

Advanced HICS: Planning Section Chief Training

Understanding Planning Section Chief Responsibilities & Coordination within HIMT

Training Objectives

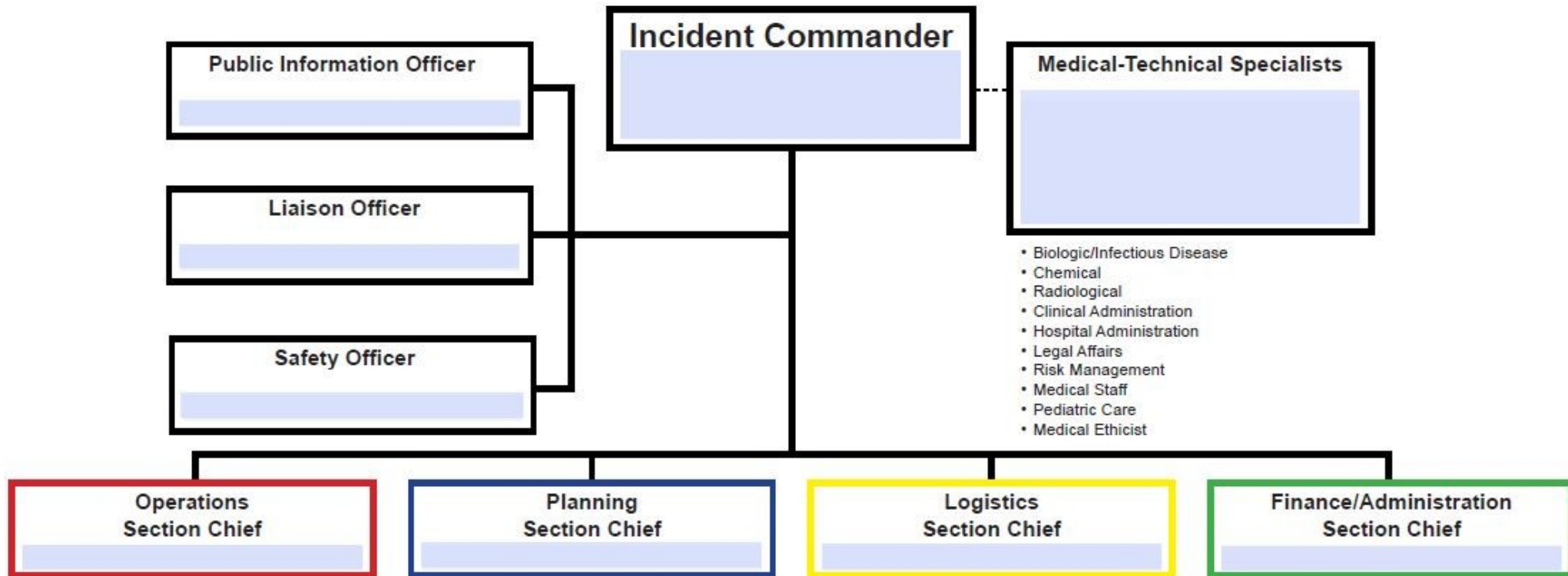
By the end of the session, participants will be able to:

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

Who may serve:

- Emergency Management
- Quality/Risk
- Nursing/Admin leadership
- Other trained designees

Key Point:

- Planning manages information so leaders can make decisions.

Why Planning Is Often Misunderstood in Healthcare

Common Challenges

- Unclear ownership of the Planning role
- Planning confused with Operations or Administration
- Role activated too late in the incident
- Documentation viewed as “busy work” instead of decision support

Reality

- Planning is an *information and coordination function*, not a clinical or facilities function
- Effective Planning enables IC and Operations to succeed

Planning Section Chief: Core Responsibilities

- Maintain situational status
- Collect, analyze, and display information
- Develop and update the IAP
- Track resources and assignments
- Support IC decision-making
- Anticipate future needs

Roles and Coordination with IC and Section Chiefs

How Planning Coordinates the Team

- Receives objectives from IC
- Translates decisions into IAP content
- Synchronizes Ops, Logistics, and Finance inputs
- Keeps documentation current and actionable

Key Point:

Planning doesn't decide *what* to do — it ensures everyone understands *what was decided*.

