MEDICAL/TECHNICAL SPECIALIST – CLINIC ADMINISTRATION

**Mission:** Maintain hospital-based clinic’s capabilities and services to the best of staff’s and facility’s capabilities. Advise the Incident Commander or Operations Section Chief, as assigned, on issues related to clinic operations.

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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. |  |  |
| Oversee staffed Mass Dispensing Clinic or Point of Dispensing for antibiotic prophylaxis or vaccination, as indicated or if recommended by the Public Health Department. |  |  |
| Regularly meet with Operations and Logistics Section Chiefs to determine current status of operations and needs to continue operations. |  |  |
| 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. |  |  |
| Participate in briefings and meetings and contribute to the Incident Action Plan, as requested.  |  |  |
| Notify appropriate clinic managers and staff of emergency and brief on current status. |  |  |
| Obtain outpatient/clinic census and status and emphasize proactive actions. Request projection reports on clinical activities as appropriate (e.g., 4, 8, 24, and 48 hours from start of incident). |  |  |
| Assess clinical resources (staff, supplies, equipment, and facilities) that could be mobilized to assist as needed during emergency. |  |  |
| Maintain routine flow of clinic patients, materials, and information while emergency is being addressed and respond promptly to issues that may disrupt that flow. |  |  |
| Implement interim measures to maintain critical clinic operations, as necessary, in response to disruption of patient services. Implement business continuity/recovery plans for affected clinics. |  |  |
| For emergencies directly affecting hospital operations due to being damaged/overwhelmed (including evacuation):* Determine which clinic sites could support acute patient care (immediate or delayed).
* Provide clinic resources (staff, supplies, and facilities) to assist hospital operations as requested.
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| For emergencies directly affecting clinic operations due to being damaged/ overwhelmed:* Determine extent of continuation of normal clinic activities based on emergency.
* Authorize rescheduling/cancellation of clinic appointments.
* Consider activation of an alternate care site for clinic operations.
* Update the Incident Commander and request assistance as needed.
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| 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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| Continue regular meetings with the Incident Commander, Operations Section Chief or Branch Directors for updates on the situation regarding hospital operations needs. |  |  |
| Continue communications with Medical Care Branch Director, Operations and Logistics Section Chiefs to co-monitor the delivery and quality of medical care in all patient areas. |  |  |
| Receive updates from the clinic managers of issues which may be pertinent to the emergency. |  |  |

| **Extended (Operational Period Beyond 12 Hours)** | **Time** | **Initial** |
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| Continue to meet regularly with the Incident Commander or Operations Section Chief, as assigned, to keep apprised of current conditions. |  |  |
| 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 Team 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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| Continue to ensure business recovery plans are being followed. |  |  |
| 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 Operations Section Chief or Incident Commander, as appropriate, on current problems, outstanding issues, and follow-up requirements. |  |  |
| Submit comments to the Operations Section Chief or Incident Commander, 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
* Clinic emergency plan
* Department and facility business continuity plans
* Hospital organization chart
* Hospital telephone directory
* Radio/satellite phone
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