The Incident Command System: Its Application in Healthcare Institutions

AUTHORS/ PRESENTERS

Paul F. Kirvan, FBCI
Senior Consultant
Fortune Communications, Inc.
West Long Branch, NJ

Shelley Miller, FHIMSS
Principal
Information Technology Consultants, Inc.
Hoboken, NJ
Incident—An event, occurrence or episode, which in itself affects the successful delivery of patient care and safety in a healthcare institution.

The challenge and complexity of emergency management, coupled with the growing need for multi-hospital, multi-agency and multi-functional involvement on incidents, has increased the need for a single standard incident management system that can be used by all emergency response disciplines.

The principles of the Incident Command System will enable healthcare institutions to utilize common terminology, span of control, organizational flexibility, personnel accountability, comprehensive resource management, unified command and incident action plans. This paper is designed for healthcare personnel who are likely to have specific responsibilities during an emergency.

**HISTORY**

Originally developed in the early 1970s by the National Wildfire Coordinating Group to facilitate coordinated responses from multiple jurisdictions to the same wildfire incident, the Incident Command System (ICS) has evolved into a comprehensive response management system used for all types of emergencies and other events in municipalities as well as in institutions.

ICS resulted from the obvious need for a new approach to the problem of managing rapidly moving wildfires in the early 1970s. At that time, emergency managers faced a number of problems:

- Too many people reporting to one supervisor;
- Different emergency response organizational structures;
- Lack of reliable incident information;
- Inadequate and incompatible communications;
- Lack of a structure for coordinated planning between agencies;
- Unclear lines of authority;
- Terminology differences between agencies;
- Unclear or unspecified incident objectives.

Designing a standardized emergency management system to remedy the problems listed above took several years and extensive field-testing. An interagency task force working in a cooperative local, state, and federal interagency effort called FIRESCOPE (Firefighting Resources of California Organized for Potential Emergencies) developed the original ICS management program.

Early in ICS’s development process, four essential requirements became clear:

1. The system must be organizationally flexible to meet the needs of incidents of any kind and size.
2. Agencies must be able to use the system on a day-to-day basis for routine situations as well as for major emergencies.
3. The system must be sufficiently standard to allow personnel from a variety of agencies and diverse geographic locations to rapidly meld into a common management structure.
4. The system must be cost-effective.

Initial ICS applications were designed to respond to disastrous wildland fires. This experience provided an excellent development model. It turns out that the characteristics of wildland fire incidents are similar to those seen in law enforcement, hazardous material handling, and other kinds of emergency situations:

- Occurrence with no advance notice;
- Rapid development;
- Can grow in size and complexity if unchecked;
- High personal risk for response personnel;
- Several agencies on scene with various responsibilities;
- Can easily become multi-jurisdictional;
- High visibility with the public and media;
- High potential risk of life and property loss, as in healthcare institutions;
- Response cost is a major consideration.
ICS applications and users have steadily expanded since the system introduction. In 1980, the ICS originally developed in California under the FIRESCOPE program made the transition into a national program called the National Interagency Incident Management System (NIIMS). At that time ICS became the backbone of a broad-based system for all federal agencies with wildland fire management responsibilities.

ICS is now widely used throughout the United States and Canada by fire and law enforcement agencies, emergency management organizations, event management organizations, corporate security departments, and healthcare institutions.

**THE ICS IN HEALTHCARE**

Medical disasters can generate confusion and chaos at their onset. Fortunately, these negative effects can be minimized if management responds quickly with a structured and focused set of activities. Based on the ICS, the Hospital Emergency Incident Command System (HEICS) can be used in emergencies. The HEICS is an emergency management system that uses a logical management structure, defined responsibilities, clear reporting channels, and a common language. The HEICS is designed to help hospitals coordinate their response activities with other emergency responders, all within the scope of a larger organized emergency response. There are clear advantages for hospitals using HEICS, which will be discussed in the following sections.

