



Hospital Incident Command System Training

Continuous Readiness Training Series 2009

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Objectives

- **Understand Hospital Incident Command System (HICS) basics**
- **Understand Incident Action Planning (IAP)**
- **Know what to do in the facility during a disaster**

What is a Disaster?



Mercy Medical Center in Cedar Rapids, Iowa, was evacuated Friday as flood waters ravaged the city. (AP Photo/Jeff Roberson)

- **Anything that overwhelms, or threatens to overwhelm any hospital resource, including lack of any resource**
- **Problems or events that cannot be resolved using ‘day-to-day’ processes within expected timeframes**
 - *e.g. earthquakes, civil disturbance, mass casualty (infectious or trauma)*
- ***The decision to activate the command system will be made by Administration***

How Does HICS Manage a Crisis?

- **The Hospital Incident Command System (HICS) is a management process, not a plan**
- **HICS outlines assigning duties & responsibilities appropriately**
- **HICS streamlines information gathering & reporting processes**
- **The Incident Commander has the authority to do whatever is necessary to manage the crisis**

We Use HICS Because...

- **It is scalable**
- **It is Adaptable to the situation**
- **It can be used to manage any complex process (e.g., opening a new building or wing and transferring patients)**

Why is Using HICS Challenging?

- **Using HICS is different from day to day operations**
 - It looks and feels complicated
- **Responders don't understand their roles**
 - Responders need training to be effective
- **Managing chaos is uncomfortable**
- **Information is incomplete and sometimes contradictory**

Why We Use HICS?

- **The Joint Commission requires use of an Incident Command System**
- **HICS is designed for healthcare**
- **It promotes consistent and understandable communication with other agencies and local governments (they use Incident Command, too)**
- **It assists with documentation for FEMA reimbursement**

It's Your System

- **The Incident Commander will assign who is on staff, designate positions as needed**
- **You can combine positions**
- **You can create positions**
- **You must document what you do**
- **Anybody can have a scribe, or a deputy, or an assistant**
- **Command and General Staff positions remain the same for consistency**

Scaling HICS to the Crisis

- **Adapt it to the scenario**
 - Small hazmat spill = small HICS staff
- **The only position you must have is the Incident Commander**
- **Use the number of positions and titles appropriate to your needs**



The Goal

Get back to normal operations as soon as possible



Unified Command

- **Unified Command is a shared command between agencies using Incident Command**
- **Multiple Incident Commanders work in unison while each oversees their agency's operation**
- **Is used where agencies have overlapping authority, responsibilities, or resources.**

Unified Command

- **Incident Commanders work together to create joint objectives for a common purpose.**
- **Who is ultimately in charge?**
The purpose is to work together and mutually agree to resolve the problem.

HICS Chart

- **Refer to the Hospital Incident Command System Section Org Chart handouts (#2)**
- **Each section of the HICS Charts will be reviewed**

