

• Do You Know Your Incident Command System?

Ensuring Effective Emergency Response and Management

prepared by the
Greater New York Hospital Association
in coordination with its
Emergency Preparedness Coordinating Council

What is an Incident Command System (ICS)?

As we learned on September 11, 2001, it is crucial to have an effective emergency response and management plan in place in order to be ready for many types of events, incidents, and disasters. Many emergency management agencies and providers use a framework known as an "Incident Command System" (ICS). In a hospital setting, ICS puts one individual from the hospital staff in charge of the emergency and decision-making process. This individual is the Incident Commander. The person with this title may vary depending on the staffing and the time and type of incident. However, regardless of the incident or when it occurs, the role of the Incident Commander will be activated. Under an ICS framework, a number of additional standardized roles and positions are also assigned, depending on the incident. The standardization of roles allows separate entities involved in a disaster to communicate effectively with one another.

Other incident command system positions or roles include:

- Public Information Officer
- Safety and Security Officer
- Liaison Officer
- Liaison Chief
- Planning Chief
- Finance Chief
- Operations Chief

Activation of each of these positions will be dependent on the extent and type of the incident.

How is an Incident Command System used?

ICS is a management system that is used by many hospitals and emergency responders across the country. The system provides a framework for managing the response to a disaster and allows all participating hospitals and emergency responders to use common terms and roles during a disaster.

In order for ICS to be successful, all staff must cooperate in accepting new lines of authority beyond the customary ones. When ICS is integrated with a response plan, it can reduce confusion during an incident and provide for systematic identification of incident management objectives, responsibility for action, accountability, and communications/information. The hospital response to the incident will be guided by the disaster plan that is in place.

How are responsibilities structured under ICS?

Because a response effort must begin immediately in an emergency, people may have to perform tasks and supervise areas and staff that are not normally within their job description, but are within the scope of their expertise or responsibilities under ICS. ICS is a temporary organizational structure. While the hospital President and CEO usually provide overall leadership, emergency situations may require some other individual to take on the role of Incident Commander. And because ICS may be operational over several days or longer, it provides the flexibility to rotate people into roles as time and circumstances dictate.

Regardless of the type of incident, your response affects others.

- Never go to the site of the disaster or other work area unless requested to do so by a supervisor.
- If you are at work, stay in your own work area unless otherwise notified by your supervisor.
- If you are at home, follow your hospital policy for calling in or for reporting to work. Disasters may have an impact on the facility for several days, and new, rested staff will be required to take over.

What determines activation of an Incident Command System?

Both internal and external events can cause the activation of your Incident Command System. The administrator on duty or the nursing supervisors or their designees, depending on the hospital structure, may activate ICS.

Internal events occur within the hospital. These events interfere with the hospital's ability to maintain a normal or safe environment of care. Examples of these events include a power shortage or reduction, fire, elevator failure, or floods that affect hospital services.

External events occur outside the hospital. These events may result in a large influx of patients and require additional staff in the emergency department. External events may also require making additional beds available and discharging or transferring stable patients.

Some events may be both internal and external. External explosions and building collapses may have an impact on the hospital's electrical or water supply and at the same time create an influx of patients.

Is there a central location where all activities take place?

Once ICS is activated, it will require clear communication using common language. Hospitals may have a designated area, called the Command Center, or Emergency Operating Center (EOC), in which all decisions and communications are made and transmitted. Special radios, phones, and computers will be set up in this area. Back-up communication systems are often made available in the event of phone line disruptions.

If I am working in my area, do I have to go to another area to help out?

Successful incident command will require that you know where and when to report when ICS is activated. All staff should know their roles prior to any event. If you are on duty when an event occurs, you should remain in your own work area. As the Incident Commander and other staff assess the scope of the event, employees on duty may be required to take on roles that are not part of their current job descriptions. Remember that although an emergency situation exists, other patients and duties still must be attended to, and the Incident Commander will determine priorities based on the extent and type of the event.

Should I report to work if I am not on duty?

