrick.Lee@ucsf.edu |
| Marino, Richard | Paint | 443-0071 | 353-1132 | | Richard.Marino@ucsf.edu |
| Olla, Manuel | Mech | 443-2957 | 353-1132 | 415-221-2613 | Manuel.Olla@ucsf.edu |
| Pham, Thach | Carp | 443-0434 | 353-1765 | | Thach.Pham@ucsf.edu |
| Phillips, Mark | BMW | 443-7573 | 353-1132 | 415-822-6913 | Mark.Phillips@ucsf.edu |
| Poston, John | Paint | 443-2620 | 353-1132 | 415-752-6032 | John.Poston@ucsf.edu |
| Robbins, Sean | HVAC | 443-7874 | 353-1132 | | Sean.Robbins@ucsf.edu |
| Rosales, Julio | Elec | 443-5058 | 353-1132 | 415-724-6444 cell | Julio.Rosales@ucsf.edu |
| Schikore, Richard | Carp | 443-0030 | 353-1132 | 650-738-2149 | Richard.Schikore@ucsf.edu |
| Schuh, Gil | Paint | 443-6885 | 353-1132 | 415-239-1221 | Gilbert.Schuh@ucsf.edu |
| Thompson, Jason | Mech | 443-0095 | 353-2099 | 650-333-9388 | Jason.Thompson2@ucsf.edu |
| Washington, Eric | BMW | 443-1115 | 353-1132 | | Eric.Washington@ucsf.edu |
| Wong, Jeff | Refer | 443-2178 | 353-1132 | | Jeffrey.Wong@ucsf.edu |
| Wong, Ritchie | Plumb | 443-9060 | | 415-850-5378 | Ritchie.wong@ucsf.edu |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014

Last Revised: 02/2019

UCSF Health Facilities Management – Engineering Roster

| Name - Last, First | Title/Group | Pager | Office | Home/Cell | Email |
|--------------------|---------------------|----------|----------|------------------------------|--|
| Chiang, Steven | Engineer | 443-1593 | | 425-749-8145 | Steven.Chiang@ucsf.edu |
| Delos Reyes, Arwin | Apprentice Engineer | 443-0819 | | 650-242-6338 | Arwin.DeLosReyes@ucsf.edu |
| Doolittle, John | Engineer | 443-3490 | | 707-217-3869 | John.Doolittle@ucsf.edu |
| Chiang, Steven | Engineer | 443-1593 | | 425-749-8145 | Steven.Chiang@ucsf.edu |
| Delos Reyes, Arwin | Apprentice Engineer | 443-0819 | | 650-242-6338 | Arwin.DeLosReyes@ucsf.edu |
| Doolittle, John | Engineer | 443-3490 | | 707-217-3869 | John.Doolittle@ucsf.edu |
| Farewell, Edward | Engineer | 443-3263 | | 707-365-3087 | Edward.Farewell@ucsf.edu |
| Hall, Anthony | Assistant Chief | 443-6124 | | 951-722-6804 | Anthony.Hall@ucsf.edu |
| Lopez, Norma | Chief Engineer | 443-2882 | 514-6355 | 415-715-6813 415-238-6435 | Norma.Lopez@ucsf.edu |
| Mahan, Moril | Engineer | 443-7407 | 353-1127 | 510-520-9251 | Moril.Mahan@ucsf.edu |
| Manipud, William | Engineer | 443-2267 | | 925-392-8130 | William.Manipud@ucsf.edu |
| Masulit, Nonito | Engineer | 443-5559 | | 510-962-2483 | Nonito.Masulit@ucsf.edu |
| Ouk, Jack | Engineer | 443-3084 | | 209-277-8974 | Jack.Ouk@ucsf.edu |
| Price, Blake | Engineer | 443-6743 | | 714-955-7338 | Blake.Price@ucsf.edu |
| Rocha, Alejandro | Engineer | 443-7355 | | 415-535-2417 | Alejandro.Rocha@ucsf.edu |
| Shumate, Brian | Engineer | 443-0530 | | 707-321-8645 | Brian.Shumate@ucsf.edu |
| Tenorio, Tim | Assistant Chief | 443-6002 | 353-1127 | 415-902-4780 415-606-1025 | Timothy.Tenorio@ucsf.edu |
| Van Niekerk, Matt | Engineer | 443-6749 | | 209-839-7653 | Matthew.VanNiekerk@ucsf.edu |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014

Last Revised: 02/2019

APPENDIX C:

DISASTER REPORTING GRID (SAMPLE – GO TO INTRANET: [HTTPS://DISASTERREPORTGRID.UCSFMEDICALCENTER.ORG/](https://disasterreportgrid.ucsfmedicalcenter.org/))

| DISASTER REPORT GRID | | | | | | |
|---|---------------------------------------|--|---|----------------------|--|---|
| DATE: | NAME OF PERSON REPORTING: | | | CONTACT NUMBER: | | |
| Location of Department/Unit | Numbers of Staff & Visitors | | | Environmental Issues | For Facilities Mobilization or Operation Exit ONLY | |
| Dept. Name/Unit: | Number of Staff Currently on Location | Number of Staff Able to Report to Labor Pool | Number of Patients or Visitors | Power: | # of injured victims requiring transport: _____ | # of patients who can go by wheelchair: _____ |
| Location: | RNs: | Child Care: | Census: | Emergency Power: | # of dead: _____ | # of wheelchairs needed: _____ |
| | PCAs: | Customer Service: | Adults: | Water Faucets: | # of patients on O2: _____ | # of patients who need a gurney: _____ |
| Person in Charge: | MDs: | Data Entry: | Pediatrics: | Toilets: | # of patients on ventilators: _____ | # of untransportable patients: _____ |
| | Clerical or Admin Staff: | Decedent Lifter: | Visitors: | Structural Problems: | # of patients with IV pumps: _____ | Other patient/equipment needs: _____ |
| Driver: | | Food Prep: | # of patients who can walk: _____ | | Describe: _____ | |
| Other Numbers | Other or Staff (non-clinical): | | General Clerical Other: | Broken Glass | Patient Classification (account for the quantity/acuity of patients) | |
| Gurneys: Wheelchairs Taken to ED: | Staff Injured: | Runner: | Smoke Dust | Level I: | Level III: | |
| Empty Beds: Discharges Could Be Made | | Safety & Security: Social Work Translator: Warehouse: | Water Leakage Fallen Ceiling Tiles Other: | Level II: | Level IV: | |

Instructions: Go to <http://disasterreportgrid.ucsfmedicalcenter.org> to fill out the Disaster Report Grid and submit online. However, in the event that electricity and/or internet is down, fill out form and fax or run down the form to the Hospital Command Center.

