

Neonatal Intensive Care Unit Surge and Evacuation Plan

Created by:



How to Use This Template:

The Neonatal Intensive Care Unit (NICU) Surge and Evacuation Plan Template was created by the New York City Pediatric Disaster Coalition (PDC) to help health care facilities create site-specific pediatric surge and evacuation plans to be incorporated into their overall disaster plans. PDC reviewed existing literature and research and collaborated with New York City subject matter experts and New York City hospitals to develop this template.

Please use this template in conjunction with PDC's [Pediatric Surge and Evacuation Plan Guidelines](#). When necessary, please modify the template to adapt to your existing disaster plan.

PDC recommends referring to your institution's emergency operations plan for guidance on current policies and procedures. When creating your surge plan, provide references (e.g., see page number) to your facility's emergency operations plan where necessary.

For questions or more information about using this template, please contact PDC.

Thank you,

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Emergency Operations Plan: Pediatric Addendum

Please use the NICU Surge and Evacuation Plan Template as an addendum to your facility's general emergency operations plan and a supplement to existing procedures for NICU patients during a surge or evacuation. Please refer to your facility's emergency operations plan as needed when filling out this template and provide page numbers when referencing existing procedures.

Location of facility's emergency operations plan: _____

Role/title of staff responsible for revising/updating plan: _____

Plan Objectives

- Provide the necessary emergency equipment, staff and space to safely and efficiently accommodate a surge or evacuation of neonatal patients.
- Establish a chain of command for the surge or evacuation of NICU patients.
- Assign roles to ensure the best possible provision of care during the surge or evacuation of NICU.

Plan Revision

The Neonatal Department leadership should revise the NICU surge and evacuation plan annually and under the following conditions:

- When changes are made to the hospital that affects the NICU and any areas utilized in this plan
- After an exercise involving the NICU
- After a surge event or evacuation in the NICU

NICU Details and Contacts

NICU Address (*building address and floor*): _____

Bed Capacity (*number of beds*): _____

Surge Capacity (*number of patients*): _____

If your unit has high and low acuity areas, please specify the below:

Name of high/lower acuity area	Number of beds	Surge Capacity

NICU Emergency Contact* (role/title): _____

Primary phone number or extension: _____

Upon any perceived threat to the NICU, the person identifying the threat should immediately dial _____ to trigger the appropriate response.

Security Contact* (role/title of person): _____

Primary phone number: _____

Alternate phone number: _____

**Please list substitutes if primary is not available. All contact phone numbers must be 24-hour numbers. List as many numbers as possible for each contact.*

Surge Triage Space

During surge events for which you have advance notice, triage surge patients in an emergency department (ED), triage space or in alternate surge triage spaces to avoid overwhelming the NICU. Surge events require additional staffing to sort and stabilize patients and establish beds in the NICU or alternate surge space.

Surge Triage Space Location (floor and room number): _____

Alternate Surge Triage Space Location (floor and room number): _____

Surge Triage Locations and Staffing Chart

Location (building, floor and room number)	Number of Beds	Staffing (e.g., 2 Physicians, 4 Registered Nurses (RN), 1 Physician Assistants (PA), 1 Emergency Medical Technician (EMT), 2 Residents)

Staff Roles and Schedules

To determine staffing, match facility needs to available resources. All attempts should be made to provide a standard of care that will provide the best outcomes within the constraints of the event. If necessary, implement longer shifts and more patients per health care provider.

Create schedules that show which and how many personnel in the NICU are on duty and what their hours are (e.g., eight or twelve hour shifts, all times, day, night, etc.).

Fill in the table below to track staff schedules across units and care areas in your facility. The chart can also be used to track staff at the time of the event (see [Appendix B](#) for blank Staff Roles and Schedules chart).

NICU Staff Roles and Schedules

Shift Indicate weekday(s) and hours	Shift 1	Shift 2	Shift 3	Shift 4
Number of Attending Physicians				
Number of Attending Physicians				
Number of Residents				
Number of Nurses				

_____ (role/title of person) and/or designee will be the surge/evacuation leaders and will coordinate staff. The NICU surge/evacuation leader will inform staff of the threat, assign individual roles, explain how patients should be triaged for transport, and review and coordinate what equipment to use. The NICU leader and/or designee will communicate with the Emergency Operations Center (EOC) about situational awareness, surge and evacuation response and resource needs (e.g., space, staff and equipment). The process for coordinating incident response between the EOC and NICU should be clearly stated in the NICU Procedures section of this template and should be included in each facility's site specific emergency operations plan.