Hospital Incident Command System

Incident Management Team

Administrative Support

HCC Coordinator _____

Scribe 1 _____

Scribe 2 _____

Phone Operator 1 _____

Phone Operator 2 _____

Phone Operator 3 _____

HCC Runner 1 _____

HCC Runner 2 _____

IICC Runner 3 _____

Medical Specialists

Title _____

Name/Contact _____

Title _____

Name/Contact _____

Title _____

Name/Contact _____

Title _____

Name/Contact _____

Technical Specialists

Title _____

Name/Contact _____

Title _____

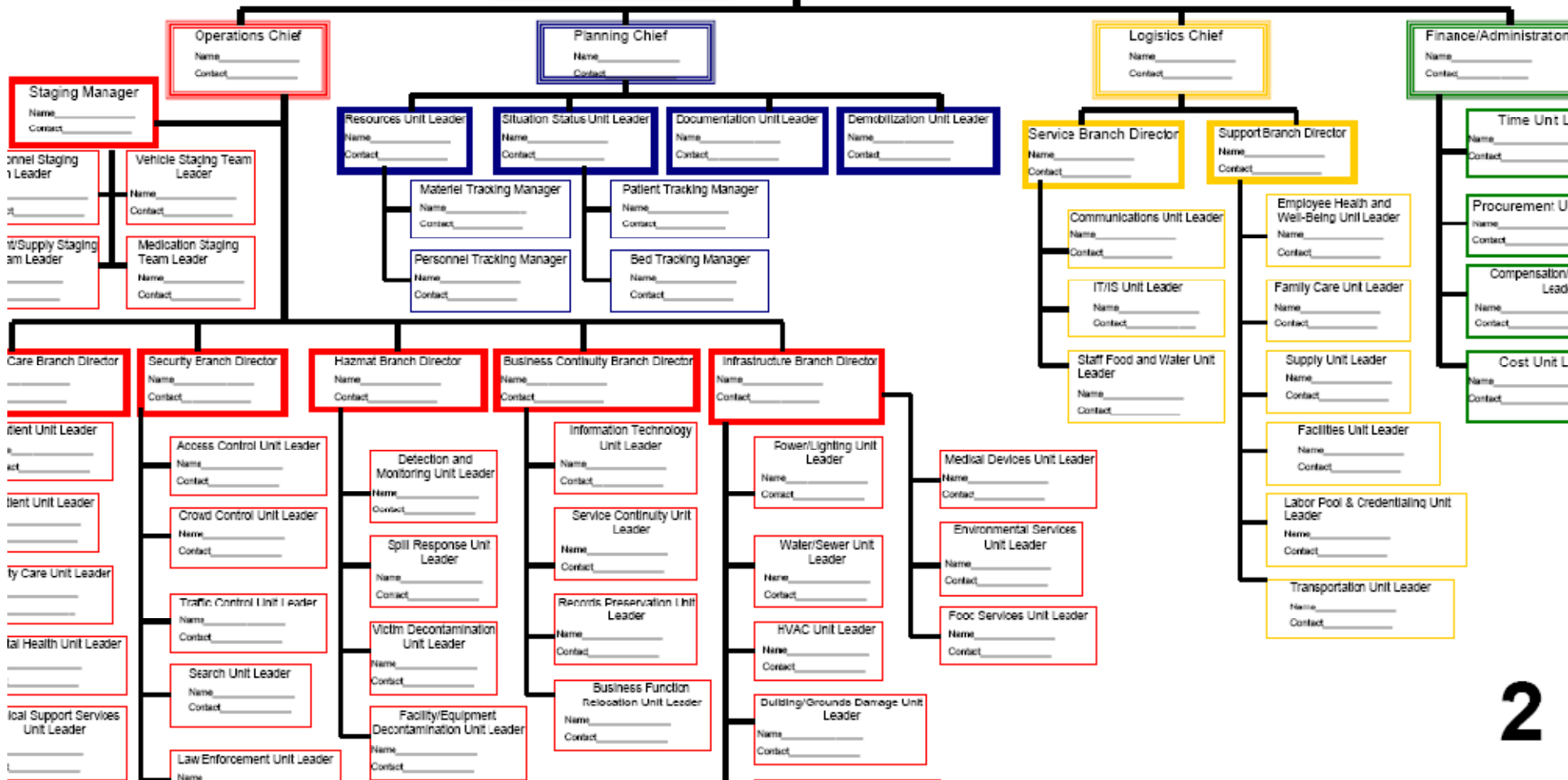
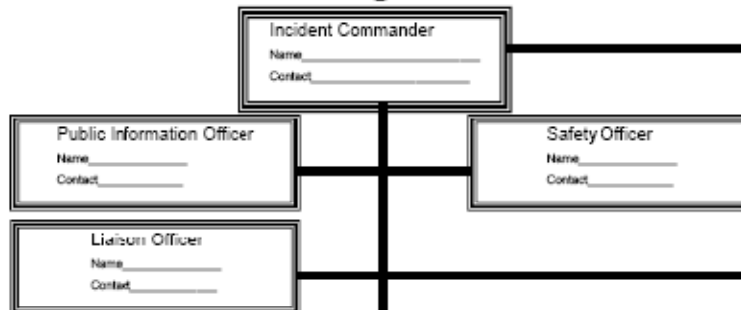
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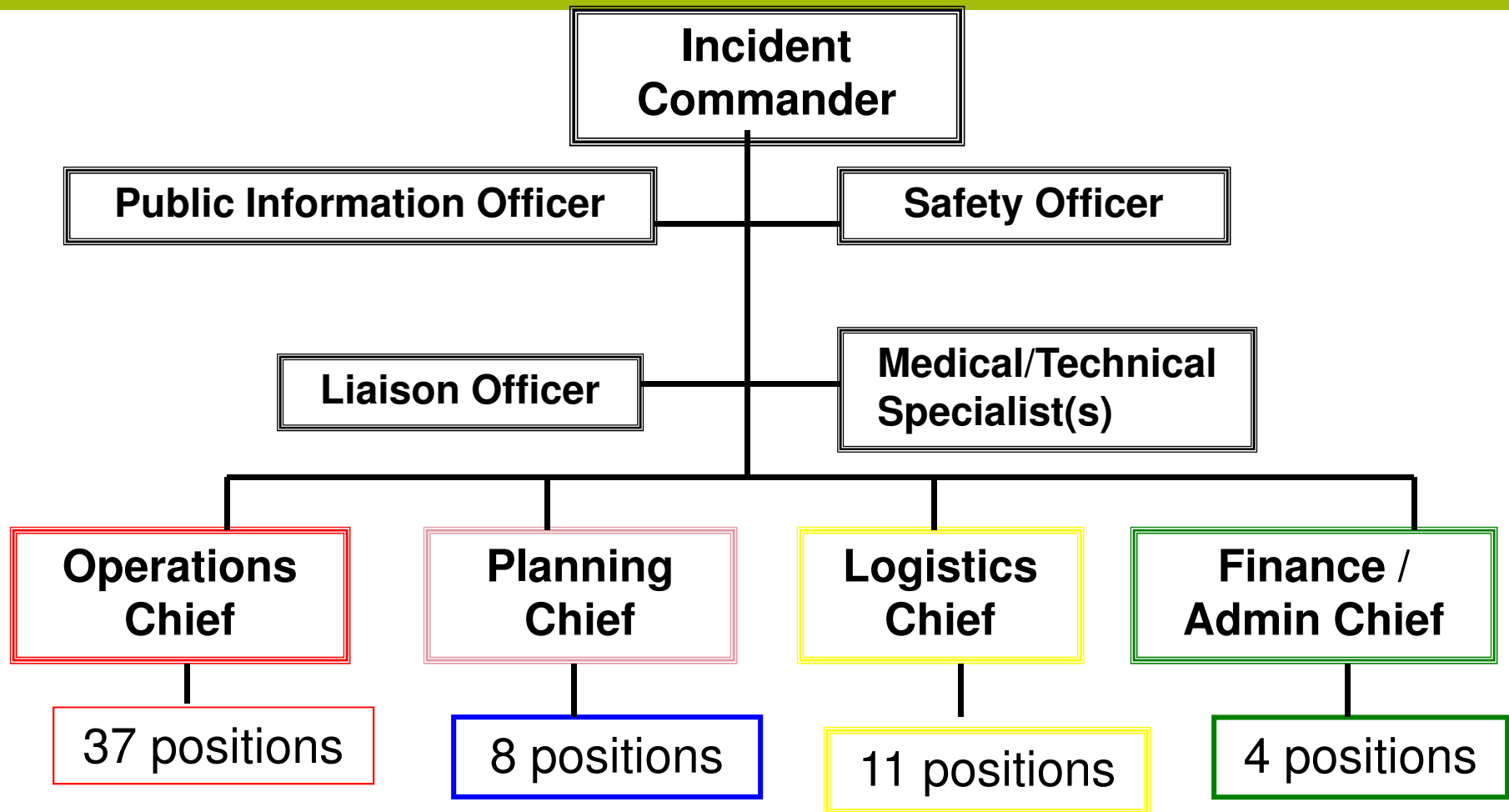
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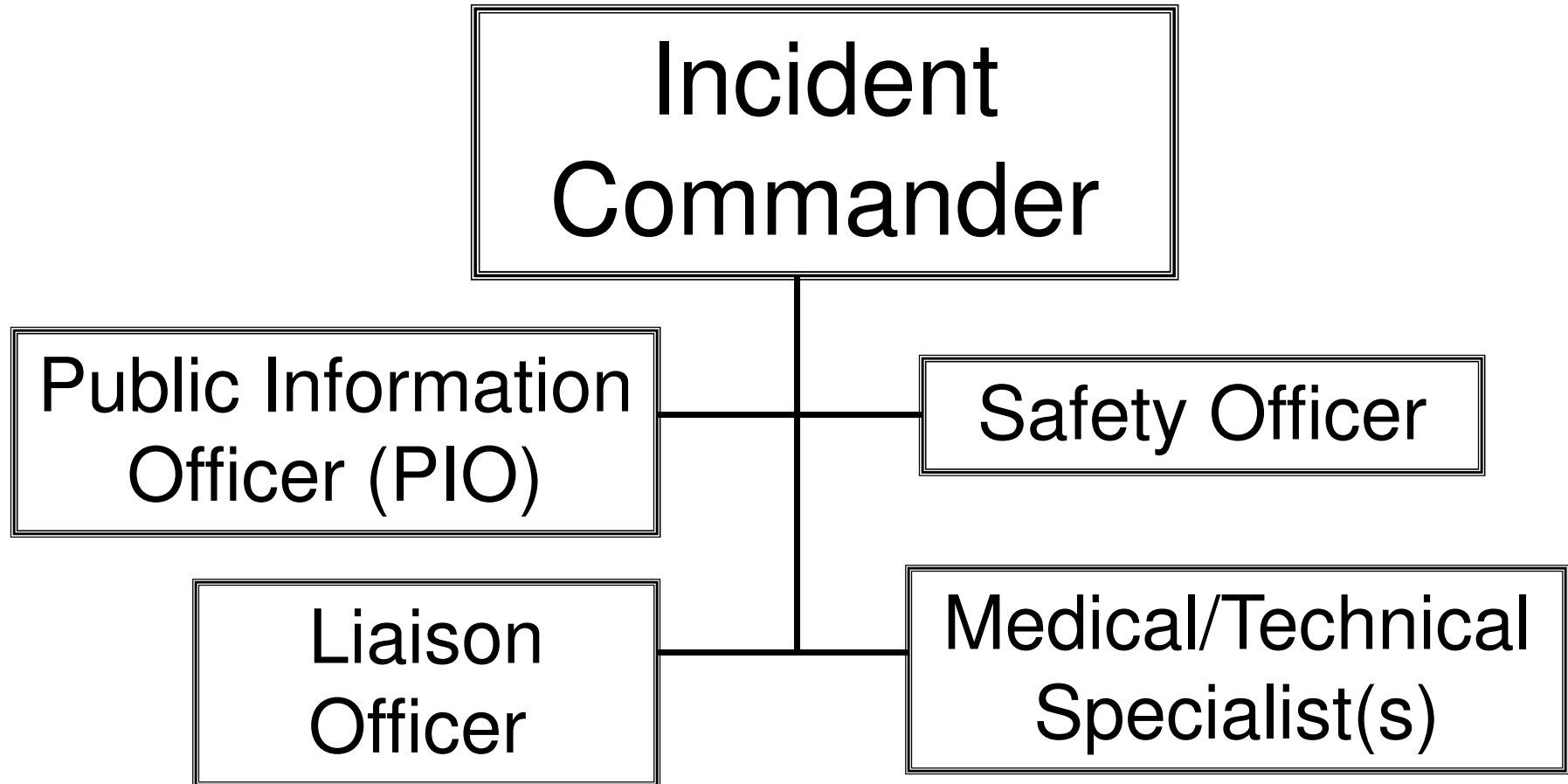
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Hospital Incident Command System Incident Management Team



