**Access the recorded webinar here:**
https://attendee.gotowebinar.com/recording/7256831016810409474?assets=true

**Access speaker bios here:**
https://files.asprtracie.hhs.gov/documents/aspr-tracie-small-rural-hospital-based-incident-command-systems-webinar-speaker-bios.pdf

**Access Q & A here:** https://files.asprtracie.hhs.gov/documents/aspr-tracie-hospital-based-ics-webinar-small-and-rural-qa.pdf

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# Hospital-Based Incident Command Systems: Small and Rural Hospitals

March 12, 2019

**Additional Materials:**
https://files.asprtracie.hhs.gov/documents/hospital-based-incident-command-systems-webinar-additional-materials.pdf

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# ASPR TRACIE: Three Domains


- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed "Topic Collections"
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences


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- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

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**Melissa Harvey, RN, MSPH**
Director, Division of National Healthcare Preparedness Programs (NHPP), HHS ASPR

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**John Hick, MD**

Hennepin County Medical Center & ASPR

Moderator

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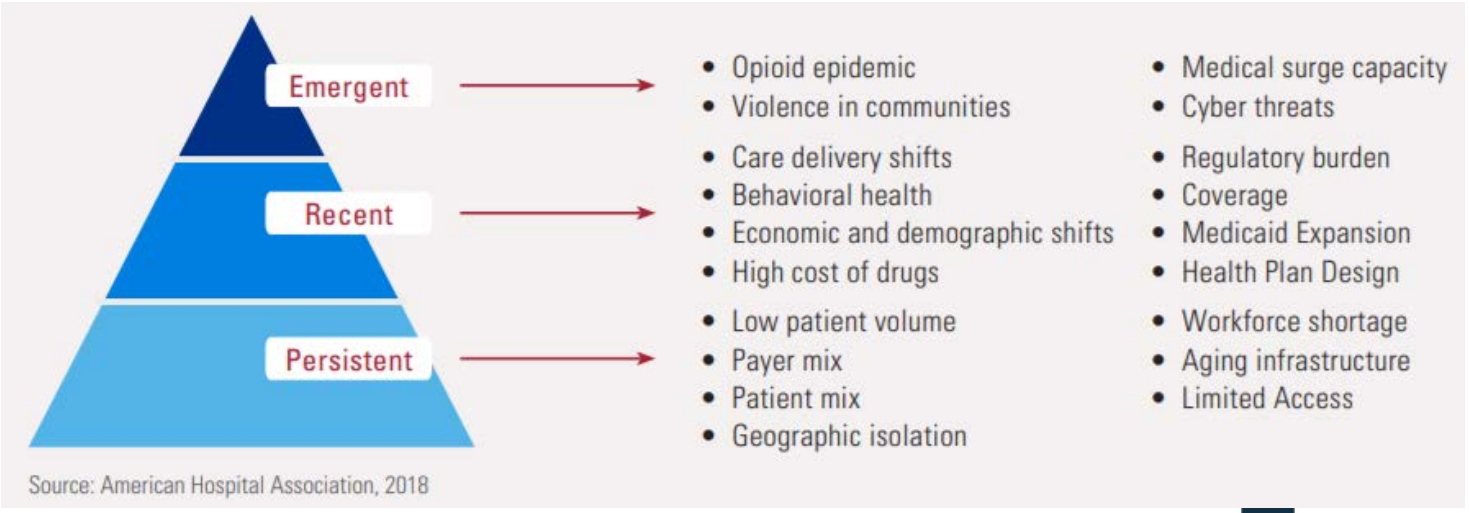
# Setting the Stage

- Rural areas cover approx. 97% of the US land area and contain 19.3% of the population (approx. 60 million people)[1]
- Persistent, Recent, and Emergent Challenges Facing Rural Communities[2]





1. US Census Bureau. (2016)
2. American Hospital Association. (2019). Rural Report: Challenges Facing Rural Communities and the Roadmap to Ensure Local Access to High-quality, Affordable Care.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# Setting the Stage, Con't.

- Barriers to healthcare access in rural areas:
  - Distance and transportation
  - Phone service
  - Poor health literacy
  - Workforce shortages
- Rural hospitals
  - 1349 critical access hospitals in United States
  - Individuals have multiple roles at the facility
  - Severe provider shortages
  - Providers may not live in the community
  - Limited EMS resources and mutual aid resources
  - No / limited ability to distribute patient load

Rural Health Information Hub. (2019). Healthcare Access in Rural Communities.

# Setting the Stage, Con't.

- Preparing rural hospitals:
  - Conduct emergency preparedness training, drills, and exercises
  - Review and update the healthcare facility's emergency response plans
  - Discuss hypothetical challenges and potential solutions, such as security and supply limitations
  - Cross training among employees
  - Hold regularly-scheduled regional planning activities with their partners including referral centers and specialty centers
  - Understand and adapt HICS to their resources

Rural Health Information Hub. (2019). Healthcare Access in Rural Communities.

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**Steve Ikuta, BS, MEP**
Emergency Management South Area Manager,
Intermountain Healthcare (UT)

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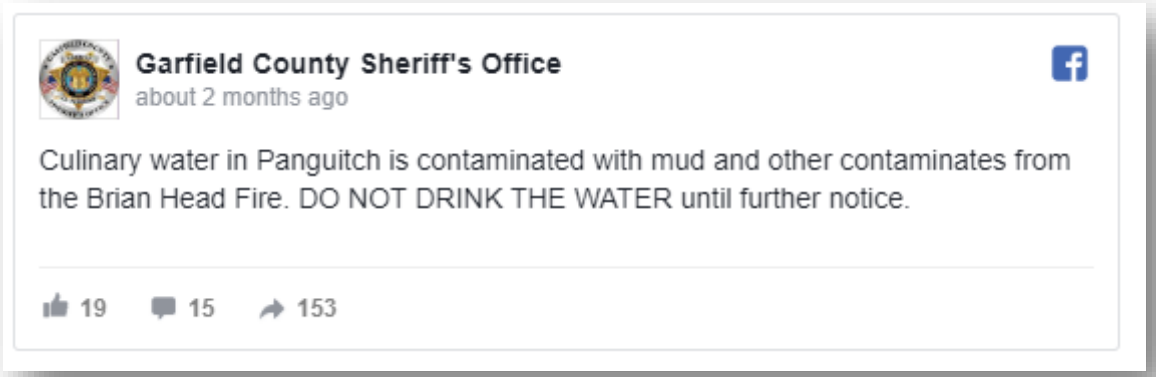
# Garfield Memorial Hospital Culinary Water Incident – 14 July 2018

This presentation will cover how Garfield Memorial Hospital utilized HICS forms in the response and recovery periods during the culinary water incident.



# Garfield Memorial Hospital Culinary Water Incident – 14 July 2018

The Hospital Command Center (HCC) staff utilized the HICS Quick Start IAP (Incident Action Plan) along with other HICS forms during the response and recovery periods of the incident.

Saturday, July 14, 2018
Panguitch City, Garfield County
Municipal Watershed
Burn Scar from 2017
Brianhead/Panguitch Lake Fire

# Garfield Memorial Hospital

Panguitch, Utah

From Salt Lake City, UT: 245 miles – 3 hrs. 40 min drive

Bryce Canyon National Park: 23 miles – 30 minute drive

Population: 1665 (2016)

Elevation: 6624 feet

# Campus Footprint

Garfield County Nursing Home

Garfield Memorial Clinic

Garfield Memorial Hospital


# What happened?

One of Panguitch City's culinary water system spring collection box was damaged from flooding that occurred on Saturday, July 14th.

# What happened?

A “No Use” water order was issued for all residents living in Panguitch City.

- **This meant water was unsafe to drink or boil.**

Those residents that were on well water were not affected by the order.

# What happened next?

- At the onset, attempts were made to notify hospital and nursing administrators.
  - They were at a half marathon that Saturday morning with limited cell service.
- GMH caregivers placed “Do Not Use” signs at all locations using culinary water.

