

Advanced HICS: Operations Section Chief Training

Understanding Operations Section Chief Responsibilities & Coordination within
HIMT

Training Objectives

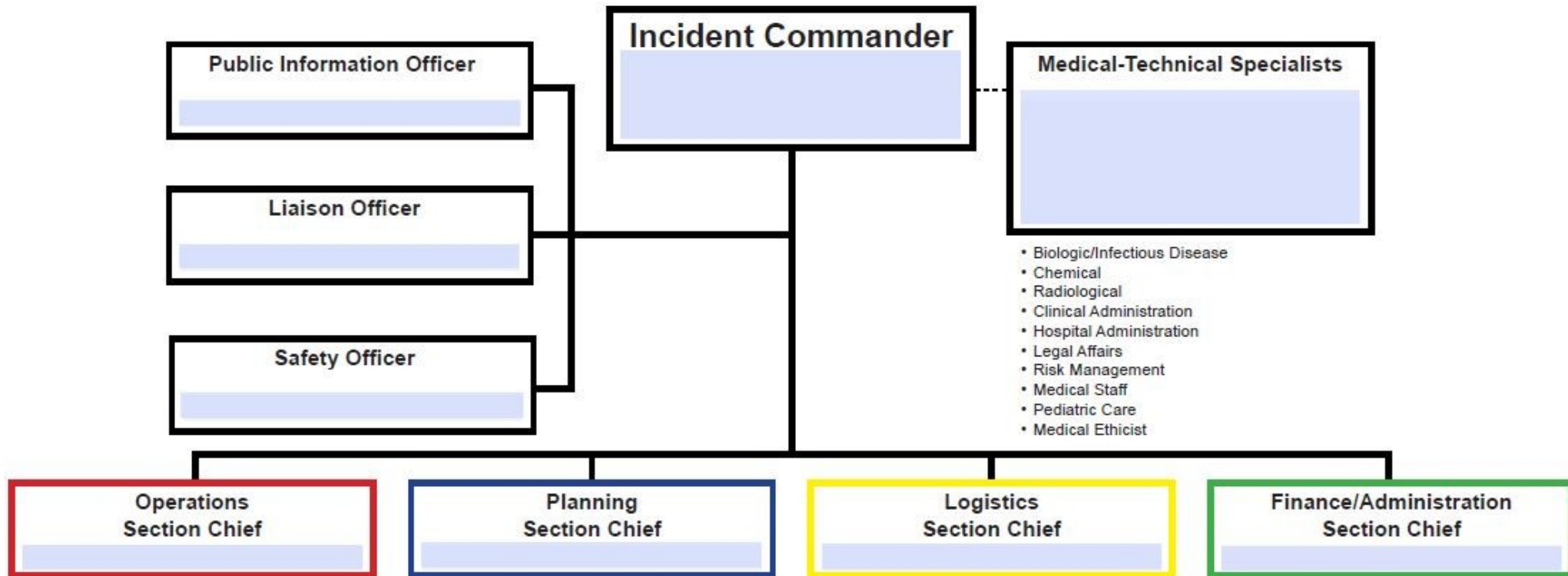
By the end of this session, participants will be able to:

- Describe Operations Section Chief core responsibilities
- Explain how Operations supports IC objectives
- Complete Operations portions of the IAP Quick Start
- Practice tactical 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 Operations Section Chief in HICS

Who may serve as Operations Section Chief:

- Nursing leadership
- Facilities leadership
- Clinical operations leaders
- Emergency management
- Other trained designees

Key Point:

- Operations executes the plan--they turn objectives into action.

Operations Section Chief: Core Responsibilities

- Develop strategies and tactics
- Direct and coordinate tactical operations
- Ensure life safety during operations
- Request resources through Logistics
- Provide situational updates to Planning
- Supervise Branches, Divisions, and Units
- Anticipate operational needs

Quick Start IAP

Page 2

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: _____

Operations 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) (With Ops input)**
- Section 7: *Prepared by*: **Planning Section Chief**

Activity: Scenario Overview

Scenario: *Water Leak in Healthcare Facility*

- Tasks: Identify OSC (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

Operations Actions:

- Assess affected areas
- Direct Facilities and EVS
- Establish initial tactics
- Request resources through Logistics

Prompt: What are your first strategies and tactics? What resources do you need?

Task: Review incident objectives and develop 2-3 strategies/tactics and resources you might need on 6b and 6c.

