

Hospital Emergency Incident Command System

In 1992, a generic disaster response plan was released to hospitals based upon the Incident Command System. The *Hospital Emergency Incident Command System*, modeled after the FIRESCOPE management system, was first tested by six hospitals in Orange County, California. A second edition was developed by a state-wide task force and tested again by Orange and Los Angeles County hospitals. In May 1992 the Second Edition of the Hospital Emergency Incident Command System (HEICS) was made available with copies having been sent throughout the United States, Canada and across the globe.

HEICS features a flexible management organizational chart which allows for a customized hospital response to the crisis at hand. There is an organizational chart with forty-nine positions grouped into one of four sections. This all results in an organized division of tasks and a realistic span of control for each manager. This organizational structure provides a platform for common terminology to enhance communication and improve documentation.

Following the 1993 Northridge Earthquake, HEICS was used successfully by some hospitals damaged in the quake. The plan has also been used in single hospital emergencies and in many disaster exercises. From these repeated uses of the HEICS program, much insight has been gained. It is the goal of San Mateo County Emergency Medical Services that the Hospital Emergency Incident Command System Update Project recreate a HEICS plan which is more useful and relevant to the medical community. And, a plan which is more accessible, as is found here in this Website. You are invited to access and down load the Second Edition of the HEICS plan. You are encouraged to take a critical look at this document and return your comments to San Mateo County Emergency Medical Services team who are working on this exciting update.

Confusion and chaos are commonly experienced by the hospital at the onset of a medical disaster. However, these negative effects can be minimized if management responds quickly with structure and a focused direction of activities. **The Hospital Emergency Incident Command System (HEICS)** is an emergency management system which employs a logical management structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify hospitals with other emergency responders. There are clear advantages to all hospitals using this particular emergency management system.

Based upon public safety's Incident Command System, HEICS has already proved 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 and offers the following features:

- * **predictable** chain of management
- * **flexible organizational chart** 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 health care organizations

The 1996 Edition of the National Fire Protection Association, *Health Care Facilities Handbook* states in chapter 11-4.3, "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.** The utilization of the HEICS plan is recognized as partial compliance with this act.

HEICS and all of its support material is offered without charge. Implementation templates and instructional materials are free and make the cost of converting to the HEICS system minimal. HEICS is financially prudent as it assists the medical facility in staying open following a disaster and promotes the restoration of day-to-day hospital function. It is an efficient method for managing emergencies of disastrous proportions, as well as those of a lesser degree.

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.

Frequently Asked Questions About the Hospital Emergency Incident Command System

HEICS has been in 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 the HEICS plan is activated for an exercise or actual response. Some of these insights are shared in the questions below. As time and experience progress, new questions and answers will be added.

Listed below are questions which are repeatedly asked relative to the HEICS plan.

1. Where does HEICS fit into my current Hospital Emergency Preparedness Plan?

HEICS is a set of response procedures which 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.

2. Why should a hospital integrate HEICS into their disaster plans?

The HEICS plan for hospitals offers the following benefits:

- * **predictable** chain of management
- * **accountability** of position function
- * **flexible organizational** chart allows **flexible** response to specific emergencies
- * **improved** documentation of facility
- * **common** language to facilitate outside assistance
- * **prioritized** response **checklists**
- * **cost** effective **emergency** planning within health care corporations
- * **governmental** requirements as is the case with public hospitals in the State of California

3. Why is HEICS better than a non-ICS hospital plan?

Emergency response plans which are based upon the Incident Command System share many organizational qualities with other ICS based plans. The commonalties shared between plans is a great attribute in times of crisis. This can bind hospitals and non-hospitals together in a crisis.

Chaos at the onset of a disaster is almost taken for granted. However, responding agencies such as hospitals, medical transportation, law enforcement, fire and local governments can all communicate more quickly and efficiently when using the structure of the Incident Command System.

4. What are the common reasons for not wanting to convert or try HEICS?

Time, cost and a currently working disaster/emergency preparedness plan are reasons for not wanting to undertake a conversion. Sometimes the real reason is lack of understanding of HEICS and the overwhelming idea of changing out an entire disaster plan. All of these concerns are valid. However, all facilities need to examine the real attributes and benefits of an Incident Command System-based plan. There are distinctive advantages to the entire disaster medical response community when all participants operate in a similar, predictable fashion.

