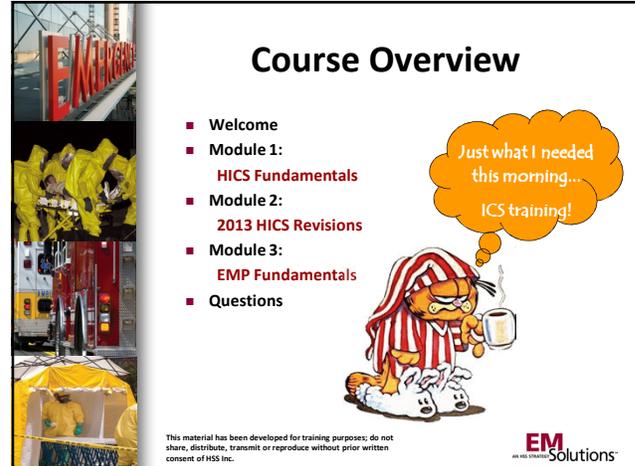




## Emergency Management & HICS Fundamentals

Presented by:  
**Christopher Sonne, CHEC**  
Assistant Director, Healthcare Emergency Management  
HSS Inc.



## Course Overview

- Welcome
- Module 1: HICS Fundamentals
- Module 2: 2013 HICS Revisions
- Module 3: EMP Fundamentals
- Questions

Just what I needed this morning... ICS training!



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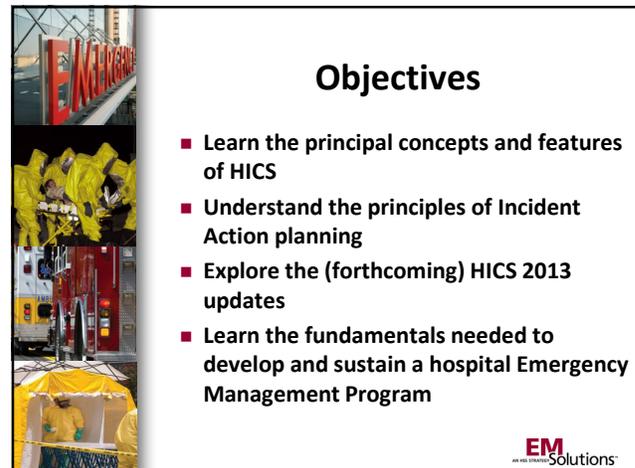
Are you ready?

What an exhilarating opportunity!

I can't contain my enthusiasm any longer... Let's get started !!!



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## Objectives

- Learn the principal concepts and features of HICS
- Understand the principles of Incident Action planning
- Explore the (forthcoming) HICS 2013 updates
- Learn the fundamentals needed to develop and sustain a hospital Emergency Management Program

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### Realistic Objectives

- For you to understand HICS well enough to use it.

**Advisory:** If you are not currently an expert, you most likely will not be one at the end of the day. Proficiency will require additional practice and ongoing training specific to your expected job functions as well as exercising with the plans and equipment.

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### Readiness IQ Test

True or False?      **False**

- Disasters are just like daily emergencies, only larger. Therefore the best disaster response is merely an expansion of the routine emergency response, supplemented by the mobilization of extra personnel, supplies, bed space, and equipment.

**Disasters are not simply large emergencies – they are qualitatively and quantitatively different. Disasters tend to disrupt normal communications, damage transportation routes, and disable normal response facilities.**

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### Why do Hospitals Provide the Majority of Care?

- Victims triage themselves to the hospital
- Bystanders triage victims to the hospital
- Hospital care is “perceived” to be better
- Inherent delays in setting up treatment & decontamination areas in the field



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### % of Disaster Victims Transported to Hospitals by Private Vehicles

	
LA Riots, 1992 65%	Tokyo Sarin Attack, 1995 85%
	
OKC Bombing, 1995 68%	

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### Readiness IQ Test

True or False? **False**

- Disasters are emergencies that exceed the available resources to deal with them.

In a study of 29 mass casualty disasters in the US fewer than 6% of the hospitals had supply shortages and only 2% had shortages of personnel.

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### Sioux City United Airlines Crash, 1989

- 193 survivors transported to 2 hospitals; 59 admitted to only one hospital
- When hearing about the crash, 100 physicians closed their offices and responded to the hospitals.
- 300 nurses, other specialists & volunteers waited at the hospital for incoming patients



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### Oklahoma City Bombing

- A call went out for “anyone with medical training” to report to various hospitals
- Neonatal nurses drove 2 hours to help
- Closest hospital received the most casualties, but had more than 500 medical personnel on hand
- 100 physicians ended up treating fewer than 50 patients at any given time



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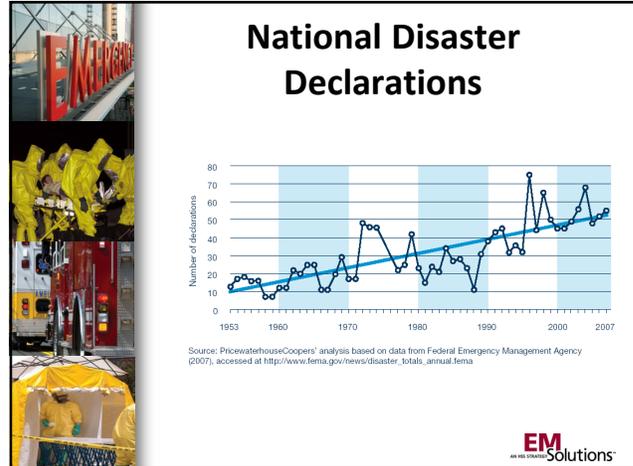
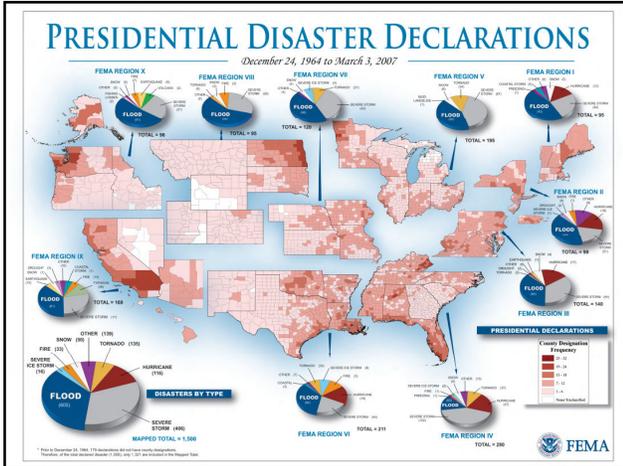
### Readiness IQ Test

True or False? **False**

- After a disaster strikes, most medical care over the ensuing days is trauma related.

