Incident Command System
National Incident Management System
for Community Based Health Care Centers Staff
Kevin O’Hara, EMT-P
Deputy Chief Instructor
Nassau County EMS Training Academy

Program is funded by
U.S. Department of Health and Human Services,
Office of the Assistant Secretary
for Preparedness and Response (ASPR)
Bioterrorism Training and Curriculum Development Program
Course Objectives

• Learn the core concepts and principles of the Incident Command System (ICS)
• Understand the importance and application of ICS in healthcare system
• Learn the components of the National Incident Management System (NIMS)
• Meet the all-hazard, all agency ICS and NIMS training requirements required by the Health Resources and Services Administration (HRSA) and the National Integration Center
Emergency Response
Is Not
Business as Usual!
What is the Health Center’s Goal?

**Preparedness**
- Develop effective Emergency Management and Operations Plans

**Response**
- Ensure safety of patients, personnel and facility
- Triage, treat, transfer and disposition victims
- Ensure business continuity

**Recovery**
- Operational/Business Recovery
- Financial recovery
- Restoration of “normal” operations
The Incident Command System

Incident Command System
100 and 200
For Health Care Organizations
Incident Command System

Adopting ICS in health centers has many benefits:

- Greater efficiency to manage internal and external incidents
- Better coordination with outside agencies
- Improved communications with agencies using common terminology and position titles
- Provides a standardized, all-hazard incident management tool
- Comply with Joint Commission standards to utilize an ICS consistent with community use
  - E.C. 4.10
History of Incident Command System

ICS developed in response to California wildfires in the 1970s

Major response problems were identified

- Lack of an effective management structure
- Lack of accountability and clear chain of command
- Poor communications
- Lack of systematic planning
- No integration of agencies into management structure and planning
**History of ICS**

ICS is built on best practices**

- Successful use in military and business practices
- Lessons learned in response to incidents
- Used in all levels of government and private sector

NIMS requires the use of Incident Command System

By all levels of government
- By healthcare organizations
For many years, hospitals have employed the Hospital Emergency Incident Command System

- System was ICS based
- Last revision of HEICS was in 1998

HEICS was revised in 2006 to the Hospital Incident Command System, or HICS

- Updated for CBRNE and all hazards
- Is NIMS and ICS consistent
- Is a model for ICS in the hospital setting
Purpose of ICS

An **interdisciplinary** and **flexible** management system

Adaptable to an incident of any kind or size**
  - Scalable activation

Standardized to integrate other agencies and organizations into the management structure**
Purpose of ICS

Provide logistical and administrative support to operational (tactical) staff

Cost effective by avoiding duplication

Used in planned events, exercises and actual incidents

- Planned events may include:
  - Organizing a community parade / health fair
  - Organizing a health care center-wide picnic celebration
  - Adding on a new tower or wing to a hospital (project management)
ICS Features

- Common terminology/clear text
- Modular organization
- Management by objectives
- Incident Action Planning
- Manageable span of control
- Pre-designated incident locations/facilities
- Resource management
- Integrated communications
- Common command structure
Common Terminology**

• Use clear text – plain English
  ▪ No radio codes
  ▪ No jargon
  ▪ No organization specific codes
    ▪ Use of Hospital or Health Care Center Codes (i.e., Code Blue, Code Orange, etc.) are the exception
Common Terminology

Helps to define:

- **Position titles** i.e., Officer, Chief, Director, etc.
- **Organizational functions**
  - Major functions and units named and defined
    - Example: Command, Operations, Planning, Logistics, Finance etc.
- **Resource descriptions**
  - Major personnel, facilities and equipment/supplies are named or “typed” by capability
- **Incident facilities**
  - Common names for designated incident facilities (i.e., EOC, Base Camp, Command Post etc.)
Modular Organization

• ICS structure develops from the top down
• Positions activated as dictated by the incident size or complexity
• As complexity increases, the ICS organization expands
• Only those functions or positions necessary for an incident are activated**
Management by Objectives

Management by Objectives is:

- A four-step management approach to achieve a goal
  - Establish measurable objectives
  - Develop and issue assignments, plans, procedures, and protocols
  - Direct efforts to meet the objectives
  - Document results to measure performance and facilitate corrective action

This is Incident Action Planning!
Incident Action Plan (IAP)

