

Wisconsin Hospital Emergency Preparedness Program

EOC Hospital Liaison – Lesson Plan

# **Forms & Use of Forms** - Part C

(Incident Message / Hospital Support Request)

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## Objective

The objective of this lesson plan is to prepare an Emergency Operation Center (EOC) Hospital Liaison to actively and successfully participate in state, local, or tribal EOC activities during an emergency involving a mass casualty incident.

# Competencies

- Review the mission of the EOC Hospital Liaison
- Understand how forms supporting the EOC Hospital Liaison JAS are presented in WI Trac.
- Understand both the general application and detailed use of the following forms:
  - Incident Message
  - Hospital Support Request

## **Mission**

To serve as a hospital point of contact in any Emergency Operations Center (EOC) to assist hospital activities by facilitating and coordinating the flow of information between hospitals and the EOC

- Gathering capacity and capability information
- Relaying incident situation and updates to hospitals.
- Receiving, submitting, and tracking hospital requests for support from EOC.

# Forms Supported in WI Trac

- All materials developed to support an EOC Hospital Liaison are available in the “Knowledgebase” tab of WI Trac in a file named “EOC Hospital Liaison”
- For forms, GO TO the “Forms” file within the “EOC Hospital Liaison” file.
- Each form has three elements:
  - A **Blank** form
  - A form use **Guide**
  - A **Sample** form

# Incident Message

## General Application

- Print legibly
- To capture information coming in from hospitals that may be important to the EOC
- Also used to capture a question from a hospital that requires an answer
- Information on this form need not be repeated in the "Operational Log."

# Incident Message

## Detailed Use

- “From”
  - Capture a clear definition from the party providing information or asking question as you can.

<b>From</b> (Org. / title / name):	<i>St. Mike's Hospital, Operations Chief, Larry Smith</i>		
<b>For</b> (title / name / organization):	<i>EOC Manager,</i>		
<b>Priority</b> (circle one):	Urgent / <b>Not Urgent</b> / Informational		
<b>Reply Requested:</b>	<b>Yes</b> / No		
If yes, to:	(title/name) <i>Larry Smith</i>	(phone) <i>nnn-<u>nnn</u>-nnnn</i>	
<b>This Message Recorded by:</b>	(title/name) <i>Linda Liaison, EOC Hospital Liaison</i>		
<b>Date:</b>	<i>10/29/2009</i>	<b>Time:</b>	<i>2:30 pm</i>

# Incident Message

## Detailed Use

- “For”
  - the individual calling may not know who the message should go to
  - Uses your judgment and knowledge
  - If you don't know, give to the EOC Manager

<b>From</b> (Org. / title / name):	<i>St. Mike's Hospital, Operations Chief, Larry Smith</i>		
<b>For</b> (title / name / organization):	<i>EOC Manager,</i>		
<b>Priority</b> (circle one):	Urgent / <b>Not Urgent</b> / Informational		
<b>Reply Requested:</b>	<b>Yes</b> / No		
If yes, to:	(title/name) <i>Larry Smith</i>	(phone) <i>nnn-nnn-nnnn</i>	
<b>This Message Recorded by:</b>	(title/name) <i>Linda Liaison, EOC Hospital Liaison</i>		
<b>Date:</b>	<i>10/29/2009</i>	<b>Time:</b>	<i>2:30 pm</i>

# Incident Message

## Detailed Use

- “Priority”
  - Don’t try to second guess the person calling
  - Take their word or feeling on the level of urgency.

<b>From</b> (Org. / title / name):	<i>St. Mike's Hospital, Operations Chief, Larry Smith</i>		
<b>For</b> (title / name / organization):	<i>EOC Manager,</i>		
<b>Priority</b> (circle one):	Urgent / <b>Not Urgent</b> / Informational		
<b>Reply Requested:</b>	<b>Yes</b> / No		
If yes, to:	(title/name) <i>Larry Smith</i>	(phone) <i>nnn-nnn-nnnn</i>	
<b>This Message Recorded by:</b>	(title/name) <i>Linda Liaison, EOC Hospital Liaison</i>		
<b>Date:</b>	<i>10/29/2009</i>	<b>Time:</b>	<i>2:30 pm</i>