Most care provided is for those who have lost access to their routine sources of custodial care, medical care, mental health care, or prescription medications.

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**History of ICS**

Introduced in the 1970's to combat:

- Poor communication
- Bad planning
- No common management system
- Lack of accountability
- No predefined multi-agency integration tool

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**ICS**

The formal adoption of ICS by healthcare organizations will result in many benefits including:

- **Greater Efficiency** - manage both internal and external crises more efficiently.
- **Better Coordination** - better coordination with outside agencies and organizations during a crisis.
- **Effective Communication** - Using common titles for command and general staff positions facilitates communications with external, local responders.
- **Better utilization of resources** - human and material

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### ICS is Built on Best Practices

ICS is:

- A proven management system based on successful business, emergency response and military practices.
- The result of decades of lessons learned in the organization and management of emergency incidents.
- Management by objective rather than management by position
- Establishes a standardized organizational structure that improves integration among jurisdictions and disciplines

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### Common Terminology and Clear Text

- The ability to communicate within the ICS is absolutely critical. To ensure efficient, clear communication, ICS requires the use of common terminology.
- Do not use radio codes, organization-specific codes, or jargon (Code Blue), plain English.
- Use established and consistent “ICS terminology.”



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### Modular Organization

- The ICS organizational structure develops in a top-down, modular fashion.
- As the ICS organizational structure expands, the number of management positions also expands to adequately address the requirements of the incident.
- ICS organizational structure should include only those functions and positions necessary to achieve incident objectives.

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### Modular Organization

- ICS is a management system and not an organizational chart
- ICS principal tenets
  - Every incident or event requires that certain management functions be performed
    - Problems are evaluated
    - A plan developed to correct/address the problem
    - Implement corrective actions
    - Assign necessary resources
  - To prevent confusion the ICS organization does NOT correlate to the administrative structure of any agency

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## Span of Control

- Effective span of control on incidents may vary from three (3) to seven (7)
- A ratio of one (1) supervisor to five (5) reporting elements is recommended.





## Management by Objectives

- At any incident or event, the situation must be assessed and response planned. Resources must be organized, assigned, and directed to accomplish the incident objectives.
- As they work, resources must be managed to adjust to changing conditions.





## Command

In the Incident Command System:

- **Chain of command** means that there is an orderly line of authority within the ranks of the organization, with lower levels subordinate to, and connected to, higher levels
- **Unity of command** means that each individual involved in an incident will be assigned to only one supervisor




## Single Command

- When an incident occurs within a single jurisdiction or organization, and there is no jurisdictional or agency overlap
- A single Incident Commander (IC) is designated with overall incident management responsibility






## Unified Command

- Enables all responsible agencies to manage an incident together by establishing a common set of incident objectives and strategies.
- Better coordination of limited resources.




## Transfer of Command

- Moves the responsibility for incident command from one Incident Commander to another
- Must include a transfer of command briefing
  - Oral
  - Written
  - Both oral and written
- The effective time and date of transfer must be noted and conveyed to management team





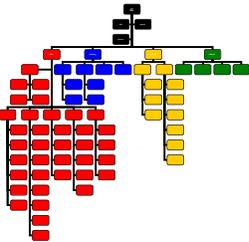
## Hospital Incident Command System





## Hospital Incident Management Team (HIMT) Charts

- Depict the hospital command functions that have been identified
- Represent how authority and responsibility are distributed in the incident management team




### HICS as a Response Tool

View the HICS organizational chart as a giant tool box

You identify what job needs to be done, you open the right drawer, and get the right tool

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### HIMT Activation

- Span of control helps guide us on the number of supervisory positions that should be activated
- If the Operations Section Chief has not been assigned, the Access Control Unit Leader reports directly to the IC

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### Use of Titles

At each level of the ICS organization, individuals in positions of primary responsibility have distinct titles. Using specific ICS titles serves three important purposes.

- Allows filling of the ICS positions with the most qualified individual
- Useful when requesting qualified personnel
- Provide a common standard for all users

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### ICS Rank and Title

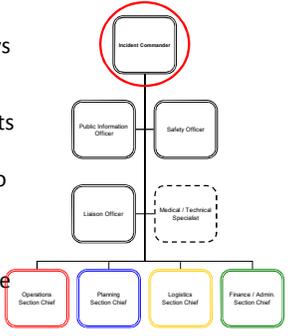
Command		Officer
Section		Chief
Branches		Director
Division/Group		Supervisor
Unit		Leader
Strike Team		Team Leader

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### Incident Commander

- Is the only position always filled in an incident regardless of its nature
- May be able to accomplish all five management functions alone on small scale incidents



```

graph TD
    IC[Incident Commander] --- PIO[Public Information Officer]
    IC --- SO[Safety Officer]
    IC --- LO[Liaison Officer]
    IC --- MTS[Medical / Technical Specialist]
    IC --- OSC[Operations Section Chief]
    IC --- PSC[Planning Section Chief]
    IC --- LSC[Logistics Section Chief]
    IC --- FAC[Finance / Admin Section Chief]
    
```

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### Incident Commander- Function

- Provide overall leadership for incident response
- Assumes responsibility all for all activities and functions until delegated or assigned to other staff
- Provide information to stakeholders
- Establish and maintain liaisons
- Establish incident objectives
- Direct development of Incident Action Plan

