Advanced HICS: Logistics Section Chief Training

Understanding Logistics Section Chief Responsibilities & Coordination within HIMT

Training Objectives

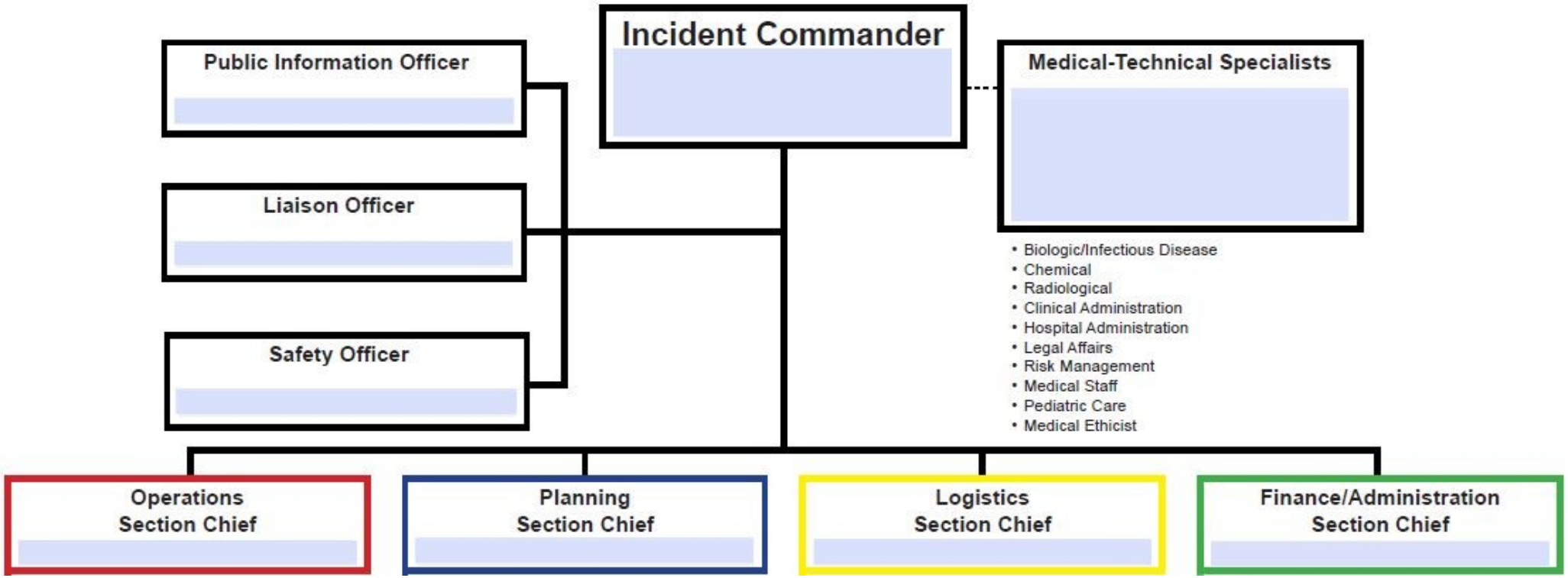
By the end of the session, participants will be able to:

- Describe Logistics Section Chief core responsibilities
- Explain how Logistics supports IC, Operations, and Planning
- Complete Logistics portions of the IAP Quick Start
- Practice resource-support 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 Logistics Section Chief in HICS

Who may serve:

- Facilities leadership
- Supply chain / materials management
- IT / Biomed leadership
- Emergency management
- Other trained designees

Key Point:

- Logistics ensures the response has the **people, equipment, and support** needed to carry out the plan.

