**<insert organization’s name>**

**Incident Command System**

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## Purpose

The Emergency Operations Plan (EOP) is based on requirements from the National Incident Management Systems (NIMS) and on the Incident Command System (ICS). Additionally, ICS are mandated for use in disasters by Presidential Directive #5. In order to implement this plan correctly, it is necessary to understand ICS organization, terminology, concepts, and principles. This appendix offers a general explanation of ICS and its use, as well as identifies staff positions that will assume responsibility of the ICS functions during an incident.

Organizational charts are included to define the chain of command. Position-specific checklists in Appendix 5 of the EOP describe the responsibilities of the Incident Management Team (IMT). Positions in the day-to-day management structure of the organization may closely match ICS and may easily transition into the ICS organizational structure. However, other duties may require more planning. It is highly recommended that formal ICS training be provided to all employees to ensure personnel understand the ICS roles and how to respond to an incident.

## ICS Organization

* Chain of Command***:*** The organization will utilize Chain of Command and Unity of Command to manage emergency operations in response to events affecting the organization and/or surrounding community. (As defined by NIMS: *Chain of Command* refers to the orderly line of authority within the ranks of the incident management organization. *Unity of Command* means that every individual has a designated supervisor to whom he or she reports at the scene of the incident.)
* Span of Control***:*** ICS Span of Control refers to the number of subordinates under the manager’s direct control. The recommended span of control is one supervisor to three to seven reporting staff.
* Organizational Charts***:*** The ICS organizational charts depict the organization’s command functions and represent how authority and responsibility will be distributed. The chart below shows the Incident Commander and IMT. IMT positions are described in more detail in the following sections.



ICS is flexible and scalable. Only positions or functions that are needed should be activated. ICS allows for positions to be added or deactivated at any time during the lifecycle of the incident. This will promote efficiency and cost effectiveness. The organizational charts (including positions subordinate to the IMT may be fully activated for a large, extended incident. However, full activation may take hours or even days. The majority of incidents will require the activation of fewer positions.

If a position is not activated, the position above it on the organizational chart will assume responsibility of that function. For example, if the Incident Commander (IC) does not activate a Liaison Officer, the IC will take responsibility of the Liaison Officer’s functions.

## 

## Incident Management Team Roles

Incident Commander***:*** The Incident Commander is technically not part of the IMT. The Incident Commander is responsible for overall incident management and has responsibility for all activities at the EOC or Incident Command Post.

The Incident Commander will appoint IMT positions, which will operate from the facility’s EOC. The IMT may appoint subordinate positions and Assistants/Deputies, depending on the complexity of the incident. Only positions or functions that are needed should be activated.

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| --- | --- | --- |
| **Incident Command System (ICS) – Incident Management Team (IMT)** | | |
| **Organizational Level** | **Title** | **Support Position** |
| Incident Command | Incident Commander | Deputy |
| Command Staff | Officer | Assistant |
| General Staff | Section Chief | Deputy |
| Branch | Director | Deputy |
| Division/Group | Supervisor | N/A |
| Unit | Leader | Assistant |
| Task Force/Strike Team | Leader | Single Resource Boss |

IMT members should provide regular briefings to their personnel as positions are activated, deactivated, and/or at the beginning of each operational period. The names of all personnel appointed to active ICS roles should be written on an organizational chart and announced to all staff. Any additions or changes to the chart will be announced during incident briefings at the facility’s EOC or at staff briefings.

### Command Staff

The Command Staff is assigned to conduct staff functions needed to support the Incident Commander. The Incident Commander may appoint Command Staff personnel, including a Public Information Officer, Safety Officer, Medical Officer and Liaison Officer. In a large or complex incident, Command Staff members may appoint one or more Assistants to help manage their workload. Each Command Staff member is responsible for organizing any assistants for maximum efficiency. **Only positions that are needed should be activated.**

* **Public Information Officer**: Serves as the conduit for information to internal and external stakeholders, including staff, visitors and families, and the news media, as approved by the Incident Commander. Reports directly to the Incident Commander.
* **Safety Officer:** Ensures safety of staff, patients, and visitors, monitor and correct hazardous conditions. Have authority to halt any operation that poses immediate threat to life and health. Reports directly to the Incident Commander.
* **Liaison Officer:** Functions as the incident contact person in the facility EOC for representatives from other agencies. Reports directly to the Incident Commander.
* **Specialists:** Persons with specialized expertise in areas such as the infectious disease, legal affairs, risk management, and medical ICS who may be asked to provide the Incident Command staff with needed advice and coordination assistance. Reports directly to the Incident Commander.



