



# HICS Training

## Operations & Planning Chief Positions & Scalability of the HICS System

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# Operations Section

## Organizational Chart





# Operations Chief

## Mission

- Develop & implement strategies & tactics to carry out the objectives. Organize, Assign Supervisor Medical Care Infrastructure (usual & disaster operations) Security Haz. Mat. & Business Continuity (recovery).

## Immediate Period 0-2 hours:

- Assume role notify usual supervisor
- Receive Briefing
- Determine need to appoint
  - » Branch Directors
  - » Staging Manager
  - » Operations Section Unit Leaders



# Operations Chief

## Other Immediate (0-2 hrs) Tasks

- Document all key activities
- Establish and maintain communication with Logistics Chief
- Participate in Incident Action Plan preparation, briefing and meetings.
- Brief and meet with Operations Section Staff for input into IAP.

## Intermediate Period (2-12 hrs)

- Meet regularly with Incident Commander, PIO and Liaison Officer.
- Hold briefings for Operations Section Staff.
- Coordinate Personnel needs with Labor Pool & Credentialing Unit leader.



# Operations Chief

## Extended Period (> 12 hrs)

- Address Issues related to ongoing Patient Care
- Bed availability, Transfers, Pt. Tracking
- Medications, equipment and supplies
- Considers needs to link with medical community, area hospital and other facilities.
- Implement shift change brief replacement

## Demobilization

- As need arises return Planning Section staff to usual roles
- Coordinate Patient Care restoration to normal activities
- Coordinate final reporting of patient information with external agencies
- Submit comments for After Action Report
- Upon deactivation of position brief IC on current problems & outstanding issues.



# Operations Chief

## Staging Manager

- ❖ Organizes and manages deployment of personnel, vehicles, equipment, supplies and medications.
  - Coordinates with Labor Pool (is not Labor Pool).
  - Organizes & manages deployment of vehicles (Logistics gets the vehicle)
  - Sets up equipment & supply deployment areas (Logistics get the supplies).



# Operations Chief

## Medical Care Branch Director

- ❖ Organizes and manages delivery of inpatient, outpatient and casualty care and clinical support services. (Taking care of business)
  - Inpatient Unit Leader – care of inpatients
  - Outpatient Unit Leader – prepare outpatient areas
  - Casualty Care Unit Leader (Triage- Immediate-Delayed- Minor-Expectant [morgue] )
  - Mental Health Unit Leader-Psych Support & Intervention
  - Clinical Support Services Unit Leader – (Pharmacy, Radiology, Lab)
  - Patient Registration – Patient tracking



# Operations Chief

## Infrastructure Branch Director

- ❖ Organizes and manages services required to sustain and repair infrastructure. Power/lighting water/sewer, HVAC, building grounds Med gas, med devices, structure integrity, EVS, food services.

(Facilities and Engineering)

- Power Lighting Unit Leader – electricity & generator
- Water Sewer Unit Leader – Alternate waste & waste disposal
- HVAC Unit Leader -heating & air conditioning
- Building Grounds Unit Leader – sustain & repair
- Med Gas Unit Leader – Deliver O<sub>2</sub>
- Medical Device Unit Leader – Biomedical
- EVS Unit Leader – ensure cleaning & disinfection
- Food Service Unit Leader- Preparation & delivery



# Operations Chief

## Hazardous Materials Branch Director

- ❖ Organizes & Direct Hazardous Material Incident. Detection, monitoring, spill response, victim & equipment decontamination.
  - Detection and Monitoring Unit Leader – Identify what it is and what to do with it
  - Spill Response Unit Leader- clean up chemical
  - Victim Decontamination Unit Leader – clean up people
  - Building & Equipment Decontamination Unit Leader – clean up place.



# Operations Chief

## Security Branch Director

- ❖ Coordinate all the activities related to personnel and facility security: Access control crowd and traffic control and law enforcement interface.
  - Access Control Unit Leader – control who gets in and out
  - Crowd Control Unit Leader
  - Traffic Control Unit Leader –Control cars and campus access
  - Search Unit Leader – of missing staff, patients family members
  - Law Enforcement Interface Unit Leader – Coordinate with local police & sheriffs dept.



