**Appendix: Master Scenario Events List**

*7:50 am (… 10 minutes before the quake begins…)*

By mid-morning on this workday, 200,000 commuters have made their way from Kern, Riverside, and San Bernardino Counties into the Los Angeles area. These driv­ers trade a lengthy commute for the lower cost of housing in fast-growing communi­ties like Victorville and Lancaster, on the far side of the San Andreas Fault. Others cross the fault in the opposite direction, to employers in high desert com­munities. The commuters have joined 7.5 million other southern Californians in workplaces constructed of steel, concrete, brick, or wood. Of the many millions of homes and workplaces, only a fraction are covered by earthquake insurance.

A steady flow of trains crosses the San Andreas Fault at multiple locations, moving goods between cargo ships at the Ports of Los Angeles and Long Beach and the rest of the country. Trucks are also on the move nonstop, carry­ing goods through narrow passes cut in the San Gabriel and San Bernardino Mountains. These “lifeline corridors” are the veins and arteries that sustain economic life in southern California. Sharing these passes with cars, buses, trucks, and trains are pipelines carrying natural gas and fuels; water conveyance tunnels, pipes, and aqueducts; electrical transmission towers and lines; and the telecom­munications cables that connect people by phone and Internet—connecting banks and clients, suppliers and providers, buyers and sellers, friends and families, headquarters and field offices. Like the commuters, they all cross the San Andreas Fault.

*7:52 am (… 8 minutes before the quake begins …)*

The San Andreas Fault slices through California, marking the boundary between the Pacific and North American tectonic plates. Along this boundary, the plates try to slide past each other, but near the surface they are locked by friction and deform instead of moving, storing up strain energy. Eventually and suddenly, the friction will give way and the plates will slip, creating a powerful earthquake. This earthquake will rupture the Earth’s surface and release stored energy in seismic waves that travel out in all directions, shaking the ground as they go. On the southern San Andreas Fault, an earthquake rupture and energy release occur on average every 150 years—but the last time was more than 300 years ago.

The next earthquake is about to begin. It will not be the biggest earthquake that has ever occurred on the southern San Andreas Fault, but it will be big enough to change southern California markedly for untold years to come. It will wreak economic havoc on many who are unharmed by the initial shaking and damage.

*7:55 am (…5 minutes before the quake begins…)*

It is sunny with a light breeze. Fortunately, today there will be no Santa Ana winds. Throughout the region, cars flow to the pulse of traffic lights. Rush hour traffic has cleared, and the workday is well underway in offices, warehouses, factories, and stores. Many of the older buildings and even a few newer ones are constructed in ways that make them vulnerable to earthquake shaking. Schools are full of students, as well as furniture and equipment that will topple in a earthquake, and heavy objects that will become airborne.

*8:00 am (...the quake begins...)*

* The San Andreas Fault suddenly awakens at Bombay Beach, northeast of the Salton Sea, and the rupture shoots northwest along the fault at 2 miles per second, sending seismic energy waves out in all directions.
* In an instant, the ground on the two sides of the fault is offset nearly 44 feet, chang­ing the political and geographic boundary between Imperial and Riverside Counties.

*8:00:30 am*

* As the earthquake’s rupture front travels up the fault, it sends out seismic wave~~s~~ that shake the ground, shifting emergency genera­tors, overturning computers, cracking airport run­ways, and igniting fires. By now, the thick sediments of the Coachella Valley are resonating, with the earthquake waves bouncing between the rock walls of the valley’s edges. Strong shaking will continue here for nearly a minute.
* The life-safety provisions of California’s building codes have been improved over the years, and the many fairly new homes in the Coachella Valley suf­fer only minor damage. Yet every item inside these homes, if not secured, is heading to the floor. Shat­tered TVs and other home electronics create treach­erous carpets of glass and cords.
* Many older buildings suffer structural damage. Many older concrete buildings quickly collapse, trapping occupants. The rupture front continues its advance to San Gorgonio Pass and dismantles the ten miles of Inter­state 10 freeway that straddles the San Andreas Fault. The eastern part of River­side County is now cut off from the western part.