### General Staff

The General Staff is responsible for the functional aspects of the incident command structure. Only one person will be designated to lead each General Staff position. The General Staff is made up of an Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief. General Staff members may exchange information with any person within the organization. Direction takes place through Chain of Command, which is an important concept of ICS. General Staff positions should not be combined.

Section Chiefs may appoint qualified personnel to be Deputy Chiefs to help them fulfill the position’s responsibilities. Section Chiefs also appoint sub-functions to Branch Directors, Division/Group Supervisors, and/or Unit Leaders to fill other crucial roles. Only positions or functions that are needed should be activated. It will be important that qualified Deputy Chiefs be appointed to assist the Section Chiefs because Deputies will serve in the Section Chiefs’ absence from the Command Post when necessary.

### Operations Section

The Operations Section is responsible for managing all tactical objectives at an incident. The IAP provides the necessary guidance. The need to expand the Operations Section is dictated by the number of tactical resources involved, as influenced by span of control considerations. The Operations Section Chief may appoint Branch Directors to oversee specific functional, geographical, or jurisdictional responsibility for major parts of the incident operations.

* **Staging Manager -** Organize and manage the deployment of supplementary resources, including personnel, vehicles, equipment, supplies, and medications. **Reports to the Operations Section Chief.**
  + **Personnel Staging Team Leader -** Organize and manage the deployment of supplementary personnel resources. **Reports to Staging Manager.**
  + **Vehicle Staging Team Leader -** Organize and manage the deployment of supplementary vehicle resources. **Reports to Staging Manager.**
  + **Equipment and Supply Staging Team Leader** - Organize and manage the deployment of supplementary equipment and supplies. **Reports to Staging Manager.**
  + **Medication Staging Team Leader** - Organize and manage the deployment of supplementary medications and supplies. **Reports to Staging Manager.**
* **Medical Care Branch Director** - Organize and manage the delivery of emergency, inpatient, outpatient, and casualty care, and clinical support services. **Reports to the Operations Section Chief.**
* **Inpatient Unit Leader -** Assure treatment of inpatients, manage the inpatient care area(s), and provide for a controlled patient discharge. **Reports to the Medical Care Branch Director.**
* **Outpatient Unit Leader -** Prepare outpatient service areas to meet the needs of in-house and newly admitted patients. **Reports to the Medical Care Branch Director.**
* **Casualty Care Unit Leader** - Assure delivery of emergency care to arriving patients. **Reports to the Medical Care Branch Director.**
* **Mental Health Unit Leader** - Address issues related to mental health emergency response, manage the mental health care area, and coordinate mental health response activities. **Reports to the Medical Care Branch Director.**
* **Clinical Support Unit Leader -** Organize and manage clinical support services. Assist in providing the optimal functioning of these services. Monitor the use and conservation of these resources. **Reports to the Medical Care Branch Director.**
* **Patient Registration Unit Leader** - Coordinate inpatient and outpatient registration. **Reports to the Medical Care Branch Director.**
* **Infrastructure Branch Director** - Organize and manage the services required to sustain and repair the facility’s infrastructure operations, including power/lighting, water/sewer, HVAC, buildings and grounds, medical gases, medical devices, structural integrity, environmental services, and food services**. Reports to the Operation Section Chief.**
  + **Power and Lighting Unit Leader -** Maintain power and lighting to the facility. Ensure adequate generator fuel. **Reports to the Infrastructure Branch Director.**
  + **Water and Sewer Unit Leader -** Evaluate and monitor the patency of existing water, sewage, and sanitation systems. Enact pre-established alternate methods of waste disposal if necessary. **Reports to the Infrastructure Branch Director.**
  + **HVAC Unit Leader** - Maintain heating and air conditioning to the facility and adjacent facilities. **Reports to the Infrastructure Branch Director.**
  + **Buildings and Ground Damage Unit Leader** - Organize and manage the services required to sustain and repair the facility’s buildings and grounds. **Reports to the Infrastructure Branch Director.**