5. How many hospitals are using HEICS in:

a. California?

According to a survey conducted by San Mateo County (CA) Emergency Medical Services Agency in Spring of 1997, 501 hospitals in California were sent a survey to ask if they were utilizing the HEICS plan. Of the 207 surveys returned, 116 responded that the HEICS plan was being utilized at their facility. This equals about 56% of the survey respondents.

b. United States?

While copies have been sent from coast-to-coast (including Alaska and Hawaii), it is not known how many hospitals are actually using the HEICS plan. Correspondence with hospitals throughout the U.S. indicate that HEICS, or some form of an Incident Command System based plan is used in many medical facilities.

c. Internationally?

Hospitals in Vancouver, British Columbia (Canada) are implementing the HEICS. Copies of HEICS have been sent to Germany, New Zealand, Japan, South America and Saudi Arabia. It is not known how many hospitals, if any, have adopted its usage.

6. How many hospitals have actually utilized HEICS in a real incident?

The Spring, 1997 HEICS Survey revealed a total of 115 hospitals responding to this survey question with 39 answering "yes". This equals 34% of the respondents who have used HEICS in an actual hospital response.

a. How many of those who used HEICS in a real incident found it a positive experience?

82% (18) of those hospitals who have used HEICS during an actual emergency rated their experience as "positive" in regards to the plan. No respondents stated that their HEICS experience was "negative".

b. What are some of the concerns people have with using HEICS?

Some survey respondents made comments that they thought HEICS was too cumbersome; too complicated. This is understandable when one first views this system. However, when properly explained, the Incident Command System can be a simple concept which adapts easily to a hospital structure.

7. How does HEICS apply to a small rural hospital?

HEICS functions as well in a small facility as it does in a large one. This is a true testament to the plan's expandability and contractility. Jobs are only be activated if the function is required or anticipated being needed. Even then, sometimes there may not be enough

managers to assume the most important roles. In that case, priorities must be identified. Goals should be established.

8. Can this system be utilized for:

A medical clinic?

Yes. After the HEICS Project was completed, a smaller version call The Medical Aid Station Incident Command System (MASICS) was created for a free standing clinic or medical complex.

A small hospital with no emergency room?

Yes. It should be emphasized that tasks which do not exist, have no need to have that position activated. For example; if there are no incoming or large numbers of new patients to treat, then there is no reason to activate any of the positions under the Treatment Areas Supervisor.

A skilled nursing facility?

Yes. A skilled nursing facility can take the same HEICS structure and modify or delete some of the positions in the Operations Section. For example, under the position of "General Nursing Care Unit Leader" a series of sub positions may be added to reflect departments or nursing units. However, no matter what conversion a facility may make, keep in mind four sections (Logistics, Planning, Finance and Operations) must always be retained. No more and no less.

9. How long will it take to fully train the staff in the utilization of HEICS?

It is important to remember that installing the HEICS plan into a hospital environment is a process. This is true of all emergency planning. Disaster preparedness in a continual process or cycle which includes the phases of training, exercising/testing, evaluating, modifying and beginning again with training.

To properly implement the HEICS plan into a medium sized hospital can take six months to a year. Much will depend upon the aggressiveness of the implementation program and number of people involved in the conversion process. Comments are frequently received from hospital personnel who have experience in the installation of the HEICS program. They have stated that it is at least a year of training and exercising before the true understanding and value of HEICS is realized by most individuals.

10. How often should a hospital exercise to become proficient with the HEICS plan?

While every hospital is different, one thing is certain; the more frequently the plan is activated the more skilled hospital staff will become with it. One recommendation is for

quarterly exercises. Two exercises could be table tops and the other two should be a total hospital activation.

11. What kind of expenses are expected in the conversion to HEICS?

The HEICS manual and template is and has always been offered free of charge to hospitals. It includes lesson plans and helps for the installation of the HEICS. Much of the costs associated with the adoption of the plan will be in training and exercising the new plan. These are expenses which the hospital would have to undertake whether or not the HEICS plan is adopted. However, as with any new program, the start up training and conversion are financial factors to be considered.