Logistics Section Chief: Core Responsibilities

- Provide personnel, equipment, and supplies
- Support Facilities, IT, and clinical operations
- Track and fill resource requests
- Coordinate with vendors and contractors
- Maintain staging and transportation
- Support Planning with resource status
- Anticipate future needs

Roles and Coordination with IC and Section Chiefs

How Logistics Coordinates the Team

- Receives resource needs from Operations
- Confirms availability and sourcing
- Coordinates with Finance/Admin for purchasing
- Provides resource status to Planning
- Supports IC with feasibility and constraints

Key Point:

- Logistics doesn’t decide strategy — it ensures the strategy is **possible**.

Quick Start IAP Page 1

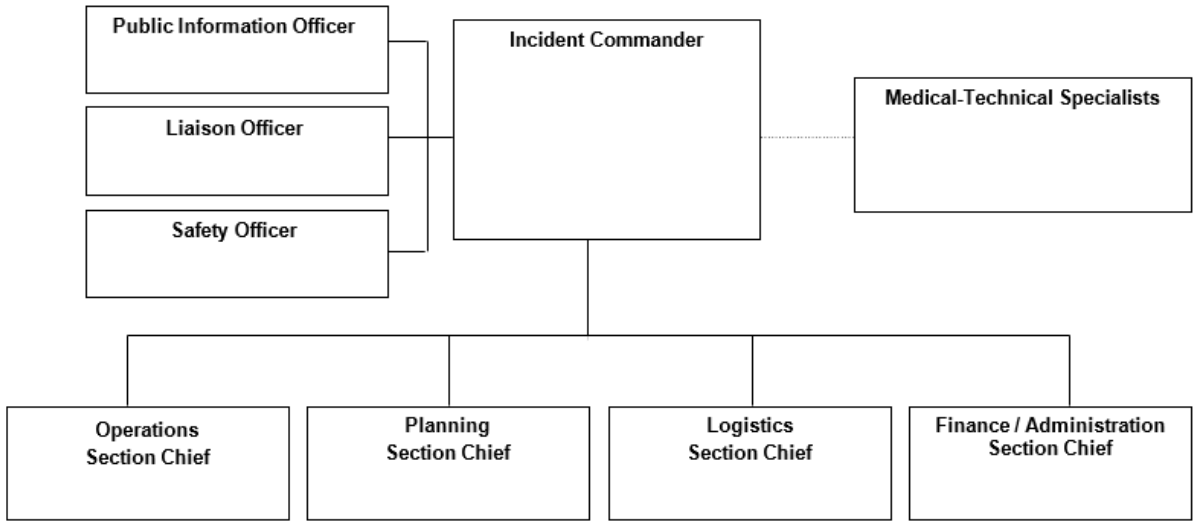
HICS INCIDENT ACTION PLAN (IAP) QUICK START

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: _____

Logistics Responsibilities in the IAP

- 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** **(Logistics Supports)**
- Section 6d: *Assigned To*: **Incident Commander** (Final Authority) **(Logistics provides input)**
- Section 7: *Prepared by:* **Planning Section Chief**

Activity: Scenario Overview

Scenario: *Water Leak in Healthcare Facility*

- Tasks: Identify LSC (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 has set the incident objectives and has activated part of the HIMT

Logistics Actions:
- Support Operations with equipment and staffing
- Stage appropriate equipment to be ready to deploy

Prompt: What resources are needed immediately? What constraints exist?

Task: Review Ops Resources Required and verify if available immediately or need to be found (6c)

Completed IAP Example: Logistics Section Chief Activated

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)

