

FACILITY ICS ACTIVATION

Facility ICS shall be activated by the Nurse in Charge or designate in his/her absence. The Nurse in Charge or designate shall assume the role of the Incident Commander (IC) until arrival of FC / CCC.

- Activate the Command Section and Section Chiefs as deemed necessary for the scope of the incident.
- Establish the Control Point for the event
- Notify the Area Manager or Designate
- Initiate the Facility Staff Call out list by phoning the **Staff Call-Out Center**.

PRIMARY CONTACT: Reston HC (204) 877-3925

If unable to contact Reston then call: **Sandy Lake PCH (204) 585-2107**

- * If you cannot contact either Fan-Out Call Center phone 911 and have them notify OCS to call your facility. If you have a Fleet Net you may call for the OCS on your own.

The flexibility of Facility ICS allows for the activation of only the staff required to manage the disaster or event. Human resources may be added or removed as required. For an event affecting a community with multiple ARHA sites (Acute and PCH), the FC / CCC at the Acute site shall assume the role of IC for all sites in the community for the event.

SECTION ROLES AND RESPONSIBILITIES

The following is a summary of the roles and responsibilities of each ICS Section.

Command Section

- Establish command and the Facility Control Point
- Provide 2-way communications between the ROC and Facility
- Provide overall direction and support
- Oversee local operations
- Maintain accountability for safety

Logistics Section

- Responsible for the maintenance of the physical environment and adequate levels of food, shelter and supplies to support programs and services


Planning Section

- Tracking of events, expenses and occurrences relevant to the event
- Assist in management of additional staff and volunteers within the local area

Facility / Community Operations Section

- Maintain local operations as applicable during the event
- Provide applicable operations and capabilities to the local IC to keep the ROC apprised of the situation

Facility ICS Activation Instructions

1. **Where possible, the Charge Nurse will activate Facility ICS and assume the role of Facility Incident Commander or designate someone to the assignment as appropriate for the event or emergency.**
2. Positions that are suggested to be activated are highlighted:  Incident Commander
3. Due to staffing levels some staff may be responsible for more than one position until other staff arrive or the situation is resolved.
4. All Disaster Code Action Sheets (except Code Blue) refer to a Facility ICS Org Chart to identify suggested initial positions to be activated to manage the code or event.
5. To assist with assigning ICS positions, write the name of the staff member on the ICS Org Chart position that was assigned to them.
6. Positions may be activated or deactivated as required by the size of the incident. Section Chiefs will manage their section positions until extra staff that are required are available to be assigned to these other positions.
7. Facility ICS information is located in the Facility ICS Bin located _____.
Input Facility ICS Bin Location
8. Staff activated to positions shall be provided with their ICS Task Sheets and ID badges.
9. Additional information on Facility ICS is available in Section 3 ARHA Disaster & Emergency Response Plan, binder, or on the website.

INTRODUCTION TO

THE FACILITY INCIDENT COMMAND SYSTEM

The Facility Incident Command System was modified from the existing Hospital Emergency Incident Command System (HEICS) program that was developed by the State of California Medical Services Authority. HEICS was developed as the command system for an individual facility setting. Assiniboine RHA has modified the basic template to fit our needs as a region. This will also allow continued daily operations in facilities less affected by the disaster or event. The original attributes of HEICS remain in this new Facility ICS plan. They include the following:

- Responsibility oriented chain of command.

This is an emergency command structure that provides for the addressing of many facets of an emergency. It provides a manageable scope of supervision for all functions/positions.

- Wide acceptance through commonality of mission and language.

Through the use of a broadly accepted organizational chart and generic position titles, the Incident Command System (ICS) has found expanding acceptance in both public and private based management circles. ICS is already being used by ARHA in a modified format called Corporate ICS. This will allow for regional control in a disaster or event.

- Prioritization of duties with the use of Task Sheets

The Task Sheets are position job descriptions that have a prioritized list of emergency response tasks. The Task Sheets also serve as reminders of the lines of reporting and promote the vigorous documentation of both personnel and overall regional response to the incident. This comprehensive documentation may improve recovery of financial expenditures, while it decreases liabilities.

- Applicability to varying types and magnitudes of emergency events.

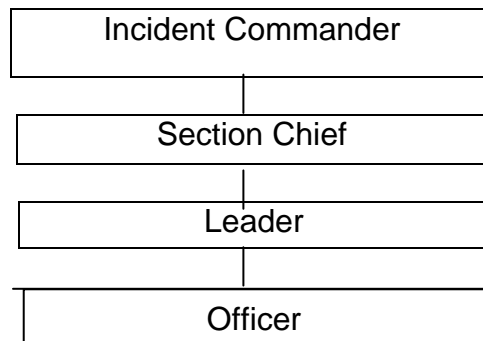
ICS is a flexible program that can be expanded or scaled back to meet the particular needs of a specific crisis.

