Advanced HICS: Incident Commander Training

Understanding IC Responsibilities & Coordination with Section Chiefs

Training Objectives

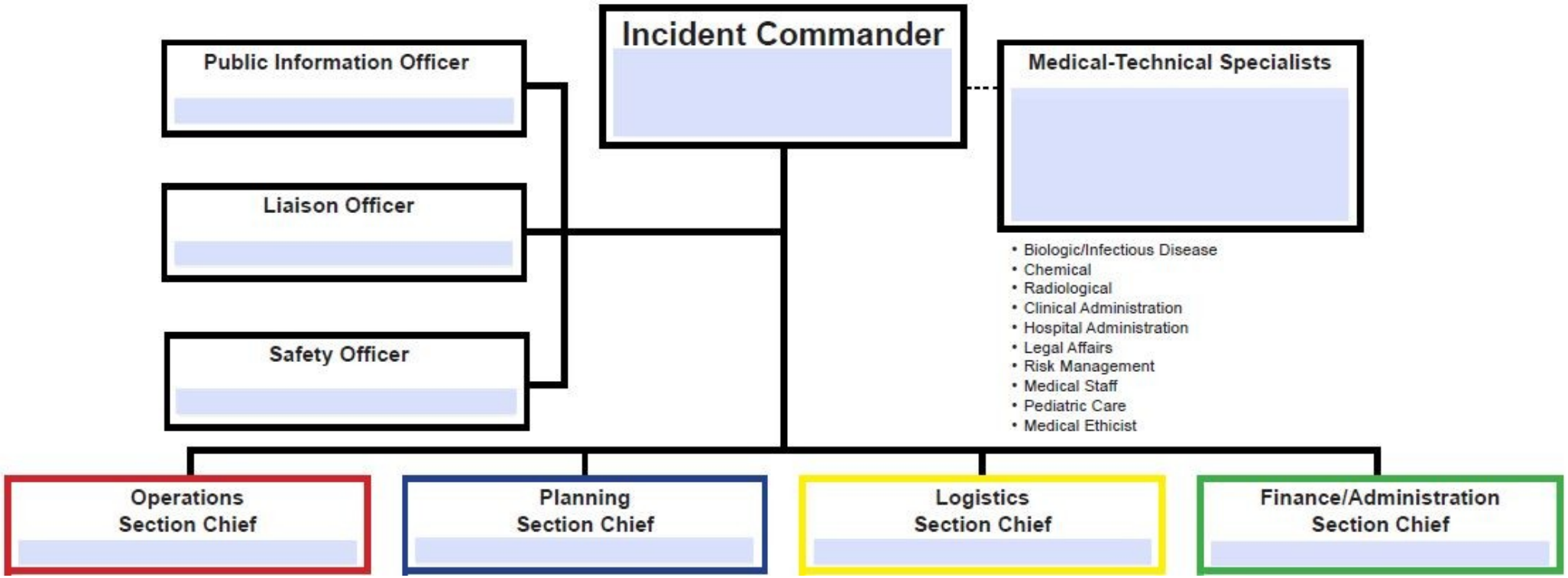
By the end of the session, participants will be able to:

- Describe Incident Commander core responsibilities
- Understand IC interaction with Command & General Staff
- Complete IC portions of the IAP Quick Start
- Practice decision-making using a water leak scenario

Agenda

TOPIC	TIME
Welcome & Objectives	3 min
HICS Organizational Chart	2 min
ICS Role Overview & IAP Quick Start	15 min
Mini Scenario Exercise	25 min
Wrap-Up & Key Takeaways	5 min

Review: HICS Command & General Staff



Identifying the Incident Commander in HICS

Who may serve as Incident Commander:

- Administrator On Call
- House Supervisor
- Admin Nursing Supervisor
- Executive Leader (for extended incidents)
- Other designated leaders

- Key Point: IC is whoever has authority *right now.* Titles matter less than reach and decision power.

