

Public Health Department

Santa Clara Valley Health & Hospital System



Drive-Through Medicine

Drive-Through Triage Template



Developed by:

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INTRODUCTION

During the peak of a pandemic flu event, hospitals and clinics may be overwhelmed with patients seeking medical care. If this occurs, the goal of patient triage is to identify persons who have pandemic influenza and separate those patients from others. This reduces the risk of disease transmission and helps identify the specific care and disposition for each patient (i.e., home care, Intermediate Care Center [ICC] or hospitalization).

The Drive-Through Triage Template is intended as an alternative model for administration of patient triage and treatment outside the hospital setting. However, the template could be modified to serve as a plan for a drive-through prophylaxis Point of Dispensing or POD.

Section 1: Planning Overview

1-1 PLANNING ASSUMPTIONS/GOALS

During a pandemic influenza outbreak, it is anticipated that:

- All area hospitals will experience patient overload. Clinics and private physicians' offices will also be overwhelmed and patients will be diverted to the Emergency Department (ED), especially after clinic or office hours. This influx of patients into the Emergency Department (ED) will increase the wait time and hamper efforts toward social distancing, thereby creating an environment where rapid cross-infection can occur.¹
- Staffing will be impacted due to fatigue and illnesses, compounding the hospital overload. It is difficult to predict how many hospital employees or medical staff members will be available or what amount of external assistance will be provided in a pandemic flu emergency.
- Peak hours of patient flow will be noon until midnight.

The Drive-Through Triage meets these challenges by:

- Reducing surge to the Emergency Department (ED). Patients are directed to an outdoor Drive-Through Triage Area.
- Mitigating cross-infection by keeping patients in their cars. A large number of patients with flu-like symptoms can be evaluated without being exposed to pandemic influenza (if they haven't already been exposed).
- Expediting and facilitating triage, and reducing wait time.

1-2 AUTHORIZATION

Options for managing extraordinary Emergency Department (ED) surges under existing Emergency Medical Treatment and Active Labor Act (EMTALA) requirements allow hospitals to set up alternative screening sites on campus. According to the Centers for Medicare and Medicaid Services, no waiver is required:

- The Medical Screening Exam (MSE) does not have to take place in the Emergency Department (ED). A hospital may set up alternative sites on its campus to perform Medical Screening Exams (MSEs).
 - *Individuals may be redirected to these sites after being logged in. The redirection and logging can even take place outside the entrance to the Emergency Department (ED).*
 - *The person doing the directing should be qualified (e.g., an RN) to recognize individuals who are obviously in need of immediate treatment in the Emergency Department (ED).*

¹ Drive-Through Medicine: A Novel Method for Rapid Evaluation of Patients During an Influenza Pandemic. Eric A. Weiss MD, Jessica Ngo MD, Gregory Gilbert MD, Ray Balise PhD, James Quinn MD MS; Division of Emergency Medicine and Department of Health Research and Policy, Stanford University (for future publication in *Annals of Emergency Medicine*).

1-3 SITE SELECTION/ASSESSMENT TOOL

In order to implement Drive-Through Triage, the hospital identifies a suitable outdoor location such as a parking lot or parking structure that will accommodate the anticipated influx of patient vehicles and treatment stations. The following Site Selection/Assessment Tool helps evaluate and select the best location for the Drive-Through Triage operation. The location with the highest score (added down the column) is the most suitable location for Drive-Through Triage.

Drive-Through Triage Site Assessment Checklist	Parking Lot										Parking Structure									
Infrastructure																				
Roof																				
Space for portable toilets																				
Ventilation																				
Total Space and Layout																				
Equipment/supply storage area																				
Patient observation area																				
Pharmacy area																				
Staff rehab area																				
No. of traffic lanes (capability)																				
Utilities																				
Electrical power																				
Emergency power																				
Heating																				
Lighting																				
Refrigeration																				
Water																				
Communication																				
Landline																				
Two-way radio capability to main facility																				
Cell phone signal strength																				
Other Services																				
Security of equipment and supplies																				
Biohazard & other waste disposal																				
Proximity to main hospital																				
Access control																				
Total Rating/Ranking (Largest # indicates best site)																				
Rating System 1 = Positive attribute 0 = Neither positive nor negative -1 = Negative attribute																				

Section 2: Activation and Setup

2-1 TRIGGERS/ACTIVATION/NOTIFICATION

Activation of Drive-Through Triage is triggered when the hospital's Emergency Department (ED) is [*insert percentage*] above capacity due to a surge of patients with flu-like symptoms. The Drive-Through Triage plan is activated by [*insert name of hospital*] Hospital Command Center (HCC) in conjunction with the incident command system.

Internal notifications:

Once a decision is made to activate the Drive-Through Triage, staff who are targeted to fill activated Job Action Sheets (JAS) via the Hospital Incident Command System (HICS) Chain of Command are notified. (See Incident Management Team Chart.)

External agency notifications:

The following external agencies are notified [*insert appropriate contact information to include*]:

- California Department of Public Health
- Santa Clara County Sheriff
- Public Health Department

Public notification:

- The Public Information Officer works with the Joint Information Center (JIC) to disseminate timely information to the community via media outlets and the hospital's web site.

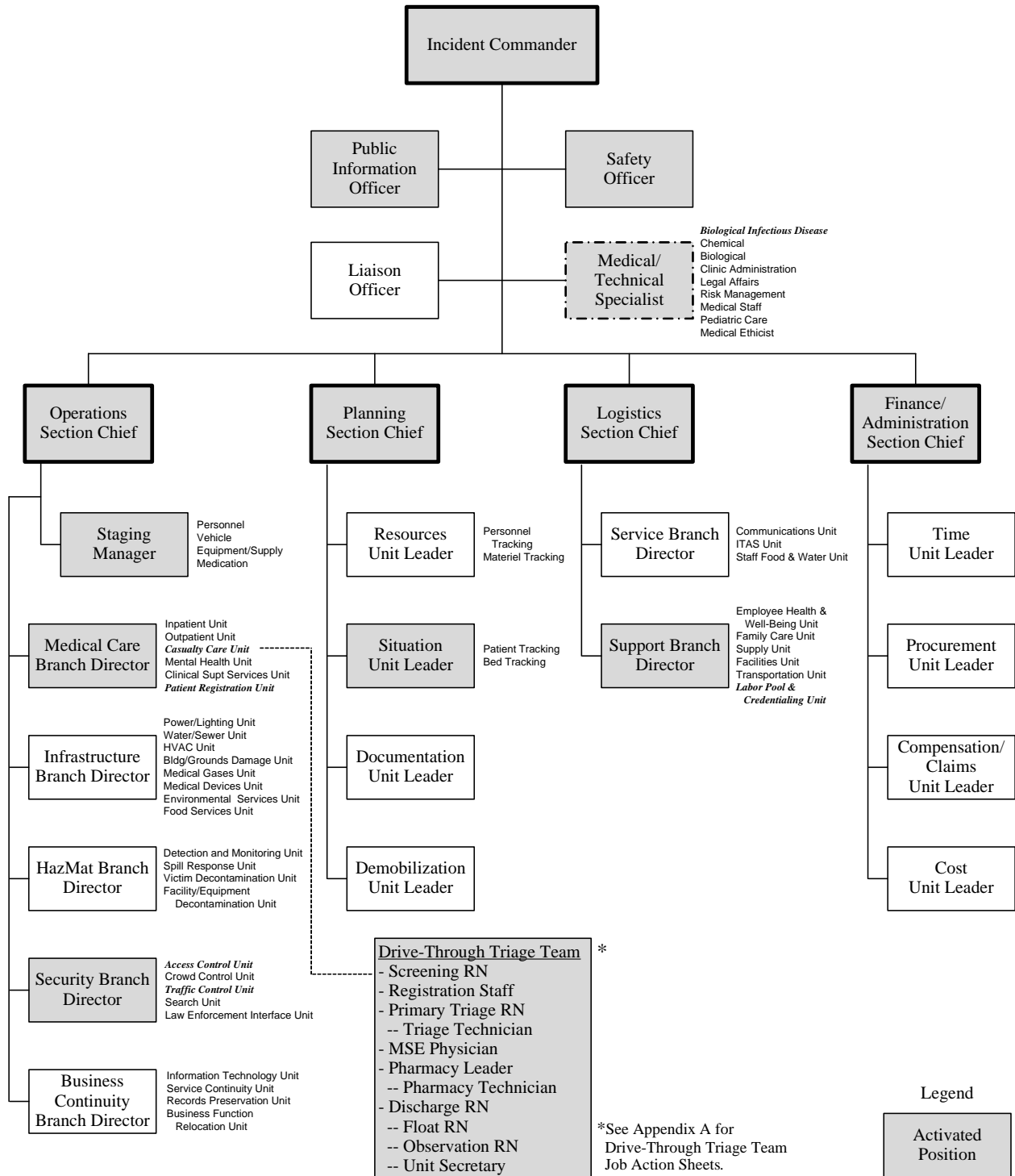
2-2 COMMAND AND CONTROL

Command and control are implemented in accordance with [*insert name of hospital*] Hospital Incident Command System (HICS) as outlined in [*insert reference to appropriate facility EOP*].

Additional positions within the Hospital Incident Command System (HICS) structure were added to accommodate Drive-Through Triage operations during a pandemic flu event. This includes positions to direct:

- Operations, including patient registration, triage, Medical Screening Exam (MSE), observation, dispensing and discharge
- Staff support activities

Drive-Through Triage Incident Management Team Chart – Immediate and Extended

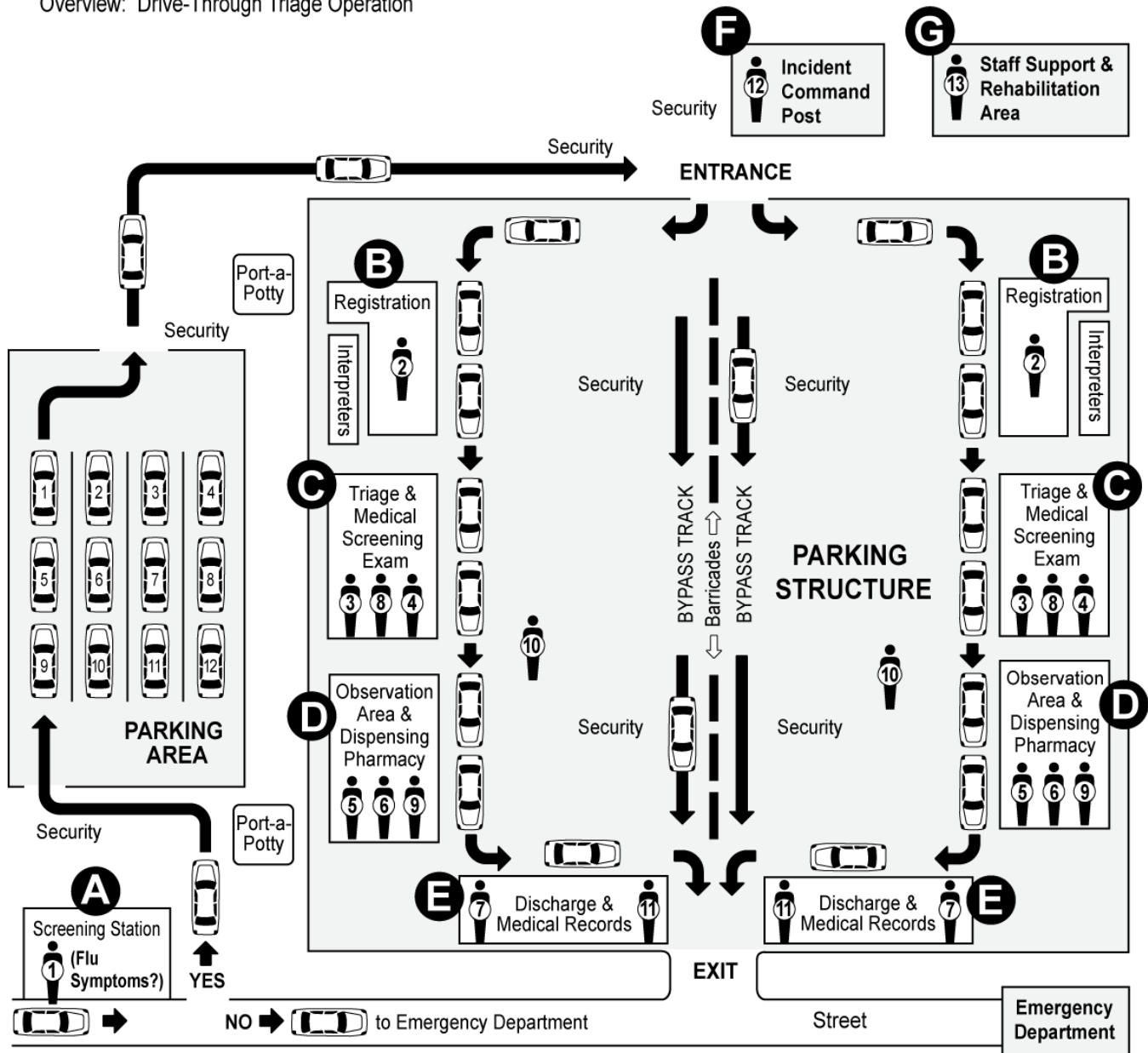


*See Appendix A for Drive-Through Triage Team Job Action Sheets.

2-3 SET-UP/FLOW-THROUGH DIAGRAMS

Once the site is selected and the plan activated, Stations A through G are established.

Overview: Drive-Through Triage Operation

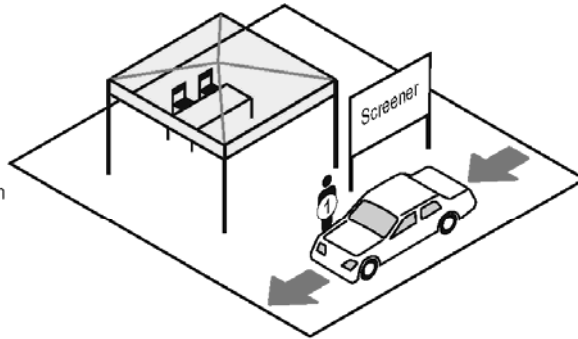


Stations	
A	Screening Station
B	Registration
C	Triage & Medical Screening Exam
D	Observation Area & Dispensing Pharmacy
E	Discharge & Medical Records
F	Incident Command Post
G	Staff Support & Rehabilitation Area

JAS Key			
①	Screening RN	⑧	Triage Technician
②	Registration Staff	⑨	Observation RN
③	Primary Triage RN	⑩	Float RN
④	MSE Physician	⑪	Unit Secretary
⑤	Pharmacy Leader	⑫	Casualty Care Unit Leader
⑥	Pharmacy Technician	⑬	Employee Health and Well-Being Unit Leader
⑦	Discharge RN		

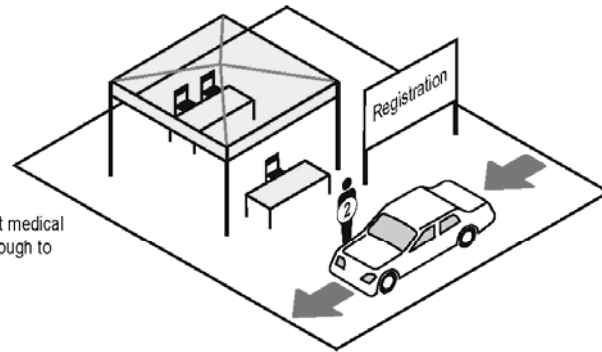
A Screener

1 Screening RN:
Screen patients for Drive-Through system. Redirect inappropriate patients to ED for treatment.



B Registration

2 Registration Staff:
Coordinate Drive-Through Triage patient registration. Start a patient medical chart, and ensure patient flow-through to Triage Station.

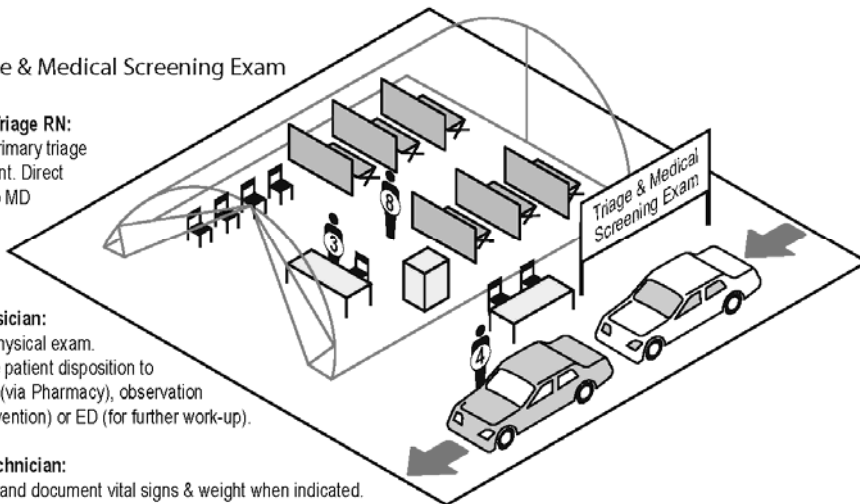


C Triage & Medical Screening Exam

3 Primary Triage RN:
Perform primary triage assessment. Direct patients to MD Screening Station.

4 MSE Physician:
Perform physical exam. Determine patient disposition to discharge (via Pharmacy), observation (and intervention) or ED (for further work-up).