- Expeditious transfer of resources (mutual aid) within a particular system or from one facility to another.

The idea of sharing material and human resources in time of need is not new to hospitals. Mutual aid will be facilitated with a common system of management and terms.

- There is minimal disruption of day to day operations in the transition to emergency operations, as personnel are assigned positions that parallel their normal job functions.

The ICS Organizational Chart shows an emergency command structure that incorporates four sections under the overall leadership of an Incident Commander (IC). Each of the four sections: Logistics, Planning, Community Operations, and Facility Operations, has a Chief appointed by the IC responsible for their section. The Chiefs in turn designate unit leaders to sub-functions, with 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. It is hoped that this will lessen liability and promote the recovery of financial expenditures.



Each one of the twenty two positions found on the organizational chart has a prioritized Task Sheet, to describe the important duties of each particular role. Every Task Sheet begins with the title, the supervisor, where the location of the section operations center is and a mission statement to define the position responsibility. The duties listed on the Task Sheet are put into categories of "Immediate", "Intermediate" and "Extended". A line to the left of the particular action is provided for the recording of time when the duty was accomplished.

Introductory Lesson for All Employees

All employees are instructed on the ICS plan, utilizing the associated Lesson Plan. It is recommended that all levels and areas of service should attend these general education sessions. Participants will be made aware of the Facility ICS plan and how it will affect their disaster response. Ultimately all personnel may have an opportunity to be involved in a disaster training exercise.

Staff Table Top Exercise

The Facility ICS Table Top Exercise is a paper drill intended to demonstrate the working and communication relationships of functions found within the Facility ICS organizational plan. The exercise is intended primarily for Coordinators, Supervisors and personnel who could conceivably be placed into an ICS position upon activation of the plan.

Continuing Staff Education

These periodic sessions are intended to keep all personnel updated to disaster preparedness and proficient in emergency operating procedures. The expertise of staff in leadership roles in regards the Facility ICS plan is a priority. The leadership team, composed of personnel who could potentially fill the roles of Incident Commander, Administrative officers and section chiefs must always be ready and aware of how the regions disaster plan works; as well as the responsibilities associated with the most critical positions. Smaller educational sessions may be held within department inservices or as part of a regional-wide emergency preparedness program. All ICS and Disaster Plan training will be in accordance with the ARHA Disaster Training Plan.

Summary Comments

In the end, it is people who are truly the most important element of any emergency plan. There is not a Task Sheet or Action Plan that can substitute for the well-trained employee. Training and exercise of the disaster plan builds the confidence of the entire staff. Honest critiquing will illuminate those areas which are in need of further revision or retraining. Those officers with a working knowledge of the regional disaster plan will be better able to exercise a command and control presence. Confidence in management is an essential component of the plan.

STANDARDIZATION OF Facility ICS DISASTER CODE DESIGNATION

The ARHA Disaster and Emergency Plan colour code designation applies to Facility ICS as well. The codes are as follows:

<u>Code</u>	<u>Event</u>
Code Purple	Hostage Taking
Code Green	Evacuation
Code White	Violence
Code Red	Fire
Code Blue	Cardiac Arrest
Code Brown	HAZMAT
Code Yellow	Missing Client
Code Grey	External Air Exclusion
Code Pink	Infant Abduction
Code Orange	External Disaster
Code Black	Bomb Threat
Severe Weather	Tornado Plan & Severe Weather
Power Outage	

Facility ICS Colour Designation

Position ID Tags and colour coded Task Sheets will be used to identify which positions Facility ICS personnel have assumed within the organizational structure. Traditionally the colour white has been used to identify health personnel. A white Position ID Tag with colour-coded trim and labeling was selected so as not to cause identification problems distinguishing Facility ICS personnel from other agency personnel such as police or fire. Facility ICS Task Sheets also incorporate the colour coded border to aid in position identification.

ICS Section Colour Designation

Facility ICS	Corporate ICS	Trim Colour - on white background
Command	Command	Black
Logistics	Logistics	Yellow
Planning	Planning	Blue
Done at Corporate ICS	Finance	Green
Community Operations	Community Operations	Purple
Facility Operations	Facility Operations	Red

Organizational Chart:

➤ **Positions may or may not be activated.**

Each emergency must be evaluated as to the specific positions that will need to be activated in order to address the challenges of the emergency. The disaster's nature, proximity and other factors may mandate all or very few of the positions be staffed.