Purpose of the IAP

- Reflects the overall strategy for incident management
- Provide personnel with direction for taking actions based on the objectives identified in the IAP
- Provides measurable strategic operations for the operational period

Written plans are more effective than oral and provide a record of expectations and actions taken
An operational period is:

- The period of time scheduled for execution of a given set of tactical actions in the Incident Action Plan (IAP)
- Set by the Incident Commander, based on the incident

The operational period is usually set in hours

- Does not have to conform to shift times
- Can be long or short, depending on the intensity of the incident
Incident Action Planning

Incident Action Planning Steps

- Understand organizational policy and procedures
- Set the operational period
- Determine overall priorities
- Establish specific measurable and attainable objectives
- Set strategies and tactics for the objectives
- Identify needed resources
- Issue assignments
- Monitor and evaluate activities and outcomes
- Document results
Incident Action Plan (IAP) documentation

- The initial IAP is documented on ICS/HICS Form 201: The Initial Briefing Form
  - This form provides situational information
- Other forms that constitute the IAP include:
  - ICS/HICS Form 202: The Incident Objectives
  - ICS/HICS Form 203: Organizational Assignment List
  - ICS Form 204: Division Assignment List
- Other supporting documents
Span of Control

Defined:

- The number of individuals or resources one supervisor can manage effectively
- Is accomplished by organizing resources into Sections, Branches, Groups, Divisions and Teams

**Recommended span is 1:5 reports/supervisor**

- Ratios may vary from 3 to 7 reports/supervisor
  - Depends on complexity of job
Incident Facilities

Incident Command Post

- Location where the IC oversees incident operations**
- Should be close to the incident but a safe distance away
  - Upwind and uphill

Staging Areas

- Temporary locations where resources are available and waiting for assignment**
  - Health Center’s labor pool could be a staging area
  - Health Center may designate a physical “staging” area with a manager for resources awaiting assignment
Incident Facilities

Helibase

- Location for management of helicopter operations

Helispots

- Fixed or temporary areas where helicopters can land and take off
  - Hospitals or Health Center may have helispots (or heliports) to receive patients
Incident Facilities

Emergency Operations Centers (EOC)

- Established for incidents involving
  - Multiple organizations
  - Governmental agencies
- Multiple agencies and disciplines are represented in the EOC

Purpose of the EOC
- Provide support and coordination for on-scene responders
- Coordinate and allocate resources
Resource Management

Tactical resources

- Personnel and major equipment available or potentially available to Operations**
  - Assigned: working under a supervisor**
  - Available: assembled and ready for assignment
  - Out-of-service: not ready or not available

Support resources

- All other resources to support the incident
  - Food, communications, equipment, supplies, vehicles, personnel, IT/IS, financial tracking, etc.
Resource Management

Includes processes for:

- Establishing the resource needs
  - What kind?
  - What type?
  - How many?
- Ordering resources
- Dispatching, utilizing and evaluating resources
- Tracking resources
- Resource demobilization and recovery
- Reimbursement for resources, as appropriate
Three elements

- **Modes:**
  - The hardware systems that transfer information
  - Can include radios, cell phones, pagers, email etc.
    - Don’t forget when all else fails - runners

- **Planning:**
  - Plans for use of all available communications resources
  - Development of a communications plan

- **Networks:**
  - The procedures and processes for transferring information internally and externally
Command Types

**Chain of command**
- An orderly line of authority within the management structure

**Unity of command**
- Every individual is accountable and reports to only one supervisor

**Single command**
- The Incident Commander has complete responsibility for the management

**Unified command**
- Shared incident management among responding agencies or organizations
Command Types

Transfer of command

- Moving the responsibility of one incident command position to another person

- Occurs when
  - A more qualified person assumes command**
  - It is necessary for effectiveness or efficiency**
  - Incident complexity changes**
  - Shift change/turnover of staff**

- Occurs with a face-to-face transfer of command briefing
Information Management

A process must be established to:

- Gather information
- Share information

Information may come from multiple sources

- Some information may be sensitive and cannot be shared**
- Some information may be shared on a limited basis (i.e., demographic info only)
Based on the incident needs, the Information and Intelligence function may:

- Be included in the Planning Section’s duties
- Information and Intelligence function may become a separate ICS position
  - A fifth General staff position**
  - Within the Command Staff**
  - As a separate Unit within the Planning Section**
  - As a Branch within Operations**
Formal Communications

