

CO-S-TR Guide for Initial Incident Actions

Command

- Incident Commander appointed?
- Functional positions assigned as needed?
- Command post/center opened?
- Initial notifications made / pages sent?

Control

- Facility and staff safety assured?
- Situational assessment made? (Select Response Guide)
- Departmental implementation of initial response actions effective?
- Incident action planning for next operational period started?

Communication

- Appropriate paging groups / callbacks done?
- Public Information Officer appointed?
- General employee information release (paging / hotline / other)
- Initial media messages crafted and briefing scheduled? (spokesperson(s) identified?)
- External partners notified of situation?
- 'Media monitor' appointed?

Coordination

- Internal departmental needs assessed and reports to command center made?
- Hospital compact (RHRC) involvement needed?
- External agency (EMS, emergency management, public health) liaison established?

Staff

- Staff staging (labor pool) established?
- Additional staff capacity needed?
- Internal or external source / strategy identified?
- Staff capabilities needed (burn, peds, etc.?)
- Internal or external source / strategy identified?
- Staff check-in required?
- Staff orientation, mentoring/supervising, credentialing required for external staff?

Space

- Additional triage areas needed?
- Additional ED space needed? (open clinics, surgery/procedure center or refer patients?)
- Additional critical care space needed?
- Additional med/surge space needed?
- Patient holding area needed?
- Separate family and media areas?
- Space inadequate? Requires transfers or alternate care site – liaison with partner agencies/hospitals via RHRC

Special

- Contamination risk to facility?
- Security risk to facility?
- Specific communication or media needs?
- Communications or infrastructure loss?
- Highly transmissible disease?
- Specific population / cultural needs?
- Injury / illness generates special resource demand?
- Technical expert(s) needed?

Tracking

- Tagging or tracking of all incident patients?
- Designated person to coordinate patient list?

Triage

- Adequate personnel and supplies in triage locations?
- Secondary triage (to OR, CT) established?
- Are systematic changes to the standard of care needed to prevent degradation of all services (see HCMC surge capacity plan)?

Treatment

- Transfers necessary? (if yes, transport arranged?)
- Able to provide definitive care or damage control interventions only at this time? (involves decisions between ED, surgery, radiology, critical care)
- Are systematic changes to patient care / staffing required to meet demand? (If so, change documentation, staffing, service lines to reflect best possible care)

Transportation

- Staging / receiving area(s) needed?
- Adequate external capacity / capability?
- Adequate internal capacity (patient movement)?
- Medical records and belongings accounted for on external transfers?
- Traffic controls or traffic plans needed?