8 Triage Technician:
Complete and document vital signs & weight when indicated. Notify RN of abnormal vital signs or concerns.

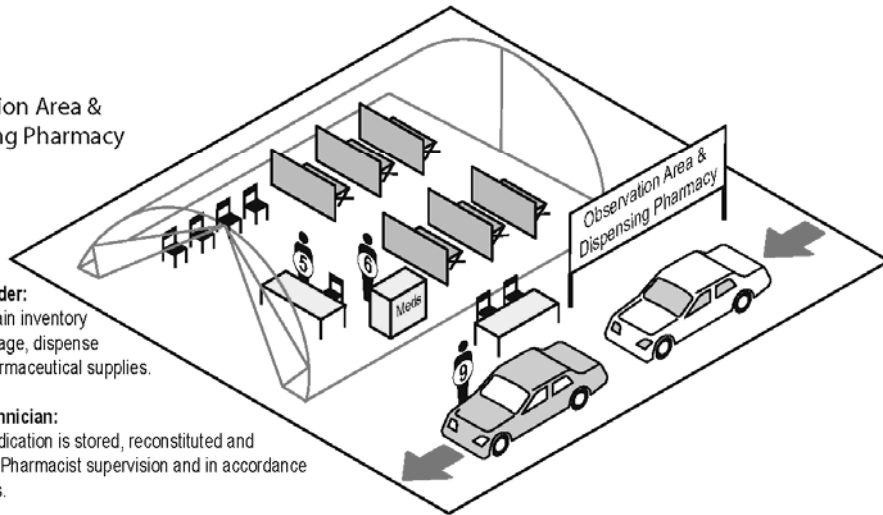


D Observation Area & Dispensing Pharmacy

5 Pharmacy Leader:
Receive, maintain inventory and proper storage, dispense and secure pharmaceutical supplies.

6 Pharmacy Technician:
Ensure that medication is stored, reconstituted and distributed with Pharmacist supervision and in accordance with instructions.

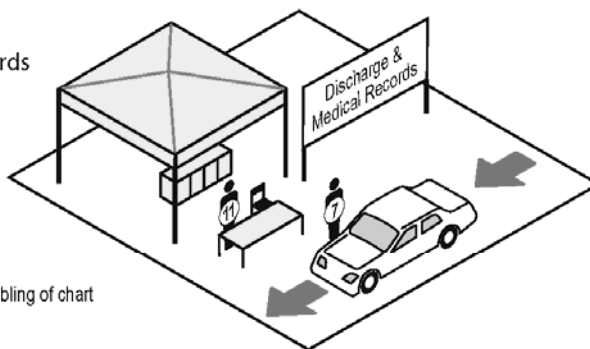
9 Observation RN:
Provide secondary assessment, complete all MD orders, document interventions and results. Direct driver to Discharge Station if discharge order provided by MD.



E Discharge & Medical Records

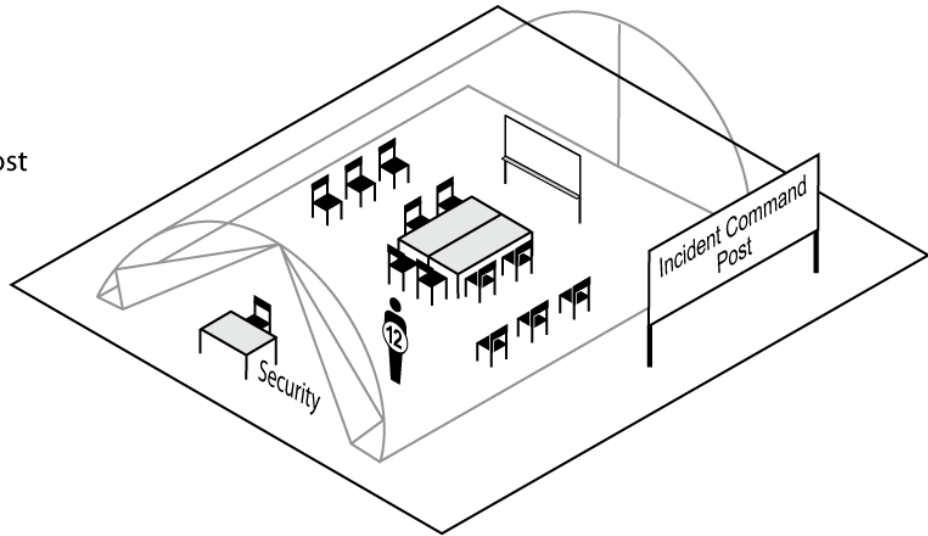
7 Discharge RN:
Review discharge paperwork with patient(s). Direct patient(s) to ED if instructed by MSE Physician.

11 Unit Secretary:
Responsible for accuracy and assembling of chart upon discharge of patient.



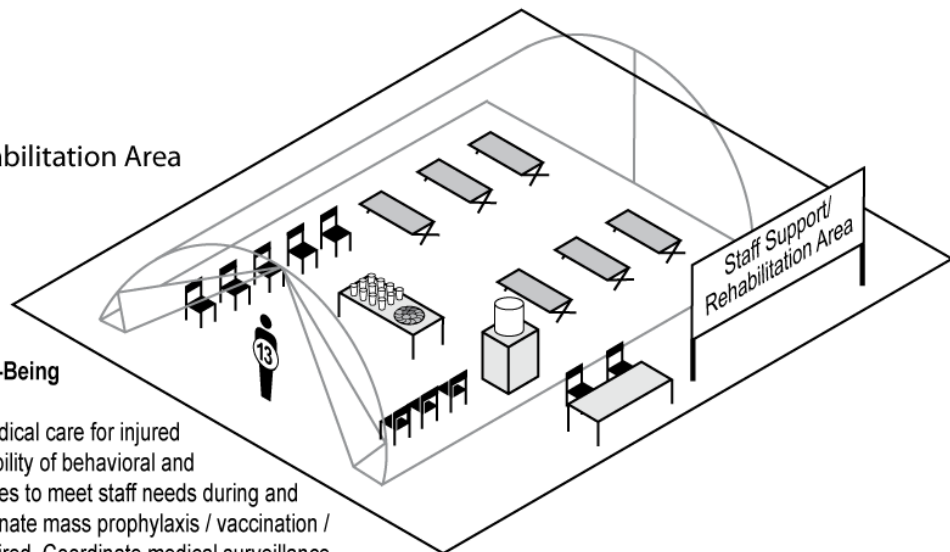
F Incident Command Post

12 **Casualty Care Unit Leader:**
Assure delivery of emergency care to arriving patients.



G Staff Support / Rehabilitation Area

13 **Employee Health and Well-Being Unit Leader:**
Ensure the availability of medical care for injured or ill staff. Ensure the availability of behavioral and psychological support services to meet staff needs during and following an incident. Coordinate mass prophylaxis / vaccination / immunization of staff, if required. Coordinate medical surveillance program for employees.



2-4 RECOVERY/DEMOBILIZATION

Command

Incident Commander:

- Provide appreciation and recognition to staff and personnel that helped during the incident.

Public Information Officer:

- Provide briefings as needed to patients/visitors/staff/media, in cooperation with the Joint Information Center (JIC).

Liaison Officer:

- Prepare a summary of the status and location of infectious patients. Disseminate to Command staff/Section Chiefs and to public health as appropriate.

Operations

- Restore normal facility operations.

Logistics

- Conduct stress management and after-action debriefings and meetings as necessary.
- Monitor health status of staff.
- Inventory hospital supplies and replenish as necessary.
- Restore/repair/replace broken equipment.
- Return borrowed equipment after proper cleaning/disinfection.
- Restore normal non-essential services (i.e., gift shop, etc.).

Planning

- Prepare a summary of response operations including number of patients received, evaluated and treated.
- Conduct after-action review with Hospital Command Center (HCC) Command staff and Section Chiefs and general staff immediately upon demobilization or deactivation of positions.
- Conduct after-action debriefing with all staff, physicians and volunteers.
- Prepare the after-action report and improvement plan for review and approval.
- Write after-action report and corrective action plan to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Areas for improvement
 - Recommendations for corrective actions and future response actions
 - Improvement plan

Finance

- Compile time, expense and claims reports and submit to Incident Commander (IC) for approval.
- Distribute approved reports to appropriate authorities for reimbursement.

Section 3: Communications

The success of Drive-Through Triage depends in part on effective communication to the community, the media, providers and patients. Sensitivity to persons who have limited English proficiency, as well as persons who are sight- or hearing-impaired is also important.

3-1 RISK/MEDIA COMMUNICATIONS

Prior to and during activation of the Drive-Through Triage Plan, the media will seek information and updates (e.g., number of patients using the Drive-Through Triage, effectiveness of the plan, etc.). The hospital facilitates media requests for information in a manner that does not interfere with patient care or hospital operations. The Public Information Officer (PIO) coordinates and releases appropriate information to the media, in-house staff, patients, and community and government agencies.

The PIO ensures the latest accurate information regarding Drive-Through Triage operations is disseminated to appropriate target audiences. Toward that end, the PIO prepares, as necessary:

- Media Advisories
- News Releases
- Web Site Postings
- Talking Points
- Phone Scripts
- Fact Sheets
- Posters
- Signs
- Checklists

In addition, the PIO will:

- Establish media briefing area at a distance from the Incident Command Post (ICP) and patient treatment areas. (Security ensures that media personnel are not permitted near ICP or patient treatment areas.)
- Coordinate radio drive-through instructions for patients.
- Contact and communicate with PIOs from community and governmental agencies to ensure that media releases are accurate and consistent. Deploy to local Joint Information Center (JIC), if activated.
- Utilize all media communication links and lists to ensure dissemination of information to all parties.
- Arrange for patient interviews as appropriate.
- Assign personnel to monitor and report pertinent news from Internet, television, radio and newspapers.
- Assess the need to establish a staff “hotline” with a recorded message.
- Document key activities and actions on Operational Log (HICS Form 214).
- Document all internal and external communications on Incident Message Form (HICS Form 213).

Ongoing communication efforts will:

- Inform and update the public on Drive-Through Triage days/hours of operation, location and services provided (through medical releases, web postings, etc.).
- Disseminate pertinent information to hospital personnel (e.g., through email, intranet, internal TV or written posting).
- Keep patients informed.

- Communicate with off-site physicians and associates who are needed for duty (this may involve providing announcements to designated broadcast mediums).

Note: All media releases are pre-approved by the Incident Commander and Joint Information Center (JIC), if activated.

For more information, see the Hospital Incident Command System (HICS) Public Information Officer (PIO) Job Action Sheet.

EMERGENCY PUBLIC INFORMATION – OTHER CONSIDERATIONS

In preparation for launching Drive-Through Triage, the Public Information Officer (PIO) may notify:

- Community Alerting and Notification Systems (city, county)
- Emergency Alert System (EAS)
- Block Preparedness Coordinator and Community Emergency Response Teams (CERTs)

3-2 RADIO DRIVE-THROUGH INSTRUCTIONS

In a Drive-Through Triage, where waiting patients are confined to their cars without easy access to staff, communication becomes of prime importance.

A simple, but highly effective way to communicate with patients in real time is by activating a temporary AM radio station through which information can be transmitted on patients' car radios. This requires a portable broadcast system, available from various manufacturers in a "box" kit. The box includes everything needed to start broadcasting – transmitter, antenna, media players and microphones. The system can be installed, programmed and in use within hours, even in remote locations. Most systems allow for origination and control for both live and recorded broadcasts. On average, the broadcast can reach listeners within 5 miles of the antenna.

Signs placed at the entrance (and other strategic points) of the Parking Area advise patients to tune their vehicle radios to the appropriate AM station. These instructions are included in the Drive-Through Patient Information sheet distributed to all vehicles in the Parking Area.

This system is used to broadcast regular updates on patient wait times, H1N1 healthcare advisories, vehicle safety and other information and instructions. The regular radio updates keep patients informed and alleviate possible frustration and impatience with long wait times. Updates in languages besides English include: *[Insert languages for non-English-speaking populations served by the hospital]*.

3-3 TRANSLATORS (INCLUDING SIGN LANGUAGE)

Advantages of Using a Professional Interpreter:

Translators float as needed among stations to facilitate optimal communication between the patient and healthcare provider. Professional interpreters are preferred to family members or friends, who are more likely to modify what a patient says for a variety of reasons (e.g., to be helpful, to speed the process, to consciously or unconsciously affect the outcome).

Medical interpreters have a strong grasp of medical and colloquial terminology in both languages, along with cultural sensitivity regarding how the patient receives the information. They remain detached but aware of the patient's feelings and pain.

Benefits:

- Efficiency of communication is improved.
- Miscommunication is significantly reduced.
- Contributes to optimal health outcome for patient.
- Patient and physician satisfaction is improved.
- Practice complies with the American With Disabilities Act (ADA).
- The interpreter is impartial and confidential.

Sign Language:

Sign language interpreters facilitate communication between people who are deaf or hard of hearing and people who can hear. Sign language interpreters are fluent in English and in American Sign Language (ASL), which combines signing, finger spelling, and specific body language. ASL has its own grammatical rules, sentence structure, idioms, historical contexts, and cultural nuances. Sign language interpreting, like foreign language interpreting, involves more than simply replacing a word of spoken English with a sign representing that word.

3-4 EMERGENCY COMMUNICATION SYSTEMS

In the event of power system, telephone or Internet failure, [*insert name of hospital*] activates alternate communication systems (e.g., emergency back-up phones, fax, two-way radios [i.e., walkie-talkies], message runners, etc.)

ALTERNATE RADIO COMMUNICATION SYSTEMS

- Amateur Radio Emergency Services (ARES) – Ham (amateur) radio
- Radio Amateur Civil Emergency Service (RACES) – Ham (amateur) radio
- System-on-Chip (SOC) Radio (Channel 6) – Radio frequencies (and other functions) are stored on a single chip
- Block Preparedness Coordinator MURS (Multi-Use Radio Service) – Private, two-way, short-distance, voice or data communications system
- BayMACS radio – interoperable radio system with multiple frequencies for Santa Clara County government agencies
- California On-Scene Emergency Coordination Plan (CALCORD) – interoperable radio system with multiple frequencies for state government agencies

Section 4: Staff Roles and Responsibilities

4-1 STAFFING

Staffing requires planning and coordination. When preparing for Drive-Through Triage, include nursing management in the planning. Determinants used to calculate the amount and type of personnel needed include: hours of operation, location and access, number of expected patients, length of shift, staff qualifications/experience, positions to be filled.

Positions to be Filled:

The following table estimates minimum staffing requirements for each 3-hour shift for Drive-Through Triage, calculated for 1, 2, 3 and 4 lanes of traffic. Multiply these modules by the number of shifts/day to calculate total daily staffing requirements (e.g., noon–midnight equals four shifts).

Shift Staffing Requirements for Drive-Through Triage				
Staff at Stations	Number of Staff Needed			
	1 Lane	2 Lanes	3 Lanes	4 Lanes
Screening • RN	1	1	1	1
Registration • Administration staff • Interpreter (language)	1 1	2 2	3 3	4 4
Triage/Medical Exam • Triage Technician (optional) • RN • Physician	1 1 1	2 2 2	3 3 3	4 4 4
Observation/Pharmacy • Pharmacy Leader • Pharmacy Technician (optional) • Observation RN	1 1 1	1 2 1	1 3 2	1 4 2
Discharge/Medical Records • RN • Unit Secretary	1 1	2 2	3 3	4 4
Incident Command Post • Casualty Care Unit Leader	1	1	1	1
Staff Support/Rehab • Employee Health and Well-Being Unit Leader	1	1	1	1
Assigned to Stations as Needed • Security Officers • Floating RN (optional) • Interpreters	6 1 1	8 1 2	10 2 3	12 2 4
TOTAL STAFF NEEDED	21	32	45	56

Note: Include other support staff, Environmental Services and Engineering, as needed.

Hours of Operation:

The optimal timeframe for operation is noon–midnight. Since patients will likely arrive early it is important to have staff arrive at least 15 minutes before the official starting hour. Prepare standby staff in case demand exceeds supply. The Nursing Department helps identify areas with variable census and activities (e.g., Labor & Delivery, Surgery) that can help for a short time and with limited notice. Expect census to double over the weekend and staff accordingly. On workdays, expect the busiest time to be around lunch hour.

Location and Access:

Location and access impact staffing. For example, the Drive-Through Triage initially moves cars through two lanes at a time. Should the program increase in size, the location may change and the operation may add additional lanes, requiring more staff.

