 **Stony Brook Medicine**

WELCOME TO THE HICS WEBINAR

Joining Instructions

- Attendee phones have been placed on mute
- Open Participants panel and Chat on your computer
- 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
- If you are hosting a group of participants in a room, notify the Host using the Chat Function. A group Sign-In Sheet should be emailed to Eileen_Spezio@urmc.Rochester.edu or faxed to (585) 756-5089 by COB today. If you don't utilize the RTC sign-in sheet template, you must include course name, facility name, date and time on your facility Sign-In Sheet


Communication

- Check the Chat window during the presentation for important messages and instructions from the Host.
- Communicate with the host and/or instructor using the Hand or Chat Functions
 - 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.nylearnsoph.com



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The Hospital Incident Command System (HICS)

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Presenter

Connie Kraft, RN, MSN, MS, CEN, CNE, CHP, NHDP-BC
connie.cincotta-kraft@stonybrookmedicine.edu


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Emergency Management Office
MARO Regional Training Center



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Objectives

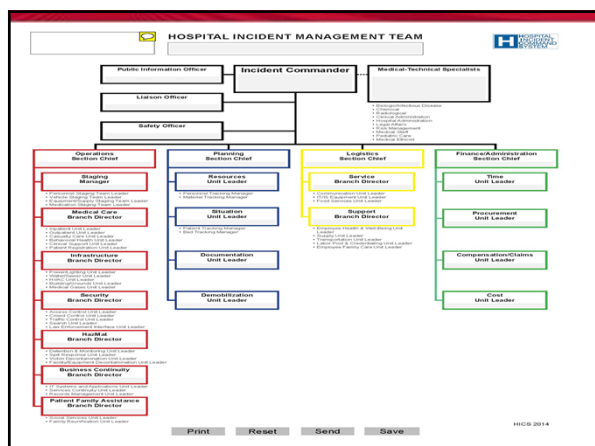
- Describe the role, responsibility and command considerations for the following:
 - Operations Section
 - Planning Section
 - Logistics Section
 - Finance and Administration Section
- Discuss command staff identification
- Discuss the importance of building a command staff
- Describe function and design 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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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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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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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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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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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:

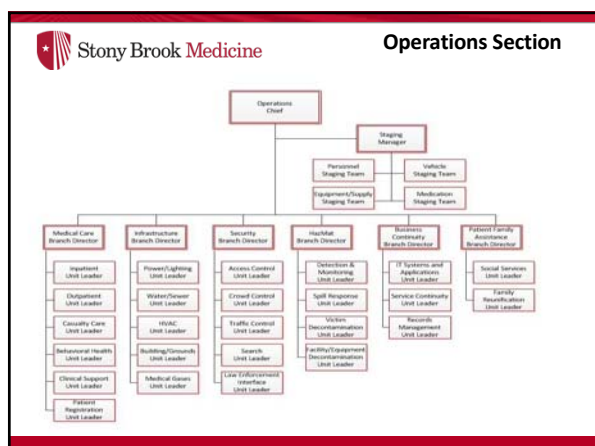
- Bottled water
- Flashlights and chemical light sticks
- "RESTROOM CLOSED" signs
- Chemical or standard portable toilets/toilet paper
- Hand washing foam/disinfectant wipes
- Evacuation chairs/sleds
- **Bleeding Control Supplies**



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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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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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- 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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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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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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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

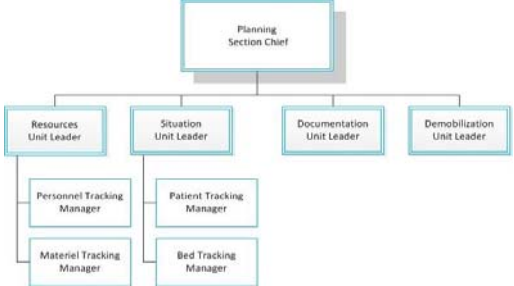


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Additional Branch Options

- 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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Planning Section




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graph TD
    PSC[Planning Section Chief] --> RU[Resources Unit Leader]
    PSC --> SU[Situation Unit Leader]
    PSC --> DU[Documentation Unit Leader]
    PSC --> DM[Demobilization Unit Leader]
    RU --> PTM[Personnel Tracking Manager]
    RU --> MTM[Materiel Tracking Manager]
    SU --> PTrM[Patient Tracking Manager]
    SU --> BTrM[Bed Tracking Manager]
    
