Hospital Incident Command System (HICS)

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Housekeeping

- Restrooms
- Exits
- Breaks, lunch, etc
- Enjoy!
- Opportunities

Agenda

- Introductions
- Hospital Resource Challenges in Disaster....Why HICS?
- HICS Project Overview
- Break
- JCS Review - TTX
- Lunch
- Tools –
  - Job-Action-Sheets;
  - Incident Planning Guides,
  - Incident Response Guides
  - Forms and others
- Incident Action Planning (IAP)
- Break
- TTX - Event Cycle Discussion
- Evaluations - Adjourn

Objectives include:

- Review HICS development
- List the section chiefs within the Incident Management Team (IMT).
- Discuss roles and relationships within the IMT.
- Discuss application of HICS tools including Incident Planning Guides; Incident Response Guides and Job-Action-Sheets
- Describe the function of the Incident Action Plan
“Kicking Off”

- Introductions
  - Where do you work, what department/area?
- Have you responded to a “disaster” in your hospital?
- What’s your goal today?

Resource Challenges in Hurricanes
(and other incidents)

- What happens within a hospital in a hurricane event?
- From evacuating and sheltering perspectives

Period Challenges

- During periods of:
  - Pre-landfall (preparedness and planning)
    - Hours
    - Days
    - Months
  - Landfall (response)
    - Hours
    - Days
  - Post-landfall (response and recovery)
    - Hours
    - Days
    - Months
What happens and what do you need?

- Activations
  - who and when?
- Communications
  - equipment, notifications and monitoring?
- Transportation
  - Vans, ground transport, etc
- Personnel
  - Security, nurses, MDs, etc
- Medical supplies
  - Oxygen, wheelchairs
- Other???

Where are the resources?

- How do you locate and track:
  - Personnel
  - Patients
  - Equipment
  - Family members
  - Volunteers

Situation - Status

- Assessment
- Reporting
- Impacts
  - Infrastructure
  - Resources

What is a disaster?

- Disaster definitions...
  - “a sudden calamitous event bringing great damage, loss or destruction…”
  - “results in injury and/or associated with deaths....”
  - “defined by the need for external assistance…”
  - “an imbalance between acute needs and locally available resources”
**Internal, External or Both!**

- For a hospital
  - Disasters can start as a "manageable internal event" but quickly grow.
  - Examples – infrastructure failure
    - Internal - Water, electrical power, Heating, Ventilation, Air Conditioning (HVAC), plumbing, "small" fires (?).
    - External – Hurricane, Severe weather, Water outage, Hazmat, Pandemic, etc.

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**A Few Community Disasters**

- **Northwest Louisiana Tornadoes** (32 Bossier Parish; 36 Caddo Parish; 1978-2004, NWS)
- **Hurricane Katrina** (Aug 29, 2005)
- **Hurricane Rita** (Sept 24, 2005)
- **Shreveport City-wide Water Outage** (Jan 10 – 11, 2008)
- **Hurricane Gustav** (Sept 1, 2008)
- **Hurricane Ike** (Sept 13, 2008)
- **Pandemic – H1N1 (H5N1?)**

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**Hospital Disaster/Event Management Needs**

- Communication
  - Internal and External
- Coordination
  - Internal and External
- Materials/Supply
  - Medical
  - Non medical
- Pharmaceuticals
- Personnel – Labor
- Infrastructure support

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**Joint Commission – Emergency Management Standards** (effective Jan 2009)

- EM 01.01.01 – The hospital’s incident command structure is integrated into and consistent with its community’s command structure (NIMS/ICS).
- EM 02.02.01 - As part of its Emergency Operations Plan, the organization prepares for how it will communicate during emergencies.
- EM 02.02.03 - As part of its Emergency Operations Plan, the organization prepares for how it will manage resources and assets during emergencies.
- EM 02.02.07 - As part of its Emergency Operations Plan, the organization prepares for how it will manage staff during an emergency.
- EM 02.02.09 - As part of its Emergency Operations Plan, the organization prepares for how it will manage utilities during an emergency.
- EM 02.02.11 - As part of its Emergency Operations Plan, the organization prepares for how it will manage [patient]s during emergencies.
Review

- Increasing number of threats/vulnerabilities = Preparedness is here to stay.
- Disaster definitions
- Internal; external or both
- Many management challenges
- New Joint Commission standards “highlight” challenges

Overview Module

Overview of the Hospital Incident Command System Project

Module Objectives

- Provide an overview of the Hospital Emergency Incident Command System IV project
- Discuss the updated Hospital Incident Command System and new materials and products

HICS Project Objectives

- Update the Hospital Emergency Incident Command System (HEICS) Version III
  - Incorporate
    - Current Emergency Management Practices
    - National Incident Management System (NIMS) components and elements
    - Chemical, Biological, Radiological, Nuclear, and Explosive incidents into the structure
    - Needs of rural and small hospitals
  - Develop
    - An implementation manual
    - Suggested instructor qualifications
HICS Project Participants

- National Work Group
- Ex Officio Members
- Secondary Review Group
- Project Management Team

The National Work Group

- Hospital-based HEICS subject-matter experts from across the United States were recruited
- Twenty members were selected
- Members represent hospitals
  - Large and small
  - Rural and urban
  - Public and private
- Members were the core HICS development group

The Ex Officio Group

- Ex officio members ensured consistency with governmental and industry organizational planning efforts
- Ex officio members included:
  - U.S. Department of Homeland Security
    • National Incident Management System (NIMS) Integration Center
  - U.S. Department of Health and Human Services
    • Health Resources and Services Administration (HRSA)
  - American Hospital Association (AHA)
  - American Society for Healthcare Engineering (ASHE)
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

The Secondary Review Group

- The Secondary Review Group
  - Reviewed products and materials developed by the National Work Group
  - Provided feedback
  - Over 70 hospital and healthcare industry experts on the group
Project Management Team

- Project sponsored by the California Emergency Medical Services Authority
  - Funding by HRSA
- Project Management Team
  - Kaiser Permanente
  - Washington Hospital Center

HICS Guidebook (1)

- Purpose
  - Outline the critical components of HICS
  - Recommendations on use of HICS and HICS materials
  - Outline the important tenets of
    - Response planning
    - Incident command
    - Effective response
  - http://www.emsa.ca.gov/hics/hics.asp

HICS Guidebook (2)

- Purpose
  - The Guidebook principles and concepts
    - Can assist in revising or writing an Emergency Operations Plan (EOP)
    - Can be integrated into a hospital's Emergency Operations Plan, where appropriate

HICS Guidebook (3)

- Two Guidebook Components
  #1: High-level guidance for developing a hospital Emergency Operations Plan (EOP)
    - Key considerations
    - Planning and response assumptions
    - Provides guidance for use of the incident command system
      - Adapted to incident specific situations
      - Modular and scalable based on availability of personnel
**HICS Guidebook**

- Two Guidebook Components
  
  #2: A HICS training curriculum
  - Specific instructional guidance and teaching outlines
  - Curriculum materials designed to provide variable methods of training hospital staff
    - Emergency response principles
    - Incident command

- The HICS Guidebook is NOT
  - The definitive text on hospital emergency preparedness
  - Used to comprehensively teach the principles of incident command
  - To become nor serve as the Emergency Operations Plan (EOP) for any hospital

**New HICS Elements**

- A more compact and versatile incident management team structure
  - Modular
  - Scalable to the event
- Updated Job Action Sheets (JAS)
- Revised, National Incident Management System (NIMS) consistent forms

- Incident Planning Guides (IPG)
  - Assist in evaluating and writing emergency plans
  - Scenario based
- Incident Response Guides (IRG)
  - Key considerations and response actions for command staff
  - Scenario based
- Expanded information and tools
  - Guidebook and Appendices
  - Resources
HICS Intended Audience

- Personnel who will assume hospital command roles
  - Administrators
  - Managers and department heads
  - Physicians, nurses
  - Other key personnel
- Local, state and federal officials
  - Emergency Management
  - Public Health
  - Public Safety
- Students preparing for a healthcare career