Expenses will come primarily in the form of staff training. Most top and mid-level managers will need a formal lecture and exercising (table-top) to begin the familiarization process. This introduction to management is typically four hours long. Hospital staff who have little possibility of assuming a HEICS management position, will need only a HEICS orientation class/presentation. An orientation class can be conducted in approximately one hour. A task force or small group of hospital employees will have to be designated to adapt the HEICS Job Action Sheets (job descriptions) to the facility's exact needs. Hospital policy and procedures will need to be amended to reflect the incorporated HEICS Job Action Sheets. Eventually, a full hospital exercise will want to be conducted utilizing the HEICS plan.

Other items which need to be considered in the start-up include a full set of 49 HEICS position identification vests. This can be a low-cost project for hospital auxiliary. Or can be budgeted for around a thousand dollars. Binders or clipboards for each position are an option. Storage cases/bins, one for each section, are another option.

12. Is there a resource for the various scenarios used in the table top exercises?

It is important that scenarios be as relevant as possible. However, because of staff turnover and the ability to place people in other roles, the same scenario may be used repeatedly. Table top exercises are primarily communications exercises. The results will be different each time it is played out.

13. How does the HEICS plan activate late at night when hospital staffing is at a minimum?

Limited staff on hand can restrict the number of positions which may be opened up. Once the priorities of the emergency are established, only those positions most immediately needed should be activated. In the first minutes and hours of a disaster, there may only be one or two staff to assume roles within the HEICS structure. It should be remembered that each staff member may be required to assume more than one position depending upon the emergency situation. Flexibility is an important concept in the HEICS plan. The HEICS organizational structure can, if necessary, expand as more staff become available.

14. Can you activate only a portion of HEICS based on the needs of the incident?

Yes! It can not be stressed enough; with the HEICS emergency response plan it is only those positions need to address the specific emergency which are activated. The plan easily allows the addition of needed positions, as well as the deactivating of those no longer needed. The HEICS plan is meant to be flexible.

15. Can I change the Mission Statements?

No! Position titles and mission statements should be left as they are found in the HEICS plan. Any modifications of the Mission Statement should be done so with extreme caution so that the overall function of every position remains the same as the original HEICS template. Years of experience have revealed that any customizing of the Job Action Sheet (position checklist) should be confined to the prioritized action instructions found below the mission statement. The position title and mission statement should be left alone.

16. Can I move jobs from one section to another?

For example, moving the Labor Pool from the Planning Section to the Operations Section.

No. The positions are arranged within sections which logically correspond with the activity of those groups of jobs. For example, clinical and patient care activities are located in the "Operations Section". The physical support positions/activities such as maintenance of the environment, supplies and food are found within the "Logistics Section". Moving these positions to another section would deviate from the Incident Command System standard.

17. Can a Facilities Chief be added as a separate fifth section?

No. Reason: The Facilities Chief is in the Logistics Section. Adding a fifth section weakens the advantage of using a standardized response plan. The true hallmark of the Incident Command System is an organizational chart with four sections which are coordinated by a leadership group. This group is headed by an Incident Commander. When hospitals and supporting agencies are using an identical system of crisis management; the inter-agency communication will be enhanced in terms of understanding and speed. If sections and positions are change, then there will be a loss of compatibility between agencies.

18. Can I change the titles on the Job Actions Sheets to match the position titles currently being utilized by my hospital?

No. Do this and you lose one of the main benefits of the Incident Command based system. The advantage of knowing how another medical facility operates during a disaster is important to all players. Hospital "A" can quickly lend managerial support to hospital "B" when they both use an identical HEICS system and the nomenclature associated with it. The idea of common terminology for positions also become very important in the mutual share of resources. For example, when it is commonly agreed upon that all volunteer amateur radio operators will report to the Communications Unit Leader, then there is no confusion about whom to report to. If you are a volunteer amateur radio operator it doesn't matter whether

you help at hospital "A" or "B". Both disaster management systems call your contact person by the same title.

19. Can I modify the Job Action Sheet check lists to meet my hospital's needs?

Yes. Job Action Sheets should be customized to fit the needs and requirements of the hospital. Some hospitals which have already adopted the HEICS plan recommend that you alter the Job Action Sheets only after you have used them in a couple of exercises. After they have been practiced, it will be much clearer where the adjustments should be made. And remember: Don't change the position title or the mission statement.