  + **Medical Gas Unit Leader** - Organize and distribute medical gases to requesting clinical care areas. **Reports to the Infrastructure Branch Director.**
* **Hazardous Materials Branch Director** - Organize and direct hazardous material incident response activities: detection and monitoring; spill response; victim, technical, and emergency decontamination; and facility and equipment decontamination. **Reports to the Operations Section Chief.**
  + **Detection and Monitoring Unit Leader** - Coordinate detection and monitoring activities related to hazardous material incident response. **Reports to the Hazardous Materials Branch Director.**
  + **Spill Response Unit Leader** - Coordinate on-site activities related to implementation of facility’s internal or external hazardous material response plan. **Reports to the Hazardous Materials Branch Director.**
  + **Victim Decontamination Unit Leader** - Coordinate the on-site patient decontamination activities related to hazardous material incident response**. Reports to the Hazardous Materials Branch Director.**
  + **Facility and Equipment Decontamination Unit Leader** - Coordinate on-site facility and equipment decontamination activities related to hazardous material incident response. **Reports to the Hazardous Materials Branch Director.**
* **Security Branch Director** - Coordinate all the activities related to personnel and facility security such as access control, crowd and traffic control, and law enforcement interface. **Reports to the Operations Section Chief.** 
  + **Access Control Unit Leader** - Ensure the security of the facility and personnel by monitoring individuals entering and exiting the building. **Reports to the Security Branch Director.**
  + **Crowd Control Unit Leader** - Maintain scene safety and ensure crowd control. **Reports to the Security Branch Director.**
  + **Traffic Control Unit Leader** - Organize and enforce vehicular traffic security for facility. **Reports to the Security Branch Director.**
  + **Search Unit Leader** - Coordinate the search and rescue of missing staff, patients, and family members. **Reports to the Security Branch Director.**
  + **Law Enforcement Unit Leader** - Coordinate security of facility with outside law enforcement agencies. **Reports to the Security Branch Director.**
* **Business Continuity Branch Director -** Ensure business functions are maintained, restored, or augmented to meet designated Recovery Time Objectives (RTO) and provide limited interruptions to continuity of essential business operations. **Reports to the Operations Section Chief.**
  + **Information Technology Unit Leader** - Ensure IT business functions are maintained, restored, or augmented to meet designated Recovery Time Objectives (RTOs) and provide limited interruptions to continuity of essential business operations. **Reports to the Business Continuity Branch Director.**
  + **Service Continuity Unit Leader -** Ensure business/clinical/ancillary service functions are maintained, restored, or augmented to meet designated Recovery Time Objectives (RTO) and provide limited interruptions to continuity of essential business operations. **Reports to the Business Continuity Branch Director.**
  + **Records Preservation Unit Leader** - Ensure vital business/medical records are maintained and preserved to meet designated Recovery Time Objectives (RTO) and provide limited interruptions to continuity of essential business operations. **Reports to the Business Continuity Branch Director.**
* **Patient Family Assistance Branch Director -** When large numbers of patients are being received at a hospital the Patient Family Assistance Branch may be activated to assist in meeting their needs. Family support should be provided in a secure location suitable in size to accommodate the number of families being assisted. **Reports to the Operations Section Chief.**
  + **Social Services Unit Leader** - Organize and manage support to meet patient social service requirements during a disaster, coordinating with community and government resources. **Reports to the Patient Family Assistance Branch Director.**

### Planning Section

The Planning Section collects status information on the situation and resources, evaluates the information, and processes it for use in developing action plans. Dissemination of information can be in the form of the IAP in formal briefings, or through map and status board displays. The chart below represents how authority and responsibility will be distributed in the Planning Section.