If you are a hospital employee and you are at home when ICS is activated, it is essential that you follow your hospital's procedure for calling in or reporting to work. Follow your hospital policy for re-call to work during a disaster. Too many people on duty at the time of the event may not be helpful. Always remember that relief staff will be needed at a later time if the event is large or extended. If you do not know your re-call process, check with your supervisor prior to an event.

Will I always do the same job?

Regardless of your current role in the hospital, when ICS is activated the chain of command in ICS will take over all other reporting mechanisms. The incident command structure has

staff that will be in charge of operations, planning, logistics, and finance. Although you may not normally work in one of those areas, ICS provides your hospital with the flexibility to assign staff to the area most needed during an emergency. You may thus be called upon to do work during the time of the emergency that is not ordinarily part of your job or daily routine.

If you are reassigned, you may be sent to the labor pool area in the hospital. Job descriptions will be handed out to you in this type of situation, and the details of your role will be provided at a briefing.

Remember, once ICS is activated:

- All external communication should be handled through the Emergency Operations Center.
- End all non-emergency-related phone calls.
- Avoid using the elevators if instructed in certain types of internal disasters.
- Reassure patients and others who may be with you.
- Continue to work in your usual area until otherwise instructed.
- If assigned to a new area, follow instructions of that area's supervisor.
- Do not go to the disaster or other work area unless directed to do so by your supervisor.
- Only those with the proper identification will be allowed in the disaster or other work area (check your hospital's policy with regard to identification for working in the disaster treatment area).

Remember to:

- Remain calm.
- Wear your employee ID everyday.
- Communicate unusual activity to your supervisor.
- Refer media calls to the hospital's public relations department, so that information to the public is always coordinated and accurate.

Physicians and emergency department staff should always contact the administrator on duty or nursing supervisor if there is an unusual presentation in the emergency department, or if EMS notifies the emergency department of a disaster that may affect the hospital. Staff should communicate all information through administration, and should not call outside agencies or others unless instructed to do so. If you are working in the emergency department and there are suspicious cases, remain calm, follow precautions, and keep all patient information confidential.

SOURCES OF INFORMATION/ EMERGENCY NUMBERS



NEW YORK CITY – www.nyc.gov

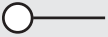
Department of Health and Mental Hygiene

Communicable Diseases: (212) 788-9830 (business hours);
(212) 764-7667 (nights/weekends)

Poison Control Center: (212) 764-7667

Office of Emergency Management

(718) 422-8700 (24-hour emergency number)



NASSAU COUNTY – www.co.nassau.ny.us

Department of Health

(516) 571-3471 (business hours)

(516) 742-6154 (nights/weekends)

Emergency Management Office

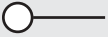
(516) 571-9636



PUTNAM COUNTY – www.putnamcountyny.com

Department of Health

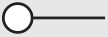
(845) 278-6558



ROCKLAND COUNTY – www.rocklandgov.com

Department of Health

(845) 364-2525



SUFFOLK COUNTY – www.co.suffolk.ny.us

Department of Health Services

Bureau of Epidemiology: (631) 853-3005 (business hours);

(631) 852-4820 (nights/weekends)

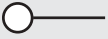
Emergency Management Office: (631) 852-4900



WESTCHESTER COUNTY –
www.westchestergov.com

Department of Health
(914) 813-5000

Department of Emergency Services
(914) 231-1900



POISON CONTROL – www.lirpdic.org
(800) 222-1222 (in all areas connects with local Poison Control Center)



NEW YORK STATE – www.health.state.ny.us

Department of Health
Hospital Services: (518) 402-1003
Communicable Diseases: (518) 473-4436
All matters: (518) 465-9720 (nights/weekends)



NEW JERSEY – www.state.nj.us

Department of Health and Senior Services
(609) 292-7837 (business hours)
(609) 392-2020 (nights/weekends)

Office of Emergency Management
(609) 882-4201



CONNECTICUT – www.dph.state.ct.us

Department of Public Health
(860) 509-8000

Office of Emergency Management
(860) 529-6893



U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION – www.cdc.gov

(770) 488-7100

Visit the GNYHA Web site at www.gnyha.org for additional information and training tools for emergency preparedness.

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