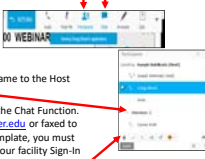
 **Stony Brook Medicine**

**PLEASE REVIEW INSTRUCTIONS BEFORE WE BEGIN THE HICS WEBINAR**

**Joining Instructions**

- Attendee phones have been placed on mute
- Open Participants and Chat Panel** located at top of your computer screen
- Right Click on panels to move for better viewing of presentation
- Webinar will be recorded for future viewing



**Attendance**

- If you do not see your **full name** listed under "Attendees", provide your name to the Host using the Chat Function
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**Communication**

- Check the Chat window during the presentation for important messages and instructions from the Host.
- Communicate with the host, panel and/or presenter using the Hand or Chat
  - Hand – request to be unmuted for a verbal question or comment
  - Chat – type questions, comments or suggestions during presentation

**LMS Certificates**

- Will be available to participants that registered for the course on the NYS Learning Management System [www.mylearnsph.com](http://www.mylearnsph.com)

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 **Stony Brook Medicine**

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

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 **Stony Brook Medicine**

**Presenter**  
Connie Kraft, RN, MSN, MS, CEN, CNE, CHP, NHDP-BC  
[connie.cincotta-kraft@stonybrookmedicine.edu](mailto:connie.cincotta-kraft@stonybrookmedicine.edu)  
Stony Brook Medicine  
Emergency Management Office  
MARO Regional Training Center

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**Stony Brook Medicine** **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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**Stony Brook Medicine** **Recent Changes**

- 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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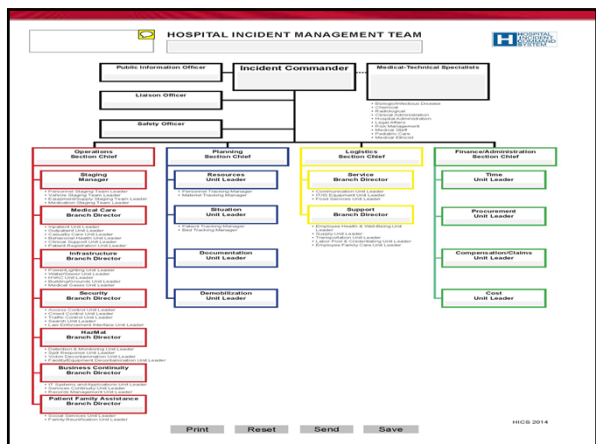
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 **Stony Brook Medicine** The Incident Management Team (IMT) Charts

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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 **Stony Brook Medicine** 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

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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

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 **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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 **Stony Brook Medicine** 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
- **Bleeding Control Supplies**

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 **Stony Brook Medicine** 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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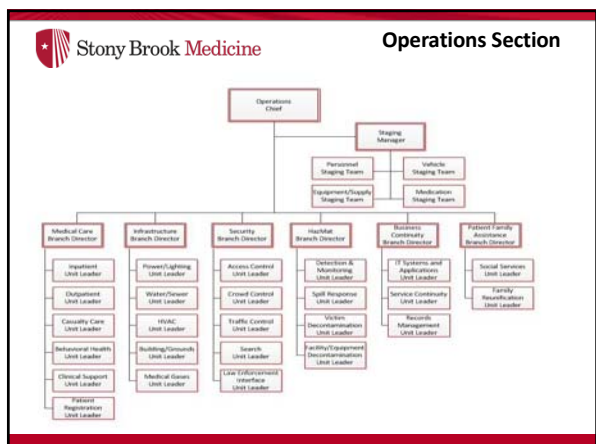
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**Stony Brook Medicine Medical Care Branch**

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)

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**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

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 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

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 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

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 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

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 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

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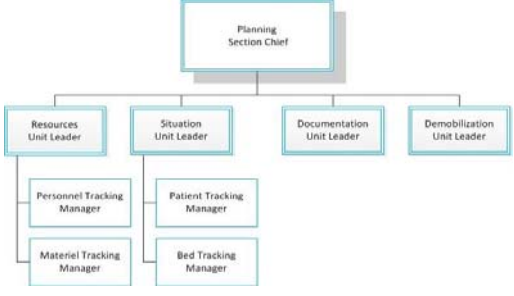
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 Stony Brook Medicine Planning Section