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: _____

Planning 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**
- 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 PSC (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

Planning Actions:

- Establish situation status
- Identify affected areas
- Begin IAP documentation
- Track role activation

Prompt:

- What information does IC need right now?
- What is unclear?

Task:

- *Complete the appropriate sections of the IAP as PSC*
- *Review the strategies/tactics and resources assigned OSC has created to ensure alignment with Objectives*

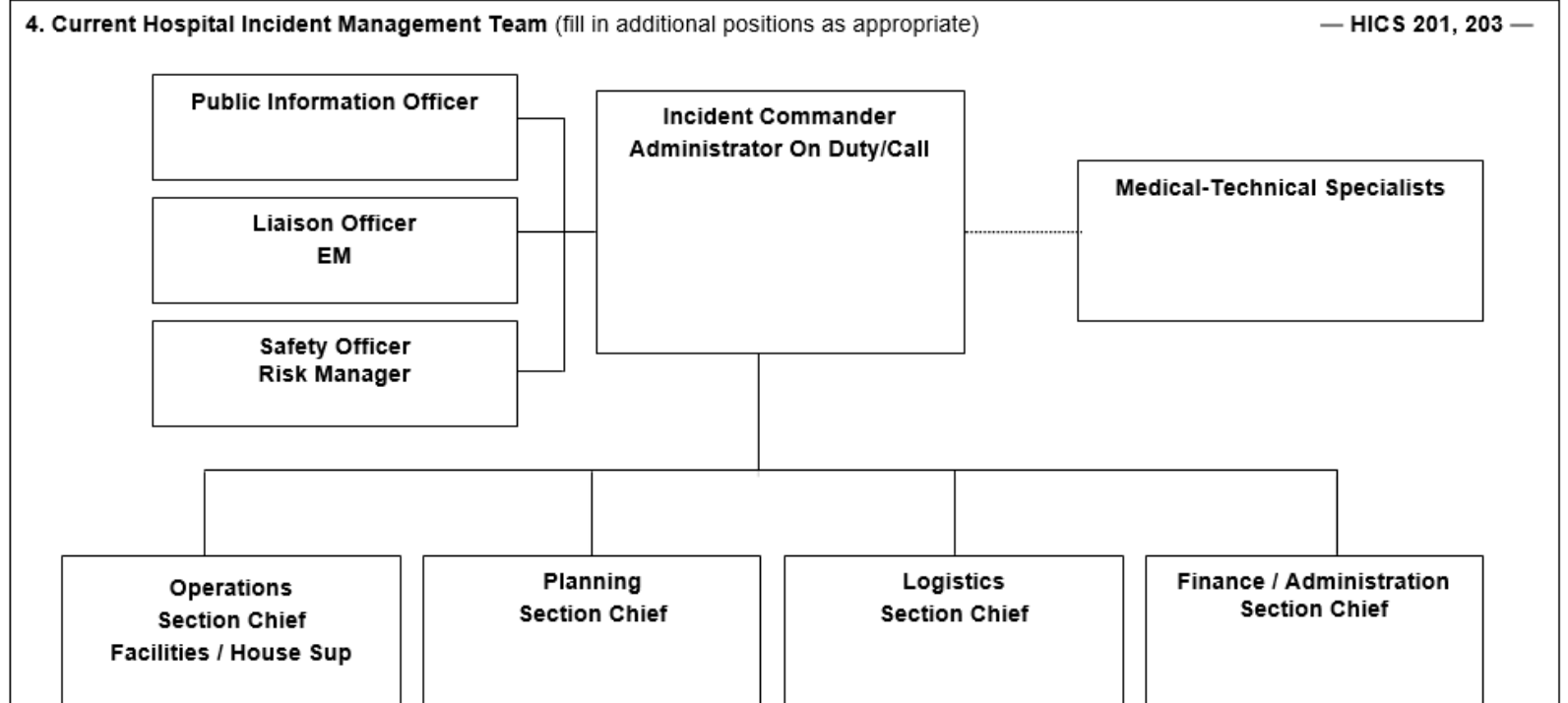
HICS INCIDENT ACTION PLAN (IAP) QUICK START
COMBINED HICS 201—202—203—204—215A

Completed IAP Example

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.