Clinical Staff

Clinical staff prepare patients for relocation during a surge or evacuation. This includes gathering needed equipment and medication, moving patients and continuing patient care.

Non-Clinical Staff

Non-clinical NICU staff help move isolettes, equipment and supplies to the staging area and elsewhere as needed. They also track patients and prepare their medical records.

NOTE: Only clinical staff are allowed to handle patients. This includes all nursing staff and physicians in the NICU at that time, as well as respiratory therapists. Clinicians from pediatrics may be called upon to assist as needed.

Specific Considerations

Smoke/Fire

If you see any signs of smoke or fire in the NICU, immediately pull the fire alarm. If there is a perceived smoke or fire threat, you will not face a penalty for pulling the fire alarm.

Oxygen Considerations in Case of Fire

Locations of all oxygen supply valves for the NICU:

Insert floor plan with valves marked, if applicable

If there are signs of smoke or fire, oxygen must be shut off by *(role/title of person)*

Prior to shutting off the oxygen, all oxygen-dependent patients must be put on portable oxygen and evacuated.

Pre-Activation

Pre-activate this plan if the NICU receives notification of an impending surge or evacuation and there is enough time to gather situational awareness.

Impending Threat or Condition

Events that may cause an impending threat of surge or evacuation are those that happen outside of the NICU (e.g., a fire on another floor) or that have advanced warning (e.g., a hurricane).

_____ *(role/title of person)* will inform the NICU of an impending threat and provide instructions on how to proceed. Once they are notified, the nurse manager, charge nurse on duty, attending physician or the designee should update staff on the information received.

Figure 1: Plan Pre-Activation Considerations

- Monitor the situation
- Maintain situational awareness
- Initiate a call with all leadership involved in an evacuation
- Check and prepare necessary supplies and equipment
- Notify staff about possible evacuation

Plan Activation

PDC recommends referring to your institution's emergency operations plan for guidance on current policies and procedures. When creating your surge plan, provide references (e.g., see page number) to your facility's emergency operations plan where necessary.

Activate this plan if there is an immediate threat to the NICU that requires evacuation and/or results in a surge of patients from other locations in the facility or externally. Upon activation of the plan, all staff in the facility will mobilize to help. Staff will gather and be assigned their roles for the surge or evacuation event. During a surge event, there may be prior notification of arriving patients depending on the proximity of the transferring hospital and how quickly they need to evacuate.

Evacuations may be immediate (e.g., a fire in the NICU) or may take place over a period of time (e.g. expected hurricane in 72 to 96 hours). Evacuations may require a temporary (short-term) relocation to another area or floor in the facility or a comprehensive (long-term) discharge requiring a staging area for transfer.

Immediate Threat

Any event that directly affects the NICU without notice can cause an immediate threat, requiring immediate evacuation to a location within the facility and or an external evacuation. Depending on the circumstances of the event, the neonatal administrative and clinical staff, facilities management, the New York City Fire Department (FDNY) and/or the utility company may determine that a horizontal or vertical evacuation by elevator or stairs is necessary.

If there is an immediate threat to the NICU, the person who notices the threat should contact _____ (role/title of person) via _____ (phone number and extension) and notify them of the threat. The neonatal medical director, most senior physician available and/or designee should be notified and should begin working with the NICU nurse manager or charge nurse on duty and the command center.

Fill in the chart below with name and contact information of all individuals who can activate the NICU surge and evacuation plan.* These individuals have the authority to activate and deactivate the surge and evacuation plan and are responsible for overseeing the events that follow.

Name	Title	Phone	Phone	Email

*Please list substitutes if primary is not available. All contact phone numbers must be 24-hour numbers.
List as many numbers as possible for each contact.

Notifications and Communication

During a NICU evacuation or surge event, follow the hospital's general emergency operations plan for notifications and communications closely. However, based on the nature of the event, you may need to change the notifications and communications plan. For example, a mass casualty event that involves pediatric patients would require notification of the unit's nurse manager and other pediatric specialized staff.

