

# IMT and Me! Hospital Incident Management Applied

Tony Barker

U.S. Dept. of Veterans Affairs, Retired

# Presenter



**Tony Barker**  
**Emergency Program Manager**  
**U.S. Dept. of Veterans Affairs, Retired**

Tony Barker has been engaged with health care emergency management since 2005, serving the U.S. Department of Veterans Affairs in various capacities supporting comprehensive emergency management programs to include individual hospitals, regional health care systems, and national readiness assurance programs. He has extensive experience in hospital incident management and response.

# Disclosure of Relevant Financial Relationships

Tony Barker reports no relevant financial relationships or relationships he has with ineligible companies of any amount during the past 24 months.

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## IMT and Me!

### Hospital Incident Management Applied

IMT and Me is a concise, palatable approach to understanding roles in a perceivably complex Hospital Incident Command System (HICS).

Participants in the workshop aren't taught ICS or HICS, they bring that baseline education and expand upon it with application of HICS Job Action Sheets, the Planning P, and a fictional scenario facilitated by a subject matter expert.

Participants with varying levels of HICS experience all benefit resulting in enhanced applicable skills and comraderies.

The expectation is to build or reinforce team resiliency, intra-service/facility engagement, and institutional knowledge.

# Presentation Objectives

1. Illustrate the challenges of preparing and sustaining staff readiness.
2. Provide strong practice examples of engagement to support staff readiness in support of requirements.
4. Share the value of effort.

# Drivers/Requirements

**NIMS** – National Incident Management System

Incident Command System (ICS) Course Work

Hospital Incident Command System (HICS) Paperwork

**TJC** – The Joint Commission

Emergency Management (EM) Standards

# ICS Training for NIMS Compliance

- ICS-100: Introduction to the Incident Command System
- ICS-200: ICS for Single Resources and Initial Action Incidents
- IS-700: National Incident Management System, An Introduction
- IS-800: National Response Framework, An Introduction

# Accreditation Requirements

The Joint Commission (TJC) Emergency Management (EM) Standards  
Elements of Performance (EP)

TJC 12.01.01: Emergency Operations Plan (EOP)

EP 5 – Incident Command Operations

EP 6 – Process to cooperate/collaborate

EP 7 – Authority to Activate the plan or Incident Command (IC)

EP 8 – Identifies primary and alternate site of IC

TJC 12.02.01: EOP Communications,

EP 1 – Names and contact info

TJC 12.02.09: Resources and Assets,

EP 3: 96-hour plan

TJC 13.01.01: Continuity of Operations Plan (COOP)

TJC 15.01.01: EP 5 – **Incident Command Staff Education and Training**

# Challenges

## HICS is underutilized

- Triggers to activate unclear, reluctance, hesitation
- Roles and responsibilities may not be understood and may deviate from day-to-day roles/authority
- Infrequent use limits proficiency
- Benefits deemed too costly
- Paperwork is intimidating
- Independent Study Limitations
- There are no NIMS Police

So...

# IMT and Me!



Adobe Stock | #443967845

# Getting started

- Executive and Administrative Support
- Planning and Tailoring Locally
- Training and Maybe Retraining
- HICS Activations and Exercises
- Calendar Reminders
- Coordination with Community/External Partners

# WIFM – What's in it for me?



## WIFM

### What's in it for Me?

Everyone gets an  
Emergency Exit Aisle Seat

# IMT and Me – Purpose/Goal

- Enhance Skills for Effective Incident Management
- Highlight Benefits of Hospital Incident Command System (HICS)
- Apply (ICS/HICS) Education to Practice
- Strengthen Resilience
- Move theory to practice in a safe learning environment!