Number of Expected Patients:

The number of expected patients is the driving force behind the number of lanes established and corresponding staffing levels. Patient numbers are difficult to determine and may exceed expectations by a wide margin. This model is designed to operate 12 hours a day. The number of days of operation per week is also a factor. Based on an exercise simulating the operation, expect an average of 30 minutes to process one vehicle.

Length of Shift:

Due to the bending, standing, and high activity levels, limit length of shifts to about 3 hours. If the weather is severe, shift times may be reduced.

Staff Qualifications/Experience:

Mid-level providers such as Nurse Practitioners and Physician Assistants with pediatric experience are qualified to staff Drive-Through Triage.

4-2 STAFF SUPPORT/REHAB

The parking structure or lot earmarked for use during the Drive-Through Triage presents very different challenges and requirements for staff support than the normal hospital setting. Staff require the following:

- Staff Break and Nutrition Area (outside of, but convenient to, Drive-Through Triage Area).
- Appropriate Personal Protective Equipment (PPE) (including reflective vests for traffic control staff).
- Food and water and/or other refreshments.
- Regulated shift times and breaks (Drive-Through Triage conditions require shorter shift times and more frequent breaks).
- Access to bathroom facilities/port-a-potties, and appropriate sanitation including hand sanitizer.
- Appropriate clothing for weather conditions (i.e., sweatshirt or sweater to wear under uniform in cold weather, wind parka, rain poncho, etc.).

- Rubber mats to stand on (to counteract stress to feet, legs and back from standing for prolonged periods on a concrete floor).
- Training and/or written handouts on back health, including lifting and bending (some staff members will be bending/leaning into cars to talk to patients).
- Provision of emotional or spiritual support, if needed.
- Security provisions, especially if hostile or other dangerous situation arises (including escorts from the area, if necessary).
- Available resources to assist with issues related to childcare or other family needs (e.g., access to communication including phones, cell phones, email, etc.).
- Staff on standby in case a team member becomes ill; availability of medications to treat ill staff member; availability of transport if ill staff member needs to be taken to the Emergency Department (ED) for treatment.

Section 5: Patient Management

5-1 PATIENT INFORMATION

Patient Privacy (HIPAA):

On Oct. 24, 2009, President Obama declared the H1N1 epidemic a National Emergency. This allows the Secretary of Health and Human Services (HHS) to waive certain provisions of the HIPAA privacy rule in order to make it easier for people to receive treatment promptly.

For more information about health privacy, visit the U.S. Department of Health and Human Services' (HHS) web site at <http://www.hhs.gov/ocr/privacy/>. For information on sharing information in emergency situations, visit the HHS web site at <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/>. For hospital-specific information, consult the hospital Risk Manager.

Drive-Through Triage Information:

Patients waiting to be seen in the Parking Area receive a handout with information on how to tune to Drive-Through Triage AM radio broadcasts on their vehicle radio and what to expect at each Drive-Through Triage station (including vehicle safety rules). This handout, *Drive-Through Patient Information*, can be found in Appendix C, Forms.

H1N1 Home Care Guide:

At discharge, patients receive a copy (or web site link to, as appropriate) “The Home Care Guide: Providing Care at Home During Pandemic Flu,” published by the Santa Clara County Public Health Department. The guide can be found at the Santa Clara County Public Health Department’s web site. Visit www.sccgov.org and search for “Home Care Guide.”

5-2 SOCIAL SERVICES

Patients entering Drive-Through Triage who report any of the following problems are referred to the hospital’s Social Services department for further evaluation, referral and/or treatment:

- Coping with diagnosis, illness or hospitalization
- Impact of illness on family members
- Care-giving concerns (no caregiver at home)
- Grief, loss or end-of-life issues
- Financial difficulties
- Depression, anxiety or psychiatric concerns

5-3 ACCOMMODATIONS FOR SPECIAL NEEDS PATIENTS

Special needs patients presenting at the Drive-Through Triage may require special accommodations.

Special Needs Patients	Patient Accommodations
<p>Deaf/Hearing-Impaired Late-deafened, hearing impaired, hard-of-hearing and the range of hearing challenges and impairments such as situational loss of hearing, limited-range hearing, etc.</p>	<p>Provide information via signage and written handouts. If possible, activate staff member or community volunteer who knows American Sign Language. Keep patient informed of wait status, etc., through sign language and/or written materials. Note: Exercise extreme caution around vehicles, when patients cannot hear radio updates or warning signals.</p>
<p>Blind/Sight-Impaired Range of visual challenges and impairments – low vision, night blindness, color blindness, depth perception challenges, situational loss of sight, etc.</p>	<p>Exercise extreme caution if blind/sight-impaired patient must exit the vehicle (e.g., for examination). Hold patient’s hand or arm to guide him/her from vehicle to each station. If possible, provide handouts in large type. Note: Blind/sight-impaired patient may need/want seeing-eye dog to accompany him/her.</p>
<p>Bariatric >350 lbs</p>	<p>If non-ambulatory, may require special equipment (e.g. special blood pressure cuff). May require special transport equipment (e.g., hoist) to exit vehicle.</p>
<p>Pediatric Babies, infants, and children under 18 years.</p>	<p>May be more difficult to manage/treat because of discomfort from flu symptoms (e.g., high fever, malaise, fatigue), therefore may not want to exit vehicle or cooperate with medical staff. If necessary, enlist help of “Floating RN.” Note: Staff may utilize disposable distractions for young children (e.g., stickers, “cartoon” band aids, other “giveaways.”)</p>
<p>Elderly (65+) Frail elderly, aged, elder citizens, older persons and the range of people whose needs are often determined by their age and age-related considerations.</p>	<p>Elderly patients are more prone to extremes of heat and cold; if weather is cold, ensure patient is kept warm (e.g., personal or hospital-issue blanket). Seniors may also be more prone to disorientation and confusion; if this is apparent, assign staff to assist.</p>
<p>Non-English Speakers Those with limited ability to speak, read, write or fully understand English.</p>	<p>Interpreters will be posted at both Registration Stations. Informational handouts will be available in the following languages: [Insert languages for non-English-speaking populations served by the hospital.]</p>
<p>Medically Compromised/Fragile People dependent on life-sustaining medications such as HIV/AIDS and diabetes patients, or those dependent on medications to control such conditions as pain or seizures.</p>	<p>Provide patient with mask. If possible, have patient remain in vehicle to ensure maximum separation from others. Ensure patient is kept warm (e.g., personal or hospital-issue blanket).</p>
<p>Physically Disabled/Non-Ambulatory Ranges from minor disabilities causing restriction of some motions or activities, to totally disabled requiring full-time attendant care for feeding, toileting and personal care.</p>	<p>If possible, treat patient while in vehicle. If patient needs to exit vehicle for examination, use wheelchair for transport.</p>

Note: Special Needs categories are derived from Collaborating Agencies Responding to Disasters [CARD] and the California Department of Public Health “Standards and Guidelines for Healthcare Surge During Emergencies: Foundational Knowledge,” 2007.

Section 6: Safety and Security

6-1 SITE SECURITY

Providing a safe and secure environment for patients and staff is a prime consideration when conducting Drive-Through Triage. The structure must be inspected, approved and signed off by the local authority having jurisdiction.

Planning:

Inform local police of operation dates and times of Drive-Through Triage and participate in advance planning to reduce traffic concerns including:

- Traffic control at intersections near the Drive-Through Triage.
- Guidance in and approval of controlled public street lanes such as cones in curb lanes funneling patients' vehicles into barricaded lanes.
- Loan of cones if available through Public Works Department.
- Temporary closure of public parking spaces/meters on Drive-Through Triage days, if necessary for traffic control.
- Need for outer perimeter.
- Recommendations for appropriate signage including ideal locations for the signage to have maximum impact.
- Police availability for help.

Security's Role:

Security monitors the Drive-Through Triage Area to prevent intrusion from unauthorized individuals and to ensure safe, controlled, traffic flow through the stations.

Security also mitigates potentially disruptive or dangerous situations (e.g., drivers or passengers who display signs of frustration, anger, hostility, panic or a person(s) who refuses to follow drive-through procedures). If a hostile situation escalates, or another dangerous situation arises that has potential to cause injury or illness, Security personnel notify the Security Branch Director. The reporting person gives his/her name, describes the nature of the problem and states the exact location of the incident. Depending on the situation (such as the number of people involved/injured or the nature of the hostile situation), the Security Branch Director, in collaboration with the Casualty Care Unit Leader, will:

- Suspend the Drive-Through Triage by announcing, "STOP, STOP, ALL STOP" (via radio or bullhorn).
- Call to summon help from the police department; report exact location first, then incident details.
- Once the incident is resolved, authorize resumption of the Drive-Through Triage by announcing "SAFE TO RESUME DRIVE-THROUGH TRIAGE, REPEAT, SAFE TO RESUME DRIVE-THROUGH TRIAGE."
- Document and report accident/injuries.

Patient Transportation:

- Security arranges for transport of ill or injured person(s) (if ambulatory) in security vehicle to Emergency Department (ED) for evaluation and treatment.
- Security summons ambulance to transport non-ambulatory person(s) to Emergency Department (ED).

Off-Hours Security:

Unless the Drive-Through Triage operation is to be broken down and removed at the close of the last shift, make provisions to secure the Drive-Through Triage site during off-hours (midnight until noon). To reduce security risks, remove pharmaceuticals from Drive-Through Triage site and secure inside the hospital facility. If pharmaceuticals must remain on-site, they are locked in a storage van or truck.

Staffing:

As part of the Hospital Incident Command System (HICS) activation, the following Security Branch positions will be assigned as necessary:

- Security Branch Director
- Traffic Control Unit Leader
- Crowd Control Unit Leader
- Law Enforcement Interface Unit Leader

Assign additional Security personnel to designated stations or roving patrol as deemed necessary. Security personnel report and sign in for duty at the Incident Command Post (ICP) and don Personal Protective Equipment (PPE) including N95 mask, Nitrile gloves and high-visibility ANSI vests for traffic safety. At the end of each shift, Security personnel doff and dispose of Personal Protective Equipment (PPE) as appropriate and sign out at the Incident Command Post.

CONSIDERATIONS FOR SECURITY STAFFING

- A common misconception is that law enforcement resources are ample and quickly mustered. The hospital plans to provide its own security for the Drive-Through Triage Plan.
- At some facilities staff and community volunteers are trained as part of the security team. If one police officer is available, he or she is “teamed” with the trained hospital personnel or volunteers. The Incident Command System (ICS) term for this is “Task Force.”
- The responding police officer provides security for the Incident Command Post (ICP), while the Task Force members secure the perimeter and other areas of the Drive-Through Triage.
- Task Force members may be cross-trained in traffic control, crowd control and ICS.

6-2 TRAFFIC CONTROL AND PARKING

Safety and security are paramount when providing medical care adjacent to moving vehicles. To avoid collisions and protect pedestrians, Security personnel are stationed outside and inside the Drive-Through Triage Area to direct the flow of traffic. Signs are used to designate lanes and stopping points. Drivers are instructed to turn off their engines before staff approach the vehicle and reversing is not permitted (unless directed by traffic control).

Establish security checkpoints at the following areas:

- Incident Command Post (ICP)
- Parking Area – Entrance and Exit
- Drive-Through Triage Area – Entrance
- Inside Drive-Through Triage Area at designated locations

Security oversees traffic and parking in the Parking Area and Drive-Through Triage Area. Security personnel will:

- Set up marker cones, barricades, tape off designated areas, post signs.
- Direct flow of traffic from Parking Area to Entrance of Drive-Through Triage Area. Permit vehicles to move when stations are available and prevent vehicles from backing up (unless instructed to do so by Traffic Control Unit Leader).
- Instruct drivers at Entrance to Drive-Through Triage to proceed to Registration Station, stop and turn off engine.
- Direct flow of traffic into appropriate lane of Drive-Through Triage or direct to Bypass Track to immediately exit.
- Remove (tow or push) stalled or broken-down vehicles from Parking Area or Drive-Through Triage Area.

Traffic Safety:

- Minimize the risk of accidents by keeping flow-through lanes as straight as possible; do not allow drivers to back up. Direct to Bypass Track if necessary.
- Instruct drivers to turn off engines when stopped at each station in Drive-Through Triage; instruct drivers to set the parking brake.
- Post signs indicating speed limit outside Drive-Through Triage Area (5 mph) and inside Drive-Through Triage Area (3 mph).
- Post sign for vehicle height clearance and divert over-height vehicles prior to entry point.
- Report damage to vehicles, buildings or equipment to the Security Branch Director.

Personal Safety:

- Avoid walking behind or in front of parked vehicles or in between lanes, as much as possible; exercise extreme caution at all times.
- Exercise proper bending and lifting techniques.
- Wear sunscreen if stationed outside.
- Report suspicious person(s) or activity to the Security Branch Director.

Security Staff Equipment:

- Traffic cones, caution tape, barricades.
- Flashlights or traffic light wands (particularly at night).
- Whistles to quickly signal unsafe conditions, conduct traffic control or summon help.
- Two-way radios: Ensure that batteries are fully charged and that there is a recharger or back-up batteries available.
- Locked storage for supplies to be secured on-site after hours.

6-3 INFECTION CONTROL

Infection control is of prime concern in the Drive-Through Triage. The following infection control measures are implemented:

Patient use:

- Surgical masks/ear loop face masks. (Because of the infection control “social distancing” afforded by the patient’s vehicle, face masks are NOT routinely given to patients.)

Staff use:

- N95 respirators (may be worn through entire shift or until break)
- Nitrile gloves (must be changed before each patient)
- Eye shields, safety glasses or masks with face shield
- Yellow isolation gowns (droplet protection of clothing)
- Booties
- Hand sanitizer
- Sani-Cloth disinfecting wipes
- Paper towels
- Biohazard bags
- Biohazard bins
- Stethoscope cleaners

Infection Control Measures:

- Wear appropriate Personal Protective Equipment (PPE) during assigned shift.
- Use anti-microbial solution provided at each station; perform hand hygiene frequently, including before and after patient contact and before putting on or taking off Personal Protective Equipment (PPE).
- To contain contaminants, instruct drivers and passengers to stay in their cars with the windows rolled up until they reach the Registration Station.

OTHER CONSIDERATIONS FOR INFECTION CONTROL

- Cleaning equipment and supplies to deal with emesis or other body fluids in or outside of vehicles.
- Fans to move contaminants, including carbon monoxide fumes from cars, out of treatment area.

6-4 AIR QUALITY

Carbon monoxide (CO) toxicity was not found to be a hazard in a Drive-Through Triage simulation exercise (over a 4-hour period), during which a random sample of 19 people was tested for carboxyhemoglobin levels using the Masimo Rad-57.²

However, since CO is one of the most abundant airborne contaminants in parking structures and poses significant risks to human health, emission of CO is monitored, controlled and ventilated before CO concentration reaches unsafe levels. Signs of CO toxicity include headache, tiredness, dizziness and nausea.

To mitigate CO buildup in the Parking Area and Drive-Through Triage Area:

- Instruct drivers to turn off their engines when parked. Vehicles are only turned on when driving from the Parking Area to the Drive-Through Triage AND when driving from station to station within the Drive-Through Triage.
- Monitor all parked vehicles to ensure compliance.
- Place fans in Drive-Through Triage Area to move maximum amount of contaminants (including CO) out of treatment area.
- Visually monitor patients/staff for signs or reports of possible CO toxicity symptoms and report to medical staff for evaluation.

MONITORING CARBON MONOXIDE LEVELS

Technology offers easy-to-use handheld devices to monitor carbon monoxide (CO) levels in human blood and in the atmosphere.