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

APPENDIX D: PERSONNEL ROSTER

To be used after an evacuation to account for staff at your designated assembly area.

ASSEMBLY AREA LOCATION:

| | |
|------------------|---|
| Primary | MEDICAL CENTER WAY DRIVEWAY BEHIND L210 |
| Secondary | NEED TO ADD |

| Name | PRESENT | MISSING | PRIMARY # | SECONDARY # |
|----------------------|---------|---------|------------------|-----------------------------|
| Arreola, Brenda | | | 443-0493 (p) | |
| Bird, Andrew | | | 415-203-5066 (p) | 353-1125 |
| Bishop, Michael | | | 443-5157 (p) | 415-424-7708 cell |
| Blackman, Tyler | | | 415-203-1726 | 476-7563 |
| Bradford, Zenobia | | | 415-810-6617 | 514-8325 |
| Brahney, Dennis | | | 220-2079 | 415-647-1850 |
| Brown, Nick | | | 443-0540 (p) | |
| Burris, Brian | | | 415-203-7098 | 353-1271 |
| Bustillos, Rick | | | 443-5338 (p) | 510-352-3712 |
| Callado, Sonny | | | 443-2039 (p) | |
| Cathey, Jordan | | | 415-629-4740 | |
| Chiang, Steven | | | 443-1593 (p) | 425-749-8145 |
| Coniglio, Barry | | | 443-8268 (p) | 707-553-1615 |
| Cruz, Dwayne | | | 443-0632 (p) | |
| De Guzman, Jhoric | | | 415-860-6414 | 353-1129 |
| Delgado, Alfredo | | | 443-1755 (p) | 925-439-2530 |
| Delos Reyes, Arwin | | | 443-0819 (p) | 650-242-6338 |
| Delosreyes, Precious | | | 510-386-2025 | 353-2556 |
| Der, Stella | | | 415-819-1522 | 353-8864 |
| Donaghue, John | | | 443-1009 (p) | 415-720-2649 |
| Doolittle, John | | | 443-3490 (p) | 707-217-3869 |
| Espino, Don | | | 443-1288 (p) | 650-731-8034 |
| Farewell, Edward | | | 443-3263 (p) | 707-365-3087 |
| Frazier, Gabriella | | | 415-810-6508 | 415-514-8328 |
| Hall, Anthony | | | 443-6124 (p) | 951-722-6804 / 415-535-6509 |
| Herrera, Janice | | | | 502-9615 |
| Ho, Marvin | | | | 514-0553 |
| Juarez Garcia, Juan | | | 443-6236 (p) | |
| Kang, Alison | | | | 514-8329 |
| Kawasaki, James | | | 443-5850 (p) | 650-359-5069 |
| Kessler, Forrest | | | 443-4579 (p) | 650-557-9431 |
| Kong, Fiona | | | 415-203-3837 | 353-3132 |
| Ladwiniec, Alan | | | 415-350-5026 | 514-6666 |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014

Last Revised: 02/2019

| | | | | |
|-------------------------|--|--|--------------|-----------------------------|
| Lamsen, Teresita | | | 650-871-5893 | 476-7795 |
| Lee, Ken | | | 443-1484 (p) | |
| Lopez, Norma | | | 415-238-6435 | 514-6355 |
| Lopez, Norma | | | 443-2882 (p) | 415-715-6813 / 415-238-6435 |
| Mace, Bruce | | | 415-728-3105 | 353-7109 |
| Mahan, Moril | | | 443-7407 (p) | 510-520-9251 |
| Manipud, William | | | 443-2267 (p) | 925-392-8130 / 925-852-7362 |
| Marino, Richard | | | 443-0071 (p) | |
| Masulit, Nonito | | | 443-5559 (p) | 510-962-2483 |
| Obiniana, Edmon | | | 415-713-9313 | 353-1126 |
| Olla, Manuel | | | 443-2957 (p) | 415-221-2613 |
| Orlando, Donald | | | 650-799-1045 | 353-1923 |
| Ouk, Jack | | | 443-3084 (p) | 209-277-8974 |
| Pendleton, Ron | | | 443-9060 (p) | |
| Pham, Thach | | | 443-0434 (p) | |
| Phillips, Mark | | | 443-7573 (p) | 415-822-6913 |
| Pitts, Drew | | | 443-1879 (p) | 415-608-7693 |
| Poston, John | | | 443-2620 (p) | 415-752-6032 |
| Price, Blake | | | 443-6743 (p) | 714-955-7338 |
| Ravindra Kumar, Preethi | | | 415-770-8202 | 514-5880 |
| Robbins, Sean | | | 443-7874 (p) | |
| Rocha, Alejandro | | | 443-7355 (p) | 415-535-2417 / 415-203-7471 |
| Rosales, Julio | | | 443-5058 (p) | 415-724-6444 cell |
| Schikore, George | | | 443-2352 (p) | 707-762-5929 / 415-309-3040 |
| Schikore, Richard | | | 443-0030 (p) | 650-738-2149 |
| Schuh, Gil | | | 443-6885 (p) | 415-239-1221 |
| Shumate, Brian | | | 443-0530 (p) | 707-321-8645 |
| Tenorio, Tim | | | 443-6002 (p) | 415-902-4780 / 415-606-1025 |
| Thompson, Jason | | | 443-0095 (p) | 650-333-9388 |
| Tim Mahaney | | | 415-640-2100 | 885-3517/353-8235 |
| Van Niekerk, Matt | | | 443-6749 (p) | 209-839-7653 |
| Washington, Eric | | | 443-1115 (p) | |
| Wong, Jeff | | | 443-2178 (p) | |
| Wong, Mike | | | 443-9042 (p) | 415-682-3640 |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