- Follows the lines of authority
- Can be passed horizontally or vertically within the organization

Formal communications used when

- Receiving and giving work assignments
- Requesting support or additional resources
- Reporting progress of assigned tasks**
Informal Communications

Informal communications

- Is used to exchange incident or event information only
- Is NOT used for:
  - Formal request for additional resources
  - Tasking work assignments
  - Reporting progress of activities/tasks
Personnel Responsibilities

Prepare for lengthy assignments
- Self and family preparedness at home

Understand your roles and responsibilities during an emergency
- **Safety is the #1 priority of everyone**
- Review your Job Action Sheet and know who you report to
- Understand your decision-making authority
- Complete all documentation during and after response
The ICS organizational structure should include ONLY the functions and positions needed to achieve the incident objectives**

Five management functions

- Incident command
- Operations
- Planning
- Logistics
- Finance/Administration
The IMT

- Depicts Health Center’s management functions and how authority and responsibility is distributed
- Each of the 5 management functions is color coded
  - Command (white or grey)
  - Operations (red)
  - Planning (blue)
  - Logistics (yellow)
  - Finance/Administration (green)
The IMT (ICS) titles are distinct and standardized. This serves three important purposes: **

- Allows for filling IMT positions with the most qualified persons and not by rank
- Assists with requesting outside resources to staff these positions
- Assists with clarifying the activities undertaken by specific personnel
## ICS Position Titles

<table>
<thead>
<tr>
<th>Organizational Level</th>
<th>Title</th>
<th>Support Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Command</td>
<td>Incident Commander</td>
<td>Deputy</td>
</tr>
<tr>
<td>Command Staff</td>
<td>Officer</td>
<td>Assistant</td>
</tr>
<tr>
<td>General Staff (Section)</td>
<td>Chief</td>
<td>Deputy</td>
</tr>
<tr>
<td>Branch</td>
<td>Director</td>
<td>Deputy</td>
</tr>
<tr>
<td>Division/Group</td>
<td>Supervisor</td>
<td>N/A</td>
</tr>
<tr>
<td>Unit</td>
<td>Leader</td>
<td>Manager</td>
</tr>
<tr>
<td>Strike Team/Task Force</td>
<td>Leader</td>
<td>Single Resource Boss</td>
</tr>
</tbody>
</table>
The ICS Organization in a Health Care Center:

Incident Management Team Hierarchy
ICS Organization in a Health Care Center

The Incident Commander

The IC is the one position ALWAYS activated**

Has overall responsibility for
- Managing the entire incident
- Overseeing all activities in the Hospital Command Center

Activates ICS positions and appoints staff
- Positions activated are dictated by the size and magnitude of the incident
ICS Organization in a Health Care Center

The Incident Commander

The IC should be the most qualified and trained person
- Not appointed by rank, grade, or seniority**

The IC is responsible until the authority is delegated to another person**

The IC may appoint one or more deputies

Formal transfer of command includes:
- Command briefing for incoming IC
- Notification to all personnel of the effective time and date of the change in command**
- Demobilization of the out-going IC to avoid confusion**
Health Care Center’s Mission:

- Activate, organize and direct Emergency Operations Center (EOC).
- Give overall strategic direction for center’s incident management and support activities, response and recovery
- Ensure incident safety
- Initiate and approve the IAP
- Liaison with Agency Executive, DOH and other state/local governmental organizations
ICS Organization in a Health Care Center

Incident Commander & Agency Executive

The IC commands the incident but periodically communicates to the agency executive (CEO).

The Agency Executive (or Executive body) and EOC is responsible for establishing overall priorities and delegating authority to the IC to manage the incident**
ICS Organization in a Health Care Center

Command Staff

- Agency Executive
- Incident Command
  - Public Information Officer
  - Safety Officer
  - Liaison Officer
  - Command Staff: The Command Staff provides information, safety, and liaison services for the entire organization.
- Operations Section
- Planning Section
- Logistics Section
- Finance/Administration Section
- General Staff: The General Staff are assigned functional authority for Operations, Planning, Logistics, and Finance/Administration.
ICS Organization in a Health Care Center

Command Staff

Command Staff

- Title: Officer
- Positions:
  - Public Information Officer
  - Safety Officer
  - Liaison Officer
  - Medical/Technical Specialists (health care or hospital setting only)
PIO’s Mission:

- Serve as the conduit for information to internal and external stakeholders**
  - Staff, visitors and families
  - News Media
  - All releases are approved by the Incident Commander
Safety Officer’s Mission:

- Ensure safety of staff, patients, and visitors, monitor and correct hazardous conditions**.
- Has the authority to halt any operation that poses immediate threat to life and health
ICS Organization in a Health Care Center: 

**Liaison Officer**

**Liaison Officer’s Mission:**

- Function as the primary contact person in the Hospital Command Center for supporting agencies and organizations assisting at an incident but not in the HCC
- **Establish contacts** with liaison counterparts in other health care center, hospitals, EOC’s etc.
The Specialist Position is new and unique to Hospital Incident Command System

- Not a position on the ICS Organizational Chart
- A category of personnel with specialized expertise
- Activated based on situational need
- Primarily are consultants but can have delegated authority
- Can have more than one in activated at a time
- May report to any position in the Incident Management Team
ICS Organization in a Health Care Center

Medical/Technical Specialists

Specialist Roles

- Biological/Infectious disease
- Chemical
- Radiological
- Health Center Administration
- Legal affairs
- Risk management
- Medical Staff
- Pediatric Care
The Incident Commander is the only position that will ALWAYS be activated**

The Incident Commander has overall responsibility for:

- Management of the Incident
- Activities within the HCC
- Continuing as IC until authority is delegated to another

The Command Staff consists of:

- PIO
- Liaison
- Safety Officer
BREAK TIME
General Staff**:

- Organizational Component: Section
- Title: Section Chief
- Role: Responsible for major functional areas of the incident
- IMT Positions:
  - Operations
  - Planning
  - Logistics
  - Finance/Administration
ICS Organization in a Health Care Center

Operations Section

Operations Section Mission:
- Conducts tactical operations**
- Develops the tactical objectives and organization**
- Directs all tactical resources**
- Carry out the mission and Incident Action Plan

Lead by a Section Chief

Operations is the largest section in the IMT
ICS Organization in a Health Care Center

Operations Section Chief

Supervises:

- Staging Manager
- Medical Care Branch Director
- Infrastructure Branch Director
- HazMat Branch Director
- Security Branch Director
- Business Continuity Branch Director
ICS Organization in a Health Care Center

Logistics Section

Logistics Section Mission:

- Provide support to other sections
- Acquires resources from internal and external sources
- Activate existing MOUs, contracts and vendor agreements

Logistics assures assigned personnel are fed and have communications, medical support, and transportation to meet the operational objectives**
The Logistics Chief supervises:
- The Service Branch Director
- The Support Branch Director
The **Service Branch** Director oversees:

- Communications Unit Leader
- IT/IS Unit Leader
- Staff Food and Water Unit Leader
The **Support Branch Director** oversees:

- **Employee Health and Well-Being Unit Leader**
  - Provides medical screening, evaluation and follow up of employees who are assigned to an incident**
  - Provides for prophylaxis and medical care as needed
  - Provides mental health support for staff

- **Family Care Unit Leader**
  - Provides for the needs of family members of staff responding to the incident
The **Support Branch Director** oversees:

- Supply Unit Leader
- Facilities Unit Leader
- Transportation Unit Leader
- Labor Pool and Credentialing Unit Leader
The Operations Section is responsible for:

- All tactical operations,
- The tactical objectives and organization
- Directing all tactical resources
- They are the “doers”

The Logistics Section supports and provides the resource requirements of the response

- They are the “getters”

Each Section is led by a Chief.
Planning Section

Planning Section Chief

- Resources Unit Leader
  - Personnel Tracking Manager
  - Materiel Tracking Manager
- Situation Unit Leader
  - Patient Tracking Manager
- Documentation Unit Leader
  - Bed Tracking Manager
- Demobilization Unit Leader
Planning Section Mission:

- Collect, evaluate, and disseminate incident action information** and intelligence to Incident Commander
- Maintain resources status**
- Develop and document the Incident Action Plan (IAP)
- Maintains documentation for incident records**
- Plan for demobilization

Lead by a Section Chief
Planning Section Chief supervises:
- Resources Unit Leader
- Situation Unit Leader
- Documentation Unit Leader
- Demobilization Unit Leader
Finance/Administration Section

- Finance/Administration Section Chief
  - Time Unit Leader
  - Procurement Unit Leader
  - Compensation/Claims Unit Leader
  - Cost Unit Leader
ICS Organization in a Health Care Center
Finance/Administration Section