HICS Resources

- Materials are found at:
  - www.emsa.ca.gov/HICS
  - www.hicscenter.org

Review: Key Points

- The HEICS IV/HICS project updated HEICS III to current emergency management practices and principles
- HICS was developed by hospital and incident command experts
- The HICS Guidebook will assist hospitals in implementing HICS
- HICS provides new materials to assist hospitals
  - Job Action Sheets (JAS)
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**HICS Module**

The Hospital Incident Command System
Module: Objectives

- Describe the role, responsibility and command considerations for the following:
  - Operations Section
  - Planning Section
  - Logistics Section
  - Finance and Administration Section
- Discuss command staff identification
- Discuss the importance of building a command staff
- Describe function and design of the Job Action Sheet (JAS)
- Describe the purpose and how to use the incident response guide
- Discuss the importance of integration with unified command, and the healthcare system
- Discuss issues related with managing simultaneous events

HICS IMT

- Depicts hospital management functions and how authority and responsibility is distributed
- Each of the 5 management functions is color coded
  - Command (white or grey)
  - Operations (red)
  - Planning (blue)
  - Logistics (yellow)
  - Finance/Administration (green)

Building the IMT

- The IC should appoint properly trained persons to critical Command and General Staff positions
Building the IMT

- Once appointed:
  - Section Chiefs and Branch Directors staff their own sections
- IMT position titles are standardized
  - Describe the position’s role and mission rather than the person
  - Allows the position to be filled by the most qualified rather than by seniority
  - Facilitates requests for outside qualified personnel

IMT Crosswalk

Building the IMT

- The IMT reflects a reasonable "Span of Control"
  - Definition: The number of individuals or resources one supervisor can effectively manage**
  - Ratio of 3-7 reporting elements per 1 supervisor
- The IMT structure does not exactly mirror the daily administrative structure
  - This is purposeful
  - Reduces role and title confusion during the response**
  - HICS IMT Crosswalk suggests position

IMT Communications

- Communication and information-sharing in the IMT should occur:
  - Up and down the chain of command
  - Across Sections to the appropriate Section/Branch/Unit**
- Information should be displayed on status boards and easily accessed
- Communications should be documented for accountability and archiving
**Incident Commander**

- **Duties:**
  - Ensure incident safety *
  - Initiate HICS and activation of the HCC
  - Determine scope and magnitude of event and potential impacts on the facility
  - Determine and activate appropriate IMT positions
  - Initiate and approve the IAP
  - Providing information services to internal and external stakeholders

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**Public Information Officer**

- **Mission:**
  - Serve as the conduit for information to internal and external stakeholders**, including staff, visitors and families, and the news media, as approved by the Incident Commander

- **Duties:**
  - Determine parameters of information release from the IC
  - Determine any restrictions in content (sensitive materials)
  - Collaborate with local community officials (JIC) on risk communication messages for consistent content
  - Maintain contact with Situation Unit Leader for current information and facility status
  - Schedule regular media briefings and press releases
Liaison Officer

- **Mission:**
  - Function as the incident contact person in the Hospital Command Center for representatives from other agencies
- **Duties:**
  - Is the primary contact for supporting agencies and organizations assisting at an incident but not participating in the HCC/ICS structure
  - Establish contacts with liaison counterparts in each assisting and cooperating agency (including other hospitals, RHCCs, EOCs and others)
  - Update governmental liaisons on the hospital status and response
  - Make facility needs and requests for assistance and resources

Medical/Technical Specialists

- The Specialist Position is new and unique to HICS
  - A category of personnel w/specialized expertise
  - Activated based on situational need
  - Primarily are consultants but can have delegated authority
  - Can have more than one in activated at a time
  - May report to any position in the IMT
- Hospitals can create other categories as needed

Medical/Technical Specialists

- **Specialist Roles**
  - Biological/Infectious disease
  - Chemical
  - Radiological
  - Clinic Administration
  - Hospital Administration
  - Legal affairs
  - Risk management
  - Medical Staff
  - Pediatric Care
  - Medical Ethicist
  - **Others can be developed as needed by the hospital**
Medical/Technical Specialists

- **Mission:**
  - Advise the Incident Commander and/or assigned Section on issues related to emergency response in their area of expertise
- **Duties:**
  - May be assigned as technical advisor in the HCC
  - May be assigned to advise and oversee specific hospital operations
  - Example: Decontamination operations during a chemical exposure situation

Sections

- **Sections are:**
  - Operations
  - Planning
  - Logistics
  - Finance/Administration
- **Sections are led by a Chief**
- **Section Chiefs are known as General Staff**

Let’s talk about Sections
**Operations Section**

- **Section Mission:**
  - Manage tactical operations**
  - Direct all tactical resources
  - Carry out the mission and Incident Action Plan

- **Lead by a Section Chief**
- **Largest section of resources to marshal and coordinate**
  - Tactical resources are classified**:
    - Assigned
    - Available
    - Out-of-Service

**Operations Section Chief**

- **Mission:**
  - Develop and implement strategy and tactics to carry out the objectives established by the Incident Commander. Organize, assign, and supervise Staging, Medical Care, Infrastructure, Security, Hazardous Materials, and Business Continuity Branch resources

- **Duties:**
  - Appoint Section personnel as indicated by event
  - Conduct Section briefings, update Unit Leaders
  - Maintain current status of all areas in the Hospital

**The Section includes:**
- Staging Area
- Medical Care Branch
- Infrastructure Branch
- HazMat Branch
- Security Branch
- Business Continuity Branch

**Supervises:**
- Staging Manager
- Medical Care Branch Director
- Infrastructure Branch Director
- HazMat Branch Director
- Security Branch Director
- Business Continuity Branch Director
Hospital Incident Command System

**Staging Manager**

- **Mission:**
  - Organize and manage the deployment of supplementary resources, including personnel, vehicles, equipment, supplies, and medications
- **Supervises:**
  - Personnel Staging Team
  - Vehicle Staging Team
  - Equipment/Supply Staging Team
  - Medication Staging Team

- **Duties:**
  - Coordinate delivery of needed resources to requesting area
  - Once resources are acquired by Logistics, they are then staged with the Staging Manager
  - Establish a staging area in a central location
  - Area must be large enough to "stage" resources
  - Works closely with the Logistics Section
  - If staging area resources become too great, appoint appropriate Team

**Medical Care Branch**

Responsible for the provision of acute and continuous care of the incident victims as well as those already in the hospital

- **The Medical Care Branch Director**
  - Works with the Logistics Branch to ensure needed personnel, equipment, medication, and supplies are requested
  - Works with the Staging Manager to ensure their delivery to needed areas
  - Directs the Casualty Care Unit Leader (usually be located in the

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**Medical Care Branch Director**

- **Mission:**
  - Organize and manage the delivery of emergency, inpatient, outpatient, and casualty care, and clinical support services
- **Duties:**
  - Addresses provision of acute AND continuous care
  - Works closely with Logistics Section to ensure resource acquisition
  - Works closely with Staging Manager for delivery of resources to areas
**Medical Care Branch Director**

- Supervises:
  - Inpatient Unit Leader (all inpatient units)
  - Outpatient Unit Leader (all outpatient services)
  - Casualty Care Unit Leader (Emergency Dept.)
  - Mental Health Unit Leader
  - Clinical Support Unit Leader (Lab, Diagnostic Imaging, Pharmacy, Morgue, Blood Donor)

**Infrastructure Branch Director**

- Mission:
  - Organize and manage the services required to sustain and repair the hospital's infrastructure operations
- Duties:
  - Maintains overall facility operations and normal operating capacity
  - Identify and fix utility service-delivery failures
    - Coordinate the acquisition of parts or contractors with the Logistics Section
  - Assign a strike team to address damage to the facility as needed

- Supervises:
  - Power/Lighting Unit Leader
  - Water/Sewer Unit Leader
  - HVAC Unit Leader
  - Building/Grounds Unit Leader
  - Medical Gases Unit Leader
  - Medical Devices Unit Leader
  - Environmental Services Unit Leader
  - Food Services Unit Leader (for inpatients)
- Reports to Operations Section Chief

**HazMat Branch**

- Deals with internal or external hazmat response issues including:
  - Agent identification
  - Spill response
  - Victim decontamination
  - Decontamination of equipment and the facility
Hospital Incident Command System

