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Disaster Planning for California Hospitals

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Updating Your Emergency Operations Plan: Bringing the Revised HICS into Your Facility

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Mary Massey has over twenty years of experience in acute care hospital emergency services. She participates in multi-agency, state, and federal coalitions and taskforces and has authored policies addressing WMD, mass decon, prophylaxis, fatality management and pandemic response. She was the Anaheim Fire paramedic coordinator for over 15 years and has deployed with the California CA-1 DMAT Team to multiple wildfire responses and hurricanes, including Ike and Katrina. She is a member of the HICS National Workgroup and has worked on projects with the CDC, United Nations, and numerous Homeland Security Exercises across the country. Ms. Massey is a Department of Justice WMD, HSEEP Instructor, Master Exercise Practitioner, and Homeland Security Center for Domestic Preparedness Instructor. She graduated from the Naval Postgraduate School with her Master's in Homeland Security and Defense.

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Loni has worked for Sutter General Hospital for over 30 years as an emergency department nurse. For the past 16 years she has been the emergency preparedness coordinator for Sutter Medical Center in Sacramento. Loni was a member of the Hospital Incidence Command System (HICS) revision national workgroup and continues as a HICS Center for Education and Training Advisory Board Member. Loni worked for 5 years as a CHA Hospital Preparedness Program Coordinator. Loni is an instructor for HICS and Incident Action Planning courses.

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Objectives

- Identify the HICS Revision Project changes to HICS
- Identify the changes to the HICS tools and forms including names, numbering and content
- Identify methodology to access and implement HICS Revision Project changes into individual facilities

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Acknowledgements

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What is HICS?

HICS is an incident management system:

- Intended for use by hospitals regardless of size or patient care capacity and capabilities
- Consistent with National Incident Management System utilizing standardized terminology, response concepts and procedures
- Used in emergency and planned events
- Flexible and scalable

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What HICS is Not

- HICS does not replace or supplant daily hospital operations
- The HICS Guidebook does not replace the hospital's Emergency Operations Plan

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Why HICS was Revised

- Need to update HICS Forms, Incident Planning Guides and Incident Response Guides
- Align HICS process and forms with changes in FEMA forms
- Provide additional information for expanded use in different-sized facilities
- Use by other health care providers

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How HICS was Revised

Process included review of:

- Lessons learned from real world emergencies
- 2009–2010 National HICS Survey
- 2011 National HICS Stakeholders Conference
- Other recommendations including the HICS Secondary Review Group

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What are the Changes?

- It is not called "HICS V" — it is now simply HICS (2014 version)
- This update does not involve across-the-board changes in design and content but rather provides updates to HICS to provide users additional and updated material and maintains improved alignment with FEMA and the National Incident Management System

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What are the Changes? (cont.)

- New terminology
- New and updated Job Action Sheets and forms
- Additional Incident Action Planning Guidance
- Improved interoperability for multi-agency coordination
- Additional Incident Planning Guides and Incident Response Guides
- New appendices on Small/Rural/Off-Hours Healthcare Facilities and Customizing HICS

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HICS Guidebook

- The HICS Guidebook has been revised to provide additional guidance and information requested by users
- Increased emphasis on implementation
- New chapter on Incident Action Planning
- More information on how to customize HICS
- Information for using HICS after hours and for small and rural hospitals

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Hospital Incident Management Team

New verbiage

- *Hospital* Incident Management Team is the new term to eliminate any confusion with a state or federal management team sent to manage an incident

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Operations Section

Medical Care Branch

- (Former) *Mental Health Unit Leader* changed to *Behavioral Health Unit Leader*

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Operations Section (cont.)

Infrastructure Branch
Removed:

- Environmental Services Unit
- Medical Devices Unit

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Operations Section (cont.)

Business Continuity Branch

- Business Function Relocation Unit Leader removed
- *Information Technology/Information Services Unit Leader* changed to *IT Systems and Applications Unit Leader*
- *Records Preservations Unit Leader* changed to *Records Management Unit Leader*

Operations Section (cont.)

New **Patient** Family Assistance Branch

- A Patient Family Assistance Branch was added to the Operations Section to address the needs of patient families during an incident; there are two units under the Branch

Operations Section (cont.)

