Background Information for PPH: Incident Command Structure (ICS):

Introduction: What is ICS?

In Manitoba, Canada and elsewhere in the world, there is a standardized system for organizing emergency response efforts. This is called the Incident Command System. ICS originated within the emergency response sector (fire, paramedics, military, police) and has been adopted by many sectors including health as the standard response structure.

According to ICS Canada, "The Incident Command System is a standardized on site management system designed to enable effective, efficient incident management by integrating a combination of facilities, equipment, personnel, procedures , and communications operating within a common organizational structure This requires tightly coordinated efforts and very clearly structured communication and direction by designated decision makers, different than our regular structure.

"ICS has three primary purposes:

- To provide for the orderly and predictable division of labour
- To provide for the overall safety at the incident or event
- To ensure that the work at the incident or event is performed efficiently and effectively."

(ICS Canada, Incident Command System Operational Description, February 21, 2012) sourced from:
http://www.icscanada.ca/images/upload//ICS%20OPS%20Description2012.pdf

In a response, each organization designates an Incident Commander (IC) to lead the response. The IC leads the Command Section, comprised of the IC plus section chiefs: Planning, Operations, Logistics, Finance. The response structure is populated by staff assigned to fulfill well-defined roles with specific functions in the response operation. This facilitates timely, decisive and coordinated action and communication. To ensure an effective and efficient response, it is   very important that all responders follow the defined communication process.

ICS in the WRHA:

The WRHA uses ICS for major responses requiring close coordination and communication across multiple programs and service areas such as the rapid intake of refugees or large fire evacuations coming into the city. The core organization of ICS will always have a Command Section, comprised of an incident commander, and section chiefs. The leaders appointed to these positions and the extent to which the structure is

activated may vary from response to response. Figure 1 below depicts the general structure of the command section; each section is staffed according to the needs of the specific response.

What does this mean for me in PPH?

As noted earlier in this document, when ICS has been activated, it is essential for all response-related communication to flow through the command structure. Issues raised, population health needs, staffing and supply needs, decisions made are collated and discussed by the Command Structure. Decisions are made and communicated to responders via the command structure. All issues and decisions are logged, to promote efficiency, coordination, timeliness, effectiveness and ongoing learning. Therefore if you are involved in a response either as a local responder or someone tasked with a specific role in the command section, you need to be aware of how to communicate effectively with others within the structure. This will help you to understand how decisions are made and direction is communicated to responders.

Emergency Preparedness and Response are core competencies for Population and Public Health Practitioners: "3.8 Demonstrate the ability to fulfill functional roles in response to a public health emergency." (Public Health Agency of Canada, 2008. Core Competencies for Public Health in Canada). Given this and other PPH core competencies, our day to day role in individual and population health needs assessment, strong ability to navigate the system, advocate for and meet population health needs, PPH and notably PHNs, have historically, appropriately been called upon as responders to a variety of emergency response situations. Please see Role of the WRHA PHN Responder in an Emergency or Disaster for details.

If you are assigned to fulfill specific response functions you will usually be working with the Team Manager assigned to the response. Depending on the response, there may be response team huddles at the beginning of each shift, but this changes depending on the response needed. The lead team manager for the response may be someone assigned other than your regular TM. Normally this team manager will be working closely with a CAD who has been assigned to act as the operations chief. It is essential that you communicate any issues, concerns, and needs of the population, and the team responding (which includes the PHN) to the TM and CAD responsible for the response operation. This is the mechanism to ensure necessary communication is received by the "command team" who has the connections and the decision making authority to address the issues and concerns arising.   This could mean ensuring supplies and equipment such as computers and wheel chairs are available or other health care providers such as primary care and mental health are brought in to support the response. Your regular TM will be informed by the lead TM for the response regarding shift assignments. It is preferred that you copy your regular TM on all communications so there is understanding of the situation throughout the system.   Figure 2 below depicts the bi-directional flow of information during a response. Usually one of the program directors is assigned to the planning chief role so that the program leadership is more involved at a planning level in the response.

End of shift reports from the responding PHNs are important to inform ongoing response planning and operations. Figure 3 depicts a framework for end of shift reports. **This format should also be used to communicate issues arising during a shift which need to be brought forward to response leadership, e.g., issues requiring coordination with other responding agencies, new health needs identified among the affected population, etc.** The method of communication will depend on response infrastructure, e.g., whether a laptop with internet connection is available to support use of email, or a traditional communication binder may be necessary.