Hospital Command Center

Staffing and Activities

During a NICU surge or evacuation, the hospital command center's role will mirror that of the hospital's general emergency operations plan; however, the center needs to give particular attention to ensuring that trained medical and ancillary staff with pediatric expertise can respond to a pediatric emergency or disaster as needed. This response includes opening and staffing the Family Information and Support Center (FISC) and the Pediatric Safe Area (PSA).

Staffing

Create a schedule to ensure the hospital command center is staffed at all times.

During days, _____ (role/title of person) will act as incident commander. During nights and weekends, _____ (role/title of person) will act as incident commander until _____ (role/title of person) is available to relieve them.

NOTE: The most senior person has the authority and responsibility to act as incident commander until they can transfer responsibility to a higher level. See **Appendix E** and **Appendix F** for sample Incident Command Structure charts.

The first person to receive incident notification will contact _____ (role/title of person) who will open the hospital command center. _____ (role/title of person) will coordinate the response until the command center has opened and the incident commander has been established.

_____ (role/title of person) will contact _____ (role/title of person) via _____ (email/phone number) if additional staffing outside of staff present and off-duty staff is needed.

If the NICU is the first hospital unit to receive this notification, alert _____ (role/title of person) via _____ (email/phone number) to coordinate the response with the command center and the most senior physician within the NICU.

Hospital Command Center Activities

- Alert the hospital of the plan activation
- Alert all potential staging areas that they may be taken over for patient care
- Coordinate appropriate staff to prepare staging area(s)
- Have security distribute communication devices (e.g., cell phones, walkie talkies) to the NICU, if applicable
- Coordinate requests coming from the NICU or other departments
- Notify labor and delivery that the NICU will not be accepting patients
- Determine if the NICU or any other departments should be placed on diversion
- Designate personnel to help with surge/evacuation
- Communicate and coordinate with external partners, organizations or agencies as needed
- Ensure continued communication with the NICU
- Maintain communication and information sharing between the NICU and the command center during all stages of the surge or evacuation

Senior Management

Upon notification of an event that will create a surge or requires evacuation of NICU patients, _____ (role/title of person) will notify senior management. Fill in chart with names and contact information for senior management that must be notified.*

Name	Title	Phone	Phone	Email

*Please list substitutes if primary is not available. All contact phone numbers must be 24-hour numbers.
List as many numbers as possible for each contact*

Internal Staff Notification

_____ (role/title of person) will announce activation of the NICU surge or evacuation plan via _____ (e.g., email, overhead paging, text), stating: _____ (language specific to your facility, e.g., color, code, script).

Internal Staff Response

Upon activation of the plan, all NICU staff should report to _____ (location) and complete the following activities:

Off-Duty Staff Notification

Upon activation of the plan:

_____ (role/title of person) will contact off-duty staff about the activation of the NICU surge or evacuation plan via _____ (e.g., phone, email, text, social media), stating:

Off-Duty Staff Response

Upon activation of the plan, all off-duty NICU staff should complete the following activities:

External Notifications

_____ (role/title of person) will notify external partners, organizations or agencies. Fill in the chart below with the names and contact information for external partners, organizations or agencies that must be notified of a NICU evacuation.

Name	Title	Company/Org	Phone	Email
		Police department precinct number: _____		
		Fire department ladder/ engine number: _____		
		Emergency medical service (EMS): _____		
		Hospital system: _____		

*Please list substitutes if primary is not available. All contact phone numbers must be 24-hour numbers. List as many numbers as possible for each contact.

Other Important Numbers

Add a complete staff directory or provide the location of a directory where this can be found:

_____ (location or corresponding Appendix).

NICU Procedures

_____ (role/title of person) or designee will coordinate and communicate all activities with the command center. They will also coordinate the surge or evacuation by informing staff of the event, their individual roles and how patients should be triaged for possible discharge, transfer, admission or evacuation.

Activities

- Convene staff and discuss roles for the surge or evacuation.
- Call in additional staff or request additional staff through the command center.
- Triage and prep all patients for evacuation or create space to accommodate surge (refer to surge triage location and surge space location page number ____).
- Assess all available equipment and supplies and contact the command center for any additional equipment or supplies needed.
 - See Figure 2 for current list of equipment and supplies.