**HazMat Branch Director**

- **Mission:**
  - Organize and direct hazardous material incident response activities: detection and monitoring; spill response; victim, technical, and emergency decontamination; and facility and equipment decontamination

- **Duties:**
  - Oversee the operations involving a hazmat event
    - Decontamination of victims, staff, facility
    - Safe and appropriate use of PPE
    - Clean up operations
  - Collaborates closely with Medical Care Branch Director

**Hospital Incident Command System**

**Security Branch Director**

- **Mission:**
  - Coordinate all of the activities related to internal and external personnel and facility security

- **Duties:**
  - Implement facility security measures
  - Ensure security and access control of the HCC
  - Liaison with responding law enforcement personnel
  - Oversee search and rescue operations for the facility

**Hospital Incident Command System**

**HazMat Branch Director**

- **Supervises:**
  - Detection and Monitoring Unit Leader
  - Spill Response Team Unit Leader
  - Victim Decontamination Unit Leader
  - Facility/Equipment Decontamination Unit Leader

- **Reports to Operations Section Chief**

**Hospital Incident Command System**

**Security Branch Director**

- **Supervises**
  - Access Control Unit Leader
  - Crowd Control Unit Leader
  - Traffic Control Unit Leader
  - Search Unit Leader
  - Law Enforcement Interface Unit Leader

- **Reports to the Operations Section Chief**
**Business Continuity Branch Director**

- **Mission:**
  - Ensure business functions are maintained, restored or augmented to meet designated Recovery Time Objectives (RTO) and provide limited interruptions to continuity of essential business operations
  - Can be activated immediately or as needed during the response

- **Duties:**
  - Facilitate the acquisition of and access to essential recovery resources, including business records
  - Support Branches with relocation to alternate business sites
  - Coordinate IT services with Logistics Section
  - Assist Branches and impacted areas to restore normal operations

**Business Continuity Branch Director**

- **Supervises:**
  - Information Technology Unit Leader
    - **Mission:**
      - Ensure IT business functions are maintained, restored or augmented
  - Service Continuity Unit Leader
    - **Mission:**
      - Ensure business/clinical/ancillary service functions are maintained, restored or augmented

**Section Summary**

- The Operations Section is responsible for
  - All tactical operations,**
  - The tactical objectives and organization
  - Directing all tactical resources

- Operations Section is led by a Chief

- Operations Section positions are activated as needed by the incident
**Questions?**

![Question Icon]

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**Logistics**

- Provides support to other sections
- Acquires resources from internal and external sources
  - Activate existing MOUs, contracts and vendor agreements
  - Employs standard and emergency procurement and contracting procedures
- With Liaison, links to local EOC and/or Regional Hospital Coordination Center for resource requests

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**Logistics and Operations**

- Logistics and Operations are *closely linked* and must work collaboratively together
  - Logistics Section are the “getters”
  - Operations Section are the “doers”
- Scope and Responsibilities overlap
  - Logistics Supply Unit and Operations’ Infrastructure Branch
  - Labor Pool and Credentialing Unit and Staging Manager– Personnel Team

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**The Logistics Section**

- [Diagram of the Logistics Section]

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**Hospital Incident Command System**

- [Image of Hospital Incident Command System]
**Logistics Section Chief**

- **Mission:**
  - Organize and direct those operations associated with maintenance of the physical environment and with the provision of human resources, materiel, and services to support the incident activities. Participate in Incident Action Planning

- **Duties:**
  - Oversee the acquisition of resources
  - Maintain current status of all areas in the section

**Service Branch Director**

- **Mission:**
  - Organize and manage the services required to maintain the hospital’s communication system, food and water supply for staff, and information technology and systems

- **Oversees:**
  - Communications Unit Leader
  - IT/IS Unit Leader
  - Staff Food and Water Unit Leader

**Logistics Section Chief**

- **Supervises:**
  - Service Branch Director
  - Support Branch Director

- **Reports to the Incident Commander**

**Service Branch Unit Leaders**

- **Communications Unit Leader**
  - Mission: Organize and coordinate internal and external communications connectivity

- **IT/IS Unit Leader**
  - Mission: Provide computer hardware, software and infrastructure support to staff
  - Coordinates closely with Operations Section Business Continuity Branch, IT Unit

- **Staff Food and Water Unit Leader**
  - Mission: Organize food and water stores and prepare for rationing during periods of anticipated or actual shortage
  - Coordinates closely with Operations Section Infrastructure Branch, Food
Support Branch Director

- **Mission:**
  - Organize and manage the services required to maintain the hospital’s supplies, facilities, transportation, and labor pool. Ensure the provision of logistical, psychological, and medical support of hospital staff and their dependents.

- **Oversees:**
  - Employee Health and Well-Being Unit Leader
  - Family Care Unit Leader
  - Supply Unit Leader
  - Facilities Unit Leader
  - Transportation Unit Leader

Support Branch Unit Leaders

- **Supply Unit**
  - **Mission:**
    - Acquire, inventory, maintain, and provide medical and non-medical care equipment, supplies, and pharmaceuticals

- **Facility Unit**
  - **Mission:**
    - Organize, manage and support building systems, equipment and supplies. Ensure proper cleaning and disinfection of hospital environment.

- **Employee Health and Well Being Unit**
  - **Mission:**
    - Provide medical screening, evaluation and follow-up of employees who are assigned to the incident.
    - Ensure the availability of medical care for injured or ill staff.
    - Ensure the availability of behavioral and psychological support services to meet staff needs during and following an incident.
    - Coordinate mass prophylaxis/vaccination/immunization of staff, if required. Coordinate medical surveillance program for employees.

- **Family Care Unit**
  - **Mission:**
    - Ensure the availability of medical, logistic and mental health and day care for the families of staff members. Coordinate mass prophylaxis/vaccination/immunization of family members if required.

- **Transportation Unit**
  - **Mission:**
    - Organize and coordinate the transportation of all ambulatory and non-ambulatory patients. Arrange for the transportation of human and materiel resources within or outside the facility.

- **Labor Pool and Credentialing Unit**
  - **Mission:**
    - Collect and inventory available staff and volunteers at a central point (Labor Pool) for assignment by the Staging Officer. Maintain adequate numbers of both medical and non-medical personnel. Assist in the maintenance of staff morale.
    - Coordinates closely with Operations Section Staging Manager.
**Section Summary**

- The Logistics Section supports the resource requirements of the response.
- Logistics Section has two branches:
  - Support
  - Service
- The Logistics Section is led by a Chief**
- Logistics works closely with the Operations Section.

**Questions?**

**Planning Section**

- Section Mission:
  - Collect, evaluate, and disseminate incident action information and intelligence to Incident Commander*
  - Prepare status report and display various information
  - Develop the Incident Action Plan (IAP)
- Lead by a Section Chief
**Planning Section Chief**

- **Mission:**
  - Oversee all incident-related data gathering and analysis regarding incident operations and assigned resources, develop alternatives for tactical operations, conduct planning meetings, and prepare the Incident Action Plan (IAP)* for each operational period

- **Duties:**
  - Ensure distribution of critical information/data
  - Compile scenario projections from all Section Chiefs and effect long range planning
  - Document and distribute the facility action plan

**Resource Unit Leader**

- **Mission:**
  - Maintain information on the status, location, and availability of personnel, teams, facilities, supplies, and major equipment to ensure availability of use during the incident. Maintain a master list of all resources assigned to incident operations

- **Oversees:**
  - Personnel Tracking Leader
  - Materiel Tracking Leader

**Tracking Leaders**

- **Personnel Tracking Leader**
  - **Mission:**
    - Maintain information on the status, location, and availability of on-duty staff and volunteer personnel

- **Materiel Tracking Leader**
  - **Mission:**
    - Maintain information on the status, location, and availability of equipment and supplies within the hospital inventory and additional materiel received from outside agencies in support of the incident
Situation Unit Leader

- Mission:
  - Collect, process, and organize ongoing situation information; prepare situation summaries; and develop projections and forecasts of future events related to the incident. Prepare maps and gather and disseminate information and intelligence for use in the Incident Action Plan (IAP)
  - Focus is on current and future situation management
  - Writes and maintains situation updates and IAPs
  - Maintains the HCC Status Boards

