INSTRUCTOR NOTES – UNIT 2: HOSPITAL SCENARIO

Objective:
To review the key concepts of ICS.

Instructions:
Ask the participants to work in teams to complete the following activity:

1. Review the scenario and scenario map in your handouts.

2. Complete the following steps:
   - Identify who would assume leadership of the ICS organization.
   - Develop initial incident priorities and SMART objectives.
   - Draw an organizational chart to support the objectives and manage resources. Your organization should maintain an effective span of control and include Command and General Staff, where appropriate.
   - Describe the responsibilities delegated to the Command Staff and Sections that are activated.

3. Record your results on chart paper that can be seen by the entire class.

4. Select a spokesperson and be prepared to present in 30 minutes.

Emphasize that the spokesperson should be able to explain the rationale for the team’s decisions.

Debrief:
Monitor the time. After 30 minutes, conduct debrief as follows:

1. Have each team present its organizational chart.

2. Compare the similarities and differences among the charts presented. There is no one correct answer. However, proposed organizational structures should be consistent with ICS principles and terminology.

3. Have each team present the activities delegated. Call on different teams to take the lead on presenting the tasks delegated to the following:
   - Command Staff
   - Operations Section Chief
   - Planning Section Chief
   - Additional General Staff Positions
**Scenario:**

On a Tuesday morning at 10:30 a.m., an armed man walked into the lobby of the First Main Bank on 15th Street, approached the teller, and gave him a note demanding money. The clerk, following bank procedures, followed the gunman’s orders and began to put money into a bag as demanded. While doing this, the teller surreptitiously activated the silent alarm. When the money bag was turned over to the armed man, he turned and began walking out of the bank only to be greeted by the sound of sirens converging on the bank.

Panicking, the gunman ducked into an alley and began running north in an attempt to elude police. As he ran along S. Street, the sound of sirens grew ever closer. Again in an attempt to avoid being seen, he ducked into the Emergency Department entrance to Faith Hospital located at S. and 14th Streets. Upon entering the ER, the gunman grabbed the triage nurse and pulled him down the hall and into Exam Room 4. ER staff pursued the man to the exam room until he showed a gun and threatened to shoot the triage nurse. ER staff backed away and called police and hospital security.

Upon arrival, hospital security began closing hallway fire doors in an attempt to keep the gunman confined to the ER. Police units working with hospital security have established positions in the three hallways leading away from the ER to prevent the gunman from leaving the ER and entering the main areas of the hospital. ER staff is diverting ambulances to other hospitals and have begun to triage the remaining patients in the ER to determine which patients may need immediate transfer to another facility.

Police units have created a perimeter around the entrance to the ER and are requesting a SWAT team and negotiator to be dispatched to the hospital. Because of the gunman’s location in Exam Room 4, no one is able to get in or out of the ER without being seen.

Currently there are 12 police officers on the scene. The shift supervisor, Sgt. Jones, has assumed command of the officers on the outside perimeter and the hallway checkpoints.

Faith Hospital is a four-story, 110-bed facility, with another 100 beds available in other hospitals if needed. There is an eight-bed combined medical/surgical intensive care unit. The hospital is an ACS certified Level II Trauma Center with one Trauma Suite located in the ER.

The hospital has a total of 40 doctors on staff with 2 on each night. There are 41 nurses, 23 on the day shift, 11 on the evening shift, and 7 on the night shift. In addition, there are an additional 17 part-time nurses on an on-call basis. The ER staffs a board-certified emergency physician on each shift along with three nurses. The senior management of the hospital is as follows:

- Harold Boyer, Administrator, 374-0690 x210
- Max A. Curry, M.D., Chief of Staff, 374-4842
- Jayne Herrington, Disaster Coordinator, 374-0690 x224 or x225
- Bill Tisdale, M.D., Chief ER Physician, 374-0690 x233
- Bill Newsom, R.N., Chief ER Nurse, 374-0690 x233
Unit 2. ICS Fundamentals

Your Notes:
INSTRUCTOR NOTES – UNIT 3: HOSPITAL SCENARIO

Objective:
To apply key principles of Unified Command.

Instructions:
Ask the participants to work in teams to complete the following activity:

1. Review the scenario update and resource list in your handouts.

2. Complete the following steps:
   - List who would be included in the Unified Command structure.
   - Describe the challenges facing the Unified Command.
   - Describe the strategies the Unified Command structure will use to address these challenges and facilitate information flow and coordination.