Finance/Administration Section Mission:

- Manage costs related to the incident
- Section activities**:
  - Accounting
  - Procurement
  - Cost Analysis
  - Claims/compensation
  - Time recording

Section led by a Section Chief
ICS Organization in a Health Care Center

Finance/Administration Section Chief

Supervises:

- Time Unit Leader
- Procurement Unit Leader
- Compensation/Claims Unit Leader
- Cost Unit Leader
Planning Section is responsible for:

- Collecting, evaluating and disseminating incident situation information
- Maintaining resource status
- Archiving all response and recovery documentation

Finance/Administration Section

- Manages costs related to the incident
- Provides accounting, procurement, time and cost analysis
The Role of Deputies and Assistants
Deputies and Assistants

Deputy Role:

- Deputies can be assigned to the Incident Commander, Section Chiefs or Branch Directors**

- Deputy duties
  - Assists by performing delegated job activities performed by the position being deputized
  - Assumes the ICS position in a relief capacity

- The Deputy assumes the role and Job Action Sheet of the deputized position
  - There is no Job Action Sheet (JAS) for a deputy
Assistant Role:

- A subordinate to a Command Staff or Section Chiefs who performs clerical or technical capabilities and responsibilities
- They may also be assigned to a Unit Leader as situational needs dictate and resources allow
Hospital / Health Care Center
Incident Management Team Hierarchy

Note: Divisions and Groups are used in ICS but not reflected in the HICS IMT
ICS Organization in a Health Care Center

Branches

- **Title:** Branch Director
- **Role:**
  - Branches can be established
    - Geographically or functionally
    - Branches are created to maintain an appropriate span of control for the Operations Section Chief or the Incident Commander.
  - Branches may also be established
    - In multi-disciplinary incident
    - In multi-jurisdictional incidents
    - Very large incidents
Branches

- **IMT Positions:**
  - Specific to the Section’s duties and the activities or functions they perform
  - Example:
    - Medical Care Branch Director in Operations
    - Service Branch Director in Logistics
Title: Supervisor

Roles:

- **Divisions:** Divide the incident geographically
  - Example: first floor and second floor

- **Groups:** Divide the structure into functional areas of operation by the resources to perform the function

**IMT Positions:**

- Divisions and Groups are not commonly used in the hospital or health center setting and **NOT REFLECTED** in the HICS IMT
ICS Organization in a Health Care Center

Units

Title: Unit Leader

Role: Functional responsibility for a specific incident activity under a Section and Branch

IMT Positions are specific to the Branch’s duties

- Example:
  - Inpatient Unit Leaders in the Medical Care Branch in the Operations Section
  - Labor Pool and Credentialing Unit in the Support Branch in the Logistics Section
ICS Organization in a Health Care Center

Single Resources, Strike Teams, Task Forces

Title: Leader

Role:

- **Single Resources:**
  - Individuals or piece of equipment with its personnel complement (i.e., iv technician)
  - A crew or team of individuals with a identified supervisor

- **Strike Teams:**
  - A set number of similar resources (i.e., burn RNs)

- **Task Forces:**
  - A combination of mixed resources (i.e., RNs, MDs, Techs, Secretaries)
The IC should appoint properly trained persons to critical Command and General Staff positions.
Incident Management Team position titles are standardized

- The title describes the position’s function and role
- **Allows the position to be filled by the most qualified rather than by seniority**
- Facilitates requests for outside qualified personnel
ICS Organization in a Health Care Center

Building the Incident Management Team

The IMT reflects a reasonable “Span of Control”

- **Definition:** The number of individuals or resources one supervisor can effectively manage
- Ideal ratio of 3-7 reporting elements per 1 supervisor

The IMT structure does **not** exactly mirror the daily administrative structure

- This is purposeful
- Reduces role and title confusion during the response
The Incident Commander is responsible for building the Incident Management Team.

The IMT is built according to the incident:

- Scope and magnitude of the event
- Potential/real impact on your facility
- Size of Health Care center
- Available resources
- Special response needs (i.e., HazMat, biological, legal, IT)
Positions are appointed to meet the incident needs

Appointments do not have to be sequential from the top down

- Appoint only those positions to meet the immediate needs of the incident
ICS Organization in a Health Care Center
Building an Incident Management Team

Situation: It is 4:00 am and a large fire erupts in the laboratory, located very close to two patient care areas with a high census.

