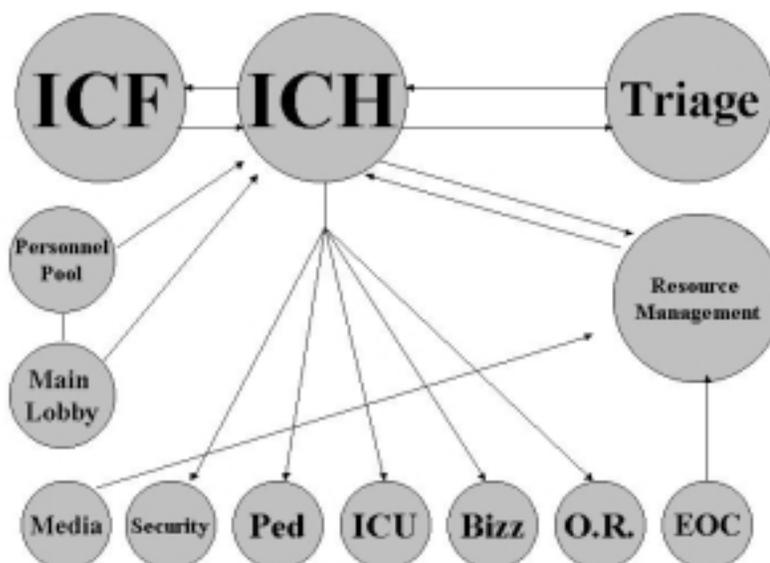


Incident Command System for Disaster Management

This chart depicts the Incident Command structure for the Disaster Management plan at Waterbury (CT) Hospital as follows:

- **INCIDENT COMMAND FIELD (ICF):** ICF is first on the scene, evaluates scene safety, determines the number of patients, and declares a disaster. ICF consists of the fire chief, EMS command, police command, primary and secondary triage officers, treatment officer, and loading officer, and other individuals as assigned. ICF will be in constant communication with Incident Command Hospital (ICH) via the field communications officer.
- **ICH:** ICH consists of the director of emergency services or designee, nursing supervisor, EMS coordinator, and security management. Within the hospital, this is the only area that communicates with the ICF directly.
- **PERSONNEL POOL:** Incoming non-clinical employees will report to the CT scan corridor. Incident Command will pull staff as needed for tasks such as transport of patients and equipment.
- **MAIN LOBBY:** Clinical staff report to the main lobby, where instructions are disseminated. For example, ICH would contact the lobby, speak to the person in charge, and ask for a physician or respiratory therapist to report to the triage officer in the ED.
- **MEDIA:** Reporters are guided to the day care center (an area away from the ED but on the hospital grounds) with a representative from the hospital acting as the conduit for information.
- **SECURITY:** The hospital is locked down and can be accessed only through security staff, who are situated throughout the hospital and on the perimeter. Security is also stationed at the entrance of the ED to facilitate the receiving of patients.
- **PEDIATRICS:** This department was selected as the first admitting unit to receive patients who come through the ED, because it has the lowest census. Staff consists of the medical attending, available medical residents, 8-10 nurses, one unit clerk, and two runners.
- **ICU:** Staff consists of the ICU team and designated physician.
- **CONFERENCE ROOM:** This is a receiving room for patients with minor injuries, and it can accommodate up to 100 patients. Materials management brings in beds, crash carts, and oxygen as needed. The area is staffed with the medical attending, available medical residents, 8-10 nurses, one unit clerk, and two runners.
- **OR:** This area is for patients who will receive surgical care, staffed with operating room personnel, anesthesia coordinator, and the surgical attending.
- **EMERGENCY OPERATIONS CENTER:** This is located in the Waterbury Police Department training room. The chief engineer (or designee) from the hospital reports to this location.
- **RESOURCE MANAGEMENT:** This area is staffed by the administrator in charge, the bed control or admissions supervisor, the nurse administrator, and a runner. Availability of beds and notification of staff are managed. In terms of the command structure, priority communication takes place between Resource Management and ICH.
- **TRIAGE:** The designated ED physician, ED nurse, and ED registrar will handle triage. As patients are received, most already will have received initial triage in field and will have an attached tag. Personnel will ensure that the patient's condition has not changed and make a decision as to what treatment area or room they will go to.



Source: Waterbury (CT) Hospital.