APPENDIX E: Vendor List (11/2017)

| Vendor Name | Product | Address | Phone/24 Hour | Contact |
|---|------------------------|---|---|------------------|
| A-1 Septic Tank | Septic Pump Services | Hayward, CA | 510-886-4455 (Main) 925-394-7848 (24 Hour) | |
| Able Engineering Services | Engineering Resources | 868 Folsom St, San Francisco, CA 94107 | 415-545-6534 | Bob Briones |
| Advance Elevator Services | Elevator Services | 5650 Imhoff Dr Suite B, Concord, CA 94520 | 916-379-1000 | Sean Macdiarmid |
| Advanced Engineering Sales | Engineering Services | | 415-507-9373 | Kenny |
| Advanced Pneumatic Tube | Pneumatic Tube Service | 3150 Palisades Dr, Corona, CA 92880 | 951-735-4540 | Amy |
| Airgas - Bpo | Medical Gas | 1495 Illinois St, San Francisco, CA 94107 | 415-648-9353 | |
| Asco Power Service Inc. | Power Utility | | 209-327-7442 | Daniel Boyle |
| Assa Abloy Entrance Systems Us Inc | Commercial Doors | 9746 Dino Dr Elk Grove, CA 95624 | 916-919-5874 877-237-2687 (Service) | Josh Milbourne |
| Air Liquide America Corporation | Med. Gas | 700 Decoto Road, Union City, Ca 94587-3513 | 510-429-4200 | |
| Bellanti Plumbing, Inc | Plumbing | 121 South Maple Ave., So. San Francisco, Ca 94080 | 650-588-2990 | Ron Bellanti |
| Besam Automated Entrance Systems | Doors | 9746 Dino Drive, Elk Grove, Ca 96624 | 650-583-2224 | Lynn |
| Brightview Landscape Service, Inc | Landscape Services | | 650-289-9324 | Brandon De Young |
| Camfil Usa | HVAC/Filter Systems | 1500 National Dr, Suite C Sacramento, CA 95834 | 408-987-7777 | Thomas Giamei |
| Carsten's Yearly Analysis Medical Engineering, Inc. | Med. Gases | 44755 Grimmer Blvd, Fremont, CA 94538 | 800-292-6334 | Carsten Lunde |
| Cda Systems Llc | Air System Services | 410 Longfellow Ct, Suite A Livermore, CA 94550 | 925-667-3400 | Memo Manzanares |
| Chemical Exhaust Protection | HVAC | 151 Haskins Way, Ste D So. San Francisco, CA | 650-875-7117 | Mike Attell |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014

Last Revised: 02/2019

| | | | | |
|---|---------------------------|---|--------------|--------------------|
| Cintas | Uniform Cleaning | 370 Shaw Rd So. San Francisco, CA 94080 | 650-589-4300 | Eric Coulter |
| Comcast Business Communications Llc | TV/Internet | | | Meriko Robert |
| Controlco | Mechanical Parts | 35 Dorman Street, San Francisco, CA 94124 | 415-647-9445 | Hush Tahir |
| Cosco Fire Protection Inc. | Fire Inspections | 7455 Longard Rd, Livermore, CA 94551 | 925-455-2751 | Adam Thors |
| Cummins Pacific Llc | | 14775 Wicks Blvd, San Leandro, CA 94577 | 510-351-6101 | Allen B Todd |
| DI Fan Service & Balancing | Hvac | 63 Loma Vista Drive., Burlingame, Ca 94010 | 650-348-4976 | Dave Loutzenheiser |
| Downing Heating & Air Conditioning, Inc. | Hvac | 3070 Kerner Blvd, Suite K, San Rafael, Ca 94901 | 415-485-1011 | Scott James |
| Ej Weber Electric Company, Inc. | Electrical | 1050 Marin St., San Francisco, Ca 94124 | 415-641-9320 | James Coffman |
| Electric Machine | Motors & Controls | 2127 Research Drive # 11, Livermore, Ca 94550 | 866-467-9770 | Don Ferreira |
| Evoqua Water Tech LLC | Water Quality Services | 6617 San Leandro St, Oakland, CA 94621 | 360-823-5231 | Gringer Schiffer |
| Garratt Callahan | Water Quality Services | 50 Ingold Rd, Burlingame, CA 94010 | 650-201-3096 | Mike Bauman |
| Gabbert Acoustical | Carpentry | 1001 Magnolia Ave., Petaluma, Ca 94952 | 707-773-1613 | Dave Gabbert |
| Grainger | Various | 1275 Evans Avenue, San Francisco, CA 94124 | 415-864-4700 | Doug D'Alessio |
| Hill Rom Co | Medical Beds | 130 E. Randolph St., Suite 1000 Chicago, IL 60601 | 253-509-4043 | Matt Mayfield |
| Jensen Landscaping Services (Landscape) | Landscape Services | 1983 Concourse Dr, San Jose, CA 95131 | 408-446-4555 | Paul Van Leeuwen |
| Meiko USA | Dishwashing Equipment | 1349 Heil Quaker Blvd, La Vergne, TN 37086 | 800-868-3840 | Emily White |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

| | | | | |
|---|---|---|--------------|----------------------------|
| Otis Elevator | Elevator Services | 444 Spear St # 100, San Francisco, CA 94612 | 415-416-9496 | Cassidy Ragus/Von O’Nan |
| Pacific Auxiliary Fire Alarm Co | Fire Alarm Services | 95 Boutwell St, San Francisco, CA 94124 | 425-467-9395 | Jon Toby |
| Pacific Coast Trane Service | | 310 Soquel Way Sunnyvale, CA 94085 | 408-481-3700 | Michael La Barge |
| Peterson Power Systems | Building Operations Equipment Supplier | 2828 Teagarden St, San Leandro, CA 94578 | | Russel La Chair |
| Roto Rooter | Plumbing | Po Box 12040, San Francisco, Ca 94112 | 415-221-2710 | Ruth |
| Signature Construction Co, Inc. | Carpentry | 1117 Cambridge Road, Burlingame, Ca 84010 | 650-343-2752 | Pete Enea |
| Sypult Construction Management & Consulting | Carpentry | 44 Lurmont Terrace, San Francisco, Ca 94133 | 415-747-2300 | Scott Sypult |
| Tecogen Inc | Building Operations Equipment Supplier | 45 1st Ave, Waltham, MA 02451 | 781-466-6400 | Joseph Gehret |
| Thyssenkrupp Elevator – 042 | Elevators | 2369 Lincoln Ave., Hayward, CA 94544 | | Alex Chaplyn |
| Toyota | | | 415-592-0808 | Alan Lac |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