In 1987, the Hospital Council of Northern California adapted the ICS to hospital emergency response functions in a publication entitled *Earthquake Preparedness Guidelines for Hospitals.* That document was the foundation of the original HEICS produced by Orange County Emergency Medical Services in 1991 with a grant from the State of California Emergency Medical Services Authority. It was initially tested by six hospitals in Orange County, California. In 1992 Orange County EMS developed the second edition of the HEICS. In 1996, San Mateo County EMS developed the third and latest edition. Following the 1993 Northridge, CA earthquake, several hospitals damaged in the quake successfully used HEICS. The plan has also been used in single hospital emergencies and in many disaster exercises. Much insight has been gained from repeated use of HEICS. Copies have been sent throughout the United States, Canada and worldwide.

**WHY AN INCIDENT COMMAND SYSTEM?**

ICS was originally developed as a framework from which emergency response organizations, including healthcare institutions, can work with the appropriate local, state and federal agencies. The challenge is to get the various agencies and institutions to work together in the most efficient and effective manner.

HEICS has already proven valuable in helping hospitals serve the community during a crisis and resume normal operations as soon as possible. A survey of California hospitals in the spring of 1997 reveals a significant number of hospitals have, or will be incorporating HEICS within their emergency plans. HEICS is fast becoming the standard for health care disaster response. It offers the following features:

- Predictable chain of management
- Flexible organizational chart that allows flexible response to specific emergencies
- Prioritized response checklists
- Accountability of position function
- Improved documentation for improved accountability and cost recovery
- Common language to promote communication and facilitate outside assistance
- Cost-effective emergency planning within healthcare organizations

The ICS has built a strong following, for example:

- The 1996 Edition of the National Fire Protection Association (NFPA) *Health Care Facilities Handbook* states in chapter 11, section 4.3, “The disaster planning committee shall model the disaster plan on the incident command system (ICS).”

- The American Society for Healthcare Engineering of the American Hospital Association in an August, 1997 *Healthcare Facilities Management Series*, states: “One of the best examples of emergency preparedness through checklists can be found in The Hospital Emergency Incident Command System...”
In California, public hospitals seeking financial recovery following a declared disaster are required to implement the 1993 mandates of the Standardized Emergency Management System. Use of the HEICS plan is recognized as partial compliance with this act.

HEICS is financially prudent as it helps medical facilities stay open following a disaster and promotes the restoration of day-to-day hospital operations. It is an efficient method for managing emergencies of massive proportions, as well as those of a lesser degree.

When is ICS Used?
Use of the Incident Command System by public safety and private sector organizations across the country is increasing. ICS is now being used for a variety of applications that include:

- Fire, HAZMAT, and multi-casualty incidents of all sizes;
- Law enforcement routine and special operations;
- Joint law enforcement/military narcotics interdiction operations;
- Multi-jurisdiction and multi-agency fires;
- Search and rescue missions of all types;
- Oil spill response and recovery incidents;
- Air, ground, and water transportation accidents;
- Planned events, e.g., parades, celebrations;
- Forest pest control programs;
- Private sector emergency management programs;
- State and local disaster response.

In addition to Federal mandates on the use of ICS for HAZMAT incidents, many states have adopted ICS as their standard for incident response. ICS has been endorsed by the American Public Works Association and the International Association of Chiefs of Police (IACP), and has been adopted by the National Fire Academy as its incident response standard. ICS is also included in the National Fire Protection Association (NFPA) standard "Recommended Practice for Disaster Management (NFPA 1600).

The ICS, as well as the HEICS, can be used in virtually any emergency situation or incident, regardless of size or complexity. Owing to its modular structure and standard operating features, the ICS/HEICS can be easily expanded and contracted as dictated by the incident.

CONCEPTS AND PRINCIPLES

HEICS (as well as ICS) features a flexible management organizational chart that facilitates a customized hospital response to a crisis. It is based on an organizational chart with 49 positions grouped into one of four sections. It supports an organized division of tasks and a realistic span of control for each manager, and provides a platform for common terminology to enhance communication and improve documentation.

Both the ICS and HEICS organizational charts feature a chain of command that incorporates four sections under the overall leadership of an Emergency Incident Commander (IC). Each of the four sections: Logistics, Planning, Finance/Administration and Operations, has a Chief appointed by the IC responsible for that section. The Chiefs in turn designate directors and unit leaders for specific subfunctions, with supervisors and officers filling other crucial roles. This structure limits the span of control of each manager in the attempt to distribute the work. It also provides for a system of documenting and reporting all emergency response activities.