# Notable Events

- Hospital Command Center (HCC) activated by liaison officer.
- Operational period #1 established 0730-1800.
- Operational periods #1-7: Response, Days 1-5
- Operational period 8: Recovery, Day 6
- HCC demobilized, Day 6
- Facility on filtrated water for six days.

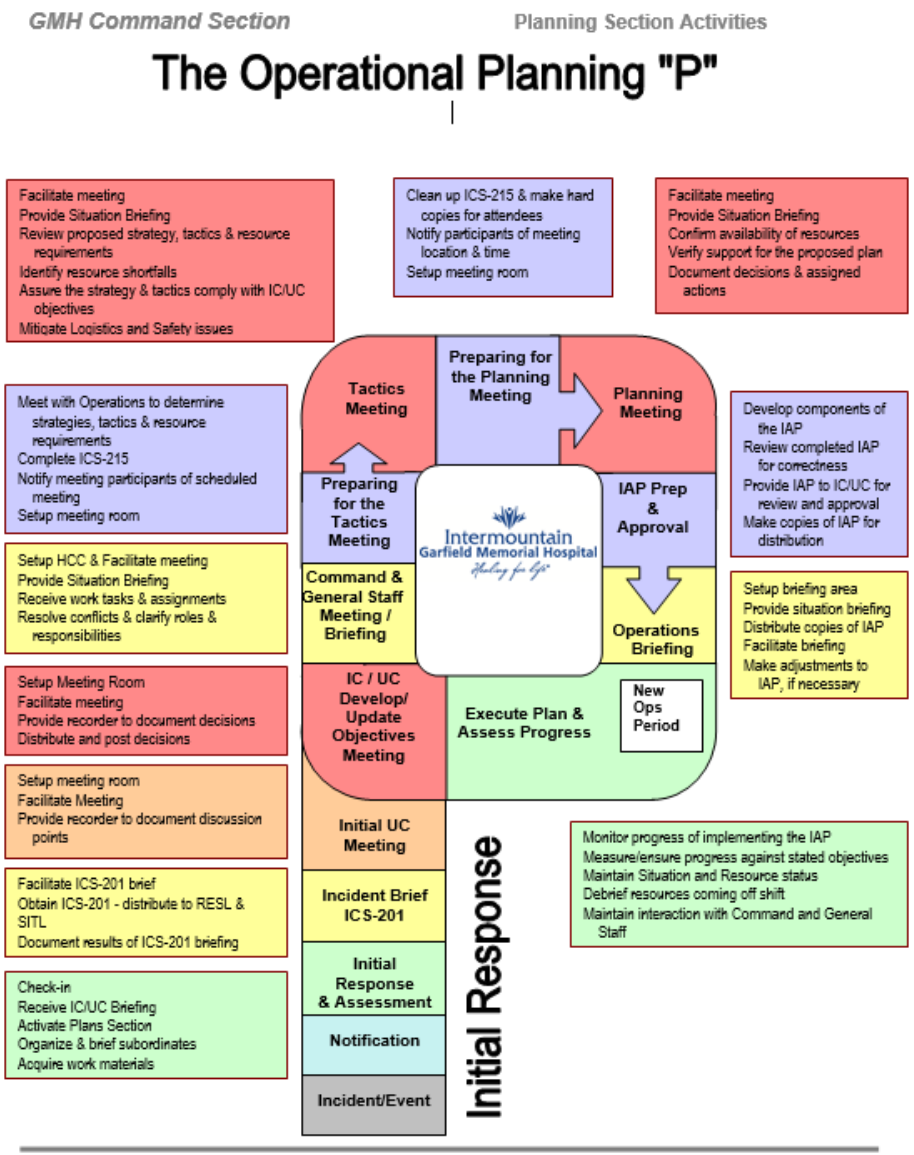
# HICS Forms Used

- HICS 200 – IAP Cover Sheet
- HICS IAP Quick Start (HICS 201, 202, 203, 204, 215A)
- HICS 207 – HIMT Chart
- HICS 213 – General Message Form (requesting assets, resources & supplies)
- HICS 214 – Activity Log
- HICS 257 – Resource Accounting Record

Examples of these forms can be found on ASPRtracie@hhs.gov

# IAP Process

Used the Planning “P”



# HICS INCIDENT ACTION PLAN (IAP) QUICK START

## COMBINED HICS 201—202—203—204—215A

**5. Health and Safety Briefing** Identify potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. **— HICS 202, 215A —**

Have all caregivers, patients, visitors, medical staff and others who enter GMH not to utilize any of the culinary water.
Signs will be placed over sinks, hand washing stations, showers, water and soda fountains, coffee maker, Steam sterilizers, dishwasher equipment. will not be used.

| 6. Incident Objectives | | | — HICS 202, 204 — |
|---|---|---|---|
| **6a. OBJECTIVES** | **6b. STRATEGIES / TACTICS** | **6c. RESOURCES REQUIRED** | **6d. ASSIGNED TO** |
| Notify all GMH caregivers, patients, visitors and medical group personnel of the No Use Water Order | Place signs<br>Send E-mail to ALL GMH and other stakeholders | Staff | Alberto Vasquez and DeAnn Brown |
| Implement the water outage emergency response plan | Notify SW Healthcare Coalition Coordinator, Steve Rossberg and SWUPHD EM, Paulette Valentine to acquire First Water portable water filtration systems | First Water FW-720-M unit<br>First Water FW-120-M unit<br>First Water FW-120-M unit | Steve Rossberg, SWUPHC<br>Jody Johnson, CCH<br>Steve Ikuta, DRMC |
| Implement the water outage emergency response plan | Provide drinking water to GMH | Acquire two (2) palettes of 16.9 oz bottled drinking water<br>Acquire one (1) palette of 1 gallon spring water | Eric Wilkinson, DRMC |
| Implement the water outage emergency response plan | Provide bathing and hygiene washing without use of culinary water | Acquire disposable wash clothes | John Taylor, DRMC |
| Implement the water outage emergency response plan | Provide alternative laundry service functionality. | Utilize Sevier Valley Hospital's laundry service | Cade Harland, GMH<br>Jesse Lewis, SVH |

# Sustains

- Resource request for Intermountain Healthcare's IMT liaison officer
- First Time use of:
  - Planning "P" Process
  - 2014 HICS forms
- Planning "P" process created operational period IAPs

# Sustains cont'd

- Daily updates with agency representatives:
  - County EMA
  - Local Health Department
  - Utah DEM Liaison Officer
- Daily updates with internal stakeholders:
  - Intermountain Healthcare's EOC
  - Intermountain Healthcare's Senior Leadership
- HICS form documentation facilitated in creation of AAR/IP (After Action Report/Improvement Plan)

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HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

**Michael Patterson, RN, BS, EMHP**
Director of Emergency Services, Fannin Regional Hospital (GA)

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# Fannin Regional Hospital
# Ricin Incident

- 50 bed rural hospital located in the north Georgia mountains
- Small, 6 bed emergency department with an annual census of 13,500
- Large tourist and transient (seasonal) population

# Patient exposed to castor beans presents to the emergency department (ED)

- Patient states he has been exposed to castor beans over the past several days.
- ED Director and triage nurse recognize the potential issues with this exposure.
- Patient is isolated. Clothes were isolated in bags.
- After further discussion with the patient, to determine how the exposure occurred, it was discovered that the patient was attempting to process castor beans into Ricin using acetone based nail polish remover. Patient stated he presented to the ED because he was scared.

# Response to the incident

- Law enforcement and hospital senior leadership were notified.
- It was decided that there would be a limited HICS activation.
- Maintaining patient isolation, medical exam was provided by the ED physician.
- Patient exhibited no signs of Ricin exposure. Patient did have redness in his finger tips and complained of irritation.

# Response cont'd

- Waiting room was cleared and decontaminated. Waiting area was moved down an interior hallway for the duration of the incident.
- CNO acted as Incident Commander, Facilities Director acted as Safety Officer, ED Director acted as Operations Section Chief, EVS Director acted as Logistics Section Chief.
- Fannin County Sheriff's Office investigator arrived on scene and interviewed the patient. Command was relinquished to Fannin County SO.
- Regional Coordinating Hospital was contacted and apprised of the situation.