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### Agency Executive

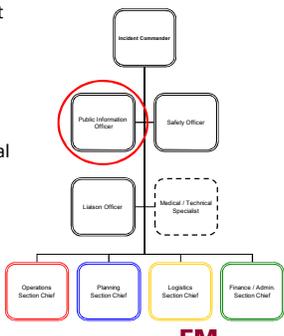
- Because the Agency Executive has the ultimate responsibility for the success of the response and appoints the IC, “Management Meetings” between the Agency Executive and the Incident Management Team are held routinely. It enables the organization’s administrative leadership to stay involved with the incident management.
- Although elected officials/agency executives are expected to commit to NIMS by supporting training and exercise participation, they are not expected to assume the role of IC or direct tactical operations

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### Public Information Officer (PIO)

- Advises the Incident Commander on information dissemination and media relations
- Serves as the conduit between internal and external stakeholders, including the media
- Interfaces with the public and media regarding incident related information



```

graph TD
    IC[Incident Commander] --- PIO[Public Information Officer]
    IC --- SO[Safety Officer]
    IC --- LO[Liaison Officer]
    IC --- MTS[Medical / Technical Specialist]
    IC --- OSC[Operations Section Chief]
    IC --- PSC[Planning Section Chief]
    IC --- LSC[Logistics Section Chief]
    IC --- FAC[Finance / Admin Section Chief]
    
```

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### Safety Officer (SO)

- Advises the Incident Commander on issues regarding incident safety
- Monitors safety conditions and develops measures for ensuring safety of all assigned personnel

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### Safety & Security

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### Liaison Officer (LNO)

- Serves as a primary contact for supporting agencies and organizations that are assisting with the incident but are not components of the ICS structure

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### Medical/Technical Specialist (MTS)

- Persons with specialized expertise in areas such as infectious disease, legal affairs, risk management, medical ethics, hazardous materials etc. who may provide the Command Staff with needed advise

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### Operations Section

- Develops and manages all incident-related tactical activities
- Conducts tactical operations
- Develops and directs all tactical resources
- The largest in terms of needed resources both equipment and personnel

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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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### Logistics Section

- Acquiring resources from internal and external sources using standard and emergency acquisition procedures
- Make requests to the local EOC or the RHCC for assistance when needed
- Ensures that incident personnel are fed and have communications, medical support and transportation to meet operational objectives

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### Finance /Administration Section

- Manages costs related to the incident, and provides accounting, procurement, time recording, and cost analyses
- The costs associated with the response must be accounted for from the outset of the incident

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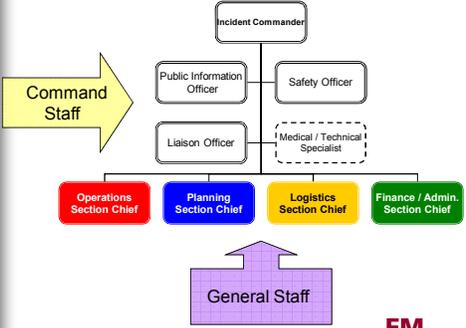
## Questions?



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## ICS Staff Positions



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## Sections

- Sections include:
  - Operations
  - Planning
  - Logistics
  - Finance/Administration
- Sections are led by a Chief
- Section Chiefs are called General Staff

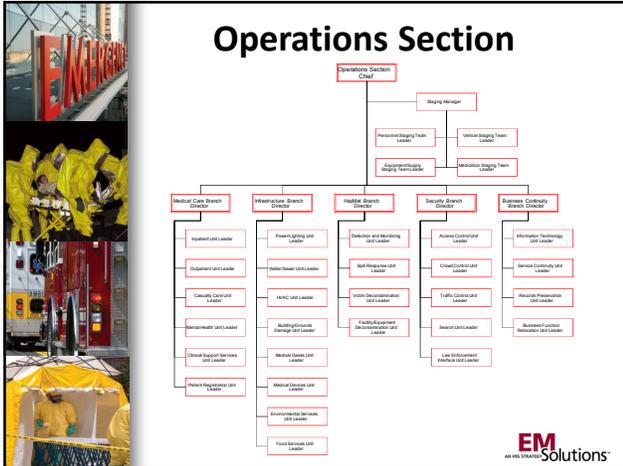
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## ICS Rank and Title

Command		Officer
Section		Chief
Branches		Director
Division/Group		Supervisor
Unit		Leader
Strike Team		Team Leader

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### Operations Section

**Section Mission:**

- ✓ Manage tactical operations
- ✓ Direct all tactical resources
- ✓ Carry out the mission and Incident Action Plan

- Led by a Section Chief
- Largest section of resources to marshal and coordinate

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### Operations Section

**The Section includes:**

- Staging Area
- Medical Care Branch
- Infrastructure Branch
- HazMat Branch
- Security Branch
- Business Continuity Branch

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### Staging Manager

**Mission:**

- Organize and manage the deployment of supplementary resources, including personnel, vehicles, equipment, supplies, and medications

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## Medical Care Branch Director

**Mission:**

- Organize and manage the delivery of emergency, inpatient, outpatient, and casualty care, and clinical support services

**Duties:**

- Addresses provision of acute & continuous care
- Works with Logistics for resource acquisition
- Works with Staging Manager for delivery of resources to areas



## Medical Care Branch Director

**Supervises:**

- Inpatient Unit Leader (all inpatient units)
- Outpatient Unit Leader (all outpatient services)
- Casualty Care Unit Leader (Emergency Dept.)
- Mental Health Unit Leader
- Clinical Support Unit Leader (Lab, Diagnostic Imaging, Pharmacy, Morgue, Blood Donor)
- Patient Registration Unit Leader



## Infrastructure Branch Director

**Mission:**

- Organize and manage the services required to sustain and repair the hospital's infrastructure operations

**Duties:**

- Maintains overall facility operations and normal operating capacity
- Identify and fix utility service-delivery failures
- Assign a strike team to address damage