Figures 1 and 2, on the following pages, depict the current organization structure of the Incident Command System and the Hospital Emergency Incident Command System, respectively.
Figure 1: Incident Command System Organization

- Incident Commander
  - Information Officer
  - Liaison Officer
  - Safety Officer

- Operations Section Chief
  - Staging Area Manager
  - Branch Director
    - Division Group Supervisor
      - Air Support Group Supervisor
      - Helibase Manager
      - Fixed Wing Base Coord.
    - Division Group Supervisor
      - Air Tactical Group Supervisor
      - Helicopter Coordinator
      - Air Tanker/Fixed-Wing Coordinator

- Planning Section Chief
  - Air Ops Branch Director
    - Resources Unit Leader
    - Communications Unit Leader
    - Situation Unit Leader
    - Medical Unit Leader
    - Documentation Unit Leader
    - Food Unit Leader
    - Demobilization Unit Leader
    - Technical Specialties

- Logistics Section Chief
  - Support Branch Director
    - Supply Unit Leader
    - Facilities Unit Leader
    - Ground Support Unit Leader
    - Procurement Unit Leader
    - Compensation/Claims Unit Leader
    - Cost Unit Leader

- Finance/Administration Section Chief
Common Terminology
Without some form of common language, confusion and inefficiency can result. This is particularly important when multiple incidents occur simultaneously within the same jurisdiction or when multiple jurisdictions are involved in one or more incidents. Common terminology applies to all organization elements, position titles, and resources. Among the common elements:

- Organizational Functions—Includes a standard set of major functions (e.g., Field Operations, Operations Intelligence, Logistics and Finance) and pre-designated functional units.
- Resources—The combination of personnel and equipment used in tactical operations.
- Facilities—Identifiers used for those assets in and around the incident area to be used during the course of the incident, e.g., command post, staging areas.

Modular Organization
Both ICS and HEICS organizations use a top-down modular structure, based on the responsibilities and performance levels identified by the Incident Commander. As the need exists, five separate functional areas, or sections, can be developed: Command, Planning, Operations, Logistics, and Finance/Administration. Within each of the five separate functional areas, several branches can be established. The HEICS differs from the original ICS in how its branches are named and organized.

The specific organizational structure is established for any given incident and will be based upon the management needs of the incident. If one individual (e.g., the Incident Commander) can simultaneously manage all major functional areas, no further organization is required. If one or more of the areas requires independent management, an individual will be given responsibility for that area. As the first senior official on the scene, the Incident Commander makes initial management assignments to either Officers in Charge (ICS) or Chiefs (HEICS). Their purpose is to manage specific functional areas. Assuming the need exists, section Chiefs can establish functional branches may be established within their section, assigning individual tasks within the branch as needed.

Unified Command Structure
This ensures that all agencies charged with responsibility for the incident, either geographic or functional, can manage an incident by establishing a common set of incident objectives and strategies. All agencies contribute to the command process by:

- Determining overall objectives
- Planning jointly for operational activities while conducting integrated operations

Figure 2: Hospital Emergency Incident Command System Organization Chart
Maximizing the use of all assigned resources

Organizing all functions under a single coordinated Incident Action Plan (IAP), implemented by one Operations Section Chief

Unity of Command
Each person within an organization reports to only one designated person.

Consolidated Incident Action Plan (IAP)
IAPs describe the response goals, operational objectives, and support activities for addressing the incident. A documented operational plan is required in incidents involving multiple jurisdictions, resources from multiple agencies, and where the incident is deemed complex, e.g., requiring shift changes in personnel and/or equipment. Plans cover all objectives and support activities needed during the entire operational plan.

Job Action Sheets, or job descriptions, are the essence of the HEICS program. This is the component that tells responding personnel “what they are going to do; when they are going to do it; and, who they will report it to after they have done it.” The universal titles and mission statements found in HEICS allow emergency responders from a variety of organizations to communicate quickly and clearly with other professionals using the ICS style of management.