Situation Unit Leader

- The Situation Unit is very busy!
  - Staff with lots of clerical assistance
  - Staff with people to monitor TV, media
  - Networks closely with the Liaison Officer

- Supervises:
  - Patient Tracking Leader
  - Bed Tracking Leader

Tracking Leaders

- Patient Tracking Leader:
  - Mission:
    - Monitor and document the location of patients at all times within the hospital's patient care system, and track the destination of all patients departing the facility

- Bed Tracking Leader:
  - Mission:
    - Maintain information on the status, location, and availability of all patient beds, including disaster cots and stretchers

Documentation Unit

- Mission:
  - Maintain accurate and complete incident files, including a record of the hospital’s/HCC response and recovery actions and decisions; provide duplication services to incident personnel; and file, maintain, and store incident files for legal, analytical, and historical purposes

- Duties:
  - Collects, organizes and archives all response and recovery documentation and paperwork (forms)
  - Assists in writing the Incident Action Plan (IAP)
  - Assists in preparing the After-Action Report and Corrective/Improvement Plan based on lessons learned**
  - Works closely with the Situation Unit
Demobilization Unit

- **Mission:**
  - Develop and coordinate an Incident Demobilization Plan that includes specific instructions for all staff and resources that will require demobilization

- **Duties:**
  - Responsible for drafting demobilization and system/business recovery plan for the incident approved by the Command Staff/Incident Commander
  - Demobilization starts EARLY in the response!

Section Summary

- The **Planning** Section is responsible for:
  - Collecting, evaluating and disseminating incident situation information and intelligence to the HCC
  - Maintaining resource status
  - Developing the Incident Action Plan (IAP)**
  - Archiving all response and recovery documentation
  - Assisting with development of the After-Action Report

Questions?

Finance/Administration Section
**Finance/Administration Section**

- **Section Mission:**
  - Account for costs incurred from the outset of the response
  - Account for expenses from multiple cost centers
  - Monitor, track and report personnel, time, repair, purchase, and replacement expenses and lost revenue
  - Modify or expand daily (usual) accounting practices to meet the needs of the incident and outlined in the EOP

**Finance/Administration Section Chief**

- **Mission:**
  - Monitor the utilization of financial assets and the accounting for financial expenditures. Supervise the documentation of expenditures and cost reimbursement activities

- **Duties:**
  - Oversee the acquisition of supplies and services to carry out the medical mission
  - Supervise the documentation of expenditures relevant to the emergency incident

**Finance/Administration Section Chief**

- **Supervises:**
  - Time Unit Leader
  - Procurement Unit Leader
  - Compensation/Claims Unit Leader
  - Cost Unit Leader

**Time Unit Leader**

- **Mission:**
  - Responsible for the documentation of personnel time records. Monitor and report on regular and overtime hours worked/volunteered

- **Adjusts reports and tracking to meet the needs of the incident:**
  - Tracking of altered or expanded work periods/shifts
  - Developing specialized tracking forms to capture response and recovery time
Procurement Unit Leader

- **Mission:**
  - Responsible for administering accounts receivable and payable to contract and non-contract vendors
- **Initiates emergency contracts**
  - Agreements should be already in place
  - Confirm existing vendors can deliver in emergencies
  - Confirm payment arrangements
- **Manages purchase orders**

Compensation/Claims Unit Leader

- **Mission:**
  - Responsible for receiving, investigating and documenting all claims reported to the hospital during the emergency incident, which are alleged to be the result of an accident or action on hospital property
- **Duties:**
  - Manages claims and worker's compensation issues
    - Injury/illness to staff, volunteers and visitors
    - Should have comprehensive line of duty death procedure to implement if needed
    - Follow up coverage/compensation/benefits clearly outlined and shared with staff member

Cost Unit Leader

- **Mission:**
  - Responsible for providing cost analysis data for the declared emergency incident and maintenance of accurate records of incident cost
- **Duties:**
  - Track and pay response and recovery costs
  - Projects lost revenue
  - Prepares documents for state/federal reimbursement when applicable
  - Tracks payments
    - Patient insurance and reimbursement
    - Government

Section Summary

- The Finance/Administration Section**
  - Manages costs related to the incident
  - Provides
    - Accounting
    - Procurement
    - Time recording
    - Cost analysis
- **The Section is led by a Chief**
Questions?

Building Command Staff Depth

- Three to five persons should be trained for each command position in case a prolonged response is required.
- Training and exercises should be used as a means of preparing personnel to competently and confidently assume one or more roles based on situational need and available resources.
- Completion of the specified NIMS courses, either online or in the classroom, should help to prepare those persons likely to assume.

Incident Command Staff Identification

- All personnel assigned to an incident command role should wear identification that correctly communicate their purpose, to whom they report, and critical action considerations.

Job Action Sheets

- Information tool provided on a JAS includes a radio identification title, purpose, to whom they report, and critical action considerations.
- These tasks are intended to "prompt" the incident management team members to take needed actions related to their.
### Incident Response Guides

- Incident Response Guides have been devised for fourteen external and thirteen internal scenarios.
- Each IRG lists fundamental decision considerations specific to managing that situation by timeframe.
- The IRG’s are intended to complement the hospital EOP and provide a primer that will provide some directional assistance and a means of initially documenting the actions.

### Integration of HICS with Unified Command

- The hospital must be effectively integrated into the community response, including the overall incident command structure.
- This integration actually starts before the incident occurs through:
  - the hospital’s regular participation in community preparedness meetings, training, and exercises.  
  - mutual understanding of roles and responsibilities, incident management principles, resource allocation, and effective communication and information-sharing practices.

### Integration with Healthcare Systems

- Unified command will be used when more than one responding agency for the incident is present or the situation crosses political jurisdictions.
- This command model does not change any feature of HICS. It does allow for all agencies with responsibility for the incident, including the hospital, to participate in the decision-making process.
- Corporate member hospitals must also coordinate their planning and response activities with the appropriate administrative section(s) of the parent organization.
  - Done before the incident
  - During the incident
Managing Simultaneous Events

• Normally hospitals confront one incident at a time
• Sometimes problems come in multiples
  – Earthquake w/gas leak in the facility
  – Flooding and water loss in the facility

• This command model does not change any feature of HICS. It does allow for all agencies with responsibility for the incident, including the hospital, to participate in the decision-making process

Managing Simultaneous Events

• Area Command concept would have each involved facility having its own Incident Command structure that reports to a unified Area Command structure

• The Area Command structure would include all but the Operations Section because those activities are best coordinated at each building.

Review

• It is important to understand the role, responsibility and command considerations for the following:
  – Operations Section
  – Planning Section
  – Logistics Section
  – Finance and Administration Section

• It is important to quickly build a command staff
• Command staff should be assigned as needed to trained persons
• Job Action Sheet (JAS) have been designed for each command position
• Incident Response Guides have been developed to provide response guidance
• The hospital must integrate with unified command, and the healthcare system
• Issues related with managing simultaneous events will occur and should be planned for

Review: HICS Key Points

• Scenarios can be applied to emergency operations planning.

• Scenario-specific Incident Planning Guides (IPGs) and Incident Response Guides (IRGs) contain elements that assist with planning and training.

• Materials can be revised as needed based on hospital
**Scenario - A Water Outage**

- Without warning, the main water supply line to the hospital breaks, disrupting water service to the entire facility. The hospital’s water systems, including potable water supply are non-functional. Local water sources and vendors are not impacted. Services, including food and radiology, are disrupted. Toilets and hand washing areas are not functioning and alternate methods must be provided.

- Utility workers expect to repair the damage and restore water service to the hospital within 10-12 hours.

**Actions**

1. Notification
2. Establish the Incident Commander
3. Refer to/consider hospital plan and policy
4. Establish Hospital Command Center (HCC)
5. Activate Hospital Incident Command System by:
   a. Meet w/ hospital staff leaders – designate HICS Command Staff and Section Chief positions
   b. Personnel don position-assignment vests
   c. Hold Incident Briefing – information shared (form 201)
   d. Operational Time Periods established.
   e. Measurable Incident Objectives (form 202) are established by Section Chiefs and Command Staff.
   f. Organization assignment list (form 203) completed

**Actions (continued)**

- Section Chiefs:
  1. Select their section HICS staff (Branch Directors, Unit Leaders, etc.)
  2. Distribute HICS position vests to staff
  3. Hold section briefing
  4. Establish key measurable objectives (HICS Form 204)
  5. Decide on next Section's briefing/update time.
  6. Section staff implement established measurable objectives using available resources.
  7. Actions and progress on measurable objectives reported back to Section Chief in next briefing.
  8. Section Chief reports results in next Section Chief/Command Staff Briefing.