IC activates IMT positions needed immediately!

- I am needed to call in additional staff to assist with evacuation
- I ensure safety of the patients, staff and facility
- I ensure HVAC, Med Gases and assess damage
- I will oversee the medical care

- Incident Commander
- Safety Officer
- Medical Care Branch Director
- Infrastructure Branch Director
- Labor Pool and Credentialing Unit Leader
Applying ICS
To
Healthcare Organizations
Integrated Emergency Management System (IEMS) was created by FEMA in 1983

- Describes how Comprehensive Emergency Management (CEM) programs are developed

**Key directions of IEMS**

- Emergency Management Program (EMP) development is a multi-year process
- Emergency Operations Plans (EOP) based on functions, not hazards or agencies
Applying ICS to Healthcare Organizations:

Comprehensive Emergency Management

A comprehensive emergency management (CEM) program addresses

- All hazards planning
- The 4 phases of Emergency Management
  - Mitigation (includes prevention)
  - Preparedness (includes planning, training, exercising)
  - Response
  - Recovery

Required by the Joint Commission since 2001
Applying ICS to Healthcare Organizations: Developing an EMP

Steps to developing an EMP

- **Hazards Vulnerability Analysis (HVA)**
- Capability assessment and maintenance
- Emergency Operations Planning
- Mitigation efforts
- Emergency operations or exercises
- Evaluation
- Capability shortfall or gap analysis
- Multi-year development planning
Applying ICS to Healthcare Organizations: Emergency Operations Plans

Must be developed for “all-hazards”**

Contains 3 sections

- **Basic Plan**
  - Overview of how the agency will organize and coordinate response and recovery activities

- **Functional Annexes**
  - Explain how specific functions will be organized or implemented (i.e., Command, Operations, etc.)

- **Incident Specific Appendices**
  - Short, concise guidance on response to priority hazards from the HVA
Applying ICS to Healthcare Organizations: Lifecycle of an Incident

1. **Event recognition**: when the organization is aware of the incident

   The Incident Commander conducts the initial incident assessment

   - Type of incident, location, magnitude, possible duration and impact on the hospital
   - Determine initial priorities based on:
     - #1– Life saving
     - #2– Incident stabilization
     - #3– Property preservation
2. **Alert and Notifications** of key staff and activation of EOP and the ICS structure (or Health Care Center Command Center)

3. **Mobilization** and assignment of staff for ICS positions
   - Incident-specific guides can facilitate mobilization
Applying ICS to Healthcare Organizations: Lifecycle of an Incident

4. **Incident Operations are managed through**
   - The hospital’s ICS structure/the Hospital Command Center
   - Incident Action Planning

5. **Management by objectives is essential for successful Incident Action Planning**
   - Establishing Specific, Measurable, Achievable, Realistic, Time (SMART) objectives
   - Identifying strategies
   - Assigning resources
   - Evaluating outcomes
Applying ICS to Healthcare Organizations:

Lifecycle of an Incident

6. **Demobilization** of some or all of the ICS positions to meet incident needs

7. **Transition to long-term recovery activities**
   - Returning to “normal” organizational structure

8. **Return-to-readiness activities**
   - Post incident debriefing and critique
   - Action-action review and reporting
   - Corrective action planning and activities
During each operational period, there are six ICS management activities:

- Situation briefing
- Shift change
- Management meetings
- Planning meetings
- Operations briefing
- Assessment of situation and progress
Applying ICS to Healthcare Organizations: Situation Briefing and Shift Change

Briefing is conducted prior to shift change

- Current situation status
- Incident objectives and priorities
- Current organization
- Resource status and availability
- Incident facilities
- Incident communications plan
- Incident prognosis, concern and other issues
- Introduction of Command and General Staff members

Briefing info captured on ICS Form 201/HICS

201: Incident Briefing Form
Applying ICS to Healthcare Organizations: Management Meeting

Purpose of the meeting:

- Discuss overall policies, priorities and control objectives
- Keeps agency leadership involved with the incident management process
- Attended by the Incident Commander, Command Staff, General Staff and Agency Executive (optional)

Outcome: Revised priorities, objectives and policies
Applying ICS to Healthcare Organizations: Planning Meeting

