Incident Action Plans for Hospitals

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What is the IAP?

- The who, what, when, why, and how for incident/event response
- Can be verbal or documented
- Can be used for all situations/industries
- Needs to be reviewed and signed by the Planning Section Chief and the Incident Commander
- Responsibility of the Planning Section

ICS vs HICS

- HICS (Hospital Incident Command System) built from ICS principles
- Uses hospital specific functions and terminology
- Adjusts for hospital/medical operations and objectives

Why do we need it?

- Common platform for all players
- Documents the abstract
- Lessons learned
- Court of Law*

When do we need to have an IAP?

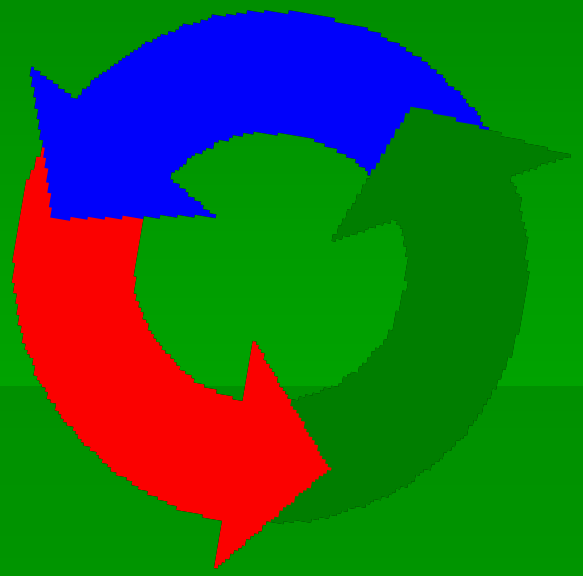
- Response spans more than one operational period
- General staff sections are activated
- Two or more jurisdictions/hospitals
- Hazmat incident (29 CFR 1910.120 requirement)

But not if….

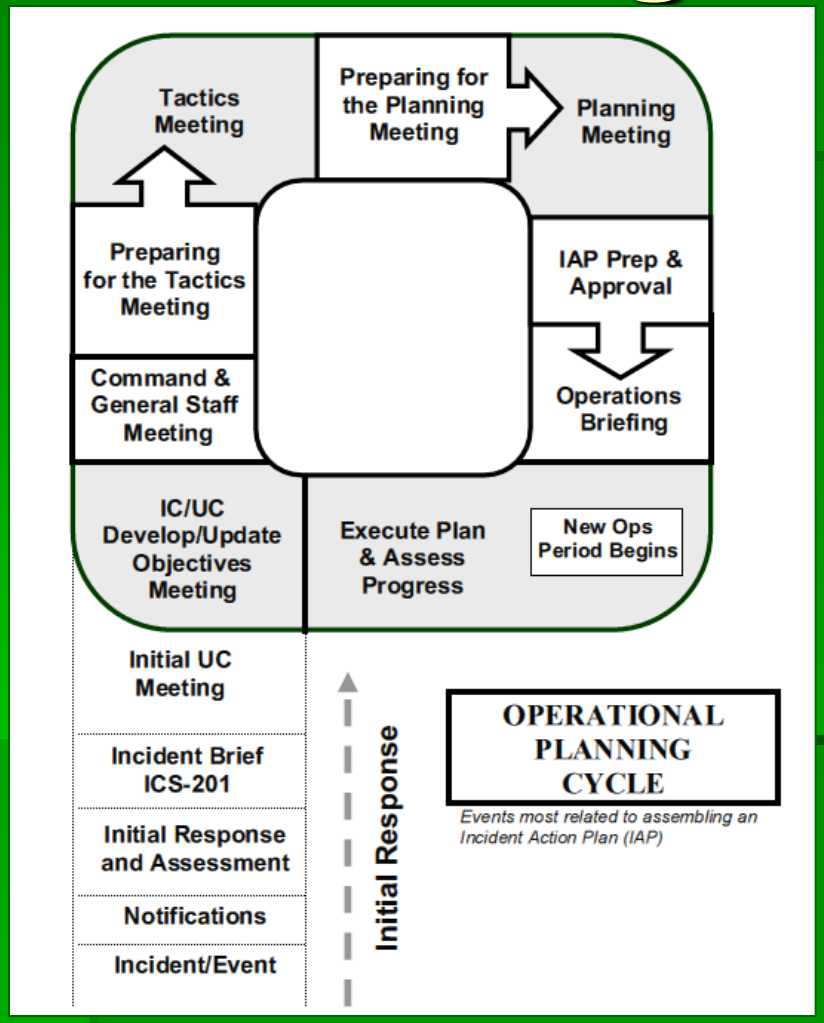
- Simple and short
  - Severe weather without damage to the facility
  - Short term staff shortage