Command Staff



Command Staff

- **Public Information Officer**
- **Liaison Officer**
- **Safety Officer**

Medical/Technical Specialist(s)

- **Can be anyone with expertise, internal or external to the medical center**
- **Normally part of the Command Staff, but may be assigned elsewhere as needed**
- **Multiple Specialists can be used simultaneously**

Medical Specialists - Examples

- **Medical Staff Affairs**
- **Infectious Disease**
- **Infection Control**
- **Epidemiology**
- **Pediatric Issues**
- **Outpatient Issues**
- **Trauma**
- **Behavioral Health**
- **Nuclear Medicine**
- **Radiation Safety**



Technical Specialists - Examples

- **Risk Manager**
- **Legal Affairs**
- **IT/IS Affairs**
- **Structural Engineer**
- **Hazardous Materials**
- **Bioethics/Ethics**
- **Labor Relations**

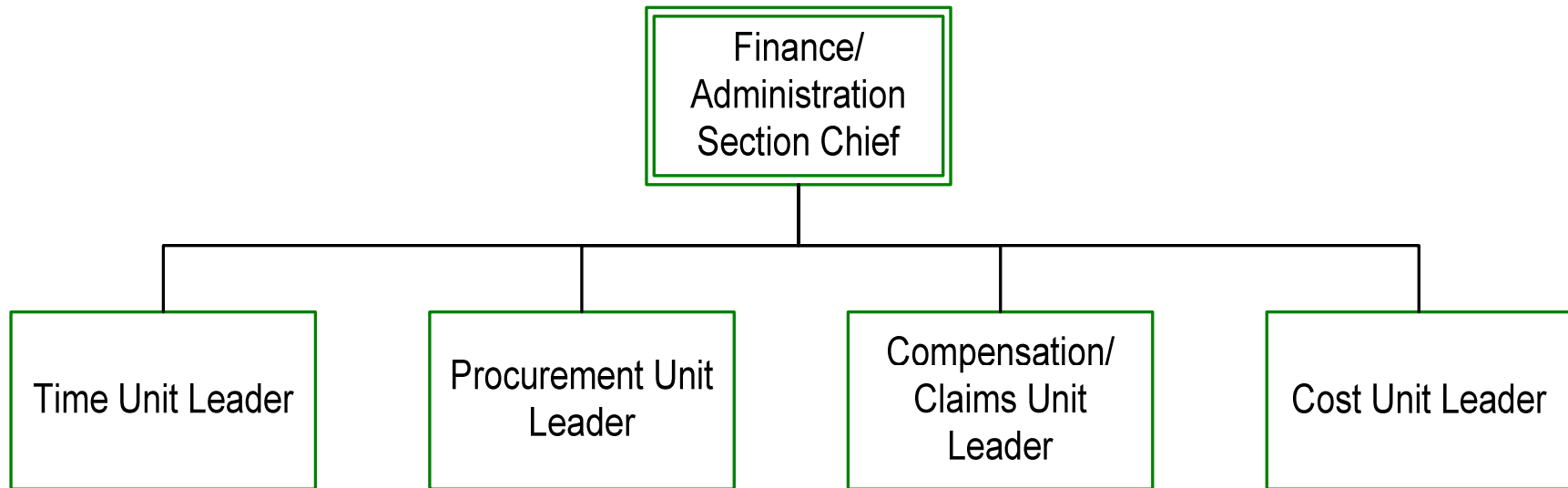
Chief Level

- **Report to Incident Commander**
- **“FLOP Level”**
 - Finance
 - Logistics
 - Operations
 - Planning