APPENDIX F: QUICK GUIDE

This Quick Guide is a summary of information that all staff should have near their desk at all times.

| | | | |
|-------------------------|---|--------------------------|----------------------|
| DEPARTMENT: | Medical Center Facilities | MAIN PHONE #: | 415-353-1120 |
| LOCATION: | 505 Parnassus Ave, L210, San Francisco, CA 94143-0204 | BACKLINE #: | |
| MANAGER: | Bruce Mace/Director | CENTRIX #: | 415 - 753-4354 |
| Manager Phone #: | 415-728-3105 | CENTRIX LOCATION: | L210 Conference Room |

IMPORTANT CONTACT NUMBERS – MEDICAL CENTER (Please Refer to the Rainbow Chart)

| Name | Title/Area | Phone Number(S) | Notes |
|--------------------------------------|--------------------------------------|-----------------|---|
| Disaster Information Hotline | Medical Center | 415.885.Stat | For All Employees To Obtain Further Information |
| Facilities | All Areas | 415.353.1120 | Help Desk: 415.514.3570 |
| Hospital Command Center (Hcc) | Mount Zion- A114 | 415.353.4563 | May Not Be Activated Or Line May Be Busy, Contact Manager First |
| Hospital Command Center (Hcc) | Parnassus- M169 | 415.753.4351 | May Not Be Activated Or Line May Be Busy, Contact Manager First |
| Hospital Command Center (HCC) | Mission Bay – C1891 | 415.502.9723 | May Not Be Activated Or Line May Be Busy, Contact Manager First |
| Police, Fire, Medical, Haz Mat Spill | Medical/Campus | 9+911 | |
| Police, Fire, Medical, Haz Mat Spill | All Other Phones//Off Site Locations | 911 | |
| Security | Medical Center | 415.885.7890 | 24/7 Contact Number |
| Disaster Information Hotline | Medical Center | 415.885.Stat | For All Employees To Obtain Further Information |

ASSEMBLY AREA LOCATION

| | |
|------------------|---|
| Primary | Medical Center Driveway adjacent to CUP |
| Secondary | NEED TO UPDATE |

FIRE ALARMS

| | |
|--------------------|--|
| Location(s) | Inside corridor adjacent to L210 main entrance |
|--------------------|--|

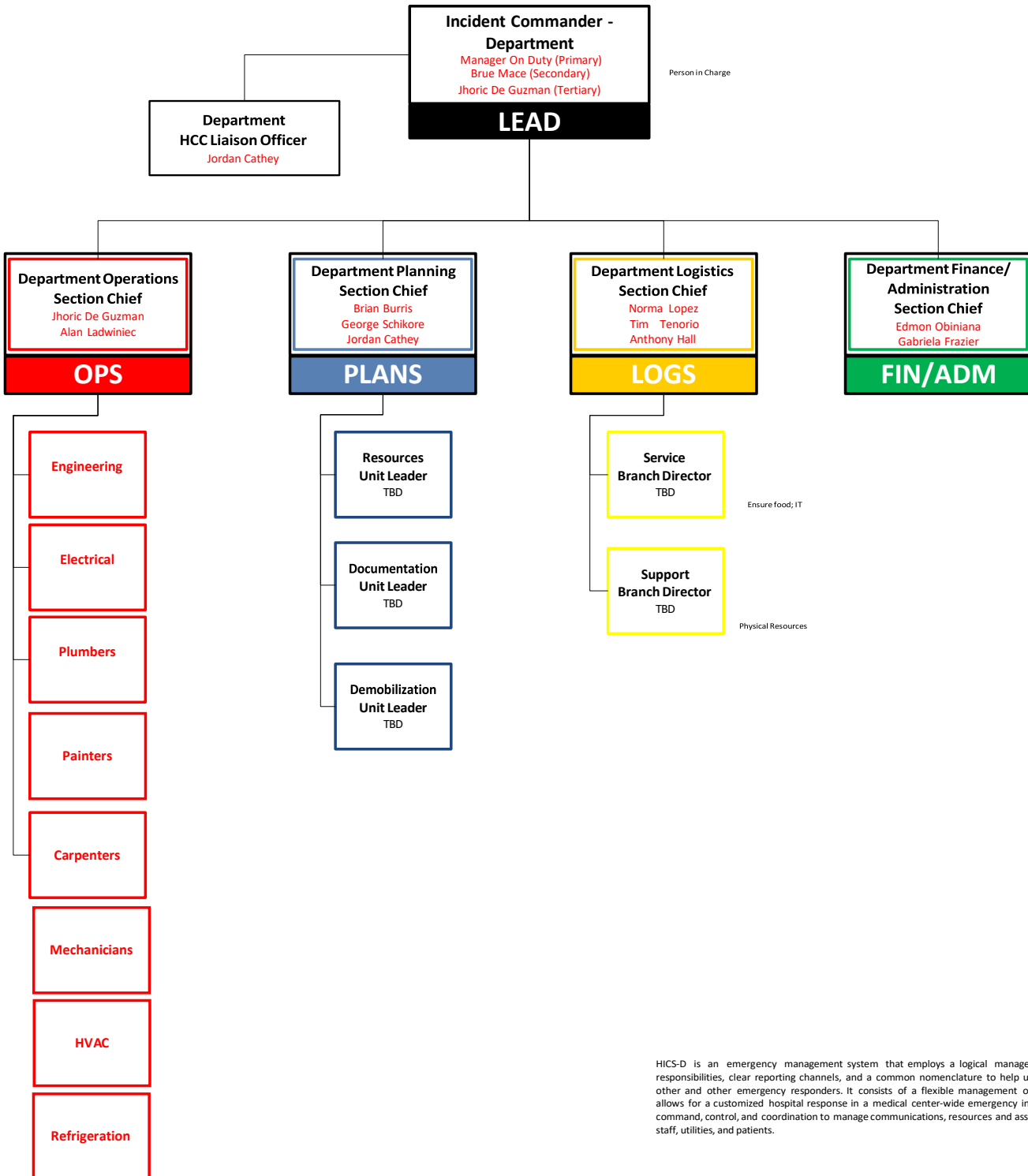
FIRE EXTINGUISHERS

| | |
|--------------------|----------------------|
| Location(s) | L210 |
|--------------------|----------------------|

APPENDIX O:

MCFM Incident Response Team Org Chart

FACILITIES MANAGEMENT INCIDENT RESPONSE TEAM



HICS-D is an emergency management system that employs a logical management structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify hospitals with each other and other emergency responders. It consists of a flexible management organizational chart that allows for a customized hospital response in a medical center-wide emergency incident/event to provide command, control, and coordination to manage communications, resources and assets, security and safety, staff, utilities, and patients.