*8:01:00 am*

* Most people in Los Angeles and Ventura Counties are not yet aware of what is hap­pening as the earthquake pounds the Coachella Valley and heads their way.
* By now the first waves have crashed through the Cajon Pass, severing the I-15 freeway, bending rail lines, and derailing a train. Roads, previously through going across the fault, now end abruptly and pick up again 15 feet to the right. The strong shaking also sends landslides across the rails and roads. Pipelines snap and electrical trans­mission lines fail. Spraying fuel ignites, causing an explosion.
* Strong shaking begins to reverberate in the sediment-filled basins of the Inland Empire. Old warehouse districts and historic downtowns are crumbling, and many of their old, unretrofitted buildings have trapped or killed the people inside.
* Many older concrete build­ings have collapsed, and many older wood frame buildings have shifted off their foundations, breaking gas and water lines in the process.
* The Coachella Valley is still shaking.

*8:01:30 am*

* Over geologic time, the motion of tectonic plates has pushed the mountains of southern California up, while fire, rain, and rivers have brought the mountains down, piece by piece, filling basins with sediments and creating low, flat areas. Like many cities, Los Angeles was built atop sediments. Some of the seismic waves now reach these sediments and find easy territory in which to move back and forth, shaking vigorously long after the waves fade elsewhere.
* Strong shaking will continue in Los Angeles for 55 seconds, to the shock of residents who remember the strong shaking during the 1994 Northridge earthquake, which lasted only 7 seconds.
* The seismic waves that reverberate in the sedimen­tary basins are big, long waves. Many buildings ride them like boats in choppy seas, but some are not so resistant.
* The prolonged, strong shaking heavily dam­ages and sometimes collapses hundreds of old brick buildings, hundreds of older commercial and industrial concrete buildings, many woodframe buildings, and even a few, fairly new high-rise steel buildings.
* The building damage causes tens of thousands of injuries and hundreds of deaths, and strands many thousands of people without homes or jobs.
* Buried in the sediments are the water and sewer pipes that maintain the cities. Many of these pipes crack when the earthquake waves deform the ground.
* In the newer houses, the primary damage is to contents. Kitchen floors have disappeared under heaps of cooking oil, syrup, flour, and smashed dishes, but there is no water in the taps to start cleaning.
* Power is out so stoplights are dark and electric trains are suddenly immobilized. Buses, cars, and trucks become gridlocked, and many drivers will experience this earthquake as taillights for hours, to the horizon.
* Eventually, many will open their car doors and not look back as they begin the long walk home, perhaps envied only by people sitting in the dark, waiting to be rescued from stalled and stifling elevators.

*8:02 am (…2 minutes after the quake began…)*

* At last, the fault has stopped rupturing, but seismic waves continue to advance into Bakersfield, Oxnard, and Santa Barbara—here the shaking is just beginning.
* Across southern California, the power is out. Emergency generators that have been secured against earthquake shaking are still functional and now kick on. The shaking has finally stopped in the Coachella Valley—but the aftershocks are just beginning.
* Throughout southern California in the next few months there will be tens of thousands of earth­quake aftershocks large enough to feel. There will be dozens large enough to cause additional damage and to imperil victims and rescuers.
* Some of the aftershock damage will be to people’s psyches. Big earthquakes are traumatic, and each new bout of shaking increases stress, especially in children who are cut off from their families.
* In the areas of strong shaking, many mobile homes have collapsed off supports, snapping water, gas and sewer lines, and blocking rescue routes. Mobile homes installed snugly in shallow pits, or braced for earth­quakes, are still intact.
* The State highway system has fared well. A $6 bil­lion investment in seismic retrofitting has paid off, and the only highway deaths have been in crashes caused by intense earthquake shaking.
* However, the long duration of shaking has taken its toll on bridges and overpasses within local jurisdictions, where the retrofitting process is not com­pleted, or not yet begun.
* No hospitals have seen complete collapses, but many hospital buildings are nonfunc­tional.
* Some hospital structures survived the shaking but must close due to nonstruc­tural damage such as water pipes that break and flood.

*8:05 am (… 5 minutes after the quake began …)*

* The U.S. Geological Survey posts preliminary informa­tion about the earthquake. Learning that the magni­tude is 7.8, the world turns its attention to the region where the earthquake occurred.
* Locally, news helicopters take to the air to begin spot coverage of the devastation. With power out, residents turn to their radios or talk to those they meet in the streets, searching for any information.
* Across the region, phone systems, including cellular and 911, are unusable, overwhelmed by the vast number of attempted calls.

*8:08* *am*

There is widespread damage to buildings around the hospital area. TV news reports that the earthquake was 7.8 on the Ricthter scale as was along the fault.