# Operations Chief

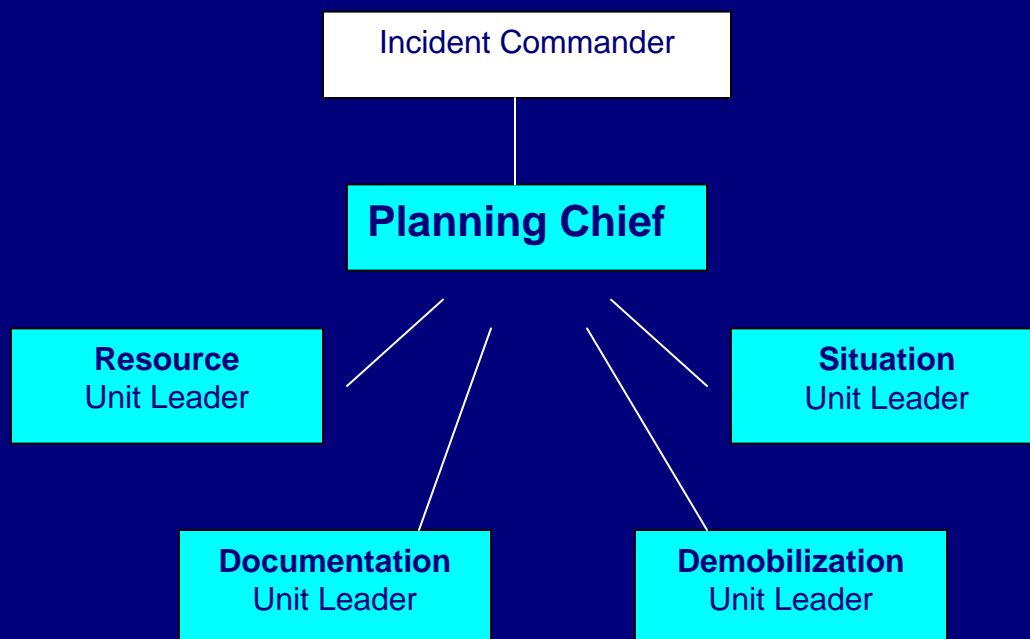
## Business Continuity Branch Director (Recovery Coordinator)

- ❖ Ensure business functions are maintained, restored or augmented to meet designated Recovery Time Objectives and provide limited interruptions to continuity of operations.
  - IT Unit Leader
  - Service Continuity Unit Leader –Evaluate recovery plans for system restoration
  - Records Preservation Unit Leader –Ensure vital records are preserved
  - Business Function Unit Leader – coordinate moving to alternative work sites



# Planning Section

## Organizational Chart





# Planning Chief

## Mission

- Oversee all incident-related data gathering and analysis regarding operations and assigned resources. Develop alternatives for tactical operations & prepare Incident Action Plan.

## Immediate Period 0-2 hours:

- Assume role notify usual supervisor
- Receive Briefing
- Determine need to appoint
  - Resources Unit Leader (personnel and resources)
  - Situation Unit Leader (patient and bed tracking)
  - Documentation Leader (HICS, FEMA, Video)



# Planning Chief

## ❖ Resources Unit Leader

- ❑ Maintain information on status, location, availability of personnel, teams, facilities, equipment/ supplies

## ❖ Document Unit Leader

- ❑ Maintain accurate complete incident files (response recovery and decisions)

## ❖ Situation Unit Leader

- ❑ Collect process organize situation information, prepare summaries, develop projections & forecasts

## ❖ Demobilization Unit Leader

- ❑ Develop and coordinate incident demobilization plan



# Planning Chief

## TRACK EVERYTHING

### ❖ Personnel Tracking Manager

- ❑ Maintain information on status, location and availability of on-duty staff and volunteer personnel

### ❖ Material Tracking Manager

- ❑ Maintain information on status location and availability of equipment & supplies within hospital inventory and additional material received from outside agencies.

### ❖ Patient Tracking Manager

- ❑ Monitor & document location of patients at all times track destination of all patient departing.

### ❖ Bed Tracking Manager

- ❑ Maintain information on status location and availability of all bed, disaster cots and stretchers



# Planning Chief

## Other Immediate (0-2 hrs) Tasks

- Document all key activities
- Establish and maintain communication with Logistics Chief
- Facilitate & Conduct Incident Action Planning meetings with Command Staff.
  - Objectives
  - Measurable outcomes
  - Operational Period – shift change
  - Weather & environmental implications
  - Safety (PPE or Precautions)
- Provide Liaison Officer with bed status and patient status reports for communication with EMS & others.



# Planning Chief

## Intermediate Period (2-12 hrs)

- Meet regularly with Incident Commander

## Extended Period (> 12 hrs)

- Monitor Planning Section Staff
- Review revise Incident Action Plan
- Ensure demobilization unit leader assesses ability to deactivate positions
- Observe all staff for signs of stress, ensure physical readiness
- Implement shift change brief replacement

## Demobilization

- As need arises return Planning staff to usual roles
- Meet and plan and review demobilization plan
- Coordinate final reporting of patient information with external agencies
- Begin development of Incident After Action Report and Improvement Plan



# Rural and Small Hospital Challenges

- Preparedness apathy:
  - “It can’t happen here!”
- Relative isolation:
  - Geography/distance may isolate the facility
  - Remote distance from resources may delay assistance
- Limited resources and surge capacity:
  - Fewer resources in the hospital and community
  - Local government resources limited
  - Limited reliable and redundant communications



# Rural and Small Hospital Challenges

- Limited healthcare personnel resources
  - Overlapping community roles
    - Healthcare providers serving on EMS units
  - Reliance on community volunteers
- Limited funding
  - Government grants based on population
  - Population bases do not account for “seasonal” surge (i.e., vacation time, concerts, large events)