Development

- Gather Information
- Establish objectives
- Develop the plan
- Brief the plan
- Evaluate and revise



The Planning Process



The Planning "P"

Provides course of action for every operational period

Describes what functions occur to develop the IAP

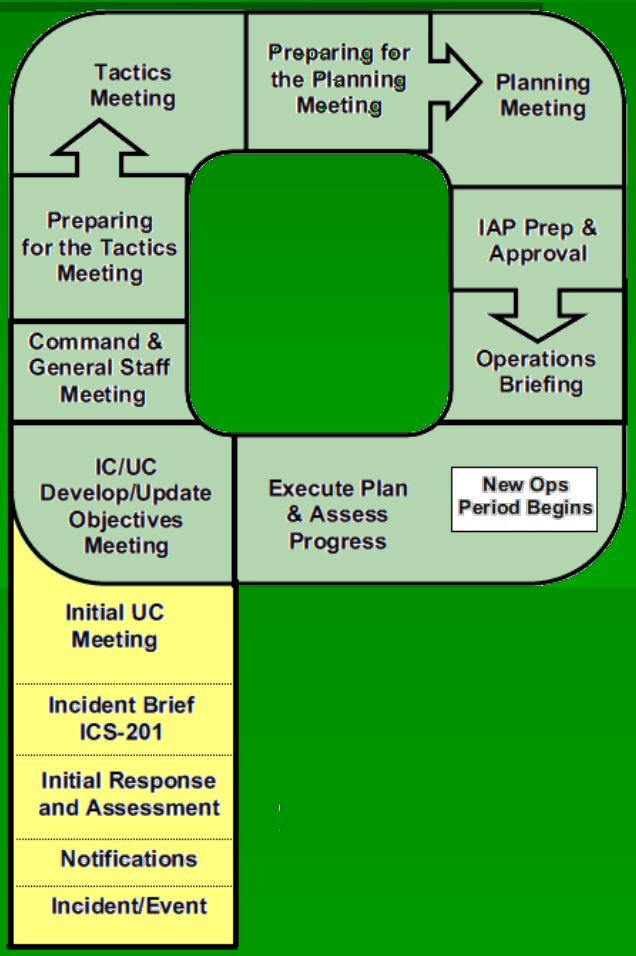
Split into phases

- **Reactive**

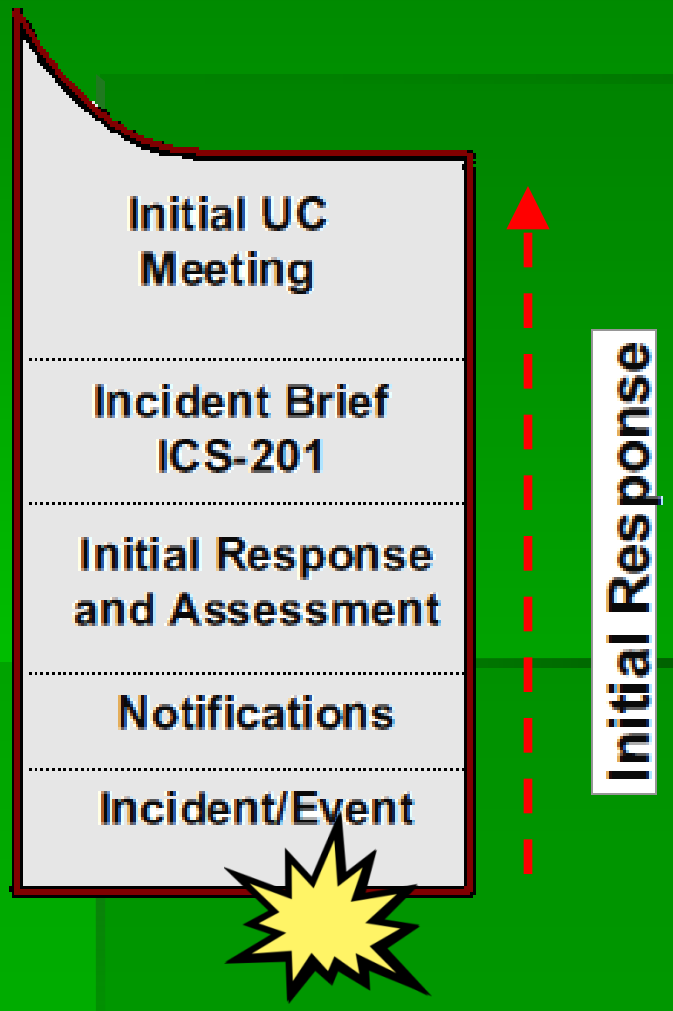
  versus

  Proactive

- Situation dependent



Reactive phase



- “Stem” of the P
- Reacting to an incident
- Focus on the response
- One time through

201 - Incident Briefing

- A Reactive document