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

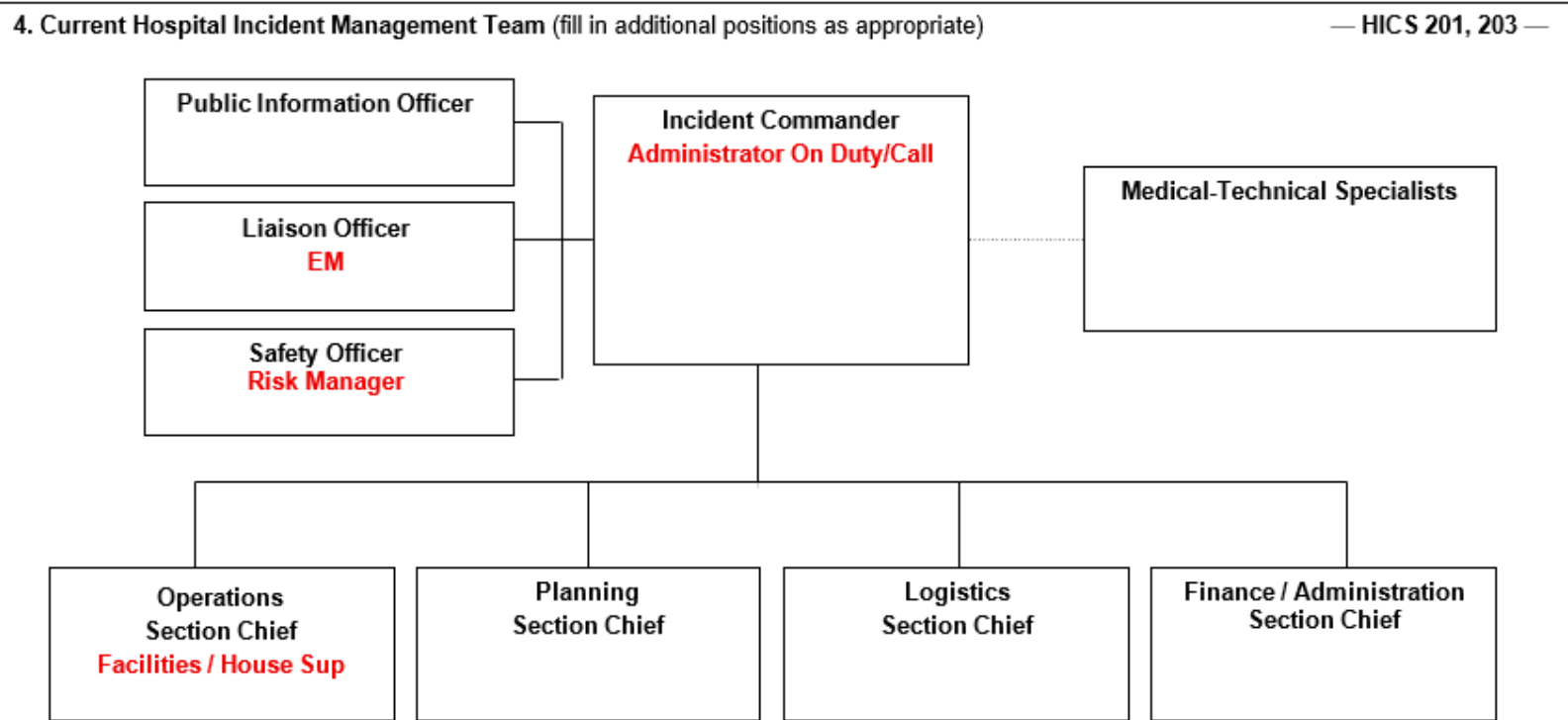


Completed
IAP Example:
Operations
Section
Chief
Activated

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



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

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.

IAP Incident Objectives

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			
Stop or significantly slow water intrusion into patient care areas within this operational period.			

7. Prepared by	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____

IAP Incident Objectives

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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Safety Officer Clinical staff for potential patient movement Facilities & Security personnel PPE (gloves, boots, hard hats, N95 if needed) 	<ul style="list-style-type: none"> Safety Officer Operations Section (Clinical Branch, Security) Logistics(Facilities Unit)
Stop or significantly slow water intrusion into patient care areas within this operational period.	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Facilities/Engineering staff Plumber/contractor (if needed) Electrical technicians Water extraction equipment, fans, absorbent materials 	<ul style="list-style-type: none"> Logistics(Facilities Unit) Contractor Liaison Operations Section

7. Prepared by	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____

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

Operations Actions:

- Update tactics
- Coordinate patient movement
- Direct Facilities and clinical teams
- Ensure safety measures

Prompt: What tactics must change? What new resources are required?