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

**Review
 Completed
 Strategies/
 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.	<ul style="list-style-type: none"> Establish a restricted access zone around the affected admin area to keep staff and patients out of hazardous wet areas. Begin relocating all patients from the entire patient care unit to other facilities. 	<ul style="list-style-type: none"> Safety Officer Support Patient Transport Teams Facilities & Security personnel PPE (gloves, boots, hard hats, N95 if needed) Caution/Wet Floor Signage 	<ul style="list-style-type: none"> Safety Officer Operations Section Logistics Section
Stop or significantly slow water intrusion into patient care areas within this operational period.	<ul style="list-style-type: none"> Direct Facilities to shut off the water supply to the affected pipe. Begin immediate containment in the administrative wing. 	<ul style="list-style-type: none"> Facilities staff Wet vacs or water-extraction equipment Absorbent pads or water-damming materials Temporary barriers (e.g., water-dams, plastic sheeting) Contractor notification (plumbing) 	<ul style="list-style-type: none"> Logistics Section Liaison Officer (Contractor) Operations Section
7. Prepared by		PRINT NAME: _____	SIGNATURE: _____
		DATE/TIME: _____	FACILITY: _____

HICS INCIDENT ACTION PLAN (IAP) QUICK START
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Not aligned to Incident Objectives

Inject 2: Leak Spreads Toward Patient Areas

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

Planning Actions:

- Update situation summary
- Track expanding impact
- Identify future planning needs
- Prepare next operational period considerations

Prompt:

- What information gaps exist?
- What projections should be provided to IC?

Task:

- *Change/add Situation Summary*
- *List 3 critical information gaps Planning must close to support the IC (what is important to ask/ know?)*
- *Identify who planning needs to ask (Ops, Logistics, Safety, etc.) to get answers*

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: <u>1/22/26</u> TO: <u>1/22/26</u> TIME: FROM: <u>0800</u> TO: <u>1200</u>
3. Situation Summary — HICS 201 — UPDATE: <p>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.</p>	
4. Current Hospital Incident Management Team (fill in additional positions as appropriate) — HICS 201, 203 — <pre>graph TD; IC["Incident Commander Administrator On Duty/Call"]; PIO["Public Information Officer"]; LO["Liaison Officer EM"]; SO["Safety Officer Risk Manager"]; MTS["Medical-Technical Specialists Facilities Engineer, Infection Prevention (as needed)"]; Ops["Operations Section Chief House Sup"]; Plan["Planning Section Chief EM/Quality"]; Log["Logistics Section Chief Supply Chain / Facilities"]; Fin["Finance / Administration Section Chief"]; IC --- PIO; IC --- LO; IC --- SO; IC -.- MTS; IC --- Ops; IC --- Plan; IC --- Log; IC --- Fin;</pre>	

Updated
Completed
IAP:
Situation
Summary

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.

HICS INCIDENT ACTION PLAN (IAP) QUICK START
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Updated
 Completed
 IAP

b. 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
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**Updated
 Completed
 IAP: New
 Objectives**

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.

Planning Actions:

- Capture strategic shift
- Document expanded ICS roles
- Anticipate next 1–2 hours
- Prepare for IAP update

Prompt:

- What must be documented immediately?
- What future risks should be communicated?

Closing the Scenario: What This Response Demonstrated

- Planning supports decisions, not operations
- Situational awareness drives objectives
- Documentation enables coordination
- Anticipation prevents reaction

Key Takeaways for the Planning Section Chief

- Turn information into clarity
- Keep the IAP actionable
- Support IC decision-making
- Think ahead — not just track
- Reminder: Completed IAP Quick Starts go to Documentation Unit Leader

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.