# Response cont'd

- Patient was released to law enforcement for continued investigation. The patient's vehicle was identified and isolated. The ED parking lot was secured and only EMS traffic was allowed ED access.
- Additional state and federal officials continued to arrive. Among these were GEMA, FEMA, and the FBI. The FBI began multiple interviews with the subject, FRH staff, and initial responding LE units.

# Response cont'd

- Cherokee County, GA Type 1 HAZMAT team and Georgia National Guard WMD team arrived with multiple pieces of apparatus.
- The subject's vehicle was searched and cleared by HAZMAT and WMD teams.
- The incident concluded at 0330 on 3 February, 2017.

# Lessons learned

- Have a scribe
- HazMat awareness for staff
- Don’t wait. Implement early. You can always stand down.
- Don’t restrict your EOC. It’s okay to be mobile.
- HICS is difficult in a small facility. Everyone wears multiple hats.

# Lessons learned cont'd

- This was a multi-jurisdictional event. Be prepared for handling multiple agencies. Plan your drills that way. Don't silo.
- Think about staging with multi-jurisdictional events.
- Practice, practice, practice.

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HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

**Casey Fleckenstein, RN**
Director of Patient Care Services, Emergency Management Coordinator, Monroe County Hospital (GA)

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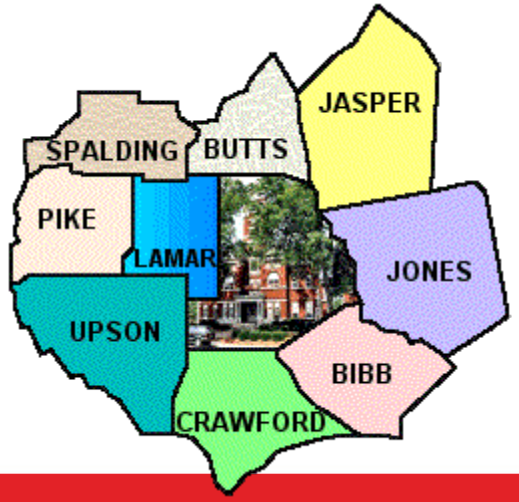
# Monroe County Hospital – Forsyth, GA

- We service several surrounding counties that do NOT have a hospital
- Lamar, Pike, Jones and Crawford Counties do not have a hospital and for some we are the closest facility
- We are a 25 bed critical assess hospital with a 6 bed Emergency Department
- Multiple schools, Train, Major Interstate, Georgia Public Safety Training Center and Department of Corrections within Monroe County



# Incident Command – Frequent incidents

- School bus wrecks that bring in 20-30 students at once
- Our normal average daily census for 24 hours is only 22 patients
- This causes an influx/code triage for us
- Incident command is established

# Incident Command other Frequent Incidents – longer lasting

- Weather – Tornados and Winter Weather (Ice and Snow)
- Training exercises – evacuation of entire facility, active shooter, mass casualty incidents (MCIs) and decontamination, power failure, water conservation

# Incident Command Hurdles for MCH

- Staffing
  - Limited supply of staff
    - more non-clinical than clinical staff
  - We wear multiple hats
    - Incident Command may be functioning as different roles
    - Can lead to lack of communication to departments
    - Can lead to steps being missed

# Incident Command Hurdles for MCH

- Resources and Assets
  - Limited funding
  - Limited space
  - Supplies are not always readily available and housed in the most efficient area

# Incident Command Hurdles for MCH

- Communication
  - No Wi-Fi
  - Poor Cell signal
  - Again, staffing so this cuts down on the amount of runners we can have

# Incident Command – MCH Overcoming Hurdles

- Staffing – we use an all hands on deck approach
  - No one is allowed to leave during an incident until instructed to do so by their manager
  - All managers and ER charge nurses are trained in Incident command
  - IC 100 and IC 200 for all managers and ER charges nurses

# Incident Command – MCH Overcoming Hurdles

- Resources and Assets
  - Reached out to our coalition for grant funds
  - Made wall mounts for some supplies for easier accessibility for some
  - Relationship building with county public safety (EMS, EMA, and LE)

# Incident Command – MCH overcoming Hurdles

- Communication
  - Wi-Fi was installed in January 2019
  - Improved cell signal
  - Utilized internal radios that were purchased with grant money to house in each department to improve throughout communication

# Incident Command - MCH

- Overall our biggest struggle is still staffing and communication.
- We continue to work on this through continued training and drills with the staff
- We incorporated Emergency Preparedness into all new hire orientation

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HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

**Michael O'Keefe**

Chief Executive Officer, Redfield Community Memorial Hospital Avera (SD)

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# Incident


- 25 Bed Critical Access Hospital
- 45 miles from Higher level care facility
- Background  of Incident
  - Domestic Dispute and Child Custody
  - Ex Spouse is employed at hospital and working at time of incident
  - Events started prior to 7am

# Incident, Continued

- Gunman has his 10 year old son with him in the vehicle while being pursued by Highway Patrol on high speed chase, and when he breaks into facility
- Scanners in nursing station are following the high speed chase – Appears he is returning to the hospital
- Hospital goes into a full Lockdown
- Gunman arrives at hospital enters vestibule with son and reaches the locked entry doors and begins to try and break/breech doors, door is breeched after multiple attempts to enter

# Incident, Continued

- Gunman angry, in my face and pulls gun.. wants to see his ex wife NOW
- I lead gunman into ED waiting room (1 entry/no windows)
- Officers arrive and surround ED waiting room with guns drawn
- Incident Command Established
- 6 hours later he releases his son
- 2 hours later he slides gun to officers, is handcuffed and taken away

# Incident Command Established

- Lockdown and Incident Command established all before 7:42 am
- 8:25 am: Established second Incident Command outside of facility with Federal and State agencies
  - FBI, Highway Patrol, Sheriffs offices from 3 counties, Police, SWAT teams all arriving outside of our facility.
  - Communication between internal and external Incident Command posed some challenges.
    - Inside Command very limited due to staff being told not to come to work via eICS and other notifications. Thus only a few folks to handle roles!

# Incident Command: What Went Right!

- Ability to move patients quickly and safely to a safe zone
- Ability to move staff to safe zone
- Ability to alert staff in route not to report to work
- Ability to alert the public to avoid the area, stay away
- Ability to plan and execute necessary medical needs/services to care for inpatients in safe zone
- Ability to garner supplies, food, nutrition and medications
- Ability to handle media

# Incident Command: Challenges

- Timing of Incident
  - Posed problems as staff who are trained to be key members of Incident Command were not yet at work and told not to report to the hospital
  - Communicating the situation quickly to staff  while in the middle of it all (Who calls Incident Command)
- Location of Incident
  - Unable to get to our Incident Command materials, Binders, radios……
  - Access to key medications for inpatients
  - Access to EMS services, Ambulances

# Incident Command: Challenges

- Two commands established
  - Outside - Law enforcement, FBI, SWAT, Medical staff, Employees
  - Inside – CEO, small staff, one provider
- Communication between inside and outside needed to be better
- Cell phone use filled towers so not all calls were getting through
- Location of Command Center became safe zone for staff and patients
- Plan and Practice – no scenario will play out as planned!!! (Talk about variables)

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HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

**Donna Owl, BS, EMC**
Safety & Security Manager, Cherokee Indian Hospital Authority (NC)

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# Cherokee Indian Hospital, Cherokee NC

- Nestled in the heart of the Great Smoky Mountains
- We are a Level 5 care facility
- Nearest Level 2 Trauma Center is located 1 hour from our facility
- Have access to Air transportation, closest is Life Care (approx. 30 minutes out).
- We have a 20 bed Inpatient unit
- ER has 8 beds
- CIH is the primary medical home for over 16,000 members of the Eastern Band of Cherokee Indians (EBCI)
- We provide over 35,000 primary care visits as well as over 16,000 ER visits yearly
- Pharmacy fills over 230,000 prescriptions yearly