Patient Family Services Branch
Added **Social Services Unit Leader**

- The mission of the Social Services Unit Leader is to organize and manage patient social service requirements during a disaster, by coordinating with community and government resources

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Operations Section (cont.)

Social Services Unit Leader addresses:

- Housing, shelters and authorized care sites
- Food and water distribution centers and resources
- Clothing distribution centers
- Community warming and cooling stations
- Medical and non-medical transportation
- Pharmacies, including 24 hour availability (continued on next slide)

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Operations Section (cont.)

Social Services Unit Leader (cont.):

- Pet and animal shelters
- Translator services, such as ATT
- Child, adult, and dependent day care
- Access to government services
- Insurance response and coordination centers
- Interface with faith-based organizations
- Interface with the American Red Cross
- Interface with the Salvation Army

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Operations Section (cont.)

Patient Family Assistance Branch
Added **Family Reunification Unit Leader**

- Organize and manage the services and processes required to assist in family reunification
- Family unification area, protocols, including: identification, tracking, documentation and communication
- Resources, cultural and spiritual, interpreter services, transportation needs

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Logistics Section

Support Branch

Added **Employee** Family Care Unit Leader

- The Employee Family Care Unit Leader is added to coordinate employee family needs

Logistics Section (cont.)

Support Branch

- Facilities Unit Leader removed
- *Family Care Unit Leader* changed to *Employee Family Care Unit Leader*

Logistics Section (cont.)

Service Branch

- Staff Food and Water Unit Leader – Combined Staff and Patient (from under Operations) into *Food Services Unit Leader*
- *IT/IS Unit Leader* changed to *IT Information Services and Equipment Unit Leader*

Hospital Incident Management Team

Options to add additional Branches

- The HICS Guidebook now provides examples of how to customize HICS to their facility
- When adding branches, ensure that the new branch is added under the appropriate Incident Command System concept and section of where it should be placed

Job Action Sheets

- One for each Hospital Incident Management Team position
- Standardized and still divided into response periods and include instructions for use
- Includes guidance for documentation, safety and security, activities, resources, communication, and documents and tools

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HICS Forms

New Form
HICS 200: Incident Action Plan Cover Sheet

- Assists with compiling the Incident Action Plan components

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HICS Forms (cont.)

New Form

- The IAP Quick Start is a short form combining forms 201, 202, 203, 204 and 215A
- It can be used in place of the full forms to document initial actions taken or during a short incident; incident management can expand to the full forms as needed
- It is prepared by the Incident Commander and/or Planning Chief

HICS Forms (cont.)

HICS 201: Incident Briefing

- Most significant changes
- Changed to match the FEMA 201 form
- Designed to provide a **summary** of the current Operational Period
- Provides a situational status report and update to the oncoming Incident Commander

HICS Forms (cont.)

HICS 204: Assignment List(s)

- Name change — previously *Branch Assignment List*
- Rearranged:
  - Documents the objectives, strategies and tactics, and resources needed for each Section/Branch for the current operational period
  - And then Units needed and assignments

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HICS Forms (cont.)

HICS 215A: Incident Action Plan Safety Analysis

- Previously HICS 261
- Changed to HICS 215A to conform with FEMA form numbering

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HICS Forms (cont.)

Other Name Changes

- HICS 205: *Incident Communication Log* changed to *Communication List*
- HICS 213: *Incident Message Form* changed to *General Message Form*
- HICS 214: *Operational Log* changed to *Activity Log*
- HICS 253: *Volunteer Staff Registration* changed to *Volunteer Registration*

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HICS Forms (cont.)

New Form
HICS 221: Demobilization Check-Out

- Provides guidelines for demobilization planning by section

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Updates to Objectives

- Objectives were divided into Command and Control and Operational Period objectives
- To be consistent with FEMA, they are now all referred to as Incident Objectives
  - The HICS 201 Incident Objectives reflects the overarching objectives from the Incident Commander
  - The HICS 204 Assignment List(s) details the individual Branch/Unit objectives for the Operational Period and are used to develop the HICS 202: Incident Objectives

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Incident Action Planning

- Components of the Incident Action Plan
- Command and General Staff roles in development and implementation
- Planning P
- Forms and tools
- Distribution and sharing
- Review its use as a risk management tool