## Infrastructure Branch Director

**Supervises:**

- Power/Lighting Unit Leader
- Water/Sewer Unit Leader
- HVAC Unit Leader
- Building/Grounds Unit Leader
- Medical Gases/Medical Devices Unit Leader
- Environmental Services Unit Leader
- Food Services Unit Leader (for inpatients)





## Hazmat Branch Director

**Mission:**

- Organize and direct hazardous material incident response activities
- Technical, and emergency decontamination; and facility and equipment decontamination

**Duties:**

- Oversee hazmat event
  - ✓ Decontamination of victims, staff, facility
  - ✓ Safe and appropriate use of PPE
  - ✓ Clean up operations
- Collaborates with Medical Care Branch Director

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## Hazmat Branch Director

**Supervises:**

- Detection and Monitoring Unit Leader
- Spill Response Team Unit Leader
- Victim Decontamination Unit Leader
- Facility / Equipment Decontamination Unit Leader



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## Security Branch Director

**Mission:**

- Coordinate activities related to internal and external personnel and facility security

**Duties:**

- Implement facility security measures
- Ensure security and access control of the Hospital Command Center
- Liaison with responding law enforcement
- Oversee search and rescue operations

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## Security Branch Director

**Supervises:**

- Access Control Unit Leader
- Crowd Control Unit Leader
- Traffic Control Unit Leader
- Search Unit Leader
- Law Enforcement Interface Unit Leader



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## Business Continuity Branch Director

**Mission:**

- Ensure business functions are maintained, restored or augmented

**Duties:**

- Facilitate acquisition and access to essential recovery resources, including business records
- Coordinate IT services with Logistics Section
- Assist Branches and impacted areas to restore normal operations

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## Business Continuity Branch Director

**Supervises:**

- Information Technology Unit Leader
- Service Continuity Unit Leader
- Records Preservation Unit Leader
- Business Function Relocation Unit Leader

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## Questions?



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## Logistics Section

```

    graph TD
      LSC[Logistics Section Chief] --> SBD[Service Branch Director]
      LSC --> SBDirect[Support Branch Director]
      SBD --> CU[Communications Unit Leader]
      SBD --> ITIS[IT/IS Unit Leader]
      SBD --> SFW[Staff Food & Water Unit Leader]
      SBDirect --> EHW[Employee Health & Well-Being Unit Leader]
      SBDirect --> FCU[Family Care Unit Leader]
      SBDirect --> SU[Supply Unit Leader]
      SBDirect --> FUL[Facilities Unit Leader]
      SU --> TU[Transportation Unit Leader]
      SU --> LPU[Labor Pool & Credentialing Unit Leader]
    
```

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## Logistics Section

**Section Mission:**

- Organize and direct maintenance of the physical environment – providing human resources, material, and services to support the incident.
- Provides support (STUFF) to other sections
- Acquires resources from internal and external sources
- With Liaison, links to local Emergency Operations Center (EOC) for resource requests

Led by a Section Chief




## Logistics and Operations

Logistics and Operations are closely linked and must work collaboratively

- ✓ Logistics Section are the “getters”
- ✓ Operations Section are the “doers”

Scope and Responsibilities overlap

- ✓ Logistics Supply Unit and Operations’ Infrastructure Branch
- ✓ Labor Pool and Credentialing Unit and Staging Manager– Personnel Team Leader




## Logistics Section

**The Section includes:**

- Service Branch
- Support Branch





## Service Branch Director

**Mission:**

- Organize and manage services to maintain hospital communication, food and water supply for staff, and information technology and systems

**Oversees:**

- Communications Unit Leader
- IT/IS Unit Leader
- Staff Food and Water Unit Leader





## Support Branch Director

**Mission:**

- Manage supplies, facilities, transportation, and labor pool. Logistical, psychological, and medical support of hospital staff and their dependents.

**Oversees:**

- Employee Health and Well-Being Unit Leader
- Family Care Unit Leader
- Supply Unit Leader
- Facility Unit Leader
- Transportation Unit Leader
- Labor Pool and Credentialing Unit Leader

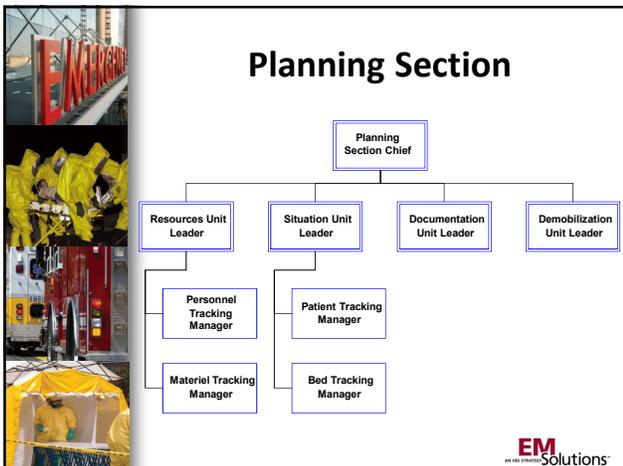
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## Questions?



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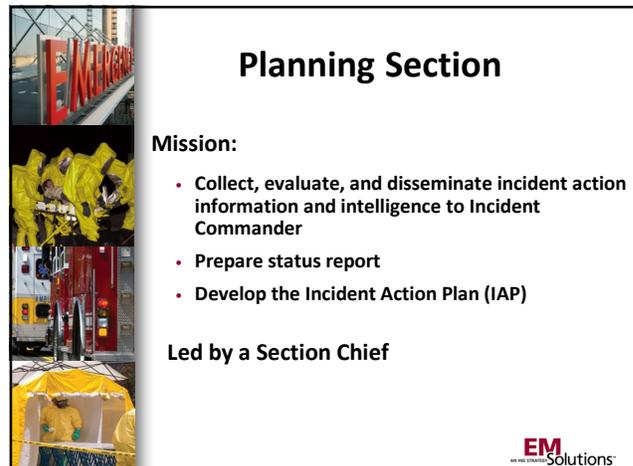