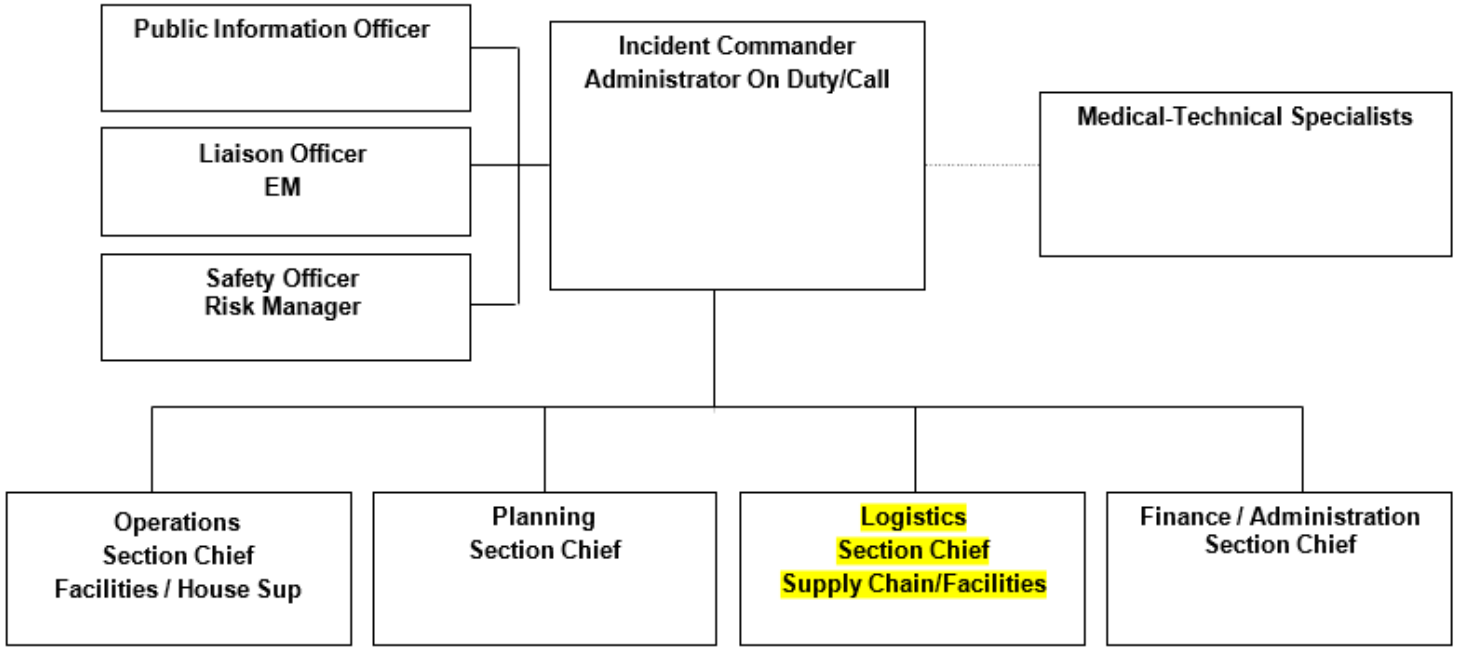
DATE: FROM: 1/22/26 TO: 1/22/26

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

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.

Review Resources Required to ensure availability

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	• 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	• 1 Safety Officer • PPE for 6 responders • 3 Facilities/Engineer Staff • 2 Security Officers • 2 Barricades	• Safety Officer • Operations Section (Clinical Branch, Security) • Logistics(Facilities Unit)
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	• 4 wet vacs • 6 Fans • 20 Absorbent Pads • 1 Plumber • 1 Electrical Technician	• Logistics(Facilities Unit) • Contractor Liaison • Operations Section

Inject 2: Leak Spreads Toward Patient Areas

- Twenty minutes later the leak has spread into a hallway and is now approaching patient care areas. Vulnerable patients may need to be relocated. Staff are asking for guidance

Logistics Actions:

- Stage transport equipment
- Confirm staffing availability
- Prepare receiving areas
- Support Operations with additional equipment

Prompt:

What resource gaps might exist? What must be staged now? Put into chat, or unmute