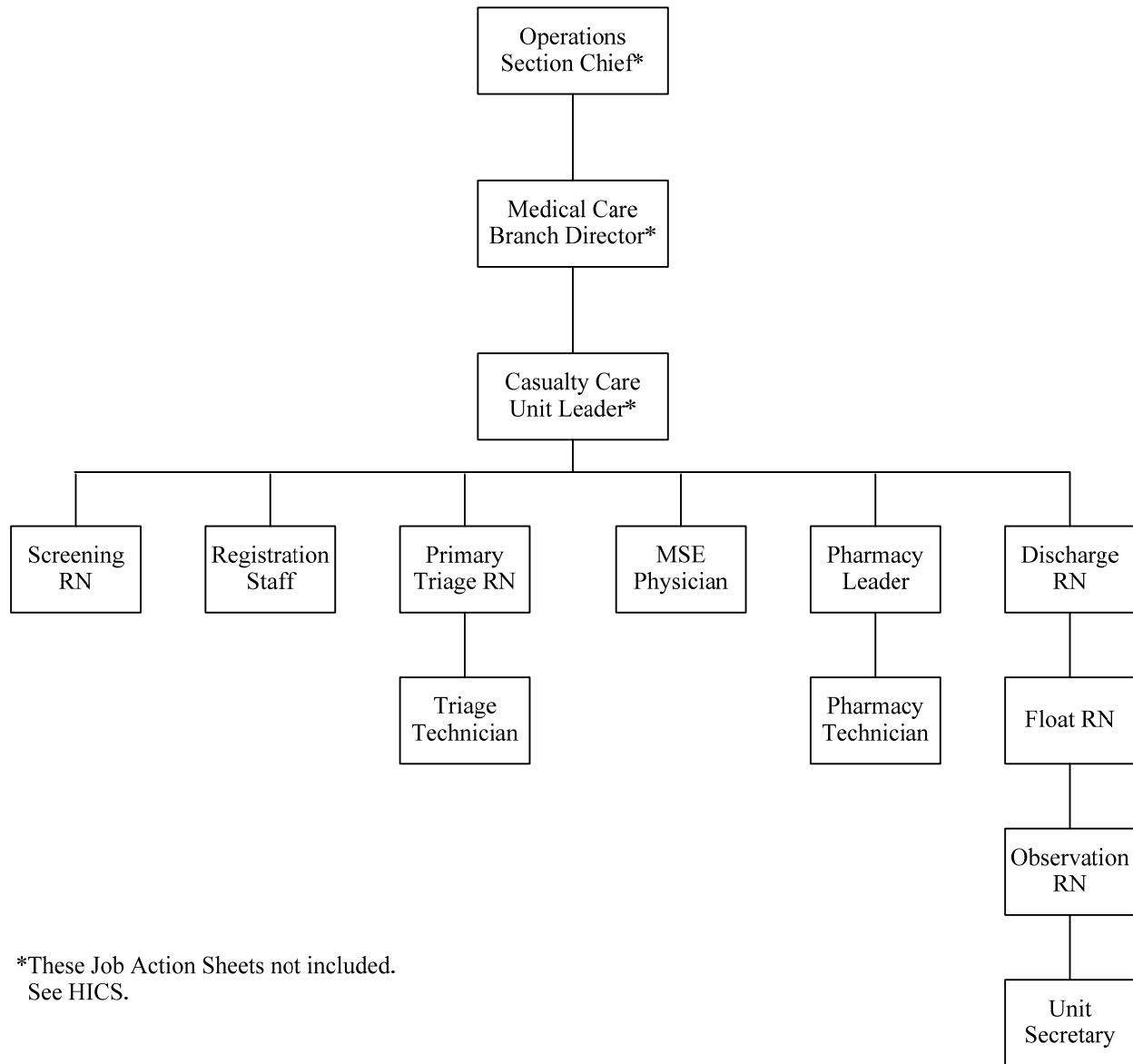
For example:

- CO levels in a patient or staff member is monitored with the handheld Rad-57 which measures carboxyhemoglobin (SpCO). www.masimd.com/rad-57/index.htm
- CO levels in the atmosphere is measured with the handheld Vulcain Safety Palm. www.topac.com

² Drive-Through Medicine: A Novel Method for Rapid Evaluation of Patients During an Influenza Pandemic. Eric A. Weiss MD, Jessica Ngo MD, Gregory Gilbert MD, Ray Balise PhD, James Quinn MD MS; Division of Emergency Medicine and Department of Health Research and Policy, Stanford University (for future publication in *Annals of Emergency Medicine*).

Appendix A: Job Action Sheets

Drive-Through Triage



*These Job Action Sheets not included.
See HICS.

No.	HICS Job Action Sheet	Mission Statement	Station	Documentation Completed
1	Screening RN	Screen patients for Drive-Through system. Redirect inappropriate patients to Emergency Department (ED) for treatment.	A Entrance Screening	
2	Registration Staff	Coordinate Drive-Through Triage patient registration, start a patient medical chart, and ensure patient flow-through to Triage Station.	B Registration	
3	Primary Triage RN	Perform primary triage assessment. Direct patients to MD Screening Station.	C Triage and Medical Screening Exam (MSE)	
4	MSE Physician	Perform physical exam. Determine patient disposition to discharge (via Pharmacy), observation (and intervention) or Emergency Department (ED) (for further work-up).	C Triage and Medical Screening Exam (MSE)	
5	Pharmacy Leader	Receive, maintain inventory and proper storage, dispense and secure pharmaceutical supplies.	D Observation Area and Pharmacy Dispensing	
6	Pharmacy Technician	Ensure that medication is stored, reconstituted and distributed with Pharmacist supervision and in accordance with instructions.	D Observation Area and Pharmacy Dispensing	
7	Discharge RN	Review discharge paperwork with patient(s). Direct patient(s) to Emergency Department (ED) if instructed by MSE Physician.	E Discharge and Medical Records	
8	Triage Technician	Complete and document vital signs and weight when indicated. Notify RN of abnormal vital signs or concerns.	C Triage and Medical Screening Exam (MSE) or Parking Area	
9	Observation RN	Provide secondary assessment, complete all MD orders, document interventions and results. Direct driver to Discharge Station if discharge order provided by MD.	D Observation Area and Pharmacy Dispensing	
10	Float RN	Determine where help is needed, assist with breaks, respond to Parking Area at request of Triage Technician.	Float	
11	Unit Secretary	Responsible for accuracy and assembling of chart upon discharge of patient.	E Discharge and Medical Records	

SCREENING RN

1

Mission: Screen patients for Drive-Through system. Redirect inappropriate patients to Emergency Department (ED) for treatment.

Prerequisite: Must be experienced Emergency Department (ED) Triage RN(s)

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <u>Casualty Care Unit Leader</u>		Telephone: _____		
Incident Command Post Location: _____			Telephone: _____	
Fax: _____	Other Contact Info: _____		Radio Title: _____	

Immediate (Operational Period 0–1 Hour)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the <i>Casualty Care Unit Leader</i> .		
Read this entire Job Action Sheet and review incident management team chart.		
Notify your usual supervisor of your Hospital Incident Command System (HICS) assignment.		
Obtain the following supplies: <ul style="list-style-type: none"> • Radio with vest • Portable O₂ saturation monitor and a series of focused questions for placement determination • Thermometer • Pre-packaged, numbered patient charts (waterproof folders that each include registration form, nursing notes, physician record and order sheet) 		
Screen patient(s): <ul style="list-style-type: none"> • Ensure patient is ideal candidate for Drive-Through Triage. Ask questions and attempt to determine if patient is complaining of flu-like symptoms such as: <ul style="list-style-type: none"> – fever? – headache? – cough? – sore throat? – difficulty breathing? – myalgias? • Determine what assessment if any needs to be made; O₂ sat, pulse or temperature. • Redirect inappropriate patient(s) to the Emergency Department (ED) for treatment. • Place patient chart on the windshield of the car (under the windshield wiper). • Direct the patient or driver of car to a designated parking area to wait. (Security will direct the car to one of two paths that lead to the Registration Station when signaled that Station is open.) 		

Intermediate/Extended (Operational Period 1–12 Hours)	Time	Initial
Meet regularly with the <i>Casualty Care Unit Leader</i> : <ul style="list-style-type: none"> • Obtain status reports, and relay information about progress on assigned tasks. • Identify need for assistance or equipment. • Advise about any operational issue you are not able to correct or resolve. 		
Monitor use of personal protective equipment and report any potential adverse impacts.		
Continue to monitor the Station’s ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis. Provide for staff rest periods and relief.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the <i>Employee Health and Well-Being Unit Leader</i> .		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned equipment.		
Upon deactivation of your position, ensure all documentation is submitted to the <i>Casualty Care Unit Leader</i> .		
Participate in debriefing on lessons learned and procedural/equipment changes needed.		
Brief the <i>Casualty Care Unit Leader</i> on problems, outstanding issues, and follow-up requirements. Submit comments for discussion and possible inclusion in the after-action report: <ul style="list-style-type: none"> • Review pertinent position descriptions, checklists, forms. • Recommend procedural changes. • Highlight section accomplishments. 		

Documents/Tools
<ul style="list-style-type: none"> • Incident Management Team Chart • Hospital telephone directory • Portable phone, handheld radio, runners

REGISTRATION STAFF

2

Mission: Coordinate Drive-Through Triage patient registration, start a patient medical chart, and ensure patient flow-through to Triage Station.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <u>Casualty Care Unit Leader</u>		Telephone: _____		
Incident Command Post Location: _____			Telephone: _____	
Fax: _____	Other Contact Info: _____		Radio Title: _____	

Immediate (Operational Period 0–1 Hour)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the <i>Casualty Care Unit Leader</i> .		
Read this entire Job Action Sheet and review incident management team chart.		
Notify your usual supervisor of your Hospital Incident Command System (HICS) assignment.		
Obtain the following supplies: <ul style="list-style-type: none"> • Registration equipment • Box of pens • Personal Protective Equipment (PPE) 		
Register the patient(s): <ul style="list-style-type: none"> • Obtain patient identification: Do a complete registration including obtaining insurance information. [The California Department of Public Health would need to authorize a complete registration, including insurance, prior to a Medical Screening Exam (MSE).] • Obtain consent; provide the patient with a pen instruct them to keep it for their discharge signature (prevents cross contamination). • Obtain insurance information. • Direct patient to Triage Station. 		

Intermediate/Extended (Operational Period 1–12 Hours)	Time	Initial
Meet regularly with the <i>Casualty Care Unit Leader</i> : <ul style="list-style-type: none"> • Obtain status reports, and relay information about progress on assigned tasks. • Identify need for assistance or equipment. • Advise about any operational issue you are not able to correct or resolve. 		
Monitor use of personal protective equipment and report any potential adverse impacts.		
Continue to monitor the Station’s ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis. Provide for staff rest periods and relief.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the <i>Employee Health and Well-Being Unit Leader</i> .		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned equipment.		
Upon deactivation of your position, ensure all documentation is submitted to the <i>Casualty Care Unit Leader</i> .		
Participate in debriefing on lessons learned and procedural/equipment changes needed.		
Brief the <i>Casualty Care Unit Leader</i> on problems, outstanding issues, and follow-up requirements. Submit comments for discussion and possible inclusion in the after-action report: <ul style="list-style-type: none"> • Review pertinent position descriptions, checklists, forms. • Recommend procedural changes. • Highlight section accomplishments. 		

Documents/Tools
<ul style="list-style-type: none"> • Incident Management Team Chart • Hospital telephone directory • Portable phone, handheld radio, runners

PRIMARY TRIAGE RN

3

Mission: Perform primary triage assessment. Direct patients to MD Screening Station.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <u>Casualty Care Unit Leader</u>			Telephone: _____	
Incident Command Post Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0–1 Hour)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the <i>Casualty Care Unit Leader</i> .		
Read this entire Job Action Sheet and review incident management team chart.		
Notify your usual supervisor of your Hospital Incident Command System (HICS) assignment.		
Obtain the following supplies: <ul style="list-style-type: none"> • Cot • Infant scale • Peds scale • Acetaminophen • Ibuprofen • iSTAT machine (if available) • Personal Protective Equipment (PPE) • Pens • Flashlight • Radio with vest • Water • Stethoscope 		
Conduct primary triage assessment including: <ul style="list-style-type: none"> • Perform five question triage and document. • Administer antipyretics for fever per MD protocol. • Sanitize used equipment with disinfectant. • Direct patient to MD Screening Station. 		

Intermediate/Extended (Operational Period 1–12 Hours)	Time	Initial
Meet regularly with the <i>Casualty Care Unit Leader</i> : <ul style="list-style-type: none"> • Obtain status reports, and relay information about progress on assigned tasks. • Identify need for assistance or equipment. • Advise about any operational issue you are not able to correct or resolve. 		
Monitor use of personal protective equipment and report any potential adverse impacts.		
Continue to monitor the Station’s ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis. Provide for staff rest periods and relief.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the <i>Employee Health and Well-Being Unit Leader</i> .		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned equipment.		
Upon deactivation of your position, ensure all documentation is submitted to the <i>Casualty Care Unit Leader</i> .		
Participate in debriefing on lessons learned and procedural/equipment changes needed.		
Brief the <i>Casualty Care Unit Leader</i> on problems, outstanding issues, and follow-up requirements. Submit comments for discussion and possible inclusion in the after-action report: <ul style="list-style-type: none"> • Review pertinent position descriptions, checklists, forms. • Recommend procedural changes. • Highlight section accomplishments. 		

Documents/Tools
<ul style="list-style-type: none"> • Incident Management Team Chart • Hospital telephone directory • Portable phone, handheld radio, runners

MSE PHYSICIAN

4

Mission: Perform physical exam. Determine patient disposition to discharge (via Pharmacy), observation (and intervention) or Emergency Department (ED) (for further work-up).

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <u>Casualty Care Unit Leader</u>		Telephone: _____		
Incident Command Post Location: _____			Telephone: _____	
Fax: _____	Other Contact Info: _____		Radio Title: _____	

Immediate (Operational Period 0–1 Hour)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the <i>Casualty Care Unit Leader</i> .		
Read this entire Job Action Sheet and review incident management team chart.		
Notify your usual supervisor of your Hospital Incident Command System (HICS) assignment.		
Ask patient about History of Patient Illness (HPI).		
Perform a full physical exam with patient in the car or ask patient to sit on a chair/cot.		
Record your assessment and plan on patient’s records and replace on windshield of car.		
Direct patient to one of the following: <ul style="list-style-type: none"> • Discharge – If the patient is ready for discharge, fill out their discharge form and prescribe anti-virals as necessary. Direct patient to pharmacy area. • Observation – If the patient could be discharged after a quick/easy intervention and observation such as giving an Albuterol treatment, anti-pyretics or performing a PO challenge. Direct patient to observation area: <ul style="list-style-type: none"> – Order treatment. – Go back to observation area to reassess the patient and determine their disposition. • Emergency Department (ED) – If the patient does not appear well enough for immediate discharge or you are concerned about a more serious illness or if you think the patient needs labs, x-rays or another evaluation. 		

Intermediate/Extended (Operational Period 1–12 Hours)	Time	Initial
Meet regularly with the <i>Casualty Care Unit Leader</i> : <ul style="list-style-type: none"> • Obtain status reports, and relay information about progress on assigned tasks. • Identify need for assistance or equipment. • Advise about any operational issue you are not able to correct or resolve. 		
Monitor use of personal protective equipment and report any potential adverse impacts.		
Continue to monitor the Station’s ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis (at least every 4 hours). Provide for staff rest periods and relief.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the <i>Employee Health and Well-Being Unit Leader</i> .		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned equipment.		
Upon deactivation of your position, ensure all documentation is submitted to the <i>Casualty Care Unit Leader</i> .		
Participate in debriefing on lessons learned and procedural/equipment changes needed.		
Brief the <i>Casualty Care Unit Leader</i> on problems, outstanding issues, and follow-up requirements. Submit comments for discussion and possible inclusion in the after-action report: <ul style="list-style-type: none"> • Review pertinent position descriptions, checklists, forms. • Recommend procedural changes. • Highlight section accomplishments. 		

Documents/Tools
<ul style="list-style-type: none"> • Incident Management Team Chart • Hospital telephone directory • Portable phone, handheld radio, runners

PHARMACY LEADER

5

Mission: Receive, maintain inventory and proper storage, dispense and secure pharmaceutical supplies.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <u>Casualty Care Unit Leader</u>		Telephone: _____		
Incident Command Post Location: _____			Telephone: _____	
Fax: _____	Other Contact Info: _____		Radio Title: _____	

Immediate (Operational Period 0–1 Hour)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the <i>Casualty Care Unit Leader</i> .		
Read this entire Job Action Sheet and review incident management team chart.		
Notify your usual supervisor of your Hospital Incident Command System (HICS) assignment.		
Obtain the following supplies: <ul style="list-style-type: none"> • Any disaster-related and necessary medications (see Appendix B, Equipment/Supplies List) 		
Make arrangements for receipt of pharmaceutical supplies.		
Coordinate with Logistics Section Chief and Security Branch Director to discuss/determine: <ul style="list-style-type: none"> • Estimated time of arrival of assets (if assets are off-site) • Drop-off location • Secure locations for pharmaceuticals as they arrive • Order of priority for distribution 		
Determine staffing requirements for Dispensing Station. If shortfalls are identified, secure additional staff.		
Assist with set-up of dispensing area: tables, chairs, signs, etc. (before assets arrive).		
Brief all <i>Pharmacy Technicians</i> regarding planned operations. Ensure all technicians are clear on treatment protocols. Review all patient information forms.		
Receive and sign for assets delivered. Record times of arrival.		
Inventory pharmaceuticals received.		
Update inventory log as supplies are distributed.		
Check each Dispensing Station hourly or sooner based on crowd size and re-supply as needed. Coordinate with Runners to deliver supplies.		
Oversee <i>Pharmacy Technicians</i> ; provide assistance, and direction as required for repackaging, compounding.		

Immediate (Operational Period 0–1 Hour)	Time	Initial
Dispense prescribed medication and provide pharmacy consultation to patients.		
Provide necessary pharmacy consultation to medical staff.		
Ensure that drug information sheets are available, if possible.		
Ensure unused supplies are repackaged and returned.		