# Seminar and Tabletop Exercise (TTX)

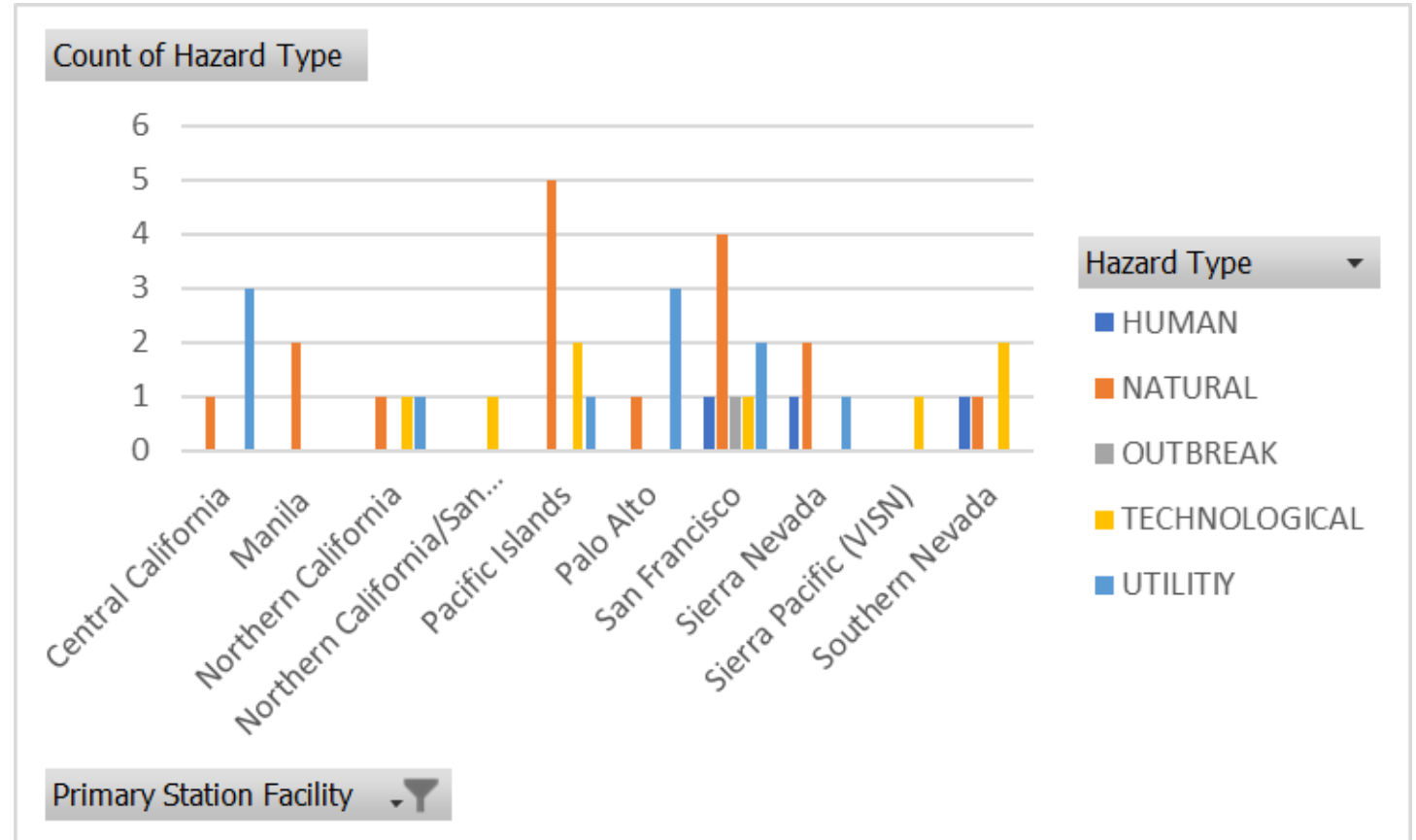
- Seminar:
  - Reflection on Previous Incidents
  - EM Capabilities
  - HICS, Job Action Sheets (JAS), Span of Control, Section-Specific Roles and Responsibilities, The Planning **P** explained
- Tabletop Exercise:
  - Assignments / (Hospital) IMT Sections
  - Breakouts using the Planning **P**
  - Objectives and Reporting

# IMT and Me Learning Objectives

- Given an overview of ICS/HICS principles, the student will recall ICS elements in preparation for a workshop activity to the extent that an assigned role can be assumed.
- Given a review of the Planning P actions, JAS's, a HICS Quick Start packet and a fictional scenario, the student will assume an ICS role and role play incident management in a facilitated group activity to the extent that an Incident Action Plan is initiated.