- Print summary information of patients being evacuated and transport patient with pertinent medical record information.
- Notify families within the NICU of plan activation and potential evacuation.
- Send pertinent information regarding NICU census, patient disposition and other useful information to the command center.
- Set up patient tracking system.

Equipment and Supplies

Use a table like the one below to document your facility's available equipment and supplies.

Figure 2: Equipment and Supplies

Equipment /Supply Name	Number Immediately Available	Location	Number of Patients That Can Be Accommodated
In-House Transport Isolette			
Isolettes			
Evacuation Basket			
Pediatric-Capable Ventilators (invasive and non-invasive ventilation)			
Portable Monitors			
Portable Suctions			
Portable Oxygen			

Patient Placement and Transportation

PDC recommends referring to your institution's emergency operations plan for guidance on current policies and procedures. When creating your surge plan, provide references (e.g., see page number) to your facility's emergency operations plan where necessary.

Consider these important factors:

- Who will decide to transfer patients?
- Who will contact other institutions about transferring patients?
- How will patients will be transferred?

- How will this information be communicated between the NICU and command center?

Example: Clinical staff will assess patients and decide which patients need to be transferred to another hospital. The NICU nurse manager, charge nurse or designee on duty will be responsible for contacting hospitals and confirming patient acceptance. Once the placement decision has been confirmed by both hospitals, the NICU nurse manager, charge nurse or designee will relay this information to the command center. The EMS representative within the command center will coordinate the transportation between hospitals.

Evacuation-Specific Considerations

Short-Term Designated Evacuation Staging Areas

The short-term staging areas will be used for the *initial* evacuation only; they are not intended to be the final alternate NICU site.

Short-Term Horizontal Evacuation Site

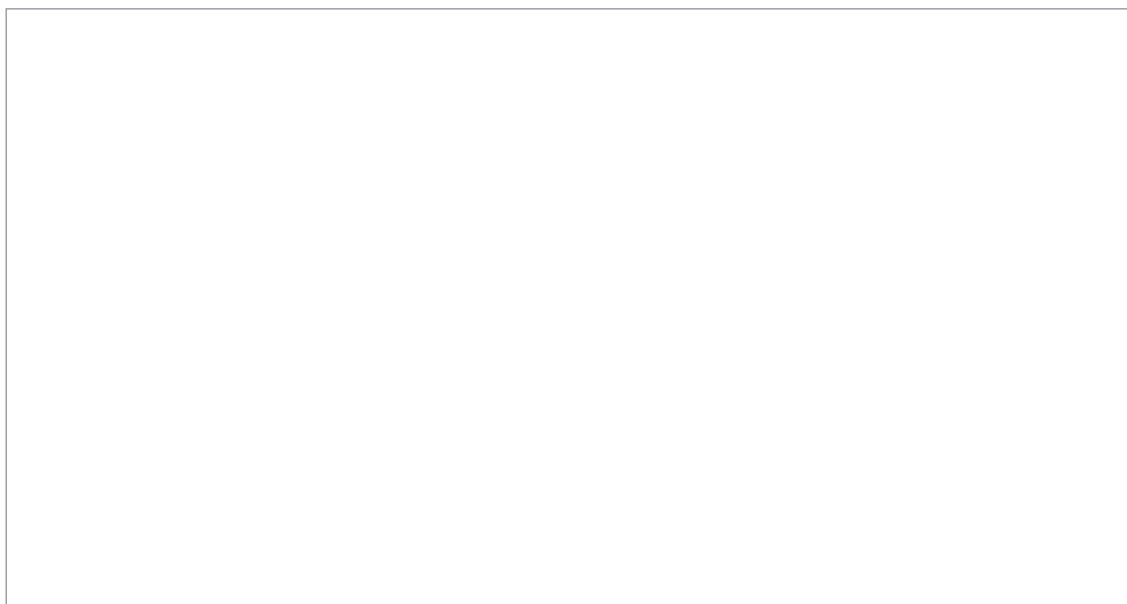
A horizontal evacuation is an evacuation through corridor fire doors and/or smoke zones into a secure area on the same floor.

Horizontal evacuation staging area location: _____

Alternate horizontal evacuation staging area location: _____

Horizontal Evacuation Route

Describe and provide a visual route map for evacuation.