Intermediate/Extended (Operational Period 1–12 Hours)	Time	Initial
Meet regularly with the <i>Casualty Care Unit Leader</i> : <ul style="list-style-type: none"> • Obtain status reports, and relay information about progress on assigned tasks. • Identify need for assistance or equipment. • Advise about any operational issue you are not able to correct or resolve. 		
Monitor use of personal protective equipment and report any potential adverse impacts.		
Continue to monitor the Station’s ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis. Provide for staff rest periods and relief.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the <i>Employee Health and Well-Being Unit Leader</i> .		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned equipment.		
Upon deactivation of your position, ensure all documentation is submitted to the <i>Casualty Care Unit Leader</i> .		
Participate in debriefing on lessons learned and procedural/equipment changes needed.		
Brief the <i>Casualty Care Unit Leader</i> on problems, outstanding issues, and follow-up requirements. Submit comments for discussion and possible inclusion in the after-action report: <ul style="list-style-type: none"> • Review pertinent position descriptions, checklists, forms. • Recommend procedural changes. • Highlight section accomplishments. 		

Documents/Tools
<ul style="list-style-type: none"> • Incident Management Team Chart • Hospital telephone directory • Portable phone, handheld radio, runners

PHARMACY TECHNICIAN

6

Mission: Ensure that medication is stored, reconstituted and distributed with Pharmacist supervision and in accordance with instructions.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <u>Casualty Care Unit Leader</u>		Telephone: _____		
Incident Command Post Location: _____			Telephone: _____	
Fax: _____	Other Contact Info: _____		Radio Title: _____	

Immediate (Operational Period 0–1 Hour)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the <i>Casualty Care Unit Leader</i> .		
Read this entire Job Action Sheet and review incident management team chart.		
Notify your usual supervisor of your Hospital Incident Command System (HICS) assignment.		
Ensure that all medication is stored and handled according to specific manufacturers' instructions.		
Prepare and deliver Pharmacist-approved medication to supply stations.		
Maintain adequate supply of medication.		
Keep medication supply locked and limit access to storage area to authorized personnel.		
Track medication supply lot numbers, distribution and wastage.		
Notify <i>Pharmacy Leader</i> well in advance of supply needs.		

Intermediate/Extended (Operational Period 1–12 Hours)	Time	Initial
Meet regularly with the <i>Casualty Care Unit Leader</i> : <ul style="list-style-type: none"> • Obtain status reports, and relay information about progress on assigned tasks. • Identify need for assistance or equipment. • Advise about any operational issue you are not able to correct or resolve. 		
Monitor use of personal protective equipment and report any potential adverse impacts.		
Continue to monitor the Station's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis. Provide for staff rest periods and relief.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		

Intermediate/Extended (Operational Period 1–12 Hours)	Time	Initial
Observe staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the <i>Employee Health and Well-Being Unit Leader</i> .		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned equipment.		
Upon deactivation of your position, ensure all documentation is submitted to the <i>Casualty Care Unit Leader</i> .		
Participate in debriefing on lessons learned and procedural/equipment changes needed.		
Brief the <i>Casualty Care Unit Leader</i> on problems, outstanding issues, and follow-up requirements. Submit comments for discussion and possible inclusion in the after-action report: <ul style="list-style-type: none"> • Review pertinent position descriptions, checklists, forms. • Recommend procedural changes. • Highlight section accomplishments. 		

Documents/Tools
<ul style="list-style-type: none"> • Incident Management Team Chart • Hospital telephone directory • Portable phone, handheld radio, runners

DISCHARGE RN

7

Mission: Review discharge paperwork with patient(s). Direct patient(s) to Emergency Department (ED) if instructed by MSE Physician.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <u>Casualty Care Unit Leader</u>			Telephone: _____	
Incident Command Post Location: _____			Telephone: _____	
Fax: _____	Other Contact Info: _____		Radio Title: _____	

Immediate (Operational Period 0–1 Hour)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the <i>Casualty Care Unit Leader</i> .		
Read this entire Job Action Sheet and review incident management team chart.		
Notify your usual supervisor of your Hospital Incident Command System (HICS) assignment.		
Obtain the following supplies: <ul style="list-style-type: none"> • H1N1 home care instructions • Blood pressure cuff • Oxygen saturation machine • Thermometer 		
Ensure that all patients discharged are tracked and documented in regard to disposition.		
Recheck vital signs or oxygen saturation if needed.		
Review discharge paperwork with patient.		
Direct patient to the Emergency Department (ED) if directed by physician. Ensure a copy of the patient chart is sent with patient. (If copy service is not available, record chart number and destination for future retrieval.)		

Intermediate/Extended (Operational Period 1–12 Hours)	Time	Initial
Meet regularly with the <i>Casualty Care Unit Leader</i> : <ul style="list-style-type: none"> • Obtain status reports, and relay information about progress on assigned tasks. • Identify need for assistance or equipment. • Advise about any operational issue you are not able to correct or resolve. 		
Monitor use of personal protective equipment and report any potential adverse impacts.		
Continue to monitor the Station’s ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis. Provide for staff rest periods and relief.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the <i>Employee Health and Well-Being Unit Leader</i> .		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned equipment.		
Upon deactivation of your position, ensure all documentation is submitted to the <i>Casualty Care Unit Leader</i> .		
Participate in debriefing on lessons learned and procedural/equipment changes needed.		
Brief the <i>Casualty Care Unit Leader</i> on problems, outstanding issues, and follow-up requirements. Submit comments for discussion and possible inclusion in the after-action report: <ul style="list-style-type: none"> • Review pertinent position descriptions, checklists, forms. • Recommend procedural changes. • Highlight section accomplishments. 		

Documents/Tools
<ul style="list-style-type: none"> • Incident Management Team Chart • Hospital telephone directory • Portable phone, handheld radio, runners

TRIAGE TECHNICIAN

8

Mission: Complete and document vital signs and weight when indicated. Notify RN of abnormal vital signs or concerns.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <u>Primary Triage RN</u>			Telephone: _____	
Incident Command Post Location: _____			Telephone: _____	
Fax: _____	Other Contact Info: _____		Radio Title: _____	

Immediate (Operational Period 0–1 Hour)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the <i>Primary Triage RN</i> .		
Read this entire Job Action Sheet and review incident management team chart.		
Notify your usual supervisor of your Hospital Incident Command System (HICS) assignment.		
Obtain the following supplies: <ul style="list-style-type: none"> • Blood pressure cuff • Oxygen saturation machine • Thermometer • Personal Protective Equipment (PPE) • Stethoscope • Radio with vest • Pen • Scale • Cots • Portable vital sign monitor 		
Perform primary triage assessment including: <ul style="list-style-type: none"> • Complete and document vital signs, obtain weight if necessary. • Inform RN of abnormal vital signs or other concerns. 		
If assigned to Park and Wait Area: <ul style="list-style-type: none"> • Complete and document vital signs, obtain weight if necessary. • Radio Float RN for abnormal vital signs or other concerns. • Recheck vital signs if antipyretic given by RN to patient. 		

Intermediate/Extended (Operational Period 1–12 Hours)	Time	Initial
Meet regularly with the <i>Primary Triage RN</i> : <ul style="list-style-type: none"> • Obtain status reports, and relay information about progress on assigned tasks. • Identify need for assistance or equipment. • Advise about any operational issue you are not able to correct or resolve. 		
Monitor use of personal protective equipment and report any potential adverse impacts.		
Continue to monitor the Station's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Ensure your physical readiness through proper nutrition, water intake, rest periods, and stress management techniques.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned equipment.		
Upon deactivation of your position, ensure all documentation is submitted to the <i>Primary Triage RN</i> .		
Participate in debriefing on lessons learned and procedural/equipment changes needed.		
Brief the <i>Primary Triage RN</i> on problems, outstanding issues, and follow-up requirements. Submit comments for discussion and possible inclusion in the after-action report: <ul style="list-style-type: none"> • Review pertinent position descriptions, checklists, forms. • Recommend procedural changes. • Highlight section accomplishments. 		

Documents/Tools
<ul style="list-style-type: none"> • Incident Management Team Chart • Hospital telephone directory • Portable phone, handheld radio, runners

OBSERVATION RN

9

Mission: Provide secondary assessment, complete all MD orders, document interventions and results. Direct driver to Discharge Station if discharge order provided by MD.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <u>Casualty Care Unit Leader</u>			Telephone: _____	
Incident Command Post Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0–1 Hour)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the <i>Casualty Care Unit Leader</i> .		
Read this entire Job Action Sheet and review incident management team chart.		
Notify your usual supervisor of your Hospital Incident Command System (HICS) assignment.		
Obtain the following supplies: <ul style="list-style-type: none"> • Personal Protective Equipment (PPE) • O₂ tank • Nebulizers • Radio with vest • IV supplies with start kits, NS, IV tubing • ISTAT machine with cartridges • EKG machine • Cardiac and O₂ saturation monitor • Water, juice, possibly popsicles for pediatric patients 		
Check supplies on arrival.		
Complete secondary assessment.		
Review and complete MD orders.		
Recheck vital signs.		
Communicate with Pharmacist for medication orders.		
Contact MD when all orders are completed.		
Record all assessment, interventions and communication and return chart to windshield.		
Direct car to Discharge RN after re-assessment by MSE Physician.		

Intermediate/Extended (Operational Period 1–12 Hours)	Time	Initial
Meet regularly with the <i>Casualty Care Unit Leader</i> : <ul style="list-style-type: none"> • Obtain status reports, and relay information about progress on assigned tasks. • Identify need for assistance or equipment. • Advise about any operational issue you are not able to correct or resolve. 		
Monitor use of personal protective equipment and report any potential adverse impacts.		
Continue to monitor the Station's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis. Provide for staff rest periods and relief.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the <i>Employee Health and Well-Being Unit Leader</i> .		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned equipment.		
Upon deactivation of your position, ensure all documentation is submitted to the <i>Casualty Care Unit Leader</i> .		
Participate in debriefing on lessons learned and procedural/equipment changes needed.		
Brief the <i>Casualty Care Unit Leader</i> on problems, outstanding issues, and follow-up requirements. Submit comments for discussion and possible inclusion in the after-action report: <ul style="list-style-type: none"> • Review pertinent position descriptions, checklists, forms. • Recommend procedural changes. • Highlight section accomplishments. 		

Documents/Tools
<ul style="list-style-type: none"> • Incident Management Team Chart • Hospital telephone directory • Portable phone, handheld radio, runners

FLOAT RN

10

Mission: Determine where help is needed, assist with breaks, respond to Parking Area at request of Triage Technician.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <u>Casualty Care Unit Leader</u>		Telephone: _____		
Incident Command Post Location: _____			Telephone: _____	
Fax: _____	Other Contact Info: _____		Radio Title: _____	

Immediate (Operational Period 0–1 Hour)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the <i>Casualty Care Unit Leader</i> .		
Read this entire Job Action Sheet and review incident management team chart.		
Notify your usual supervisor of your Hospital Incident Command System (HICS) assignment.		
Obtain the following supplies: <ul style="list-style-type: none"> • Personal Protective Equipment (PPE) • Stethoscope • Radio with vest 		
Provide breaks for RNs.		
Provide assistance to Screening RN if cars are back-up in this area.		
Answer all radio calls from Triage Technician stationed in Parking Area.		
As needed responds to Parking Area for assessment and administration of antipyretic for fever control or delegate call to available RN.		

Intermediate/Extended (Operational Period 1–12 Hours)	Time	Initial
Meet regularly with the <i>Casualty Care Unit Leader</i> : <ul style="list-style-type: none"> • Obtain status reports, and relay information about progress on assigned tasks. • Identify need for assistance or equipment. • Advise about any operational issue you are not able to correct or resolve. 		
Monitor use of Personal Protective Equipment (PPD) and report any potential adverse impacts.		
Continue to monitor the Station’s ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis. Provide for staff rest periods and relief.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the <i>Employee Health and Well-Being Unit Leader</i> .		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned equipment.		
Upon deactivation of your position, ensure all documentation is submitted to the <i>Casualty Care Unit Leader</i> .		
Participate in debriefing on lessons learned and procedural/equipment changes needed.		
Brief the <i>Casualty Care Unit Leader</i> on problems, outstanding issues, and follow-up requirements. Submit comments for discussion and possible inclusion in the after-action report: <ul style="list-style-type: none"> • Review pertinent position descriptions, checklists, forms. • Recommend procedural changes. • Highlight section accomplishments. 		

Documents/Tools
<ul style="list-style-type: none"> • Incident Management Team Chart • Hospital telephone directory • Portable phone, handheld radio, runners

UNIT SECRETARY

11

Mission: Responsible for accuracy and assembling of chart upon discharge of patient.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: <u>Casualty Care Unit Leader</u>			Telephone: _____	
Incident Command Post Location: _____			Telephone: _____	
Fax: _____	Other Contact Info: _____		Radio Title: _____	

Immediate (Operational Period 0–1 Hour)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the <i>Casualty Care Unit Leader</i> .		
Read this entire Job Action Sheet and review incident management team chart.		
Notify your usual supervisor of your Hospital Incident Command System (HICS) assignment.		
Obtain the following supplies: <ul style="list-style-type: none"> • Personal Protective Equipment (PPE) • Pens • Stapler • Storage box for charts to be delivered to HIMS 		
When car has exited garage obtain chart. <ul style="list-style-type: none"> • Ensure that all documents are present in chart with same identification number on each document, place in order. • Staple chart binder closed. • Place in HIMS container. 		

Intermediate/Extended (Operational Period 1–12 Hours)	Time	Initial
Meet regularly with the <i>Casualty Care Unit Leader</i> : <ul style="list-style-type: none"> • Obtain status reports, and relay information about progress on assigned tasks. • Identify need for assistance or equipment. • Advise about any operational issue you are not able to correct or resolve. 		
Monitor use of personal protective equipment and report any potential adverse impacts.		
Continue to monitor the Station’s ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Rotate staff on a regular basis. Provide for staff rest periods and relief.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the <i>Employee Health and Well-Being Unit Leader</i> .		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned equipment.		
Upon deactivation of your position, ensure all documentation is submitted to the <i>Casualty Care Unit Leader</i> .		
Participate in debriefing on lessons learned and procedural/equipment changes needed.		
Brief the <i>Casualty Care Unit Leader</i> on problems, outstanding issues, and follow-up requirements. Submit comments for discussion and possible inclusion in the after-action report: <ul style="list-style-type: none"> • Review pertinent position descriptions, checklists, forms. • Recommend procedural changes. • Highlight section accomplishments. 		

