



# Incident Command & Management



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- Past Experience

- Emergency Preparedness Coordinator – SVH
- Hospital Emergency Response Team (HERT) Leader - SVH
- Trauma Education & Injury Prevention Coordinator – SVH
- Deputy Sheriff / Deputy Coroner - YCSO



# Objectives

- Define:
  - Emergency Preparedness (EP)
  - Incident Management (IM)
  - National Incident Management System (NIMS)
  - Incident Command System (ICS)
  - Unified Command
  - Hospital Incident Command System (HICS)



# Objectives

- Identify the command and general staff functions within ICS
- Recognize the purpose of each command staff role within ICS
- Identify the role of NIMS
- Identify the NIMS implementation activities for hospitals
- Discuss components of HICS
- Recognize the requirements of the CMS Final Rule

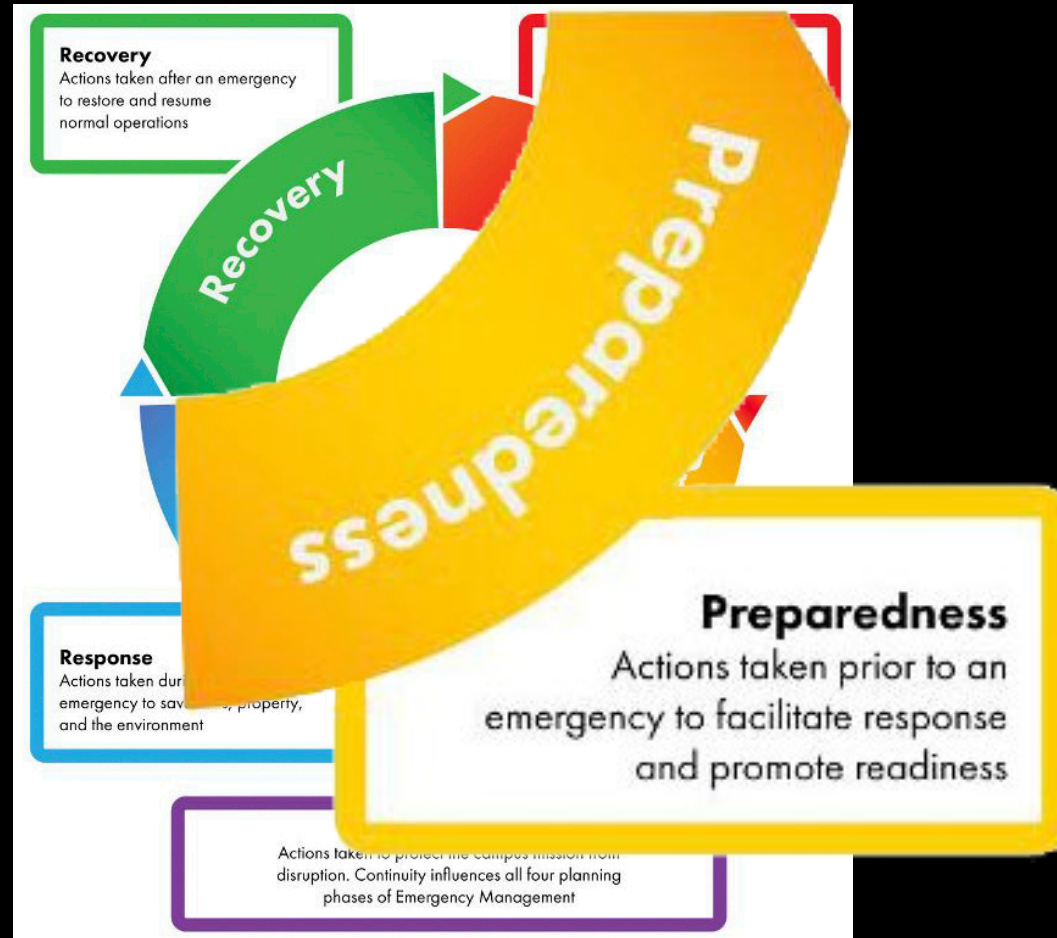


# Emergency Preparedness

- Preparedness is defined by DHS/FEMA as "a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response."