Incident Commander: Core Responsibilities

- Set high-level objectives and priorities
- Maintain situational awareness
- Approve strategies and resource use
- Direct Command & General Staff
- Ensure life safety
- Approve the IAP
- Perform all functions unless delegated
- Hold final decision-making authority

Roles and Coordination with Section Chiefs

How the IC Coordinates the Team

- IC assigns roles based on availability and expertise
- IC sets objectives, priorities, and boundaries
- Section Chiefs determine how to execute the objectives
- Command Staff supports communication, coordination, and safety

Quick Start IAP Page 1

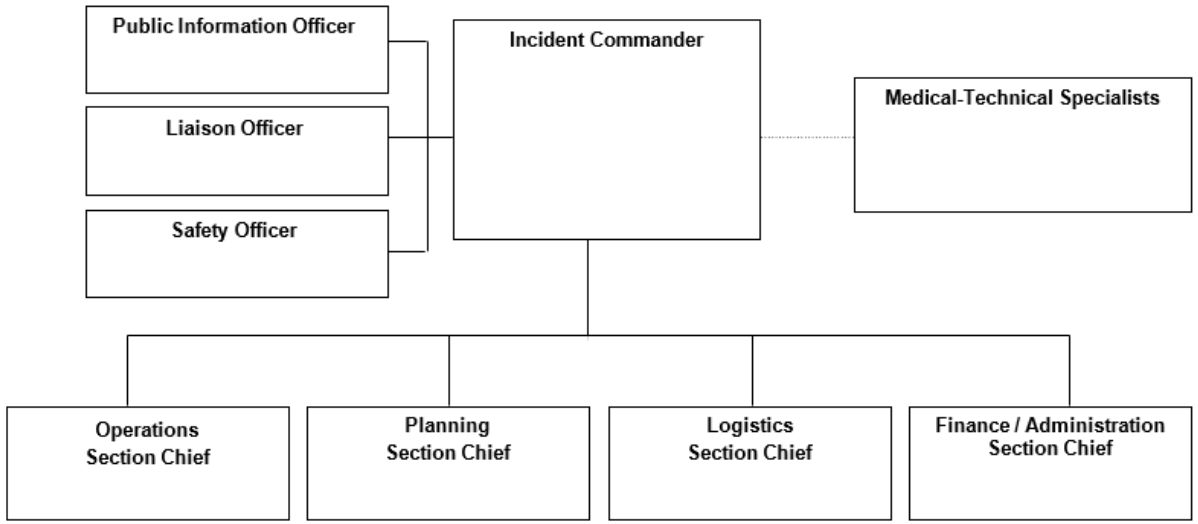
HICS INCIDENT ACTION PLAN (IAP) QUICK START

COMBINED HICS 201—202—203—204—215A

1. Incident Name	2. Operational Period (#)
	DATE: FROM: _____ TO: _____
	TIME: FROM: _____ TO: _____

3. Situation Summary — HICS 201 —

4. Current Hospital Incident Management Team (fill in additional positions as appropriate) — HICS 201, 203 —



Quick Start IAP Page 2

HICS INCIDENT ACTION PLAN (IAP) QUICK START
COMBINED HICS 201—202—203—204—215A

5. Health and Safety Briefing Identify potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. — **HICS 202, 215A** —

6. Incident Objectives — **HICS 202, 204** —

6a. OBJECTIVES	6b. STRATEGIES / TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO

7. Prepared by PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

IAP Quick Start Responsibilities

- Section 1: *Incident Name:* **Incident Commander**
- Section 2: *Operational Period*: **Incident Commander**
- Section 3: *Situational Summary*: **Planning Section Chief**
- Section 4: *HIMT Org Structure*: **Incident Commander**
- Section 5: *Health and Safety Briefing*: **Safety Officer**
- Section 6a: *Incident Objectives*: **Incident Commander**
- Section 6b: *Strategies/Tactics*: **Operations Section Chief**
- Section 6c: *Resources Required*: **Operations Section Chief**
- Section 6d: *Assigned To*: **Incident Commander** (Final Authority)
- Section 7: *Prepared by:* **Planning Section Chief**

Activity: Scenario Overview

Scenario: *Water Leak in Healthcare Facility*

- Tasks: Identify IC (your) roles/responsibilities, complete IAP sections

Inject 1: Pipe Bursts in Admin Wing

- Pipe ruptures above admin wing
- Water spreads toward patient corridors
- Multiple departments engaged

- **IC Actions**: Establish objectives, fill roles/functions to meet objectives, clarify operational period.