Purpose:
- Tactics segment:
  - Discuss strategies and tactics to accomplish the objectives from the Management Meeting
- Identification of resources segment:
  - Kind and type of resources needed to accomplish the objectives
  - How resources should be organized

Attendees:
- IC, Command Staff and General Staff

Outcome:
- Develop the Incident Action Plan
Applying ICS to Healthcare Organizations: Operations Briefing

Purpose:
- The IAP for the upcoming operational period is presented to all IMT staff
  - Objectives
  - Strategies
  - Resources
- Meeting is facilitated by the Planning Section**

Attendees:
- Presented by Command/Section staff to supervisory staff** (All HCC staff)

Outcome: An informed staff
Applying ICS to Healthcare Organizations: 
Post-Incident Actions

Assessment of incident response and recovery is critical
Assessment methods include:

- Debriefing the staff
- Post-incident critique
- After action report
- Corrective action plan
Summary

Within ICS, there are defined organizational positions with specific functions and titles.

ICS establishes a chain of command and formal communication relationships.

Effective management includes:

- A manageable span of control
- Organized and logical implementation of the ICS structure
- Utilization of management activities and processes
BREAK TIME
National Incident Management System
IS-700
September 11, 2001 demonstrated the need for and importance of national standards:

- Incident operations
- Incident communications
- Personnel qualifications
- Resource management
- Information management
- Supporting technology
HSPD-5: Management of Domestic Incidents

- Directed the Secretary of the Department of Homeland Security (DHS) to develop and administer NIMS
- Applicable across jurisdictions and functions**
- Improve coordination and cooperation among responders
- Requires all Federal departments and agencies to adopt NIMS
HSPD-5: Management of Domestic Incidents

- Provides a flexible framework that applies to all phases of incident management, regardless of cause, size, location or complexity**

- Is an “all-hazards” system
  - For domestic incidents
  - Natural AND man-made (not just for terrorism!)
NIMS Components

- Command and management
- Preparedness
- Resource management
- Communications and information management
- Supporting technologies
- Ongoing management and maintenance
NIMS: Command and Management

Incident Command System

- Modular and **scalable**
- Common terminology, standards and procedures
- Measurable objectives and Incident Action Planning
- ICS is a proven incident management system based on organizational “best practices”**
Unified Command

Unified command is activated when:

- More than one responding agency with responsibility for the incident*
- Incidents cross political jurisdictions

Agencies work together to:

- Analyze intelligence information
- Establish common objectives and strategies
- Develop a common Incident Action Plan
Area Command

- Oversee management of multiple incidents
- Oversee management of large incidents that cross jurisdictional boundaries

Duties

- Sets overall strategy and priorities
- Allocates critical resources
- Ensure incident is managed, objectives are met, and strategies are followed
Multiagency Coordination Systems

- Perform coordinating and supporting activities
  - Facilities
  - Equipment
  - Personnel
  - Procedures
  - Communications

- Support system policies and priorities
  - Facilitate logistical support
  - Resource allocation decisions based on priorities
  - Coordinate information
An Emergency Operations Centers (EOCs) is an entity in a Multiagency Coordination System

- Supports multi-agency coordination and information management activities**
- Established by emergency management agencies
  - Local
  - State
  - Federal
Multiagency Coordination Centers (MACs) are another entity in a Multiagency Coordination System

Functions of a MAC

- Provide situation and resource status information
- Establish priorities between incidents
- Acquire and allocate resources
- Resolve policy issues
- Provide strategic coordination
Purpose of establishing a Joint Information System (JIS):

- To communicate timely and accurate information to the public

The Joint Information System is established by local, regional and state governments

The Public Information Officer is the participant in the JIS
Joint Information Systems

- The PIO operates within the parameters of the JIS to:
  - Establish policies, procedures and protocols for gathering and disseminating information**
  - Develop coordinated messages
  - Ensures that decision-makers and the public are fully informed throughout a response
- The PIO ensures that all messages are approved by the Incident Commander before dissemination
Joint Information Centers (JIC)

Physical locations or entities where information management activities are performed

- Gathering information and intelligence
- Developing consistent and coordinated messages
- Disseminating messages and information
JICs can be established at various levels of government

- City or community EOC
- County EOC
- Regional EOC
- State EOC
Preparedness elements include:

- Planning
- Training
- Exercises
- Personnel qualification and certification
- Equipment acquisition and certification
- Mutual aid
- Publications management (NIC)
NIMS: Preparedness