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graph TD; PSC[Planning Section Chief] --- RU[Resources Unit Leader]; PSC --- SL[Situation Unit Leader]; PSC --- DU[Documentation Unit Leader]; PSC --- DMU[Demobilization Unit Leader]; RU --- PTM[Personnel Tracking Manager]; RU --- MTM[Materiel Tracking Manager]; SL --- PTM2[Patient Tracking Manager]; SL --- BTM[Bed Tracking Manager];
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 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

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 Stony Brook Medicine Situation Unit

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

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 Stony Brook Medicine The Resource Unit

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- 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

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 Stony Brook Medicine Documentation Unit

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Completes action plans and other support documents, shares and archives them

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 Stony Brook Medicine **Demobilization Unit**

Responsible for developing and revising the demobilization plan

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 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



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 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

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 **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

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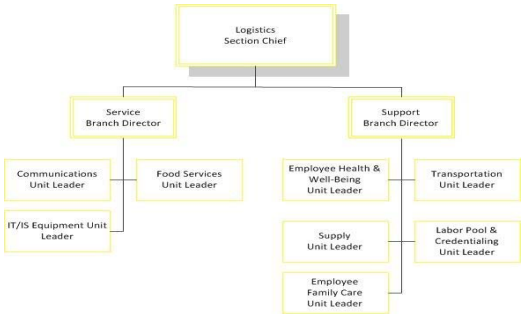
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 **Stony Brook Medicine** Logistics Section



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graph TD; LSC[Logistics Section Chief] --> SBD[Service Branch Director]; LSC --> SBD_S[Support Branch Director]; SBD --> CU[Communications Unit Leader]; SBD --> IIEU[IT/IS Equipment Unit Leader]; SBD --> FSU[Food Services Unit Leader]; SBD_S --> EHWBU[Employee Health & Well-Being Unit Leader]; SBD_S --> SU[Supply Unit Leader]; SBD_S --> EFCU[Employee Family Care Unit Leader]; SBD_S --> TU[Transportation Unit Leader]; SBD_S --> LPU[Labor Pool & Credentialing Unit Leader];
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 **Stony Brook Medicine** 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

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 **Stony Brook Medicine** Logistics Subdivisions

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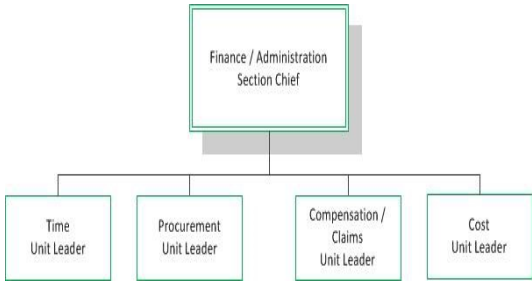
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 **Stony Brook Medicine** Finance Section



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graph TD; A[Finance / Administration Section Chief] --> B[Time Unit Leader]; A --> C[Procurement Unit Leader]; A --> D[Compensation / Claims Unit Leader]; A --> E[Cost Unit Leader];
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 **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

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 **Stony Brook Medicine** Finance Planning and Roles

The Finance/Administration Section coordinates:

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



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 **Stony Brook Medicine** Command Staff Identification

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



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 **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.

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**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




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**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.
- <http://hicscenter.org/Shared%20Documents/IRGs/Active%20Shooter%20IRG.pdf>




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**Stony Brook Medicine** Integration of HICS with Unified Command

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.

**The hospital must be effectively integrated into the community response, including the overall incident command structure**

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

Helpful Resources

[www.emsa.ca.gov](http://www.emsa.ca.gov)      [www.hicscenr.org](http://www.hicscenr.org)

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 **Stony Brook Medicine**

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**Regional Training Centers**

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 UPSTATE MEDICAL UNIVERSITY State University of New York

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**Finger Lakes Regional Training Center**  
 Anne D'Angelo  
 Phone: (585) 758-7640  
[anne\\_dangelo@urmc.rochester.edu](mailto:anne_dangelo@urmc.rochester.edu)  
 Website: [urhazp.urmc.edu](http://urhazp.urmc.edu)

**CNY Regional Training Center**  
 Kelsey Wagner  
 Phone: (315)364-7597 Ext: 4-7597  
[WagnerK@upstate.edu](mailto:WagnerK@upstate.edu)  
 Website: <http://www.upstate.edu/coyrhc>

**CDR Regional Training Center**  
 Jenette White  
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[whitej@amc.edu](mailto:whitej@amc.edu)

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 Website: <https://www.stonybrookmedicine.edu/MARORTC>

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 **Stony Brook Medicine** Thank You

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Any Questions?

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<https://www.nylearnsh.com>  
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