## Planning Section

```

    graph TD
      PSC[Planning Section Chief] --> RUL[Resources Unit Leader]
      PSC --> SUL[Situation Unit Leader]
      PSC --> DUL[Documentation Unit Leader]
      PSC --> DUL2[Demobilization Unit Leader]
      RUL --> PTM[Personnel Tracking Manager]
      RUL --> MTM[Materiel Tracking Manager]
      SUL --> PTM2[Patient Tracking Manager]
      SUL --> BTM[Bed Tracking Manager]
      
```

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## Planning Section

**Mission:**

- Collect, evaluate, and disseminate incident action information and intelligence to Incident Commander
- Prepare status report
- Develop the Incident Action Plan (IAP)

**Led by a Section Chief**

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## Planning Section Chief

**Supervises:**

- **Resources Unit Leader**
  - ✓ *Personnel Tracking*
  - ✓ *Material Tracking*
- **Situation Unit Leader**
  - ✓ *Patient Tracking*
  - ✓ *Bed Tracking*
- **Documentation Unit Leader**
- **Demobilization Unit Leader**



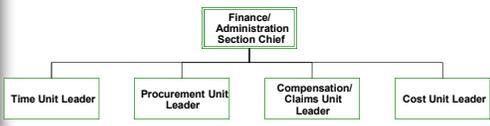

## Section Review

The Planning Section is responsible for:

- Collecting, evaluating and disseminating incident situation information to the HCC
- Maintaining resource status
- Developing the Incident Action Plan (IAP)
- Archiving response and recovery documentation
- Assisting with developing After-Action Report




## Finance



```

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]
    
```




## Finance / Administration Section Chief

**Mission:**

- Monitor the utilization of financial assets and the accounting for financial expenditures.
- Supervise the documentation of expenditures and cost reimbursement.






## Finance / Administration Section Chief

Supervises:

- Time Unit Leader
- Procurement Unit Leader
- Compensation/ Claims Unit Leader
- Cost Unit Leader

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## Questions?



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## Incident Action Planning

1. Understand situation
2. Set Operational Period
3. Determine priorities
4. Establish SMART objectives
5. Select strategies and tactics
6. Identify needed resources
7. Develop and issue assignments
8. Direct, monitor and evaluate response efforts
9. Initiate corrective actions

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## Incident Action Plan

- It is helpful to divide the event into shorter more manageable time units so that objectives and priorities become clearer. These time units are called Operational Periods.
- Operational Periods are established by the Incident Commander/Planning Section Chief and are of no predetermined duration.
- Identifies measurable strategic operations to be achieved within the operational period by establishing overall incident objectives, strategies and tactics

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## Incident Action Plan (IAP)

At the simplest level, all Incident Action Plans must have four elements:

- What must be done.
- Who needs to do it.
- How information will be communicated.
- What should be done if someone gets injured.

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## Prioritize Objectives

Incident objectives are established based on these priorities:

1. **Life Safety**
2. **Incident Stabilization**
3. **Property Preservation**
4. **Image Preservation**

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## Objectives must be SMART

- **S**pecific
- **M**easurable
- **A**chievable
- **R**elevant
- **T**imely



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## Loss of External Power

Objective: Maintain Emergency Power

Strategies:

- Manage Emergency Generator**
  - Monitor engine temp
  - Monitor cooling system
  - Evaluate maintenance needs
  - Secure generator area
  - Make sure nothing interferes with operation
- Fuel**
  - Fuel capacity
  - Current volume
  - Consumption rate
  - How long will it last
  - How long to get more
- Conserve Electricity**
  - Red outlets
  - Discontinue nonessential use
- Supplement Generators**
  - Find aux. gen.
  - Determine how to incorporate into system

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**Questions?**



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**Demobilization  
&  
System Recovery**

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**Demobilization**

The Demobilization Plan is created by the Demobilization Unit Leader.

Demobilization begins

- As incident objectives are met
- Follow-on objectives are more focused upon recovery and returning to “normal”

The demobilization of resources no longer needed should occur rapidly and efficiently.

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**Factors for Demobilization**

- The decision to demobilize must be a part of the Incident Action Plan
- Managing public perception
- Equipment rehab and restocking
- Financial restoration
- Addressing hospital personnel concerns

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## Transition to Recovery

- Recovery follows response and focuses upon returning the hospital to baseline level of functioning
- The starting point for recovery begins early in the response
- Transition from response to recovery is rarely obvious
- Recovery may extend over a long time, from weeks to years

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## Organizational Learning

The Recovery plan includes principles of organizational learning and improvement:

- After-action report & corrective improvement plan
- Evaluate hospital response/recovery operations
- Identify strengths, weaknesses, and strategies to:
  - ✓ *Lessen future vulnerability*
  - ✓ *Improve ability to respond to future incidents*
  - ✓ *Revise the Emergency Operations Plan*

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## Questions?



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## HICS Planning & Response Resources

- Incident Response Guides have been devised for thirteen internal and fourteen external scenarios
- 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.

INTERNAL	EXTERNAL
1. Bomb Threat	1. Nuclear Detonation - 10 Kiloton Improvised Nuclear Device
2. Evacuation, Complete or Partial Facility	2. Biological Attack - Aerosol Anthrax
3. Fire	3. Biological Disease Outbreak - Pandemic Influenza
4. Hazardous Material Spill	4. Biological Attack - Plague Agent
5. Hospital Overload	5. Chemical Attack - Blister Agent
6. Hostage/Barricade	6. Chemical Attack - Toxic Industrial Chemicals
7. Infant/Child Abduction	7. Chemical Attack - Nerve Agent
8. Internal Flooding	8. Chemical Attack - Chlorine Tank Explosion
9. Loss of Heating/Ventilation/Air Conditioning	9. Natural Disaster - Major Earthquake
10. Loss of Power	10. Natural Disaster - Major Hurricane
11. Loss of Water	11. Radiological Attack - Radiological Dispersal Devices
12. Severe Weather	12. Explosives Attack - Bombing Using Improvised Explosive Device
13. Work Stoppage	13. Biological Attack - Food Contamination
	14. Cyber Attack