20. What are some common road blocks in converting a medical facility to HEICS?

There are a number of reasons and misconceptions which prevent some facilities from attempting to implement or completing the implementation process. Listed below are some of concerns most often heard and some information which may help answer them:

CONCERN

Too much work

ANSWER

There is no doubt work associated with conversion to the HEICS model of disaster management. However, any emergency preparedness plan requires a level of work to keep it current and fresh in the minds of the hospital staff. Emergency planning, training and exercising are already required by many certifying authorities. It makes sense that the efforts placed into emergency preparedness should be spent employing a management system which adds structure and organization. HEICS is a management system which is shared by other hospitals and many other emergency response organizations.

Too confusing

Any new language has a degree of confusion associated with it until as people become accustomed to new terminology and divisions of order. The confusion will be lessened if a phased implementation plan is developed. When one experiences the standardization of HEICS, then confusion gives way to a predictable chain of command and a reasonable span of control for each manager. The organizational traits associated with HEICS lead to a lessening of chaos in a time of crisis.

Too cumbersome

If HEICS appears as if it is too big, it usually means the concept of flexibility has not been stressed enough. The activation of the HEICS plan is driven by the event. Only those positions which are needed to address the emergency should be filled. This concept takes some practice to appreciate. But, users of HEICS have come to understand the time and cost savings features.

Current hospital disaster plan works fine

The hospital's disaster plan may function just fine. If the hospital did not have to interact with other hospitals, fire departments, local governments and other agencies, then there would be little point to change. But, in the shrinking world of health care, hospitals do have to relate to many other groups. In a time of crisis it will be imperative that communication and organization be as simple and uniform as is feasibly possible. It makes good sense that all disaster responders begin from a common structure.

Another point to consider is the fact that so many of the hospital's staff are employed at other medical facilities. Herein lies a distinct advantage in having all employees recognize a common disaster response plan at all the hospitals in which they serve. This will help reduce training time and costs for all hospitals who adopt HEICS.

Too costly to change over from the current plan

Everyone in health care today is cost conscious. There will be additional costs associated with converting to the HEICS plan. However, some of these are one time costs. Other costs are those which would be spent regardless of what hospital disaster plan was employed and the requisite training to implement it.

HEICS structure is too large for the facility

This has been proven to be a myth. HEICS has been adopted by a number of smaller facilities in California. When emergency preparedness planners understand the flexibility and adaptability of HEICS, it becomes an accomplishable task.

Administration will not support the conversion to HEICS

Top management must be assisted to see that; 1) HEICS is cost effective. 2) HEICS is good business. 3) HEICS promotes good documentation. 4) HEICS promotes good accounting and accountability. 5) HEICS will help in the cost recovery process and return to normal operational status.

Misunderstanding of the Incident Command System

The Incident Command System (upon which HEICS is based) requires some time to become familiar with. More than once a hospital has taken the Incident Command System and significantly altered it, resulting in the loss of the standardization and predictable uniformity which HEICS is known for. If a hospital makes the commitment to adopt the HEICS plan, it would be well advised to be certain that those assisting with the conversion have a good understanding of the Incident Command System.

21. Which staff members are usually the most difficult to convince to accept HEICS; Administration? Nursing staff? Physicians? Non-medical staff?

It's not fair to say that any one particular group is harder to win over than another. As human beings, we all can at times become very comfortable where we are. Learning and adopting new practices and behaviors requires time and effort. These days it is difficult to fit change into our busy schedules. Educators must look for any opportunity to make learning more interesting, positive and meaningful. The real challenge is to those who are responsible for the education of the hospital staff. Educators are those who really can effect change.

22. How does one convince the hospital administration and the hospital staff to accept the HEICS program?

Knowledge and patience are two key ingredients in gaining the support of both management and staff to the HEICS concept. However, there are different attributes to be emphasized when presenting HEICS to each group.

- 1) Hospital management must be made aware that a timely and organized hospital response to an emergency equates to faster service to the community and a faster return to pre-disaster conditions.
- 2) The hospital is an investment; financially and for the community. It must be protected by a proven emergency preparedness plan which is practiced regularly.
- 3) Adoption of the HEICS plan is sound business practice.

4) The largest financial commitment relative to the implementation of the HEICS plan is staff education, which is already required by those agencies which accredit the hospital.

Hospital staff desire competency and confidence in a plan. Competency will come in the knowledge that the plan the hospital has adopted is a useful tool in the response to an external or internal emergency. Confidence will occur when the plan is practiced frequently.

HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