Responsibilities of Preparedness Organizations

- Establishing/coordinating plans and protocols
- Integrating/coordinating activities
- Establishing guidelines and protocols to promote interoperability
- Adopting guidelines for resource management*
- Establishing response priorities
- Establishing/maintaining multiagency coordination mechanisms
Preparedness includes developing plans

- Plans include:
  - Setting priorities
  - Integrating entities/functions
  - Establishing relationships
  - Managing resources
  - Ensuring that systems support all incident management activities
Training and exercising

- Enhances all-hazard incident management capabilities
- Increases effectiveness of response and recovery
- Provides a mechanism to test plans, policies and systems

Organizations and personnel must be adequately trained for HCC roles
Under NIMS, preparedness is based on:

- National standards for qualification and certification of emergency response personnel

Standards include:

- Training
- Experience
- Credentialing
- Continuing education on current practices
- Physical and mental fitness
Equipment is needed to perform mission-essential tasks

- Equipment must perform to certain standards and be interoperable with other responders

Hospital response equipment should be interoperable with other hospitals in the community, i.e.,

- PPE
- Decontamination equipment
- Critical patient care equipment (i.e., ventilators)
NIMS: Mutual Aid

Jurisdictions at all levels are encouraged to enter into agreements with:

- Other jurisdictions
- Private-sector and NGOs
- Private organizations

Mutual aid agreements facilitate the timely delivery of assistance during incidents**
Publication management is the organization and standardization of publications

- Forms
- Plans and procedures
- Tracking of resources

Hospital publication management includes

- The adoption of standardized forms, i.e.,
  - Using the Hospital Incident Command System/ICS standardized forms
  - Using local EOC specific forms
Resource management includes coordination and oversight of:

- Tools
- Processes
- Systems

Hospitals should develop systems for resource management for preparedness, response and recovery activities.
There are four resource management tasks:

- Establishing systems
- Activating the systems
- Dispatching resources
- Deactivating resources

Resources are tracked from mobilization through demobilization**
NIMS: Resource Management Concepts

Requires standardizes identification, allocation, and tracking of resources

- Resources are classified by kind and type
- Implement personnel and equipment credentialing system
- Incorporate resources from private sector and non-governmental organizations into the hospital
The key concept of Communications and Information Management is ensuring consistency among all who respond.

This includes:

- Ensuring communications technology is interoperable among all responders
- Establishing communication protocols with key responders in advance of an event
NIC was established under HSPD – 5

Role of the NIC:

- Develop a national program for NIMS education and awareness
- Facilitate the development and publication of materials
- Review and approve equipment meeting national standards
NIMS Integration Center (NIC) will:

- Facilitate development and dissemination of national standards, guidelines, and protocols*
  - Training
  - Experience
  - Credentialing
  - Continuing education requirements
  - Physical and medical fitness
The NIMS Integration Center (NIC) will:

- Ensure the ongoing management and maintenance of NIMS
- Maintain and manage NIMS standards and national level preparedness
- NIC Website:
  [www.fema.gov/emergency/nims/nims.shtm](http://www.fema.gov/emergency/nims/nims.shtm)
HSPD - 5 mandated the development of NIMS

NIMS enhances agency collaboration and coordination during a response

The NIMS components include:

- Command and management
- Preparedness
- Resource management
- Communications and information management
- Supporting technologies
- Ongoing management and maintenance
Summary

You have learned about:

- The core concepts and principles of the Incident Command System (ICS)
- The importance and application of ICS in the hospital and healthcare system
- The components of the National Incident Management System and how the application of the components improve emergency preparedness, response and recovery
### Emergency Management Training Requirements for Hospital Personnel - Training to be completed by August 31, 2007

<table>
<thead>
<tr>
<th>Recommended Levels of Training for Hospital Personnel</th>
<th>IS 100 or equivalent</th>
<th>IS 200 or equivalent</th>
<th>IS 300 or equivalent</th>
<th>IS 400 or equivalent</th>
<th>IS 700 or equivalent</th>
<th>IS 800 or equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital personnel who are likely to <strong>assume a leadership ICS position</strong> in the Hospital Command Center or have a primary responsibility for emergency management</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Emergency Program Manager</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hospital Emergency Preparedness Committee Members/persons responsible for the Emergency Management Plan</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Questions

THANK YOU