---

**Response Scenarios Module**

**Incident Planning and Incident Response Scenarios**
Module: Objectives

• Discuss how scenarios can be applied to emergency operations planning and training
• Identify the elements of the scenario-specific
  – Incident Planning Guides (IPG)
  – Incident Response Guides (IRG)
• Discuss relevant HICS Job-Action-Sheets (JAS) and HICS Forms

Scenarios

• Threat scenarios are useful tools for anticipating impacts to operations and validating emergency operations plans
• The Department of Homeland Security (DHS) has disseminated National Planning Scenarios for use by state and local communities to promote integrated preparedness
• HICS materials include 14 relevant National Planning Scenarios (external) and 13 internal hospital disaster scenarios
• Provided to assist with hospital planning and training efforts, as indicated by their hazard vulnerability assessment

External Scenarios

1. Nuclear Detonation—10-Kiloton Improvised Nuclear Device
2. Biological Attack—Aerosol Anthrax
3. Biological Disease Outbreak—Pandemic Influenza
4. Biological Attack—Plague
5. Chemical Attack—Blister Agent
6. Chemical Attack—Toxic Industrial Chemicals
7. Chemical Attack—Nerve Agent
8. Chemical Attack—Chlorine Tank Explosion
9. Natural Disaster—Major Earthquake
10. Natural Disaster—Major Hurricane
11. Radiological Attack—Radiological Dispersal Devices
12. Explosives Attack—Bombing Using Improvised Explosive Device
13. Biological Attack—Food Contamination

Internal Scenarios

1. Bomb Threat
2. Evacuation, Complete or Partial Facility
3. Fire
4. Hazardous Material Spill
5. Hospital Overload
6. Hostage/Barricade
7. Infant/Child Abduction
8. Internal Flooding
9. Loss of Heating/Ventilation/Air Conditioning
10. Loss of Power
11. Loss of Water
12. Severe Weather
13. Work Stoppage
Use of Scenarios

• To assist hospitals in reviewing or developing their Emergency Operations Plan (EOP)
  – In conjunction with IPG
  – Revise EOP as needed
• To use as a framework to pose questions or provide additional detail
  – During a facilitated discussion
  – For a table top exercise
  – As a basis for planning function

Scenario and Incident Planning Guide

• Scenarios
  – Description of incident
  – Description of impacts
  – May be revised based on local capability and need
• Incident Planning Guides
  – Planning considerations presented in question format
  – Mitigation and preparedness issues included
  – Response and recovery issues both addressed

Sample Scenario and Incident Planning Guide

Incident Response Guide

(1)

• Mission
• Directions
• Objectives
• Tasks by management function within timeframes
  – Immediate: 0 to 2 hours
  – Intermediate: 2 to 12 hours
  – Extended: Greater than 12 hours
  – Demobilization/System Recovery
• Examples of activated HICS positions by timeframe
Incident Response Guide

- Provides the Incident Commander with a concise outline of response issues likely to be encountered
- Does not take the place of a hospital’s Emergency Operations Plan or its accompanying appendices
- Lists fundamental considerations of managing

Sample Incident Response Guides

Sample Scenario-Specific “Build Outs”

Job Action Sheets (JAS)
Purpose of the JAS

- An incident management tool to familiarize the user with critical aspects of the command position he or she is assuming.
- The series of action steps are intended to “prompt” the incident management team members to take needed actions related to their roles and responsibilities.

Use of the JAS

- HICS provides 78 Job Action Sheets
- In most cases only a portion of these positions will be necessary for a successful response
- Activation of HICS positions may be based on:
  - Scope and magnitude of the event
  - Hospital size
  - Available resources
  - Response needs

JAS Format

- The key format considerations for each JAS are the same and include the following information:
  - Command Title — the name of the position
  - Mission — a brief statement summarizing the basic purpose of the job
  - Fundamental Information Box —
    - Date and times
    - Highlights reporting relationships
    - Records to whom the position is assigned
    - Location of the HCC or position
    - Contact information and radio title

JAS Format

**MISSION**

**OPERATIONS SECTION CHIEF**

**Summary:** Develop and implement strategy and tactics to carry out the objectives established by the Incident Commander. Organize, assign, and supervise Staging, Medical Care, Infrastructure, Security, Hazardous Materials, and Business Continuity Branch resources.

**Other Info:**

- **Date:** [ ] **Start:** [ ] **End:** [ ] **Position Assigned to:**
- **Note:** [ ]
- **Position Reports to:** Incident Commander **Signature:**
- **Hospital Command Center (HCC) Location:** [ ] **Telephone:**
- **Fax:** [ ] **Other Contact Info:** [ ] **Radio Title:** [ ]
**Hospital Incident Command System**

**JAS Format**

- **Action Steps and Considerations**
  - JAS provides position action steps and considerations
- **Actions listed by operational periods**
  - Immediate 0–2 hours
  - Intermediate 2–12 hours
  - Extended Beyond 12 hours
  - Demobilization/System Recovery (New)

---

**JAS - Immediate Actions – Operations Chief**

**Immediate (Operational Period 0–2 Hours)**

- Receive appointment and briefing from the Incident Commander.
- Obtain packet containing Operations Section Job Action Sheets.
- Read entire Job Action Sheet and review organization chart (HICS Form 207). Put on position identification.
- Notify your usual supervisor of your HICS assignment.
- Determine need to appoint Staging Manager, Branch Directors, and Unit Leaders in Operations Section; distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204).
- Brief Operations Section Branch Directors and Staging Manager on current situation and incident objectives; develop response strategy and tactics; outline Section action plan and designate time for next briefing.
- Participate in Incident Action Plan preparation, briefings, and meetings as needed; assist in identifying strategies; determine tactics, work assignments, and resource requirements.
- Obtain information and updates regularly from Operations Section Branch Directors and Staging Manager; maintain current status of all areas; inform Situation Unit Leader of status information.

---

**JAS - Intermediate Actions – Operations Chief**

**Intermediate (Operational Period 2–12 Hours)**

- Communicate regularly with the Incident Commander, Public Information Officer and Liaison Officer; brief regularly on the status of the Operations Section.
- Designate time(s) for briefings and updates with Operations Section leadership to develop or update the Section action plan.
- Initiate the Resource Accounting Record (HICS Form 257) to track equipment used during the response.
- Schedule planning meetings with Branch Directors and Staging Managers to update the Section action plan and demobilization procedures.
- Coordinate patient care treatment standards and case definitions with public health officials, as appropriate.
- Ensure that the Operations Section is adequately staffed and supplied.
- Coordinate personnel needs with Labor Pool & Credentialing Unit Leader, supply and equipment needs with the Supply Unit Leader, projections and needs with the Planning Section, and financial matters with the Finance/Administration Section.
- Ensure coordination with any assisting or cooperating agency.
JAS - Extended Actions – Operations Chief

### Extended (Operational Period Beyond 12 Hours)  
**Time** | **Notes**
--- | ---
Continue to monitor Operations Section personnel's ability to meet workload demands, staff health and safety, resource needs and documentation practices. | Continue to maintain the Resource Accounting Record (HICS Form 257) to track equipment used during the response.

Conduct regular situation briefings with Operations Section Branch Directors and Staging Manager.  

Address issues related to ongoing patient care:  
- Ongoing patient arrival  
- Bed availability  
- Patient transfers  
- Staff health and safety  
- Mental health for patients, families, staff, incident management personnel  
- Fatality management  
- Staffing  
- Staff prophylaxis  
- Medications  
- Medical equipment and supplies  
- Personnel and resource movement through Staging Area  
- Linkages with the medical community, area hospitals, and other healthcare facilities  
- Documentation  

Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.