3. Select a spokesperson and be prepared to present your work in 30 minutes.

Debrief:
Monitor the time. After 30 minutes, conduct debrief as follows:

1. Ask one team to present who they would include in the Unified Command structure and where the Unified Command would be located.

2. Ask the other teams if they had different responses. Compare the similarities and differences among the teams. There is no one correct answer.

3. Next, ask a different team to present the challenges and strategies. After the team presents, ask the other teams if they identified different challenges and strategies.

4. Summarize the key learning points.

Instructor Note: There is not enough tactical information provided to develop specific hospital tactical assignments. Keep the participants focused on the issues associated with the establishment of Unified Command.
Unit 3. Unified Command

Scenario Update:

Deputy Chief Johnson, Central City Police, has responded to the scene and received a briefing from the Sergeant, who then transfers command to the Deputy Chief. Hospital administrative and supervisory staff has been apprised of the situation by the ER physician and are currently meeting in the boardroom to formulate plans. Deputy Chief Johnson and his aide have made their way to the boardroom on the fourth floor via the main hospital entrance on 14th Street to discuss possible ways to resolve the situation.

Resources (in addition to hospital staff listed in Unit 2):

<table>
<thead>
<tr>
<th>Resource</th>
<th>Kind</th>
<th>Number &amp; Type</th>
</tr>
</thead>
</table>
| Central City Police    | Patrol Car            | 4 marked units: M-1, M-2, M-3, and M-4
                               |                       | 2 unmarked units: M-5 and M-6                     |
| Liberty County Sheriff | Patrol Car            | 6 marked units: O-1, O-2, O-3, O-4, O-5, and O-6  |
| State Police           | Patrol Car            | 1 marked unit: SP-1
                               |                       | 1 unmarked unit: SP-2                             |
| Central City Fire/Rescue| Engine Company        | 3 companies: ME-1, ME-2, and ME-3                  |
                           | Truck Company         | 2 companies: MT-1 and MT-2                        |
                           | Rescue Company        | 1 company: MR-1                                   |
                           | Heavy Rescue          | MHR-1                                             |
| Central City EMS       | BLS                   | 3 units: MBLS-1, MBLS-2, and MBLS-3                |
                           | ALS                   | 2 units: MALS-1 and MALS-2                        |
                           | Medevac               | Lifelight 324CC Helicopter                        |
                           | Off-Duty Personnel    | 33                                                |
                           | (full time and volunteer) |                                                  |
| Central City Public Works| Front-End Loaders    | 3                                                 |
                           | Dump Trucks           | 4                                                 |
| Other Local EMS        | BLS                   | 5 units: OBLS-1, OBLS-2, OBLS-3, OBLS-4, and OBLS-5|
                           | ALS                   | 2 units: OALS-1 and OALS-2                        |

Critical Issues Facing Hospital Staff and Law Enforcement:

- Safety of all patients and staff in the ER
- Safety of patients and visitors in the hospital
- Apprehension of the suspect
- Protect the public from the dangers of a hostage situation
- Prevent panic and confusion among hospital staff
- Continue to provide medical care to hospital patients
- Evacuate patients as medically and tactically appropriate
- Divert patients away from the hospital
- Provide public information and warnings as appropriate
- Cancel or postpone any non-essential procedures to decrease hospital and clinic population
INSTRUCTOR NOTES – UNIT 4: HOSPITAL SCENARIO

Objective:
To organize groups into Incident Management Teams; review ICS Form 201, Incident Briefing; and identify issues related to the simulated incident.

Instructions:
Ask the participants to work in teams to complete the following activity:

1. Review the scenario update in your handouts.

2. Assign an Incident Commander to the Unified Command, Safety Officer, Public Information Officer, Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief. If there are enough people in your group, you may also assign a Liaison Officer.

3. Develop incident objectives for the next operational period and revise the organization as needed. Document your objectives and organization on chart paper and the partially completed ICS Form 201. Make sure your objectives are SMART!

4. Complete a hospital ICS chart on the ICS Form 201.

5. Complete the missing element within ICS Form 201.

6. By position, identify issues related to the incident.

Tell the participants that they have 30 minutes for this activity.

Debrief:
Monitor the time. After 30 minutes, conduct a debrief as follows:

1. Ask the teams to hang the chart paper with their incident objectives and organization (if different than on Form 201) in a location where the entire class can view them.

2. Select a team to present its incident objectives.

3. Compare the team’s proposed incident objectives to those proposed by the other groups. Emphasize that there is NO one correct solution. Point out the similarities and differences. Where there are different solutions, ask the team spokesperson to present the reasons why the team chose a different objective or organizational structure. Continue this process until all of the potential objectives have been discussed.