# Significant Incidents

- Your Facility or Health care System:
  - included wildland fires, weather impacts, facility/infrastructure disruptions



# After Action Notes

## Performed without Challenges (Did Well)

- Continuity of Care
- Protection of Patients, Staff, and Infrastructure
  - Safety First (Culture of Safety)
  - Timely Incident Response
  - Systems Resiliency
- Teamwork
  - Information Sharing
  - Assets Sharing

## Opportunities for Improvement (Do Better)

- Hospital Incident Management Team Activation (H-IMT)
- Virtual H-IMT Utilization
- Bench Strength for Key Positions
- Use of Incident Action Planning (IAP)
- Communication: Formal and Informal
- Vulnerable Patient Outreach
- Asset/Resource Management

# HICS Assignments

## Preparation and Planning

- Know your role before you go!
  - Job Action Sheet
  - Battle Rhythm
  - Reports Required

## Overview Structure

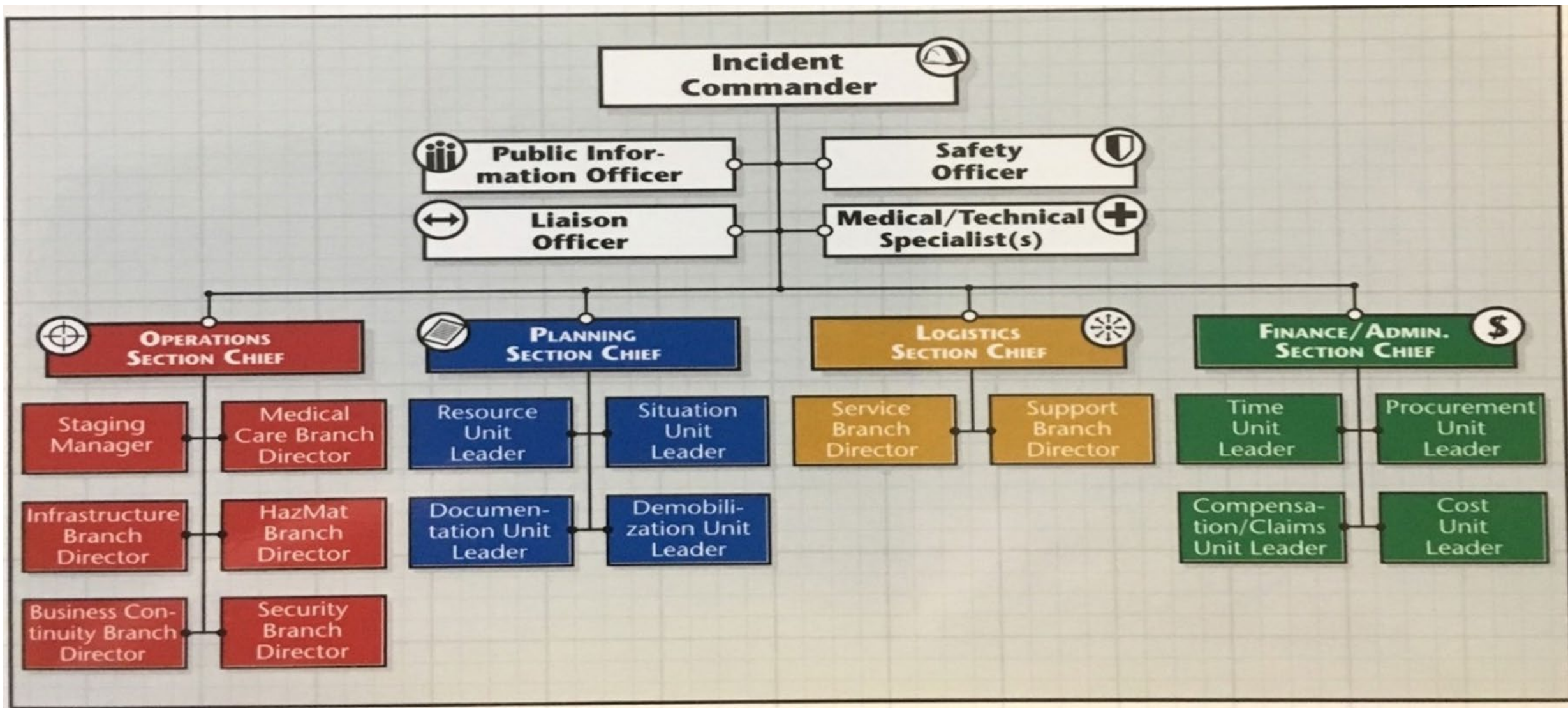
- H-IMT Chart
  - Know the Key Personnel Assignments, Scalability
  - The Planning P