# Emergency Preparedness



# Emergency Preparedness

- Hazard Vulnerability Analysis
- Emergency Operations Plan
- Training
- Testing

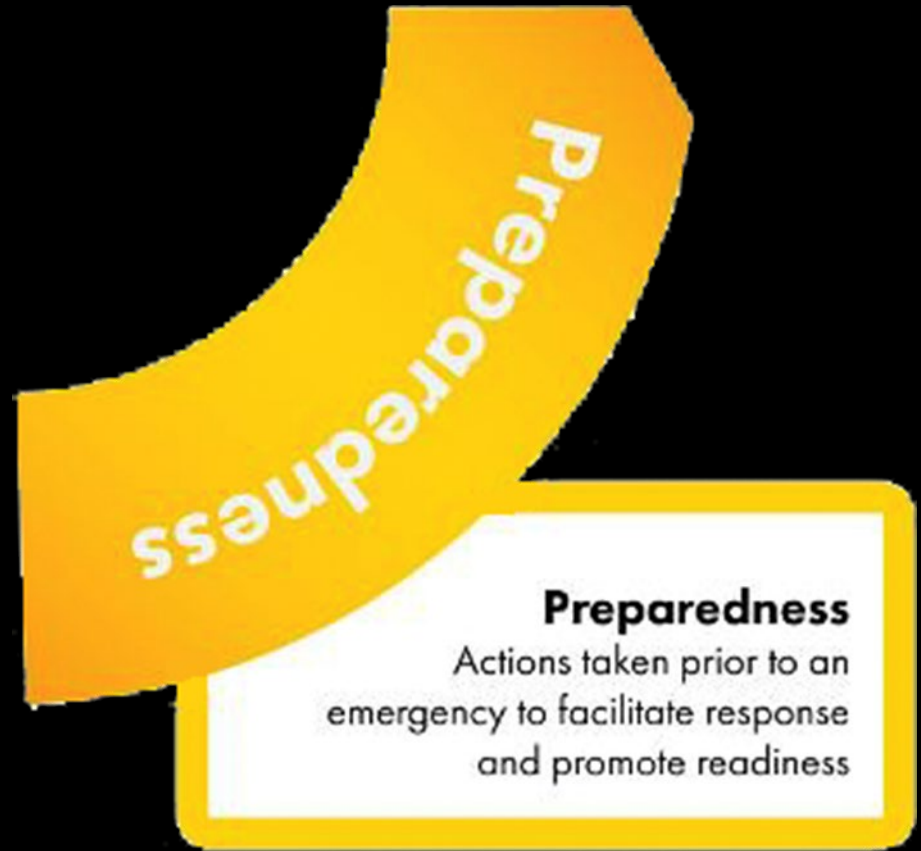




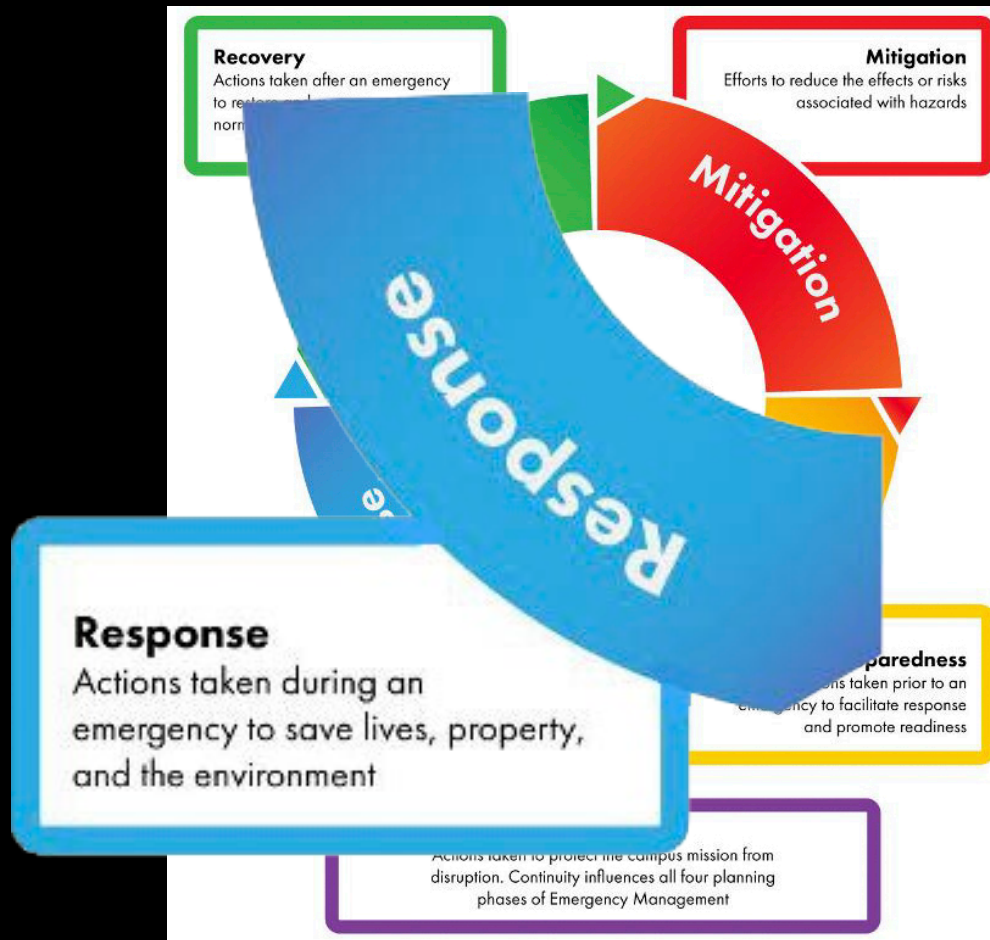
# Emergency Preparedness

- JC Six Critical Areas

- Communication
- Resources and Assets
- Safety and Security
- Staff Responsibilities
- Utilities Management
- Patient Clinical and Support Activities



# Emergency Preparedness



# Emergency Preparedness

- Incident Action Plan
  - Objectives, Strategies, Tactics
- Identify & Mobilize Resources

Response

## **Response**

Actions taken during an emergency to save lives, property, and the environment



# Emergency Preparedness



# Emergency Preparedness

## **Recovery**

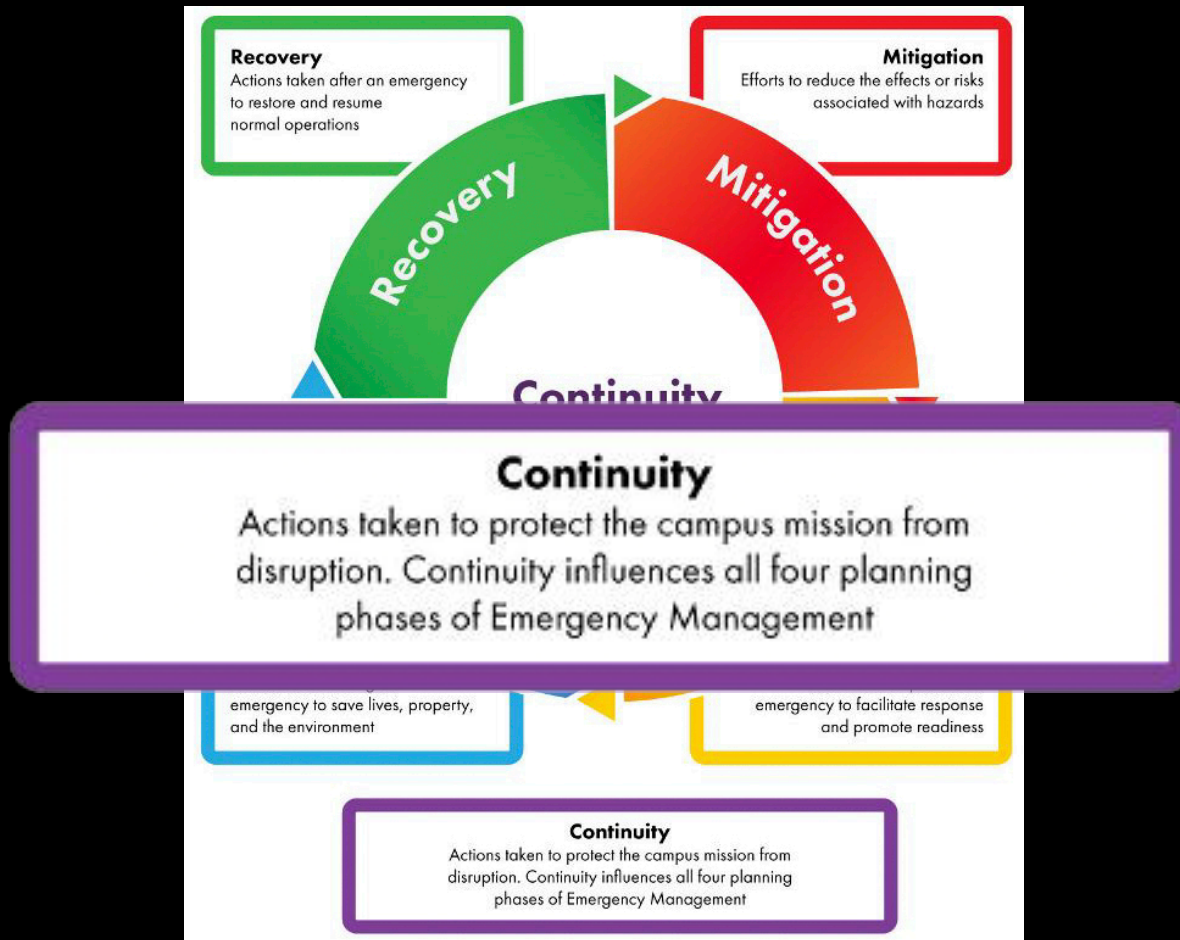
Actions taken after an emergency to restore and resume normal operations

Recovery

- Return to Normal
- “New Normal”



# Emergency Preparedness



# Emergency Preparedness

- Ensuring Infrastructure Capability
  - Power, Heat/Cooling, Med Gasses, Internet, Phones
- Maintaining Availability of Critical Resources
  - Staff, Equipment, Supplies, Space
- Ensuring Critical Process are maintained
  - Patient Care, Patient Tracking, Documentation

## **Continuity**

Actions taken to protect the campus mission from disruption. Continuity influences all four planning phases of Emergency Management



# Emergency Preparedness

Questions?







# Incident Management

- A term describing how an agency, institution, facility, or organization manages resources and personnel, in an attempt to gain, obtain, or retain control over a situation or incident, whether emergent or disastrous



# Factors Influencing Incident Dynamics

- Constant situational changes
- Information management challenges
- Difficulty seeing the big-picture
- Critical time considerations

These types of situations can be:

- Complex
- Confusing
- Dynamic
- Unpredictable
- Overwhelming
- Dangerous



# Incident Management

- Consequences of failure to manage:
  - Injuries or death
  - Compromised property or infrastructure
  - Environmental damage or contamination
  - Poor public image of facility, agency, institution, or organization



# Incident Management

- ◆ Effective incident management requires:
  - ❑ Planning and exercising *prior to* an incident
  - ❑ Accurate assessment of the incident
  - ❑ Establishment of realistic objectives
  - ❑ Setting of priorities
  - ❑ Management and assignment of resources
  - ❑ Working with outside agencies/ organizations
  - ❑ Frequent reassessment
  - ❑ Recovery in a timely manner



# Incident Management

## ◆ Priorities:

- ❑ Preservation of safety, health, and life
- ❑ Property and infrastructure protection
- ❑ Mitigation of harm, destruction and long-term effects on the community



# Incident Management

- Many incidents will be so large or complex as to require multi-organizational responses
- All partners share a common goal, yet retain their unique responsibilities
  - Fire/EMS
  - Law Enforcement
  - Public Health and Medical
  - Community stakeholders



# Incident Management

- Keys to incident management are:
  - **Standardization**
  - **Communication**
    - Effective and Efficient
  - **Flexibility**