Short-Term Vertical Evacuation Site

A vertical evacuation is a complete evacuation of a specific floor. Dependent on the event, patients and staff evacuate the hospital by moving vertically towards ground level.* If the incident is localized, staff and patients can vertically evacuate to another floor at least two floors away from the incident.

**Not applicable if your NICU is on ground level.*

Vertical evacuation staging area: _____

Alternate evacuation staging area: _____

Vertical Evacuation Route

Describe and provide a visual route map for a vertical evacuation.

Total or Full Evacuation

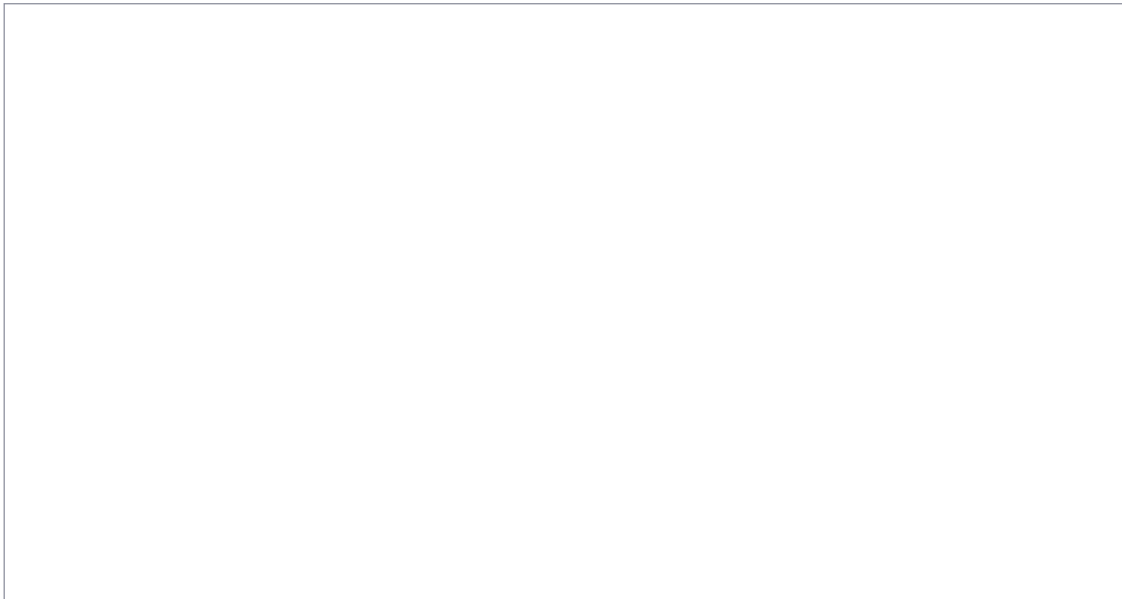
A total or full evacuation is a complete evacuation *out* of the hospital.

Total or full evacuation staging area: _____

Alternate total or full evacuation staging area: _____

Total or Full Evacuation Route

What route should personnel take when evacuating patients? Write the route here and provide a visual evacuation route map.



Long-Term Designated Evacuation Staging Areas

In the event of an incident that does not allow patients to safely return to the NICU, staff must designate a long-term staging area within the hospital.

Long-Term evacuation staging area: _____

Alternate long-term evacuation staging area: _____

Second alternate long-term evacuation staging area: _____

_____ (role/title of person(s)) will identify the long-term staging area and will notify staff involved in the evacuation.

Short-Term Staging Area Procedures

NICU Surge/Evacuation Procedures

In the event of an *immediate* threat, anyone within the NICU at the time will be mobilized to help. Clinicians will care for and move patients. Non-clinicians and any parents in the NICU will help push isolettes, move equipment and supplies and track patients as they travel from the NICU to the staging or alternate area.

Activities

- Inform the nursing supervisor and most senior NICU physician on-site of the threat.
- Identify where the threat is coming from.
- Initiate patient tracking in the NICU.
- Evacuate patients closest to the hazard, regardless of acuity.
- Evacuate patients most likely to be adversely affected by the threat (i.e., patients in cribs during a smoke condition).
- Evacuate stable babies with a 1:2 patient to nurse ratio until all are evacuated.
- Evacuate critical patients with a 1:4 patient to clinician ratio.
 - An attending physician must be part of the evacuation team for patients on oscillators.
- Initiate patient tracking at the staging area.

