* Incident commander has an emergency and has to leave the command center.
* There are security issues/concerns.
* The media has arrived at your facility. They have set up their truck and cameras outside your main entrance. They are requesting an interview with the CEO.
* Have members in the command center physically leave the command center for a period of time to encourage planning by those command center staff that are not as comfortable in their roles.
* Cardiac arrest/Trauma comes to ED while managing infectious disease patient.
* Worried well arrive to ED.
* Notification to clinic/LTC if co-located – provide them direction on how they can support the response.
* Clinic attached – consider how they can support the hospital. Overflow of green/walking wounded/self-presenting patients.
* Gusts of wind interfere with outside staging
* Unattached/affiliated clinic – hearing information and wondering how to help. Availability of staffing, ability to provide care. Communicate and participate with community – what services can they provide.
* 2 victims pass away in the emergency department and hospital morgue is full.
* Evac: With Power out staff are unable to print off medical records for transport.