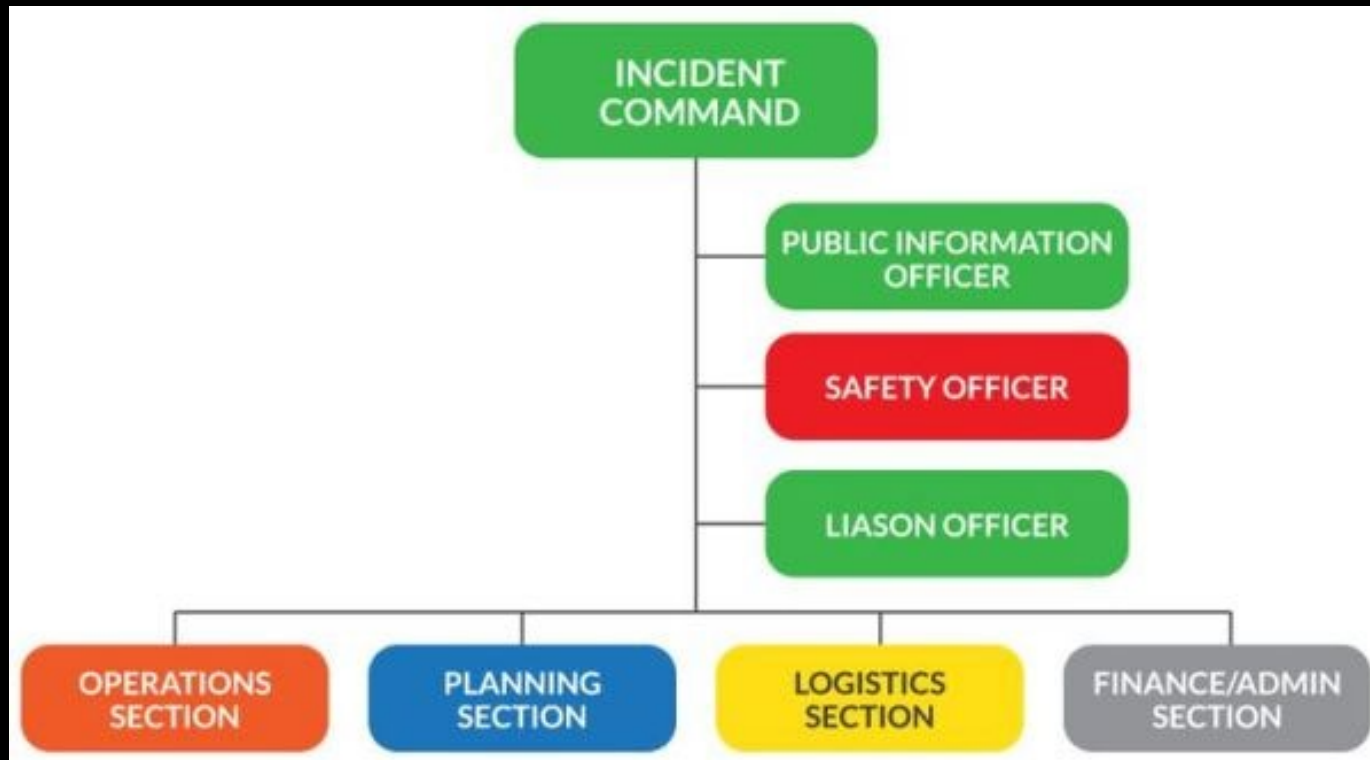


# Incident Management

Questions?



# Incident Command System (ICS)



# Incident Command System (ICS)

- ◆ ICS is a standardized organizational response system designed to expand and contract operationally in order to meet the needs of a given incident
- ◆ ICS uses management and business principles to facilitate effective and efficient incident management



# History of ICS

- Late 1960s and early 1970s - Southern California Wildfires
  - Challenges with response due to a lack of:
    - Span of control - overloaded Incident Commanders
    - Accountability
    - Effective communication
    - Systemic planning
    - Integrated interagency cooperation



# ICS Compliance

- Joint Commission (TJC)
  - *Joint Commission Hospital Accreditation Standards*
- National Fire Protection Association (NFPA)



# Specific ICS Compliance

- ◆ The Department of Homeland Security required full NIMS implementation to be completed by September 30, 2006. Some of the major aspects of NIMS are:
  - ❑ Institutionalize the use of the Incident Command System (ICS).
  - ❑ Local governments must use ICS for the entire response system under their jurisdiction.
  - ❑ Institutionalization is the process that encompasses ICS training, exercising, and everyday utilization on all hazards;

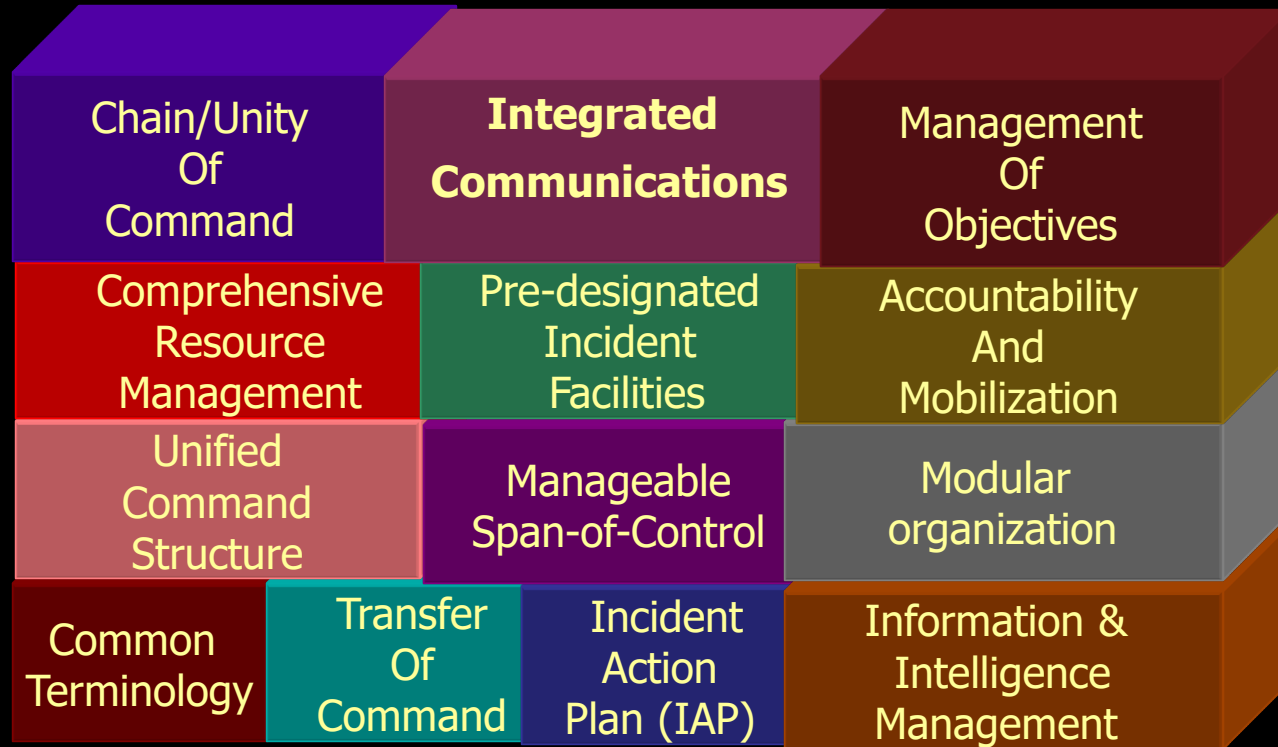


# Specific ICS Compliance

- Incident Command System (ICS):
  - Manage all emergency incidents and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS.
  - ICS implementation must include the consistent application of Incident Action Planning and Common Communications Plans.