* Does your facility have the ability to set up in an alternate site if structure is not safe?
* How are employees in other buildings notified of the emergency?
  + - * + What is their role in personnel support and could these areas be used as a supply source?
* Who determines safety of hospital building and how long will the process take?
* Who should be the physician lead in the command center?
* Does the facility have standard policy and procedure for staff holdover in emergency or critical situations?
* How are decisions made regarding keeping staff over the end of their shift?
* What is overall building assessment?
* What is Unit Census for each area with patients?
* How many staff are in the building?
* Do any areas of the buildings need to be evacuated?
* How will offsite buildings be notified of hospital status?

*8:20 am*

Hospital staff is attempting to respond to their own patient/staff injuries, attempting to free those trapped by debris and surveying for damage. Some supervisory personnel have been seriously injured.

* What safety concerns must be taken into account?
* Are patients and staff injuries treated differently than those of converging victims?
* How will injured staff be treated/triaged?

ED has the following patients waiting for admission1 ICU patient, 1 patient for 4 West, 2 patients for 6 East and 2 patients for 5 West that need isolation. 3 patients are receiving albuterol treatments every hour and cannot be sent home.

* Can these patients be moved to the floor immediately to clear room for victims?
* Could a holding area be set up with floor staff to take care of them until bed space available?
* Can other patients in ED be released to make more room and relieve staff?

Medical Alert Center (MAC) is contacting hospitals asking for information on availability of beds, staff and hospital status.

*8:25 am (… 25 minutes after the quake began…)*

* Emergency operations centers are activating, and police, fire, and medical personnel shift into emergency response mode, focusing on localized incidents with any means available. They react quickly, according to their training and earthquake plans established in advance.
* All over the region, a foreseeable tragedy unfolds.
* Buildings that engineers knew were going to perform badly, have performed badly. These are older buildings, constructed with little earthquake resistance. The experts have names for them—non-ductile rein­forced concrete, tilt-up concrete, unreinforced masonry, soft-stories—and hundreds of these buildings have now followed their reputations into the dust.
* Thousands of other structures are still standing, but so gravely dam­aged that they can never be used again.
* While the earth still shakes in places far from the earthquake’s origin, people in the earliest hit areas are beginning to confront damaged buildings and to help those who are trapped or hurt.
* Lacking gloves, crowbars, and training, some people claw through debris with bare hands. Ultimately, 95 percent of those who are rescued will be rescued by other victims, as has been seen in earthquake disasters worldwide.
* Air traffic is being diverted from the region.
* As people start to assess their situations, millions of them discover they are cut off from their families, with no way to learn the fate of their loved ones or homes. This realization also hits first responders as they move out to help; they understand that the disaster may seem to be over but is just beginning.
* Fires are starting in countless ways. Power lines arc… gas appliance lines snap… chemicals spill and mix… a lamp hits a sofa, unnoticed with the power out and the earth shaking, then the power returns and the sofa starts to smolder… Most of the fires start small, but not all are discovered right away. In any case, the phones don’t have dial tones.
* Even if they did, in a disaster this big and wide­spread, there are not enough emergency personnel to immediately respond to every call for help.
* Worse, response is slowed by roads that are impassable due to damage, building debris, or abandoned cars.
* Worse still, in many places the water system is damaged, leaving inadequate water pressure for fire fighting.
* Once started, a small fire needs only minutes to engulf a home or workplace. Around southern Califor­nia on this day, there will be 1,600 fires large enough to warrant a 911 call.
* The stronger the shaking, the greater the number of fires ignited. In areas with densely packed, woodframe buildings, some of these ignitions will combine, spreading into conflagrations that burn dozens of blocks.
* As soon as the shaking stops, experts race to inspect dams around the region. A few are found to be leaking at the toe—a sign of potential fail­ure.
* Emergency responders are spread even failures will occur in this particular earthquake.

*8:30 am (… 30 minutes after the quake began…)*

* A magnitude 7.0 aftershock begins near the Salton Sea and ruptures to the south. Luckily, this is a relatively unpopulated area.
* Shak­ing and its effects are felt throughout neighboring counties, some requiring evacuation
* Teams of firefighters from one neighboring county had been getting ready to come north to help with the initial earthquake’s aftermath, but are now diverted to respond to the strong aftershock affect­ing their own county.

*8:33 am*

Injured victims from the community have begun to flood in to the closest hospitals. It is estimated that there are thousands of injured people and possibly hundreds of dead. The pediatric center has not seen an significant increase in the number of patients presenting to the ED

* Where will these patients be accommodated if there is damage to the hospital?
* What if there is not a way to move them out of the area?
* Can treatment areas and staff be released or placed on standby?