## Agency Executive

- Role/Relationship to H-IMT

# HICS Assignments/Sample

COMMAND / GENERAL STAFF	HICS Functional Area	Potential Candidates
<b>COMMAND</b>	<b>Incident Commander</b>	<ul style="list-style-type: none"> <li>Chief Executive Officer</li> <li>Chief Operating Officer</li> <li>Chief Medical Officer</li> <li>Chief Nursing Officer</li> <li>Hospital Administrator/Administrator On-Call</li> <li>Nursing Supervisor</li> </ul>
	<b>Liaison Officer</b>	<ul style="list-style-type: none"> <li>Chief Executive Officer</li> <li>Community Relations</li> <li>Emergency Management</li> <li>Risk Management</li> </ul>
	<b>Safety Officer</b>	<ul style="list-style-type: none"> <li>Chief, Safety Services</li> <li>Building Engineer</li> <li>Infection Prevention &amp; Control</li> <li>Radiation Safety Officer</li> </ul>
	<b>Public Information Officer</b>	<ul style="list-style-type: none"> <li>Public Affairs Officer</li> </ul>
	<b>Medical/Technical Specialist</b>	<ul style="list-style-type: none"> <li>Behavioral Health Director</li> <li>Outpatient Services Administrator</li> <li>GEMS/HazMat</li> <li>Health Physicist</li> <li>Infectious Disease Specialist</li> <li>Infection Prevention &amp; Control</li> <li>IT/IS Director</li> <li>Legal</li> <li>Nuclear Medicine</li> <li>Outpatient Services Administrator</li> <li>Primary Care Director</li> <li>Radiation Safety Officer</li> <li>Risk Manager</li> <li>Structural Engineer</li> <li>Chief of Staff</li> </ul>
<b>PLANNING</b>	<b>Planning Section Chief</b>	<ul style="list-style-type: none"> <li>Chief Nursing Officer</li> <li>Emergency Management</li> <li>HR Director</li> <li>Nursing Director</li> <li>Nursing Supervisor</li> </ul>
<b>LOGISTICS</b>	<b>Logistics Section Chief</b>	<ul style="list-style-type: none"> <li>Chief, Logistics Management Service</li> </ul>
<b>FINANCE/ADMIN</b>	<b>Finance/Admin Chief</b>	<ul style="list-style-type: none"> <li>Chief Financial Officer</li> </ul>
<b>OPERATIONS</b>	<b>Medical Care Branch Dir.</b>	<ul style="list-style-type: none"> <li>Chief of Staff</li> </ul>
	<b>Infrastructure Branch Dir.</b>	<ul style="list-style-type: none"> <li>Chief, Engineering &amp; Facilities Management Service</li> </ul>
	<b>Business Continuity Branch Dir.</b>	<ul style="list-style-type: none"> <li>Area OI&amp;T Manager</li> </ul>
	<b>Security Branch Dir.</b>	<ul style="list-style-type: none"> <li>Chief, VA Police Service</li> </ul>
	<b>HazMat Branch Dir.</b>	<ul style="list-style-type: none"> <li>Safety</li> </ul>
	<b>Patient Family Assistance Branch Dir.</b>	<ul style="list-style-type: none"> <li>Chief, Benefits &amp; Data Management Service</li> </ul>
	<b>Staging Manager</b>	<ul style="list-style-type: none"> <li>Chief, Engineering and Facilities Management Service</li> </ul>



# Hospital Incident Command System (HICS)

## Job Action Sheet (JAS)

- Immediate Response (0 – 2 hours)
- Intermediate Response (2 – 12 hours)
- Extended Response (greater than 12 hours)

## Specific by Role

- Command and General, Section Chiefs, Directors, Team Leaders, Specialists
- Activities, Documentation, Resources, Communication, Safety/Security

And Forms...