What if I am not directly involved in the response?

A situation status summary or other response status communiqué is typically shared broadly. This will help you keep informed and aware of how you can support any colleagues who are responding, and the ongoing response. If you become aware of an issue related to the response that requires a response such as a group of evacuees in the community whose care needs are not being met, communicate this to the lead TM who will ensure the response leadership (i.e., assigned TM, and/or CAD) is informed and the issue addressed. Cc your TM and WRHADisasterOperations@wrha.mb.ca
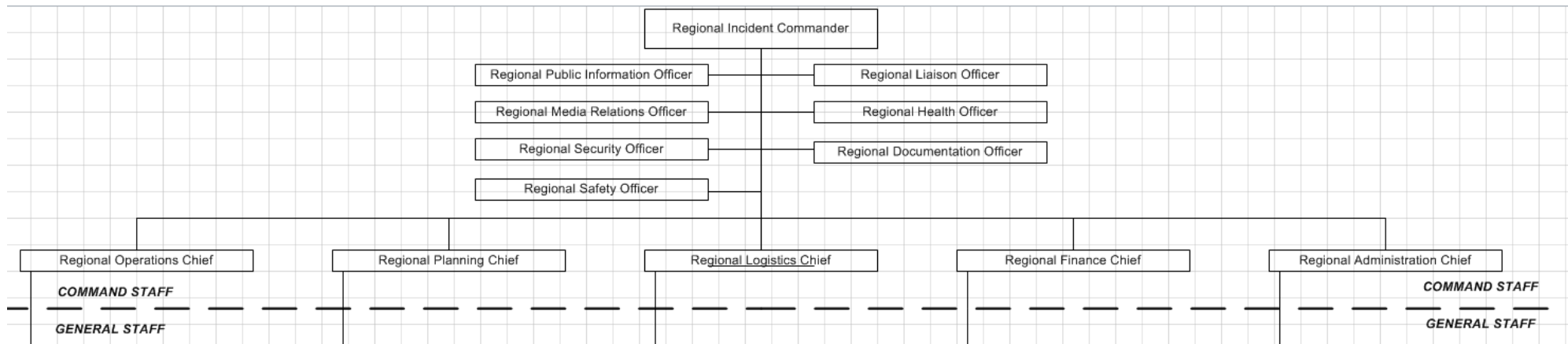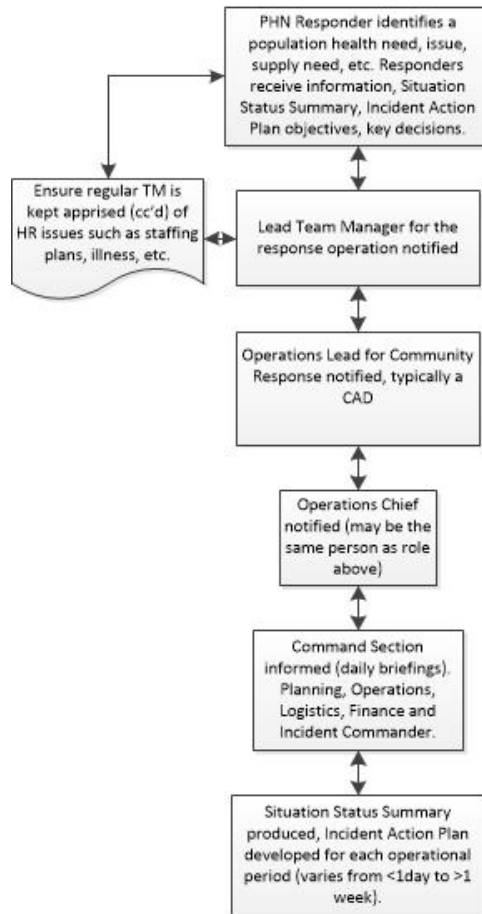
Figure 1: General ICS Structure

Figure 2: Communication Process in ICS:

Communication Process in ICS: PHN and TM Responders

For responding PPH managers and staff:

Flowchart (left column, top to bottom):

PHN Responder identifies a population health need, issue, supply need, etc. Responders receive information, Situation Status Summary, Incident Action Plan objectives, key decisions.

Ensure regular TM is kept apprised (cc'd) of HR issues such as staffing plans, illness, etc.