# Cherokee Indian Hospital Community Wide Active Assailant Mock Exercise

- Exercise Date: October 18,2018
- Scope: The exercise is a functional-full scale exercise planned for up to 4.0 hours at CIH.
- Mission Areas: Multi Agency Response
- Core Capabilities: Operational Coordination; Test the hospital's ability to communicate both internally and with participating emergency response partners; Response Suppression; Test the individual and collective response/suppression effort of emergency response; Command and Control; Test the integrated response effort within the scope of the Incident Command.
- Threat or Hazard: Active Assailant (shooter) on property
- Scenario: Parking lot domestic situation prompts mass shooting involving numerous victims at CIH.
- Participating Organizations: CIH, Cherokee Indian Police Dept., Cherokee Fire Dept. and Cherokee Tribal EMS

# Module 1

- The entire exercise was conducted in the Old part of the hospital that was ready for demolition. There was not patient involvement. All participants (30) were volunteers from CIH staff. Volunteers were recruited via email one month prior to the exercise. For this reason we decided to use “Simunition” firearms.
- CIH “Old Hospital parking lot” is the scene of an argument and eventual physical altercation between two brothers which includes setting fire to a motor vehicle in the parking lot.
- One individual enters the rear staff entrance of the Old Hosp. building armed with a semi-automatic pistol.
- The second (accompanying/ brother) individual calls 911 and reports a man with a gun entering CIH reporting “he will shoot people” and that a “car is on fire.” This same second individual then enters hospital.

# Module 2: Incident Initial Response

- Both individuals enter rear entrance of Old Hosp. and first individual (shooter) begins shooting (utilizing “Simunition” firearms) bystanders (staff) as he walks through building. Some bystanders/staff run from building and escape. Others hide in place. Still others remain in area attempting to evade the shooter.
- All participating were briefed prior to exercise and told to treat event as real and to respond as trained.

# Module 3: Incident Emergency Response

- As planned, a community wide response was initiated by Emergency response agencies CPD, CT-EMS and CFD.
- Police arrived first two officers entering north double door entrance to Old Hospital
  - Officers utilized Simunitions firearms.
  - Officers executed a two-man dynamic search of the interior of the target bldg. Both officers located gunshot and other injured victims along route.
  - Officers located both suspect individuals in storage room where gunfire was exchanged between one officer and first individual shooter/suspect.
  - Second officer covertly approached and apprehended shooter/ suspect from another route/angle in same room. Suspect was arrested uninjured and processed.
  - Second individual was confronted and detained.
  - As more officers arrive ICS was staged out of the hot zone.

# Module 3: Incident Emergency Response

- Cherokee Tribal EMS arrive on scene and ICS was set up outside the hot zone.
  - CPD relayed several victims shot/injured. These injuries included gunshot wounds, Trauma injuries, Heart Attack, and Emotional Trauma. CPD give an all clear with suspect in custody.
- CFD arrives on scene and sets up ICS as well.
  - CFD and EMS were lead in by CPD to access, triage, and or treat and remove the injured from the scene.
  - Other EMS responders were waiting outside to attend to the injured.
  - EMS transported patients to ER and some fatalities were transported to the morgue.

# Module 3: Incident Emergency Response

- All role players were given cards which were attached to their person as indicated injuries.
  - These cards were given to role players in the briefing that took place earlier that A.M.
- Once the exercise was complete all individuals convened back inside new hospital for a De-briefing.
- The #1 breakdown across the board for everyone was Communication.
  - More communication of ICS being set up and more radio communications for all emergency responding agencies.
  - During the initial briefing prior to the exercise all agencies verbalized their HICS and ICS structure and establishment.

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HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

**Harold (Rocky) Jones**

Emergency Management/ Physical Security Specialist,
Indian Health Services, Nashville Area Office, DHHS

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# 4th Annual Tribal Nations Training Week (March 16-23, 2019)

- FEMA Center for Domestic Preparedness hosting training week in Anniston, AL
- All personnel who work in an emergency response capacity and are affiliated with one or more Tribal Nations, Indian Health Service and those who work directly with Tribal Nations are authorized to attend
- Courses:
  - Healthcare Leadership for Mass Casualty Incidents
  - Medical Management of CBRNE Events
  - Incident Command for All Hazards/ Surface Transportation Emergency Preparedness and Security- Mass Transit & Passenger Rail
  - Environmental Health Training
  - Managing Public Information/ EOP for Rural Jurisdictions
  - Protective Measures Course/ Community Based Response to Threats to Tribal Communities/ Intro to WMD

**See Flyer at [asprtracie.hhs.gov](asprtracie.hhs.gov)**

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**Barbara Dodge, BA-E**
Director of Hospital Preparedness Programs, Center for Preparedness Education, College of Public Health
University of Nebraska Medical Center

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# Center for Preparedness Education

- 14 Years Disaster Preparedness for Hospitals
- Participated in the last 2 revisions of HICS
- Currently serving:
  - The HICS Center Board
  - The California EMSA Revision Committee
- Facilitated the group of small hospitals who adapted the Incident Management Team Chart and Job Action Sheets to better serve small hospitals.

# Why?

Hearing complaints that HICS just doesn't work for small hospitals.

# What We Did: Getting Started

- Survey to see what other hospitals were doing
- Gathered volunteers from 10 Critical Access Hospitals in the southeast area of Nebraska

# What we Learned:

- The current version of HICS was overwhelming
- Too hard to adapt for small hospitals
- Too hard to sort out what we need and don’t need
- Organizational chart was too big
- Too many Job Action Sheets