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

APPENDIX P:

**IRT Incident Commander
Job Action Sheet (JAS)**

MCFM IRT INCIDENT COMMANDER

Mission: Organize and direct the Department Operations Center (DOC). Give overall strategic direction for Incident Response Team and support activities, including emergency response and recovery. Approve the Incident Action Plan (IAP) for each operational period.

| | | |
|--|-----------|-------------------------|
| Position Reports to: Executive Administration | | Command Location: _____ |
| Position Contact Information: Phone: (_____) - _____ | | Radio Channel: _____ |
| Dept Operations Center (DOC): Phone: (_____) - _____ | | Fax: (_____) - _____ |
| Position Assigned to: | Date: / / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |
| Position Assigned to: | Date: / / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |
| Position Assigned to: | Date: / / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |

| Immediate Response (0 – 2 hours) | Time | Initial |
|---|------|---------|
| <p>Receive appointment</p> <ul style="list-style-type: none"> • Gather intelligence, information and likely impact from the sources providing event notification • Assume the role of Incident Commander and activate the MCFM Dept. Emergency Operations Center • Review this Job Action Sheet • Notify your usual supervisor and the Hospital Administrator On-Call (AOC), and the Director of Emergency Management of the incident, and your decision to setup your Dept. Emergency Operations Center. | | |
| <p>Assess the operational situation</p> <ul style="list-style-type: none"> • Activate the Dept. Emergency Action Plan (EAP) and applicable Incident Specific Plans or Annexes • Brief Command Staff on objectives and issues, including: <ul style="list-style-type: none"> ○ Size and complexity of the incident ○ Expectations ○ Involvement of additional hospital departments and stakeholders, ○ The situation, incident activities, and any special concerns • Seek feedback and further information | | |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

| | | |
|---|--|--|
| <p>Determine the incident objectives, tactics, and assignments</p> <ul style="list-style-type: none">• Determine incident objectives for the operational period• Determine which, if any Command Staff need to be activated:<ul style="list-style-type: none">○ Safety Officer○ Liaison Officer○ Public Information Officer• Determine the impact on affected departments and gather additional information from the Liaison Officer• Appoint a Planning Section Chief (if needed) to develop an Incident Action Plan (IAP) | | |
|---|--|--|

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations

Issued: 06/2014

Last Revised: 02/2019

MCFM IRT INCIDENT COMMANDER

| | | |
|---|--|--|
| <ul style="list-style-type: none"> • Appoint an Operations Section Chief (if needed) to provide support and direction to affected areas • Appoint a Logistics Section Chief (if needed) to provide support and direction to affected areas • Appoint a Finance Section Chief (if needed) to provide support and direction to affected areas • Make assignments and distribute corresponding Job Action Sheets and position identification • Ensure hospital and key staff are notified of the activation of the MCFM Dept. Emergency Action Plan (EAP) • Identify the operational period and any planned Incident Management Team (HIMT) staff shift changes • Conduct a meeting with IMT staff to receive status reports from Section Chiefs and Command Staff to determine appropriate response and recovery levels, then set the time for the next briefing. • Communicate briefing detail | | |
| <p>Resources</p> <ul style="list-style-type: none"> • Assign one or more clerical personnel from current staffing or make a request for staff to the Logistics Section Chief, if activated, to function as Hospital Command Center (HCC) recorders | | |

| Intermediate Response (2 – 12 hours) | Time | Initial |
|--|------|---------|
| <p>Activities</p> <ul style="list-style-type: none"> • Transfer the Incident Commander role, if appropriate <ul style="list-style-type: none"> ○ Conduct a transition briefing to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital ○ Address any health, medical, or safety concerns ○ Address political sensitivities, when appropriate • Schedule regular briefings with Incident Response Team (IRT) staff to identify and plan to: <ul style="list-style-type: none"> ○ Develop, review, and revise the Incident Action Plan (IAP), or its elements, as needed ○ Approve the IAP revisions if developed by the Planning Section Chief, then ensure that the approved plan is communicated to HIRT staff ○ Ensure that safety measures and risk reduction activities are ongoing and re-evaluate if necessary | | |
| <p>Documentation</p> <ul style="list-style-type: none"> • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis | | |
| <p>Resources</p> <ul style="list-style-type: none"> • Authorize resources as needed or requested by Command Staff or Section Chiefs | | |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

APPENDIX Q:

**IRT Operations Section Chief
Job Action Sheet (JAS)**

MCFM IRT OPERATIONS SECTION CHIEF

Mission: Develop and implement strategies and tactics to carry out the objectives established by the MCFM IRT Incident Commander. Organize, assign, and supervise the incident response Operations of all Medical Center Trades, Engineering, and Support personnel

| | | |
|---|-----------|-------------------------|
| Position Reports to: MCFM IRT Incident Commander | | Command Location: _____ |
| Position Contact Information: Phone: (____) - _____ | | Radio Channel: _____ |
| Dept. Operations Center (DOC): Phone: (____) - _____ | | Fax: (____) - _____ |
| Position Assigned to: | Date: / / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |
| Position Assigned to: | Date: / / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |
| Position Assigned to: | Date: / / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |

| Immediate Response (0 – 2 hours) | Time | Initial |
|--|------|---------|
| Receive appointment <ul style="list-style-type: none"> • Obtain a briefing from the MCFM IRT Incident Commander on: <ul style="list-style-type: none"> ○ Size and complexity of the incident ○ Expectations of the Incident Commander ○ Incident objectives ○ Involvement of outside agencies, stakeholders, and organizations ○ The situation, incident activities, and any special concerns • Assume the role of MCFM IRT Operations Section Chief • Review this Job Action Sheet • Notify your usual supervisor of your assignment | | |
| Assess the operational situation <ul style="list-style-type: none"> • Obtain information and status from the Medical Center Trades, Engineering, and Support staff on status of all incident-affected utility systems • Provide information to the Incident Commander on the operational situation including capabilities and limitations | | |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014