Lead Team Manager for the response operation notified

Operations Lead for Community Response notified, typically a CAD

Operations Chief notified (may be the same person as role above)

Command Section informed (daily briefings). Planning, Operations, Logistics, Finance and Incident Commander.

Situation Status Summary produced, Incident Action Plan developed for each operational period (varies from <1day to >1 week).

Text (right column):

- Response team huddles are a common practice when there is a TM on site, typically in place at the beginning of a response. When the TM is not on site, regular communication (phone, email) is expected, for consultation, problem solving and facilitating timely issue management.

- Responding PHNs are responsible to ensure key information is communicated to other responders at transition points, e.g., hand over from one PHN to another, or as needed by the situation, briefing other members of the response team as needed, e.g., primary care.

- **At the end of each shift,** the responding PHN(s) are to provide an **end of shift report** to the incoming PHN, responding TM and copy WRHADisasterOperations@wrha.mb.ca and their regular TM. The method used will depend on availability of internet connection and laptop. Email is preferred, however if not available, a communication binder may be used.
- The end of shift report shall provide a **brief overview** of the following information, **in point form**:
- -Summary of current situation (PPH perspective) and PPH response, e.g., # evacuees triaged.
- -Background information,
- -Assessment of priority issues, needs.
- -Recommendations and requests.
- -Confirming that handover conversation between PHNs has occurred (as relevant to schedule), or flagging for the TM to ensure the email is forwarded/shared.
- A sample email template is included below, following the **SBAR framework**. Should a communication binder be required (email not available), follow this same format.   The lead TM for the response shall be responsible for ensuring PPH Program including other CA TMs are kept apprised of the response. A copy shall be provided to the regular TM or other method of reporting off shall occur, as agreed upon with the lead TM for the response.
- Any documentation shall be kept secured in a manner consistent with other confidential information, e.g., personal health information, per WRHA policy. 10.40.120. **Do NOT email personal health information.**

- **Ongoing:** Ensure the lead TM is kept informed of issues arising. Follow up documentation of key points in an email is recommended, with a copy to your regular TM. This facilitates information sharing with the command leadership and timely management of issues, including necessary communication and coordination with other responding agencies.

For staff not directly involved:
- A situation status summary or other response status communiqué is typically shared broadly. This will help you keep informed and aware of how you can support any colleagues who are responding and facilitates ongoing learning about emergency response.

Notes:
- PPH Program Director typically sits at the Command table.
- A Community Area Director is typically assigned to lead community response operations.

Figure 3: Sample end of shift update:

- Use this format for end of shift documentation and reporting. Primary mechanism is email; may also include a communication binder at the reception center (as directed by Lead CAD or TM).

- This format should also be used to communicate issues arising during a shift which need to be brought forward to response leadership, e.g., issues requiring coordination with other responding agencies, new health needs identified among the affected population, etc.

- Ensure you send the email to the lead TM for the response and cc ==WRHADisasterOperations@wrha.mb.ca==, as this will be viewable by the lead CAD responsible for the community response operation as well as Disaster management leaders.

- ==**NOTE: Do NOT include any Personal Health Information in email correspondence.**==

To...	TM Responsible for the response;
Cc...	WRHA Disaster Operations; your regular TM; others as directed by Lead TM for the response
Subject:	

1. **Summary of Situation:**   Following the SBAR template: Situation, Background, Assessment, Recommendation
   - From a PPH perspective, briefly state what is happening now.

2. **Background:**
   - Brief explanation of any related information, pertaining to the situation.

   ==**DO NOT Email Personal Health Information**==

3. **Assessment:**
   - Your assessment of priority issues you anticipate will need to be addressed in the next 24 to 48 hours, e.g., more evacuees are expected and specific health issues are anticipated; transportation or other logistical issues, communication, acc appropriate foods, etc.

4. **Recommendation and Requests:**
   - Include your recommendations for what needs to happen next, e.g., recommendations re: other on-site supports, improved service coordination, etc.

5. **Communication and Handover:**
   - Confirming that handover conversation between PHNs has occurred (as relevant to schedule), or flagging for the TM to ensure the email is forwarded/shared.   Re: Communication and Handover processes: Phone or in-person communication between responding personnel is ideal, but may not always be feasible. Following up with an email to the lead TM faciliates timely communication to other responders and incident command leaders, for an efficient, effective response.