

INCIDENT COMMANDER

Mission: Organize and direct the Hospital Command Center (HCC). Give overall strategic direction for hospital incident management and support activities, including emergency response and recovery. Authorize total facility evacuation if warranted.

Date: _____ Start: _____ End: _____ Position Assigned to: _____

Signature: _____ Initial: _____

Hospital Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Assume role of Incident Commander and activate the Hospital Incident Command System (HICS).		
Read this entire Job Action Sheet and put on position identification.		
Notify your usual supervisor and the hospital CEO, or designee, of the incident, activation of HICS and your HICS assignment.		
Initiate the Incident Briefing Form (HICS Form 201) and include the following information: <ul style="list-style-type: none"> • Nature of the problem (incident type, victim count, injury/illness type, etc.) • Safety of staff, patients and visitors • Risks to personnel and need for protective equipment • Risks to the facility • Need for decontamination • Estimated duration of incident • Need for modifying daily operations • HICS team required to manage the incident • Need to open up the HCC • Overall community response actions being taken • Status of local, county, and state Emergency Operations Centers (EOC) 		
Contact hospital operator and initiate hospital's emergency operations plan.		
Determine need for and appropriately appoint Command Staff and Section Chiefs, or Branch/Unit/Team leaders and Medical/Technical Specialists as needed; distribute corresponding Job Action Sheets and position identification. Assign or complete the Branch Assignment List (HICS Form 204), as appropriate.		
Brief all appointed staff of the nature of the problem, immediate critical issues and initial plan of action. Designate time for next briefing.		
Assign one or more clerical personnel from current staffing or make a request for staff to the Labor Pool and Credentialing Unit Leader, if activated, to function as the HCC recorder(s).		
Distribute the Section Personnel Time Sheet (HICS Form 252) to Command Staff and Medical/Technical Specialist assigned to Command, and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section's Time Unit Leader at the completion of a shift or at the end of each operational period.		
Initiate the Incident Action Plan Safety Analysis (HICS Form 261) to document hazards and define mitigation.		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive status reports from and develop an Incident Action Plan with Section Chiefs and Command Staff to determine appropriate response and recovery levels. During initial briefing/status reports, discover the following: <ul style="list-style-type: none"> • If applicable, receive initial facility damage survey report from Logistics Section Chief and evaluate the need for evacuation. • If applicable, obtain patient census and status from Planning Section Chief, and request a hospital-wide projection report for 4, 8, 12, 24 & 48 hours from time of incident onset. Adjust projections as necessary. • Identify the operational period and HCC shift change. • If additional beds are needed, authorize a patient prioritization assessment for the purposes of designating appropriate early discharge. • Ensure that appropriate contact with outside agencies has been established and facility status and resource information provided through the Liaison Officer. • Seek information from Section Chiefs regarding current “on-hand” resources of medical equipment, supplies, medications, food, and water as indicated by the incident. • Review security and facility surge capacity and capability plans as appropriate. 		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Authorize resources as needed or requested by Command Staff.		
Designate regular briefings with Command Staff/Section Chiefs to identify and plan for: <ul style="list-style-type: none"> • Update of current situation/response and status of other area hospitals, emergency management/local emergency operation centers, and public health officials and other community response agencies • Deploying a Liaison Officer to local EOC • Deploying a PIO to the local Joint Information Center • Critical facility and patient care issues • Hospital operational support issues • Risk communication and situation updates to staff • Implementation of hospital surge capacity and capability plans • Ensure patient tracking system established and linked with appropriate outside agencies and/or local EOC • Family Support Center operations • Public information, risk communication and education needs • Appropriate use and activation of safety practices and procedures • Enhanced staff protection measures as appropriate • Public information and education needs • Media relations and briefings • Staff and family support • Development, review, and/or revision of the Incident Action Plan, or elements of the Incident Action Plan 		
Oversee and approve revision of the Incident Action Plan developed by the Planning Section Chief. Ensure that the approved plan is communicated to all Command Staff and Section Chiefs.		
Communicate facility and incident status and the Incident Action Plan to CEO or designee, or to other executives and/or Board of Directors members on a need-to-know basis.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Ensure staff, patient, and media briefings are being conducted regularly.		
Review and revise the Incident Action Plan Safety Analysis (HICS Form 261) and implement correction or mitigation strategies.		
Evaluate/re-evaluate need for deploying a Liaison Officer to the local EOC.		
Evaluate/re-evaluate need for deploying a PIO to the local Joint Information Center.		
Ensure incident action planning for each operational period and a reporting of the Incident Action Plan at each shift change and briefing.		
Evaluate overall hospital operational status, and ensure critical issues are addressed.		
Review /revise the Incident Action Plan with the Planning Section Chief for each operational period.		
Ensure continued communications with local, regional, and state response coordination centers and other HCCs through the Liaison Officer and others.		
Ensure your physical readiness, and that of the Command Staff and Section Chiefs, through proper nutrition, water intake, rest periods and relief, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit Leader.		
Upon shift change, brief your replacement on the status of all ongoing operations, critical issues, relevant incident information and Incident Action Plan for the next operational period.		

Demobilization/System Recovery	Time	Initial
<p>Assess the plan developed by the Demobilization Unit Leader and approved by the Planning Section Chief for the gradual demobilization of the HCC and emergency operations according to the progression of the incident and facility/hospital status. Demobilize positions in the HCC and return personnel to their normal jobs as appropriate until the incident is resolved and there is a return to normal operations.</p> <ul style="list-style-type: none"> • Briefing staff, administration, and Board of Directors • Approve announcement of "ALL CLEAR" when incident is no longer a critical safety threat or can be managed using normal hospital operations • Ensure outside agencies are aware of status change • Declare hospital/facility safety 		
<p>Ensure demobilization of the HCC and restocking of supplies, as appropriate including:</p> <ul style="list-style-type: none"> • Return of borrowed equipment to appropriate location • Replacement of broken or lost items • Cleaning of HCC and facility • Restock of HCC supplies and equipment; • Environmental clean-up as warranted 		
<p>Ensure that after-action activities are coordinated and completed including:</p> <ul style="list-style-type: none"> • Collection of all HCC documentation by the Planning Section Chief • Coordination and submission of response and recovery costs, and reimbursement documentation by the Finance/Administration and Planning Section Chiefs • Conduct of staff debriefings to identify accomplishments, response and improvement issues • Identify needed revisions to the Emergency Management Plan, Emergency 		

Demobilization/System Recovery	Time	Initial
Operations Plan, Job Action Sheets, operational procedures, records, and/or other related items <ul style="list-style-type: none"> • Writing the facility/hospital After Action Report and Improvement Plan • Participation in external (community and governmental) meetings and other post-incident discussion and after-action activities • Post-incident media briefings and facility/hospital status updates • Post-incident public education and information • Stress management activities and services for staff 		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 201 – Incident Briefing Form • HICS Form 204 – Branch Assignment List • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • HICS Form 252 – Section Personnel Time Sheet • HICS Form 261 – Incident Action Plan Safety Analysis • Hospital emergency operations plan and other plans as cited in the JAS • Hospital organization chart • Hospital telephone directory • Radio/satellite phone