Last Revised: 02/2019

| | | |
|---|--|--|
| <p>Determine the incident objectives, tactics, and assignments</p> <ul style="list-style-type: none">• Determine which Operations Section functions need to be activated:<ul style="list-style-type: none">○ Engineering○ Electrical○ Plumbing○ Painters○ Carpenters○ Mechanics○ HVAC○ Refrigeration• Document section objectives, tactics, and assignments on the HICS 204 – Assignment List• Make assignments and distribute corresponding Job Action Sheets and position identification• Determine strategies and how the tactics will be accomplished• Determine needed resources | | |
|---|--|--|

MCFM IRT OPERATIONS SECTION CHIEF

| | | |
|--|--|--|
| <ul style="list-style-type: none"> • Brief section personnel on the situation, strategies, and tactics, and designate a time for the next briefing | | |
| <p>Activities</p> <ul style="list-style-type: none"> • Ensure the following are being addressed with the appropriate branch or unit: <ul style="list-style-type: none"> ○ Staff health and safety ○ Patient tracking ○ Patient care ○ Patient family support ○ Transfers into and from the hospital ○ Fatality management ○ Information sharing with other hospitals and local agencies (e.g., emergency medical services, fire, law, public health and emergency management) in coordination with the Liaison Officer ○ Personnel and resource movement through the staging area ○ Documentation ○ Patient care treatment standards and case definitions with public health officials, as appropriate ○ Ensure coordination with any assisting or cooperating agency or corporate command center ○ Personnel needs with Logistics Section Labor Pool and Credentialing Unit Leader, supply and equipment needs with the Logistics Section Supply Unit Leader, projections and needs with the Planning Section, and financial matters with the Finance/Administration Section • Ensure that the Operations Section is adequately staffed and supplied • Communicate with Operations Section personnel to: <ul style="list-style-type: none"> ○ Obtain information and updates regularly from Operations Section Branch Directors and Staging Manager ○ Maintain the current status of all areas • Conduct an Operations Briefing to present the Incident Action Plan (IAP) to clarify staff responsibilities • Collaborate with appropriate Medical-Technical Specialists as needed • Communicate with other Section Chiefs: <ul style="list-style-type: none"> ○ Logistics Section for resource needs and activities ○ Planning Section for activities that have occurred; then keep updated with status and utilization of resources ○ Finance/Administration Section for personnel time records; potential compensation and claims and canceled surgeries and procedures | | |

MCFM IRT OPERATIONS SECTION CHIEF

| | | |
|--|--|--|
| <p>Resources</p> <ul style="list-style-type: none"> • Determine equipment and supply needs; request them from the Logistics Section • Assess issues and needs in section areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Liaison Officer (if appropriate) | | |
| <p>Communication <i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p> | | |
| <p>Safety and security</p> <ul style="list-style-type: none"> • Ensure that all section personnel comply with safety procedures and instructions • Determine if a communicable disease risk exists; implement appropriate response procedures collaborating with the appropriate Medical-Technical Specialist, if activated • Ensure personal protective equipment (PPE) is available and utilized appropriately | | |

| Intermediate Response (2 – 12 hours) | Time | Initial |
|---|------|---------|
| <p>Activities</p> <ul style="list-style-type: none"> • Transfer the Operations Section Chief role, if appropriate <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives • Ensure the following are being addressed with the appropriate section, branch, or unit: <ul style="list-style-type: none"> ○ Information sharing with other responding/affected stakeholders (e.g., hospitality, nursing, emergency management, security etc) in coordination with the Liaison Officer ○ Documentation of findings/issues ○ Ensure coordination with any assisting or cooperating departments ○ Personnel needs with Logistics Section Chief, supply and equipment needs with the Logistics Section Chief, projections and needs with the Planning Section Chief, and financial matters with the Finance/Administration Section Chief • Ensure that the Operations Section is adequately staffed and supplied • Brief the Incident Commander and appropriate staff on the status of the Operations Section • Designate a time for a briefing and updates with Operations Section leadership to update the Incident Action Plan (IAP) • Schedule meetings (if necessary) with the Branch Directors | | |
| <p>Resources</p> <ul style="list-style-type: none"> • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed, coordinating with Logistics Section Chief | | |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations
Issued: 06/2014
Last Revised: 02/2019

APPENDIX R:

IRT Planning Section Chief Job Action Sheet (JAS)

MCFM IRT PLANNING SECTION CHIEF

Mission: Oversee all incident related data gathering and analysis regarding incident operations and resource management; develop alternatives for tactical operations; initiate long range planning; conduct planning meetings; and prepare the Incident Action Plan (IAP) for each operational period.

| | | |
|---|-----------|-------------------------|
| Position Reports to: Incident Commander | | Command Location: _____ |
| Position Contact Information: Phone: (_____) - _____ | | Radio Channel: _____ |
| Dept. Operations Center (DOC): Phone: (_____) - _____ | | Fax: (_____) - _____ |
| Position Assigned to: | Date: / / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |
| Position Assigned to: | Date: / / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |
| Position Assigned to: | Date: / / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |

| Immediate Response (0 – 2 hours) | Time | Initial |
|---|------|---------|
| <p>Receive appointment</p> <ul style="list-style-type: none"> • Obtain briefing from the MCFM IRT Incident Commander on: <ul style="list-style-type: none"> ○ Size and complexity of the incident ○ Expectations of the Incident Commander ○ Incident objectives ○ Involvement of outside agencies, stakeholders, and organizations ○ The situation, incident activities, and any special concerns • Assume the role of MCFM IRT Planning Section Chief • Review this Job Action Sheet • Notify your usual supervisor of your assignment | | |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations

Issued: 06/2014

Last Revised: 02/2019

| | | |
|--|--|--|
| <p>Assess the operational situation</p> <ul style="list-style-type: none"> • Obtain information and status from the Operations and Logistics Section Chiefs to ensure the accurate tracking of personnel and resources by the Personnel Tracking and Materiel Tracking Managers, if appointed, or the respective Section Chiefs if not • Provide information to the Incident Commander on the Planning Section operational situation including capabilities and limitations | | |
| <p>Determine the incident objectives, tactics, and assignments</p> <ul style="list-style-type: none"> • Determine which Planning Section Unit support is needed and make appropriate requests through Logistics Section • Determine strategies and how the tactics will be accomplished • Determine needed resources • Brief assisting personnel on the situation, strategies, and tactics, and designate a time for the next briefing | | |
| <p>Activities</p> <ul style="list-style-type: none"> • Prepare and conduct a planning meeting to develop and validate the incident objectives for the next operational period | | |

