Unified Command — Who’s in Charge? Fire, Police and Hospital Perspectives

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Key Objectives

- Understand the primary features of Unified Command
- Describe how Unified Command functions as a multi-jurisdiction or multi-agency incident
- Recognize the Unified Command approach between Fire, Law Enforcement, and Hospital Incident Command
- Lessons Learned and Best Practices
Unified Command Defined

**Unified Command** *(per the HICS Guidebook)*

An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions.

Agencies work together through the designated members of the UC, often the senior person from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single IAP.

*NIMS*

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Unified Command Defined (cont.)

This management structure brings together the Incident Managers of all major organizations involved in the incident, to coordinate an effective response while allowing each manager to carry out his/her own jurisdictional or discipline responsibilities.

UC links the organizations responding to the incident at the leadership level, and it provides a forum for these entities to make consensus decisions. Under UC, the various jurisdictions and/or agencies and non-government responders may blend together throughout the organization to create an integrated response team.

UC may be used whenever multiple jurisdictions or response agencies are involved in a response effort. UC may be established to overcome divisions from:

- Geographic boundaries;
- Government levels;
- Functional and/or statutory responsibilities; or
- Some combination of the above.

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Hospital Incident Command

Hospital Incident Command is activated during an internal or external disaster event.

The activities at the Hospital Command Center (HCC) are directed by the Incident Commander (IC) who appoints Section Chiefs such as Operations, Planning, Logistics, and Finance.

In addition, the IC appoints a hospital representative to report to the Incident Commander at the scene who can communicate back to the HCC.
Panel Presenters

- **Leonard Deonarine**
  Director of Business Continuity & Emergency Preparedness, Tenet Healthcare and former Deputy Fire Chief, Refinery Terminal Fire Company — Balance and collaboration in Unified Command

- **Lann Wilder, EMT-P**
  Emergency Management Coordinator, San Francisco General Hospital & Trauma Center — Multi-event IED’s, challenges, responses & lessons learned

- **Terri Simpson-Tucker, RN, MSN**
  Assistant Administrator of Support Services, Kaiser Foundation, San Jose Medical Center — Power Failure, Best Practices, lessons learned, Large-scale multi-jurisdictional drill & specific recommendations for Unified Command

Questions

Please save all your questions until the end of all the presentations.

Thank you!

Unified Command — Who’s In Charge? Fire, Police, and Hospital Perspectives

Leonard Deonarine
Director Business Continuity and Emergency Preparedness
Tenet Healthcare Corporation
Unified Command

• "Unified Command" can be the best answer to the question, "Who is in Charge?"
• Organization specific Incident Commanders within the Unified Command make joint decisions and speak with one voice

If there is a disagreement, it is worked out among the Incident Commanders within the Unified Command.
• "Unity of Command" is still maintained within the Operations Section. Each person has a single supervisor.
• Everybody is working towards the same goal.

Who is in Charge?

Report of smoke coming from the High School chemistry lab storage room
Who is in Charge?

Report of multiple arson fires set by inmates at the prison

Who is in Charge?

Roof collapse at a nursing home

Who is in Charge?

A fire or other emergency at a hospital
California Fire Code

104.11 Authority at fires and other emergencies
The fire chief or officer of the fire department in charge at the scene of a fire or other emergency involving the protection of life or property or any part thereof, shall have the authority to direct such operation as necessary to extinguish or control any fire, perform any rescue operation, investigate the existence of suspected or reported fires, gas leaks or other hazardous conditions or situations, or take any other action necessary in the reasonable performance of duty.

Why Unify?
When implemented properly, Unified Command enables agencies with different legal, geographic, and functional responsibilities to coordinate, plan, and interact effectively.

Unified Command in Action

Washington Adventist Hospital
- Takoma Park, Maryland
- First Opened in 1907
- Currently - 294 Beds
- A single water main supplied the hospital
Water Main Break

- The Hospital was out of options
- The water main crossed under a small creek
- The Columbia Union College is on the other side of the street
- The College still had water pressure

The Answer to the Problem

An “Above Ground Water Main”

Working Together

There never was a lack of Fire Department creativity when it came to getting the job done!
Unified Command Success

A Recipe for Success

• Go to the Fire Department, Police Department and Public Works agencies
• Invite the agencies into your facility
• Explain your preparations and training
• Discuss previous events at the hospital
• Discuss events from other hospitals
• Train and exercise together