* **Planning Section Chief -** Oversee all incident-related data gathering and analysis regarding incident operations and assigned resources, develop alternatives for tactical operations, conduct planning meetings, and prepare the Incident Action Plan (IAP) for each operational period. **Reports to the Incident Commander.**
* **Resources Unit Leader** - Maintain information on the status, location, and availability of personnel, teams, facilities, supplies, and major equipment to ensure availability of use during the incident. Maintain a main list of all resources assigned to incident operations. **Reports to the Planning Section Chief.**
* **Personnel Tracking Manager** - Maintain information on the status, location, and availability of on-duty staff and volunteer personnel. **Reports to the Resources Unit Leader.**
* **Materials Tracking Manager -** Maintain information on the status, location, and availability of equipment and supplies within the hospital inventory and additional materiel received from outside agencies in support of the incident. **Reports to the Resources Unit Leader.**
* **Situation Unit Leader** - Collect, process, and organize ongoing situation information; prepare situation summaries; and develop projections and forecasts of future events related to the incident. Prepare maps and gather and disseminate information and intelligence for use in the Incident Action Plan (IAP). **Reports to the Planning Section Chief.** 
  + **Patient Tracking Manager** - Monitor and document the location of patients at all times within the organization’s patient care system and track the destination of all patients departing the facility. **Reports to the Situation Unit Leader.**
  + **Bed Tracking Manager -** Maintain information on the status, location, and availability of all patient beds, including disaster cots and stretchers.
* **Documentation Unit Leader -** Maintain accurate and complete incident files, including a record of the organization’s response and recovery actions and decisions; provide duplication services to incident personnel; and file, maintain, and store incident files for legal, analytical, and historical purposes. **Reports to the Planning Section Chief.**
* **Demobilization Unit Leader -** Develop and coordinate an Incident Demobilization Plan that includes specific instructions for all staff and resources that will require demobilization. **Reports to the Planning Section Chief.**

### Logistics Section

The Logistics Section provides all incident support needs, including facilities, transportation, communications, supplies, equipment maintenance and fueling, food service (for staff), and medical services (for staff). The Logistics Section will coordinate the support requirements of disaster response and recovery, including acquiring resources from internal and external sources. The chart below represents how authority and responsibility will be distributed in the Logistics Section.

* **Logistics Section Chief -** Organize and direct those operations associated with maintenance of the physical environment and with the provision of human resources, materiel, and services to support the incident activities. Participate in Incident Action Planning. **Reports to the Incident Commander.**
* **Service Branch Director -** Organize and manage the services required to maintain the facility’s communication system, food and water supply for staff, and information technology and systems. **Reports to the Logistics Section Chief.**
  + **Communications Unit Leader -** Organize and coordinate internal and external communications connectivity. **Reports to the Service Branch Director.**
  + **Information Technology Unit Leader -** Provide computer hardware, software, and infrastructure support to staff. **Reports to the Service Branch Director.**
  + **Food Services Unit Leader -** Organize food and water stores and prepare for rationing during periods of anticipated or actual shortage.
* **Support Branch Director -** Organize and manage the services required to maintain the facility’s supplies, facilities, transportation, and labor pool. Ensure the provision of logistical, psychological, and medical support of staff and their dependents. **Reports to the Logistics Section Chief.**
  + **Employee Health and Well-Being Unit Leader -** Ensure the availability of medical care for injured or ill staff. Ensure the availability of behavioral and psychological support services to meet staff needs during and following an incident. Coordinate mass prophylaxis/vaccination/immunization of staff, if required. Coordinate medical surveillance program for employees. **Reports to the Support Branch Director.**
  + **Family Care Unit Leader -** Ensure the availability of medical, logistic, and mental health and day care for the families of staff members. Coordinate mass prophylaxis/vaccination/immunization of family members if required. **Reports to the Support Branch Director.**
  + **Supply Unit Leader -** Acquire, inventory, maintain, and provide medical and non-medical care equipment, supplies, and pharmaceuticals. **Reports to the Support Branch Director.**
  + **Facilities Unit Leader** - Organize, manage, and support building systems, equipment, and supplies. Ensure proper cleaning and disinfection of facility environment. **Reports to the Support Branch Director.**
  + **Transportation Unit Leader** - Organize and coordinate the transportation of all ambulatory and non-ambulatory patients. Arrange for the transportation of human and material resources within or outside the facility. **Reports to the Support Branch Director.**
  + **Labor Pool and Credentialing Unit Leader** - Collect and inventory available staff and volunteers at a pre-designated area (Labor Pool) for assignment by the Staging Officer. Maintain adequate numbers of both medical and non-medical personnel. Assist in the maintenance of staff morale. **Reports to the Support Branch Director.**

### Finance/Administration Section

The Finance/Administration Section is responsible for managing all financial aspects of an incident. The Finance/Administration Section will coordinate tracking personnel time, ordering items, initiating contracts, arranging personnel-related payments and workers’ compensation, and tracking response and recovery costs and invoice payments. The chart below represents how authority and responsibility will be distributed in the Finance/Administration Section.