Report that lights are flickering in the Operating Room.

* Are there temporary lights that can be provided if needed?
* Can this area be set up in another place?

*8:40 am*

TV news helicopters are showing widespread destruction in the city. Several apartment and office buildings have visible cracks in their exterior many have collapsed. Many major roads in the heart of the city are impassable. Many roads are impassable. The roads that remain open are jammed with traffic.

* How will open roads be conveyed to staff?
* Will damaged roads affect anything that the hospital is doing?

Several terrified patients and their families are walking out of the hospital without notifying staff.

* What method does the hospital have for tracking these people?
* Can the patients be stopped?
* What resources can be devoted to dealing with this issue?

What non-essential office staff could be freed up to assist in the response to the earthquake?

* What types of duties would be assigned to them?
* Would they be willing to work off shift to help with response?

Worried staff with family at home inside the earthquake area are beginning to call the command center trying to get additional information. People are gathering around televisions in the hospital trying to get information as the news reports it.

* What resources does the hospital have for these staff members?
* How can ongoing information be reported to staff to allow them to have info but continue to work?
* How is information conveyed to patients and families?

Hospital has lost power and is running on generator backup. Landlines phone service is jammed and inconsistently available. Cell phone service is also overloaded, but most areas of the city still have coverage.

*9:00 am*

Staff that is off are calling work areas to see if they should come in to help. A few additional staff have arrived at the hospitals. Most have either bicycled or walked to work.

* Who makes the decision to ask staff to come in?
  + - * + What considerations should be taken in to account if additional staff are called in?

There are a number of staff that are available to come to work but need child care.

* Is there a way to provide this long term and after hours?
* How would this area be staffed and by whom?

Patients families have started blocking the entrance to the visitor lot area with their abandoned cars, some are afraid to park underground others have become agitated and simply refuse to wait to park.

* If the local police department is not available to help, is there a means to remove the cars?
* Do we have a means to locate owners and get cars moved?

Hospitals attempt to make contact with each other

* What are possible ways to contact local hospitals
  + - * + Are there alternate ways to contact them if primary source does not function?
        + What types of resources could be shared between facilities?

Hospital Command Center conduct briefings to administration

* If administrators are not in the hospital, how can information be given to them to make decisions?
* Who is the hospital’s contact to the Operational Area Medical/Health Mutual Aid System?
* How is initial contact made with this person and how is contact maintained?
* What information will be needed when contact is made?

Patients are identified to be discharged, if family members are not available is there a place to set up for a holding area while waiting for parent to pick up.

* Who and how many will man the area?
* What type of supplies/food are needed?
* Where would be an appropriate area to locate this?

People are arriving at the main lobby trying to find loved ones.

* Can an area be set up to assist these people?
* Where will information be gathered to assist them?
* What information can be given out?
* What resources are needed to set this area up?
* Where would be appropriate locations?

*9:15 am*

There has been a steady influx of disaster victims through the ED

* How are they being tracked?
* Where can they be accommodated?
* How can the inpatient units assist in the care of these patients?
* Supply a list of resources needed for patient group for Logistics to gather and supply

*9:30 am*

A mild aftershock occurs, Police, fire and EMS are having difficulty reaching the incident scenes. It is reported that there are approximately 10 patients and 20 staff that were injured from falling debris.

* Hollywood Presbyterian has lost external phone service.
* Fire alarms are sounding in the OR and ICU of the pediatric center, no smoke or flames are visible
* One center has one elevator working.
* What are the priorities?
* With whom are you communicating?
* Where will injured staff be cared for?

Facility personnel report that all three hospitals have damage and have areas of the facilities that need to be evacuated in the next few hours. The other hospitals in the closest areas are functioning, but have extensive non-structural damage and some structural damage.

* What is the command structure that decides who should be evacuated first?
* If there is massive damage in other areas of the county, should the hospital stay in the building even with non-structural damage?
* How is the urgency of evacuation determined?
* What is the process in your facility to prioritize evacuations?
* Do you have a pre-identified area to evacuate your facility to?
* What methods/equipment does your facility have to assist in evacuation?
* Is there special equipment that needs to be evacuated with the patients?
* What items need to be moved with the patient?

Two surgeons from vacationing from Indiana have arrived at the front desk of CHLA, and are offering to help in anyway they can.

* Does the hospital have a disaster credentialing process?
* What ways would be appropriate to use these MDs?
* How will they be supervised?
* What needs to be tracked for the care they are giving?