Prompt:

- *What are your first incident objectives for this operational period? (Identify 2)*
- *Based on your objectives, which ICS functions should be activated within your HIMT?*
- *Who within your facility would you assign to key HICS functions/roles at this point in the incident?*

Task*:*

- *Complete the appropriate sections of the IAP as IC (5 minutes)*

Completed IAP Example

HICS INCIDENT ACTION PLAN (IAP) QUICK START
COMBINED HICS 201—202—203—204—215A

1. Incident Name

Water Leak—Admin Area

2. Operational Period (#1)

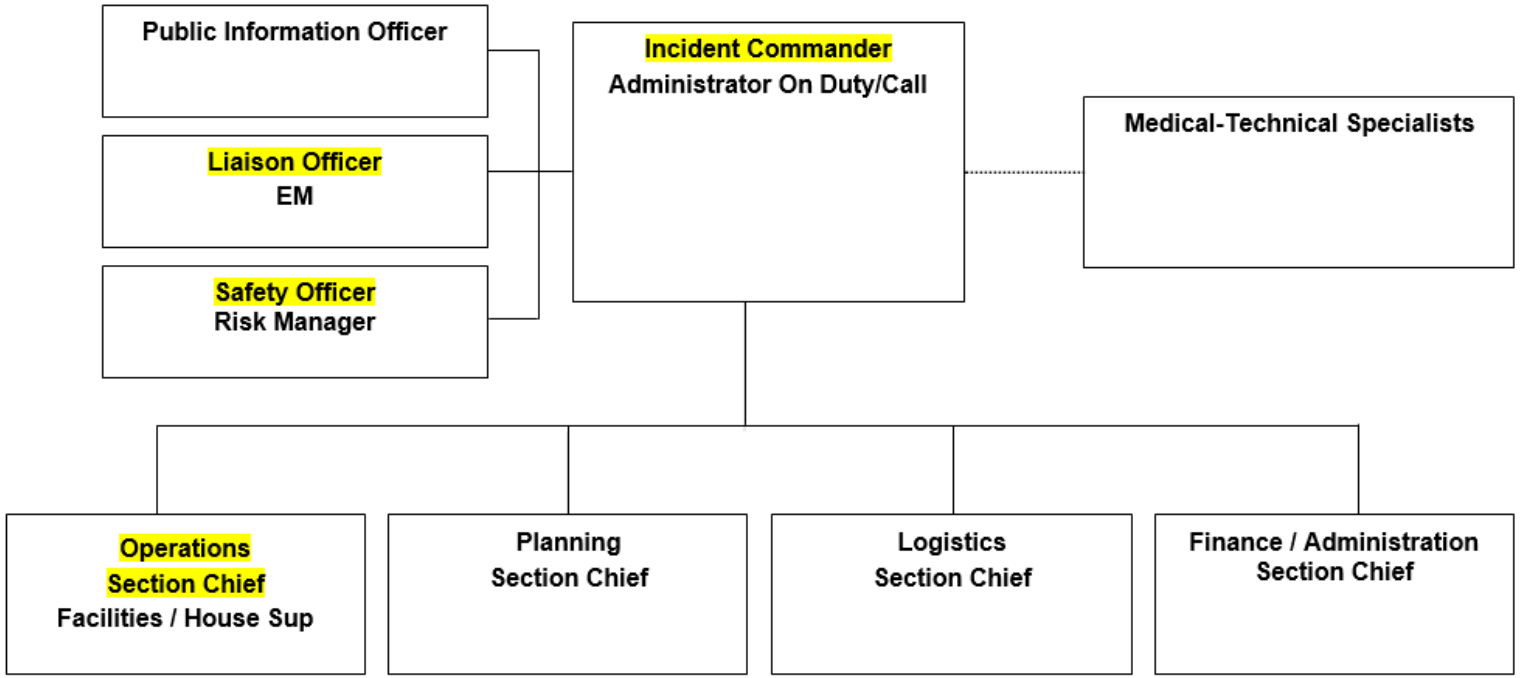
DATE: FROM: 1/22/26 TO: 1/22/26

TIME: FROM: 0800 TO: 1200

3. Situation Summary — HICS 201 —

At approximately **0800**, a water pipe ruptured in the ceiling above the administrative wing of the facility. Initial water intrusion affected non-clinical staff areas, but the situation escalated as water spread toward patient care corridors and threatened nearby electrical systems. Multiple hospital departments are now involved in containment, patient safety operations, and facility restoration.