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### Incident Planning Guides (IPGs)

- Incident Planning Guides assist hospitals with evaluating existing plans or writing needed plans
- The IPGs address the 27 scenarios
- They are intended to promote more thorough plans



### Incident Response Guides (IRGs)

Provides:

- Directions
- Objectives
- Tasks by Management function according to timeframes
- Sample Incident Management Teams

Should complement:

- Emergency Operations Plan
- Job Action Sheets

Can be used as initial documentation



### Questions?



### HICS Forms

- Serves as a road map in response: everyone acting from the same plan
- Serves as foundation for corrective action
- Ensures consistency and compliance with regulatory guidelines
- Complies with documentation for FEMA reimbursement



Questions	Document
When did we activate our hospital plan?	HICS 201
Were any patients impacted?	HICS 201, 202
Did we notify patients, families and employees?	HICS 201, 202, 214
How many staff worked on this response?	HICS 203, 204, 252
Were patients moved to another part of the hospital?	HICS 254
Were there any safety issues identified in this event?	HICS 261
What is the financial impact on the hospital?	HICS 256, 252, 257
What time was the pharmacy instructed to close?	HICS 213, 214
What was the impact of the power failure across the hospital?	Facility Status Report
Were engineers or power officials from outside agencies integrated into the command structure?	HICS 203
How many staff were used in this response? What actions did they take?	HICS 203, 204, 214, 252



## HICS Form 201 Incident Briefing

- Purpose - Documents initial response information & actions at start-up
- Origination - Incident Commander
- Copies to - Command staff, Section Chiefs, and Documentation Unit Leader
- When to Complete - Prior to briefing the current operational period
- Helpful Tips - Distribute to all staff before initial briefing











## HICS Form 202 Incident Objectives

- Purpose - Defines objectives and issues for operational period
- Instructions - General Command and Control Objectives for the Incident
  - ✓ Weather/Environmental Implications for the Period
  - ✓ General Safety/Safety Messages
  - ✓ Attachments
  - ✓ Prepared by (Planning Chief: use proper name)
- Approved by (Incident Commander)





**INCIDENT OBJECTIVES**

1. INCIDENT NAME: \_\_\_\_\_

2. DATE/TIME: \_\_\_\_\_ 3. TIME PERIOD: \_\_\_\_\_ 4. SPONSORING AGENCY/DEPARTMENT: \_\_\_\_\_

3. GENERAL COMMAND AND CONTROL OBJECTIVES FOR THIS INCIDENT INCLUDE IDENTIFYING:

4. INCIDENT OPERATIONAL, LOGICALLY ORGANIZED, AND COMMUNICATIONS OBJECTIVES:

5. GENERAL SAFETY CONCERNS/ISSUES TO BE AVOIDED:

6. OPERATIONAL PLAN TO BE FOLLOWED:

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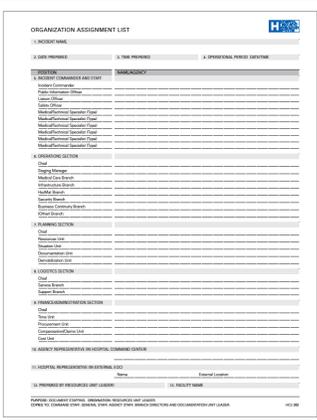
100. OPERATIONAL PLAN TO BE FOLLOWED:

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### HICS Form 203 Organization Assignment List

- Purpose: To document Hospital Command Center staffing
- Origination: Resources Unit Leader
- Copies to:
  - ✓ Command Staff and General Staff
  - ✓ Branch Directors and Agency Staff
  - ✓ Documentation Unit Leader

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**ORGANIZATION ASSIGNMENT LIST**

1. INCIDENT NAME: \_\_\_\_\_

2. DATE/TIME: \_\_\_\_\_ 3. TIME PERIOD: \_\_\_\_\_ 4. SPONSORING AGENCY/DEPARTMENT: \_\_\_\_\_

5. OPERATIONAL PLAN TO BE FOLLOWED:

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### HICS Form 213 Incident Message Form

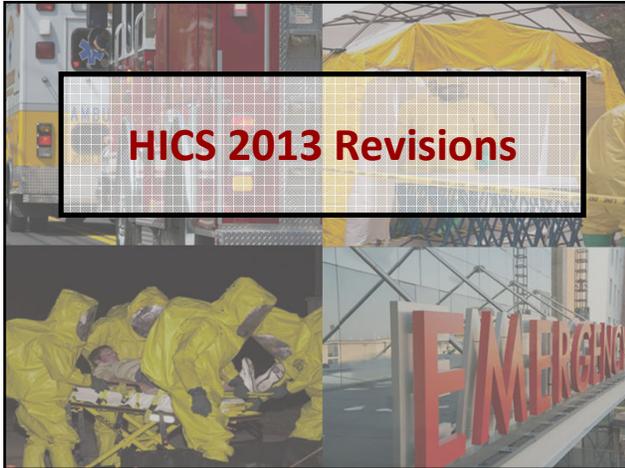
Purpose: Provide standardized method of recording messages received by phone, radio or verbally

Instructions:

- Reply requested: List whether a reply was requested and to whom reply should be addressed
- Priority: Indicate level of urgency of the message
- Message:
  - ✓ KEEP ALL MESSAGES/REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC
  - ✓ Transcribe complete, concise, and specific content of message.
- Action Taken, if any:

EM Solutions





## HICS 2013 Revisions

### Hospital Incident Management Team (HIMT)

- Name changed to avoid confusion with Federal Incident Management Team
- Patient Family Assistance Branch added under Operations to focus on patient/victim family members and needs
- Food unit consolidated under Logistics

