MEDICAL/TECHNICAL SPECIALIST – CHEMICAL

**Mission:** Advise the Incident Commander or Operations Section Chief, as assigned, on issues related to specific chemical incidents and emergency response. In conjunction with the Medical Care Branch Director, and Hazmat Branch Director organize and prepare the Emergency Department to receive chemical exposure casualties in a manner consistent with hospital procedures and best practices to preserve the operational integrity of the Emergency Department and other areas in the hospital receiving patients.

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| Date: Start: End: Position Assigned to: Initial: **Position Reports to:**  Signature: Hospital Command Center (HCC) Location: Telephone: Fax: Other Contact Info: Radio Title:  |

| **Immediate (Operational Period 0-2 Hours)** | **Time** | **Initial** |
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| Receive appointment and briefing from the Incident Commander. |  |  |
| Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification. |  |  |
| Notify your usual supervisor of your HICS assignment. |  |  |
| Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis. |  |  |
| Request staffing assistance from the Labor Pool and Credentialing Unit Leader to assist with rapid research as needed to determine hazard and safety information critical to treatment and decontamination concerns for the victims and personnel. |  |  |
| Assess size and location of chemical exposure. Implement hospital decontamination and/or spill response plan. Coordinate activities with the Hazardous Materials Branch Director and the Medical Care Branch Director. |  |  |
| Recommend decontamination procedures and staff personal protection, including respiratory protection. |  |  |
| Verify from the ED Attending and report to the Incident Commander the following information from the scene:* Number and condition of both uncontaminated and contaminated patients
* Type and amount of chemical involved
* Type of chemical incident:
	+ External chemical exposure only
	+ External contamination only
	+ External contamination with internal exposure
* Time incident occurred
* Medical problems present besides chemical contamination
* Measures taken at the incident site (e.g., air monitors and skin contamination levels)
 |  |  |
| Verify with the Safety Officer and the Security Branch Director that all access to the ED has been secured to prevent media or other non-authorized people from entering into the treatment area during treatment or the decontamination process. |  |  |
| Ensure the monitoring and surveying of hospital staff providing patient decontamination in conjunction with Hazmat Branch Director and care from the arrival of the patients through the decontamination and medical care process, and post-event monitoring of all personnel after care is provided. |  |  |
| Participate in briefings and meetings and contribute to the Incident Action Plan, as requested.  |  |  |
| Coordinate activities with the Hazardous Materials Branch Director and the Medical Care Branch Director. |  |  |
| Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit. |  |  |

| **Intermediate (Operational Period 2-12 Hours)** | **Time** | **Initial** |
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| Regularly update the following on your actions and recommendations:* Industrial hygienist
* Employee Health and Well-Being Unit
* Safety Officer
* Hazardous Materials Branch Director
* Victim Decontamination Unit Leader
* Facility/Equipment Decontamination Unit Leader
 |  |  |
| Respond to requests and concerns from incident personnel regarding chemical agents involved and treatment concerns for victims and personnel. |  |  |
| Regularly meet with the Incident Commander and Operations Section Branch Directors for updates on the situation regarding chemical contamination/decontamination issues. |  |  |
| Ensure staff use safe practices and procedures. |  |  |
| Continue to communicate regularly with Command staff and the Medical Care Branch Director to co-monitor the delivery and quality of medical care in all patient areas.  |  |  |

| **Extended (Operational Period Beyond 12 Hours)** | **Time** | **Initial** |
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| Continue to meet regularly with the Incident Commander or Operations Section Branch Directors to keep apprised of current conditions and monitor the quality of medical care. |  |  |
| In collaboration with the Operations Section’s HazMat Branch Director, oversee final personnel clearance checks and report clearance to the ED attending, Medical Care Branch Director, Employee Health and Well-Being Unit Leader and Operations Section Chief:* Ambulances and staff
* Assisting law enforcement personnel
 |  |  |
| Direct monitoring of facility decontamination processes as needed, in collaboration with the HazMat Branch Director.  |  |  |
| In collaboration with Hazmat Branch Director and local law enforcement determine how contaminated personal vehicles used to bring patients to the hospital should be managed.  |  |  |
| Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques. |  |  |
| Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Mental Health Unit Leader. Provide for staff rest periods and relief. |  |  |
| Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information. |  |  |

| **Demobilization/System Recovery** | **Time** | **Initial** |
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| Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment. |  |  |
| Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Operations Section Chief or Incident Commander, as appropriate.  |  |  |
| Upon deactivation of your position, brief the Incident Commander or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements. |  |  |
| Submit comments to the Incident Commander or Operations Section Chief, as appropriate, for discussion and possible inclusion in the after-action report; topics include:* Review of pertinent position descriptions and operational checklists
* Recommendations for procedure changes
* Section accomplishments and issues
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| Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. |  |  |

| **Documents/Tools** |
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| * Incident Action Plan
* HICS Form 207 – Incident Management Team Chart
* HICS Form 213 – Incident Message Form
* HICS Form 214 – Operational Log
* Hospital emergency operations plan
* Hospital decontamination plan
* Hospital spill response plan
* Hospital organization chart
* Hospital telephone directory
* Radio/satellite phone
* Material safety data sheets
* NIOSH Pocket Guide
* Emergency Response Guidebook
* Managing Hazardous Materials Incidents, Volume II – Hospital Emergency Departments: A Planning Guide for the Management of Contaminated Patients
* Managing Hazardous Materials Incidents, Volume III – Medical Management Guidelines (MMGs) for Acute Chemical Exposures
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