4. Next, ask the Public Information Officer from the first group to identify an issue related to public information on this incident.
5. Ask the Public Information Officer from the second group to identify another issue. Repeat until all groups have reported and no more issues are identified.

6. Repeat steps 4 and 5 for each member of the Command and General Staff. Have the Incident Commanders report last. Ask the Incident Commanders if they have confidence that the Command and General Staff have addressed all the issues related to the incident.
Scenario Update:

Reports from the ER indicate that the staff is being allowed to continue patient care in Exam Rooms 2, 3, 6, and 7.

The gunman has demanded the evacuation of Exam Room 5 due to lack of visibility. The most critical patients have been moved to the remaining exam rooms.

At this time the SWAT team is setting up their positions and the negotiator is trying to establish communications with the gunman.

Reports from the ER indicate that at least two of the more critical patients may need to be transferred out of the ER soon. One patient is bleeding internally from wounds caused by a knife fight and the other patient is showing signs of a severe myocardial infarction.

The gunman is unwilling at this time to allow patients or staff to leave the ER. The ER physician is in telephone communication with the boardroom and is voicing his concerns for the safety of the staff and patients in the ER.
1. Incident Name
ER HOSTAGE SITUATION

2. Date
3. Time

4. Map Sketch

5. Current Organization

Unified Command
Sgt. Jones
Dr. Bill Tisdale

Safety Officer
PO Carl Miller

Law Enforcement
PO John Simonson

Patient Care
Bill Newsom

Perimeter Group
7 officers

SWAT Team

Interior Perimeter
3 officers

ER Staff

Hospital Administration

6. Prepared by (Name and Position)
IC Sam Jones
### 6. Resource Summary

<table>
<thead>
<tr>
<th>Resources Ordered</th>
<th>Resource Identification</th>
<th>ETA</th>
<th>On Scene</th>
<th>Location/Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 police vehicles</td>
<td>M-1, M-2, M-3, and M-4, M-5 and M-6</td>
<td></td>
<td>X</td>
<td>Outer perimeter and hallways around the ER</td>
</tr>
<tr>
<td>6 Sheriff’s vehicles</td>
<td>O-1, O-2, O-3, O-4, O-5, and O-6</td>
<td>X</td>
<td></td>
<td>Outer perimeter</td>
</tr>
<tr>
<td>SWAT Team</td>
<td>SWAT Team</td>
<td>11:00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMS</td>
<td>MALS-1 and MALS-2</td>
<td></td>
<td>X</td>
<td>Staging</td>
</tr>
</tbody>
</table>

### 7. Summary of Current Actions

*Based on the information provided, develop the initial incident objectives and summarize the current actions being taken.*

**Situation:** Incident Command Post (ICP) located at the corner of S. and 14th Streets requested a SWAT Team. Contacted Central City EMS for ambulances to standby in staging. The emergency room suite has been closed down with hospital security guards and Central City Police. The Liberty County emergency management office has activated the Emergency Operations Center. Hospital Administrator Harold Boyer has briefed the mayor and police chief indicating we will need a full Command and General Staff. Chief Howard is concerned about the location of the ICP. The next operational period will begin at 1800 hours.
Unit 4. Incident/Event Assessment and Incident Objectives

Your Notes:
INSTRUCTOR NOTES – UNIT 5: HOSPITAL SCENARIO

Objective:
To allow participants to complete the planning cycle by conducting a planning meeting, developing a written IAP, and conducting an operations briefing for a simulated incident.

Instructions:
Ask the participants to work in teams to complete the following activity:

1. Review the following scenario update and the scenario materials in the previous units. Make sure that the participants locate the Incident Briefing, ICS Form 201, developed in the previous unit.

2. Complete the ICS Form 215 for hospital staff and resources. Point out that the Operational Planning Worksheet (ICS Form 215) has the information needed to complete tactical direction for the hostage situation.

3. Based on the tactics selected in the ICS Form 215, complete the Safety Analysis (ICS Form 215A).

4. Prepare an Incident Action Plan, using (at a minimum) ICS Forms 202, 203, 204(s), 205, and 206.

5. Outline the agenda for the operations briefing.

6. Select a spokesperson to present your IAP as a concise 5- to 10-minute operations briefing. Be prepared to present in 60 minutes.

Provide participants with blank copies of the ICS Forms.

Debrief:
Monitor the time. After 1 hour, call time. The report-out may be structured in two ways.