# Incident Message

## Detailed Use

- “Reply Requested”
  - Record the wishes of the caller.
  - “IF Yes” be sure to accurately record to whom and their telephone number

<b>From</b> (Org. / title / name):	<i>St. Mike's Hospital, Operations Chief, Larry Smith</i>		
<b>For</b> (title / name / organization):	<i>EOC Manager,</i>		
<b>Priority</b> (circle one):	Urgent / <b>Not Urgent</b> / Informational		
<b>Reply Requested:</b>	<b>Yes</b> / No		
If yes, to:	(title/name) <i>Larry Smith</i>	(phone) <i>nnn-nnn-nnnn</i>	
<b>This Message Recorded by:</b>	(title/name) <i>Linda Liaison, EOC Hospital Liaison</i>		
<b>Date:</b>	<i>10/29/2009</i>	<b>Time:</b>	<i>2:30 pm</i>

# Incident Message

## Detailed Use

- “This Message Recorded by”
  - Write your name and/or position title.
    - “Date” – Enter the date.
    - “Time” – Enter the time the message is taken

<b>From</b> (Org. / title / name):	<i>St. Mike's Hospital, Operations Chief, Larry Smith</i>		
<b>For</b> (title / name / organization):	<i>EOC Manager,</i>		
<b>Priority</b> (circle one):	Urgent / <b>Not Urgent</b> / Informational		
<b>Reply Requested:</b>	<b>Yes</b> / No		
If yes, to:	(title/name) <i>Larry Smith</i>	(phone) <i>nnn-nnn-nnnn</i>	
<b>This Message Recorded by:</b>	(title/name) <i>Linda Liaison, EOC Hospital Liaison</i>		
<b>Date:</b>	<i>10/29/2009</i>	<b>Time:</b>	<i>2:30 pm</i>

# Incident Message

## Detailed Use

- “Message”
  - Focus on who, what, when, and where
  - Take your time to write the message
  - Repeat it back to verify message is correct

Message: who, what, when, where

*The south parking lot of St. Marks Hospital will be designated the staging area for all equipment and supplies obtained for any of the four hospitals in Oak Ridge. The four hospitals will pool their personnel to receive and distribute materials to the individual hospitals needing them.*

*To contact the staging area, call nnn-nnn-nnnn and ask for the Staging Area Coordinator.*

*Please provide a primary and alternate contact at the EOC for our coordinator.*

# Incident Message

## Detailed Use

- “Message Response”
  - Responsibility of the individual responding to the message
  - May be left blank if there is no action to be taken
  - Or response message should be recorded here

Message Response (if any):
 <i>Primary Contact: Operations Chief at <u>nnn-<del>nnn</del>-nnnn</u> or <u>nnn-<del>nnn</del>-nnnn</u></i>
<i>Alternate Contact: Planning Chief at <u>nnn-<del>nnn</del>-nnnn</u> or <u>nnn-<del>nnn</del>-nnnn</u></i>

# Incident Message

## Detailed Use

- “Response Delivered by”
  - Individual who makes call to provide reply
  - “To” – Note to whom they gave the reply message
  - “Date” – Enter date reply was delivered
  - “Time” - Enter time reply was delivered

Response Delivered by (title or name):	<i>George Forman</i>		
To (title or name):	<i>Larry Smith</i>		
Date:	<i>12/29/2009</i>	Time:	<i>1315</i>

# Hospital Support Request

## General Application

- Print legibly
- Tool to capture a request by an individual hospital for
  - Specific type of equipment
  - Supply or material
  - Personnel
  - Service
- Information on this form need not be repeated in the “Operational Log.”

# Hospital Support Request

## General Application

- Do not put multiple category type requests on the same form
  - May slow down the overall response time for all items requested
- Make a copy for yourself and pass the original along
- If not sure who to give request to
  - Give it to the EOC Manager for disposition.

# Hospital Support Request

## Detailed Use

- “Hospital Name”
  - Enter local name for hospital
- “Street Address”
  - Use the street address for delivery (Do not use PO box.)
- “City, State & Zip” – Enter correct city, state, and zip code.”