- Provides the initial who, what, where, and how of the situation
- Serves as the IAP until the official is approved

ICS - 201

Texas Children's Hospital	Incident Name:	
	Date/Time	
	HICS 201 – Incident Briefing	

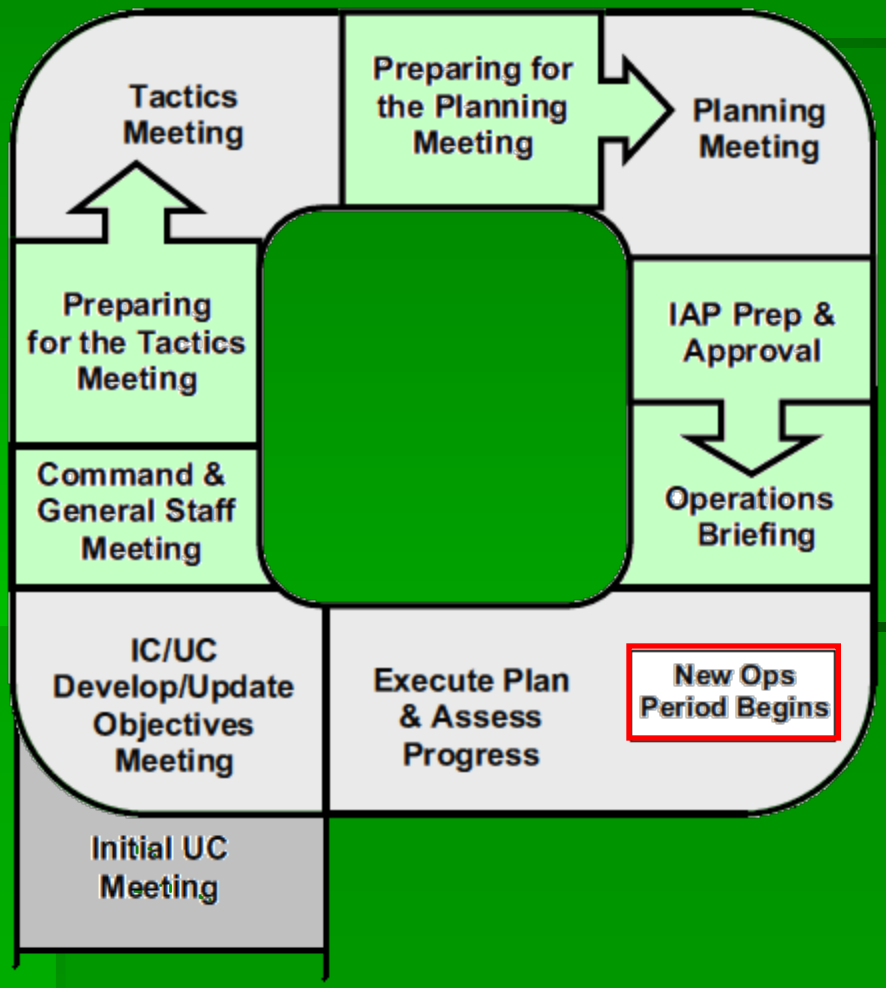
Event Histories and Current Actions Summary:			
Current Organization			
Incident Commander		Safety/Security Officer	
Liaison Officer		Safety Director	
Risk Officer		Security Director	
Medical Officer		Public Information Officer	
Operations Chief		Logistics Chief	
Planning Chief		Finance Chief	
Notes (including accomplishments, issues, warnings)			
Prepared By (Name and Position)			