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### HICS Guidebook

- Appendix Added – “Small/Rural/Off Hours Health Facility HICS”
  - System developed in Nebraska using grant funds
  - All hospitals “small” at 2 AM
  - Revised Job Action Sheets consolidating key actions from supporting positions under Chiefs
  - Resources: [www.preped.org/resources/hics-jas-forms.html](http://www.preped.org/resources/hics-jas-forms.html)
- New Chapter on Incident Action Planning (IAP) including discussions of forms used

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### Incident Planning & Response Guides

- 27 guides reduced to **16**
- New Incident Action Planning and Response Guides:
  - Active Shooter
  - Wildland Fires
  - Tornadoes
- Previous guides for interruption of hospital infrastructure combined into one **Utility Failure** guide
- Infant Abduction revised to **Missing Person** to include: infants, children, and adults
- Biological and chemical incidents combined into a **Chemical Incident** guide and an **Infection Disease** guide

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## New HICS Forms

- **“Quickstart” Incident Action Planning**
  - Small and rural hospital
  - 2 AM anywhere
  - Small Incident
  - Short duration
  - For first Operation Period
- Two page form with instructions

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## Summary of Changes

- Hospital Incident Management Team with minor changes
- Job Action Sheets reformatted to new FEMA template
- Incident Planning/Response guides consolidated to 16
- Incident Action Planning emphasized with Quick Start form
- Guidebook updated and expanded with IAP planning and Small/Rural/Off Hours HICS
- Forms revised to new FEMA template; three new forms:
  - IAP Cover Sheet
  - 221 Demobilization Checkout
  - IAP Quickstart

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## Emergency Management Program Fundamentals



## Making Hospitals More Efficient

- **Cost Drivers:**
  - Loss of Staff and leadership productivity
  - Ineffective resource management
  - Reliance on existing business hierarchy
  - Lack of effective communication & accountability
- **Cost Savings:**
  - Tiered level of EOP activation
  - All-hazard planning
  - Utilization of HICS
  - Development of department EOPs
  - Integrating EM in daily operations

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## Program & Plan

- **Emergency Management Program**
  - Is the facility-wide preparedness initiative
    - Mitigation/Prevention
    - Preparedness
    - Response
    - Recovery
- **Emergency Operations Plan “All Hazards”**
  - Is the road map
    - Response
    - Recovery

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## Emergency Management Program

- **Mitigation/Prevention**
  - Is an effort to harden your facility against emergencies
- **Preparedness**
  - Actions taken to get ready for an emergency
- **Response**
  - Actions taken to manage an emergency
- **Recovery**
  - Measures taken to return to pre-crisis state

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## Emergency Management Program (EMP)

- **The EMP provides the basic framework for:**
  - Planning
  - Training
  - Exercising
- **The EMP assists hospitals:**
  - To be adequately prepared for incidents
  - To be compliant with pertinent regulations, standards & guidelines

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## An effective EMP

- **Gain organizational support**
  - Administrative buy-in
  - Assign an EMP Manager & Establish an Emergency Management Committee
  - Provide a budget
- **Conduct an HVA (annually)**
- **Develop the Emergency Operation Plan**
- **Develop impact specific guidelines or response guides**

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### Emergency Management Program

- **Coordinate with external entities**
  - **Integration**
  - **Interoperability**  
*(The ability of emergency management/response personnel to interact and work well together)*
- **Train key staff**
- **Exercise/Drill the EOP**
- **Conduct program review/evaluation and plan for improvement**





### Emergency Management Program

- **Exercises should:**
  - Include multidisciplinary, multijurisdictional incidents
  - Include participation of private-sector and nongovernmental organizations
  - Cover aspects of preparedness plans, including activating mutual aid and assistance agreements
  - Contain a mechanism for corrective action





### Emergency Operations Plan

- **The EOP outlines the hospital's strategy for**
  - Response
  - Recovery
- **The EOP provides overall direction and coordination of**
  - The response structure
  - The processes and procedures used
  - Implementation of the Incident Command System
  - Communication and coordination




### Emergency Operations Plan

- **Critical EOP elements**
  - Management and planning
  - Departmental/organizational roles and responsibilities before, during, and after emergencies
  - Health and medical operations
  - Communication (internal and external)
  - Logistics
  - Finance





## Emergency Operations Plan

- Critical EOP elements
  - Equipment
  - Patient tracking
  - Fatality management
  - Decontamination
  - Plant, facility and utility operations
  - Safety and security
  - Coordination with external agencies

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## Readiness IQ Test

True or False?

- Your “Disaster Plan” must address every conceivable contingent.

False  
Impossible.  
**?**

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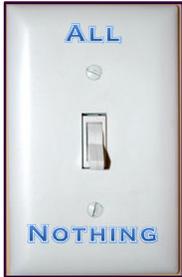
## Disaster Plan

- Although specific plans for high likelihood events are useful and should be developed, the overall planning process should be scalable and all hazards in design.



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### "Disaster Plan" activation



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### Emergency Operation Plan Tiered Activation

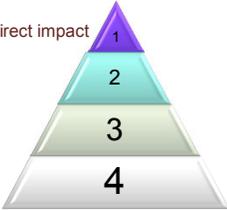


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### With ICS comes scalability

EOP activation Levels:

- Level 1 - Notification without direct impact
- Level 2 - Minor Impact
- Level 3 - Moderate Impact
- Level 4 - Major Impact



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### The mission: gain the confidence and discipline to function as a team



EM Solutions 136

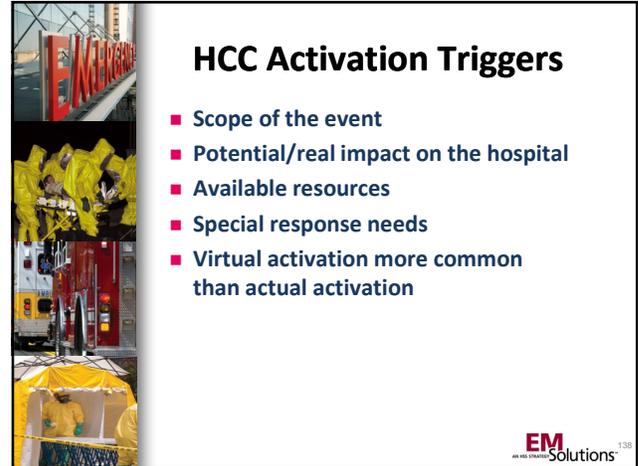


### Hospital Command Center (HCC)

- Support the incident operations
  - Operational priorities
  - Action planning
  - Resource management
  - Incident documentation
- Information
  - Collection
  - Analysis
  - Dissemination
- Ensure continuity