The Pneumonic

Finance – PAY

Finance & Administration Section = Payers



Finance & Administration

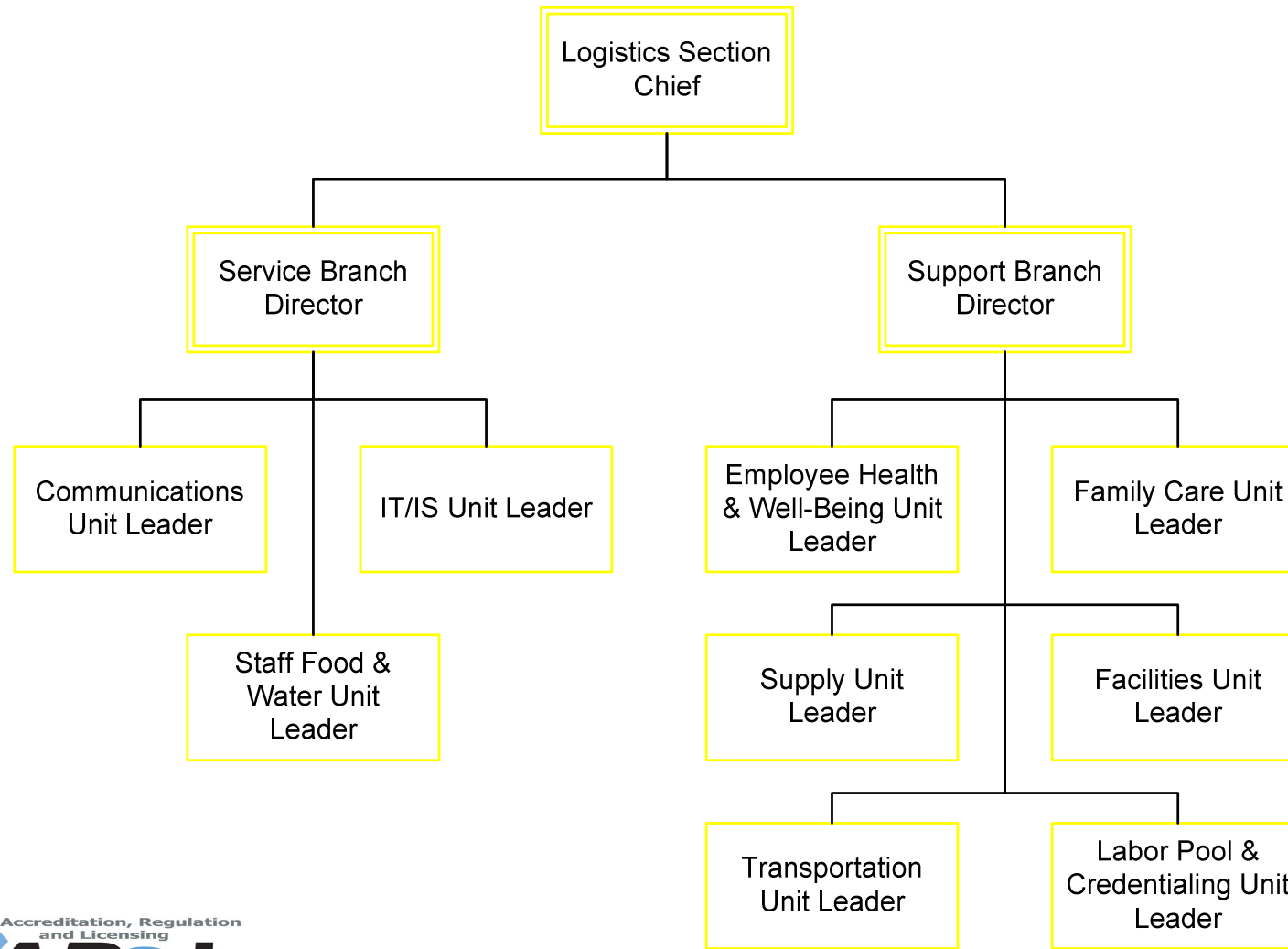
- **Finance manages costs and tracking for approved costs incurred during disaster**
 - Staff time
 - Claims tracking & processing
 - Including personnel, damages to property and facilities claims, etc.
- **Finance manages cash and credit flow as needed**

The Pneumonic

Finance – PAY

Logistics – GET

Logistics Section



Logistics = Getters

- **Logistics gets the stuff**
- **FYI: Planning tracks the stuff**
- **Logistics SUPPORTS the operation**
 - Food & water
 - Care & shelter
 - Equipment, communications, & supplies
 - Take care of Labor Pool
 - Transportation & Facilities

The Pneumonic

Finance – PAY

Logistics – GET

Operations – DO

Operations = Doers

- Staging Manager
 - Deploy people, medications, vehicles, supplies and equipment
- Security Branch
 - Ensure security of medical center campus, including foot and vehicle traffic
- HazMat Branch
 - Respond to hazardous materials events (Decontamination team)
- Medical Care Branch Director
 - Inpatient unit, outpatient unit, casualty care, mental health, clinical support services, patient registration
- Infrastructure Branch
 - Monitor and maintain facilities, plant operations, environmental services, food and water, medical gases & clinical technology, food and water.
- Business Continuity Branch
 - Business continuity and recovery