# ICS Key Components





# ICS Function

- ICS is...
  - A means to facilitate the rapid melding of various organizations into a common structure
  - For all entities
  - For all types and kinds of incidents
  - Complimentary to management principles
- ICS is NOT...
  - A means to gain control over others
  - Only for the government
  - Restricted to large incidents
  - A competitor of usual chains of command



# ICS Challenges

- Lack of pre-defined methods to integrate ICS and interagency requirements into the planning process and incident management structure
- Lack of planning pertaining to recovery - demobilization, rehabilitation, and a return to normalcy



# ICS Terminology

## ◆ Incident Commander (IC):

- ❑ Has overall responsibility at the incident or event
- ❑ Sets incident objectives

## ◆ Command Staff:

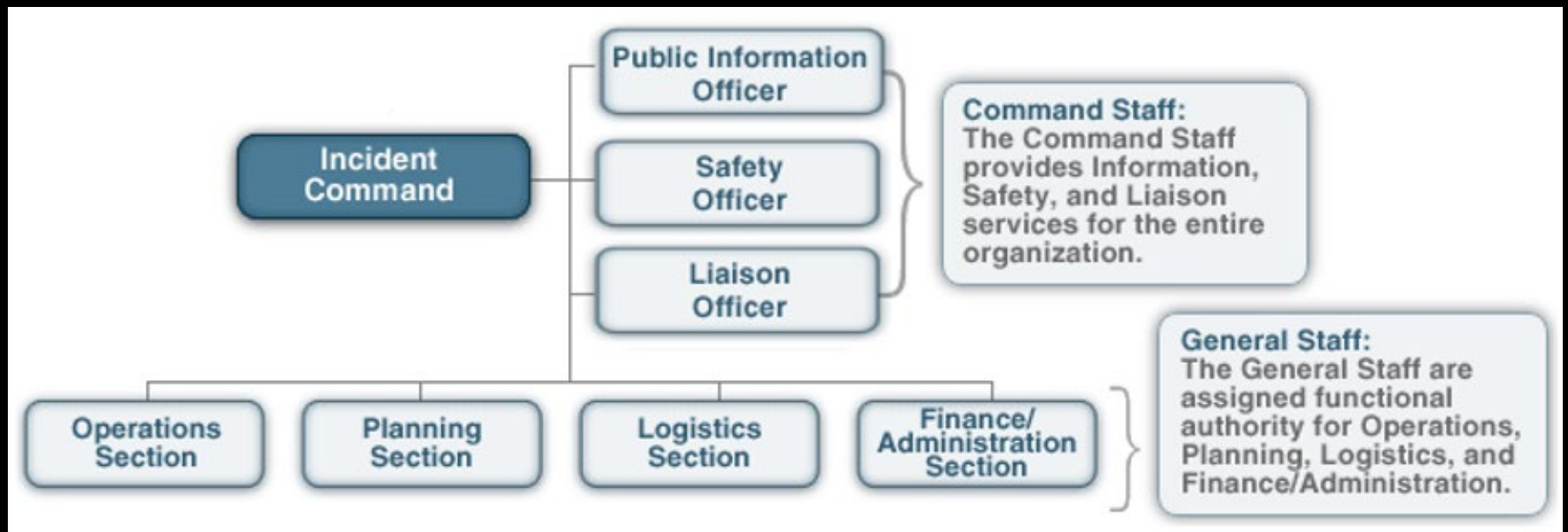
- ❑ Leaders in safety and protection, liaison between different agencies, and management of public information

## ◆ General Staff:

- ❑ Handlers of Operations, Logistics, Planning, and Finance and Administration



# ICS Command Staff and General Staff



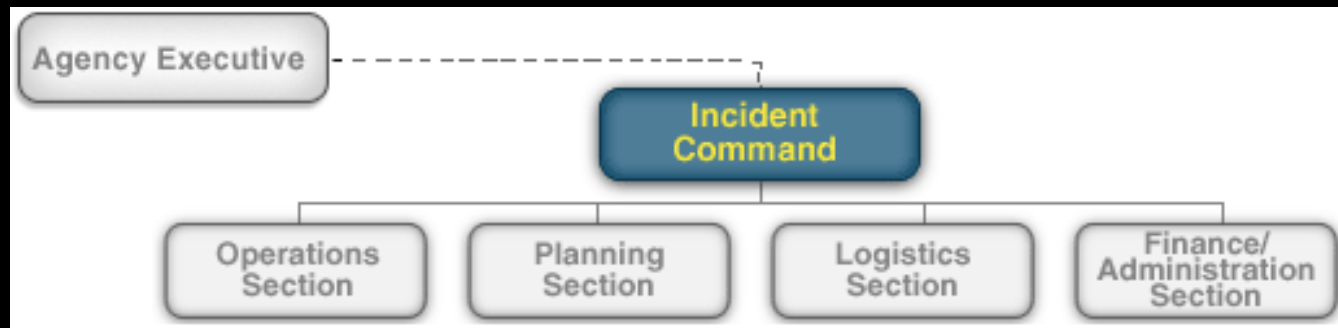
# ICS Structure

- ◆ As incidents become more complex, the IC can expand the system to meet operational needs.
- ◆ As incidents become resolved, the system can contract accordingly.



# ICS - Incident Command (IC)

- ◆ In a hospital setting, the facility director or CEO is known as the **Agency Executive**
  - Authority from this position is delegated to the IC
- ◆ While not all ICS positions are required to be filled, the IC position is always staffed.



# Roles and Responsibilities of the Incident Commander (IC)

- Roles
  - Provide overall leadership for incident response
  - Manage incident objectives
  - Delegate authority to others
  - Take general direction from the agency executive
- Responsibilities
  - Ensure safety of the incident
  - Provide information services to internal and external stakeholders
  - Establish and maintain liaison with other organizations involved with a given incident



# ICS Command Staff

- ◆ Designated by the IC:
  - ❑ Public Information Officer (PIO)
  - ❑ Safety Officer
  - ❑ Liaison Officer





# ICS General Staff

- **Incident Command (IC +/- Command Staff):**
  - **Finance/Administration:** Provides accounting, procurement, time recording, and cost analyses
  - **Logistics:** Provides support, resources, and other needs required for operational objectives
  - **Operations:** Conducts tactical operations and directs all tactical resources
  - **Planning:** Prepares and documents the Incident Action Plan (IAP), collects and evaluates information, maintains resources status and documentation

F L O P



# Unified Command

- The Unified Command organization consists of the Incident Commanders from the various jurisdictions or organizations operating together to form a single command structure.



Fire &  
Rescue  
Incident  
Commander

Local Law  
Enforcement  
Incident  
Commander

HazMat  
Incident  
Commander

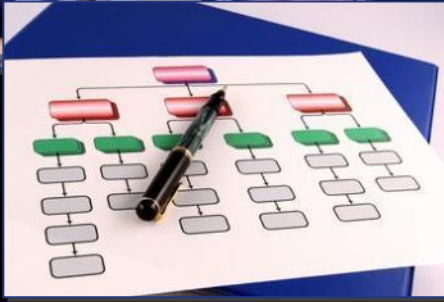


# Unified Command Benefits

- A shared understanding of priorities and restrictions.
- A single set of incident objectives.
- Collaborative strategies.
- Improved internal and external information flow.
- Less duplication of efforts.
- Better resource utilization.