Documents/Tools
<ul style="list-style-type: none"> • Incident Management Team Chart • Hospital telephone directory • Portable phone, handheld radio, runners

Appendix B: Equipment/Supplies List

OPERATIONAL EQUIPMENT

Item	Quantity	Comments
<u>General</u>		
Clipboards	10	Clerical
Scissors	4	
Pens	50	
Paperclips	250	
Tables	6	Ideally has surface that is easy to wipe clean
Chairs	12	
Trash Bins	12	Non-Biohazard bins for regular trash
Bin Liners	60	Non-Biohazard trash bags
2-Way Radios (and batteries)	6	Consider plan for charging radios
Wheelchairs	2	
Cots (or Gurneys)	Multiple	For car-side exams
Privacy Screens	Multiple	For car-side exams
Examination Tents	Multiple	For car-side exams
Flashlights		
Lights as needed		
Area Lighting/Generator*		If Drive-Through area not illuminated, generators and lighting will need to be installed
<i>*Caution: Due to CO poisoning risk, generators should not be placed indoors.</i>		
Extension Cords		
Megaphone (with batteries)	1	For announcements
Tent or coverage for outside screening RN	1	If raining
<u>Patient Amenities</u>		
Port-a-Potties	2	Preferably one that is handicap accessible
Hand-washing facilities/hand sanitizer	Multiple	As required to meet patient needs
Emesis Bags/Basins	30	
Manila Envelopes	200	Allows patients to keep paperwork together
Blankets	50	
Bedpan	2	
Spare Infant diapers	5	
Tissue Boxes	50	
Screens		Provide patient privacy during physician exams
Heating lamps		
Fans to move exhaust out of parking structure		

Item	Quantity	Comments
Documentation		
Medical Record Folders	200	
Registration Forms	200	
Triage Form	200	
Medical Screening Exam Forms	200	
Discharge Form	200	
Order Sheet	200	
Influenza Information Sheet	200	
Medication Information	200	
Maps and Directions to Emergency Dept.		
Green Post-it Notes	100	
Yellow Post-it Notes	100	
Traffic Control		
Traffic Vests	5	Reflective vests for Traffic Control staff
Traffic Cones	10	
Barricades	5	
Barricade Tape	1 roll	
Traffic Light Wands	2	For night-time traffic control
Rubber Mats		
Signage		
Butcher Paper	1 roll	To make expedited signs
Marker Pens	2	To make expedited signs
Arrow signs		Pre-printed – see Appendix D
Discharge & Dispensing		Pre-printed – see Appendix D
Entrance		Pre-printed – see Appendix D
Exit		Pre-printed – see Appendix D
Incident Command Post		Pre-printed – see Appendix D
Medical Screening Exam		Pre-printed – see Appendix D
Observation Area		Pre-printed – see Appendix D
Park Car – Keep Windows Up – Stay in Car		Pre-printed – see Appendix D
Restroom		Pre-printed – see Appendix D
Screening		Pre-printed – see Appendix D
Speed Limit 3 MPH		Pre-printed – see Appendix D
Speed Limit 5 MPH		Pre-printed – see Appendix D
Staff Parking		Pre-printed – see Appendix D
Staging Area		Pre-printed – see Appendix D
Start HERE		Pre-printed – see Appendix D
Stop		Pre-printed – see Appendix D
Tune Radio to _____		Pre-printed – see Appendix D
Turn Off Your Engine		Pre-printed – see Appendix D
Vehicle Height Clearance ____ ft.		Pre-printed – see Appendix D

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Item	Quantity	Comments
General Personal Protective Equipment (PPE)/Cleaning		
N95 Respirators (Respiratory Protection)	150	Need at least 1/staff/shift
Gloves, Nitrile	10 boxes, each size	Need at least 1/staff/shift
Eye shields or Safety Glasses	150	
Yellow Isolation Gowns (droplet protection of clothing)	150	Need at least 1/staff/shift
Surgical Masks/Earloop Facemask	200	(For Patient Use)
Masks with Face Shield	Need at least 4 per staff per shift	Place over N95 to protect mask and eyes
Booties	50	
Hand Sanitizer Bottles	20	
Sani-Cloth Type Disinfecting Wipes	10 canisters	
Paper Towels	300	
Biohazard Bags	30	
Biohazard Bins	4	
Stethoscope cleaners	100	
Other Safety Issues		
Carbon Monoxide Monitor-Rad 57	1	Monitor CO levels

CLINICAL EQUIPMENT

Item	Quantity	Comments
Patient Assessment		
Stethoscopes	6	
BP Cuffs (Manual or Automated)	4	Consider pediatric sizes as well
Pulse Oximeters	6	Vital signs
Penlights	12	
Otoscope	2	
Ophthalmoscope	2	
Tongue Depressors	150	
Adult Scale	1	
Baby Scale	1	
Glucometer	1	
Lancets	50	
Sharps Container	3	Disposal of any sharp objects
RAD-57 CO-oximeter	1	For non-invasive CO monitoring
Thermometers	2	Consider disposable style
Thermometer Probe Covers	150	
Tape	10	
EKG machine	1 total	Cardiac examination
Point of Care Testing Device	1	Patient evaluation
Alcohol wipes	1 box	Cleaning of probes and minor equipment
Head lamps	4	Patient exam

Item	Quantity	Comments
Emergency		
Crash Cart (Adult)	1	
Crash Cart (Pediatric)	1	With Browslow Tape
Defibrillator/Monitor	1	**If unit is normally plugged into wall socket and there is no on-site electricity, bring spare batteries**
Portable suction unit	1	**If unit is normally plugged into wall socket and there is no on-site electricity, bring spare batteries**
Oxygen Cylinder with Regulator	1	E-Cylinder with variable flow rate regulator
Oxygen Masks, associated Sizes	Assorted	
HEPA Viral Filter Attachment	2	For Bag Mask Resuscitator/ET Use
Nebulizer mask systems can generate significant aerosols and should not be stocked		

PHARMACEUTICALS

Item	Quantity	Comments
Acetaminophen (liquid/pills)	2 bottles, 50 tabs	
Dosing syringe or spoon	20	
Ibuprofen (liquid/pills)	2 bottles, 50 tabs	
Ondansetron (ODT)	50 tabs	
Antacid	25 tabs	
Albuterol MDI	10	
MDI Spacer	30	
Oral Rehydration Fluid	1 Case	
Oseltamivir phosphate	1 Case	
Juice	1 Case	
Directions to pharmacies	150	
Pharmacy labels		

Appendix C: Forms

- C-1, Drive-Through Triage Staff Assignment Form
- C-2, Drive-Through Triage Staff Sign-In Sheet
- C-3, Drive-Through Patient Information

Examples Only

The following forms are reference examples of the types needed for Drive-Through Triage [*insert Hospital's forms here*]:

- C-4, Emergency Department Nursing Record
- C-5, Medications – Patient Medication Reconciliation and Prescriptions
- C-6, Emergency Department Physician's Order Record
- C-7, Emergency Department Record

Drive-Through Triage Staff Assignment Form

Job Action Sheet Position	Station Assignment	Number of Staff per Shift	Shift Noon–3 PM Staff Assigned	Shift 3–6 PM Staff Assigned	Shift 6–9 PM Staff Assigned	Shift 9 PM–Midnight Staff Assigned
Casualty Care Unit Leader	F Incident Command Post	1				
Screening RN	A Screening Station	1				
Registration Staff	B Registration	2	_____	_____	_____	_____
Primary Triage RN	C Triage & Medical Screening Exam (MSE)	2	_____	_____	_____	_____
Triage Technician	C Triage & Medical Screening Exam (MSE)	2	_____	_____	_____	_____
MSE Physician	C Triage & Medical Screening Exam (MSE)	2	_____	_____	_____	_____
Pharmacy Leader	D Observation Area & Dispensing Pharmacy	1				
Pharmacy Technician	D Observation Area & Dispensing Pharmacy	2	_____	_____	_____	_____
Discharge RN	E Discharge & Medical Records	2	_____	_____	_____	_____
Float RN	* As assigned	2	_____	_____	_____	_____
Observation RN	D Observation Area & Dispensing Pharmacy	2	_____	_____	_____	_____

Job Action Sheet Position	Station Assignment	Number of Staff per Shift	Shift Noon–3 PM Staff Assigned	Shift 3–6 PM Staff Assigned	Shift 6–9 PM Staff Assigned	Shift 9 PM–Midnight Staff Assigned
Unit Secretary	E Discharge & Medical Records	2	_____	_____	_____	_____
Employee Health and Well-Being Unit Leader	G Staff Support & Rehabilitation Area	1				

Drive-Through Triage Staff Sign-In Sheet

Printed Name	Signature	Assigned Job Action Sheet Position	Station Assignment	Contact Phone/ Call Sign	Time In	Time Out

[INSERT HOSPITAL NAME]
DRIVE-THROUGH PATIENT INFORMATION

H1N1 is spread from person to person through coughs and sneezes. This Drive-Through clinic enables patients to minimize contact with others by using their vehicle to “contain” the virus. Also, the wait time is shorter than in the Emergency Department. *Please follow speed limits posted in Drive-Through Triage clinic.*

STEP 1: PARKING AREA

- While you are waiting in the Parking Area before entering the Drive-Through Triage, tune your vehicle radio to AM **[insert channel]**, where you will hear regular updates on wait time to be seen by the physician, vehicle safety, and other information. These broadcasts will also be in **[insert languages for non-English-speaking populations served by the hospital]**.
- While you are waiting in the Parking Area, you will receive a Registration form(s) and a pen. Please fill out the form(s) while you are waiting.
- When you exit the Parking Area, you will be directed to the Registration Station.

You will be asked to stop at each station and turn off your vehicle engine. Please wait until instructed before moving your vehicle to the next station. Do NOT back up your vehicle.

STEP 2: REGISTRATION

At the Registration Station, you will be asked for your identification, contact information, insurance information and other pertinent data. You will be asked to sign a consent form for any treatment you will receive.

STEP 3: TRIAGE AND MEDICAL SCREENING

An RN or technician will weigh you and do a preliminary exam (temperature, blood pressure, etc.). You will then be seen by the doctor. The doctor will perform a physical exam to determine whether you should be: (a) discharged (with medication, if needed); (b) retained for observation and treatment at the Drive-Through Triage clinic; or (c) sent to the Emergency Department for evaluation.

STEP 4: OBSERVATION AREA AND PHARMACY

At this station, depending on your diagnosis, you will either: (a) pick up your prescription at the Pharmacy and proceed to Discharge or (b) remain at the Observation Area for treatment and further evaluation before proceeding to Discharge.

STEP 5: DISCHARGE AND MEDICAL RECORDS

A nurse will review your discharge paperwork with you and give you instructions for home care.

Medical Record Number

Patient Name

STANFORD HOSPITAL and CLINICS
STANFORD, CALIFORNIA 94305



EMERGENCY DEPARTMENT
NURSING RECORD

Addressograph or Label - Patient Name, Medical Record Number

Page 1 of 4

TRIAGE	Chief Complaint:		PRIORITY 1 2 3 4 5					AREA	ROOM
			Do you have pain? <input type="checkbox"/> No <input type="checkbox"/> Yes - See "Pain Screening" below						
	Date								
	Door	Triage							
Age									
Sex <input type="checkbox"/> M <input type="checkbox"/> F									
Paramedic VS:			Treatment PTA:						
Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		<input type="checkbox"/> Interpreter Used			Primary MD				
BP	HR	RR	Temp	C°	O ₂ Sat%	Weight (<small>< 12 years</small>)		Kg	
Arrival Mode	Medications	Allergies	Past Medical History			Tetanus Hx / Immunizations			
<input type="checkbox"/> EMS <input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheel chair <input type="checkbox"/> Carried <input type="checkbox"/> Other	See medication reconciliation list	<input type="checkbox"/> NKDA	<input type="checkbox"/> Denies <input type="checkbox"/> Diabetes <input type="checkbox"/> HTN <input type="checkbox"/> CAD <input type="checkbox"/> Stroke <input type="checkbox"/> Asthma <input type="checkbox"/> ↑ Chol <input type="checkbox"/> Cancer: <input type="checkbox"/> Other:			<input type="checkbox"/> Up to date			
						LMP # Wks Pregnant			
PAIN SCREENING		Pain Site #1			Pain Site #2				
Location of pain:		<input type="checkbox"/> N/A			<input type="checkbox"/> N/A				
P: Provoking / relieving factors:		P			P				
Q: Quality / description:		Q			Q				
R: Radiation? non-radiating?		R			R				
S: Severity / pain scale: 0-10*		S			S				
T: Time / onset:		T			T				
<input type="checkbox"/> Faces Scale* <input type="checkbox"/> FLACC Scale <input type="checkbox"/> Non-Verbal Pain Scale (see page 2) *Patient instructed on use of 0-10 or Faces pain rating scale									
					FLACC PAIN SCALE - (Each category is scored from 0-2, totals up to 10)				
					Categories	0	1	2	
					Face	Smile or no expression	Occ. grimace or frown; withdrawn	Quivering chin; clenched jaw	
					Legs	Normal position or relaxed	Uneasy, tense, restless	Kicking, legs drawn up	
					Activity	Lying quietly, moves easily	Squirming, tense shifting back & forth	Arched, rigid, jerking	
					Cry	No cry	Moans or whimpers; occ. complaints	Crying, screaming, freq. complaints	
					Consolability	Content, relaxed	Reassured by occ. touch, hug or talk; distractible	Difficult to console or comfort	
Does a partner or anyone at home hurt, hit, or threaten you? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact Social Worker.									
Triage Intervention <input type="checkbox"/> None <input type="checkbox"/> Dressing <input type="checkbox"/> Ice <input type="checkbox"/> Splint <input type="checkbox"/> C-Collar <input type="checkbox"/> Antipyretics <input type="checkbox"/> Mask <input type="checkbox"/> NPO <input type="checkbox"/> UA <input type="checkbox"/> Extremity x-ray: <input type="checkbox"/> Other:									
Triage Nurse (printed name)					Signature				

15-276A (9/07)

STANFORD HOSPITAL and CLINICS
STANFORD, CALIFORNIA 94305

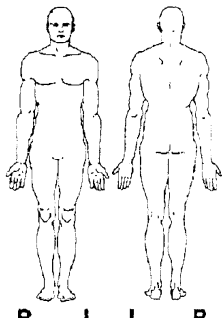
Medical Record Number _____

Patient Name _____

**EMERGENCY DEPARTMENT
NURSING RECORD**

Addressograph or Label - Patient Name, Medical Record Number

Page 2 of 4

INITIAL PHYSICAL ASSESSMENT	
<p>NEUROLOGICAL</p> <p>Oriented to: <input type="checkbox"/> person <input type="checkbox"/> place <input type="checkbox"/> time <input type="checkbox"/> event</p> <p><input type="checkbox"/> disoriented <input type="checkbox"/> combative <input type="checkbox"/> anxious <input type="checkbox"/> restless <input type="checkbox"/> drowsy</p> <p><input type="checkbox"/> lethargic <input type="checkbox"/> no recall of event</p> <p>Responsiveness: <input type="checkbox"/> alert <input type="checkbox"/> verbal <input type="checkbox"/> pain <input type="checkbox"/> unresponsive</p> <p><input type="checkbox"/> obeys commands <input type="checkbox"/> calm <input type="checkbox"/> cooperative</p> <p>Speech: <input type="checkbox"/> clear <input type="checkbox"/> slurred</p> <p>Pupils: <input type="checkbox"/> equal <input type="checkbox"/> unequal <input type="checkbox"/> reactive to light bil. <input type="checkbox"/> N/A</p> <p>Size: Right: _____ mm Left: _____ mm <input type="checkbox"/> N/A</p> <p>Visual Acuity: Right: _____ Left: _____ Both: _____ <input type="checkbox"/> N/A</p> <p>Grips: <input type="checkbox"/> equal <input type="checkbox"/> R weak <input type="checkbox"/> L weak <input type="checkbox"/> N/A</p> <p>Deficit: <input type="checkbox"/> right <input type="checkbox"/> left: <input type="checkbox"/> N/A</p> <p>Infant's Cry <input type="checkbox"/> strong <input type="checkbox"/> shrill <input type="checkbox"/> weak <input type="checkbox"/> N/A</p> <p>Fontanelle <input type="checkbox"/> flat <input type="checkbox"/> bulging <input type="checkbox"/> depressed <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> caregiver states age appropriate orientation <input type="checkbox"/> sleeping</p> <p><input type="checkbox"/> See "Neurological Checklist" for stroke / TIA admits</p> <p><input type="checkbox"/> other: _____</p>	<p>CARDIOVASCULAR <input type="checkbox"/> N/A <input type="checkbox"/> Denies problem</p> <p>Rhythm: _____</p> <p>Central Pulses <input type="checkbox"/> strong <input type="checkbox"/> weak <input type="checkbox"/> irregular</p> <p>Edema <input type="checkbox"/> none <input type="checkbox"/> non-pitting <input type="checkbox"/> pitting <input type="checkbox"/> dependent</p> <p>Capillary Refill <input type="checkbox"/> less than 3 seconds <input type="checkbox"/> over 3 sec.</p> <p>JVD <input type="checkbox"/> none <input type="checkbox"/> present</p> <p><input type="checkbox"/> other: _____</p>
<p>SKIN</p> <p><input type="checkbox"/> warm <input type="checkbox"/> dry <input type="checkbox"/> normal color for ethnicity</p> <p><input type="checkbox"/> cool <input type="checkbox"/> hot <input type="checkbox"/> moist <input type="checkbox"/> diaphoretic</p> <p><input type="checkbox"/> pale <input type="checkbox"/> flushed <input type="checkbox"/> jaundice <input type="checkbox"/> mottled <input type="checkbox"/> cyanotic</p> <p>abrasions: _____</p> <p>lacerations: _____</p> <p>lesions/rash: _____</p> <p>decubitus ulcer(s): _____</p> <p>other: _____</p>	<p>RESPIRATORY <input type="checkbox"/> N/A <input type="checkbox"/> Denies problem</p> <p><input type="checkbox"/> non-labored <input type="checkbox"/> shallow <input type="checkbox"/> rapid <input type="checkbox"/> labored</p> <p>Breath Sounds: R L <input type="checkbox"/> home O₂ _____ liters/min.</p> <p><input type="checkbox"/> clear</p> <p><input type="checkbox"/> crackles / rales</p> <p><input type="checkbox"/> coarse / rhonchi</p> <p><input type="checkbox"/> wheezing</p> <p><input type="checkbox"/> diminished</p> <p>Cough <input type="checkbox"/> non-productive <input type="checkbox"/> productive: color _____</p> <p><input type="checkbox"/> retractions <input type="checkbox"/> nasal flaring <input type="checkbox"/> drooling</p> <p><input type="checkbox"/> other: _____</p>
<p>PSYCHOSOCIAL</p> <p>Accompanied to ED by: <input type="checkbox"/> self <input type="checkbox"/> family <input type="checkbox"/> EMS <input type="checkbox"/> other:</p> <p>If over age 70, does patient live alone? <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> appearance, behavior, verbalization & affect appropriate to situation.</p> <p><input type="checkbox"/> extreme anxiety <input type="checkbox"/> depression <input type="checkbox"/> suicidal ideation</p> <p><input type="checkbox"/> other: _____</p>	<p>MUSCULO-SKELETAL <input type="checkbox"/> N/A <input type="checkbox"/> Denies problem</p> <p><input type="checkbox"/> full ROM <input type="checkbox"/> limited ROM:</p> <p>distal pulses L + - R + - <input type="checkbox"/> swelling _____</p> <p>numbness L + - R + - <input type="checkbox"/> deformity _____</p> <p>tingling L + - R + - <input type="checkbox"/> abnormal color _____</p> <p><input type="checkbox"/> other: _____</p>
<p>FUNCTIONAL RISK:</p> <p><input type="checkbox"/> no change from usual function, no rehab referral needed.</p> <p><input type="checkbox"/> change from usual function or unable to perform activities of daily living-(mobility, eating, swallowing, communication, and hygiene)-consult with MD regarding appropriate referral.</p>	<p>GASTROINTESTINAL <input type="checkbox"/> N/A <input type="checkbox"/> Denies problem</p> <p>Abdomen <input type="checkbox"/> soft <input type="checkbox"/> flat <input type="checkbox"/> non-tender</p> <p><input type="checkbox"/> firm <input type="checkbox"/> distended <input type="checkbox"/> tender (location) _____</p> <p><input type="checkbox"/> nausea <input type="checkbox"/> vomiting # of times _____</p> <p><input type="checkbox"/> diarrhea <input type="checkbox"/> constipation last BM _____</p> <p>Bowel Sounds <input type="checkbox"/> active <input type="checkbox"/> hypoactive <input type="checkbox"/> hyperactive</p> <p>Pediatrics <input type="checkbox"/> breast-fed <input type="checkbox"/> bottle-fed</p> <p><input type="checkbox"/> other: _____</p>
<p>SKIN ASSESSMENT</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 20px;"> <ol style="list-style-type: none"> 1. Abrasion 2. Avulsion 3. Amputation 4. Burn 5. Contusion 6. Crepitus 7. Deformity 8. Fracture 9. GSW 10. Laceration 11. Pain 12. Stab wound 13. Swelling </div> </div>	<p>GU / REPRODUCTIVE <input type="checkbox"/> N/A <input type="checkbox"/> Denies problem</p> <p><input type="checkbox"/> burning urination <input type="checkbox"/> frequency <input type="checkbox"/> urgency</p> <p><input type="checkbox"/> painful urination <input type="checkbox"/> retention <input type="checkbox"/> incontinent</p> <p><input type="checkbox"/> hematuria <input type="checkbox"/> indwelling urinary catheter intact</p> <p><input type="checkbox"/> pregnant # weeks _____ FHT _____</p> <p>gravidia _____ para _____ abortions _____ spontaneous / elective</p> <p><input type="checkbox"/> vaginal bleeding # pads used _____ <input type="checkbox"/> discharge _____</p> <p><input type="checkbox"/> other: _____</p>
<p>NUTRITIONAL RISK:</p> <p><input type="checkbox"/> no nutrition referral needed.</p> <p><input type="checkbox"/> yes - unintentional weight loss > 10 lbs. in past 3 mo.; cachectic; change in appetite; nausea/ vomiting/ diarrhea for more than 2 days; feeding problems for pediatrics - consult with MD regarding referral to dietician.</p>	<p>PLAN OF CARE:</p> <p><input type="checkbox"/> pain - provide comfort and medicate as prescribed.</p> <p><input type="checkbox"/> anxiety - provide comfort and reassurance.</p> <p><input type="checkbox"/> other: _____</p>
<p>Assessing RN / LVN: _____</p>	<p>Time: _____</p>