Updated Completed IAP

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 —

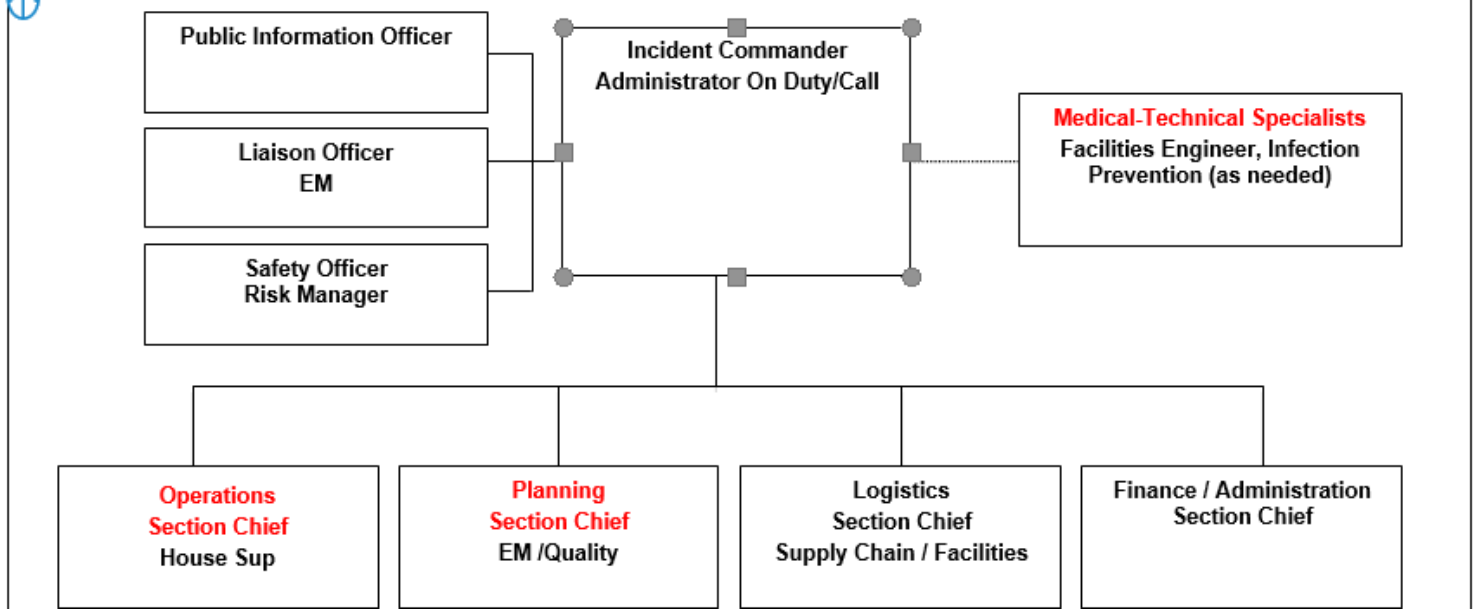
UPDATE:

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: Safety

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: Modified Strategies and Tactics and Resources Required

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	• 1 Safety Officer • PPE for 6 responders • 3 Facilities/Engineer Staff • 2 Security Officers • 2 Barricades • Signage	• Safety Officer • Operations Section • Logistics Section
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~~	• 4 wet vacs • 6 Fans • ~~20~~ 30 Absorbent Pads • 1 Plumber • 1 Electrical Technician • Facilities/Engineering staff • Plumber/contractor (~~if needed~~) • 8 Fans • 4 water remediation crews • Additional containment barriers	• Logistics Section • Liaison • Operations Section

Updated Completed IAP: New Objectives and Resources Required

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	• 12 Stretchers • 6 Nursing staff • 4 Patient transport teams • 15 Wheelchairs • Patient tracking tool • Clean linens	• Operations Section • Planning Section (for patient tracking support) • Logistics Section
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	• 1 Planning Section Chief • 2 Scribe/Documentation support • 1 Status board or digital tracker	• Planning Section • Safety Officer (input) • Operations (input)

Inject 3: Water Threatens Electrical Panels

Water now has continued to expand and threatens electrical panels.