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### HCC Activation Triggers

- Scope of the event
- Potential/real impact on the hospital
- Available resources
- Special response needs
- Virtual activation more common than actual activation

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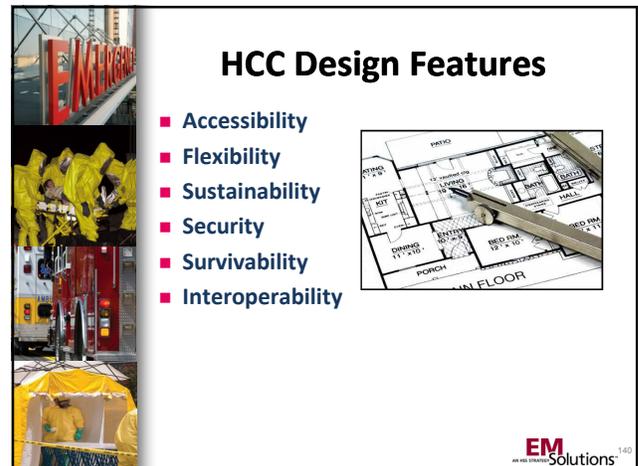


### Hospital Command Center

If HICS is the tool, then activating the HCC is like moving from the backyard to a fully equipped garage to use that tool




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### HCC Design Features

- Accessibility
- Flexibility
- Sustainability
- Security
- Survivability
- Interoperability



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### Department Emergency Operations Plan

- Posted in every department
- Clear immediate directions for EOP activation
  - Mission statement
  - Leadership
  - Immediate staff actions
  - Non-essential functions
  - Available staff actions
  - Status reporting
  - Staff utilization/maximization

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### “Life Cycle” of an Incident

- Event recognition
  - The point in time when the organization becomes aware of an event occurring
- Notification
  - Alert key staff and decide to activate the EOP/ICS
- Mobilization
  - Assign staff to initial ICS roles
- Incident operations
  - Managed through the ICS organization and incident action planning process
- Demobilization
  - Of some or all of the ICS organization to meet the existing and projected requirements
- Transition to recovery
  - Returning to the day-to-day organizational structure
- Return-to-readiness
  - Post-incident critique, debriefing, after action review, and corrective action

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### Regional Coalitions

- Membership:
  - Hospitals
  - Emergency Medical Services (EMS)
  - Local Health Department
  - Long-Term Care
  - Emergency Management
  - ...and many others
- Scope:
  - Conduct a regional HVA (inclusive of non-hospital facilities)
  - Develop a Regional Medical Surge Plan
  - Most regions working to develop a Regional Communications Plan

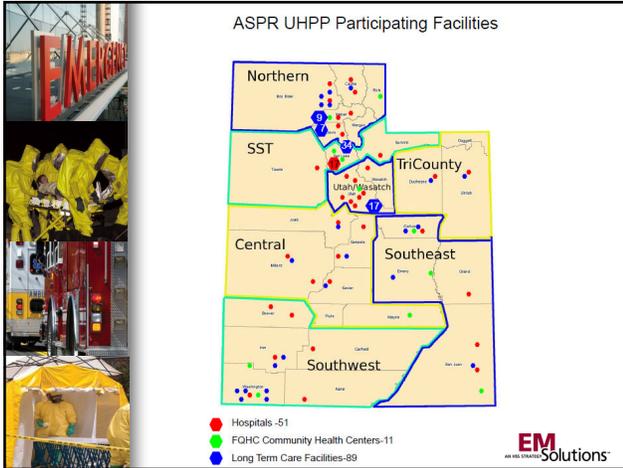
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### Regional Coalitions

- Support at a sub-state level for:
  - Planning
  - Training
  - Equipment
  - Exercises
- Possible Ideas moving forward:
  - Developing a MACC (Multi Agency Coordinating Center) or MIC (Medical Information Center)
  - Regional available bed status
  - Utilizing the Health Alert Network (HAN) to notify and request data and communicate with local partners, Regional Coordinator, exercising of HVA, and regional cached assets in exercise events.

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### Quiz Questions

- What are the 3 top priorities when developing incident objectives?
- What does the acronym SMART stand for?
- What is the difference between unified command and unity of command?
- What is the ideal number for span of control?
- How many people should be trained for each command position?
- What is NIMS?
- Name the Command positions.
- Name the General Staff Positions.

EM Solutions 148

### Questions?

Christopher Sonne, CHEC  
Assistant Director, Healthcare Emergency Management  
HSS Inc. | Email: [csonne@hss-us.com](mailto:csonne@hss-us.com)  
Cell 720-641-1612 | Toll Free 855-477-2871

"And that's our plan. Any questions?"

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### ICS Scenario - Loss of Power

- A fire has destroyed several transformers within the city's main power plant causing a broad power failure across a 30 mile area. The outage is impacting homes, businesses and industries. Power officials fear the damage to be extensive and estimate at least three days before power will be restored. Fortunately, the weather has been comfortable with no expected changes over the next few days.
- Your hospital has lost all external power and emergency generators are supplying emergency power to the facility.
- The census is at 85%.

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## Objectives

<b>1. Life Safety</b>	■ <b>Specific</b>
<b>2. Incident Stabilization</b>	■ <b>Measurable</b>
<b>3. Property Preservation</b>	■ <b>Achievable</b>
<b>4. Image Preservation</b>	■ <b>Relevant</b>
	■ <b>Timely</b>

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