4. Current Hospital Incident Management Team (fill in additional positions as appropriate) — HICS 201, 203 —



Completed IAP Example: Safety

5. Health and Safety Briefing Identify potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. — **HICS 202, 215A** —

Key Hazards

- **Slip/Fall Hazards:** Wet floors, standing water.
- **Ceiling Collapse:** Sagging or water-damaged tiles.
- **Electrical Hazards:** Water near electrical panels and wiring.
- **Infection Control/Mold Risk:** Wet materials, potential contamination.
- **Patient Movement Hazards:** Strain or injury during relocations.
- **Responder Fatigue/Stress:** Extended operations and high workload.

Protective Measures

- **Remove Hazards:**
  - Block off wet/slippery areas; extract water; remove unstable ceiling tiles.
  - Shut down power where water threatens electrical systems.
  - Clear and dry patient movement routes.
- **Provide PPE:**
  - Slip-resistant footwear, gloves, eye protection.
  - Hard hats in ceiling-risk zones.
  - N95 respirators if mold suspected.
- **Warn Personnel:**
  - Establish exclusion zones (electrical panels, unstable ceilings).
  - Post signage and communicate hazards via radio/briefings.
  - Limit entry to essential personnel only.

Safety Message

Watch for wet floors, overhead hazards, and electrical risks. Do not enter restricted zones. Use required PPE and report hazards immediately.

Completed IAP Example: Incident Objectives

6. Incident Objectives — HICS 202, 204 —

6a. OBJECTIVES	6b. STRATEGIES / TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO
Ensure Life Safety of Patients, Staff, and Responders during this operational period	• Establish safety perimeter around affected areas • Assess electrical hazards with Facilities • Restrict access to unsafe corridors • Provide PPE guidance to responders • Monitor for slip/fall hazards	• Safety Officer • Clinical staff for potential patient movement • Facilities & Security personnel • PPE (gloves, boots, hard hats, N95 if needed)	• Safety Officer • Operations Section (Clinical Branch, Security) • Facilities Unit (Logistics)
Stop or significantly slow water intrusion into patient care areas within this operational period.	• Identify leak source • Shut off water to affected line • Deploy containment barriers • Begin water removal (wet vacs, absorbent materials) • Contact on-call contractor for emergency repair	• Facilities/Engineering staff • Plumber/contractor (if needed) • Electrical technicians • Water extraction equipment, fans, absorbent materials	• Facilities Unit (Logistics) • Contractor Liaison • Operations Section

Inject 2: Leak Spreads Toward Patient Areas

20 minutes later: Leak spreads to hallway/patient areas and approaching patient care areas.

IC Actions: Update objectives, consider activation of other roles, prioritize relocation vs containment, ensure safety messaging.

Prompt:

- *How does this change your incident objectives in Box 6 of IAP Quick Start?*
- *Do you need to activated other HICS functions in Box 5 of IAP Quick Start?*