Option 1: Have each IMT conduct its briefing to the class as a whole. In this option, the entire class role-plays the oncoming operations function. Each team takes a turn as the team presenting the operations briefing.

Option 2: Pair up two teams together. Have the teams take turns presenting the briefings to each other as follows:

Round 1
- Team 1: Present the operational period briefing.
- Team 2: Participate as resources being briefed. Ask questions as appropriate.
Round 1 Feedback
- Team 1 Self-Assessment: Strengths of Plan and Presentation and Areas for Improvement
- Team 2 Peer Feedback
- Instructor Feedback

Round 2
- Reverse roles and have Team 2 present and Team 1 play the role of the resources being briefed.

Scenario Update:
It is now 1230 hours. Negotiators are in communication with the gunman and are working through his demands, which include safe passage out of the hospital and a getaway car for him and his hostage. TV and newspaper media are arriving at the security perimeter and are looking for a press release before their afternoon deadline. The families of many of the ER staff are calling to ask about their loved ones on the ER staff.

Because of the number of patients and staff in the ER, negotiators are indicating that this may be a prolonged standoff. Plans are being formulated to deploy the SWAT team into the ER, if necessary, but due to the large number of civilian personnel in the ER, this will be considered only as a last choice.

The clinic and lobby have been locked down and staff members are diverting clinic patients and visitors to neighboring hospitals and clinics. Many of the patients are ambulatory, but some will need transportation. The SWAT team commander is asking you to evacuate the hospital lab and x-ray areas as well as all treatment rooms and offices on the main floor. Security guards and police officers are guarding the stairwells, and the elevators have been disabled and guarded.

Recommendations:
- Evacuate the main floor of the hospital.
- Move patients that can't be safely transported to upper floors.
- Postpone all elective surgical procedures and notify patients with appointments in the hospital today.
- Screen and evacuate visitors through the west entrance to the hospital.
- Notify incoming staff and provide instructions on where to report when arriving for their shift.

The next operational period will begin at 1800 tonight and end at 0600.

Critical Issues Facing Hospital Staff and Law Enforcement:
- Safety of all patients and staff in the ER
- Apprehension of the suspect
- Continue to provide medical care to hospital patients
- Evacuate patients as medically and tactically appropriate
## Resources Ordered After Initial Assessment

<table>
<thead>
<tr>
<th>Resources Ordered</th>
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<th>ETA</th>
<th>On Scene</th>
<th>Location/Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 police vehicles</td>
<td>M-1, M-2, M-3, and M-4, M-5, and M-6</td>
<td>X</td>
<td>X</td>
<td>Outer perimeter and hallways around the ER</td>
</tr>
<tr>
<td>6 Sheriff’s vehicles</td>
<td>O-1, O-2, O-3, O-4, O-5, and O-6</td>
<td>X</td>
<td>X</td>
<td>Outer perimeter</td>
</tr>
<tr>
<td>SWAT Team</td>
<td>SWAT Team 1</td>
<td>X</td>
<td></td>
<td>ICP</td>
</tr>
<tr>
<td>5 20-passenger buses</td>
<td>ME 1, 2, 3</td>
<td>X</td>
<td></td>
<td>Staging</td>
</tr>
<tr>
<td>Engines (3)</td>
<td>MBLS-1, MBLS-2, and MBLS-3</td>
<td>X</td>
<td>X</td>
<td>Staging</td>
</tr>
<tr>
<td>EMS</td>
<td>MALS-1 and MALS-2</td>
<td>X</td>
<td></td>
<td>Staging</td>
</tr>
</tbody>
</table>

## Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Kind</th>
<th>Number &amp; Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central City Police</td>
<td>Patrol Car</td>
<td>4 marked units: M-1, M-2, M-3, and M-4 2 unmarked units: M-5 and M-6</td>
</tr>
<tr>
<td>Liberty County Sheriff</td>
<td>Patrol Car</td>
<td>6 marked units: O-1, O-2, O-3, O-4, O-5, and O-6</td>
</tr>
<tr>
<td>State Police</td>
<td>Patrol Car</td>
<td>1 marked unit: SP-1 1 unmarked unit: SP-2</td>
</tr>
<tr>
<td>Central City Fire/Rescue</td>
<td>Engine Company</td>
<td>3 companies: ME-1, ME-2, and ME-3 2 companies: MT-1 and MT-2 1 company: MR-1 MHR-1</td>
</tr>
<tr>
<td></td>
<td>Truck Company</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rescue Company</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Heavy Rescue</td>
<td></td>
</tr>
<tr>
<td>Central City EMS</td>
<td>BLS</td>
<td>3 units: MBLS-1, MBLS-2, and MBLS-3 2 units: MALS-1 and MALS-2</td>
</tr>
<tr>
<td></td>
<td>ALS</td>
<td>Lifelight 324CC Helicopter 33</td>
</tr>
<tr>
<td></td>
<td>Medevac</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Off-Duty Personnel (full time and volunteer)</td>
<td></td>
</tr>
<tr>
<td>Central City Public Works</td>
<td>Front-End Loaders</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Dump Trucks</td>
<td>4</td>
</tr>
</tbody>
</table>
## Unit 5. Planning Process