Manageable Span-of-Control
This relates to the number of individuals one supervisory person can manage effectively. Within the ICS, this can range from three to seven, with an optimum of five. Any increase or decrease in these numbers indicates that the Incident Commander must re-examine the organizational structure.

Designated Incident Facilities
The incident response is managed from a designated incident facility. This is typically called an Incident Command Post (ICP), and typically is located in a building or similar structure. A staging area is a location where resources are kept while awaiting assignment to the incident. The Incident Commander or other senior personnel can assign other facilities as needed.

Comprehensive Resource Management
Considering the number and type of resources needed in an incident, the ICS requires a coordinated program to maximize resource use, consolidate control of single resources, provide accountability, ensure personnel safety, and reduce the communications load. Resources can be assigned (active and in use), available (ready for use), and out-of-service (not ready for use).

Integrated Communications
To ensure that communications, whether written or verbal, are managed properly, a common communications plan is established. It has standard operating procedures, clear text, common frequencies (e.g., when using radio communications), and common terminology. Multiple communications networks can be established, depending on the size and complexity of the incident.

Emergency Operations Center (EOC)
Most communities, large and small, typically have a centralized point for coordinating their emergency response activities. This is the Emergency Operations Center (EOC) and it works closely with the Incident Commander to ensure that the necessary community-wide resources are available to deal with an emergency. Whereas the IC manages on-scene response activities, the EOC facilitates the overall community response.

ICS STRUCTURAL ELEMENTS
Each incident or event has certain major management activities or actions that must be performed. Even if the event is small, these activities will still apply to some extent. The organization of the ICS and HEICS is built around five major management activities.

Command Function
Directed by the Incident Commander, this organization sets objectives and priorities, and has overall responsibility at the incident or event. The IC is usually the first senior responder to a scene; as other senior personnel arrive, command may be transferred to another IC. The IC’s principal responsibilities include:
• Performing command activities, establishing the ICP;
• Protecting life and property;
• Controlling personnel and equipment resources;
• Maintaining accountability for all aspects of the response;
• Establishing and maintaining liaison with other agencies and organizations

Planning Section
This organization develops the action plan to accomplish the objectives by collecting, evaluating, disseminating and using information related to resource status.

Operations Section
This section conducts tactical operations to carry out the plan as defined in the Incident Action Plan (IAP). It also develops the tactical objectives, sets organization, directs all resources, and communicates back to the Incident Commander.

Logistics Section
This section provides facilities, services, materials, and personnel support to meet incident needs.

Finance/Administration Section
This section is critical for tracking incident costs and reimbursement accounting. It also provides accounting, procurement, time recording, and cost analysis.

ICS Forms
The ICS has a number of forms that can be used without change by any user agency. Specialized applications, like the HEICS, have their own forms, such as Job Action Sheets, that are typically adapted from the ICS.

Glossary
The ICS and HEICS have glossaries of definitions that are appropriate for use in various public-safety disciplines or applications. A glossary of ICS terms can be found at http://www.acadia.net/mdisar/icsgloss.html

THE ICS AND HEALTHCARE
HEICS has been in use by the hospital community since 1991. In that time, the plan has been installed, tested and employed in many facilities. Much has been learned regarding the implementation of HEICS into the medical facility environment. Additionally, a wealth of information is gained each time an HEICS plan is activated for an exercise or actual response.

JCAHO Issues
Joint Commission standards address a healthcare organization’s level of performance in specific areas—not just what the organization is capable of doing, but what it actually does. The standards set forth maximum achievable performance expectations for activities that affect the quality of care. The HEICS has been used successfully to satisfy JCAHO emergency management accreditation standards.

Effective January 1, 2001, the Joint Commission’s specification EC.1.4 required that an emergency management plan must provide a process for identifying specific procedures in response to a variety of disasters based on a hazard vulnerability analysis performed by the hospital. The standard defines a hazard vulnerability analysis as the identification of hazards and the direct and indirect effect these hazards may have on the hospital. It is included among the revisions for the following accreditation standards:
• CAMAC: Comprehensive Accreditation Manual for Ambulatory Care
• CAMBHC: Comprehensive Accreditation Manual for Behavioral Health Care
• CAMH: Comprehensive Accreditation Manual for Hospitals
• CAMLTC: Comprehensive Accreditation Manual for Long Term Care
Going Forward—HEICS Deployment Issues