* **Finance and Administration Section Chief -** Monitor the utilization of financial assets and the accounting for financial expenditures. Supervise the documentation of expenditures and cost reimbursement activities. **Reports to the Incident Commander.**
* **Time Unit Leader -** Responsible for the documentation of personnel time records. Monitor and report on regular and overtime hours worked/volunteered. **Reports to the Finance and Administration Section Chief.**
* **Procurement unit Leader -** Responsible for administering accounts receivable and payable to contract and non-contract vendors. **Reports to the Finance and Administration Section Chief.**
* **Compensation and Claims Unit Leader** - Responsible for receiving, investigating, and documenting all claims reported to the organization during the emergency incident, which are alleged to be the result of an accident or action on facility property. **Reports to the Finance and Administration Section Chief.**
* **Cost Unit Leader -** Responsible for providing cost analysis data for the declared emergency incident and maintenance of accurate records of incident cost. **Reports to the Finance and Administration Section Chief.**

## ICS Forms

* ICS uses a series of standard forms and supporting documents that convey directions for accomplishing objectives and distributing information.
* For tracking incident management activities and expenses, FHMCHC staff will use the standard ICS forms.
* Not all forms will be used in each incident. Only the forms that are needed to assist in planning and tracking the incident should be utilized.
* All completed forms will be routed to the appropriate Section Chief and stored with the Planning Section (Documentation Unit Leader, if activated).
* **Incident Action Planning** is essential in all phases of actual emergency event management from mitigation (reacting to early clues prior to the full evolution of the event), preparedness (preparing for potential issues related to the event), response (immediate response to issues at hand) and recovery (looking ahead to demobilization and system recovery). The goal of Incident Action Planning is to increase the effectiveness of a response, make the best use of resources, reduce duplicative efforts, reduce response and recovery costs, improve communication, enhance understanding of the situation, and ensure the hospital has a shared vision of the tasks at hand.
* As soon as possible after ICS activation, an **Incident Action Plan (IAP)** is developed. The IAP contains objectives reflecting the overall incident strategy and specific tactical actions and supporting information for the operational period. Objectives should follow the **SMART model** or a similar approach:
* **S**pecific – Keep wording specific to what needed
* **M**easurable – Describe how objectives measured
* **A**ction-oriented – Describe what is needed
* **R**ealistic – Ensure the outcome achievable
* **T**ime-oriented – Provide specific timeframe
  + For **immediate response,** the hospital's **IAP** is documented on:
* ICS Incident Action Plan Quick Start Form **(ICS Forms Combined 201—202—203—204—215A)**
  + For Long-term or Extended Incidents, the hospital's IAP is documented on the following:
  + **ICS 201:** Incident Briefing Form - This form gives a very brief description of incident, any information provided regarding the incident, including information from previous Operational Period (if applicable), and current Incident Management Team assignments. **This form should be completed within 30 minutes of the EOC establishment or Operational Period in extended incidents or events.**
  + **ICS 202:** Incident Objectives Form - This form is completed by any of the General Staff (Logistics, Operations, Planning and Finance), which are activated for the Operational Period. Usually, there are 3 to 4 objectives by each section. The Safety section on this form mirrors information from the ICS Form 215A.
  + **ICS 203:** Organizational Assignments Form – This form provides the IMT personnel with information on the positions that are currently activated and the names of personnel staffing each position.
  + **ICS 204:** Branch Assignment List – This form documents the strategies and tactics of each (activated) Section or Branch, the resources required, and the composition of the Unit assigned.
  + **ICS 215A:** IAP Safety Analysis - This is completed per Operational Period by the Safety Officer or individual designated by the Incident Commander. It identifies any potential hazards for staff and patients, ways to correct those hazards and individuals which can correct those hazards.
  + The **IAP** may also have other forms as attachments such as Incident Maps, Communication Plans, Traffic Plans. More information on ICS Forms is found later in this document.
  + The **IAP** should be reassessed and/or readjusted during each operational period. The IMT will meet at the end of the Operational Period to evaluate the success of achieving the objectives. If the event priorities change during an Operational Period, the Incident Commander can reconvene the IMT to re-evaluate the situation and establish new goals and objectives.