---

### Demobilization/System Recovery Actions - Operations Chief

| **Demobilization/System Recovery** | **Time** | **Initial**
--- | --- | ---
As needs decrease, return Operations Section staff to their usual jobs and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader. |  

Coordinate patient care restoration to normal services. |  

Coordinate final reporting of patient information with external agencies through Liaison Officer and Public Information Officer. |  

Work with Planning and Finance/Administration Sections to complete cost data information. |  

Debrief staff on lessons learned and procedural/equipment changes needed. |  

Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements. |  

Upon deactivation of your position, ensure all documentation and Operational Log (HICS Form 214) are submitted to the Documentation Unit. |  

Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include:  
- Review of pertinent position descriptions and operational checklists  
- Recommendations for procedure changes  
- Section accomplishments and issues  
- Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. |  

---

### Format “lists” other Docs

#### Documents/Tools –

- **Documents/Tools**
  - A listing of pertinent HICS forms this position is responsible for using  
    - Forms noted in JAS action steps  
  - Other tools that will help them fulfill their role and responsibilities  
    - Hospital plans, policies and procedures  
    - Technology tools  
    - Other adjuncts  

---

### Documents/Tools – Operations Chief

| **Documents/Tools** |  
--- |  
- Incident Action Plan |  
- HICS Form 204 – Branch Assignment Sheet  
- HICS Form 207 – Organization Chart  
- HICS Form 213 – Incident Message Form  
- HICS Form 214 – Operational Log  
- HICS Form 257 – Resource Accounting Record  
- Hospital emergency operations plan  
- Hospital organization chart  
- Hospital telephone directory  
- Radio/satellite phone |
Review: Module Key Points

- Scenarios can be applied to emergency operations planning
- Scenario-specific Incident Planning Guides (IPG) and Incident Response Guides (IRG) contain elements that assist with planning and training
- Materials can be revised as needed based on hospital assessment of their circumstances
- Job-Action-Sheets prompt actions and considerations during response periods.

Module: HICS Forms

Using the HICS Forms

- **Purpose:**
  - To provide the incident management team with the documents needed to manage a response
- **Use:**
  - Each form has a specific purpose identified at the bottom of the form
  - Instruction sheets for each form can be printed on reverse side of each form, if desired
- Forms have been modified from existing FEMA ICS forms for use in hospitals

Value of Using HICS Forms

- Your facility will be consistent with other healthcare facilities and community responders
- Information can be more easily shared among all responders
- Documentation guides your response and assists in your recovery efforts
Value of Using HICS Forms

- Serves as a road map in response: everyone acting from the same plan
- Serves as a foundation for corrective action
- Ensures consistency and compliance with regulatory guidelines
- Complies with NIMS Publications

Using the HICS Forms

- Forms format includes:
  - Form number
  - Name of form
  - Who is responsible for completion
  - When form is to be completed
- 20 HICS forms
  - Found in the HICS Guidebook Appendix D
- Utilize current facility forms + HICS forms for response
- Develop additional forms to meet the incidents

Using HICS Forms

- Appropriate HICS forms completed by each HCC position
  - Forms can be done electronically or hand-written
  - Write legibly and clearly
  - Complete all areas on the form
- Completed forms distributed with a copy to the Planning Section
  - Forms will be archived to document response
- Forms and other incident documentation used to craft the

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>201</td>
<td>Incident Briefing</td>
<td>Incident Commander</td>
</tr>
<tr>
<td>202</td>
<td>Incident Objectives</td>
<td>Section Chiefs</td>
</tr>
<tr>
<td>203</td>
<td>Organizational Assignment List</td>
<td>Resource Unit Leader</td>
</tr>
<tr>
<td>204</td>
<td>Branch Assignment List</td>
<td>Branch Directors</td>
</tr>
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<td>205</td>
<td>Communications Log</td>
<td>Communications Unit Leader</td>
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<td>206</td>
<td>Staff Medical Plan</td>
<td>Support Branch Director</td>
</tr>
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<td>207</td>
<td>Organization Chart</td>
<td>Incident Commander</td>
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<tr>
<td>213</td>
<td>Incident Message Form</td>
<td>All Positions</td>
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<tr>
<td>214</td>
<td>Operational Log</td>
<td>Command Staff and General Staff</td>
</tr>
<tr>
<td>251</td>
<td>Facility System Status Report</td>
<td>Infrastructure Branch Director</td>
</tr>
</tbody>
</table>
### Hospital Incident Command System

#### HICS Form 201 – Incident Briefing

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
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<tbody>
<tr>
<td>252</td>
<td>Section Personnel Time Sheet</td>
<td>Section Chiefs</td>
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<tr>
<td>253</td>
<td>Volunteer Staff Registration</td>
<td>Labor Pool &amp; Credentialing Unit Leader</td>
</tr>
<tr>
<td>254</td>
<td>Disaster Victim / Pt Tracking Form</td>
<td>Patient Tracking Manager</td>
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<tr>
<td>255</td>
<td>Master Pt Evacuation Tracking Form</td>
<td>Patient Tracking Manager</td>
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<td>256</td>
<td>Procurement Summary Report</td>
<td>Procurement Unit Leader</td>
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<td>257</td>
<td>Resource Accounting Record</td>
<td>Section Chiefs</td>
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<tr>
<td>258</td>
<td>Hospital Resource Directory</td>
<td>Resource Unit Leader</td>
</tr>
<tr>
<td>259</td>
<td>Hospital Casualty / Fatality Report</td>
<td>Patient Tracking Manager</td>
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<tr>
<td>260</td>
<td>Patient Evacuation Tracking Form</td>
<td>Inpt Unit Leader Outpt Unit Leader, Casualty Care Unit Leader</td>
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<tr>
<td>261</td>
<td>Incident Action Plan Safety Analysis</td>
<td>Safety Officer</td>
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</tbody>
</table>

#### Instructions

- **Print legibly and enter complete information**
  - Incident Name
  - Date of briefing
  - Time of Briefing
  - Event History and Current Actions Taken
  - Current Organization
  - Notes (warnings, directives, etc.)
  - Prepared by (name and position)
  - Facility Name
Lab/West Wing Fire 2-27-06 0800

Fire broke out at 7:00 am in the main laboratory on the 2nd floor. Large amount of smoke with foul odor. Fire sprinklers activated.

0705 HCC activated. EOP activated. Fire department enroute. Positions activated: Safety Officer, Operations Chief, Infrastructure Branch Director and Medical Care Branch Director

0800 Fire department arrived and unified command established.

Evacuation of patient care areas near the lab in progress. All depts instructed to send casualty reports to HCC.

HICS Form 202 – Incident Objectives

- Purpose
  - Defines objectives and issues for operational period
- Origination
  - Planning Section Chief
- Copies to
  - Command staff, General Staff and Documentation Unit Leader
- When to Complete
  - Prior to briefing the current operational period
- Helpful Tips
  - Serves as a roadmap to incident management
Hospital Incident Command System

HICS Form 202 – Incident Objectives

• Instructions
  – Print legibly and enter complete information
  • Incident Name
  • Date prepared
  • Time prepared
  • Operational Period Date and Time
  • General Command and Control Objectives for the Incident
  • Weather / Environmental Implications for the Period
  • General Safety / Safety Messages
  • Attachments
  • Prepared by (Planning Chief: use proper name)
  • Approved by (Incident Commander)
  • Facility Name

Lab/West Wing Fire
2-27-07 0800 2-27-07 0800 - 1500

Winds from NE at 12 mph. Low fog remains, expected to dissipate by 1100. Temperatures currently 41 degrees; high of 55 expected with overnight temps to high 30's. Rain forecast by weekend.

1. Ensure communications links to Fire Department, community hospitals and emergency operations center are functioning
2. Initiate structural assessment of hospital
3. Assess injuries to patients, visitors and staff
4. Establish alternate care sites as needed for patient evacuations

HICS Form 203: Organization Assignment List

Lab/West Wing Fire
2-27-07 0800 - 1500

<table>
<thead>
<tr>
<th>Department/Section</th>
<th>Assignment</th>
<th>Status</th>
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<tbody>
<tr>
<td>Medical Director</td>
<td>J Smith</td>
<td></td>
</tr>
<tr>
<td>Medical Staff</td>
<td>Barbara Walters</td>
<td></td>
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<tr>
<td>Medical Staff</td>
<td>L. Henson</td>
<td></td>
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<tr>
<td>Medical Staff</td>
<td>Jane Doe</td>
<td></td>
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<tr>
<td>Medical Staff</td>
<td>Clara Barton</td>
<td></td>
</tr>
</tbody>
</table>

Winds from NE at 12 mph. Low fog remains, expected to dissipate by 1100. Temperatures currently 41 degrees; high of 55 expected with overnight temps to high 30's. Rain forecast by weekend.
### HICS Form 203: Organization Assignment List
(continued)

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<thead>
<tr>
<th>Section</th>
<th>Name</th>
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<tr>
<td>Chief</td>
<td>Radar O'Reilly</td>
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<tr>
<td>Service</td>
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<tr>
<td>Branch</td>
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<td>Support</td>
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### HICS Form 204: Branch Assignment List

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<tr>
<th>Section</th>
<th>Branch</th>
<th>Operational</th>
<th>Supervisor</th>
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### HICS Form 213: Incident Message Form

**Incident Message Form**

<table>
<thead>
<tr>
<th>1. Phone (Area Code)</th>
<th>2. To Phone</th>
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<tr>
<td>2-27-07</td>
<td>1000</td>
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<td></td>
<td>C. Barton, Operations</td>
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<tr>
<td></td>
<td></td>
<td>R. O'Reilly, Logistics</td>
</tr>
</tbody>
</table>

**Call from the laboratory manager. States that the lab will not be functional due to major equipment damage from heat and smoke. Laboratory non-functional. Request transportation of stat lab specimens to the community laboratory for testing.**

|-----------------|------------------|----------|----------|

**Purpose:** Document assignment of a branch. **Supervisor:** Branch Director. **Command Staff:** Central Staff and Documentation IMLEADER. **Location:** C. Barton, Operations.
Community Laboratory called and will accept specimens and blood tubes for testing. Transportation van will pick up specimens and transport to the community lab at 1200.

 RECEIVED BY: IMA Vampire
 TIME RECEIVED: 1100

 Operations, Medical Care Branch
 0820 Position Activated and situation briefing obtained
 0900 West Unit patient care unit with major smoke damage. Patients with respiratory symptoms and anxiety. Ordered evacuation of the wing.

 Hospital Incident Command System
 HICS Form 214: Operational Log
Hospital Incident Command System

HICS Form 261 – Incident Action Plan Safety Analysis

Section Summary

• The HICS forms:
  – Provide the Incident Management Team with the documents needed to manage a response
  – Assist in communication with external agencies and resources
  – Assist in communication with hospital staff
  – Provide documentation for response and recovery activities

Questions?

TTX Scenario - Hurricane
Scenario - Hurricane

- The National Weather Services predicts that a Category 5 Hurricane will hit the coast of your city, with sustained winds at 160 miles per hour and a storm surge greater than 20 feet above flood stage. Alerts are issued. City, county and state officials issue mandatory evacuations of the coastal and low lying areas.
- As the storm approaches, rain is heavy and low-lying escape routes are flooded, making evacuation more difficult.
- Your hospital is located approximately 10 miles from the coast, the hospital is on high ground and the facility is hardened to withstand a major hurricane. While you do not plan to evacuate, you limit admissions, discharge appropriate patients and cancel elective surgeries, procedures and treatments.

HICS Actions

1. Establish the Incident Commander
2. Refer to/consider hospital plan and policy
3. Establish Hospital Command Center (HCC)
4. Activate Hospital Incident Command System by:
   a. Meet with hospital staff leaders – select HICS Command Staff and Section Chief positions
   b. Personnel don position-assignment vests
   c. Hold Incident Briefing – information shared (form 201)
   d. Operational Time Periods established.
   e. Measurable Incident Objectives (form 202) are established by Section Chiefs and Command Staff.
   f. Organization assignment list (form 203) completed

Actions (continued)

- **Section Chiefs:**
  1. Select their section HICS staff (Branch Directors, Unit Leaders, etc.)
  2. Distribute HICS position vests to staff
  3. Hold section briefing
  4. Establish key measurable objectives (Form 204)
  5. Decide on next Section’s briefing/update time.
  6. Section staff implement established measurable objectives using available resources.
  7. Actions and progress on measurable objectives reported back to Section Chief in next briefing.
  8. Section Chief reports results in next Section Chief/Command Staff Briefing.

Life Cycle Module

The Life Cycle of an Incident
Hospital Incident Command System

Objectives (1)

- Discuss how the life cycle of an incident is managed through
  - Incident notification
  - Situation analysis and monitoring
  - Emergency Operations Plan (EOP) activation
  - Operation of the Hospital Command Center (HCC)
  - Staffing the Incident Management Team
  - Incident Action Planning
  - Communication and coordination
  - Demobilization
  - System recovery

Objectives (2)

- Describe critical considerations during incident management
  - Staff health and safety
  - Extended emergency operations
  - Law and ethics
- Discuss processes for response evaluation and organizational learning

Managing the Life Cycle of an Incident

Incident Notification

An incident is
- An emergent event that disrupts or threatens to disrupt normal operations
- A planned event in the hospital or community
- Notification may come from
  - Law Enforcement
  - Emergency Medical Services (EMS)
  - Weather forecast
  - Public Health
  - Emergency Management Other
**Hospital Incident Command System**

**Incident Notification**

- **Notification**
  - Communication to relevant personnel of important information regarding an actual or potential hazard impact and the response status of the organization
- **Categories**
  - Advisory: Potential need for a response
  - Alert: Elevated preparedness required as response is likely or imminent
  - Activation: Response action is required

**Critical information to obtain**

- Type of incident, including specific hazard/agent
- Location of incident
- Numbers and types of injuries
- Special actions being taken (e.g., decontamination)
- Estimated time of arrival of first EMS units

**Response**

- Measures to protect safety
- Timely notification of incident management personnel via multiple communication systems
- For incidents recognized by hospital, notification of appropriate external agencies, such as
  - Law Enforcement
  - Fire/EMS
  - Public Health
  - Other hospitals
  - Emergency Management
- Requires planning and staff training on procedures, to include after-hours contact information for key personnel

**Situation Analysis and Monitoring**

- **Sources of external situation information**
  - EMS: incident reports by radio or telephone, personnel, wireless transfer
  - Patients
  - Law Enforcement
  - Health and Medical Services (ESF 8) in local Emergency Operations Center (EOC)
  - Staff at Regional Hospital Coordination Center (RHCC)
  - On-scene Incident Command Post
  - Dispatch Center
  - Local and national media
**Situation Analysis and Monitoring** (2)

- Sources of internal situation information
  - Periodic updates from incident management team members, as scheduled or as situation warrants
  - Limited tours of key areas within facility
  - Real-time or recorded surveillance of critical areas
  - Local and national media

**Emergency Operations Plan Activation** (1)

- Decisions based on situation assessment, often with incomplete information include:
  - Activate emergency response or maintain normal operations
  - Partial or complete activation
  - Revision of clinical care practices as needed
- Considerations
  - Scope of incident
  - Impact or likely impact on the facility
  - Impact on normal operations

**Emergency Operations Plan Activation** (2)

- Identified personnel with decision making authority per EOP
  - Administrator on call
  - Nursing supervisor
  - Senior emergency department physician
  - Senior emergency department nurse

**Emergency Operations Plan Activation** (3)

- Actions following activation decisions
  - Timely notification to other key hospital personnel, facilitated by well designed, coordinated, and rehearsed procedures for various communication systems
  - Immediate opening of the HCC
The Hospital Command Center (HCC) (1)

The HCC is pre-identified location for a hospital’s incident management team to convene and coordinate response activities, resources, and information.

Design features

- Accessibility
- Flexibility
- Sustainability
- Security
- Survivability and/or fully capable alternative location
- Interoperability

The Hospital Command Center (HCC) (3)

Designate space for

- Coordination among incident management team members (main operations room)
- HICS personnel to access position-specific tools (workstations)
- Private meetings and executive briefings (enclosed conference room)
- Radio, telephone, and support equipment (communications area)
- Decision-making information (electronic and written display boards)
- Plans, reference manuals, directories, maps, supplies, etc. (storage closet)

The Hospital Command Center (HCC) (4)

- Communication and information management resources:
  - Voice systems (landline, cellular, and satellite phones; amateur and commercial two-way radio)
  - Data systems (computers with modems on analog lines, on local or wide area network, with wireless cards)
  - Television screens and radio receivers
  - Incident information displays (large projection screens, white boards, maps, chart pads on easels)
  - HICS forms and general office supplies
  - Fax machine
  - Photocopier
The Hospital Command Center (HCC) (5)

- HICS personnel in the HCC
  - Command staff and Section Chiefs
  - Medical/Technical Specialists
  - External agency representatives
  - Administrative support staff
  - Others in nearby rooms assigned to Sections or in business offices
  - Numbers expand and contract according to the course and needs of the incident

Staffing the Incident Management Team (1)

- Eligible personnel
  - Have completed required incident command system training
  - Have satisfied other hospital and/or corporate requirements
  - Might be qualified to perform any of a number of functions
- Up-to-date pre-populated list should be maintained with sufficient numbers of trained personnel for extended operations

Staffing the Incident Management Team (2)

- Activating HICS positions
  - The Incident Commander (IC) is the first to respond
  - IC determines level of staffing according to the functional needs of the hospital response
  - Positions might be filled initially by in-house mid-level staff until senior personnel arrive
  - Some individuals might function in multiple positions simultaneously throughout the entire response or until additional personnel become available
  - Organization assignment forms to be maintained, posted, and appropriately distributed (see forms HICS 203 and HICS 207)

Staffing the Incident Management Team (3)

- Incident briefing of the General Staff to include:
  - Response priorities
  - Initial problems
  - Answers to initial questions and concerns
- Updated operational briefings to be provided at regular intervals
- Senior administrators and Board of Directors to be apprised and consulted as needed
Hospital Incident Command System

Incident Action Planning (1)

- The Incident Action Plan (IAP)
  - A document intended to help the incident management team establish and communicate response objectives, identify response needs, and resolve obstacles associated with meeting objectives
  - A useful tool for transition of operations activities to relief personnel

Incident Action Planning (2)

- Incident action planning cycle
  - As soon as possible after HICS activation, IAP is developed to provide preliminary guidance for a defined operational period
    - IC tasks Section Chiefs to complete HICS 202, Incident Objectives
    - Section Chiefs submit completed HICS 202 forms to Planning Section Chief
    - Planning Section drafts hospital IAP for IC modifications
    - IC briefs General Staff on IAP during planning meeting, for modification as needed
  - IC or Planning Section Chief to establish schedule for subsequent IAPs

Incident Action Planning (3)

- Meetings in support of incident management
  - Planning meetings: Command and General Staff define response objectives, strategies, tactics, and response assignments
  - Operations meetings: Briefing of all HCC personnel, including discussion of critical issues
  - Management meetings: Beginning of planning cycle and includes evaluation and revision of objectives according to outcomes of previous operational period
  - Decisions communicated throughout hospital as appropriate

Incident Action Planning (4)

- Forms to include in the IAP
  - HICS 202: Incident Objectives
  - HICS 203: Organization Assignment List
  - HICS 204: Branch Assignment List
  - HICS 205: Incident Communications Log
  - HICS 206: Staff Medical Plan
Communication and Coordination (1)

- Information exchange within the hospital and/or healthcare system
  - Phone, intranet, email, or fax to and from departments
  - Assigned radio channels to and from specific areas
  - Online or printed forms to and from hospital personnel
  - Situation updates and/or response guidance via radio, Internet, print material, or face-to-face meetings
  - Wireless communication devices, teleconferencing, videoconferencing
  - "Town Hall" meetings, involving key incident management personnel and appropriate Medical/Technical Specialists

Communication and Coordination (2)

- Information for patients and visitors
  - Situation status and actions undertaken by hospital
  - Public address system announcements
  - Hospital television channel
  - Posted bulletins
  - Print material on meal trays
  - Personal conversations with staff

Communication and Coordination (3)

- Information exchange with external response partners
  - Outreach to Law Enforcement, Fire, and EMS when no notification is received, to communicate situation and any request for assistance
  - Periodic joint decision-making with hospitals receiving victims
  - Communication systems (e.g., radio, telephone, Internet, and teleconference)

Communication and Coordination (4)

- External partners
  - Maintain current resource directory
  - Share IAP and patient tracking information with Health and Medical Services (ESF 8) in local EOC and/or Regional Hospital Coordination Center, as requested
  - Communicate resource needs (e.g., medications, staffing, transportation)
**Hospital Incident Command System**

### Demobilization (1)
- Demobilization planning to begin at the outset of response
- Planning Section Demobilization Unit Leader is responsible for preliminary plan
- Timing for full demobilization will vary by situation

### Demobilization (2)
- IC decides when to transition from response mode to demobilization
- Criteria includes:
  - Hospital’s ability to manage numbers of incoming patients
  - No anticipated secondary rise in patient volume
  - Demobilization by other responders
  - Return to normal operations by other critical community infrastructure
- Consultation with Command and General Staff and external decision-makers (e.g., other hospitals, local EOC)

### Demobilization (3)
- Communication of demobilization decision to
  - Hospital staff
  - Appropriate external agencies (e.g., fire/EMS, Law Enforcement, Public Health)
  - Patients and families
  - General public (e.g., when curtailed hospital operations to resume)

### System Recovery (1)
- Return to routine patient care activities
- Return of extra equipment, supplies and medications
- Return to normal or “new normal” operational levels
- Formal debriefing of hospital personnel with others and appreciation gifts
System Recovery (2)

- Medical surveillance of personnel exposed to hazardous materials or infectious diseases
- Financial, psychological and medical care issues of personnel who became injured or ill on duty
- Line-of-duty deaths
- Behavioral/mental health support
- Potential for staff absenteeism or resignations

System Recovery (3)

- Restoration of physical plant
- Disposal of hazardous waste
- Clean-up of contaminated areas
- Safety survey
- Reimbursement of personnel, patient care, resources, equipment repair and replacement, and facility operations costs
- Rebuilding public trust

Staff Health and Safety

- Safety Officer has primary responsibility for monitoring safety of incident operations and identifying and resolving health and safety risks
- Trained and authorized personnel with medical clearance may use Personal Protective Equipment (PPE) and must be monitored
- Instruction on proper infection control precautions provided to staff and patients and updated in multiple formats
- Mass prophylaxis for staff, in coordination with local Public Health
- Effects of fatigue and psychological stress
### Extended Emergency Operations (1)
- Issues related to extended operations
  - Personnel impacts
  - Patient care
  - Equipment and supplies
  - Behavioral/mental health
  - Security
  - Infrastructure support
  - Information sharing
  - Media relations

### Extended Emergency Operations (2)
- Manage issues through use of Incident Action Plan
- Coordinate extended operations planning with corporate offices, other area hospitals, and local EOC
- Balance incident response needs with maintenance and/or adjustment of normal services and operations
- Provide for relief of hospital staff and rotation of HCC personnel

### Law and Ethics
- Consult hospital attorney, medical ethicist, and/or risk manager in preplanning or response to issues such as
  - Managed degradation of care in response to surging patient volume
  - Confidentiality of patient information
  - Environmental protection
  - Revised scope-of-practice guidelines
  - Credentialing, privileging, utilization, and supervision of volunteers
  - Responsibility for patients who die from illness or injury
  - Evidence chain of custody
  - Investigative medication procedures

### Response Evaluation and Organizational Learning
Response Evaluation and Organizational Learning (1)

- During an incident, “time outs” can be taken to identify and implement adjustments to incident management team staffing or policy and procedures.
- Following an incident, debriefings or “hot washes” can be held at various levels.

Review: Key Points

- The life cycle of an incident is managed through HICS functions.
- Critical considerations during incident management include staff health and safety, extended emergency operations, and law and ethics.
- Improvements to the hospital’s emergency management program and emergency operations plan can be achieved through response evaluation and organizational learning.

Response Evaluation and Organizational Learning (2)

- After Action Report (AAR) Process
  - Formal record of what worked well and what needs improvement.
  - AAR draft for submission to Emergency Management Committee with improvement recommendations.
  - Revisions to Emergency Operations Plan as approved and staff training.
  - Participation in community AAR process.
  - Sharing lessons learned through formal presentations and publication in professional journals.