Unified Command — Conclusion

• Unified Command eliminates the conflict between agencies and organizations
• It creates an environment where the best possible decisions can be made and where we can make the most efficient use of our limited resources

Thank you

Leonard G. Deonarine
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Unified Command —
Improving Coordination with Police & Law Enforcement Agencies
Bomb Threat Incidents at SFGH

Lann A. Wilder, EMT-P
Emergency Management Coordinator
San Francisco General Hospital & Trauma Center

Background & Situation

SFGH 598 Licensed Beds — Level I Trauma

Improvised Explosive Device (IED)
Hospital Command Center (HCC)
Incident Command Post (ICP)

When the threat is real...

Key issues in coordinating the response:

- Establishing Unified Command
  - Considerations for Deploying a Team Outside of the Hospital Command Center
  - Challenges Working with Law Enforcement
- Communicating
  - Internally
  - Externally
Unified Command Team at ICP

SFPD — Police / Bomb Squad
SFSD — Hospital Security
SFGH — HICS Remote Team
  • Safety Officer
  • Liaison Officer
  • Planning Chief (Risk Mgmt)
SFFD — Fire & EMS Units

Remote HICS Team Key Actions

• Share Hospital Information
  — Areas of facility affected/at risk, including potential hazards, routes of access
  — Patients, staff & visitors involved, including special needs and evacuation considerations
• Ensure Hospital Objectives are integrated into overall Incident Action Plan (IAP)
• Establish and maintain internal communications with HCC IMT and key individuals/departments

Considerations for Remote IMT

Support:
• HICS Tools — Job Action Sheets & Plans
• Water, food, first aid
• Sunscreen

Communications:
• Cell Phones & Chargers
• Annotated Directory/Map
• Message Templates

Solution — Create “Go Kits”
Potential Challenges with Law Enforcement in Unified Command

- Control of information
- Evacuation vs. Shelter in Place
- Normal communications may not be available
- Rapidly changing directives

Communications

**Internal:**
- Keep Staff informed
- Rumor control
- Consistent message
  - What is happening
  - What we are doing
  - What you need to do — and NOT do
  - Follow up summary

**External / Media:**
- Notifications
- What is happening
- Status of Hospital
- Safety of Patients & Staff
- Assume EVERYTHING is on camera / tape
- Don't discuss Law Enforcement issues

What Worked — and Why

- Key members of team coordinated and communicated well — familiarity, training & drills
- Hospital Emergency Operations Plan and basic actions for Bomb Threat were followed by HICS Team & Hospital Security
- Trust that Law Enforcement know and use ICS
- Clear and consistent overall priority — SAFETY — shared by all responding agencies.
Improvements Identified & Follow-Up Actions In Progress

Multi-Agency Coordination:
• Developing Unified Command Training for all SF hospitals’ HICS Teams to be delivered by inter-disciplinary training teams (HC/FD/PD)
• More direct involvement of hospitals in coordinated city-wide training and exercises
• More multi-agency exercises focused on events at hospitals — fire, power failure, bomb threat or hostage situations

More Improvements Identified & Follow-Up Actions In Progress

Internal to Hospital:
• Added key actions to Hazard-Specific Plans
• Created annotated directory of outpatient areas
• Increased involvement of clinics in drills
• Added depth to HICS Team assignments — PIO
• Created “Go Kits” for remote team deployment
• Increasing complex scenario trainings and exercises requiring Unified Command

Thank You

San Francisco General — The Heart of the City
Unified Command — Don’t be Left in the Dark!

Terri Simpson-Tucker, RN, MSN, CNS
Assistant Administrator
Support Services
Kaiser Permanente
San Jose Medical Center

Unified Command

Best Practices & Lessons Learned

TOTAL POWER FAILURE
February 21, 2008
Kaiser Permanente
San Jose Medical Center

Situation

- 6:02 am
- Underground equipment failure results in a public utility power loss to South San Jose
  - 1,600 homes in neighborhood without power
  - Hospital without normal utility power
- No traffic lights
Immediate Actions

- HCC opened by the nightshift House Supervisor
- Emergency calls are placed to AOC, facilities, EH&S and command center staff
- Fire Department runs auxiliary lighting to Emergency Department
- Fire Department runs “extension cords” up stairwells of main hospital
- Night shift nursing staff retained
- Emergency power restored when the ATS breakers on the switch gear were closed manually by facility engineering staff