Task*:*

- *Change/add any HICS functions and incident objectives needed (5 minutes)*

Updated Completed IAP

HICS INCIDENT ACTION PLAN (IAP) QUICK START

1. Incident Name

Water Leak—Admin Area

2. Operational Period (#1)

DATE: FROM: 1/22/26 TO: 1/22/26

TIME: FROM: 0800 TO: 1200

3. Situation Summary — HICS 201 —

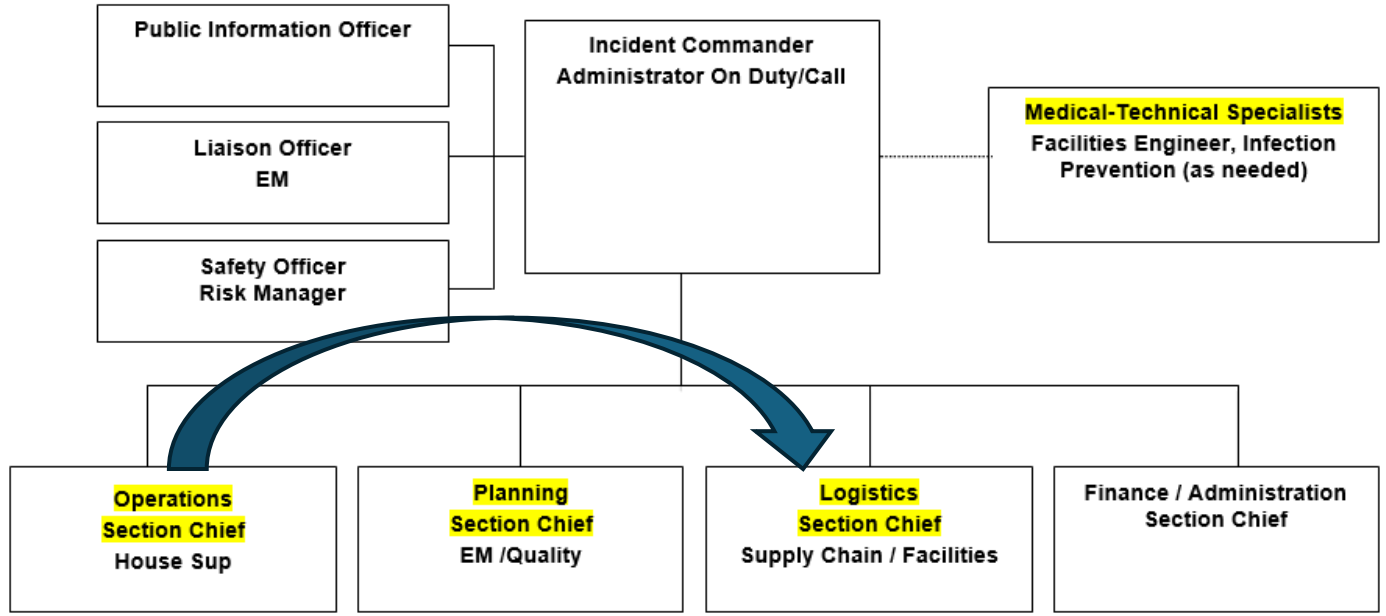
UPDATE:

Water intrusion has spread from the administrative wing into adjacent patient corridors. Several patient rooms are now impacted or at risk. Safety hazards have increased due to wet flooring and potential electrical exposure. Patient care operations may be disrupted, and relocation of at-risk patients may be required. Facilities and contractors are on scene; containment efforts are ongoing.

ORIGINAL

At approximately **0800**, a water pipe ruptured in the ceiling above the administrative wing of the facility. Initial water intrusion affected non-clinical staff areas, but the situation escalated as water spread toward patient care corridors and threatened nearby electrical systems. Multiple hospital departments are now involved in containment, patient safety operations, and facility restoration.

4. Current Hospital Incident Management Team (fill in additional positions as appropriate) — HICS 201, 203 —



Updated Completed IAP

HICS INCIDENT ACTION PLAN (IAP) QUICK START
COMBINED HICS 201—202—203—204—215A

5. Health and Safety Briefing Identify potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. **— HICS 202, 215A —**

UPDATED Key Hazards

- **Slip/Fall Hazards:** Wet floors now present in patient corridors and near care equipment.
- **Ceiling Collapse:** Water-damaged tiles may fall in patient rooms or hallways.
- **Electrical Hazards:** Increased risk as water approaches outlets, beds, monitors, and corridor wiring.
- **Infection Control/Mold Risk:** Wet materials in clinical areas increase contamination potential.
- **Patient Movement Hazards:** Higher risk of strain, equipment tipping, or patient instability during relocation prep.
- **Responder Fatigue/Stress:** Escalating operations and time pressure increase cognitive and physical load
- **Obstructed Egress: Equipment staged for relocation may block hallways or exits.**

Protective Measures

- **Remove Hazards:**
  - Expand blocked-off zones into affected patient corridors.
  - Shut down power to circuits threatened by water intrusion (coordinate with Facilities and Nursing).
  - Clear and dry designated patient movement routes before relocation begins.
  - **Extract water promptly from patient rooms and hallways.**
  - **Remove unstable ceiling tiles in patient-care areas.**
- **Provide PPE:**
  - Slip-resistant footwear, gloves, and eye protection for all responders in wet areas.
  - Hard hats in zones with overhead ceiling risk.
  - N95 respirators if mold or contaminated materials are suspected.
  - **Gowns/gloves if patient care equipment or surfaces are contaminated.**
- **Warn Personnel:**
  - Establish and clearly mark exclusion zones around electrical panels, unstable ceilings, and heavily impacted rooms.
  - Post signage and communicate hazards via radio, unit huddles, and overhead messaging if needed.
  - Limit entry to essential personnel only in affected patient corridors.
  - **Ensure staff moving patients are briefed on safe lifting, equipment handling, and route hazards.**

Safety Message

UPDATED: Wet floors and electrical hazards are now present in patient areas. Use caution when moving patients or equipment. Do not enter restricted zones. Wear required PPE and report new hazards immediately. Ensure patient movement routes remain clear, dry, and safe.