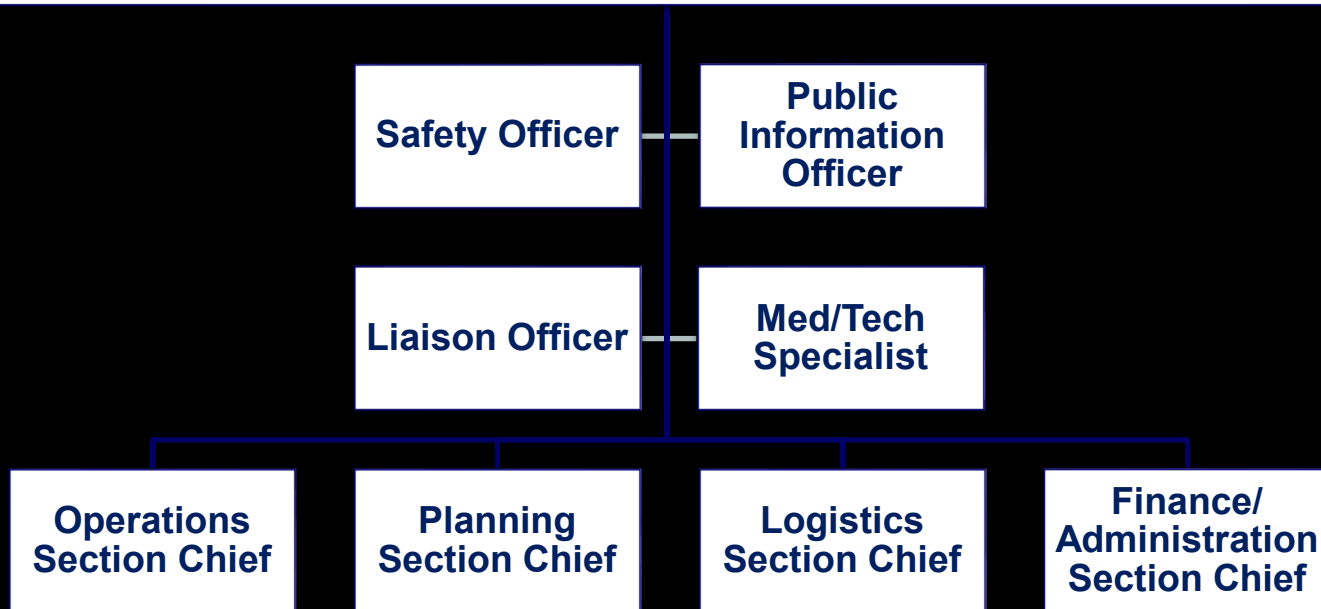
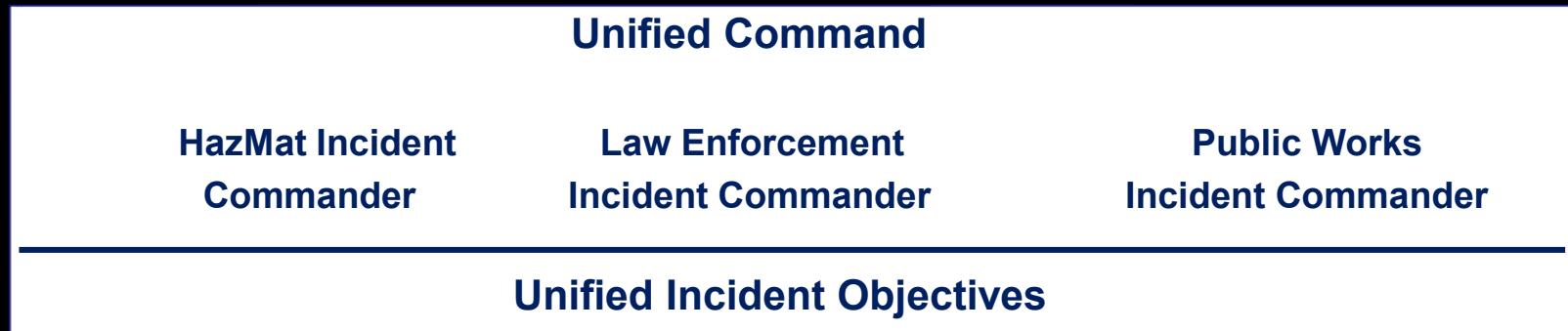
# Unified Command Features

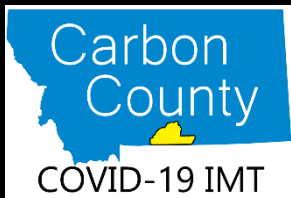


- A single integrated incident organization
- Co-located (shared) facilities
- One set of incident objectives, single planning process, and Incident Action Plan
- Integrated General Staff – Only one Operations Section
- Coordinated process for resource ordering