Note: If there are parents in the NICU at the time of an evacuation, they should be evacuated with their child to the staging area. Parents can help relay pertinent information for tracking and can push isolettes, cribs or equipment.

Patient Tracking

The following should be edited based on your hospital's patient tracking procedures:

_____ (role/title of person) will delegate the responsibility of patient tracking at the NICU and staging area. When the patient leaves or arrives at the NICU, _____ (role/title of person) will record information on the existing roster. This should include*:

- Information from the patient's two identification bands
- Name of person transporting the patient
- Where the patient is being transported to and from

**Upon arrival at the staging area, the same information should be documented.*

The recorded information should also be relayed to _____ (role/title of person) in the hospital command center who should then relay the information to both _____ (role/title of person) in the social work department via _____ (phone number) and _____ (role/title of person) of security personnel via _____ (phone number).

A clerk will be stationed at _____ (centralized location; e.g., the front desk in the main lobby) and will print patient records from that area.

Respiratory Therapy Procedures

Upon notification of a surge or evacuation of the NICU, respiratory therapy should:

- Proceed to the NICU, if possible
- Assist in the surge or evacuation
- Assist in transporting supplies, if needed
- Set up a manifold in _____ (*location; e.g., lobby*)

Security Procedures for Staging Area

_____ (*role/title of person*) or designee will supervise all security-related issues, and coordinate and communicate all security-related activities with the command center. Depending on the event, security should secure the facility and patient care areas from unauthorized visitors.

Horizontal/Vertical Evacuation Activities

- Limit access and close non-essential entry points to the entire facility and the NICU.
- Staff essential areas.
- Post security guards at all NICU entrance and exit points.
- Clear all unauthorized personnel from secure patient care areas.
- If relocating to a non-secure area, partition area from public view and unauthorized access.
- Reroute foot traffic as needed.
- Escort patients with serious mental health problems to a secure treatment area.
- Screen all family members prior to letting them into patient care, mental health or FISC areas.
- Contact local law enforcement _____ (NYPD precinct number) if necessary.
- Contact local fire department _____ (FDNY ladder/engine number) if necessary.
- Call 911 if an emergency requiring immediate police, fire or EMS response is needed.
- Obtain current situational awareness and share with first responders as they arrive on scene.
- Make any and all internal notifications as stated in general emergency operations plan. (See page _____ of emergency operations plan for details).

Total or Full Evacuation Activities

- If applicable, close off any roads that may disrupt the evacuation and direct all vehicular traffic to appropriate areas.
- Post security guards at all NICU entrance and exit points.
- Clear all unauthorized personnel from the evacuation staging area.

Social Work Procedures for Evacuation and Surge Staging Areas

_____ (*role/title of person*) within social work, family services, psychiatry, child life services or other appropriate personnel will coordinate and supervise the following activities.

- Coordinate all mental health-related activities with the command center
- Relay the total number of staff on-site to the command center

- Assign staff to specific roles/areas (e.g., mental health, FISC, PSA, surge areas) to monitor and address mental health issues as they arise
- Set up mental health, FISC and PSA sites, including a private space for mental health staff to meet with families and individuals during the surge or evacuation
- Notify parents and legal guardians of all patients being evacuated, discharged or transferred within the facility
- Ensure that families of discharged patients have access to care, supplies and other necessary resources
- Direct parents and families looking for information to _____
(phone number)

Mental Health Locations: _____

Alternate Mental Health Locations: _____

FISC Location: _____

Alternate FISC Location: _____

PSA Location: _____

Alternate PSA Location: _____

- Direct family members looking for information to the below phone numbers for surge or evacuation-specific patient information (e.g., hotline regarding specific incident).

Phone Number: _____

Alternate Number: _____

Alternate Number: _____

Engineering/Facilities Management Procedures for Staging Area

Engineering /facilities management will have different procedures to follow depending on where the staging area is located.

_____ (role/title of person) will coordinate and supervise the below activities.

Activities

- Coordinate all activities with the command center.
- Relay the total number of staff on-site to the command center.
- Relocate supplies to staging and surge areas (see [Equipment and Supplies chart](#)).
- Set up a decontamination area as necessary.
- Manage electrical, heating and air conditioning.
- Manage oxygen supply, suction and other gases.
- Provide food, water, clothing and shelter for a minimum of 96 hours.