Time, cost and availability of a working disaster/emergency preparedness plan are some common reasons for not wanting to convert existing emergency plans to the HEICS. Sometimes the real reason is lack of understanding of HEICS and the overwhelming idea of changing out an entire disaster plan. While all of these concerns are valid, all institutions need to examine the real attributes and benefits of an ICS-based plan. HEICS is a set of response procedures that fit within a hospital’s emergency preparedness plan. A total hospital plan still requires policies and procedures such as “Disaster Plan Authorization”, “Staff Recall”, “Staff Education of Facility Disaster Plan”, maps locating special disaster related areas, and other elements. The entire disaster medical response community benefits when all participants operate in a similar, predictable fashion.

During implementation of the first HEICS program in 1991, it took three months to introduce the administrative staff of the pilot hospitals to HEICS, train the staff and test the plan using a full functional exercise. While 90 days may be a quick turnaround for some institutions, the length of the implementation/transition program for each medical facility will depend upon a variety of factors. The size of the institution, the number of people committed to the project, the funds available to promote the project and the strength of management’s support are just some of the factors that will need consideration in the implementation program design.

The initial step is for someone experienced in HEICS to brief interested hospital administrators and emergency planners. The briefing may be conducted by any of the following: an employee of the hospital who has attended a HEICS training program; someone in public health or, emergency services; or someone from another hospital that has already instituted the system. As much detail as possible should be given to Administration regarding the estimated cost of implementation and maintenance of the HEICS plan.

The principal result of the above briefing will be the hospital’s decision to either accept or reject a plan to implement the HEICS program within the facility. Assuming the decision is positive, a transition team composed of upper-level managers should be appointed. While the hospital’s Disaster/Emergency Coordinator can lead the team, it is often useful when a vice-president or department head also serves on the HEICS Implementation Team. Team members should be able to devote at least five to ten hours per week for one to three months to complete the transition. Most important, senior management must strongly champion the program to ensure a smooth and successful transition.

Next, a HEICS Implementation Committee is formed with a number of hospital employees of various management levels and from various departments. These employees may be currently serving on the facility’s Disaster or Safety Committee. The charge of the Implementation Committee is to put together a comprehensive program to integrate HEICS into the facility. Committee duties include:

- Develop an agenda and time line for the implementation project;
- Revise the current disaster/emergency plan to incorporate HEICS;
- Develop a training schedule and pool of instructors;
- Ensure the inclusion of HEICS training in an annual employee in-service training program;
- Develop pre-training employee awareness and “public relations” programs;
- Establish an employee disaster preparedness resource center;
- Requisition the HEICS vests (which identify HEICS incident team members by title and color), storage equipment and any other materials related to emergency management.

The next step is a presentation to all administrators, department heads and managers to introduce the implementation of the HEICS program into the facility’s emergency response plan. This will help consolidate support throughout the hospital. The briefing, a combination education and public relations event, should be co-sponsored by the HEICS Implementation Team and CEO/Board representative. Managers should be made to feel that they are all an integral part of the new system. Interested managers can be recruited to become part of a train-the-trainer class.

Coordination with Existing Emergency Programs

The hospital’s existing emergency program will need to be configured so that the Incident Command System becomes the “standard operating procedure” when activating the emergency program. The HEICS is not the entire disaster plan. Rather, it is the method by which a hospital will operate when an emergency is declared. Revising or updating the facility’s emergency program can be initiated at any point during HEICS implementation; however, the sooner this process is completed the more cohesive the overall plan will appear to involved personnel.

The HEICS Job Action Sheets and forms are only part of the overall emergency program. Detailed policies and procedures are needed to make the HEICS work. The following is a list of typical policies and procedures used in a comprehensive emergency program:
• Pre-disaster departmental readiness checklists
• Policy for activation of the hospital’s disaster plan
• Policy for termination of the hospital disaster plan
• Personnel recall procedures
• Security/lock-down policy
• Decision to evacuate policy
• Evacuation procedure
• Volunteer credentialing policy
• Policy for dealing with hospital information systems
• Policy regarding standing orders for patient care during a disaster
• Policy allowing for rapid patient discharge during a disaster
• Policy for dealing with terminally ill patients
• Policy for dealing with the media

Some institutions may choose to develop add-on elements, e.g., annexes or subsections, to their emergency program to address specific emergencies. These can include procedures for dealing with HAZMAT releases, earthquakes, flooding, utility outage, severe weather, and bomb/security threats. Finally, plan documentation should be simple and easy to understand, and regularly updated.