The Pneumonic

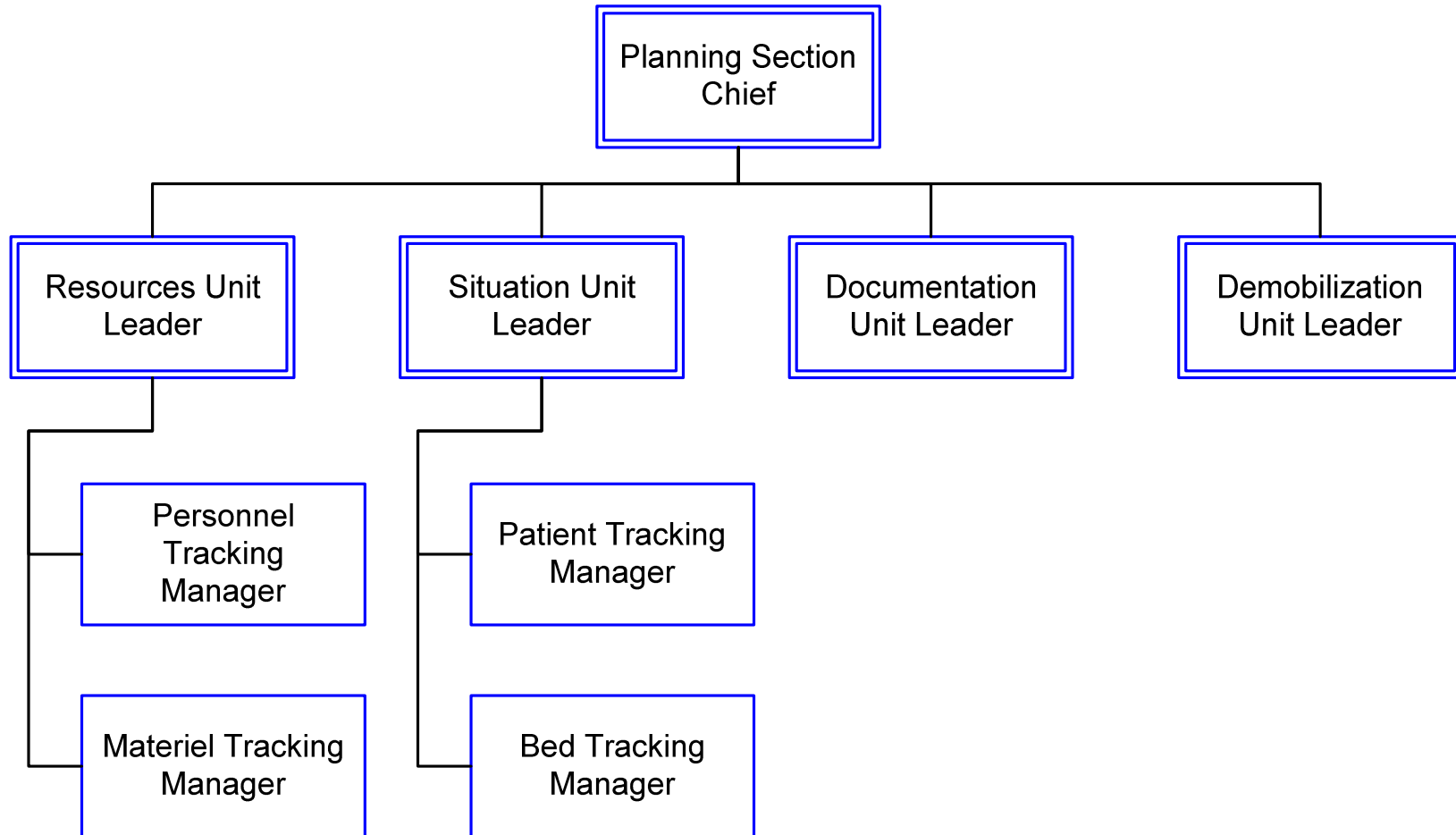
Finance – PAY

Logistics – GET

Operations – DO

Planning – THINK

Planning Section



Planning = The Thinkers

- **The Planning Section has the most current information about the Situation Status**
- **Planning is responsible for collecting information and analyzing it to plan for the future.**
- **Other sections need to tell Planning**
 - what they need
 - what they have
- **Planning tracks all of the stuff and people**

Incident Action Planning

- **Planning is responsible for drafting objectives – what do we need to do? When?**
- **Planning is responsible for documentation**
- **Incident Commander**
 - approves the objectives
 - sets the Operational Period
 - *Operational Period is the defined timeframe to complete objectives*

Incident Action Planning

- **Management by Objectives**
 - Goals
 - Time to complete
- **Post objectives and timeframe(s) in the Command Center so everyone can see them**
- **Requires meeting at end of operational period to assess status of current objectives and plan for next operational period**

Where Do You Fit?