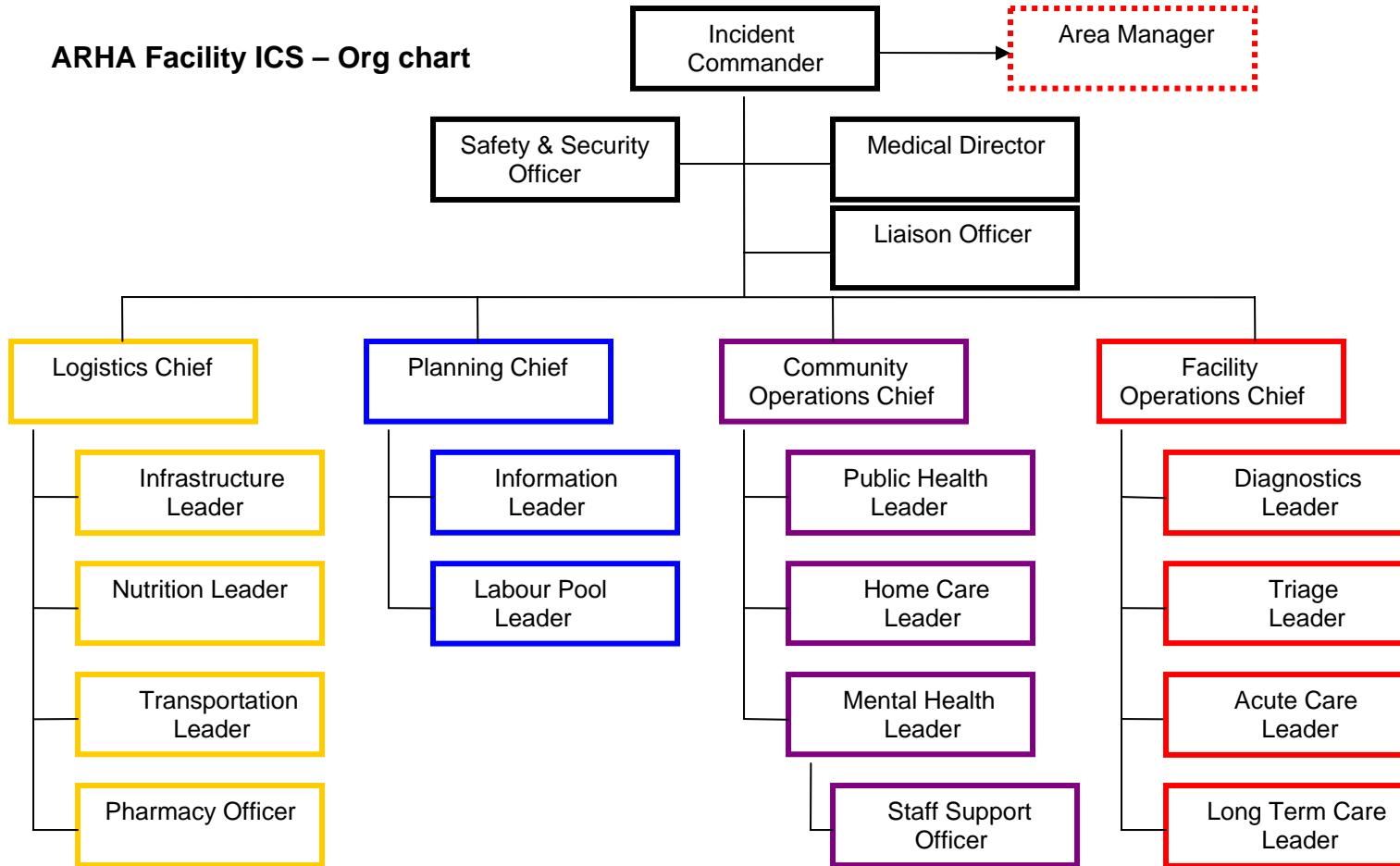
➤ **Positions may be filled immediately or later based upon needs and staffing.**

A particular disaster may require that a certain number of positions need to be filled. However, if there is only a few staff available during the initial onset, then each staff member must take more than one position. Situations of a critical nature may require an individual to perform multiple tasks. If this is not acceptable, then the top priority positions must be identified and carried out in the best manner possible. The use of checklists should facilitate the task of multiple position assignment. As more staff becomes available, they relieve the individual with multiple assignments. Tasks (positions) which are assigned a high priority may be divided among arriving individuals.