# We Knew…

- HICS is adaptable
- Only activate the positons you need

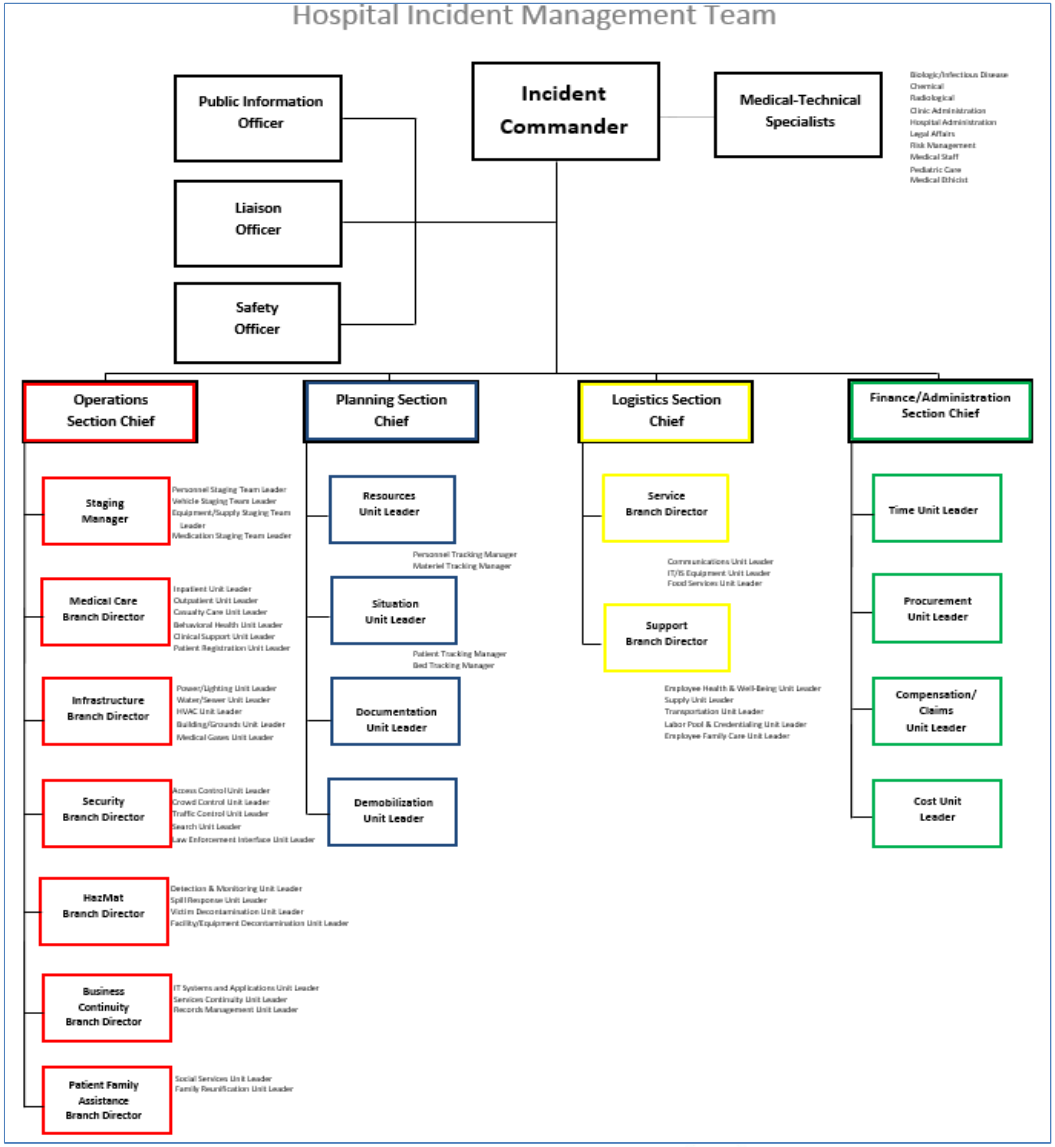
But that didn't solve the problem

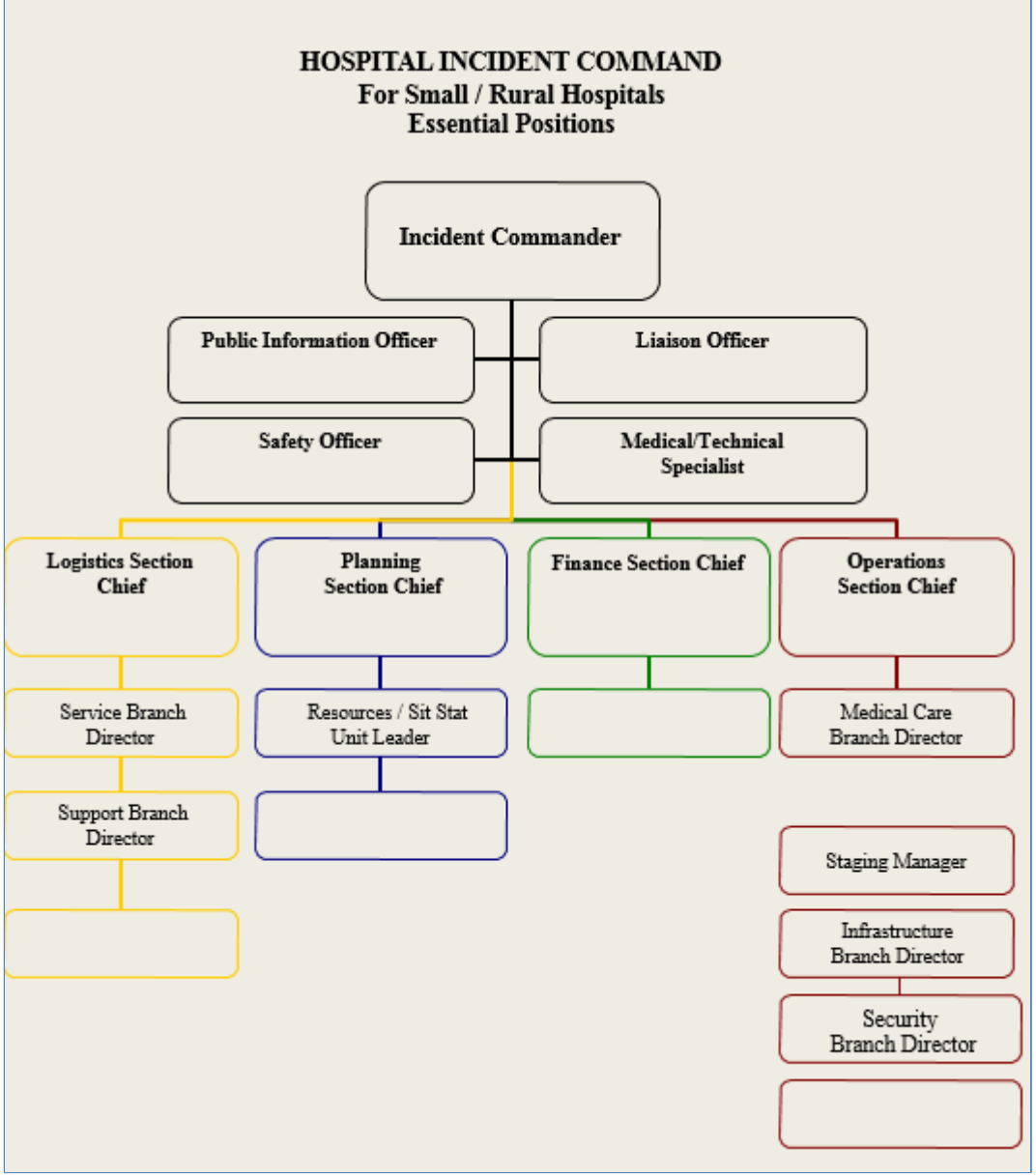
**Problem**

Small Hospitals were just too small to use the current system

# What to do?

- Started with the Organizational Chart
- Now called the IMT (Incident Management Team)
- **<u>Agreed</u> that they could (given a little time) activate from 9-16 positions**




HOSPITAL INCIDENT COMMAND
For Small / Rural Hospitals
Essential Positions
Incident Commander
Public Information Officer
Liaison Officer
Safety Officer
Medical/Technical Specialist
Logistics Section Chief
Planning Section Chief
Finance Section Chief
Operations Section Chief
Service Branch Director
Resources / Sit Stat Unit Leader
Medical Care Branch Director
Support Branch Director
Staging Manager
Infrastructure Branch Director
Security Branch Director

# Job Action Sheets

## Huge Job

- Went  through every sheet
- Highlighted key instructions
- Determined priority tasks
- Moved those tasks up
- Unit leader to Branch Director to Section Chief
- Put them in blue shaded areas
- * Didn’t remove anything

## 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. Approve the Incident Action Plan (IAP) for each operational period.

| | | |
|---|---|---|
| Position Reports to: **Executive Administration** | | Command Location: _____ |
| Position Contact Information: Phone: (___) ___-____ | | Radio Channel: _____ |
| Hospital Command Center (HCC): Phone: (___) ___-____ | | Fax: (___) ___-____ |
| Position Assigned to: | Date: / / | Start: ___:___ hrs. |
| Signature: | Initials: | End: ___:___ hrs. |
| Position Assigned to: | Date: / / | Start: ___:___ hrs. |
| Signature: | Initials: | End: ___:___ hrs. |
| Position Assigned to: | Date: / / | Start: ___:___ hrs. |
| Signature: | Initials: | End: ___:___ hrs. |

| Immediate Response (0 – 2 hours) | Time | Initial |
|---|---|---|
| **Receive appointment**<br>• Gather intelligence, information and likely impact from the sources providing event notification<br>• Assume the role of Incident Commander and activate the Hospital Incident Command System (HICS)<br>• Review this Job Action Sheet<br>• Put on position identification (e.g., position vest)<br>• Notify your usual supervisor and the Hospital Chief Executive Officer (CEO) of the incident, activation of the Hospital Command Center (HCC), and your assignment | | |
| **Assess the operational situation**<br>• Activate the Hospital Emergency Operations Plan (EOP) and applicable Incident Specific Plans or Annexes<br>• Brief Command Staff on objectives and issues, including:<br>  ○ Size and complexity of the incident<br>  ○ Expectations<br>  ○ Involvement of outside agencies, stakeholders, and organizations<br>  ○ The situation, incident activities, and any special concerns<br>• Seek feedback and further information | | |
| **Determine the incident objectives, tactics, and assignments**<br>• Determine incident objectives for the operational period<br>• Determine which Command Staff need to be activated:<br>  ○ Safety Officer<br>  ○ Liaison Officer<br>  ○ Public Information Officer<br>*If all of the Command Staff positions are not immediately assigned, attend to the priorities summarized in the blue shaded areas on the next two sheets. Assign those positions as soon as necessary.*<br>• Determine the impact on affected departments and gather additional information from the Liaison Officer | | |