Secondary Movement Considerations

Upon completion of the initial NICU evacuation, NICU leadership and the hospital command center should discuss next steps. The conversation should focus on the state of the NICU, transferring patients out of the facility and long-term planning. Patients will be triaged based on their condition and placement availability.

Long-Term Staging Area Movement Procedures

Movement procedures from the short-term to the long-term staging areas depend on the destination, the condition and number of patients. _____ (roles/titles of people) will alter the procedures accordingly.

Plan Deactivation

The plan will be deactivated under the following circumstances:

- Evacuation of NICU is completed.
- Surge event is over.
- _____ (additional deactivation criteria)
- _____ (additional deactivation criteria)

The surge/evacuation plan can be deactivated by the following people:*

Name	Title	Phone	Email

*The same person should activate and deactivate the plan. If this is not possible, the person that activated the plan should be notified of the deactivation.

Internal Staff Notification

_____ (role/title of person) will announce the deactivation of the NICU surge/evacuation plan via _____ (e.g., email, overhead paging, text), stating:

(insert language specific to your facility; e.g., color, code, script).

Internal Staff Response

Upon deactivation of the plan, all staff should report to _____ (location) and complete the following activities:

Off-Duty Staff Notification

Upon deactivation of the plan, all staff should report to _____ (location) and complete the following activities:

Off-Duty Staff Response

Upon deactivation of the plan, all staff should report to _____ (location) and complete the following activities:

External Notifications

All external contacts who received notification of the NICU surge/evacuation plan’s activation must be notified of its deactivation:

Name	Title	Company/Org	Phone	Email
		Police department precinct number: _____		
		Fire department ladder/ engine number: _____		

Staging Areas

Which departments will be responsible for:

- Cleaning up: _____
- Returning equipment: _____
- Replenishing equipment: _____

Equipment Rehabilitation

List any duties related to equipment rehabilitation and who will complete those duties:

Mental Health

Provide mental health support to staff and their families and the families of patients involved in the surge event or evacuation. Services should remain available for several days following the incident. Refer staff, patients and families to community providers and additional resources if needed.

Staff and families can call _____ (*phone number*) or speak to
_____ (*role/title of person*) directly for additional assistance accessing
mental health services after the incident.

Debriefing

A debriefing will be held after the evacuation or surge to gather information about the event and to ensure that all staff's emotional and physical needs are addressed. Everyone involved in the incident should participate.

_____ (*role/title of person*) will facilitate the debriefing after the surge/
evacuation event or at the end of each shift involved in the surge/evacuation.

Debriefing Location: _____

Alternate Debriefing Location: _____

The debriefing will be held _____ hours after the immediate surge/evacuation is complete.

Hospital Command Center

Upon deactivation of the plan, the hospital command center should be the last to disassemble.

Activities

- Monitor deactivation activities of each department involved.
- Ensure staging areas, FISC and PSA return to normal operating status.
- Confirm all notifications (internal and external) have been made.
- Facilitate hotwash with everyone who was involved to discuss the event.

- Complete and document an after action report/improvement plan (AAR/IP).
- Update the NICU surge and evacuation plan to reflect all after action items and improvement plans proposed/initiated.

_____ (*role/title of person*) will facilitate hotwash and document the AAR/IP.

_____ (*role/title of person*) will update the NICU surge and evacuation plan within _____ (e.g., two weeks) and provide it to leadership.

_____ (*role/title of person*) will notify outside agencies and other external participants of any action items and improvement plans that are relevant to future events.

¹ Facilitated discussion held immediately after an exercise or event amongst those involved. It captures feedback about any issues, concerns or proposed improvements. The hotwash is an opportunity for staff members to voice their opinions on the event and their performance (FEMA Glossary, <https://training.fema.gov/programs/emischool/el361toolkit/glossary.htm#H>).

Appendix A: Important Contact Information

Include people who are integral to the surge and/or are leaders in their departments.

[illegible]

Appendix B: Staff Roles and Schedules

NICU Staff Roles and Schedules

NICU shift organization and the number of staff available per shift.