Medical Record Number _____

Patient Name _____

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MEDICATIONS • PATIENT MEDICATION RECONCILIATION AND PRESCRIPTIONS

Addressograph or Label - Patient Name, Medical Record Number

Page ___ of ___

MUST USE ABBREVIATIONS: mcg, units, 1 mg (no trailing zero), 0.5 mg (use leading zero), q day, Q day, daily, every other day, morphine, magnesium sulfate, International units

Source of Medication Information (check all used):

- Unable to obtain complete medication list.
Reason: _____
- No home medications

- Patient medication list/Personal Medication Card
- Patient/Family/Significant Other recall
- Medication list from clinic/another facility
- Previous discharge medication list

Current Medication List					Reconciliation by MD:				
Recorded by: _____					Admission			Discharge	
RN Signature _____ Unit _____ Date _____					Unit: _____			Unit: _____	
<input type="checkbox"/> Outpatient-See Initial Procedure/Operative report					<input type="checkbox"/> MD notified/Pager _____			<input type="checkbox"/> MD notified/Pager _____	
<input type="checkbox"/> Faxed to pharmacy					Date/Time: _____			Date/Time: _____	
<input type="checkbox"/> Pharmacy consult needed on #'s: _____					RN Signature: _____			RN Signature: _____	
MEDICATION	DOSE	ROUTE	FREQ	LAST DOSE	Continue (✓)	Stop (✓)	RE-ASSESS POST-OP (✓)	Continue (✓)	Stop (✓)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

<p>Emergency Department/23 hour stay/OBV Patient:</p> <p><input type="checkbox"/> I have reviewed the patient's current medications as recorded by the RN.</p> <p>MD Signature _____, MD</p>	<p>Pager: _____</p> <p>Date/Time: _____</p> <p>Print Name: _____</p> <p>MD Signature: _____, MD</p>
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PRESCRIPTION ORDERS
SECURITY PRESCRIPTION FORMS MUST BE USED FOR CONTROLLED SUBSTANCES
UNTIL EPIC IMPLEMENTATION, PLEASE USE YOUR SECURE PRESCRIPTION PAD FOR ALL MEDICAL PATIENTS AS NOW REQUIRED BY NEW FEDERAL REGULATIONS. FOR ALL OTHER PATIENTS THIS SECTION MAY BE USED.

Discharge Prescriptions to be filled by your pharmacy Authorized to dispense generic equivalent unless checked here

New Prescriptions	Strength	Route	Directions	Quantity	Refill(s)
1.					
2.					
3.					
4.					
5.					
6.					

NUMBER OF NEW PRESCRIPTIONS ORDERED ON THIS FORM _____

Print Prescriber's Name	Prescriber's Signature/Date	Phone #	CA License
		Page #	DEA #

TO PLACE A PAGE AT STANFORD HOSPITAL AND CLINICS PHONE (650) 723-6661

Medical Record Number

Patient Name

Addressograph or Label - Patient Name, Medical Record Number

STANFORD HOSPITAL and CLINICS
STANFORD, CALIFORNIA 94305



**EMERGENCY DEPARTMENT
PHYSICIAN'S ORDER RECORD**

INITIAL ORDERS	TREATMENT	LAB STUDIES	RAD	MEDS*OTHER	Date	Time	Initials	Signature	Print Name	Pager	Time Done By	RN	Req Done By	Time Sent By	
											RN	Initials	US II	US II	
	<input type="checkbox"/> O ₂ at _____ l/min. <input type="checkbox"/> Vent Settings:												NA	NA	
	<input type="checkbox"/> Cardiac monitor												NA	NA	
	<input type="checkbox"/> ECG and Old ECG														
	<input type="checkbox"/> O ₂ sat <input type="checkbox"/> Continuous <input type="checkbox"/> Single check												NA	NA	
	<input type="checkbox"/> Saline lock <input type="checkbox"/> IV _____ solution at _____												NA	NA	
	<input type="checkbox"/> CBC <input type="checkbox"/> Cardiac Panel <input type="checkbox"/> D-Dimer <input type="checkbox"/> Blood Cultures x 2 <input type="checkbox"/> Lactate / VBG														
	<input type="checkbox"/> ABG (I-STAT) <input type="checkbox"/> Emergency Chemistry (I-STAT) <input type="checkbox"/> Creatinine (I-STAT)														
	<input type="checkbox"/> Basic Metabolic Panel <input type="checkbox"/> Bedside Glucose														
	<input type="checkbox"/> Comprehensive Metabolic Panel <input type="checkbox"/> Lipase <input type="checkbox"/> PT / PTT														
	<input type="checkbox"/> Urinalysis <input type="checkbox"/> Clean Catch <input type="checkbox"/> Cath <input type="checkbox"/> Urine C+S														
	<input type="checkbox"/> Bedside Urine Qualitative <input type="checkbox"/> Serum Quantitative Pregnancy <input type="checkbox"/> Serum Qualitative Pregnancy														
	<input type="checkbox"/> Chest <input type="checkbox"/> PA/Lat <input type="checkbox"/> Portable dx: _____												NA	NA	
	<input type="checkbox"/> CT/Ultrasound (circle) of _____ dx: _____ US to page radiologist on call after hours												NA	NA	
	<input type="checkbox"/> Other: _____ dx: _____												NA	NA	
	<input type="checkbox"/> Other: _____ dx: _____												NA	NA	
	<input type="checkbox"/> Diphtheria/Tetanus 0.5ml/IM (x 1) <input type="checkbox"/> Tdap <input type="checkbox"/> Td														
	<input type="checkbox"/> Acetaminophen 975 mg PO (x 1) <input type="checkbox"/> Acetaminophen Elixir 15 mg/kg/PO (x 1)														
	<input type="checkbox"/> Ibuprofen 800 mg PO (x 1) <input type="checkbox"/> Ibuprofen Elixir 10 mg/kg PO (x 1)														
	<input type="checkbox"/> Offer Morphine Sulfate _____ mg q _____ minutes for pain (BP>100, RR>12) (maximum _____ mg). Patient may refuse.														
	<input type="checkbox"/> Aspirin 162 mg PO (x 1) <input type="checkbox"/> NTG 0.4 mg SL q 5 minutes x 3 doses max (for SBP > 100 mm Hg)														
	<input type="checkbox"/> Albuterol HHN by RT (2.5 mg/ 3 ml NS) (x 1) <input type="checkbox"/> ATROVENT HHN by RT (0.5 mg / 2.5 ml NS) (x 1)														
ADDITIONAL ORDERS															

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EMERGENCY DEPARTMENT RECORD

Addressograph or Label - Patient Name, Medical Record Number

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TIME	DATE	PHYSICIAN HPI	Primary M.D.	CALLED <input type="checkbox"/> YES <input type="checkbox"/> NO	TIME CALLED
CHIEF COMPLAINT:				TEACHING PHYSICIAN	
HISTORY OF PRESENT ILLNESS:				<input type="checkbox"/> ATTENDING <input type="checkbox"/> SUPERVISORY RESIDENT	
<input type="checkbox"/> LOCATION <input type="checkbox"/> QUALITY: <input type="checkbox"/> SEVERITY (scale of 1-10): <input type="checkbox"/> TIMING (sudden/gradual): <input type="checkbox"/> DURATION (seconds, minutes, hours, days): <input type="checkbox"/> CONTEXT (symptoms began with): <input type="checkbox"/> MODIFYING FACTORS (improves/worsens with): <input type="checkbox"/> ASSOC. SIGNS & SYMPTOMS:					
+/- REVIEW OF SYSTEMS (circle abnormals/add details)		ALL OTHER REVIEW OF SYSTEMS NEGATIVE			
CONST: Fever - chills - wt. loss - weakness		PMH: <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> CAD <input type="checkbox"/> CHF <input type="checkbox"/> CVA <input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> Other			
EYES: Acuity change - pain - discharge					
ENMT: Hearing loss - earache - nasal drainage - sore throat					
RESP: SOB - cough - sputum - wheezing		PSH: <input type="checkbox"/> None <input type="checkbox"/> CABG <input type="checkbox"/> Appendectomy <input type="checkbox"/> Chole <input type="checkbox"/> Other			
CV: Chest pain - palpitations - PND - orthopnea					
GI: Nausea - vomiting - diarrhea - melena - hematochezia - pain		Meds: <input type="checkbox"/> None <input type="checkbox"/> Agree with nurses/triage notes			
MUSC: New bone or joint pain - back problems					
NEURO: Syncope - focal weakness - HA - seizure - dizziness					
PSYCH: Depression - anxiety - hallucinations - prior psych hx					
GU: Dysuria - urgency - frequency - nocturia		Allergies: <input type="checkbox"/> NKDA			
INTEG: Skin lesions - rash		FH: <input type="checkbox"/> No related FH <input type="checkbox"/> Family hx of (circle): Cardiac / Stroke / Cancer / DM / HTN			
ENDO: Polyuria - polydipsia - thyroid		Immunizations: <input type="checkbox"/> JTD Tetanus: Year:			
HEME/LYMPH: Bruising - adenopathy - anemia		Soc: Tobacco: EtOH: Drugs: Dom Violence: <input type="checkbox"/> YES <input type="checkbox"/> NO			
ALLERGIC/IMMUNO: Urticaria - hayfever		Residence: Marital (circle): S M W D Occup:			
PHYSICAL EXAMINATION			FOR NL, DESCRIBE ABN		
CONST: BP P R T O2 sat Wt. <input type="checkbox"/> WD/WN <input type="checkbox"/> Well hydrated <input type="checkbox"/> No resp distress <input type="checkbox"/> Non-toxic			<input type="checkbox"/> ATTENDING <input type="checkbox"/> SUPERVISORY RESIDENT		
EYES: <input type="checkbox"/> Lids, conj nl <input type="checkbox"/> Pupils/irises nl <input type="checkbox"/> Optic disks/post segments nl <input type="checkbox"/> EOMI <input type="checkbox"/> Sclera anicteric			CONST: EYES:		
ENMT: <input type="checkbox"/> External ears/nose nl <input type="checkbox"/> Nasal mucosa/septum/turbinates nl <input type="checkbox"/> TMS/canals nl <input type="checkbox"/> Hearing nl <input type="checkbox"/> Lips/teeth/gums nl <input type="checkbox"/> Oropharynx nl			ENMT:		
LYMPH: <input type="checkbox"/> Cervical nl <input type="checkbox"/> Axillary nl <input type="checkbox"/> Groin nl <input type="checkbox"/> Other _____ nl			LYMPH:		
NECK: <input type="checkbox"/> Symmetric/trachea midline/no masses <input type="checkbox"/> Thyroid nl <input type="checkbox"/> No JVD			NECK:		
RESP: <input type="checkbox"/> Effort nl <input type="checkbox"/> Auscultation nl <input type="checkbox"/> Percussion nl <input type="checkbox"/> Palpation nl <input type="checkbox"/> No wheezes/rales/rhonchi			RESP:		
CARDIO: <input type="checkbox"/> Auscultation nl <input type="checkbox"/> Palpation nl <input type="checkbox"/> No edema/varicosities <input type="checkbox"/> No M/G/R NL pulses: <input type="checkbox"/> Carotid <input type="checkbox"/> ABD acita <input type="checkbox"/> Radial <input type="checkbox"/> Femoral <input type="checkbox"/> Pedal			CARDIO:		
BREASTS/CHEST: <input type="checkbox"/> Inspection nl <input type="checkbox"/> Palpation nl			BREASTS/CHEST:		
SKIN: <input type="checkbox"/> Inspection nl <input type="checkbox"/> Palpation nl <input type="checkbox"/> No rashes/lesions/petechiae			SKIN:		

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EMERGENCY DEPARTMENT RECORD

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GI: <input type="checkbox"/> NT/no masses <input type="checkbox"/> Liver/spleen nl <input type="checkbox"/> +BS <input type="checkbox"/> ND <input type="checkbox"/> No rebound/guarding <input type="checkbox"/> No CVAT <input type="checkbox"/> No hernias <input type="checkbox"/> Anus/Rectum nl <input type="checkbox"/> Stool guaiac:	GI:
GU: ♂: <input type="checkbox"/> Scrotum nl <input type="checkbox"/> Penis nl <input type="checkbox"/> Prostate nl <input type="checkbox"/> Urethra nl <input type="checkbox"/> Bladder nl ♀: <input type="checkbox"/> Ext. genit/vag nl <input type="checkbox"/> Cervix nl <input type="checkbox"/> Uterus nl <input type="checkbox"/> Adnexa nl <input type="checkbox"/> Urethra nl <input type="checkbox"/> Bladder nl	GU:
MS: Normal inspection/palpation/ROM of <input type="checkbox"/> Head/neck <input type="checkbox"/> Spine/ribs/pelvis <input type="checkbox"/> RUE <input type="checkbox"/> LUE <input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> Gait and station nl <input type="checkbox"/> Digits/nails nl <input type="checkbox"/> Muscle str/tone nl	MS:
NEUROLOGIC: <input type="checkbox"/> CN 2-12 nl <input type="checkbox"/> Sensory intact <input type="checkbox"/> Reflexes symmetric nl <input type="checkbox"/> Cerebellar nl <input type="checkbox"/> Motor nl	NEURO:
PSYCH: <input type="checkbox"/> Oriented x 3 <input type="checkbox"/> Judgment/insight nl <input type="checkbox"/> Memory nl <input type="checkbox"/> Mood nl <input type="checkbox"/> No suicidal/homicidal ideation	PSYCH:

Time ▶	Date ▶	HOUSE STAFF SIGNATURE SIGNATURE ▶	NAME (PRINT) ▶	<input type="checkbox"/> MED STUDENT <input type="checkbox"/> MD
Time ▶	Date ▶	SUPERVISORY RESIDENT SIGNATURE SIGNATURE ▶	NAME (PRINT) ▶	<input type="checkbox"/> MED STUDENT <input type="checkbox"/> MD

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PRIVATE PHYSICIAN / CONSULT SERVICE	CALLED	ANSWERED	IN ED	COMMUNICATION

TIME	TREATMENT / ED COURSE / PROCEDURE NOTE

ATTENDING PHYSICIAN MEDICAL DECISION MAKING

MEDICAL DECISION MAKING: All plain radiographs, ECG, and clinical lab tests listed below were ordered and interpreted by the attending physician (unless otherwise specified).
 I performed a HX and PE of the patient and discussed mgmt. with the resident/medical student. I reviewed the resident's/medical student's note and agree with the documented findings and plan of care (unless otherwise specified).