*9:30 am*

Supply deliveries may be disrupted for many days due to damage and road closures.

* What is the current amount of the following items (or most frequently used items) on hand?

Fuel

Medical Gases

Food-staff and patients

Water (do inventory of bottled water in facility)

Pharmaceuticals

Lab Supplies

EVS Supplies

Medical Supplies

Linen

Blood

*9:40 am*

MAC notifies hospital that patients that need to be evacuated will need to be accommodated at the hospital site for at least 2-4 hours before they can be moved to hospitals or treatment sites outside of area.

* What resources could be made available to send to the evacuation staging area of your hospital?
  + - * + Would staff move with patients? Could some staff be sent ahead of evacuation to assist in treatment?
        + Staff

What staff skill types might be available to send?

Could areas of the hospital alter work so that it frees up staff to go to evacuation staging area?

Could shifts be altered to free up staff?

How is need for additional staff determined, what other issues need to be taken into account?

* + - * + Supplies

Does hospital have supplies on hand to manage additional patients?

Is there enough to send to evacuation area?

What types of supplies would be needed for patients waiting to be evacuated to other areas?

How would these supplies be gathered and staged?

* + - * + Pharmaceuticals

What is the inventory of medications that could be sent to evacuation area?

Who determines what needs to be sent?

What type of security can you provide for narcotics that are being moved?

* + - * + Transportation

Does the hospital have a means of transportation that could move patients besides conventional ways (ambulance, helicopter)?

* What mechanism is in place to track patients transferred from one facility to another?
* Do we have the ability to get electronic medical records to other facilities?
  + - * + Are they available from backup sources outside of the affected area?
* Who will families contact for assistance in finding their loved ones?
  + - * + How is this process managed globally in the community?
* How will hours worked be tracked, does there need to be additional coding to ensure reimbursement for the hospital at a later date?

Victims are being dropped off at the front door by family members and are unable to make it to the ED.

* + - * Should additional triage area be set up?
      * Could they be transported to the triage area?
      * Should someone be stationed at the front to direct traffic?

Another, more significant aftershock occurs. Kaiser’s remaining elevator stops working.

Family members are insisting that they want to take their child home because they don’t feel safe in the city.

* Who needs to be notified?
* What is process for follow up if they leave AMA?

*10:00 am (…2 hours after the quake began…)*

Smaller fires are merging into larger fires in parts of the region where shaking was high and wood buildings are in close proximity. World and national news cover­age is focused on the urban area of interest, especially on a few collapsed buildings. This media focus makes the damage seem even worse than it is, and also more localized. It will be several days before a clear picture emerges of damage around the region.

Fire departments in neighboring regions start to mobilize, but mutual aid is hindered because so many roads into the affected region are impass­able. By now, some hospitals are beginning to receive and treat the injured, but with routes and communications disrupted, ambulances struggle to reach victims and get them to hospitals.

A great creaking and groaning occurs at one center and the building is felt to shudder.

* A portion of the ceiling on the top floor collapses.
* Debris from the collapse falls through the floor to the floor below
* One staff member is injured, but extricates herself from the fallen debris
* Facilities staff and fire officials determine that the building is in danger of imminent collapse
* Who determines need for total evacuation of the facility?
* Where can patients be relocated outside of the facility?
  + Who determines which area would be safe?
* Who is available to help move patients?
* Can other hospitals provide assistance in care or evacuation?
* How are patients tracked?
* Does the imminent collapse of one hospital alter the evacuation of the other two hospitals?

Staff at two centers are becoming increasingly concerned for their safety after hearing that the third center is collapsing, is there a way to provide additional safety measures for those still in the building?

* Does the hospital have a policy as to who should stay in the building?

How will the time of those working for disaster be tracked to be reimbursed in the future.

* Who is the liaison for working with the federal government?
* How will plan be conveyed to staff/supervisors?

*10:15 am*

Most area hospitals are now overwhelmed by their own circumstances and an influx of patients. Some ambulances have been able to bring critically injured victims to the hospital but infrastructure is such that they cannot be cared for appropriately for an extended period of time.

MAC is asking hospitals for the number of (stable) trauma, medical and psych patients they will need to evacuate from the building in the next 6 hours.

* Beds for evacuated patients
  + - * + Would alternate areas of the facility be suitable for

Patients evacuated from the damaged areas?

Patients that could be discharged but do not have parent here to release them to?

How could these areas be staffed?