# Incident Commander

- Appoint a Planning Section Chief to develop an Incident Action Plan (IAP)
- Appoint an Operations Section Chief to provide support and direction to affected areas
- Appoint a Logistics Section Chief to provide support and direction to affected areas
- Appoint a Finance Section Chief to provide support and direction to affected areas
- Determine the need for, and appropriately appoint or ensure appointment of Medical-Technical Specialists
- Make assignments and distribute corresponding Job Action Sheets and position identification
- Ensure hospital and key staff are notified of the activation of the Hospital Command Center (HCC)
- Identify the operational period and any planned Hospital Incident Management Team (HIMT) staff shift changes
- Conduct a meeting with HIMT staff to receive status reports from Section Chiefs and Command Staff to determine appropriate response and recovery levels, then set the time for the next briefing

**Activities**

- Ensure all activated positions are documented in the Incident Action Plan (IAP) and on status boards
- Obtain current patient census and status from the Planning Section Chief
- Determine the need to activate surge plans based on current patient status and injury projections
- If additional beds are needed, authorize a patient prioritization assessment for the purposes of designating appropriate early discharge
- If applicable, receive an initial hospital damage survey report from the Operations Section Infrastructure Branch and evaluate the need for evacuation
-

****** Priority Tasks from Reporting Position's Job Action Sheets**

## Public Information Officer

- Establish a designated media staging and media briefing area located away from the Hospital Command Center (HCC) and patient care activity areas, coordinating with the Operations Section Security Branch Director as needed
- Brief public information team members, if assigned, on current situation, incident objectives, and their assignments
- Inform on site media of the physical areas to which they have access and those that are restricted
- Develop public information and media messages to be release to the news media and the public

## Liaison Officer

- Obtain initial status and information to provide surge capacity status; provide an update to external stakeholders and agencies
- Establish communication for information sharing with other hospitals and local agencies (e.g., emergency medical services, fire, law, public health, and emergency management)
- Respond to information and or resource inquiries from other hospitals and response agencies and organizations

INCIDENT COMMANDER

| | | |
|---|---|---|
| **Safety Officer**<br>• Determine safety risks of the incident and response activities to patients, hospital personnel, and visitors as well as to the hospital and the environment<br>• Advise the Hospital Incident Management Team (HIMT) of any unsafe conditions and corrective recommendations<br>• Evaluate the building or incident hazards and identify vulnerabilities<br>• Specify the type and level of personal protective equipment (PPE) to be used by hospital personnel to ensure their protection, based on the incident or hazard<br>• Post non-entry signage around unsafe or restricted areas, as needed<br>• Monitor operational safety of decontamination operations, if applicable<br>• Ensure that safety team members, if assigned, identify and report all hazards and unsafe conditions<br>• Assess hospital operations and practices of staff; terminate and report any unsafe operation or practice; recommend corrective actions to ensure safe service delivery | | |
| **Documentation**<br>• Incident Action Plan (IAP) Quick Start<br>• HICS 200: Consider whether to use the Incident Action plan (IAP) Cover Sheet<br>• HICS 201: Initiate the Incident Briefing form<br>• HICS 204: Assign or complete the Assignment List as appropriate<br>• HICS 207: Assign or complete the Hospital Incident Management Team (HIMT) Chart for assigned positions<br>• HICS 213: Document all communications on a General Message Form<br>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis<br>• HICS 252: Distribute the Section Personnel Time Sheet to Command and Medical-Technical Specialist Staff and ensure time is recorded appropriately | | |
| **Resources**<br>• Assign one or more clerical personnel from current staffing or make a request for staff to the Logistics Section Chief, if activated, to function as Hospital Command Center (HCC) recorders | | |
| **Communication**<br>*Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners* | | |
| **Safety and security**<br>• Ensure that appropriate safety measures and risk reduction activities are initiated<br>• Ensure that HICS 215A – Incident Action Plan Safety Analysis is completed and distributed<br>• Ensure that a hospital damage survey is completed if the incident warrants | | |

## Planning Section Chief

**Mission:** Oversee all incident related data gathering and analysis regarding incident operations and resource management; develop alternatives for tactical operations; initiate long range planning; conduct planning meetings; and prepare the Incident Action Plan (IAP) for each operational period.

| | | |
|---|---|---|
| Position Reports to: **Incident Commander** | Command Location: _____ | |
| Position Contact Information: Phone: (___) ___-____ | Radio Channel: _____ | |
| Hospital Command Center (HCC): Phone: (___) ___-____ | Fax: (___) ___-____ | |
| Position Assigned to: | Date: / / | Start: ___:___ hrs. |
| Signature: | Initials: | End: ___:___ hrs. |
| Position Assigned to: | Date: / / | Start: ___:___ hrs. |
| Signature: | Initials: | End: ___:___ hrs. |
| Position Assigned to: | Date: / / | Start: ___:___ hrs. |
| Signature: | Initials: | End: ___:___ hrs. |

| Immediate Response (0 – 2 hours) | Time | Initial |
|---|---|---|
| **Receive appointment**<br>• Obtain briefing from the Incident Commander on:<br>  ○ Size and complexity of the incident<br>  ○ Expectations of the Incident Commander<br>  ○ Incident objectives<br>  ○ Involvement of outside agencies, stakeholders, and organizations<br>  ○ The situation, incident activities, and any special concerns<br>• Assume the role of Planning Section Chief<br>• Review this Job Action Sheet<br>• Put on position identification (e.g., position vest)<br>• Notify your usual supervisor of your assignment | | |
| **Assess the operational situation**<br>• Obtain information and status from the Operations and Logistics Section Chiefs to ensure the accurate tracking of personnel and resources by the Personnel Tracking and Materiel Tracking Managers, if appointed, or the respective Section Chiefs if not<br>• Provide information to the Incident Commander on the Planning Section operational situation including capabilities and limitations | | |
| **Determine the incident objectives, tactics, and assignments**<br>• Determine which Planning Section Units need to be activated:<br>  ○ Resources Unit<br>  ○ Situation Unit<br>  ○ Documentation Unit<br>  ○ Demobilization Unit<br>• Make assignments and distribute Job Action Sheets and position identification<br>• Determine strategies and how the tactics will be accomplished<br>• Determine needed resources<br>• Brief section personnel on the situation, strategies, and tactics, and designate a time for the next briefing | | |