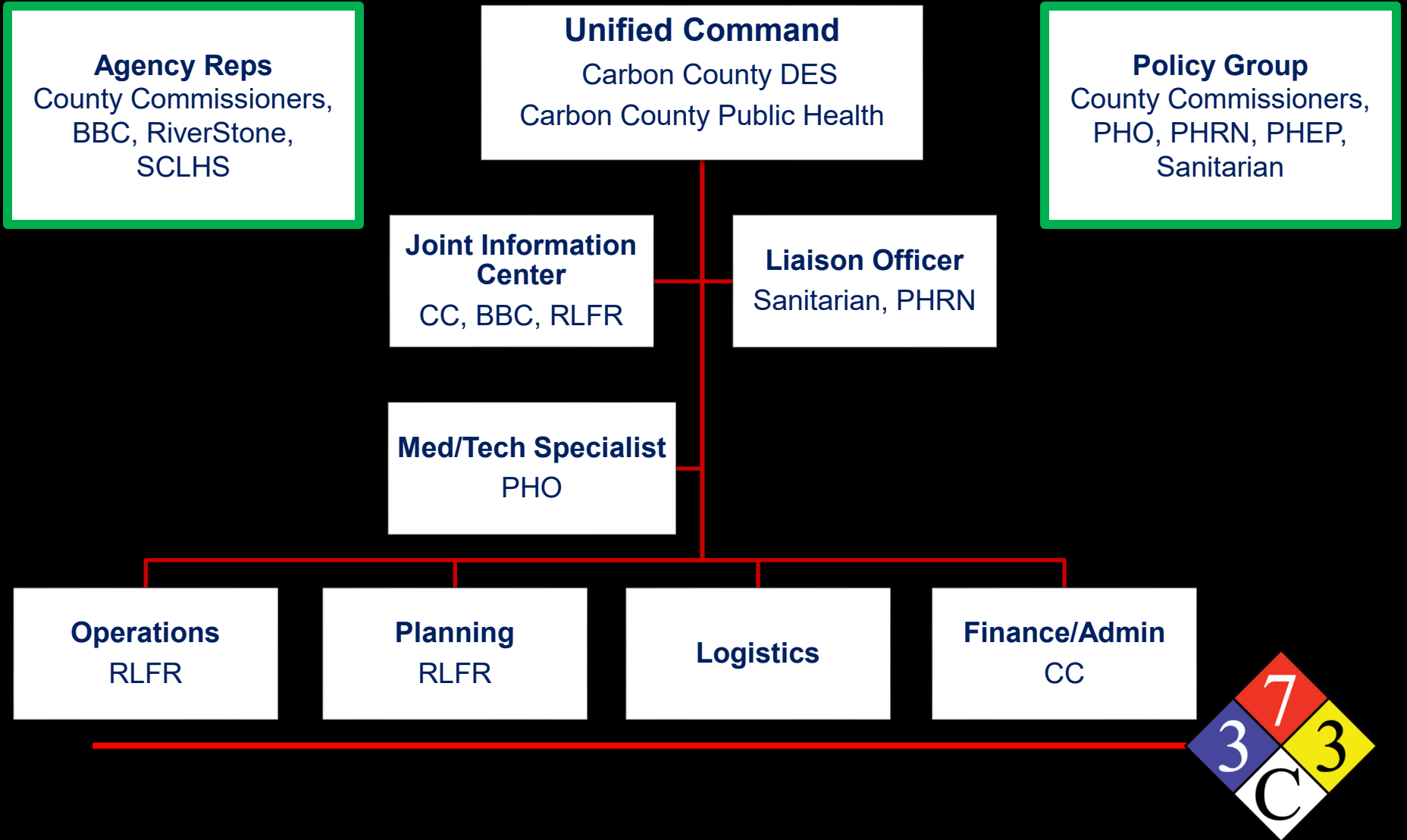


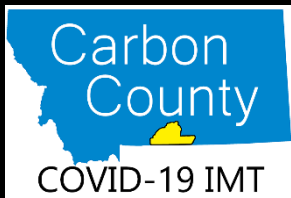
# Possible Organization



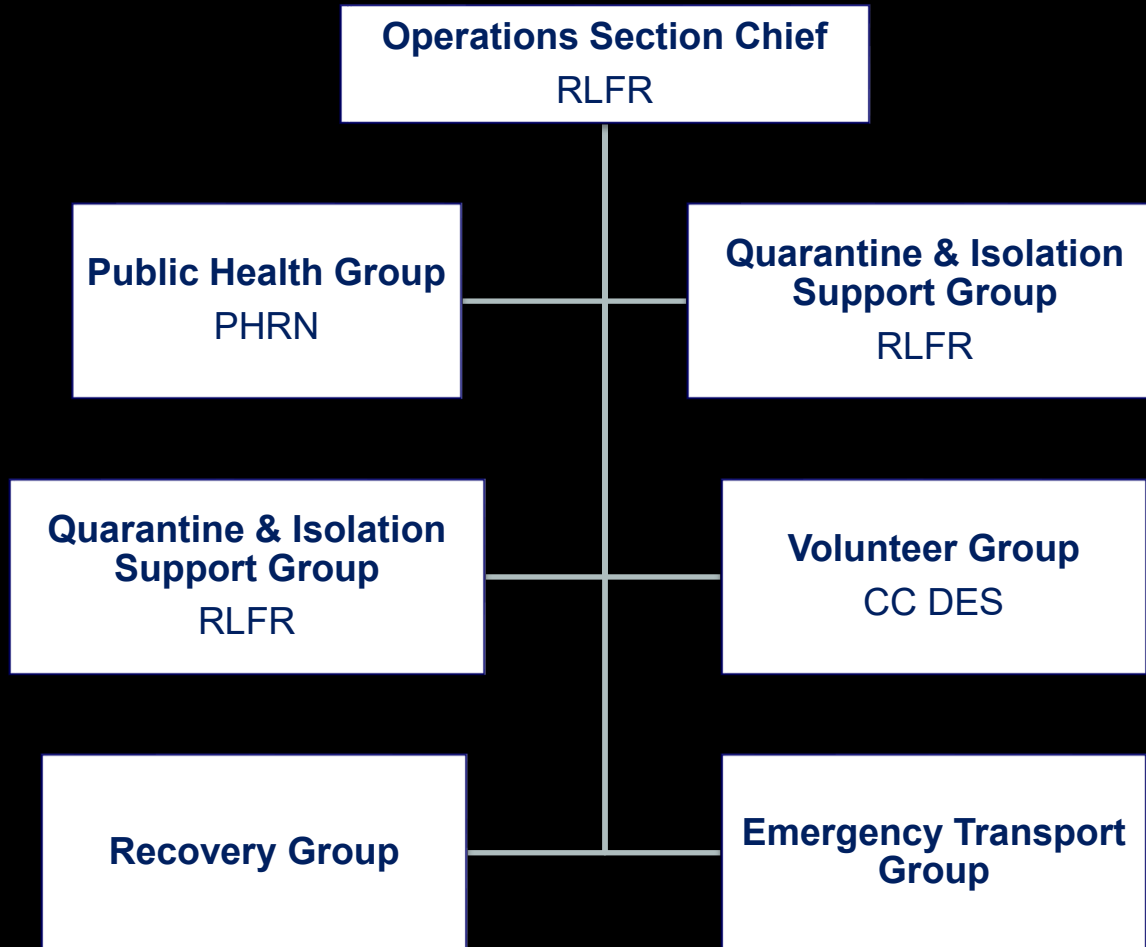


# Carbon County COVID-19 IMT



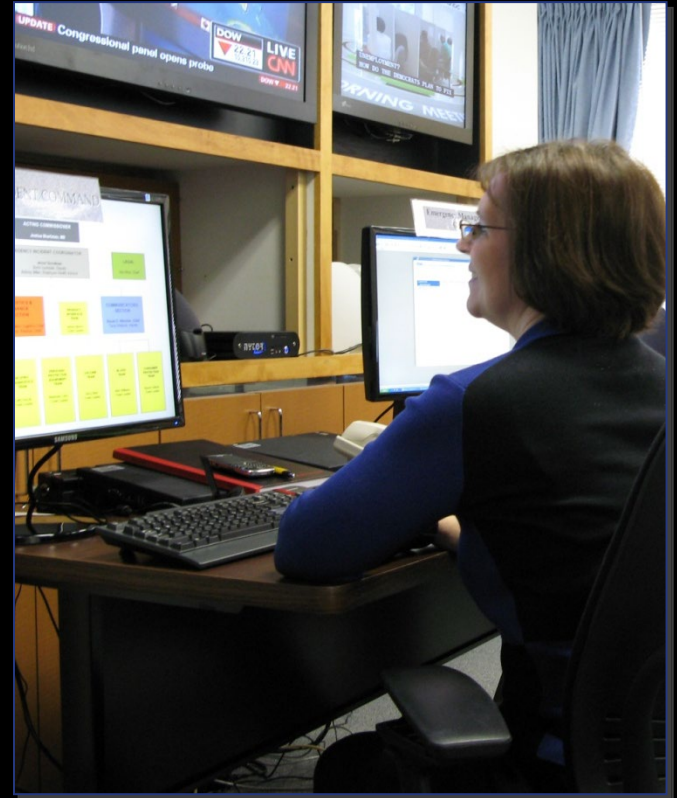


# Carbon County COVID-19 IMT



# Making Unified Command Work

- Include key community response personnel.
- Make sure that first responders know their legal and ethical responsibilities.
- Learn ICS.
- Train and exercise together.





# Incident Command System (ICS)

**Questions?**






# National Incident Management System (NIMS)

NATIONAL INCIDENT  
MANAGEMENT SYSTEM

March 1, 2004

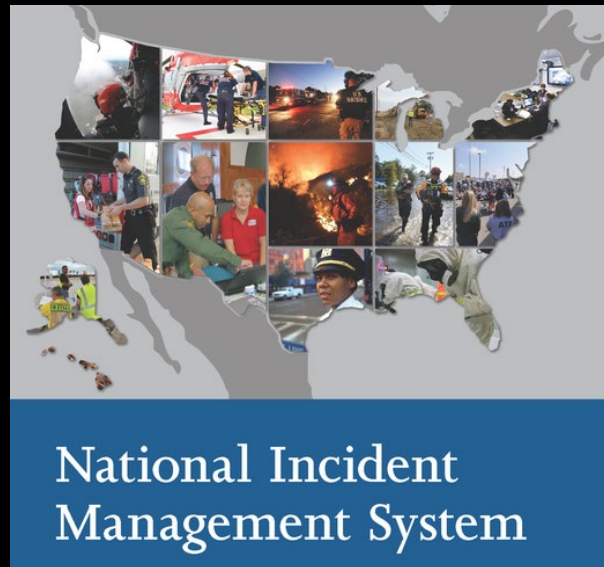


Homeland  
Security



# NIMS

- All agencies that receive federal emergency preparedness funding must be NIMS compliant



# NIMS: Standardizing Incident Management

- ◆ Facilitates a national standardization for incident management
- ◆ Allows for effective and efficient mitigation, preparedness, response, and recovery from incidents of any kind
- ◆ Incorporates private industry as well as federal, state, tribal, and local governments and agencies



# NIMS: Critical Concepts

- Standardization
  - Terminology
  - Concepts
  - Command
- Flexibility
  - Applicable to all types of incidents
  - “All-hazards” capable



# NIMS Integration

- ◆ Mandated for Federal agencies
- ◆ Required for use by state, local, and non-governmental agencies, organizations, and/or institutions
- ◆ \$\$\$ - Grants and contracts dependent on NIMS integration



# NIMS Compliance

## ◆ Hospitals

□ Integrate the Objectives and the *14 Elements* of NIMS

□ Objectives

- ◆ Adoption
- ◆ Preparedness Planning
- ◆ Preparedness Training and Exercises
- ◆ Communications and Information Management
- ◆ Command and Management



# Becoming NIMS Compliant

## Adoption

1. Adopt NIMS throughout healthcare organizations
2. Ensure Federal Preparedness awards support NIMS Implementation





# Becoming NIMS Compliant

## Preparedness Planning

3. Revise and update the EOP, SOP, and include the National Response Framework
4. Participate in interagency mutual aid and/or assistance agreements



# Becoming NIMS Compliant

## Preparedness Training and Exercises

5. Identify the proper personnel to complete ICS-100, ICS-200 & IS-700

6. Identify the appropriate personnel to complete IS-800

7. Promote NIMS concepts and principles into all training and exercises



# Becoming NIMS Compliant

## Communications & Information Management

8. Promote and ensure that equipment, communication, and data interoperability are implemented throughout the organization
9. Apply common and consistent terminology as promoted in NIMS
10. Utilize systems, tools, and processes that collect & distribute data during an incident or event



# Becoming NIMS Compliant

## Command and Management

11. Manage all events in accordance with the ICS organizational structures as defined by NIMS

12. ICS implementation must include the application of Incident Action Planning (IAP) and common communication plans



# Becoming NIMS Compliant

## Command and Management, cont.

13. Adopt the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) during an event
14. Ensure that public information procedures and processes gather, verify, coordinate and disseminate information during an incident or event



# NIMS Review: What is NIMS?

The National Incident Management System serves as a means to:

- Standardize the nation's command and management ***structure*** at all levels
- Promote a ***unified approach***
- Emphasize ***preparedness***

...thus facilitating interoperability, communication, and other factors to assure an effective and efficient management process.