**Incident Command System Training**

All employees should be trained on the HEICS plan. All levels and areas of service should attend a one-hour in-service session, as a minimum, with the following tasks:

1. Describe the HEICS plan and how it will affect the institution’s disaster response.
2. Advise the participants that some of them will be invited back to participate in a tabletop exercise. During a full-scale institution-wide emergency program test, all staff will be involved.
3. Use the initial in-service to create positive employee—employer relations by promoting employee family/home disaster preparedness. This approach can also foster improved employee loyalty.

**ICS Federal Training Curriculum**

Numerous training resources are available for the Incident Command System. The federal ICS curriculum consists of 17 modules, organized into 6 “building block” courses, for a total of 69 hours. These courses can be taught in a series, as recommended by the national training curriculum (Table 1), or individual modules can be mixed or matched to the needs of the intended audience.

Courses and Modules:

- I-100 (2 Hours) Introduction to ICS: (Module 1) ICS orientation.
- I-200 (6 Hours) Basic ICS: (Module 2) Principles and features of ICS; (Module 3) Organizational overview; (Module 4) Incident facilities; (Module 5) Incident resources; (Module 6) Common responsibilities.
- I-300 (27 Hours) Immediate ICS: (Module 7) Organization and staffing; (Module 8) Organizing for incidents or events; (Module 9) Incident resources management; (Module 10) Air operations; (Module 11) Incident and event planning.
- I-400 (22 Hours) Advanced ICS: (Module 12) Command and general staff; (Module 13) Unified command; (Module 14) Major incident management; (Module 15) Area command.
- I-401 (4 Hours) Multi-Agency Coordination (Module 16).
- I-402 (2 Hours) ICS for Executives (Module 17).
Table 1: The National ICS Training Curriculum

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Exercising the HEICS

The first recommended test of the HEICS is called a tabletop exercise. This is a “paper drill” designed to demonstrate the working and communication relationships of functions designed into the HEICS plan. This exercise should be directed towards administrators, managers and personnel who could potentially be assigned an officer’s position upon activation of the disaster plan. Tabletop exercises take approximately two to two and a half hours to complete.

The next time the institution has a full-scale emergency program test, include the HEICS plan in that activity. This exercise will require the activation and simulated activity of all sections of the Incident Command System. Pre-training in advance of the exercise is very important for a successful event. Hospitals that integrate the HEICS in their emergency programs, and that conduct a full-scale HEICS exercise, can generally expect a very positive response from employees who are involved in the initial exercise, as well as subsequent exercises.

From an accreditation perspective, periodic exercises are needed not only to meet licensing/accreditation standards, but also to keep hospital staff committed to disaster preparedness and emergency operating procedures. Top management must endorse the HEICS plan as a priority. The emergency program leadership team is composed of managers who could potentially fill the roles of Incident Commander as well as section chiefs and other administrators. As such, these personnel must be always ready to respond, aware of how the emergency program works, and knowledgeable of their responsibilities in an emergency situation.

SUMMARY

This paper has provided an introduction to the Incident Command System (ICS) and its healthcare equivalent, the Hospital Emergency Incident Command System (HEICS). Both the ICS and HEICS are tools to facilitate an important task: protecting human life and property. The HEICS identifies critical management functions such that a healthcare institution can develop and implement an emergency action plan. However, in the end, it is the people within the institution who are the most important elements of a successful emergency program. That, plus regular training, proper documentation, senior management support, and periodic plan exercising, builds the confidence of the entire staff, and ensures that the institution can quickly and effectively respond to any emergency.

For More Information about the Hospital Emergency Incident Command System, contact the California Emergency Medical Services Authority at (916) 322-4336; or visit the web site at www.emsa.cahwnet.gov.

REFERENCES