CRITICAL CARE _____ MINUTES Physician work directly related to patient care (excludes procedures and teaching time).
 Complete: HISTORY EXAM Limited by: _____
 Complexity: High Rationale/DDX: _____

O₂ SAT: _____ % normal / abnormal (circle one)
 Rhythm Strip: Rate/Rhythm: _____ Ectopy (yes/no): _____
 IV _____ given for _____ with improvement / no improvement (circle one) over _____ hrs.
 Splint applied by Tech/Nurse Attending House staff
 Normal neurovascular check after splint applied.

Additional history (specify): _____
 Obtained from: Family Old chart EMS Nurses Notes
 Consult: _____
 Case discussed with Dr. _____
 Procedures done under my presence and my direct participation.
 I was present for key portions of the procedure. During non key portions I was immediately available to return.

Dictation Number: _____ Disposition: T&R L&O Trans. Admit AMA Expired Condition on D/C: Stable Improved

IMPRESSION 1. _____ 2. _____ 3. _____ 4. _____

Time ▶	Date ▶	ATTENDING PHYSICIAN SIGNATURE ▶	NAME (PRINT) ▶	MD
--------	--------	------------------------------------	----------------	----

Appendix D: Signage

This Appendix contains camera-ready art for signage to be posted during Drive-Through Triage operation:

- Arrow signs
- Discharge and Dispensing
- Entrance
- Exit
- Incident Command Post
- Medical Screening Exam
- Observation Area
- Park Car – Keep Windows Up – Stay in Car
- Restroom
- Screening
- Speed Limit 3 MPH
- Speed Limit 5 MPH
- Staff Parking
- Staging Area
- Start Here
- Stop
- Tune Radio to _____
- Turn Off Your Engine
- Vehicle Height Clearance ____ ft.

Print Production Instructions:

To print signage from the PDF files:

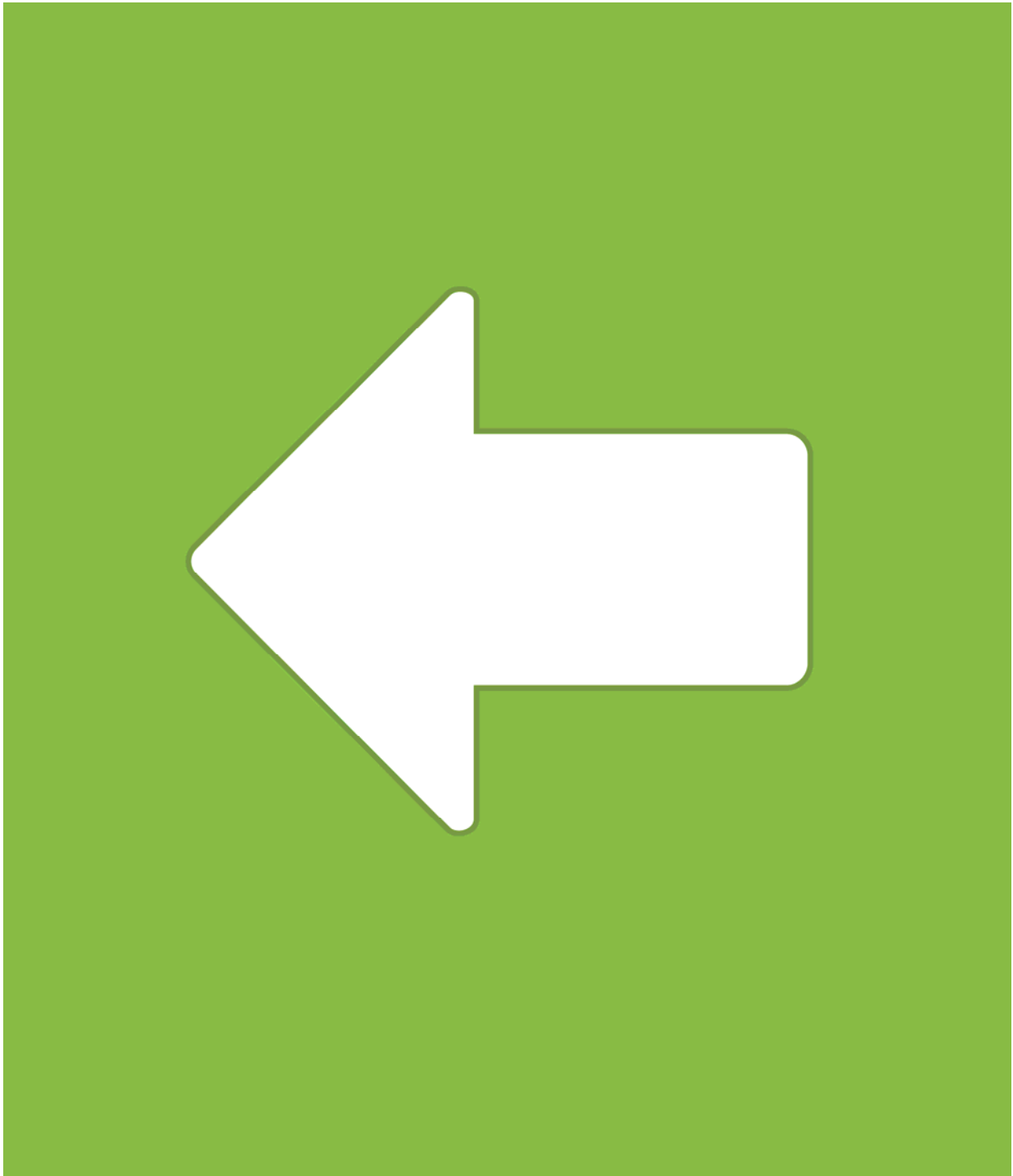
1. Contact a local quick printing service such as FedEx Office (formerly FedEx Kinkos) or Fast Signs.
2. Specify that sign files be printed in color and mounted on foamboard.
3. If some signs will be posted outside exposed to rain, specify these signs be laminated.
4. Specify the quantity of each sign you want printed and mounted.
5. Specify that each printed and mounted sign be trimmed to 24x36 inches.
6. The printing service will want each sign as a separate PDF file. Do not combine all PDF files into one PDF file.
7. Email or deliver PDF files to the printing service.
8. If you are concerned about quality, ask to see a “proof” before all signs are printed and mounted.

Posting Tips:

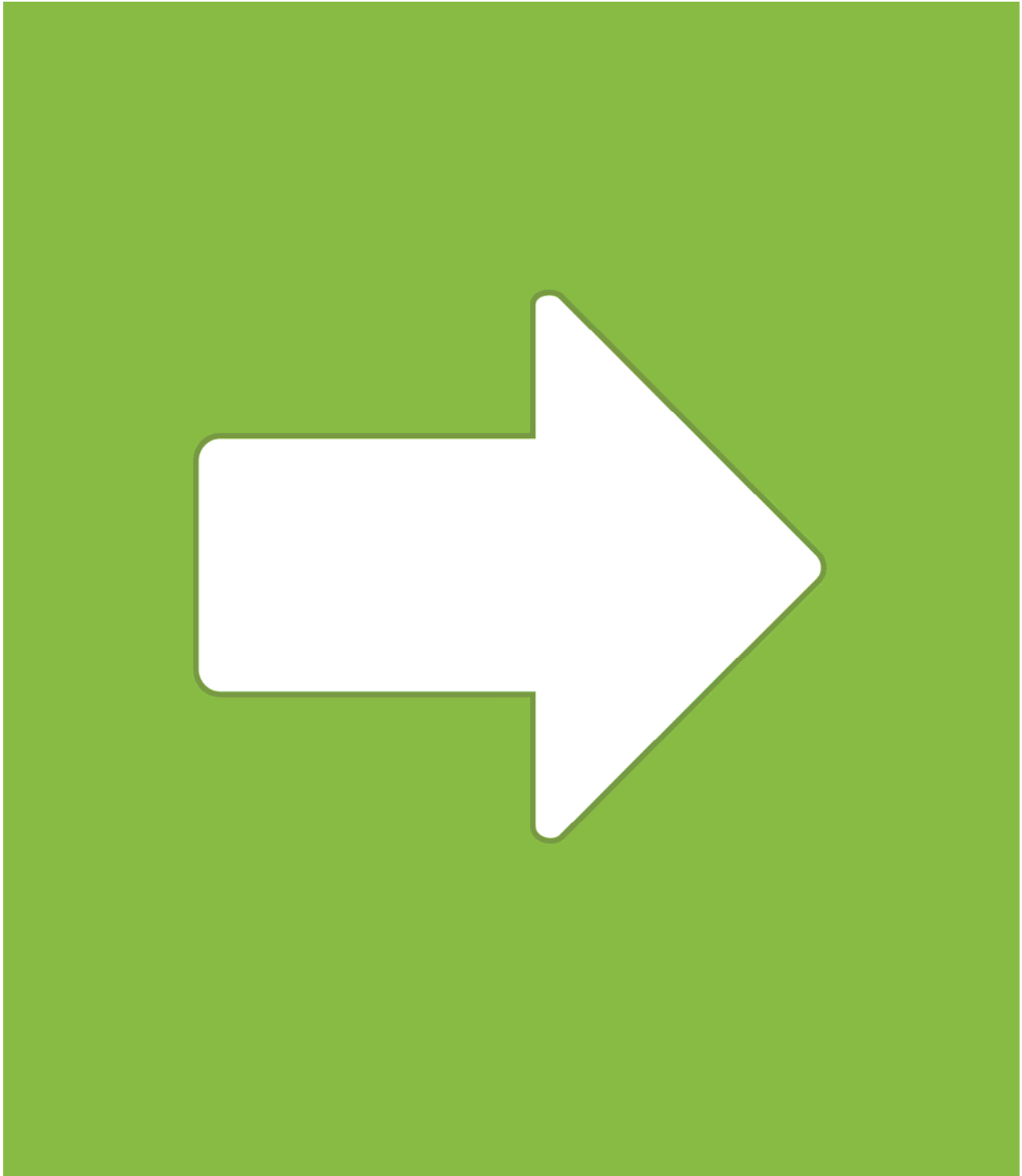
Consider attaching signs to easels that may be easily repositioned or broken down as needed. Easels may be anchored with sandbags to stabilize in windy conditions.



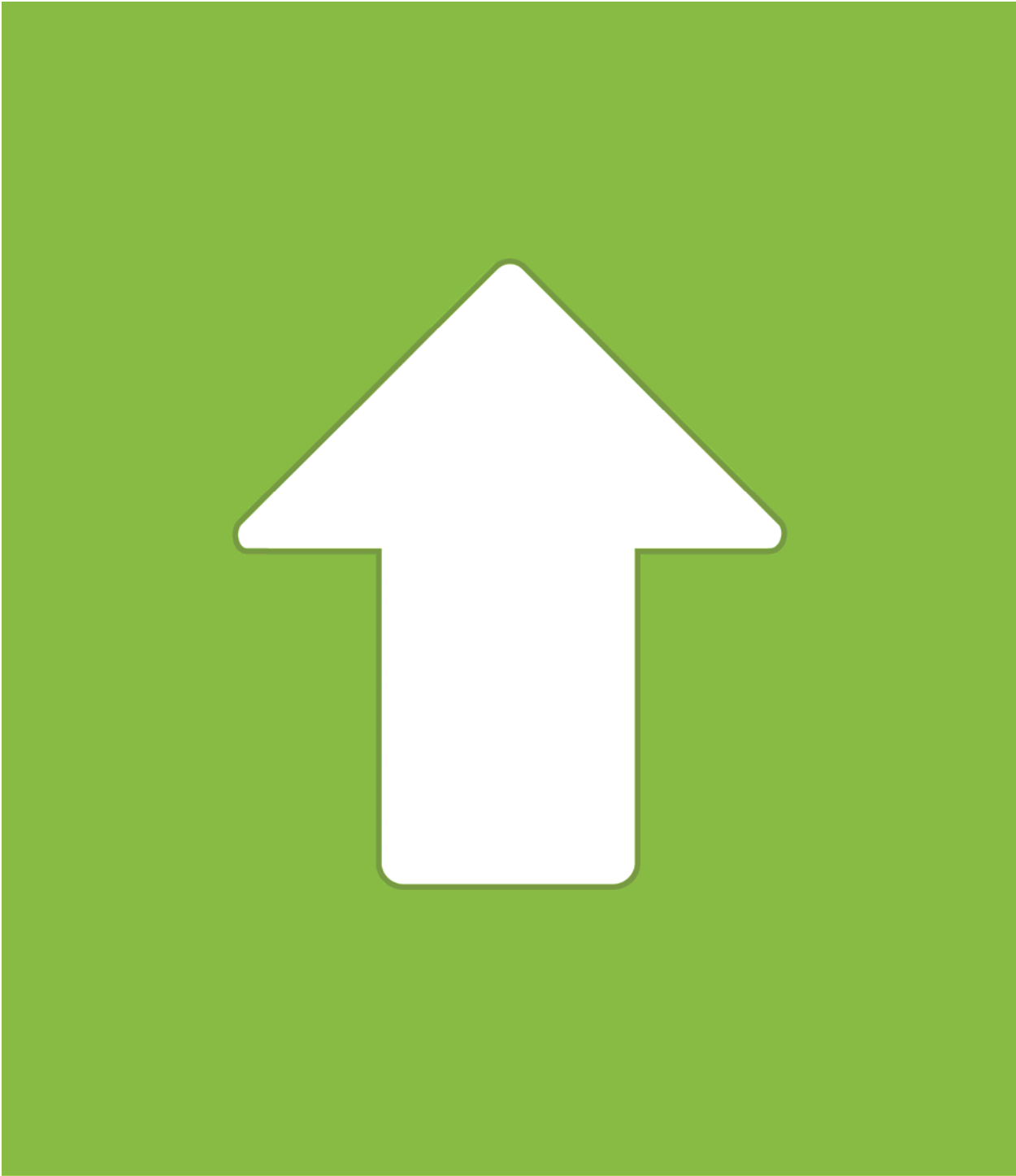
Drive-Through Triage



Drive-Through Triage



Drive-Through Triage



Drive-Through Triage

Discharge and Dispensing

Drive-Through Triage



Entrance

Drive-Through Triage



Exit

Drive-Through Triage

Incident Command Post

Drive-Through Triage

Medical Screening Exam

Drive-Through Triage

Observation Area

Drive-Through Triage

**Park Car –
Keep
Windows Up –
Stay in Car**

Drive-Through Triage



Restroom

Drive-Through Triage



Screening

Drive-Through Triage



Drive-Through Triage



Drive-Through Triage

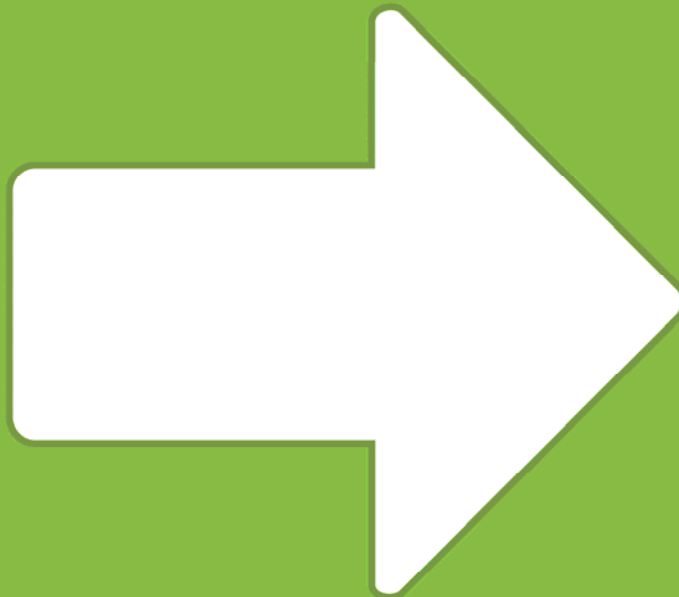
Staff Parking

Drive-Through Triage

Staging Area

Drive-Through Triage

Start Here



Drive-Through Triage



Drive-Through Triage



Drive-Through Triage

**Turn Off
Your
Engine**

Drive-Through Triage

**Vehicle
Height
Clearance
_ ft.**

Drive-Through Triage