# Planning Section Chief

| | | |
|---|---|---|
| Determine need for and appropriately appoint Unit Leaders, distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204). ***If no Unit Leaders are assigned, attend to the highlighted priorities on the Unit Leaders job action sheets. A summary of these priorities can be found in the blue shaded areas on the following page. Note: Resources Unit Leader and Situation Unit Leader are essential positions for most events.*** | | |
| **Activities**<br>• Ensure a bed report, staffing report, and current patient census and status are being prepared for the Incident Commander<br>• Prepare and conduct a planning meeting to develop and validate the incident objectives for the next operational period<br>• Coordinate the preparation, documentation, and approval of the Incident Action Plan (IAP) and distribute copies to the Incident Commander and Section Chiefs<br>• Obtain and provide key information for operational and support activities, including the impact on affected departments<br>• Gather additional information from the Liaison Officer<br>• Collaborate with appropriate Medical-Technical Specialists as needed<br>• Obtain information and updates regularly from Planning Section Unit Leaders<br>• Maintain current status of all areas<br>• Inform the Situation Unit Leader of status information<br>• Communicate with the Operations and Logistics Sections for resource needs and projected activities<br>• Inform Planning Section personnel of activities that have occurred; keep updates of status and utilization of resources<br>• Communicate with the Finance/Administration Section for personnel time records, potential compensation and claims, and canceled surgeries and procedures<br>• Activate Incident Specific Plans or Annexes as directed by the Incident Commander | | |
| ***** Priority Tasks from Reporting Position's Job Action Sheets**<br>Resources Unit Leader:<br>• Establish contact with the Situation Unit Leader and hospital department heads to account for on-duty personnel, and equipment and supplies on hand.<br>• Coordinate activities and inventories with Logistics Section's Supply Unit Leader.<br>• Maintain contact and share information with Labor Pool & Credentialing Unit Leader and Personnel Staging Team Leader.<br>• "Determine the need and ability to activate Personnel Tracking Manager and Material Tracking Manager. Their immediate priority tasks are listed below.<br><br>Personnel Tracking Manager<br>• Assist the Labor Pool to establish volunteer credentialing process per the hospital's standard operating procedures<br>• Establish contact with the hospital's staffing office or coordinator and department directors to obtain an accounting of all personnel on duty or expected to report<br>• Establish access to personnel tracking system; compare the available information with that obtained from department and division directors, and reconcile variations. | | |

# Planning Section Chief

Materiel Tracking Manager

- Develop a consolidated list of all necessary materials or alternatives that are not already on hand in the hospital supply system
- Establish a contact list with just-in-time supply vendors and contractors, in coordination with the Logistics Finance.
- Establish initial inventory of equipment and supplies on hand, including materials that have been received or ordered in support of the incident, in collaboration with Operations and Logistics Sections.
- Maintain regular contact with the Labor Pool and Personnel Staging Team Leader.

Situation Unit Leader:

- Determine the need and ability to appoint Patient Tracking and Bed Tracking Managers. Their priority tasks are listed below.
- Establish a planning information center in the Hospital Command Center (HCC) with a status board and post information as it is received
- Assign a recorder or documentation aide to keep the board updated with current information
- Receive and record status reports as they are received
- Assign a recorder to monitor, document, and organize all communications sent and received via the inter-hospital emergency communication network or other external communication
- Monitor Action Plan (IAP), advising of accomplishments and issues encountered
- Assure the status updates and information provided to Hospital Incident Management Team (HIMT) are accurate, complete, and current

Patient Tracking Manager:

- Activate a system using the HICS 254: Disaster/Victim Patient Tracking form to track and display patient arrivals, discharges, transfers, locations, and dispositions
- Determine the patient tracking mechanism utilized by field providers and establish methods to ensure integration and continuity with hospital patient tracking systems
- Initiate the HICS 259: Hospital Casualty/Fatality Report if needed
- If evacuation of the hospital is required or is in progress, initiate the HICS 255: Master Patient Evacuation Tracking form

Bed Tracking Manager:

- Obtain current census and bed status from admitting personnel and other hospital sources
- Establish contact with all patient treatment areas, environmental services or housekeeping, and others to inform them of activation of your position and contact information
- Develop a report of current bed status
- Initiate a bed tracking log for disaster victims, using paper or electronic system
- Determine if improvised bed tracking protocols are required for mass casualty incidents due to additional beds and cots that may be added to the normal hospital census

# Planning Section Chief

| | | |
|---|---|---|
| Documentation Unit Leader:<br>• Activate a system to receive documentation and completed forms from all sections over the course of the Hospital Command Center (HCC) activation<br>• Provide duplicates of forms and reports to authorized requestors<br>• Establish initial contact with all Section Chiefs to obtain status and history of all major events and actions that have occurred to date, critical issues, and concepts of operations and steps to be taken within the next operational period.<br>• Coordinate with IT/Systems (in Operations Section) to insure access to IT systems with email and intranet communication to facilitate communication and document sharing.<br>Demobilization Unit Leader<br>• Obtain and provide key information for demobilization activities, including status updates from all Sections, Branches, Units and Managers<br>• Begin drafting Demobilization Plan. (refer to demobilization check sheet) | | |
| **Documentation**<br>• HICS 200: Consider use of the Incident Action Plan (IAP) Cover sheet<br>• HICS 201: Draft Incident Briefing for Incident Commander as directed<br>• HICS 202: Draft Incident Objectives for Incident Commander approval<br>• HICS 203: Prepare Organization Assignment List as part of the IAP<br>• HICS 204: Document assignments and operational period objectives on Assignment List<br>• HICS 205A: Distribute the Communications List appropriately<br>• HICS 213: Document all communications on a General Message Form<br>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis<br>• HICS 215A: Obtain completed Incident Action Plan (IAP) Safety Analysis from the Safety Officer for inclusion in the IAP<br>• HICS 252: Distribute the Section Personnel Time Sheet to section personnel and ensure time is recorded appropriately<br>• HICS 257: Track equipment used during the response on the Resource Accounting Record | | |
| **Resources**<br>• Determine equipment and supply needs; request them from the Logistics Section Supply Unit Leader<br>• Assess issues and needs in section areas; coordinate for resource planning<br>• Make requests for external assistance, as needed, in coordination with the Liaison Officer | | |
| **Communication**<br>*Hospital to complete: insert communications technology, instructions for use and protocols for interface with external partners* | | |
| **Safety and security**<br>• Ensure that all section personnel comply with safety procedures and instructions | | |

# The same process for all of the job action sheets

- Operations and Logistics are much more complicated.
- More Branch Directors and Unit Leaders
- More blue shaded areas.
- Example:
- Logistics Section Chief
  - Support Branch Director
    - Unit Leaders
  - Service Branch Director
    - Unit Leaders

## SUPPORT BRANCH DIRECTOR

**Mission:** Organize and manage the services required to maintain the hospital's supplies, alternate care areas and work locations, transportation, and labor pool. Ensure the provision of logistical, psychological, and medical support of employees and their families.

| | | |
|---|---|---|
| Position Reports to: **Logistics Section Chief** | | Command Location: _____ |
| Position Contact Information: Phone: (  )  -  | | Radio Channel _____ |
| Hospital Command Center (HCC): Phone: (  )  - | | Fax: (  )  - |
| Position Assigned to: | Date:  /  / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |
| Position Assigned to: | Date:  /  / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |
| Position Assigned to: | Date:  /  / | Start: ____:____ hrs. |
| Signature: | Initials: | End: ____:____ hrs. |

| Immediate Response (0 – 2 hours) | Time | Initial |
|---|---|---|
| **Receive appointment**<br>• Obtain briefing from the Logistics Section Chief on:<br>  o Size and complexity of incident<br>  o Expectations of Incident Commander<br>  o Incident objectives<br>  o Involvement of outside agencies, stakeholders, and organizations<br>  o The situation, incident activities, and any special concerns<br>• Assume the role of Support Branch Director<br>• Review this Job Action Sheet<br>• Put on position identification (e.g., position vest)<br>• Notify your usual supervisor of your assignment | | |
| **Assess the operational situation**<br>• Assess the Support Branch's capacity to provide:<br>  o Additional credentialed and non-credentialed personnel<br>  o Employee health care, including prophylaxis and medical monitoring<br>  o Behavioral health support to staff<br>  o Support to staff family members<br>  o Medical equipment and supplies<br>  o Internal and external transportation support<br>  o Alternate care and worksite locations and furnishings<br>• Provide information to the Logistics Section Chief on the operational situation of the Support Branch | | |
| **Determine the incident objectives, tactics, and assignments**<br>• Determine which Support Branch functions need to be activated:<br>  o Employee Health and Well-Being<br>  o Supply Unit<br>  o Transportation Unit<br>  o Labor Pool and Credentialing<br>  o Employee Family Care Unit Leader | | |