Logistics Actions:

- Source lockout/tagout kits, signage, lighting
- Locate electrical contractor support
- Stage generators or backup power equipment
- Support patient relocation readiness

Prompt: What must be sourced immediately? What future risks should Logistics communicate to IC and Planning?

Task: Identify if resources are available immediately or needed to be found

Updated IAP: Added new Logistics Support

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

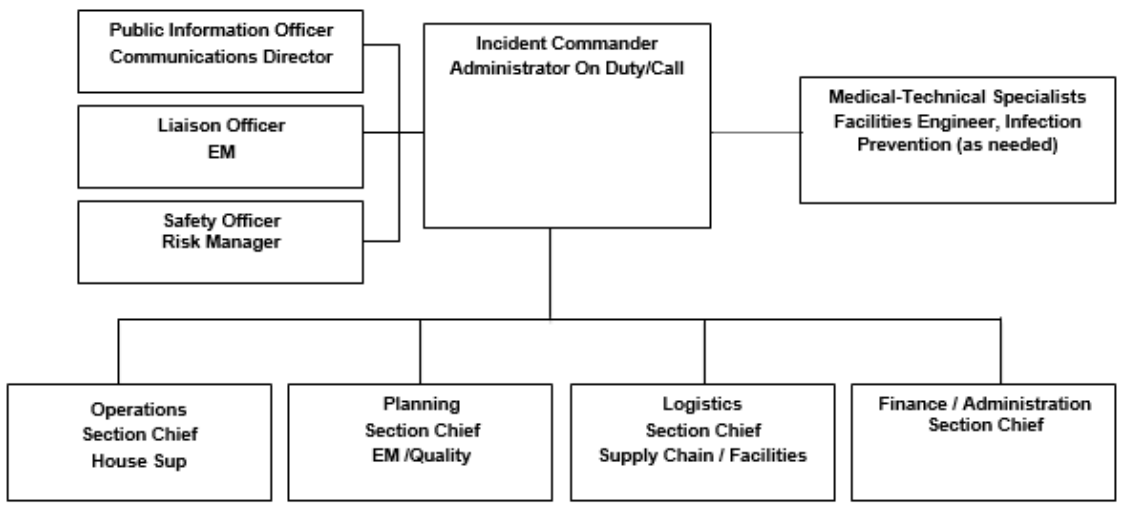
3. Situation Summary — HICS 201 —

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, Facilities Unit Leader, PIO (if staff messaging is needed), Patient Care Branch Director

Updated IAP: Additional Safety Precautions

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 INJECT 3:

- **Electrical hazard present — restrict access to affected corridor**
- **Lockout/Tagout procedures required**
- **No standing water near energized equipment**
- **PPE: electrical-rated gloves, insulated boots for Facilities/contractors**
- **Maintain clear egress routes during patient relocation**

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 INJECT 3:

Electrical hazards are present in the affected corridor. Avoid standing water and keep all staff out of restricted areas until Facilities confirms circuits are de-energized. Use appropriate PPE when working near utilities, maintain clear egress routes during patient movement, and monitor staff for heat stress while cooling systems are limited.

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 IAP: Additional Objective, Strategies and Tactics & New Resources Required

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.	• 2 Electricians • 2 Portable A/C Units • 2 Large Dehumidifiers • 3 Additional Security Officers • 5 Additional Wet Vacs • 10 Additional Fans • Patient Transport Teams	• Logistics • Safety Officer • Operations

7. Prepared by PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

Closing the Scenario: What This Response Demonstrated

- Logistics enables Operations
- Resource readiness drives safety
- Early staging prevents delays
- Coordination prevents operational failure

Key Takeaways for the Logistics Section Chief

- Anticipate resource needs
- Communicate constraints early
- Support Operations with speed and clarity
- Keep Planning informed
- Document resource status

Questions and Next Steps

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