<table>
<thead>
<tr>
<th>Resource</th>
<th>Kind</th>
<th>Number &amp; Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Local EMS</td>
<td>BLS</td>
<td>5 units: OBLS-1, OBLS-2, OBLS-3, OBLS-4, and OBLS-5</td>
</tr>
<tr>
<td></td>
<td>ALS</td>
<td>2 units: OALS-1 and OALS-2</td>
</tr>
<tr>
<td>Hospital Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 staff physicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 day shift nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 evening shift nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 night shift nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 part-time nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 security guards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>specialists</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Available Resources

**State Police:**
15 marked units

Hazardous Materials Response Team

**Incident Communications**

Central City and Liberty County have a shared 800-mHz radio system. Talk Groups include:

- Fire: Talk Groups 1, 2, 3
- Law Enforcement: Talk Groups 4, 5, 6
- EMS: Talk Groups 7, 8
- Regional Mutual Aid: Talk Groups 9, 10
- State Mutual Aid: Talk Group 11
Map:
INSTRUCTOR NOTES – UNIT 6: HOSPITAL SCENARIO

Objective:

To allow participants to gain an understanding of how resources are ordered and to understand the challenges and strategies for managing resources during an incident.

Instructions:

Ask the participants to work in teams to complete the following activity:

1. Review the Operational Planning Worksheet (ICS Form 215) and Safety Analysis (ICS Form 215A) completed in the previous unit.

2. Describe how resources will be ordered (single point or multipoint) for this incident, from what sources resources will be acquired, and how long they will need to be deployed.

3. Identify the top challenges and strategies for managing resources during this incident.

4. Describe the method for evaluating resource effectiveness.

5. Select a spokesperson and be prepared to present your work in 30 minutes.

Debrief:

Monitor the time. After 30 minutes, call time. Then conduct a debrief as follows:

1. Emphasize that there is NO one correct solution.

2. Ask the team spokesperson to present its team solutions.

3. Discuss the similarities and differences among the team responses and rationales for their answers.
Unit 6. Incident Resource Management

Your Notes:
INSTRUCTOR NOTES – UNIT 7: HOSPITAL SCENARIO

Objective:

To develop a Demobilization Plan for a simulated incident.

Instructions:

Ask the participants to work in teams to complete the following activity:

1. Review the information you developed in the previous activities and the scenario update.
2. Write a Demobilization Plan using the five elements described in Unit 7.
3. Develop a detailed agenda for a closeout briefing to be presented to the mayor of Central City and the hospital board of directors.
4. Select a spokesperson and be prepared to present your work in 45 minutes.

Debrief:

1. Ask one group to present their demobilization plan using the briefing format.
2. Ask the remainder of the class to provide feedback on the plan.
3. Provide any additional feedback based on the criteria below.

Demobilization Plan Criteria:

- No personnel or equipment are to be released without specific instructions.
- Logistics will manage transport of personnel/equipment.
- Criteria for safe release of personnel, including medical issues, must be included.
- Reporting criteria to Demobilization Unit Leader must be included.
- Travel parameters, notification upon arrival, and timeframes must be included.
- Release priorities must be determined.
- Release procedures must be determined.
- Agency policy is that the Command and General Staff will demobilize as a group after the final transfer of command to the cleanup company and agency closeout.

4. Continue with this process until all groups have presented.
**Scenario Update:**

It has been 12 hours since the hostage situation began. SWAT negotiators were able to convince the perpetrator to release the triage nurse he was holding hostage, and after continued negotiations, he surrendered peacefully to law enforcement officers.

The outer perimeter has been released and visitors and employees have access to the hospital with the exception of the ER suite. Central City Police have closed off the ER suite while they continue their investigation.

Now the hospital staff must focus on continuing medical care for patients who are still in the hospital as well as providing emotional and psychological support for staff. Patients that were transported to other hospitals are being returned as medically appropriate.

Unified Command determines that the incident priorities will now be restructured to focus on resuming normal operations.