```




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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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Situation Unit

- 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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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



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Documentation Unit


Completes action plans and other support documents, shares 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

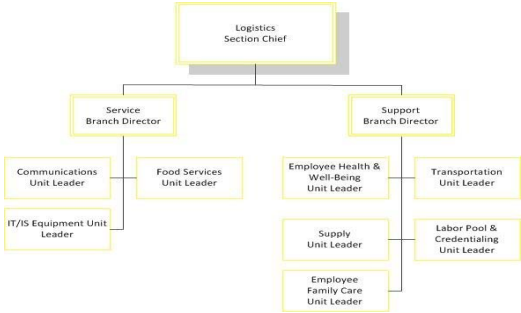

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Archiving

- 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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Logistics Section



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graph TD
    LSC[Logistics Section Chief] --> SBD[Service Branch Director]
    LSC --> SuBD[Support Branch Director]
    SBD --> CU[Communications Unit Leader]
    SBD --> IUEU[IT/IS Equipment Unit Leader]
    SBD --> FSU[Food Services Unit Leader]
    SuBD --> EHWU[Employee Health & Well-Being Unit Leader]
    SuBD --> SU[Supply Unit Leader]
    SuBD --> EFCU[Employee Family Care Unit Leader]
    SuBD --> TU[Transportation Unit Leader]
    SuBD --> LPU[Labor Pool & Credentialing Unit Leader]
    
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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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Logistics Subdivisions


Service Branch

Will be responsible for supporting:

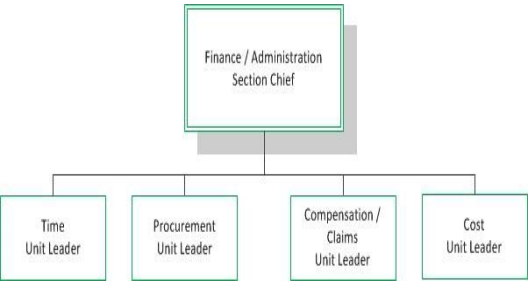
- Communication
- Food services
- IT/IS resource needs

Support Branch

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



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Finance Section



```


graph TD
    Chief["Finance / Administration  
Section Chief"]
    Chief --- Time["Time  
Unit Leader"]
    Chief --- Procurement["Procurement  
Unit Leader"]
    Chief --- Compensation["Compensation /  
Claims  
Unit Leader"]
    Chief --- Cost["Cost  
Unit Leader"]
    
```


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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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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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Command Staff Identification


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





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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** Integration of HICS with Unified Command


<p>Unified command will be used when more than one responding agency for the incident is present or the situation crosses political jurisdictions</p>	<p>This command model <i>does not</i> 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</p>
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 Stony Brook **Medicine** Integration with Healthcare Systems

<p>Corporate member hospitals must also coordinate their planning and response activities with the appropriate administrative section(s) of the parent organization</p> <ul style="list-style-type: none"> – <i>Done before the incident</i> – <i>During the incident</i> – <i>After the incident</i> 	
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 Stony Brook **Medicine** Managing Simultaneous Events

<p>Normally hospitals confront one incident at a time</p> <p>Sometimes problems come in multiples</p> <ul style="list-style-type: none"> – Earthquake w/gas leak in the facility – Flooding and water loss in the facility 	<p>This command model <i>does not</i> 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</p>
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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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Helpful Resources

www.emsa.ca.gov www.hicscenter.org


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Regional Training Centers



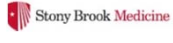
Finger Lakes Regional Training Center
 Anne D'Angelo
 Phone: (585) 756-7640
anne_dangelo@urmc.rochester.edu
 Website: www.urmc.edu



UPSTATE Regional Training Center
 Kelsey Wagner
 Phone: (315) 464-7597 Ext: 4-7597
WagnerK@upstate.edu
 Website: <http://www.upstate.edu/corytc>




Albany Medical Center



Stony Brook Medicine


CDR Regional Training Center
 Jennifer White
 Phone: (516) 262-1070
whitej4@amc.edu

MARCO Regional Training Center
 Connie Kraft
 Phone: (516) 444-9074
Connie.Cincotta-Kraft@stonybrookmedicine.edu
 Website: <https://www.stonybrookmedicine.edu/MARCORTC>


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Thank You

Any Questions?


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LMS CERTIFICATE
 If you want to receive a NYSDOH LMS generated course certificate please make sure you have registered for the session in LMS and have **completed an evaluation**.

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 RTC-HICS-Rec
