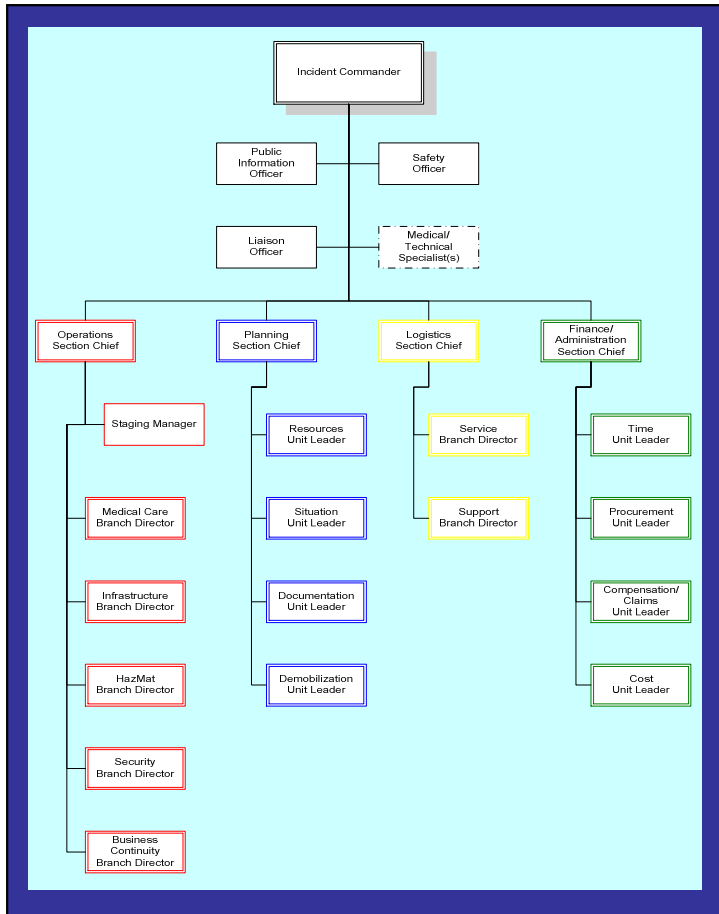


# Module 9

## The Hospital Incident Command System

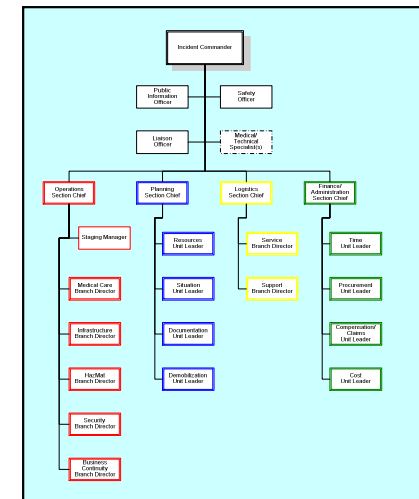


# Module 9: Objectives

- 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

# The Incident Management Team (IMT) Charts

- Depict the hospital command functions that have been identified
- Represent how authority and responsibility are distributed in the incident management team



# The IMT Charts

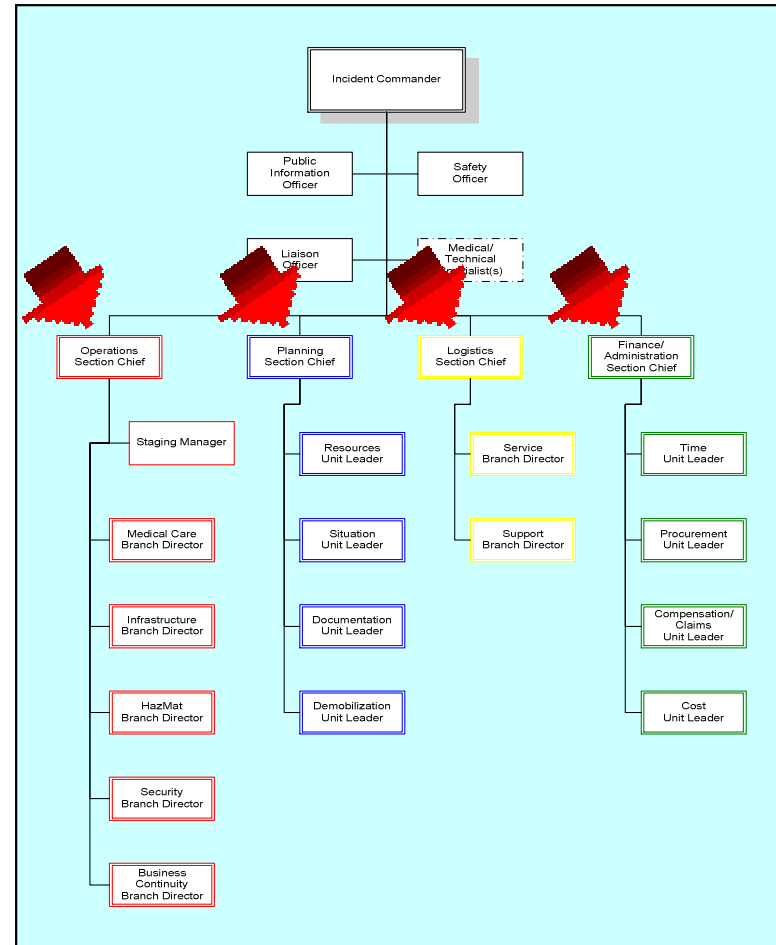
- Identify the critical functions that have been pre-identified for each type of incident
- Not intended that every position will be activated for each incident or event
- HICS positions are assigned to personnel only as indicated by an assessment of the scope and magnitude of the incident or event

# Command

- The activities at the Hospital Command Center (HCC) are directed by the Incident Commander (IC)
- IC has overall responsibility for all activities within the HCC
- The IC may appoint other Command Staff personnel to assist as the situation and resources warrant

## Sections

- Operations
- Planning
- Logistics
- Finance/  
Administration



# Department Level Command

The following should be maintained available for immediate access

- Job action sheet
- Identification vest
- Radio/phone
- Appropriate command forms
- Pre-designated resources

# Department Level Command

Each floor should have ready access to necessary equipment and supplies:

- Bottled water
- Flashlights and chemical light sticks
- “RESTROOM CLOSED” signs
- Chemical or standard portable toilets/toilet paper
- Hand washing foam/disinfectant wipes
- Evacuation chairs/sleds

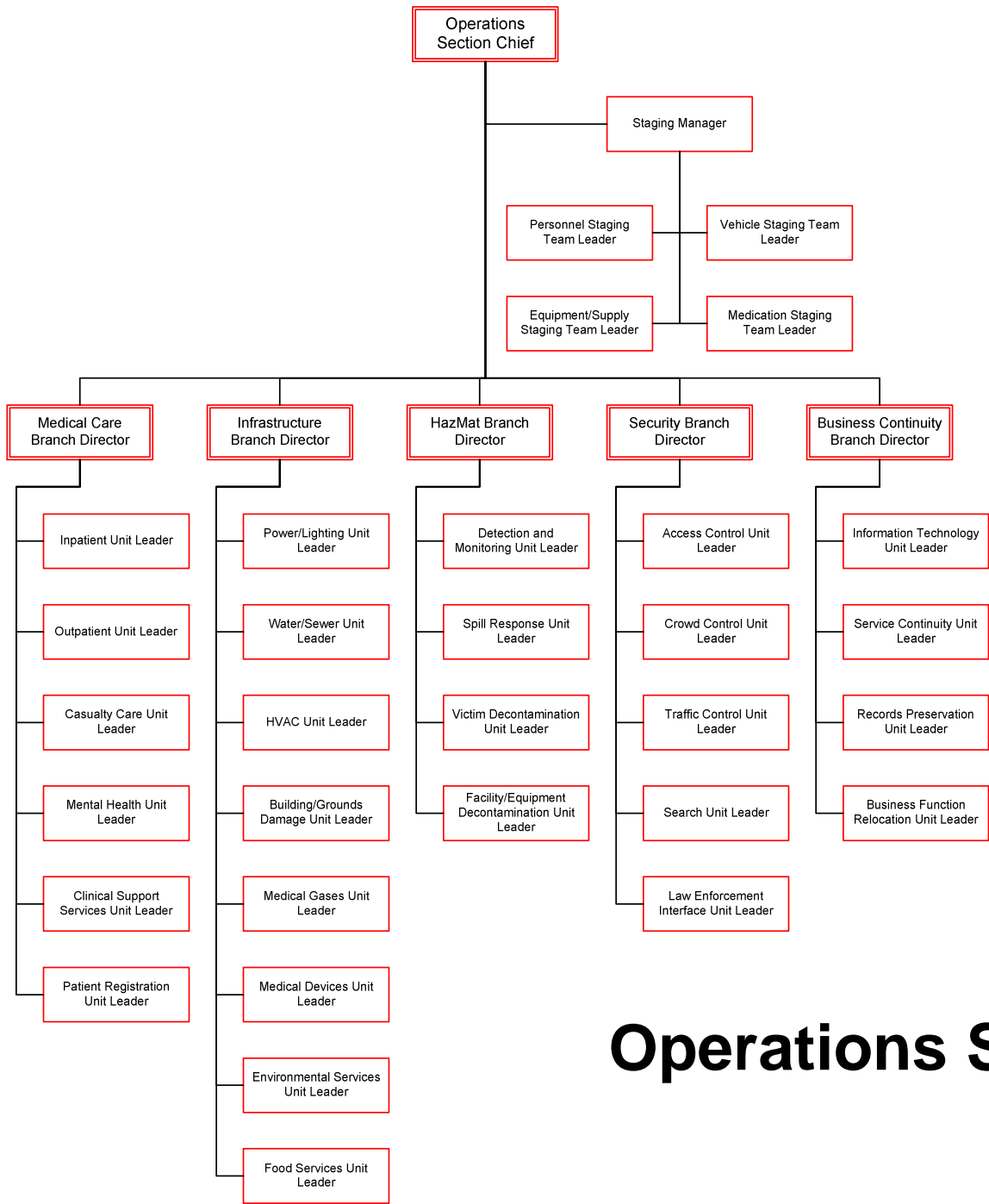


# **Operations Section**

# Operations Section

- Responsible for managing the tactical objectives outlined by the Incident Commander
- The largest in terms of needed resources
- Branches, Divisions, and Units are implemented as needed
- The degree to which command positions are filled depends on the situational needs and the availability of qualified command officers

# Hospital Incident Command System



## Operations Section



# 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 Emergency Department)

# Infrastructure Branch

- Maintains the normal operational capability of the facility including:
  - Power and lighting, water and sewer, HVAC, medical gases and medical devices, building/grounds
- Increases capacity when patient surge requirements dictate
- Identifies and restores utility service-delivery failures

# HazMat Branch

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

# Security Branch

- Responsible for security of facility and staff
- May need assistance from local law enforcement or contract security
- Planning needs to address:
  - Lock-down vs. restricted visitation
  - Supplemental security staffing
  - Traffic control
  - Personal belongings management
  - Chain of custody

# Business Continuity Branch

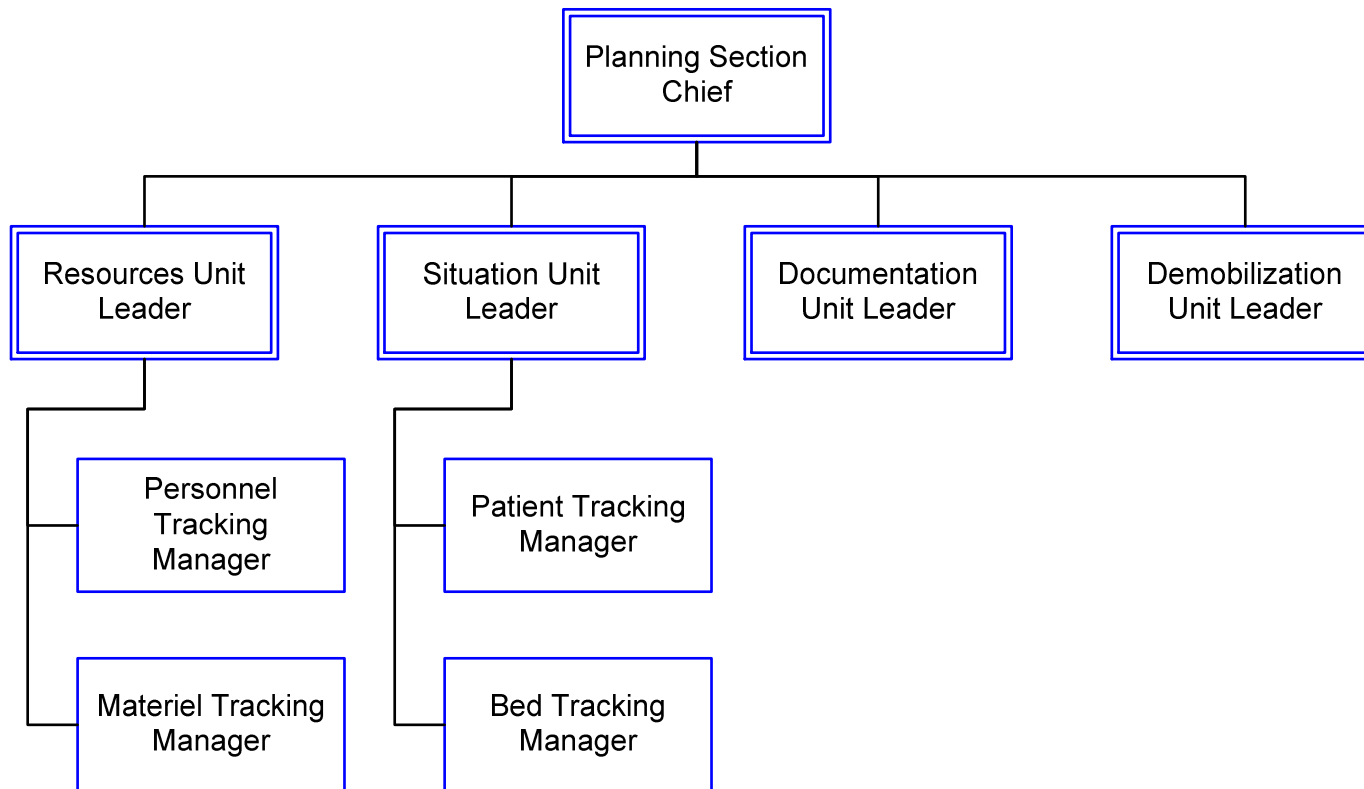
- Facilitates the acquisition and access to essential recovery resources
- Supports the Infrastructure and Security Branches
- Coordinates restoration of business functions and technology requirements
- Assists other branches and impacted areas



# Additional Branch Options

- Special Operations Branches might be created to address the specific needs of an incident that are not already being met
- New Branch creation at discretion of hospital unique operational needs

# **Planning Section**



## Planning Section

# Planning Section

- Responsible for collecting evaluating, and disseminating incident situation information and intelligence to Incident Command
- Prepares status reports
- Displays various types of information
- Develops the Incident Action Plan

# The Situation Unit

- Responsible for writing and maintaining incident updates including those related to patient tracking
- A Patient Tracking Manager may be appointed to assist

# The Resource Unit

- Tracks the status of personnel and material resources that are being utilized in various locations of the hospital
- A Personnel Tracking and Materials Tracking Manager may be appointed to assist when needed

# The Documentation Unit

- Completes action plans and other support documents and archives them


# Demobilization Unit

- Responsible for developing and revising the demobilization plan



# Forms and Management

- Twenty specific forms have been included for use as part of HICS
- The two principal types are:
  - FEMA forms modified for hospital use
  - HICS specific

INCIDENT BRIEFING 

1. INCIDENT NAME \_\_\_\_\_ 2. DATE OF BRIEFING \_\_\_\_\_ 3. TIME OF BRIEFING \_\_\_\_\_

4. EVENT HISTORY AND CURRENT ACTIONS SUMMARY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

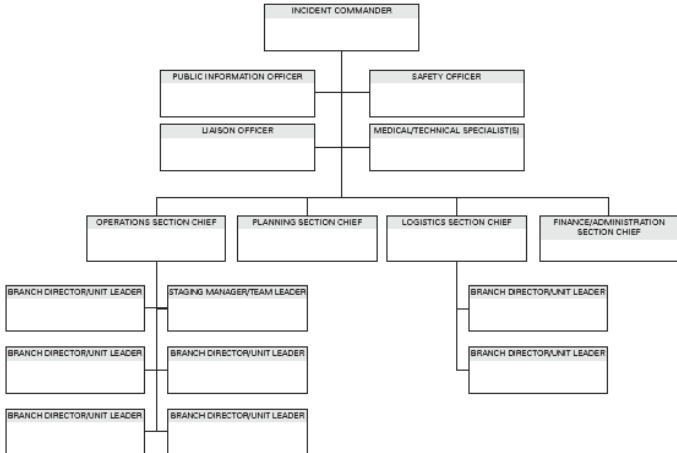
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

5. CURRENT ORGANIZATION



```
graph TD
    IC[INCIDENT COMMANDER] --- POI[PUBLIC INFORMATION OFFICER]
    IC --- SO[SAFETY OFFICER]
    IC --- LO[LIAISON OFFICER]
    IC --- MTS[MEDICAL/TECHNICAL SPECIALIST(S)]
    IC --- OSC[OPERATIONS SECTION CHIEF]
    IC --- PSC[PLANNING SECTION CHIEF]
    IC --- LSC[LOGISTICS SECTION CHIEF]
    IC --- FASC[FINANCE/ADMINISTRATION SECTION CHIEF]
    OSC --- BDL1[BRANCH DIRECTOR/UNIT LEADER]
    OSC --- BDL2[BRANCH DIRECTOR/UNIT LEADER]
    OSC --- BDL3[BRANCH DIRECTOR/UNIT LEADER]
    OSC --- SMTL[STAGING MANAGER/TEAM LEADER]
    PSC --- BDL4[BRANCH DIRECTOR/UNIT LEADER]
    PSC --- BDL5[BRANCH DIRECTOR/UNIT LEADER]
    PSC --- BDL6[BRANCH DIRECTOR/UNIT LEADER]
    LSC --- BDL7[BRANCH DIRECTOR/UNIT LEADER]
    LSC --- BDL8[BRANCH DIRECTOR/UNIT LEADER]
    FASC --- BDL9[BRANCH DIRECTOR/UNIT LEADER]
```

PURPOSE: DOCUMENT INITIAL RESPONSE INFORMATION AND ACTIONS TAKEN AT STARTUP. ORIGINATOR: INCIDENT COMMANDER. HICS 201  
COPIES TO: COMMAND STAFF, SECTION CHIEFS, AND DOCUMENTATION UNIT LEADER. PAGE 1 OF 2



## Special Forms Address

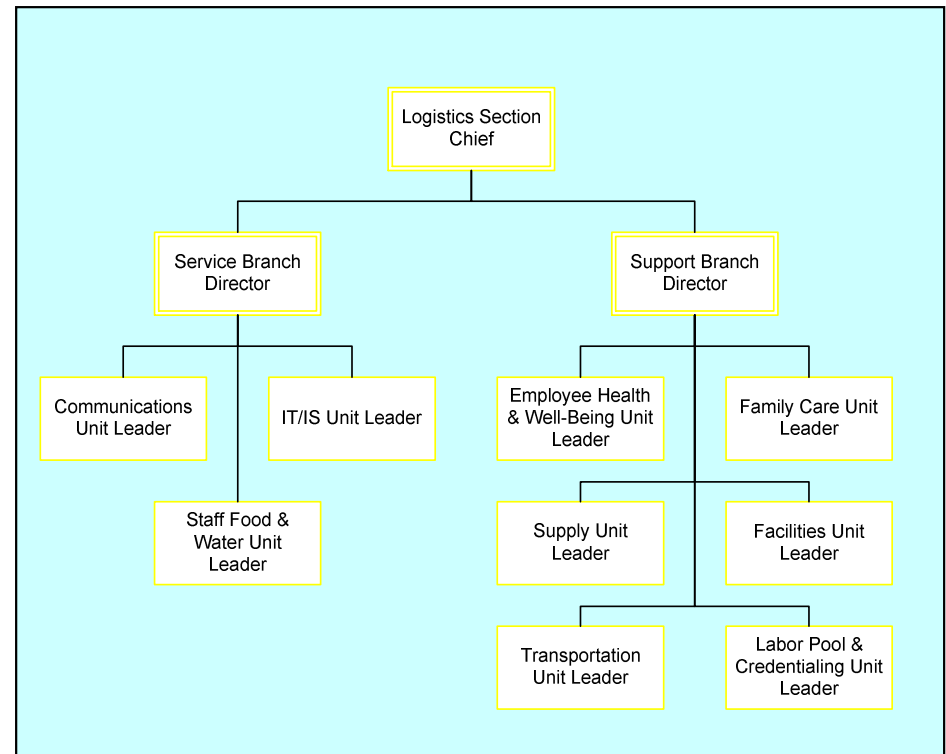
- **Details** about the actual incident as they are learned
- Organizational **assignments**
- **Critical** problems encountered and incident command actions taken
- **Patient** care information
- Patient **location**
- **Resources** on hand and requests for supplementation
- Personnel **time** and **accountability**
- Internal and external **communications**
- Facility **status**

# Archiving

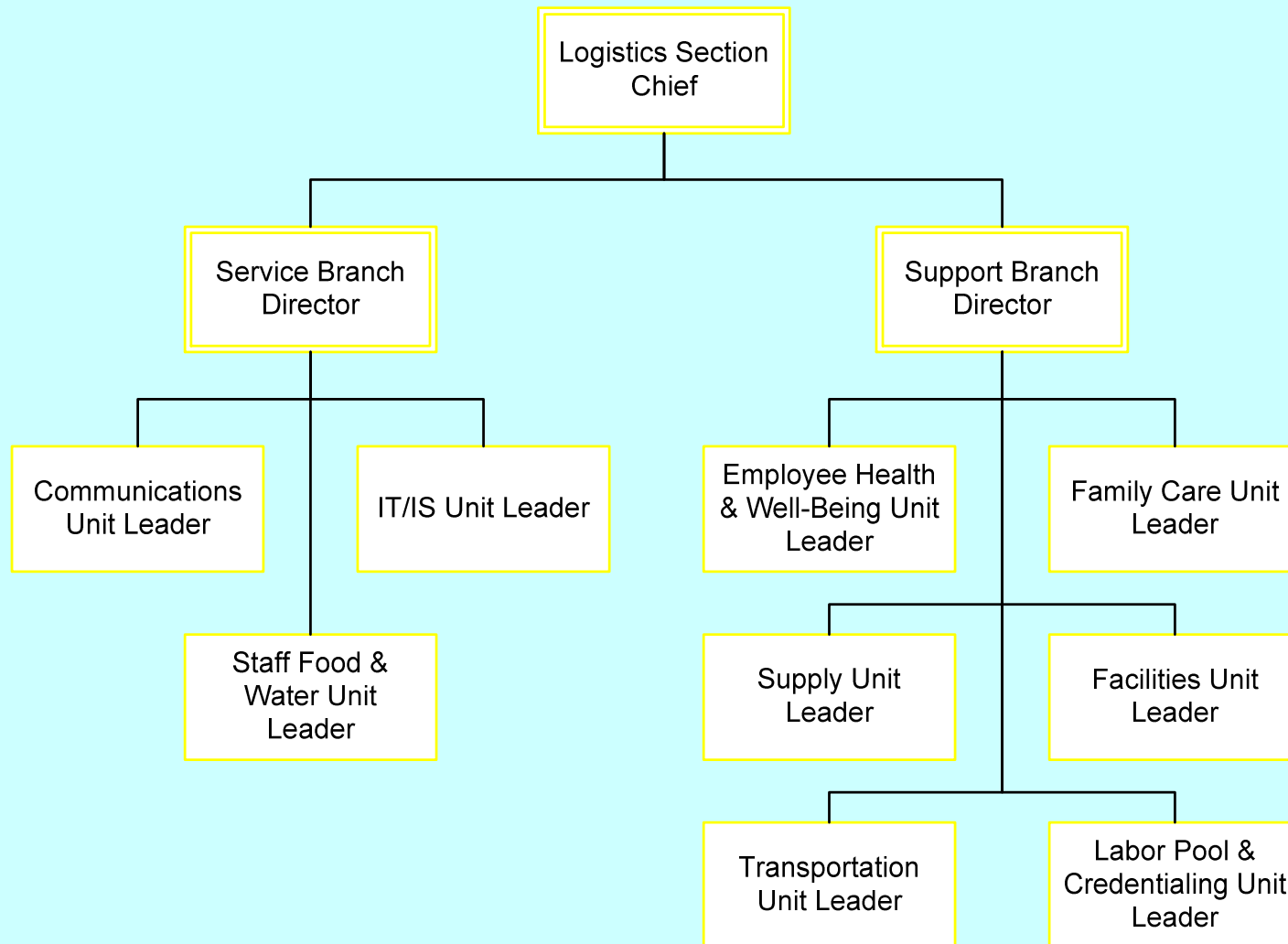
- At the **termination** of the incident, all of the collated IAPs will be used to help outline the hospital's response activities and decision-making processes.
- All other documentation materials will be collected and archived as well

# Logistics Section

- Responsibilities include:
  - acquiring resources from internal and external sources
  - use standard and emergency acquisition procedures to acquire
  - Make requests to the local EOC or the



# Logistics Section



# Logistics Subdivisions

## Service Branch

Will be responsible for supporting:

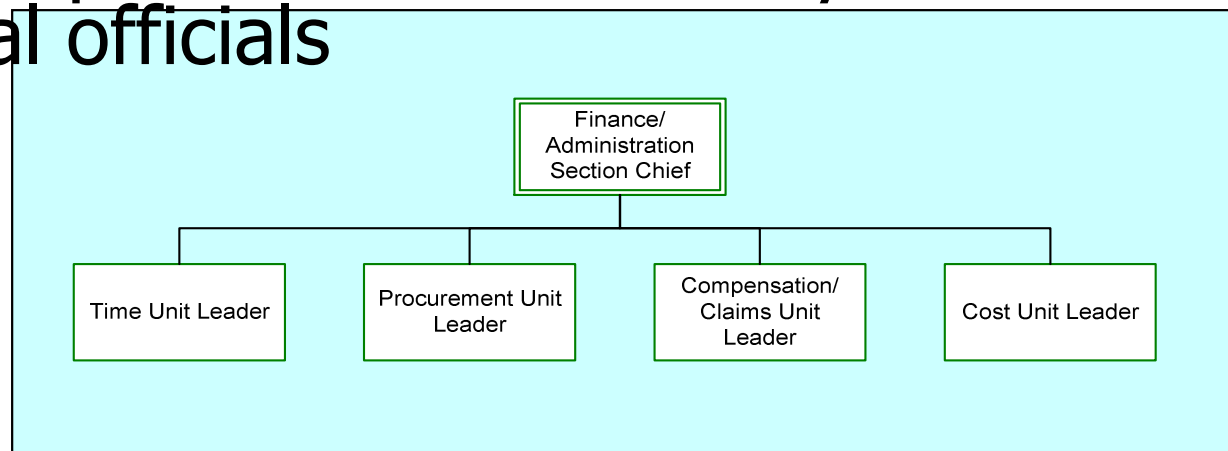
- Communication
- Food services
- IT/IS resource needs

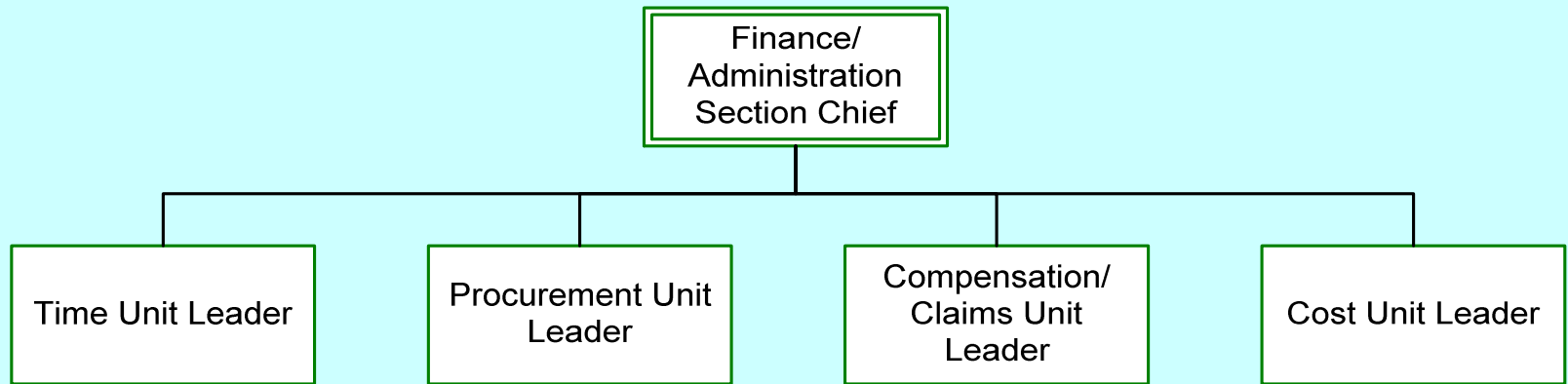
## Support Branch

- Focuses on acquiring needed supplies, supporting infrastructure operations
- Coordinating internal and external transportation
- Acquiring additional personnel

# Finance / Administration Section

- The **costs** associated with the response must be accounted for from the outset of the incident
- **Daily financial reporting** requirements are likely to be modified and in select situations new requirements outlined by state and federal officials





# Finance / Administrative Section



# Finance Planning and Roles

- The Finance/  
Administration  
Section coordinates:
  - Personnel time
  - Orders items,
  - Arranges  
personnel- related  
payments and  
Workers'  
Compensation

# Command Staff Identification



- All personnel assigned to an incident command role should wear **identification** that correctly communicates their role

## 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 command roles.

# 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

Job Action Sheet COMMAND

**INCIDENT COMMANDER**

**Mission:** Organize and direct the Hospital Command Center (HCC). Give overall strategic direction for hospital incident management and support activities, including emergency response and recovery. Authorize total facility evacuation if warranted.

Date: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Position Assigned to: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Initial: \_\_\_\_\_  
 Hospital Command Center (HCC) Location: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Other Contact Info: \_\_\_\_\_ Radio Title: \_\_\_\_\_

Immediate (Operational Period 0-2 Hours)	Time	Initial
Assume role of Incident Commander and activate the Hospital Incident Command System (HICS).		
Read this entire Job Action Sheet and put on position identification.		
Notify your usual supervisor and the hospital CEO, or designee, of the incident, activation of HICS and your HICS assignment.		
Initiate the Incident Briefing Form (HICS Form 201) and include the following information: <ul style="list-style-type: none"> <li>• Nature of the problem (incident type, victim count, injury/illness type, etc.)</li> <li>• Safety of staff, patients and visitors</li> <li>• Risks to personnel and need for protective equipment</li> <li>• Risks to the facility</li> <li>• Need for decontamination</li> <li>• Estimated duration of incident</li> <li>• Need for modifying daily operations</li> <li>• HICS team required to manage the incident</li> <li>• Need to open up the HCC</li> <li>• Overall community response actions being taken</li> <li>• Status of local, county, and state Emergency Operations Centers (EOC)</li> </ul>		
Contact hospital operator and initiate hospital's emergency operations plan.		
Determine need for and appropriately appoint Command Staff and Section Chiefs, or Branch/Unit/Team leaders and Medical/Technical Specialists as needed; distribute corresponding Job Action Sheets and position identification. Assign or complete the Branch Assignment List (HICS Form 204), as appropriate.		
Brief all appointed staff of the nature of the problem, immediate critical issues and initial plan of action. Designate time for next briefing.		
Assign one of more clerical personnel from current staffing or make a request for staff to the Labor Pool and Credentialing Unit Leader, if activated, to function as the HCC recorder(s).		
Distribute the Section Personnel Time Sheet (HICS Form 252) to Command Staff and Medical/Technical Specialist assigned to Command, and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section's Time Unit Leader at the completion of a shift or at the end of each operational period.		
Initiate the Incident Action Plan Safety Analysis (HICS Form 261) to document hazards and define mitigation.		

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# 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

Internal Scenario 3

**FIRE**  
INCIDENT RESPONSE GUIDE

Mission: To reduce the loss of life and property during an internal fire incident

Directions

- Read this entire response guide and review organization chart
- Use this response guide as a checklist to ensure all tasks are addressed and completed

Objectives

- Confine the fire/reduce the spread of the fire
- Rescue and protect patients and staff
- Implement internal emergency management plan – fire
- Implement partial/full evacuation
- Communicate situation to staff, patients, and the public
- Investigate and document incident details

Immediate Actions (Operational Period 0-2 Hours)


COMMAND

(Incident Commander):

- Activate the facility emergency operations plan and the Incident Command structure
- Appoint Command Staff and Section Chiefs
- Consider the formation of a unified command with hospital and fire officials

(PIO):

- Determine need for and type of evacuation
- Establish a media staging area
- Conduct regular media briefings to update situation status and provide appropriate patient and employee information
- Oversee patient family notifications of incident and evacuation/relocation, if ordered

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August 1, 2006

# 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 of HICS with Unified Command

- 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

# Integration with Healthcare Systems

- 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*
  - *After 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

# Review: Module 11

## 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 assessment of their circumstances.