Power Situations

- Emergency Power to hospital restored after 32 minutes
- Public Utility Power restored to main hospital @ 8:12 am
  - 1 hour 38 minutes on emergency generator power
- Public Utility power restored to remainder of campus @ 11:20 am
- Public Utility power sequentially restored to the surrounding community with completion by 4:45 pm

Outcomes

- Minimal disruptions to patient care
- Although surgeries were delayed, they were all completed by the end of the day
- No negative patient care outcomes
Organizational Changes

**Environment of Care® News, August 2008, Volume 11, Issue 8**
Joint Commission on Accreditation of Healthcare Organizations

An Emergency Response Generates Safety Enhancements
How One Organization’s Power Outage Improved Its Preparedness
Kaiser Permanente-San Jose Medical Center is applying the insight it gained from a recent power outage.

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Do No Harm

"Increasingly, high-profile tragedies become prevalent through 24-hour electronic media because of the expansive transparency and disclosure practices of hospitals,… public reporting,… probing reporting,… and an accelerating emphasis on accountability."

"Yet, the message is not often received. Those who actually want to know if this could happen at their organization are often frustrated that the learning…. hasn’t spread immediately and reliably across the healthcare industry."

— Healthcare Executive, Nov/Dec 2008
Institute for Healthcare Improvement
"Could it Happen Here? Learning From Other Organization’s Safety Errors"

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Best Practices

Share your story so others can learn from your experiences and challenges:

- Peer Groups
- Professional Meetings
- County Safety Officer Meetings
- Other Hospitals (inside & outside of your organization
- Media
Negative Media Attention

HEADLINES
“Fire Department Rides to Hospital’s Rescue”
“Power Outage Hits Kaiser Santa Teresa”
“SJ Hospital Diverting Patients Following Power Outage”

Best Practices

• Document historical information learned from “planned power transfers”
• “Non-event” planning: What would you do if…?
• “Tool Time”
• Build Unified Command relationships with community agencies
• Disaster drill on off-shifts

Lessons Learned

Unified Command

New Liaison Position within NIMS is the key to good communication, collaboration & cooperation between other agencies and the hospital command center:
• Fire Department
• Public Utilities
   — “Go for a visit” & “Invite a friend”
Executing Patient-Centered Care & A Culture of Safety in the Face of a Disaster

“Throughout the day, until and after normal power was restored, Facility Services worked closely with PG&E representatives who were seeking a solution to the outage.”

“The HCC was contacted by Facility Services on several occasions to make preparations for PG&E testing and/or power routing changes as these activities had the potential for creating another PG&E power outage to the medical center. PG&E waited patiently as patients in critical care areas were stabilized before proceeding.”

Lessons Learned

Communication is the key to good outcomes
• Easy to understand communication
  – Don’t be too technical/clinical
  – Ask questions
• Don’t forget to communicate with your patients

Understand Ethical Decision Making or access a member of your ETHICS Committee
• Do no harm
• The good of the one vs. the good of the many
• Distribution of limited resources

Best Practices

Importance of Drills
• “Reality without Risk?”
Drill Outcome

Practice Makes Perfect

Multi-Agency Drill
HCC Established

Community Agencies Arrive

Community Agencies Arrive
Unified Command — Joint Planning

Unified Command — Resource Mobilization

Safe Movement of Patients — “Horizontal Evacuation”
Lessons Learned

- There is a need to further develop a common practice of bringing the first responders incident command together with that of the affected hospital.
- Implementing and reinforcing the need for liaisons between each command post (hospital command center and the first responder incident command post) in events has proven to be very beneficial.

Lessons Learned

- First responder agencies and public/private hospitals command staff need to gain an awareness level of understanding of the various terminologies used by each.
- There is a lack of knowledge of how to utilize this specialty equipment among the 911 first responders.
- Hospital-based rescue equipment tends to be different in each facility.
- Joint educational sessions & hot wash are key for joint learnings, joint problem solving & knowledge transfer that focuses on patient-centered care in the event of a disaster.
October 2008 — Another Power Outage

Power Outage at a San Jose Hospital located within a 10 mile radius of Kaiser Permanente San Jose

- Loss of public utility power
- Emergency generators do not power on
- HCC opened & a 45 minute window is established to start patient evacuations
- Hospital dark for 35 minutes
- Two patients evacuated
- Fire Department ran generator power to blood bank & tissue bank

Questions