## SUPPORT BRANCH DIRECTOR

| | | |
|---|---|---|
| ***If no Unit Leaders are assigned, complete the highlighted priorities on the Unit Leaders job action sheets. These priorities can be found on the following pages in the blue shaded areas.***<br>• Document objectives, tactics, and assignments on the HICS 204: Assignment List<br>• Make assignments, and distribute corresponding Job Action Sheets and position identification<br>• Document objectives, tactics, and assignments on the HICS 204: Assignment List<br>• Make assignments, and distribute corresponding Job Action Sheets and position identification<br>• Determine strategies and how the tactics will be accomplished<br>• Determine needed resources<br>• Brief branch personnel on the situation, strategies, and tactics, and designate a time for the next briefing | | |
| **Activities**<br>• Initiate the process for requesting, acquiring, and distributing equipment and supplies, including personal protective equipment (PPE)<br>o Ensure that medication and patient care supply inventories are reported to Supply Unit<br>o Coordinate procurement with the Finance/Administration Section<br>• Initiate and communicate procedures for others to use to request additional personnel; ensure that a process is in place to acquire additional personnel from inside and outside the organization<br>• Ensure a process for addressing staff medical and behavioral health issues<br>• Ensure that employee family and dependent-care services are activated<br>• Ensure there is a process to respond to requests for internal and external transport of patients, supplies, and equipment<br>• Initiate procedures for providing facilities and logistical support to expanded patient care areas, alternate care areas, and other work locations, as needed<br>• Obtain information and updates regularly from the Logistics Section Chief<br>• Maintain current status of all Support Branch areas<br>• Consider development of a branch action plan; submit to the Logistics Section Chief if requested<br>• Inform the Logistics Section Chief of activities that have occurred; keep updated with status and utilization of resources and anticipated resource needs | | |
| ***** Priority Tasks from Reporting Position's Job Action Sheets**<br><br>**Employee Health and Well-Being Unit Leader**<br>• Project potential injury and illness impacts with the Operations Section Medical Care Branch Director<br>• Develop a medical care plan for staff, assign staff, levels of care,<br>• Document plan on HICS 206: Staff Medical Plan<br>• Coordinate claims with the Finance/Administration<br>• Track and trend staff illness and absenteeism;<br>• Institute monitoring programs for staff exposed to biological, chemical, or radioactive agents<br>• Implement behavioral health services for employees and volunteers as needed:<br>o Determine strategies to address issues created by extended work hours, family separation, injuries and illness exposures, and frequent poor patient outcomes<br>o Ensure that there is a process to refer personnel to needed resources (e.g., Employee Assistance Programs, faith based services, counseling)<br>o Work with the Operations Section Behavioral Health Unit to assign therapists to strategic locations (e.g., cafeteria, staff lounges, emergency department) to | | |

provide easy access for staff
  - Ensure line-of-duty death procedures are implemented as appropriate and according to the Hospital Fatality Management Plan
  - Ensure behavioral health services and staff are available for the Hospital Incident Management Team (HIMT)
- Implement Staff Prophylaxis Plan if indicated:

**Supply Unit Leader**
- Coordinate supply issues with the Operations Section Medical Care and other appropriate departments
  - Include potentially affected specialty departments (e.g., emergency department, operating rooms, critical care units)
  - Make recommendations on use reduction measures to preserve existing stockpiles
  - Review existing contracts and Memoranda of Understanding (MOU) to ensure needs are met as expected
- Determine specialty supplies necessary for response
- Place emergency orders of supplies, pharmaceuticals
- Assure distribution of reserve supplies to areas as indicated in the operational plan,
- Prepare to receive additional equipment, supplies, and pharmaceuticals

**Transportation Unit Leader**
- Designate resources (e.g., people and wheelchairs) to support ambulance off-loading areas during influx of patients; coordinate with the Operations Section Staging Manager and the Security Branch Director, and local emergency medical services
- Locate existing inventories of wheelchairs, stretchers, etc., and move them to locations designated in hospital plans
- Designate resources (e.g., people and gurneys or carts) to move patients, equipment, or supplies within the hospital as needed; coordinate with the Operations Section Staging Manager and the Medical Care Branch Director
- Coordinate requests for ambulance or medical air transport of patients to and from the hospital in concert with the Operations Section Medical Care Branch Director and the Liaison Officer
- Consider activation of local agreements for transportation services (bus companies, hotel shuttle operators, other local vendors)
- Coordinate issues related to vehicle access to ambulance and supply loading areas with the Operations Section Security Branch Director
-

**Labor Pool & Credentialing Unit Leader**
- Inventory existing personnel
- Coordinate staff call back process
- Coordinate with the Operations Security Branch for additional screening and issuance of special identification as needed
- Implement emergency credentialing process for volunteer medical staff or community members using HICS 253: Volunteer Registration, per existing policy
- Director the process for all sections to request additional personnel for their area
- Obtain additional personnel as needed (staff recall, use of agency personnel, mutual aid, Medical Reserve Corps, etc.) to meet staffing needs
- Coordinate verification of credentials and licensure per the volunteer utilization plan and mutual aid sharing agreement
- Assign resources to requesting locations; coordinate with the Staging Manager
- Ensure the provision of nutrition and hydration for personnel in the Labor Pool and Credentialing area in coordination with the Food Services Unit

# HICS IMT Chart and Job Action Sheets for Small and Rural Hospitals

Are designed to help make Incident Command work for small hospitals.

Understanding the responsibilities, the tasks, the documentation /forms and the flow of communication are essential to a successful response.

# The Key to Success!

**Practice!**

**Practice!**

**Practice!**

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Website: www.preped.org

**Small Hospital JAS at:**
https://preped.org/resources/hospital-resources/

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

# Moderator Roundtable

John Hick

Mandi Sralla, RN, Chief Nursing Officer and Director of Emergency Services, Connally Memorial Medical Center (TX)

ASPR

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

# Mass Shootings and Rural Areas

- November 5, 2017 a gunman opened fire in the First Baptist Church of Sutherland Springs (TX), killing 26 and injuring 20
- Received some of the injured to Connally Memorial Medical Center, a 44 bed facility (10 in ED, 1 major trauma bay) that averages 8-10 patients/day and 35 ER visits/day. Closest Level 1 trauma center is approx. 45 min.

# Mass Shootings and Rural Areas

## Overview of Events

| | |
|---|---|
| 11:15 a.m. | Incident Command requested all mass casualty resources. |
| 12:00 p.m. | Incident Command came back over the air and reported that there were more than 20 wounded, including children. We had the benefit of hearing this over the radio before patients arrived, giving us time to prepare. |
| 12:15 p.m. | The first call came from EMS stating they were inbound with a small child with multiple GSW. This patient ended up being the most severely injured we received. Injuries included multiple suspected entrance and exit wounds, a shattered pelvis and femur, and we could see the back of the patient's spine. The patient was bleeding profusely, so the first things Dr. Kingdon and our tech did were pack the wounds with QuikClot© and administer blood. We called the aircraft for a transfer.<br><br>The IC and mass triage at the scene had already isolated who needed to go by air or by ground and who was deceased. They were able to divert one of the aircraft coming from San Antonio to us to pick up this young patient. During a subsequent hot wash, we found out that the reason this pediatric patient lived is because we stopped the bleeding. This child is now back at school and doing well physically. |
| 12:25 p.m. | EMS pulled up with three patients in the back. These patients had GSW to the extremities and abdomen, and were varying levels of critical. |
| 12:35 p.m. | MEDCOM called us back and said they would auto accept all trauma transfers; we just needed to have the doctor call and provide a full patient report. |
| 12:50 p.m. | Received three adult patients. |
| 12:53 p.m. | Received two more patients.<br><br>After that, some patients came in their own cars, primarily with ricochet injuries. The church is very small and there was only one exit door. People were trying to escape, but they were crushing each other in the process; this led to additional injuries. |
| 1:50 p.m. | We transferred our last patient to a Level 1 facility. One was transferred by helicopter, three went by ground. MEDCOM did help arrange the ambulances and air transport. Only one patient was admitted to our hospital. |

Full interview, *Mass Shootings and Rural Areas*, available in **ASPR TRACIE Exchange Issue 7**

ASPR ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

TRACIE HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

# Question & Answer

# Contact Us

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