<https://emsa.ca.gov/hospital-incident-command-system-job-action-sheets/>

# Forms to Support

- HICS 200: Incident Action Plan (IAP) Quick Start  
(Combination of Forms)
- HICS 201: Incident Briefing
- HICS 204: Assignment List
- HICS 207: Organization Chart for assigned positions (H-IMT)
- HICS 213: General Message Form
- HICS 214: Daily Activity Log (Individual Actions, Decisions)
- HICS 252: Personnel Time Sheet

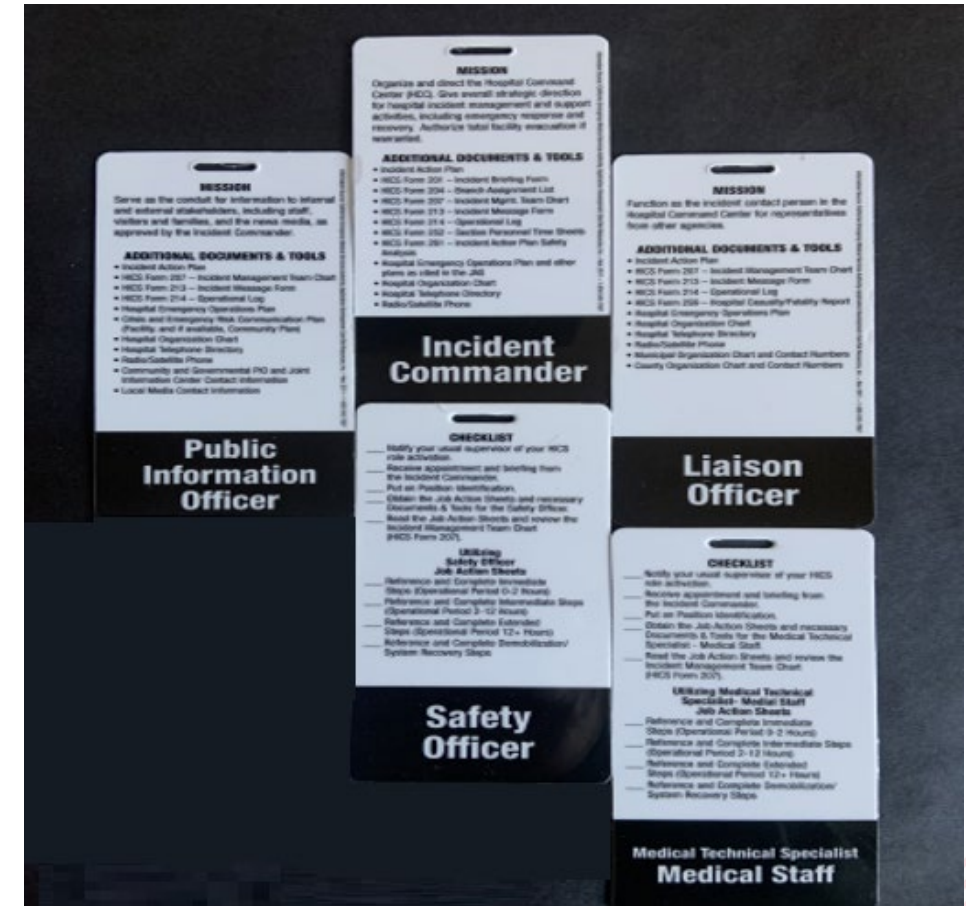
# Incident Commander & Command Staff

## IC Responsibilities

- In charge of the overall management of all activities at the incident including emergency response and recovery
- Determine the incident priorities & objectives
- Establish the Hospital Command Center (HCC)
- Build and staff the organizational structure to accomplish those objectives and resolve the incident
- Approve and authorize implementation of the IAP
- Ensure adequate safety measures are in place
- Coordinate with key people and officials
- Authorize release of information to news media

## Command Staff Responsibilities

- Report directly to the IC
- Provide critical support to the IC and others on the command staff



# Incident Commander (0-2 hours)

## **Gather** intelligence

- Activate the Hospital Incident Command System (HICS)
- Review your JAS
- Activate EOP

## **Appoint** Appropriate Sections Staff

- Ensure Appropriate Assignments

## **Establish** Priorities:

- Life Safety
- