

 Stony Brook Medicine


**The Hospital Incident
Command System
(HICS)**




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Presenter


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- **Attendance**- You must register for the course on the NYS Learning Management System.
- You must attend the entire training module
- Upon completion, sign into the NYSDOH LMS for a certificate of completion

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- **Attendance**- -if you do not see your name in the Participant Panel please identify yourself via Chat (to the host).
- If you are hosting a group of participants in a room, please notify the host (via chat). A group Sign-in sheet should be emailed to Eileen_spezio@urmc.rochester.edu or faxed to 585-756-5089. Please include course name, facility name and date on the sign-in sheet.

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- **Presentation**- Audio presentation with Power Point slides
- This webinar will be recorded for later reference
- Please use the chat to report any technical problems

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- If you are dialing in via telephone PLEASE put your phone on MUTE
- Do not put your phone on HOLD
- Use Web Ex Icons:
questions– raise hand
chat- to raise comments or suggestions

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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)

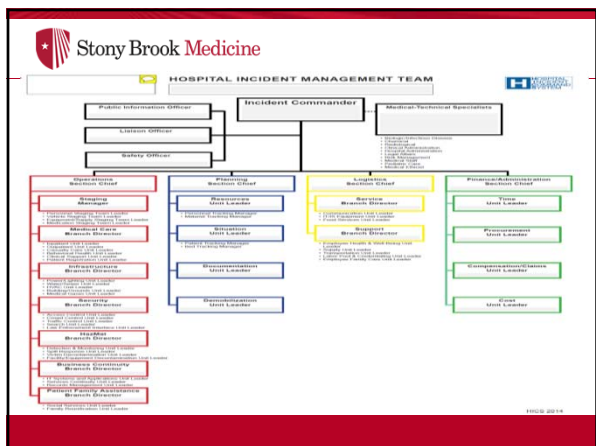
Describe the purpose and how to use the incident response guide

Discuss the importance of integration with unified command, and the healthcare system

Discuss issues related with managing simultaneous events

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- Additions to old HICS
 - Patient Family Assistance Branch under Operations Section
 - Employees Family Care Unit included in the Support Branch
- Deletions from old HICS
 - Business Function Relocation Unit
 - Medical Devices Unit
 - Facility/Equipment Unit
 - Environmental Services Unit
 - deleted due to underutilization



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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


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- 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

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 **Stony Brook Medicine** **Command**

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



 **Stony Brook Medicine** **Sections- "CFLOP"**



 **Stony Brook Medicine** **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

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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

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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

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Operations Section


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    graph TD
      OC[Operations Chief] --> SM[Staging Manager]
      OC --> PST[Personnel Staging Team]
      OC --> VST[Vehicle Staging Team]
      SM --> EST[Equipment/Supplies Staging Team]
      SM --> MST[Medication Staging Team]
      PST --> MCB[Medical Care Branch Director]
      PST --> IB[Infrastructure Branch Director]
      PST --> SB[Security Branch Director]
      PST --> HMB[HazMat Branch Director]
      PST --> BCB[Business Continuity Branch Director]
      PST --> PFA[Patient Family Assistance Branch Director]
      MCB --> I[Inpatient Unit Leader]
      MCB --> O[Outpatients Unit Leader]
      MCB --> CC[Critical Care Unit Leader]
      MCB --> MH[Behavioral Health Unit Leader]
      MCB --> CS[Clinical Support Unit Leader]
      MCB --> P[Patient Registration Unit Leader]
      IB --> PFL[Power/Lighting Unit Leader]
      IB --> WP[Water/Pneum Unit Leader]
      IB --> H[HVAC Unit Leader]
      IB --> BC[Building/Communic Unit Leader]
      IB --> MO[Medical Orders Unit Leader]
      SB --> AC[Access Control Unit Leader]
      SB --> CC[ Crowd Control Unit Leader]
      SB --> TC[Traffic Control Unit Leader]
      SB --> S[Search Unit Leader]
      SB --> L[Lost/Disoriented Person Unit Leader]
      HMB --> D[Decontamination Unit Leader]
      HMB --> TR[Tragic Response Unit Leader]
      HMB --> V[Victim Reconciliation Unit Leader]
      HMB --> R[Regulatory/Compliance Unit Leader]
      BCB --> IIA[IT/Information Assurance Unit Leader]
      BCB --> SC[Service Continuity Unit Leader]
      BCB --> M[Business Management Unit Leader]
      PFA --> S[Social Services Unit Leader]
      PFA --> R[Relief Reunification Unit Leader]
    
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 **Stony Brook Medicine** **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)





 **Stony Brook Medicine** **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


 **Stony Brook Medicine** **HAZMAT Branch**

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




 **Stony Brook Medicine** **Security Branch**

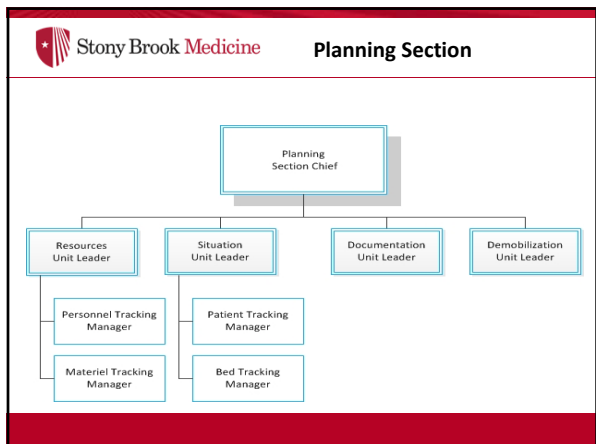
- Responsible for security of facility and staff
- May need assistance from local law enforcement or contract security
- Planning needs to address:
 - Lock-down vs. restricted visitation
 - Supplemental security staffing
 - Traffic control
 - Personal belongings management
 - Chain of custody


 **Stony Brook Medicine** **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


 **Stony Brook Medicine** **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




 **Stony Brook Medicine** **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

 **Stony Brook Medicine** **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

 **Stony Brook Medicine** **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

 **Stony Brook Medicine** **The Documentation Unit**


- Completes action plans and other support documents and archives them


 **Stony Brook Medicine** **Demobilization Unit**

- Responsible for developing and revising the demobilization plan


 **Stony Brook Medicine** **Forms and Management**

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

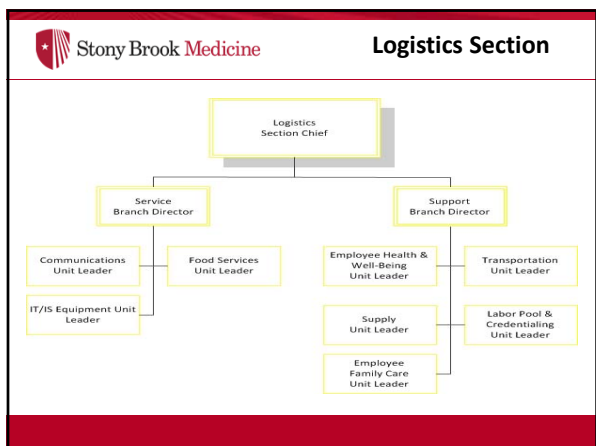


 **Stony Brook Medicine** **Special Forms Address**

- 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

 **Stony Brook Medicine** **Archiving**

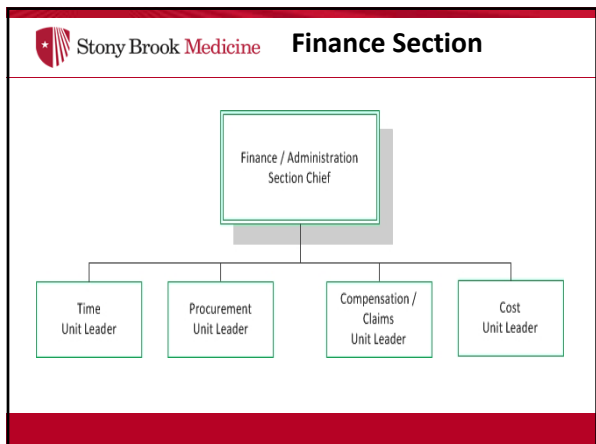
- At the termination of the incident, all of the collated IAPs will be used to help outline the hospital's response activities and decision-making processes.
- All other documentation materials will be collected and archived as well




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 RHCC for assistance when needed


Service Branch	Support Branch
Will be responsible for supporting: <ul style="list-style-type: none"> Communication Food services IT/IS resource needs 	<ul style="list-style-type: none"> Focuses on acquiring needed supplies, supporting infrastructure operations Coordinating internal and external transportation Acquiring additional personnel



 **Stony Brook Medicine 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



 **Stony Brook Medicine Finance Planning and Roles**



The Finance/ Administration Section coordinates:

- Personnel time
- Orders items,
- Arranges personnel-related payments and Workers' Compensation
- Payment of invoices.



Stony Brook Medicine Command Staff Identification

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






Stony Brook Medicine 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.


Stony Brook Medicine Job Action Sheets (JAS)


- 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 roles and responsibilities



 **Stony Brook Medicine** Incident Response Guides

- Incident Response Guides (IRG) have been devised for sixteen scenarios (2014 included Active Shooter, MCI and Wildland Fire)
- 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 undertaken.




 **Stony Brook Medicine** 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.


 **Stony Brook Medicine** 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


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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**




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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


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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.


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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

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Any Questions?



 **The Center for HICS Education and Training**

<http://hicscenter.org/SitePages/HomeNew.aspx>

http://www.emsa.ca.gov/disaster_medical_services_division_hospital_incident_command_system_resources