Summary of incident

Basic structure

Special notes or issues

Proactive phase



- Series of meetings to develop the plan
- Developing plan for the next operational period
- Plan is briefed, executed, and assessed
- Repeat until the situation has returned to normal (whatever that may be)

201	Incident Briefing
202	Incident Objectives
203	Organization Assignment
204	Branch Assignment List
205	Incident Communication Log
206	Staff Medical Plan
207	Organization Chart
213	Incident Message Form
214	Operational Log
251	Facility System Status Report
252	Section Personnel Time Sheets
253	Volunteer Staff Registration
254	Disaster Victim Patient Tracking Form
255	Master Patient Evacuation Tracking Form
256	Procurement Summary Report
257	Resource Accounting Record
258	Hospital Resource Directory
259	Hospital Casualty Fatality Report
260	Patient Evacuation Tracking Form
261	Incident Action Plan Safety Analysis

The Incident Action Plan

- Cover sheet
- Objectives (202)
- Organization (203)
- Operational Assignment (204)
- Communications (205)
- Medical Plan (206)
- Other necessary plans

202
Incident Objectives

The "What" of the response

Texas Children's Hospital	Incident Name		HICS 202 Objectives
	Operational Period #		
	Operational Period (date/time)	From: To:	

Objectives
Weather/Environmental Factors for period (include as appropriate: forecast, wind speed/direction, daylight, etc.)
General Safety/Staff Messages to be given Examples: Personal Protective Equipment (PPE), Precautions
Prepared By (Planning Section Chief) : Date/Time:
Approved By Incident Commander:

Approved 7/2/2009

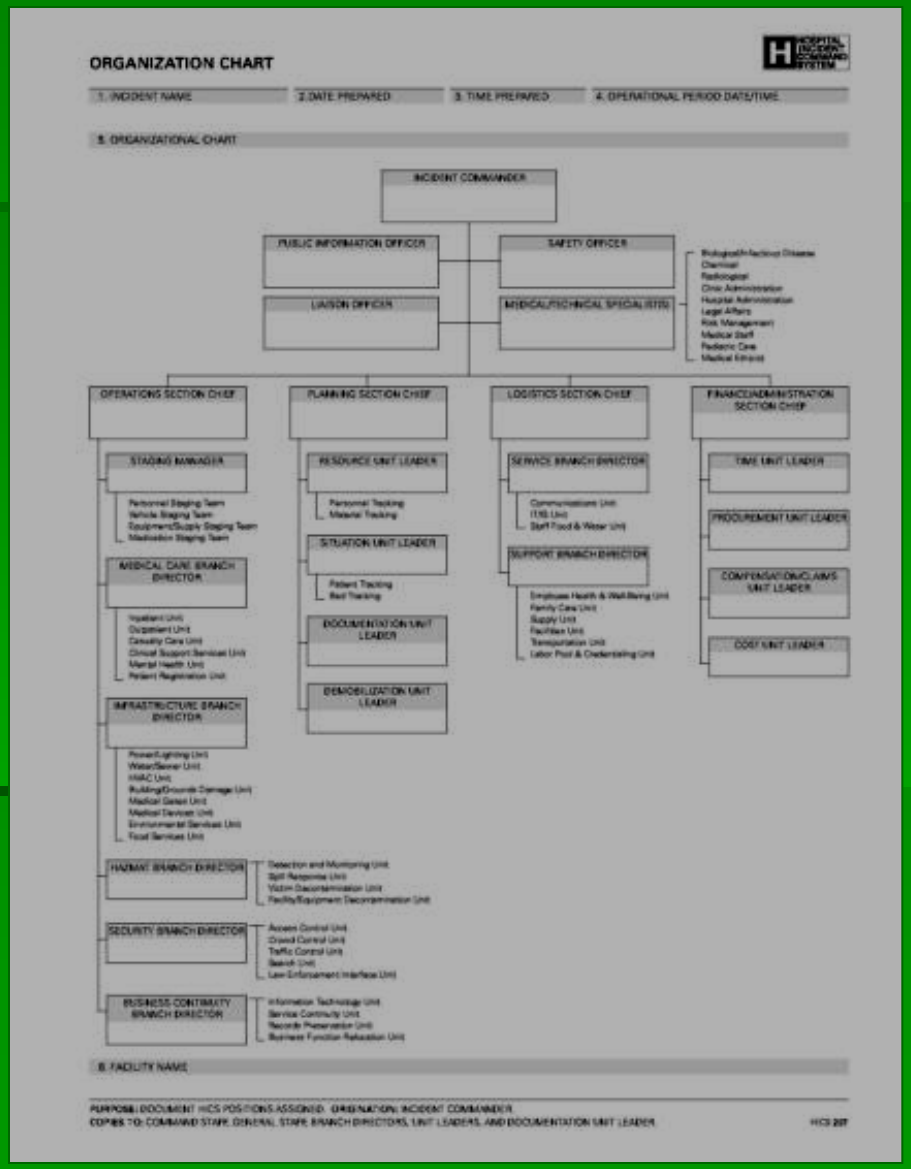
203 –Organization Assignment

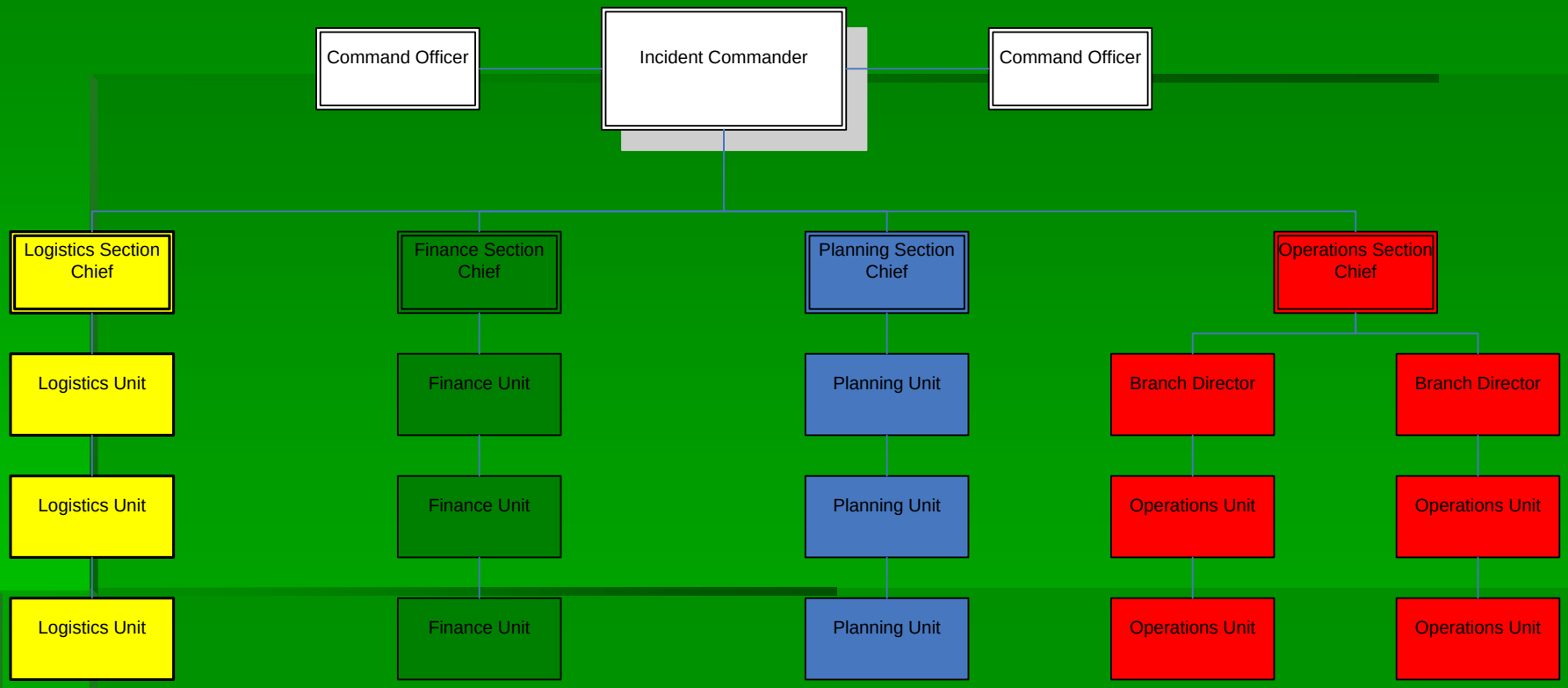
Texas Children's Hospital	Incident Name		HICS 203 Organization
	Operational Period #		
	Operational Period (date/time)	From: To:	