ORIGINAL: Watch for wet floors, overhead hazards, and electrical risks. Do not enter restricted zones. Use required PPE and report hazards immediately.

Updated Completed IAP

HICS INCIDENT ACTION PLAN (IAP) QUICK START
COMBINED HICS 201—202—203—204—215A

6. Incident Objectives — HICS 202, 204 —

6a. OBJECTIVES	6b. STRATEGIES / TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO
Ensure Life Safety of Patients, Staff, and Responders during this operational period	• Expand ~~Establish~~ safety perimeter into ~~around~~ affected patient corridors ~~areas~~ • Assess electrical hazards with Facilities • Restrict access to unsafe corridors • Provide PPE guidance to responders • Monitor for slip/fall hazards	• Safety Officer • Clinical staff for ~~potential~~ patient movement prep • Facilities & Security personnel • PPE (gloves, boots, hard hats, N95 if needed) • Additional signage and barricades	• Safety Officer • Operations Section (Clinical Branch, Security) • Facilities Unit (Logistics)
Stop or significantly slow water intrusion into patient care areas within this operational period.	• Continue Leak isolation and Containment • ~~Identify leak source~~ • Expand barriers into patient corridors • ~~Shut off water to affected line~~ • ~~Deploy containment barriers~~ • Increase ~~Begin~~ water removal (~~wet vacs, absorbent materials~~) in clinical areas • Coordinate contractor repair timeline • Protect electrical panels and outlets from water exposure • ~~Contact on-call contractor for emergency repair~~	• Facilities/Engineering staff • Plumber/contractor ~~(if needed)~~ • Electrical technicians • Water extraction equipment, fans, absorbent materials • Additional containment barriers	• Facilities Unit (Logistics) • Contractor Liaison • Operations Section (Facilities/Engineering Branch)

Updated Completed IAP: Objectives

HICS INCIDENT ACTION PLAN (IAP) QUICK START
COMBINED HICS 201—202—203—204—215A

OBJECTIVES	STRATEGIES / TACTICS	RESOURCES REQUIRED:	ASSIGNED TO
Prepare to relocate at-risk patients within the next 60 minutes.	• Identify high-risk patients in affected or adjacent rooms • Prepare receiving units and confirm bed availability • Stage wheelchairs, stretchers, and transport staff • Notify charge nurses of potential movement • Coordinate with Infection Prevention if contaminated materials are present	• Nursing staff • Patient transport teams • Wheelchairs, stretchers • Patient tracking tools • Clean linens and equipment	• Operations Section (Nursing Branch) • Patient Transport • Planning Section (for patient tracking support)
Maintain situational awareness with 30-minute updates on water spread, electrical risk, and patient impact.	• Update incident map showing water spread • Track electrical risk and patient impact • Monitor contractor ETA • Document status changes and brief IC • Coordinate with Safety and Facilities for real-time updates	• Planning Section Chief • Scribe/Documentation support • Status board or digital tracker	• Planning Section • Safety Officer (input) • Facilities (input)

Inject 3: Water Threatens Electrical Panels

Water now threatens electrical panels.

IC Actions: prioritize electrical safety, reevaluate objectives, expand ICS roles.

Prompt:

- *What strategic direction should the IC set for the next 1–2 hours?*
- *Do you need to activate other HICS functions in Box 5 of IAP Quick Start?*

Updated IAP: Functional Roles

HICS INCIDENT ACTION PLAN (IAP) QUICK START
COMBINED HICS 201—202—203—204—215A

1. Incident Name	2. Operational Period (#1)
Water Leak—Admin Area	DATE: FROM: 1/22/26 TO: 1/22/26 TIME: FROM: 0800 TO: 1200