- **Refer to your org chart handout (#2), and consider what position(s) you may be assigned during an activation.**
- **Refer to Position Crosswalk (#3) and Mission Statements Compendium (#4).**
- **Consider where you may be assigned for an activated command center.**
- **You may be assigned to several positions.**

Handout 3 – Crosswalk

Hospital Incident Command System Position Crosswalk

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Position	Primary	1 st Backup	2 nd Backup
Incident Commander	Admin on Call	CCO, MGA, AMGA DHO	Hosp. Supervisor, House Manager
Command Center Scribe 1	Admin Assistants		
Command Center Scribe 2			
Messengers			
Public Information Officer	Public Affairs Associate	Director of Public Affairs	
Safety Officer	Safety Officer	Safety Coordinator,	Workplace Safety Manager
Liaison Officer	Safety Coordinator		
Operations Chief	Director of Ops; PIC; AAPCS	Dir. Prof. Practice	Dir. Pt. Care Svcs. Med/Surg
Medical Care Branch Director	PIC	APIC	
Inpatient Care Unit Leader	Dir. Pt. Care Svcs. CCU	Dir. Pt. Care Svcs. Med/Surg	Dir. Pt. Care Svcs. Med/Surg
Outpatient Care Unit Leader			
Casualty Care Unit Leader	Dir. Pt. Care Svcs. ED	ED Charge RN	
Mental Health Unit Leader	Social Svcs Coord	Dir Case Management	Mgr. Employee Relations
Clinical Support Services Unit	Dir Pharmacy	Admin Dir Lab Svcs	Clinical Mgr. Diag Imag
Patient Registration Unit			
Infrastructure Branch Director	Dir Facilities	Chief Engineer	Assistant Chief Engineer
Power, Lighting, Water, Gas, HVAC, Sewer, Building/Grounds Unit	Assistant Chief Engineer		
Medical Devices Unit Leader	Manager Clinical Technology	Supervisor Clinical Technology	Clinical Technician
Environmental Services Unit	Supervisor E/S		
Food Services Unit Leader	Dir Nutrition	Manager Nutrition	
Security Branch Director	Dir Security	Site Supervisor Security	
Business Continuity Branch Dir	Dir ITS	Supervisor ITS	
Planning Chief	Dir Discharge Planning	Dir Case Management	
Documentation Unit Leader	EH&S Staff		
Logistics Chief	Dir Materials; SSAA; FRD	Manager Warehouse/Dist	

Hospital Incident Command System

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HCC Coordinator _____

Scribe 1 _____

Scribe 2 _____

Phone Operator 1 _____

Phone Operator 2 _____

Phone Operator 3 _____

HCC Runner 1 _____

HCC Runner 2 _____

IICC Runner 3 _____

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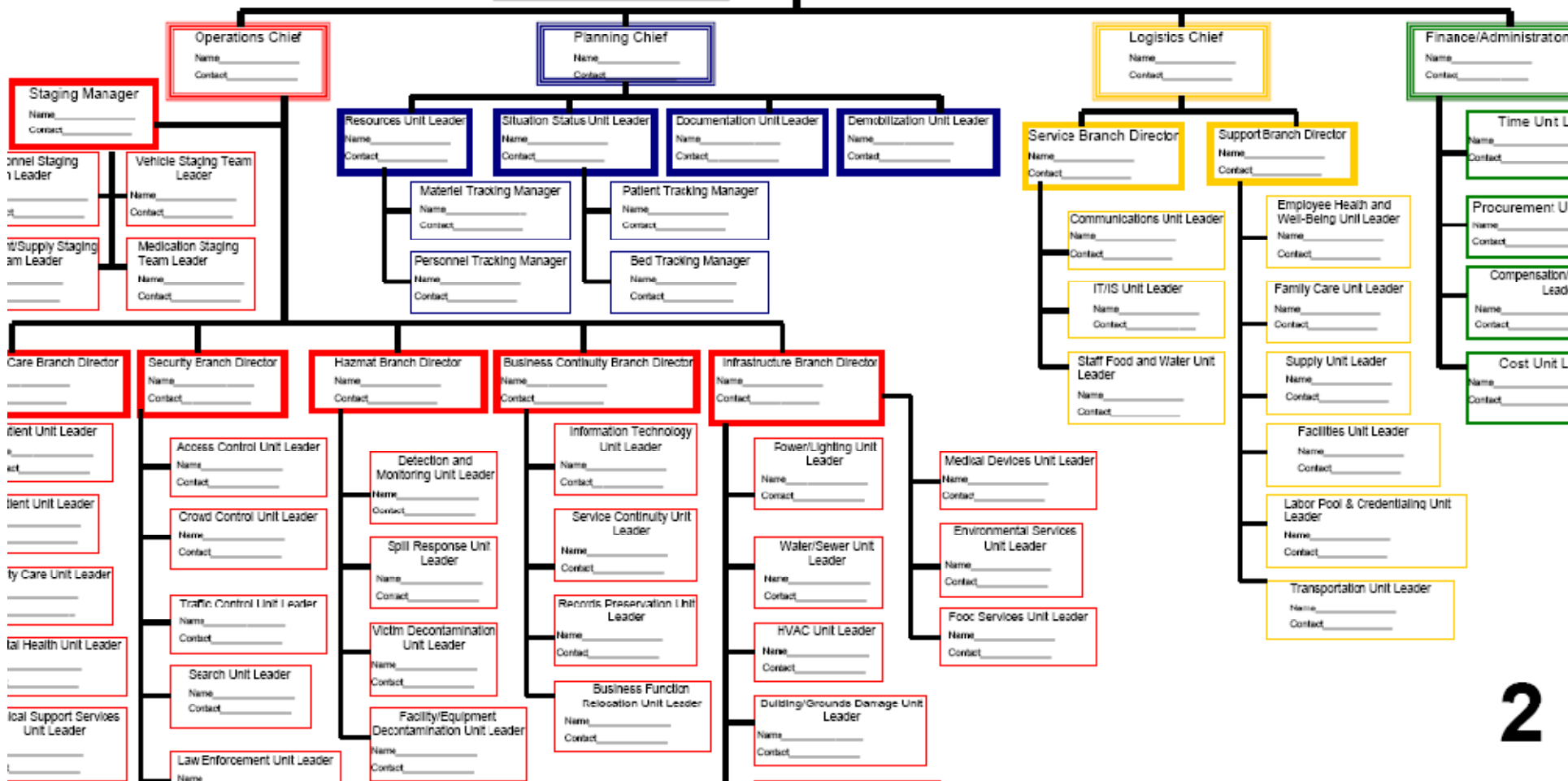
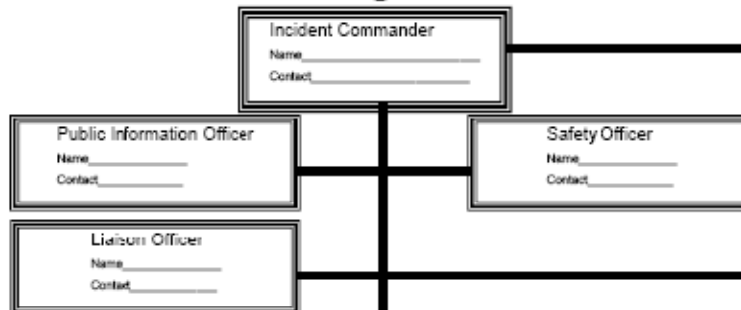
Name/Contact _____

