

WORKSHEET XIX: SAMPLE FACILITY LIAISON OFFICER JOB ACTION SHEET

Liaison Officer

Assigned Position (potential): Risk Management, Community Relations, CEO, Administrator

Position assigned to: _____ (Your name)

You report to: _____ (Incident Commander)

MISSION: Function as incident contact person for representatives from other agencies.

INTERNAL CONTACT PHONE NUMBERS (IF ANY):

Job Action Sheet

Date _____

Time in _____ Out _____

Your initials _____

Relieved by _____

IMMEDIATE (0-2 Hours) – Start here

Time	Initial	Actions
		BE APPOINTED by the Incident Commander
		READ THIS JOB ACTION SHEET
		REVIEW ORGANIZATION CHART (INCIDENT MANAGEMENT TEAM CHART)
		PUT ON VEST that identifies your appointed position
		RECEIVE BRIEFING FROM INCIDENT COMMANDER
		NOTIFY OUTSIDE AGENCIES OF EMERGENCY STATUS & gather information from such agencies if applicable <input type="checkbox"/> Local Police Dept EOC. ____-____, Fax: ____-____ <input type="checkbox"/> Local Sheriff ____-____, Fax: ____-____ <input type="checkbox"/> Local Public Health Dept.. ____-____, Fax: ____-____ <input type="checkbox"/> County Office of Emergency Services ____-____ <input type="checkbox"/> Local Fire Dept. ____-____, Fax: ____-____ <input type="checkbox"/> Local Hospital ____-____, Fax: ____-____
		COORDINATE with the Public Information Officer
		OBTAIN ASSESSMENT OF ACUITY OF YOUR RESIDENT POPULATION from your Medical Care Branch Director or Resource/Situation Unit Leader <input type="checkbox"/> # of Residents requiring immediate care _____ <input type="checkbox"/> # of Residents requiring delayed care _____ <input type="checkbox"/> Wheelchair or stretcher patients requiring transfer to other LTC facility/hospital _____
		MEET WITH OTHER SECTION CHIEFS to ASSESS CRITICAL NEEDS <input type="checkbox"/> Condition of facility structure <input type="checkbox"/> Shortages of equipment/supplies <input type="checkbox"/> Resources requested by other facilities
		RELAY STATUS OF FACILITY to relevant external partners—use phone tree in your EOP
		CONTACT LIAISONS IN OTHER AGENCIES. Update government agencies and regulatory bodies. Maintain lists/call logs of contact with public health and other agencies

INTERMEDIATE (2-12 Hours)

Time	Initial	Actions
		REQUEST ASSISTANCE through existing MOUs and municipal and/or county EOC
		SET UP and organize stakeholder meetings as necessary to update status
		RESPOND TO REQUESTS and complaints from incident personnel regarding inter-organization problems
		ASSIST LABOR POOL UNIT LEADER with credentialing/observation to determine competency of volunteers
		RELAY INFORMATION from other Command Section Officers as necessary

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Job Action Sheet

EXTENDED (Beyond 12 Hours)

Time	Initial	Actions
		ASSIST YOUR MEDICAL CARE BRANCH DIRECTOR and your Labor Pool Unit Leader to solicit personnel to volunteer
		COMMUNICATE WITH OTHER FACILITIES ON NEEDED OR REQUESTED RESOURCES. Coordinate with your Logistics and Planning Section Chiefs
		SUPPLY CASUALTY DATA. Collect the following numbers <input type="checkbox"/> Casualties / Types of injuries _____ <input type="checkbox"/> Discharged to home / Other facilities _____ <input type="checkbox"/> Hospitalized _____ <input type="checkbox"/> Dead _____
		WATCH FOR SIGNS OF STRESS IN STAFF. Report concerns to your Employee Health & Well-Being/Family Care Unit Leader
		PROVIDE REST PERIODS AND RELIEF FOR YOUR STAFF

DEMOBILIZATION/RECOVERY

Time	Initial	Actions
		DEACTIVATE ANY LIAISON STAFF used for the incident as the need subsides—return staff to their normal jobs. This may be done in a phased manner
		ENSURE RETURN/RETRIEVAL OF EQUIPMENT & SUPPLIES
		BRIEF your Incident Commander on current problems, outstanding issues, and follow-up actions needed
		COMPLETE AND SUBMIT all documentation to your Planning Section Chief
		PARTICIPATE in after-action briefings. Document observations and make recommendations for improvements. Consider: <input type="checkbox"/> Accomplishments and issues <input type="checkbox"/> Review of pertinent position descriptions and checklists <input type="checkbox"/> Recommendations for procedural changes
		PARTICIPATE in stress management and after-action debriefings and other meetings and debriefings as required

Your Toolbox

<input type="checkbox"/> 1 Vest for your assigned position	<input type="checkbox"/> 4 Facility Pandemic Influenza Annex	<input type="checkbox"/> 7 County Org Chart and Contact #s
<input type="checkbox"/> 2 Modified HICS Job Action Sheet	<input type="checkbox"/> 5 Facility Organizational Chart	
<input type="checkbox"/> 3 Facility Emergency Operations Plan	<input type="checkbox"/> 6 Municipal Org Chart and Contact #s	