Hospital Name	<i>St. Mike's Hospital</i>	
Street Address	<i>123 Main Street</i>	
City, State & Zip	<i>Oak Ridge, WI 45678</i>	
Request Recorded	Date: <i>10/30/2009</i>	Time: <i>9:45 am</i>
Request Needed By	Date: <i>10/31/2009</i>	Time: <i>12:00 noon</i>
Hospital Contact	Name/Title: <i>Logistics Chief</i>	
	Phone: <i>nnn-nnn-nnnn</i>	

# Hospital Support Request

## Detailed Use

- “Request Recorded (date & time)”
  - Enter date and time form is started
- “Request Needed by (date & time)”
  - Ask caller for reasonable date and time;
  - **do not** use the term ASAP

Hospital Name	St. Mike's Hospital	
Street Address	123 Main Street	
City, State & Zip	Oak Ridge, WI 45678	
Request Recorded	Date: 10/30/2009	Time: 9:45 am
Request Needed By	Date: 10/31/2009	Time: 12:00 noon
Hospital Contact	Name/Title: Logistics Chief	
	Phone: nnn-rrr-nrrrr	

# Hospital Support Request

## Detailed Use

- “Hospital Contact (Name/Title & phone)”
  - Enter sir name or position title and a phone number
    - That can respond to call backs
    - Monitored 24/7 if possible

Hospital Name	<i>St. Mike's Hospital</i>	
Street Address	<i>123 Main Street</i>	
City, State & Zip	<i>Oak Ridge, WI 45678</i>	
Request Recorded	Date: <i>10/30/2009</i>	Time: <i>9:45 am</i>
Request Needed By	Date: <i>10/31/2009</i>	Time: <i>12:00 noon</i>
Hospital Contact	Name/Title: <i>Logistics Chief</i>	
	Phone: <i>nnn-nnn-nnnn</i>	

# Hospital Support Request

## Detailed Use

- “Category of Request”
- Select only one category for each request
- Use multiple forms if needed

Category of Request (check only one)			
Medical or Support Personnel	<input type="checkbox"/>	Patient Transport	<input type="checkbox"/>
Materials / Supplies	<input checked="" type="checkbox"/>	Security	<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

# Hospital Support Request

## Detailed Use

- “Request Detail”
  - Ask for information from caller to ensure what is needed is received
  - Non-medical people may work on request
    - Do not use acronyms or jargon
  - Ask if substitutes are acceptable

Request Detail
<i>(variety of examples)</i>
<i>3-5 cases, latex free exam gloves – small and large</i>
+++++
<i>5 - Refrigerated trailers and supporting materials</i>
<i>Electrical generator</i>
<i>Fuel to run the generator for at least 5 days</i>
<i>Ramps or stairs to allow walk in access to the trailers</i>
+++++
<i>25 - <u>VersaMed</u> Ventilator model PD97 filter kits part number 8895454</i>

# Hospital Support Request

## Detailed Use

- “Request Met or Partially Met”
  - To describe what was actually obtained for delivery and delivery date and time
  - This entry should be made by individual facilitating request

Request Met or Partially Met (Completed by Local EOC)
<i>(variety of examples)</i>
<i>4 cases, latex free exam gloves - large</i>
<i>Delivery by 10/31/2009 1200</i>
<i>+++++</i>
<i>5 - Refrigerated trailers and supporting materials</i>
<i>    Electrical generator</i>
<i>    Fuel to run the generator for at least 5 days</i>

# Hospital Support Request

## Detailed Use

- “Request Met or Partially Met”
  - “Hospital Contact Notified (date & time)”
    - Enter date and time requesting hospital notified and given information

*10 - VersaMed Ventilator model PD97 filter kits part number 8895454  
Delivery by 11/2/2009 AM*

Hospital Contact Notified	Date: 10/31/2009	Time: 0900
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# Hospital Support Request

## Detailed Use

- “Request Support Received (date & time)”
  - Enter date and time to document closure
- “Verified by”
  - Enter your name here

Requested Support Received	Date: 11/1/2009	Time: 11:30 am
Verified by (name):	Linda Liaison	

# The End

For more information contact your regional Project Coordinator. Contact information may be found on the WI Trac Home Page