COMMAND STAFF		OPERATIONS SECTION	
Incident Commander		Chief	
Deputy IC		Deputy	
Liaison Officer		**Ancillary Services Branch**	
Risk Officer		Director	
Chief Medical Officer		Laboratory Unit	
Information Officer		Diagnostic Imag. Unit	
Safety/Security Officer		Pharmacy Unit	
Safety Director		Resp. Transport Unit	
Security Director		**Clinical Care Branch**	
		Director	
PLANNING SECTION		In-Patient Group	
Chief		Surgical Services Unit	
Deputy		Neonatal Unit	
Information Branch		Special Care Unit	
Director		Acute Care Unit	
Situation Status Unit		Outpatient Svc. Unit	
Documentation Unit		Women's Svc. Unit	
Credentialing Unit		Emergency Svc. Group	
Communication Unit		Discharge Unit	
Patient Coord. Unit		Decon Unit	
Patient Tracking Team		Morgue Unit	
Human Services Branch		Triage Unit	
Labor Pool Unit		Red Treatment Team	
Dependant Care Unit		Yellow Treatment Team	
Staff Support Unit		Green Treatment Team	
Psych Support Team		**Research Admin Branch**	
Billeting Team		Director	
		CCM Unit	
LOGISTICS SECTION		Environ. Safety Unit	
Chief		Staff Comms. Unit	
Deputy			
Facility Transport Unit		**FINANCE SECTION**	
Materials Supply Unit		Chief	
Facility Unit		Deputy	
Sanitation System Team		Time Unit	
Damage Assess. Team		Procurement Unit	
Comms/Tech Unit		Claims Unit	
Telecomm Team		Cost Unit	
Bio-Med Team		Admissions Team	
IS Team			

Prepared By (Planning Section Chief) : Date/Time:

207 – Organization Chart




Command Officer
Incident Commander
Command Officer
Logistics Section Chief
Finance Section Chief
Planning Section Chief
Operations Section Chief
Logistics Unit
Finance Unit
Planning Unit
Branch Director
Branch Director
Logistics Unit
Finance Unit
Planning Unit
Operations Unit
Operations Unit
Logistics Unit
Finance Unit
Planning Unit
Operations Unit
Operations Unit

204 – Operational Assignment

Texas Children's Hospital	Incident Name	H1N1 Fall 2009	HICS 204 Operational Surge Plan
	Operational Period #	4	
	Operational Period (date/time)	From: 10/12 1600 To: 10/15 1600	

EC Surge Plan	
Issue:	Develop a response to the increased influenza activity in our community and increased patient volumes being seen in the Emergency Center
Team Lead:	Gail Parazynski
Contact Information:	45428
Comment:	The needs and status of the Emergency Center will be reassessed every 2 days. Please, remember that this process and structure will be adapted to the needs of the EC on a continuing basis

Proposed Solution:
Open an Influenza Like Illness Unit (ILI). The ILI Clinic is located on the 3rd floor of West Tower in the old OR holding/PACU area.
Update (10/12)-On Wednesday 10/14/09 the EC will relocate EC Observation patients to 7 North Abercrombie. EC will utilize the beds previously utilized by this population in ATA as surge beds for Fast Track/ILI patients. Once this move is complete, the third floor space in West Tower will be closed.

Utilization Process:

- Patients are screened at the outside screening area based on the Flu Screening Algorithm. **On 10/14/09 the EC screening process will be stopped with the expanded space in the Acute Treatment Area for all low acuity EC patients.**
- Color coded arm bands are being issued at screening to both the patient & parent:
  Blue bands=Fast Track,
  Green Bands=ILI Flu Unit,
  Yellow Bands=Main Department

On 10/14/09 all banding of EC patients will stop.

- We are enforcing the one parent rule in ILI Flu Unit. Exceptions can be made for the single parent that arrives with more than one child, but only one child is checking into the EC.

On 10/14 there will not be any visitor restrictions in any area of the EC

- Patients & parents with flu like symptoms being sent to Fast Track or ILI Flu Clinic must don a surgical mask during transport.
- Patients going to Fast Track and ILI Flu Clinic will be triaged in that area by any nurse.