Title _____

Name/Contact _____

Title _____

Name/Contact _____



Job Action Sheet Compendium

4

Hospital Incident Command System (HICS) Job Action Sheets Position Missions Compendium

COMMAND STAFF

INCIDENT COMMANDER

Mission: Organize and direct the Hospital Command Center (HCC). Give overall strategic direction for hospital incident management and support activities, including emergency response and recovery. Authorize total facility evacuation if warranted.

PUBLIC INFORMATION OFFICER

Mission: Serve as the conduit for information to internal and external stakeholders, including staff, visitors and families, and the news media, as approved by the Incident Commander.

SAFETY OFFICER

Mission: Ensure safety of staff, patients, and visitors, monitor and correct hazardous conditions. Have authority to halt any operation that poses immediate threat to life and health.

LIAISON OFFICER

Mission: Function as the incident contact person in the Hospital Command Center for representatives from other agencies.

When Assigned A Role In HICS...

- **What is my job? (Job Action Sheets, references)**
- **Who do I report to?**
 - What and When do I provide status reports?
- **Who reports to me?**
- **What do I need to get my job done?**
- **Have I communicated my needs and resources to Planning?**
- **What is the Operational Period, and what are the objectives? (documented in Incident Action Plan)**
- **Have I documented as required?**

Stuff to Remember: Documentation

- **If you didn't write it down, you didn't do it.**
- **HICS has comprehensive forms**
- **You can capture the information however you need to**
- **EH&S would like all of your paperwork at the conclusion of the incident.**



Documentation Focus Areas

- **Who did what job and when**
- **Contact information**
- **Communication with outside agencies**
- **Changes to normal operating procedures**
- **Patient tracking**
- **Incident Action Plan**
- **Staff and resource tracking**
- **Situation status and updates**

Importance of Participation in Disaster Exercises

- **Drills are an essential way of testing and improving the plan in a controlled fashion**
- The Joint Commission requirements:
 - Two drills per year,
 - One with a patient influx
 - One tests how you do without help from the community
 - Retain all documentation; they will ask to see it
 - We have to evaluate drills/ events and create corrective action plans (CAPS)

Importance of Participation in Disaster Exercises

- **Drills are an opportunity to learn how to manage chaos and make decisions with partial and conflicting information**
- **People who are going to respond in a stressful environment need practice beforehand**

Drills vs. Tabletops

Drills

Activate the Command Center

Get the tools out and use them

Notify responders

Test communication

Functional or Full-Scale

Test entire system

Tabletops

No Command Center Activation

All participants sit in one room together

Communication is artificial

Test parts of system

Train staff

Test ideas