MCFM IRT PLANNING SECTION CHIEF

| | | |
|---|--|--|
| <ul style="list-style-type: none"> • Coordinate the preparation, documentation, and approval of the Incident Action Plan (IAP) and distribute copies to the Incident Commander and Section Chiefs • Obtain and provide key information for operational and support activities, including the impact on affected departments • Gather additional information from the Liaison Officer • Communicate with the Operations and Logistics Sections for resource needs and projected activities • Inform Planning Section support personnel of activities that have occurred; keep updates of status and utilization of resources • Communicate with the Finance/Administration Section for personnel time records, potential compensation and claims, and canceled surgeries and procedures • Activate Incident Specific Plans or Annexes as directed by the Incident Commander | | |
| <p>Resources</p> <ul style="list-style-type: none"> • Determine equipment and supply needs; request them from the Logistics Section • Assess issues and needs in section areas; coordinate for resource planning • Make requests for external assistance, as needed, in coordination with the Liaison Officer | | |
| <p>Safety and security</p> <ul style="list-style-type: none"> • Ensure that all section personnel comply with safety procedures and instructions | | |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations

Issued: 06/2014

Last Revised: 02/2019

| Intermediate Response (2 – 12 hours) | Time | Initial |
|---|------|---------|
| <p>Activities</p> <ul style="list-style-type: none"> • Transfer the Planning Section Chief role, if appropriate <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives • Ensure the following are being addressed: <ul style="list-style-type: none"> ○ Section personnel health and safety ○ Update the Incident Action Plan (IAP) with each operational period ○ Short and long term planning • Ensure that the Planning Section is adequately staffed and supplied • Work with the Incident Commander and other Section Chiefs to identify short and long term issues with financial implications; establish needed policies and procedures • Brief the Incident Commander, Public Information Officer, and Liaison Officer regularly on the status of the Planning Section • Designate a time for briefing and updates with Planning Section leadership to update the IAP if appropriate | | |
| <p>Resources</p> <ul style="list-style-type: none"> • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed, coordinating with the Operations and the Logistics Section Chiefs | | |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

APPENDIX S

IRT Logistics Section Chief Job Action Sheet (JAS)

MCFM IRT LOGISTICS SECTION CHIEF

Mission: Organize and direct the service and support activities needed to ensure the material needs for the hospital's response to an incident are available when needed.

| | | |
|---|-----------|-------------------------|
| Position Reports to: MCFM IRT Incident Commander | | Command Location: _____ |
| Position Contact Information: Phone: (_____) - _____ | | Radio Channel: _____ |
| Dept Operations Center (DOC): Phone: (_____) - _____ | | Fax: (_____) - _____ |
| Position Assigned to: | Date: / / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |
| Position Assigned to: | Date: / / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |
| Position Assigned to: | Date: / / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |

| Immediate Response (0 – 2 hours) | Time | Initial |
|--|------|---------|
| <p>Receive appointment</p> <ul style="list-style-type: none"> • Obtain briefing from the MCFM IRT Incident Commander on: <ul style="list-style-type: none"> ○ Size and complexity of incident ○ Expectations of Incident Commander ○ Incident objectives ○ Involvement of outside agencies, stakeholders, and organizations ○ The situation, incident activities, and any special concerns • Assume the role of MCFM IRT Logistics Section Chief • Review this Job Action Sheet • Notify your usual supervisor of your assignment | | |
| <p>Assess the operational situation</p> <ul style="list-style-type: none"> • Obtain information from the Operations Section Chief regarding current resource deployment and current resources needs • Provide information to the Incident Commander on the Logistics Section operational situation including capabilities and limitations | | |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

| | | |
|--|--|--|
| <p>Determine the incident objectives, tactics, and assignments</p> <ul style="list-style-type: none"> • Determine which Logistics Section functions need to be activated: • Support Logistics needs as needed from field • Determine strategies and how the tactics will be accomplished • Determine needed resources • Brief additional section personnel on the situation, strategies, and tactics, and designate a time for the next briefing | | |
| <p>Activities</p> <ul style="list-style-type: none"> • Ensure the Hospital Command Center (HCC) is set up and equipped with the necessary resources and services including communications and information technology • Appoint an assistant (if needed) to manage the needs of the DOC, if needed | | |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations

Issued: 06/2014

Last Revised: 02/2019

MCFM IRT LOGISTICS SECTION CHIEF

| | | |
|--|--|--|
| <ul style="list-style-type: none"> • Establish and communicate the process for other sections to request personnel and additional resources • If relocation or additional care locations are necessary, coordinate with Operations and Planning Sections to determine the infrastructure requirements that are necessary to meet the operational needs, and conduct pre-deployment assessments • Establish Logistics Section work procedures (e.g., work hours, rotation schedule, contact list, need for and monitoring of overtime hours) • Coordinate procurement and expense needs with Financial Section Chief to determine proper authority and reimbursement ceilings • Participate in Incident Action Plan (IAP) preparation, briefings, and meetings as needed; assist in identifying strategies; determine tactics, work assignments, and resource requirements | | |
| <p>Resources</p> <ul style="list-style-type: none"> • Determine equipment and supply needs; request them from the Supply Unit Leader • Assess issues and needs in section areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Liaison Officer (if appropriate) • Determine from all sections levels of personnel and additional resources needed for next operational period • Work with the Finance/Administration Chief on the preparation of additional service and equipment contracts • Maintain the current status of all areas in Logistics Section, inform Planning Section Chief of personnel of activities that have occurred; keep them updated with status and utilization of resources • Inform Finance/Administration Section of personnel time records and potential work-related claims | | |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations

Issued: 06/2014

Last Revised: 02/2019

| Intermediate Response (2 – 12 hours) | Time | Initial |
|--|------|---------|
| <p>Activities</p> <ul style="list-style-type: none"> • Transfer the Logistics Section Chief role, if appropriate <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives • Meet regularly with the MCFM IRT Incident Commander and Hospital Incident Management Team (HIMT) staff to update the status of the response and relay important information on the capabilities and limitations of the Logistics Section • Designate a time for briefing and updates with the Logistics Section personnel to develop recommended updates to the Incident Action Plan (IAP) and to develop demobilization procedures • Ensure the following are being addressed with the appropriate section, branch, or unit: <ul style="list-style-type: none"> ○ Information sharing with other responding/affected stakeholders (e.g., hospitality, nursing, emergency management, security etc) in coordination with the Liaison Officer | | |
| <ul style="list-style-type: none"> ○ Documentation of findings/issues ○ Ensure coordination with any assisting or cooperating departments ○ Personnel needs with Logistics Section Chief, supply and equipment needs with the Logistics Section Chief, projections and needs with the Planning Section Chief, and financial matters with the Finance/Administration Section Chief • Coordinate and process requests for personnel and resources from other sections • Obtain needed materials and fulfill resource requests with the assistance of the Finance/Administration Section Chief and Liaison Officer • Communicate regularly with Hospital Incident Management Team (HIMT) staff • Ensure that the Logistics Section is adequately staffed and supplied | | |
| <p>Safety and security</p> <ul style="list-style-type: none"> • Ensure section personnel health and safety issues are being addressed; report issues to the Safety Officer and Employee Health and Well-Being Unit | | |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations

Issued: 06/2014

Last Revised: 02/2019

MCFM IRT LOGISTICS SECTION CHIEF

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014
Last Revised: 02/2019

APPENDIX S

**IRT Finance Section Chief
Job Action Sheet (JAS)**

MCFM IRT FINANCE SECTION CHIEF

Mission: Monitor the utilization of financial assets and the accounting for financial expenditures.
~~Supervise the documentation of expenditures and cost reimbursement activities.~~

| | | |
|---|-----------|-------------------------|
| Position Reports to: Incident Commander | | Command Location: _____ |
| Position Contact Information: Phone: (_____) - _____ | | Radio Channel: _____ |
| Hospital Command Center (HCC): Phone: (_____) - _____ | | Fax: (_____) - _____ |
| Position Assigned to: | Date: / / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |
| Position Assigned to: | Date: / / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |
| Position Assigned to: | Date: / / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |

| Immediate Response (0 – 2 hours) | Time | Initial |
|---|------|---------|
| <p>Receive appointment</p> <ul style="list-style-type: none"> • Obtain briefing from the MCFM IRT Incident Commander on: <ul style="list-style-type: none"> ○ Size and complexity of the incident ○ Expectations of the Incident Commander ○ Incident objectives ○ Involvement of outside agencies, stakeholders, and organizations ○ The situation, incident activities, and any special concerns • Assume the role of MCFM IRT Finance/Administration Section Chief • Review this Job Action Sheet • Notify your usual supervisor of your assignment | | |
| <p>Assess the operational situation</p> <ul style="list-style-type: none"> • Obtain and ensure tracking of financial information and status • Evaluate Finance/Administration Section needs and capacity to perform: <ul style="list-style-type: none"> ○ Time cost tracking ○ Procurement cost tracking and assistance ○ Compensation and claims cost tracking | | |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations Issued: 06/2014

Last Revised: 02/2019

| | | |
|--|--|--|
| <p>Determine the incident objectives, tactics, and assignments</p> <ul style="list-style-type: none"> • Determine which Finance/Administration Units need to be activated consider subject matter experts in the following: <ul style="list-style-type: none"> ○ Time tracking ○ Procurement ○ Compensation/Claims ○ Payables • Determine strategies and how the tactics will be accomplished • Determine needed resources • Brief assisting personnel on the situation, strategies, and tactics, and designate a time for the next briefing | | |
| <p>Activities</p> <ul style="list-style-type: none"> • Gather and provide cost implications of incident objectives, activities, and resources | | |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations

Issued: 06/2014

Last Revised: 02/2019

MCFM IRT FINANCE SECTION CHIEF

| | | |
|---|--|--|
| <ul style="list-style-type: none"> • Ensure that the Incident Action Plan (IAP) is within financial limits established by the Incident Commander • Determine if any special contractual arrangements or agreements are needed • Review existing contracts and Memoranda of Understanding (MOUs) to understand options and fiscal implications of implementation • Obtain information and updates regularly from section units • Provide status updates to the Incident Commander regularly, advising of accomplishments and issues encountered • Provide regular updates to section personnel and inform them of strategy changes, as needed • Communicate regularly with other Section Chiefs <ul style="list-style-type: none"> ○ Logistics Section for resource needs and activities ○ Inform Planning Section of activities that have occurred; keep updated with status and utilization of resources ○ Communicate with the Operations Section for personnel time records, potential compensation and claims, and canceled surgeries and procedures | | |
| <p>Resources</p> <ul style="list-style-type: none"> • Determine equipment and supply needs; request them from the Logistics Section • Determine issues and needs in section areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Liaison Officer | | |
| <p>Safety and security</p> <ul style="list-style-type: none"> • Ensure that all section personnel comply with safety procedures and instructions | | |

| Intermediate Response (2 – 12 hours) | Time | Initial |
|---|------|---------|
| <p>Activities</p> <ul style="list-style-type: none"> ○ Transfer the Finance/Administration Section Chief role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external stakeholders in support of the incident ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives ○ Approve a cost-to-date incident financial status report to be submitted by the Cost Unit Leader at regular intervals (e.g., every eight hours) summarizing financial data relative to personnel, supplies, other expenditures, and expenses ○ Work with the Incident Commander and other Section Chiefs to identify short- and long-term issues with financial implications; establish needed policies and procedures ○ Brief the Incident Commander, Public Information Officer, and Liaison Officer regularly on the status of the Finance/Administration Section ○ Designate a time for briefing and updates with Finance/Administration Section leadership to update the Incident Action Plan (IAP) if appropriate | | |

MCFM Emergency Action Plan

POLICY 200.0003

MCFM Operations

Issued: 06/2014

Last Revised: 02/2019

| | | |
|---|--|--|
| <p>Resources</p> <ul style="list-style-type: none">• Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed, coordinating with Operations and Logistics Section Chiefs | | |
|---|--|--|