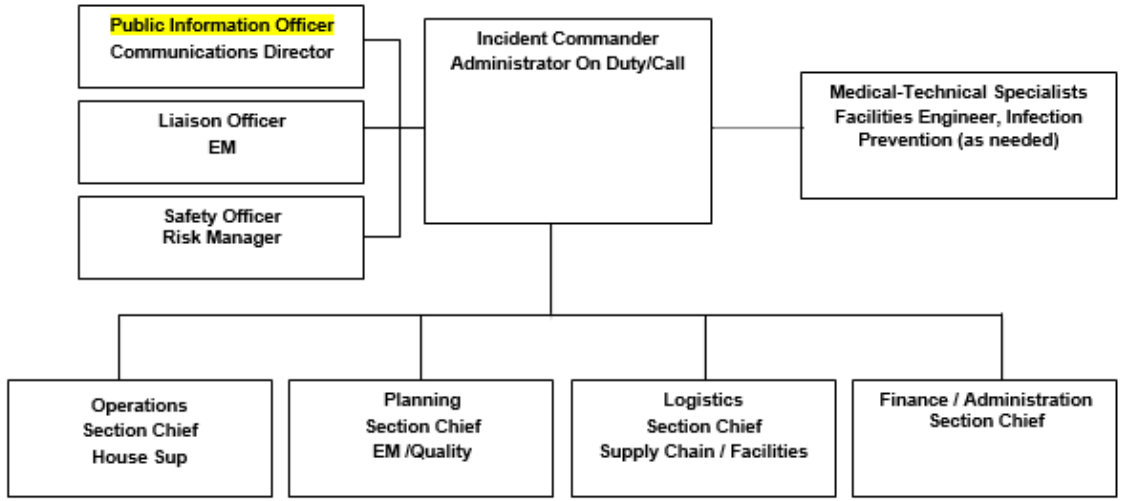
3. Situation Summary — HICS 201 —

UPDATE INJECT 3:
Water intrusion has reached electrical panels in the affected corridor. Risk of electrical shock, equipment failure, and potential power loss. Patient relocation underway from overheated areas. Facilities and contractor teams on site; electrical assessment required immediately.

UPDATE:
Water intrusion has spread from the administrative wing into adjacent patient corridors. Several patient rooms are now impacted or at risk. Safety hazards have increased due to wet flooring and potential electrical exposure. Patient care operations may be disrupted, and relocation of at-risk patients may be required. Facilities and contractors are on scene; containment efforts are ongoing.

ORIGINAL
At approximately **0800**, a water pipe ruptured in the ceiling above the administrative wing of the facility. Initial water intrusion affected non-clinical staff areas, but the situation escalated as water spread toward patient care corridors and threatened nearby electrical systems. Multiple hospital departments are now involved in containment, patient safety operations, and facility restoration.

4. Current Hospital Incident Management Team (fill in additional positions as appropriate) — HICS 201, 203 —



Can Add or Reinforce: Electrical/Utility Group under Infrastructure, additional Safety Officer or Assistant Safety, Staging Manager, PIO (if staff messaging is needed), Facilities Unit Leader, Patient Care Branch Director

Updated IAP: Objectives

HICS INCIDENT ACTION PLAN (IAP) QUICK START

COMBINED HICS 201—202—203—204—215A

Ensure electrical safety by assessing and securing all affected panels within this operational period to prevent equipment failure, shock risk, or power disruption.	• Conduct an immediate assessment of threatened electrical panels and implement lockout/tagout or shutdown procedures as needed to ensure responder and patient safety. • Continue water-containment efforts and deploy additional barriers to prevent intrusion into electrical and patient care areas. • Identify and prepare to relocate vulnerable patients who may be affected by electrical instability or water intrusion, including staging transport teams and receiving areas. • Develop short-term projections on water spread and electrical risk to guide IC decision-making for the next operational period.	• Electrical safety equipment (lockout/tagout kits, signage, portable lighting) • Additional Facilities staff or electrical contractor support • Patient transport teams and relocation equipment staged for rapid movement • Water-control materials (wet vacs, barriers, plastic sheeting) •	• Facilities Unit Leader: • Safety Officer: • Operations Section Chief: • Patient Care Branch Director

7. Prepared by PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

Closing the Scenario: What This Response Demonstrated

- Routine issues can escalate quickly
- **IC must reassess and update objectives as conditions change**
- Expanding ICS roles supports safe, coordinated action
- **Strategic leadership keeps the team aligned**
- Quick Start IAP anchors early decision-making

Key Takeaways for the Incident Commander

- Set objectives, not tasks
- Expand ICS early but do it based on objectives
- Use the IAP to think, not document

Questions and Next Steps

- Open Q&A
- Upcoming Virtual TTX HCID/H5N1-- Feb 12th 1-230pm. More info to come.
- Virtual Medical Response Surge Exercise (MRSE)—May 12th 9am-12pm. More info to come.