➤ **Flexibility.**

The activation of positions for a mass casualty accident will be different than those activated for a hazardous material spill or an impending labor strike. The Facility ICS plan will flex to accommodate the unique needs of each emergency. Pre-disaster activation (e.g. severe weather) allows staff to be in a "stand-by" mode in the event that future positions need to be filled. Keep in mind, each emergency has its own set of priorities and circumstances. With easy to understand, pre-written checklists, almost anyone can assume a role after a few minutes of reading.

ARHA Facility ICS – Org chart



PLANNING TEMPLATE – FACILITY ICS POSITION SUMMARY

The following summary is a listing of the Mission statements for each position in Facility ICS.

Command Section

Incident Commander:

Organize and direct Control Point (CP). Give overall direction for facility operation.

Safety & Security Officer:

Organize and implement facility safety and security. Provide safety and security direction and support as requested.

Liaison Officer:

Function as incident contact person for other agency representatives.

Medical Director:

Organize, prioritize and assign physicians to areas where medical care is being delivered. Provide clinical management including the disposition of resources or services as required by the incident. Advise the Incident Commander on issues related to the Medical Staff. Coordinate medical operations within the facility.

Area Manager:

Is the link between facility and the ROC. Gathers information and provides direction to promote operation of the facility during a disaster or event as directed by the Regional IC and Corporate ICS team.

Logistics Section

Logistics Chief:

Organize and direct those operations associated with the maintenance of the physical environment, and adequate levels of food, shelter, transportation and supplies to support the operational objectives.

Infrastructure Leader:

Ensure the integrity of the physical operations of the facility to the highest level possible as circumstances and resources dictate. Provide adequate environmental controls to perform the operational missions.

Nutrition Leader:

Organize food and water stores for preparation and rationing during periods of anticipated or actual shortage.

Pharmacy Officer:

Ensure the availability of pharmaceutical and pharmacy services.

Planning Section

Planning Chief:

Organize and direct all aspects of Planning Section operations. Ensure the distribution of critical information/data. Maintain a record of all costs and expenses incurred as a result of the event. Compile scenario/resource projections from all Section Chiefs and effect long range planning. Receive and distribute regional action plan.

Information Leader:

Ensure a documented record of the facility emergency planning and response. Monitor the maintenance and preservation of the computer system. Promote documentation of the event and all occurrences. Provide for accurate client documentation processes and tracking.

Labour Pool Leader:

Identify available staff and volunteers. Receive requests and assign available staff as needed to maintain adequate numbers of personnel. Assist in the maintenance of staff morale.

Community Operations Section

Community Operations Chief:

Organize and direct aspects relating to the Community Operations Section. Carry out directives of the Incident Commander. Coordinate and supervise the Human Services, Public Health, Home Care and Mental Health subsections.

Public Health Leader:

To oversee immunizations for staff and at-risk public and provide follow up interventions as required.

To oversee implementation and adherence to infection control guidelines and standard practices both in the immediate incident area and across the region. Ensure the maintenance of public health standards.

Home Care Leader:

Ensure the continuance of Home Care, where possible, for those clients receiving these services at the time of the incident. Assess the ability to maintain services in the immediate incident area and to arrange alternate or supplementary care for the duration of the incident. Direct an initiative to care for those clients who may have been discharged ahead of schedule to create needed bed space for the incident.

Mental Health Services Leader:

Where possible, ensure the continuation of existing mental health services. Supervise those services associated with the social and psychological needs of staff, volunteers, dependants and guests during and post incident. Initiate and organize the Critical Incident Stress Debriefing Process.

Staff Support Officer:

Assure the provision of the social needs of staff, volunteers, and dependants.

Facility Operations Section

Facility Operations Chief:

Organize and direct aspects relating to the Operations Section. Carry out directives of the Incident Commander. Coordinate and supervise the Facility Operations, Diagnostics Services Subsections, Triage and General Nursing Subsections..

Diagnostics Leader:

Maintain laboratory, radiology and diagnostics services and blood products at appropriate levels. Ensure the highest quality of service under the current conditions. Prioritize and manage the activity of department staff.

Triage Leader:

Sort casualties according to priority of injuries, and assure their disposition to the proper treatment area.

Long Term Care Leader:

Supervise and maintain long term care / transitional nursing services to the best possible level to meet the needs of the incident within the community.

Acute Care Leader:

Supervise and maintain acute care capabilities to the best possible level to meet the needs of in-house and newly admitted patients.

Transportation Leader:

Organize and coordinate the transportation of all casualties, ambulatory and non-ambulatory.