CO-S-TR Guide to Initial Incident Actions

Command
- IC and section chiefs assigned
- Virtual option?
- Liaison officers needed with external agencies?

Control
- Staff and Patient safety issues or hazards?
- Access / traffic controls?
- What DON'T we know yet that we need to?
- Additional department actions needed?
- Operational periods defined?
- Planning for next operational period started?

Communication
- Additional notifications needed?
- Internal and external messages
- PIO arrange media briefing
- Update employee hotline information
- Monitor external media for issues/rumors

Coordination
- Healthcare coalition / regional assistance needed?
- EMS or City coordination / resources needed?
- Information sharing with other hospitals?

Staff
- Labor pool established?
- Additional staff callbacks needed / possible?
- Specialty staff needs?
- Re-assign / re-distribute? Tier staffing?
- External staff needed?
- Future staff needs / planning? (next shift / day)
- Staff support / mental / physical needs?
- Staff orientation, mentoring/supervising, credentialing required for external staff?

Supplies
- External needs? (e.g. blood, pharmacy, beds)
- Courier support needed?
- Sterile processing needed off-hours to support multiple surgeries?
- Monitor for specific supplies being consumed at high rates – anticipate shortages
- Contact vendors and healthcare coalition for help

Space
- Additional triage areas needed?
- Family support area needed?
- Additional/off hours clinic capacity needed?
- Critical care expansion – PACUs, same day surgery
- Hall beds on units
- Double up rooms as possible
- 'Surge discharge' needed?
- Discharge holding area
- Transfer to other hospitals?

Special
- Contamination risk to facility?
- Significant security risk?
- Utilities / services loss?
- Isolation of infectious patients needed?
- Specific at-risk populations / cultural needs?
- Specific illness/injury needing specialty care?
- Technical specialists needed? (tox, ID, rad, etc.)

Triage
- Adequate personnel and resources in Triage areas?
- Secondary triage needed (to OR, etc.)
- Resource triage needed? Reinforce need to contact Command Center if making triage decisions on inpatients

Track
- All patients entered into EMR? Registration done?
- Unidentified patient process (with community FAC, other hospitals as required)
- List of all incident patients created?
- Tracking of all transferred patients

Treat
- Transfers needed for specialty care / overload?
- Is current goal definitive care or damage control?
- What resources will patients need in next few days?

Transport
- Staging area needed? (e.g. for evac / transfers)
- Adequate internal transport capacity? (WC, carts, transporters)
- Evacuation records and belongings process?