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The Planning P

The "Planning P" is a tool used by some to visually represent the incident action planning process and the operational period planning cycle.
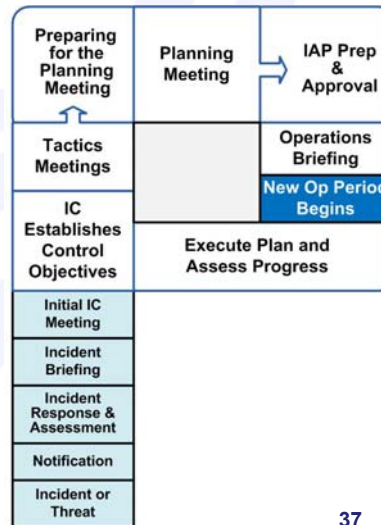
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Incident Action Planning — Components

- HICS 201: Incident Briefing
- HICS 202: Incident Objectives
- HICS 203: Organization Assignment List
- HICS 204: Assignment List
- HICS 215A: Incident Action Plan Safety Analysis
- Additional forms, maps, etc. can be added
- Hospital-specific forms and plans can be included as appropriate and relevant to the incident

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Scenarios/Incident Planning Guides/ Incident Response Guides

- Removed designation of External versus Internal Scenario's
- Reformatted scenario specific Hospital Incident Management Team positions into table
- Incident Response Guides aligned with Job Action Sheets with scenario-specific activities

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Scenarios/Incident Planning Guides/ Incident Response Guides (cont.)

Newly developed and added:
- Wildland Fires
- Tornado
- Mass Casualty Incident
- Active Shooter
- Staff Shortage (previously *Work Stoppage*)

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Scenarios/Incident Planning Guides/ Incident Response Guides (cont.)

Deleted:

- Fire
- Hospital Overload
- Work Stoppage
- Internal Flooding
- 10-Kiloton Improvised Nuclear Device

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Scenarios/Incident Planning Guides/ Incident Response Guides (cont.)

Combined into a single guide —
Chemical Agents:

- Blister Agent
- Toxic Industrial Chemicals
- Nerve Agent
- Chlorine Attack
- Hazardous Materials Spill

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Scenarios/Incident Planning Guides/ Incident Response Guides (cont.)

Combined into a single guide —
Infectious Disease

- Aerosol Anthrax
- Pandemic Influenza
- Plague
- Food Contamination

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Scenarios/Incident Planning Guides/ Incident Response Guides (cont.)

Combined into a single guide —
Utility Failure

- Loss of HVAC
- Loss of Power
- Loss of Water

Infant Abduction guide changed to:

- Missing Person

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Scenarios/Incident Planning Guides/ Incident Response Guides (cont.)

Combined into a single guide —
Explosive Event

- Improvised Explosive Devices
- Bomb Threat

Radiological Dispersal Device guide changed to:

- Radiation Incident

Cyber Attack guide changed to:

- Information Technology

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Implementing HICS Revisions

- Review HICS Revision updates
- Customize HICS to the facility
- Incorporate the changes into existing Emergency Operation Plan
- Include hospital leadership in the process
- Provide education and training
- Include HICS in exercises and real events
- Practice, practice, practice

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Social Media

- The HICS Guidebook addresses social media including Twitter, Facebook, YouTube and other social media sites for monitoring and release of event-related information

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Other Situations

Implementing HICS during off-hours and for small and rural hospitals

- The HICS Guidebook offers suggestions and guidance for utilizing HICS for small and rural hospitals
- It also offers suggestions and guidance for off-hours when staffing is not at a premium

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Compliance

HICS Guidebook addresses issues and requirements for health care facility compliance:

- National Incident Management System (NIMS) requirements
- Accreditation requirements
- Grant requirements

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HICS Tools and Resources

- HICS forms help document actions
- Incident Response Guides (IRG) serve as a roadmap for response
- HICS Guidebook and Toolkit
- Customize tools to your facility
  - Based on your Hazard Vulnerability Analysis (HVA), Emergency Operations Plan, policies and procedures, resources

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Hospital Challenges

- Education for all participants
- Learning Incident Action Planning
- Using forms
- Including hospital leadership
- Turnover rates in hospitals and with other response partners
- Accepting and incorporating change
- Reduced budgets

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Next Steps

- What should be done
- When and where to find the materials
- How to get the word out
- Developing a training plan

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Thank you

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