Shift Indicate weekday(s) and hours	Shift 1	Shift 2	Shift 3	Shift 4
Number of Attending Physicians				
Number of Attending Physicians				
Number of Residents				
Number of Nurses				

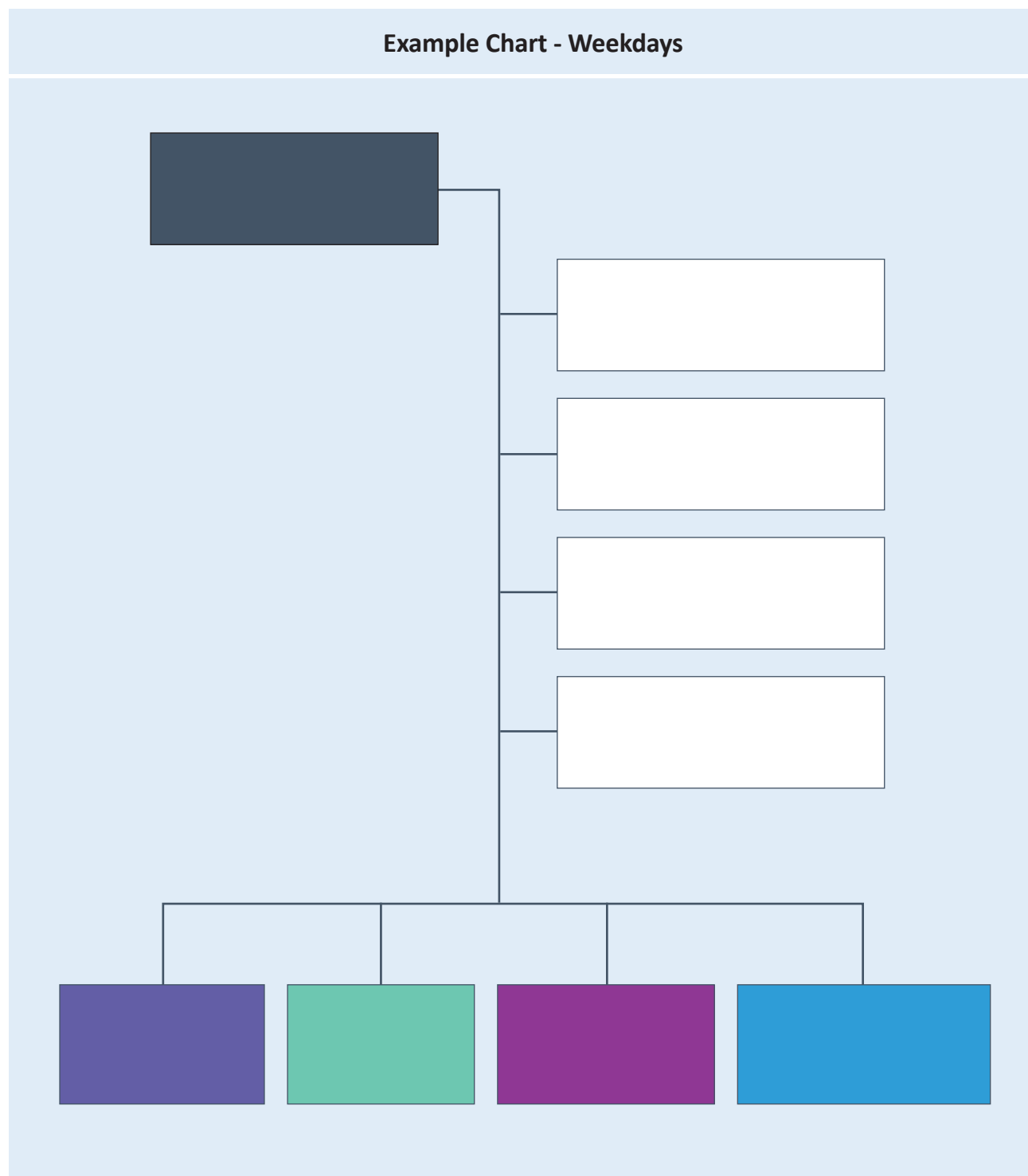
Appendix C: Complete Staff Directory Template

[illegible]

Appendix D: Abbreviations

[illegible]

Appendix E: Example Incident Command Structure Chart – WEEKDAYS



Appendix F: Example Incident Command Structure Chart – WEEKENDS