* + - * + What additional supplies would be needed?
        + How many physicians are available to assist in the moving these patients?
        + Which physician will coordinate communication with receiving facilities regarding the patients?
        + Who would arrange for transport? What additional vehicles could be used for transport?
        + Can hospital accommodate families of the evacuated patients for extended periods of time? Can the family members go with the evacuated patient?

What psychosocial resources are available to deal with these people?

How many psychiatrists and psychologists are available for family counseling?

* Blood
  + - * + Blood banks outside the quake-impacted area have been contacted by their CBBS AEOC with requests for blood to be sent to the CBBS blood banks inside the impact area. Transportation is being arranged. The CBBS has made a request to the AABB for blood supplies from outside the state.
* What is the blood inventory available to be sent to the staging/treatment area?
* How are routes for ground transport coordinated?

Use the callback list for one inpatient unit to determine given the scenario, how many staff can come to the hospital to help by 1900 today (determined need is 10 additional staff-once you get to that number you can stop calling.

Many of the patients in the hospitals are anxious about the pace of evacuation and their family members are becoming agitated and are voicing loud demands for immediate evacuation. There have been sporadic fights between family members related to the priority of evacuation. Hospital security officers do not feel they can control the growing protests.

* Are there additional security measures that can be deployed to help this situation?

Staff is exhibiting signs of distress at the possibility of loved ones being casualties of the event. Staff begin trying to leave to make contact with family members.

* How does your organization deal with staff concerns at the possibility of family members being casualties of the event?
* Some staff have come to the hospital with their pets in their cars, does the hospital have a space that can care for pets?
* What additional resources would be needed?

*10:40 am*

A limited number of ambulances have been able to get to the hospital for transport of patients

* How is priority determined for patients to be transported?
* Are there ways to maximized transport vehicles to move as many patients as possible?
* How is end destination tracked for each patient?
* What information is sent with patients evacuated?

Receive a phone call from a pediatric center located 1 hour away, alerting that they can take 15 inpatient med/surg patients.

* How can they be transferred?
* What procedure needs to be followed to send them-what is sent with them?
* Who decides which patients go?
* Who needs to be notified?

*10:45 am*

Media trucks are beginning to gather in the front of the hospital they are demanding information, number of injuries, number of deaths, names, where patients are being moved to, etc. Members of the media are starting to roam through the evacuated patients interviewing them.

* What additional security measures need to be taken?
* What information should be presented to the public?
* What instructions should be given to the public?
* Does the hospital have a pre-scripted risk communication message for this type of event? If not, what is your process for quickly developing these messages?
* What steps have been taken to ensure that a consistent message among the healthcare community and all levels of government agencies/officials?
* Who should participate in the media release?
* Who is the most appropriate person to represent the healthcare facility at a press conference and who makes the decision?
* Who is the “lead” agency for the media release?
* Who is the most appropriate person to represent the healthcare facility with the press and who makes the decision?

*11:00 am*

Hospital physicians are calling professional colleagues elsewhere in the state, attempting to arrange for transfer of their patients. Other hospitals are calling and emailing the hospitals directly to offer beds for transfers

* How will this be coordinated?
* Who determine the priority pf patient movement?
* Who should be the coordinating agency for transfers?
* How is information communicated with physicians regarding the transfer of their patients?

Family and community members come to blood donation center to ask if they can donate blood after they hear about shortage.

* What procedures are in place?
* How much blood can be accommodated?
* Would you want to schedule people to come back at a different time?

*11:30 am*

Hospitals are requesting staff relief for the next 12-hour shift (1900 hrs) through the MAC. Because of damage to their homes or family needs, some of the hospitals own staff has been unable or unwilling to return to work (all levels – physicians, nurses, clerical, environmental services, engineering, etc).

* What additional means of staffing can the hospital employ to cover shifts if staff are unable or unwilling to come to work?
* What resources does the hospital have to provide rest and food for staff that are kept at the hospital due to staffing ?
* Does the hospital have a means to provide childcare/dependent care for the staff to assist in them coming to work?

Spontaneous volunteers are appearing at local hospitals and blood centers.

* Does the hospital have a way to determine the licensure of these volunteers?
* Are there duties that they can perform if competency cannot be determined?

MAC requests a listing of staff, supplies, equipment that could be sent to the evacuation staging areas to assist in managing patients that are waiting to be evacuated out of the area.

* Would your facility be able to free up staff to go to staging area?
* Do you have equipment or supplies that could readily be sent to staging area? Do you have transportation for these items if needed.