Operational Responsibilities:

- Documentation in Fast Track and ILI Flu Unit will be the old MPERT short form
  Discharged to home:

HOSPITAL INCIDENT COMMAND SYSTEM

HICS 204 - BRANCH ASSIGNMENT LIST					
1. INCIDENT NAME	2. SECTION	3. BRANCH		4. OPERATIONAL PERIOD DATE: TIME:	
5.PERSONNEL					
SECTION CHIEF			BRANCH DIRECTOR		
6. UNITS ASSIGNED THIS PERIOD					
Name	Name	Name	Name	Name	Name
Leader	Leader	Leader	Leader	Leader	Leader
Location	Location	Location	Location	Location	Location
Members	Members	Members	Members	Members	Members
7. KEY OBJECTIVES					
8. SPECIAL INFORMATION / CONSIDERATION					
9. PREPARED BY (BRANCH DIRECTOR)	10. APPROVED BY (PLANNING SECTION CHIEF)			11. DATE	12. TIME
13. FACILITY NAME					

Purpose: Document assignments within branch **Origination:** Branch Director
Copies to: Command Staff, General Staff and Documentation Unit Leader

HICS 204

205 – Communications Plan

Texas Children's Hospital	Incident Name		HICS 205 Communications Plan
	Operational Period #		
	Operational Period (date/time)	From: To:	

Name/Assignment	Radio	Phone/Nextel	Fax	Pager	Other	Comments

Prepared By (Communications Unit) : Date/Time:

Approved 7/2/2009

206 – Staff Medical Plan

- For responder medical treatment
- Location of treatment area
- Resources
  - Capabilities
  - Transport options
  - Alternate care sites

STAFF MEDICAL PLAN

HOSPITAL INCIDENT COMMAND SYSTEM

1. INCIDENT NAME

2. DATE PREPARED | 3. TIME PREPARED | 4. OPERATIONAL PERIOD DATE / TIME

5. TREATMENT OF INJURED / ILL STAFF

Location of Staff Treatment Area | Contact Information

Treatment Area Team Leader | Contact Information

Special Instructions

6. RESOURCES ON HAND

STAFF	MEDICAL TRANSPORTATION	MEDICATION	SUPPLIES
MD/DO	Litters		
PA/NP	Portable Beds		
RN/LPN	Transport		
Technicians/CN	Wheelchairs		
Ancillary/Other			

7. ALTERNATE CARE SITE(S)

NAME	ADDRESS	PHONE	SPECIALTY CARE (SPECIFY)

8. PREPARED BY (SUPPORT BRANCH DIRECTOR) | 9. FACILITY NAME

PURPOSE: OUTLINE RESOURCES FOR MEDICAL CARE OF INJURED / ILL HOSPITAL PERSONNEL. ORIGINATION: SUPPORT BRANCH DIRECTOR.
COPIES TO: COMMAND STAFF, SECTION CHIEFS, AND DOCUMENTATION UNIT LEADER.

HICS 206

Who is Responsible?

IAP is a group effort, unless you don't involve the group

202 - Objectives	Planning Chief/Incident Commander
203 – Org chart	Planning
204 – Operational Assignment	Operations
205 - Communications	Logistics
206 – Medical Plan	Safety Officer

Other forms/plans

209 – Situation Status Report

230 – Daily Meeting Schedule

Demobilization Plan

Maps

A Few Things to Consider

- Title
  - Stay consistent (swine flu, North American flu, H1N1…)
  - Don’t be the next Exxon Valdez

- Operational Period
  - Response specific
  - Give yourself enough time to build the next IAP

Now What?

- Documentation Unit Leader will help collect, package and disseminate the IAP for the approval process.
- IAP is not approved until signed
- Original scanned and saved in archive
- Copies available from Documentation Unit
- Make available to regional partners
- Brief It!

Tips on developing the IAP

- Don’t debut at a real event
- Delegate
- Use common terminology
- SMART goals
- Constantly evaluate
- The plan does not dictate the response
- Spell check

Do we really need this?

- Reduces freelancing
- Helps write the AAR
- Building block approach
- ONE game plan
- Keeps everyone (even IC) on track

Where Do I get the Forms?

- FEMA.gov
  - http://www.fema.gov/emergency/nims/JobAids.shtm
- HICSCenter.org
  - http://www.hicscenter.org/pages/articles.php?mod=7
- Various software programs

Questions?