# National Incident Management System

**Questions?**





- The Hospital Incident Command System (HICS) is analogous to the Incident Command System (ICS) regarding to purpose, application, components, principles, functions, and structures





# History of HICS

- 1987 – Hospital Council of Northern California adapts FIRESCOPE ICS to hospitals
- 1991 – Hospital Emergency Incident Command System (HEICS) I first released
- 1993 – HEICS II released
- 1998 – HEICS III released
- 2006 – Project to revise HEICS, developing version IV creates the NIMS-compliant HICS
- 2014 – Updated HICS IV
- 2016 – Updated to HICS



# HICS- Guidebook



**H** HOSPITAL INCIDENT COMMAND SYSTEM

**Guidebook**  
Fifth Edition 2014

Project Sponsored by

With Support from

Contract Support Team

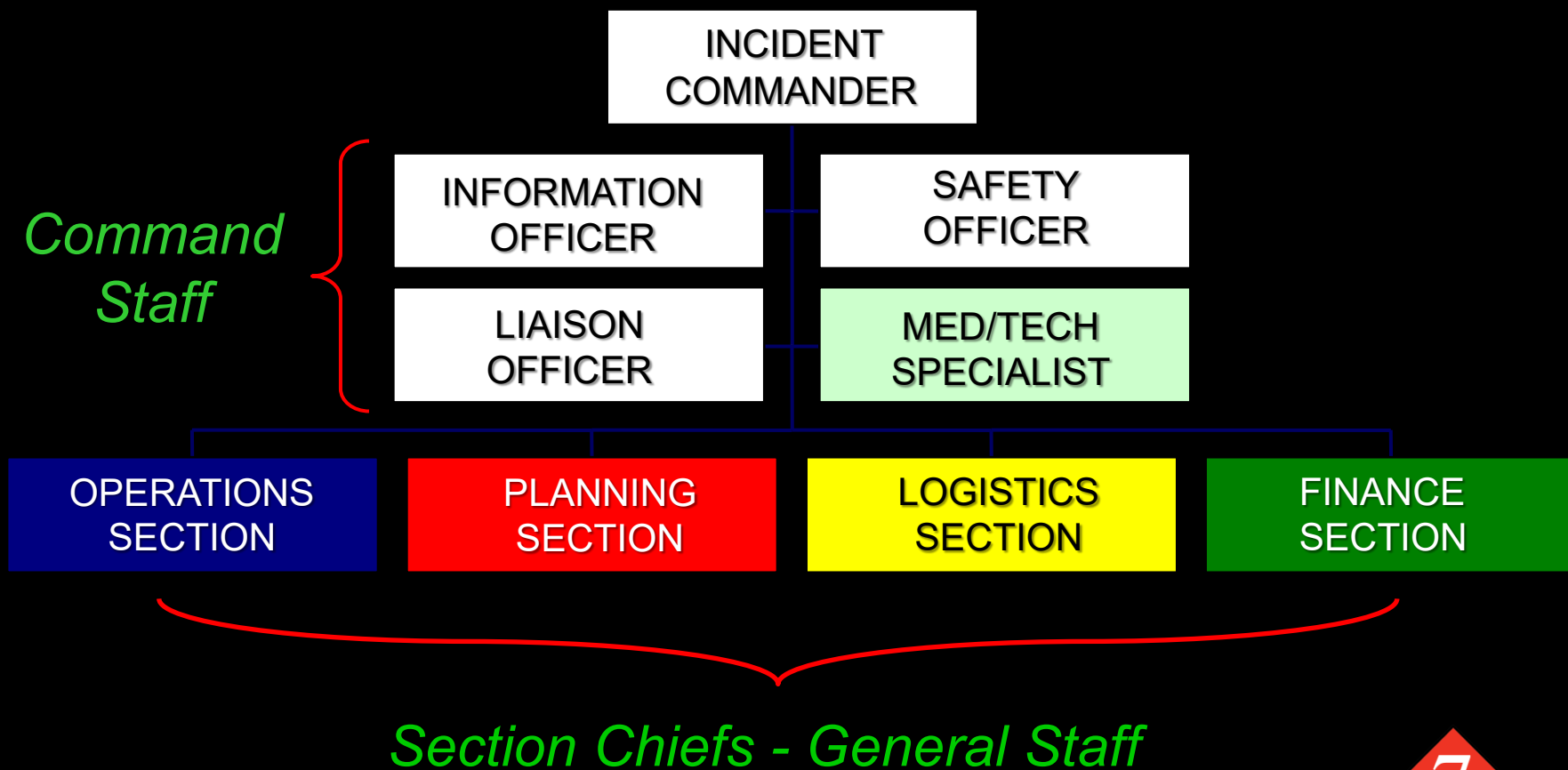


# Valuable Resources found in HICS

- Drill/Exercise Scenarios
  - Homeland Security
  - Hospital Specific
- Incident Planning Guides (IPG)
- Incident Response Guides (IRG)
- Job Action Sheets (JAS)
  - Subdivided into five sections
- HICS Forms/checklists
- Training Materials
- Lists for critical positions
  - IC
  - Section Chiefs
  - Branch Directors
  - Tech/specialists
  - Unit Leaders
  - Officers
  - Managers



# Basic Structure of HICS



# HICS Command Staff

**Commander**

Depending upon need, I serve as an in-house consultant to the Commander

I obtain and share approved information with the media

**PIO**

**Liaison**

**Safety**

**Med/Tech Specialist**

“Talker”

“Coordinator”

“Enforcer”

“Consultant”

I coordinate with external agencies supporting the operations

I ensure safety of staff, patients, and visitors, and monitor and correct hazardous conditions



# HICS General Staff

I collect, track, document, plan, and manage information and resources

**Commander**

I am responsible for tracking and approving expenditures, claims, and costs

**Planning**

**Operations**

**Logistics**

**Finance**

“Thinkers”

“Doers”

“Getters”

“Payers”

I oversee the tactical execution of incident goals and objectives

I assure hospital personnel are fed, have communications, medical support, and transportation resources to meet the operational objectives



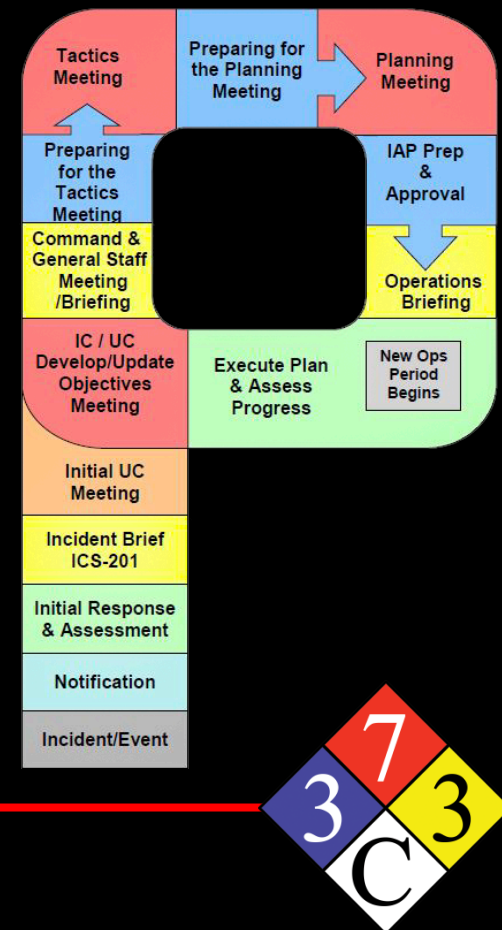
# HICS Operations Section

- ◆ Manages:
  - ❑ Medical operations needed to carry out the tactical plan
  - ❑ Patient care resources
- ◆ Ensures:
  - ❑ Business continuity
  - ❑ Facility and personnel protection - security
  - ❑ Infrastructure operations
  - ❑ Patient decontamination



# HICS Planning Section

- Collects and evaluates information
- Maintains resource status
- Prepares the IAP
- Maintains documentation
- Facilitates demobilization plan





# HICS Logistics Section

- Provides support/service to operations
- Manages internal and external resources
- Utilizes standard and emergency requisition protocols
- Cooperates with local EOC, Public Health, and Hospitals as needed
- Serves internal clients only



# HICS Finance/Administration Section

- Manages all costs related to the incident
- Provides accurate accounting, procurement, and time recording
- Manages and accounts for claims and cost analyses



# HICS Summary

- HICS is
  - ICS
  - NIMS compliant
  - “All hazard”
  - Hospital and healthcare specific



# HICS

**Questions?**



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# The CMS Emergency Preparedness Final Rule

