

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

Welcome

Presenter

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Welcome

- **Attendance-** You must register for the course on the NYS Learning Management System.
- You must attend the entire training module and upon completion take the online FEMA ICS 200 examination
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Welcome

- **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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Welcome

- **Presentation**- Audio presentation with Power Point slides
- This webinar will be recorded for later reference
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Ground Rules – Webinar etiquette

- If you are dialing in via telephone PLEASE put your phone on MUTE
- Don't put your phone on HOLD
- Use Web Ex Icons:
 - Questions– Raise hand
 - Chat- to raise comments or suggestions during presentation

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)

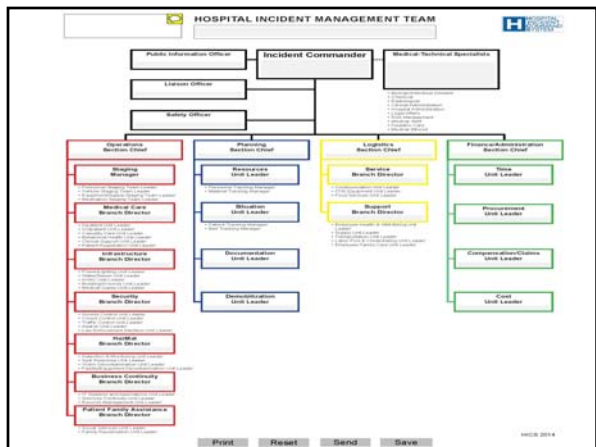
Describe the purpose and how to use the incident response guide

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

Discuss issues related with managing simultaneous events

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



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

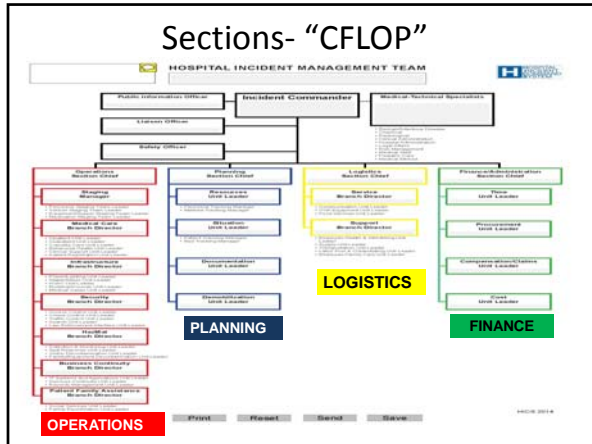


The IMT Charts

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 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



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

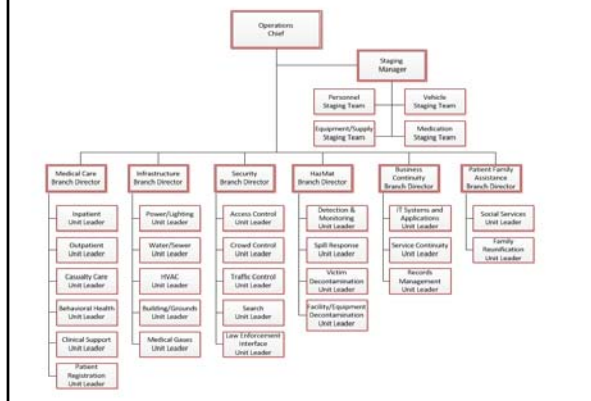
Responsible for managing the tactical objectives outlined by the Incident Commander

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

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

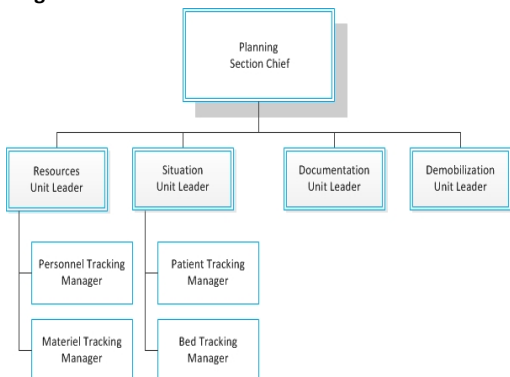
Business Continuity Branch

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

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

Specific forms have been included for use as part of HICS

The two principal types are:

- FEMA forms modified for hospital use
- HICS specific



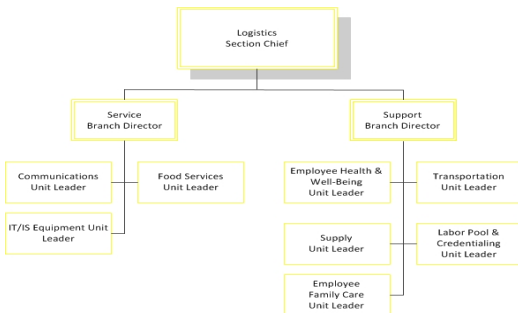
Special Forms Address

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

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



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

Logistics Subdivisions

Service Branch

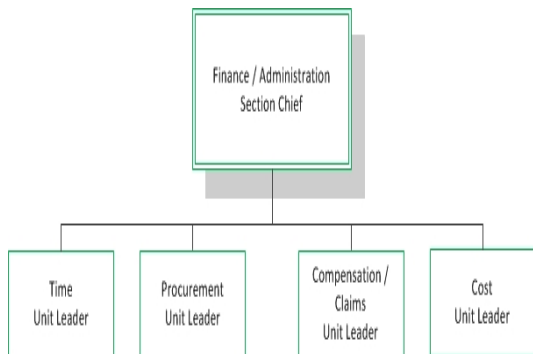
Will be responsible for supporting:

- 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 Section



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 Planning and Roles

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



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 (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

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.

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

The hospital must integrate with unified command, and the healthcare system

Issues related with managing simultaneous events will occur and should be planned for

Thank You

Any Questions?