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

Updated
 Completed
 IAP

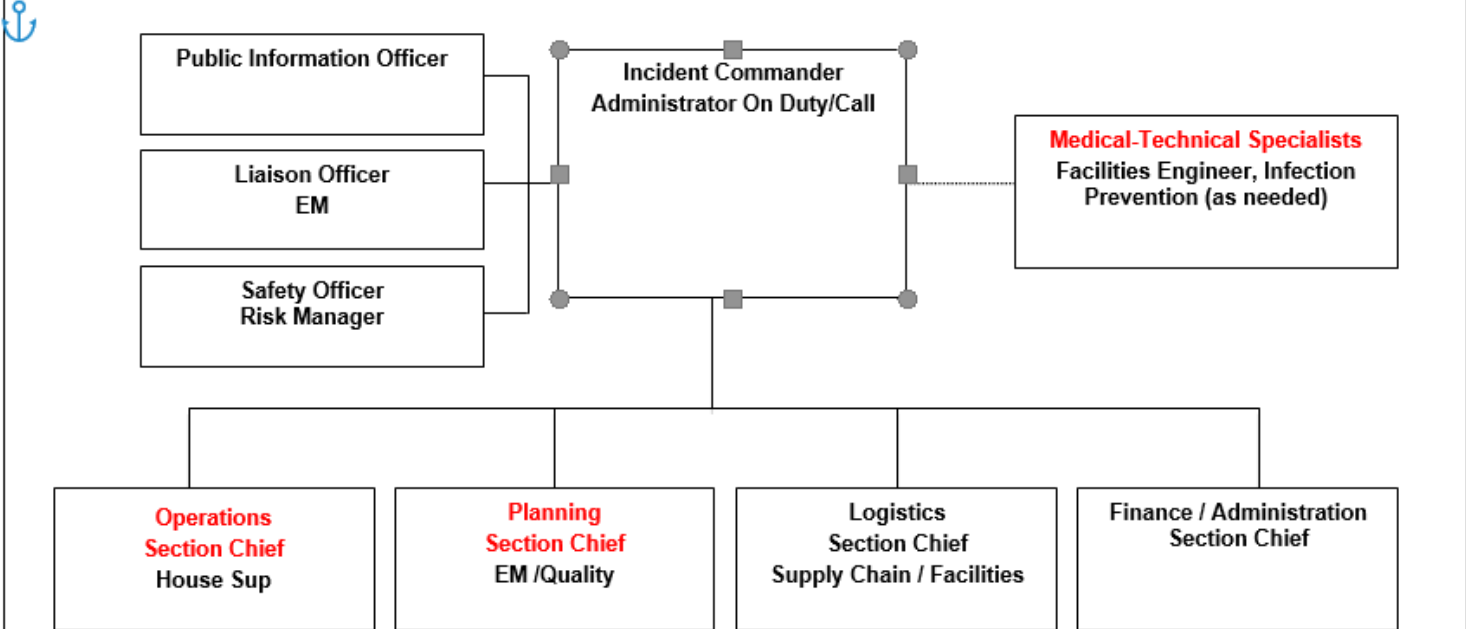
<p>1. Incident Name</p> <p>Water Leak—Admin Area</p>	<p>2. Operational Period (#1)</p> <p>DATE: FROM: <u>1/22/26</u> TO: <u>1/22/26</u></p> <p>TIME: FROM: <u>0800</u> TO: <u>1200</u></p>
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3. Situation Summary — HICS 201 —

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

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

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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Safety Officer Clinical staff for potential patient movement prep Facilities & Security personnel PPE (gloves, boots, hard hats, N95 if needed) Additional signage and barricades 	<ul style="list-style-type: none"> Safety Officer Operations Section (Clinical Branch, Security) Facilities Unit (Logistics)
Stop or significantly slow water intrusion into patient care areas within this operational period	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Facilities/Engineering staff Plumber/contractor (if needed) Electrical technicians Water extraction equipment, fans, absorbent materials Additional containment barriers 	<ul style="list-style-type: none"> Facilities Unit (Logistics) Contractor Liaison Operations Section (Facilities/Engineering Branch)

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

Updated
Completed
IAP—New
Objectives

OBJECTIVES	STRATEGIES / TACTICS	RESOURCES REQUIRED:	ASSIGNED TO
Prepare to relocate at-risk patients within the next 60 minutes.			
Maintain situational awareness with 30-minute updates on water spread, electrical risk, and patient impact.			
7. Prepared by PRINT NAME: _____ SIGNATURE: _____ DATE/TIME: _____ FACILITY: _____			

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

**New Strategies,
Tactics,
Resources
Required,
Assigned to**

OBJECTIVES	STRATEGIES / TACTICS	RESOURCES REQUIRED:	ASSIGNED TO
<p>Prepare to relocate at-risk patients within the next 60 minutes.</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Nursing staff • Patient transport teams • Wheelchairs, stretchers • Patient tracking tools • Clean linens and equipment 	<ul style="list-style-type: none"> • Operations Section (Nursing Branch) • Patient Transport • Planning Section (for patient tracking support)
<p>Maintain situational awareness with 30-minute updates on water spread, electrical risk, and patient impact.</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Planning Section Chief • Scribe/Documentation support • Status board or digital tracker 	<ul style="list-style-type: none"> • Planning Section • Safety Officer (input) • Facilities (input)

Inject 3: Water Threatens Electrical Panels

- Water now threatens electrical panels.

Operations Actions:

- Prioritize electrical safety
- Coordinate with Facilities and Safety
- Prepare for potential evacuation
- Update tactics and resource needs

Prompt: Reviewing the new Incident Objective, what must Operations coordinate right now with Facilities, Safety, and clinical teams?

What near-term actions are needed to ensure safe patient care if electrical instability worsens? (short term operational priorities to consider)

Closing the Scenario: What This Response Demonstrated

- Operations drives tactical execution
- Tactics must evolve as conditions change
- Coordination with Logistics and Safety is essential
- Clear communication prevents operational delays
- IAP keeps the team aligned

Key Takeaways for the Operations Section Chief

- Translate objectives into action
- Coordinate multiple departments
- Request resources early
- Maintain situational awareness
- Keep Planning informed
- Ensure responder and patient safety

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.