42 CFR 482.15

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# The Basics

- Draft rule first published in the Federal Register on December 27, 2013
- Final Rule published in the Federal Register on September 16, 2016 (pg. 64,028)
- Became “Surveyable” on November 16, 2017
  - (Lisa Parker, Director of Institutional Quality Standards, Center for Clinical Standards and Quality, CMS)
- Applies to 17 Medicare and Medicaid providers and suppliers



# The 17 Provider/Supplier Types

- Hospitals
- Religious Nonmedical Healthcare Institutions (RNHCI's)
- Ambulatory Surgical Centers (ASC's)
- Hospices
- Psychiatric Residential Treatment Facilities (PRTF's)
- All-Inclusive Care for the Elderly (PACE)
- Transplant Centers
- Long Term Care Facilities (LTC)
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- Home Health Agencies (HHA's)
- Critical Access Hospitals (CAH's)
- Comprehensive Outpatient Rehabilitation Facilities (CORF's)
- Clinics, Rehabilitation Agencies, & Public Health Agencies as Providers of Outpatient Physical Therapy & Speech-Language Pathology Services
- Community Mental Health Centers (CMHC's)
- Organ Procurement Organizations (OPO's)
- Rural Health Clinics (RHC's) & Federally Qualified Health Centers (FQHC's)
- End Stage Renal Disease (ESRD) Facilities



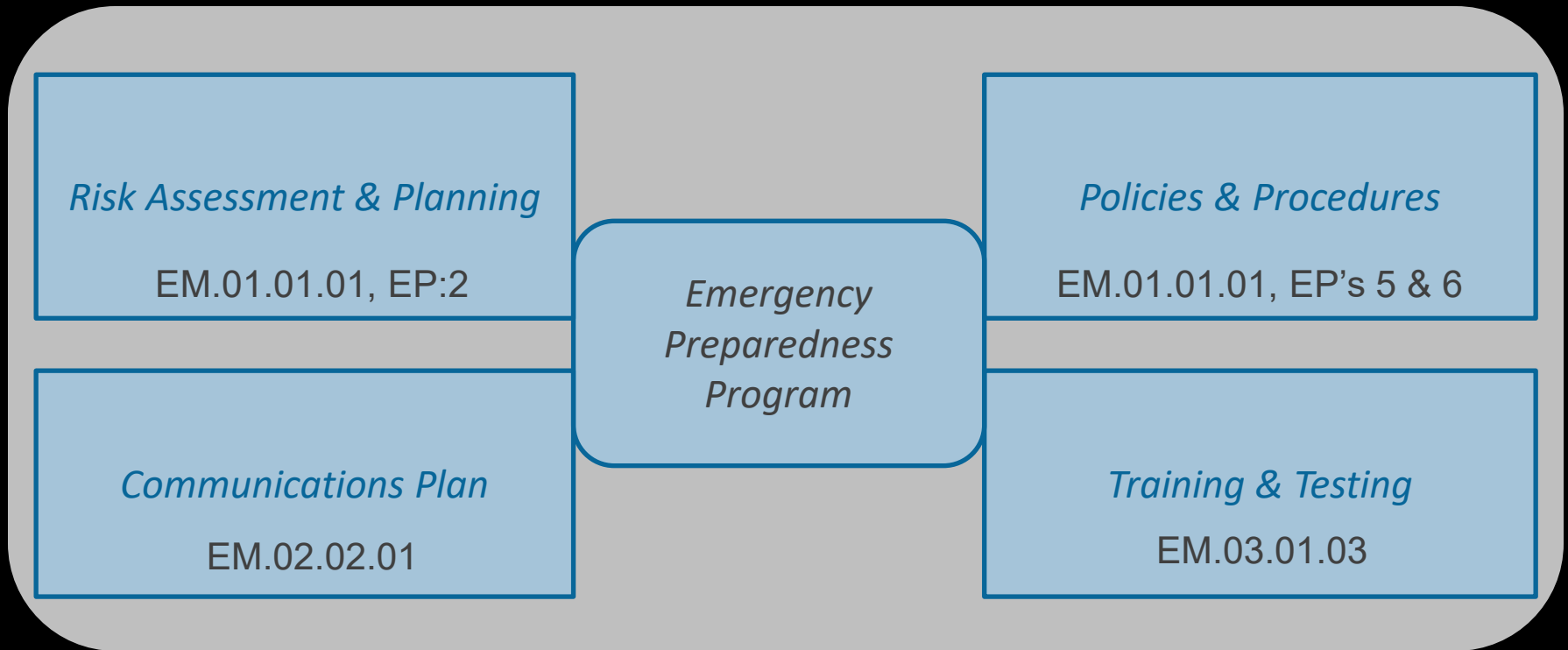
# Good Rules of Thumb

- Do you already have to comply with other Conditions of Participation (e.g.: life safety, EOC, governing body, medication management, medical records?)
- Do you participate as a facility in Medicare? That is, do you seek out Medicare beneficiaries as clients and accept Medicare payment?
- If so, it is highly likely this rule applies to your organization.





# Four Provisions For All Provider Types



# Risk Assessment & Planning

- Perform risk assessment using an “all-hazards” approach that focuses on capacities and capabilities
  - Consider care-related emergencies
  - Equipment and power failures
  - Interruptions in communications, including cyber attacks
  - Loss of all/portion of facilities and/or supplies
- Develop an emergency plan based on a risk assessment
- Plan must be reviewed and updated annually.



# Policies & Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment.
- Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency.
- Policies and procedures must be reviewed and updated at least annually.



# Communications Plan

- Develop a communications plan that complies with both federal and state laws.
- Systems should be included to connect staff, patients, doctors, and others
- Coordinate patient care within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies.



# Training and Testing Program

- Develop and maintain training and testing programs, including initial training in policies and procedures.
- Demonstrate knowledge of emergency procedures and provide training at least annually
- Update emergency plan at least annually
- Exercises required to test the emergency plan



# The Exercise Requirements

- One community based full scale exercise
- A second exercise of the provider's choice.
  - It appears at this writing that CMS will accept a tabletop for the second exercise
- An actual emergency that activates the Emergency Operations Plan will exempt the provider from the FSE for one year.



# CMS' Definition of "Full Scale Exercise"

- The simulation of an anticipated response to an emergency involving actual operations and the community. This would involve the creation of scenarios, the engagement and education of personnel, and mock victims/patients. It would also involve participation from other providers, suppliers, and community emergency response agencies.

--(Ronisha Blackstone, Emergency Preparedness Team, Center for Clinical Standards and Quality, CMS)



# CMS' Definition of "Full Scale Exercise"

- CMS does reference the U.S. Department of Homeland Security definition of a Full-Scale Exercise:
  - A multi-agency, multi-jurisdictional, multi-discipline exercise that involves both functional and "boots on the ground" responses.





# FSE Exception

- If a community-based exercise is not feasible, the requirement does allow providers to conduct a testing exercise that is based on the individual facility.

--(Ronisha Blackstone, Emergency Preparedness Team, Center for Clinical Standards and Quality, CMS)



# Emergency and Standby Power Systems

- Specific requirements for hospitals, critical access hospitals, & long-term care facilities.
- Generators must be located in accordance with the Healthcare Facilities Code (NFPA 110) and the Life Safety Code.
- Testing, inspection, and maintenance must comply with the Healthcare Facilities Code (NFPA 110) and the Life Safety Code.
- Maintain sufficient fuel to sustain power during an emergency.



# Healthcare Systems

- A health care system consisting of multiple separately certified health care facilities may elect to have one unified and integrated emergency preparedness program across the system.
- The integrated emergency plan and policies and procedures must be developed in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
  - In addition, a risk assessment must be conducted for each separately certified facility in the system.
  - Each separately certified facility must meet the Conditions of Participation on its own.



# Resources

## The Final Rule:

<https://www.regulations.gov/document?D=CMS-2013-0269-0377>

## CMS Video Presentation:

<https://www.youtube.com/watch?v=GcPdvw4nZuU&feature=youtu.be>

## Transcript:

<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2016-10-05-emergency-preparedness-transcript.pdf>

## CMS/TJC Crosswalk

<http://www.hanys.org/>



# Your Hospital and Accreditation

If your hospital does not meet the required guidelines, it may not receive accreditation from their regulating body (i.e.-TJC, DNV), licensure from the state, or reimbursements from CMS.



ANY  
QUESTIONS  
?



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For access to  
associated resources:

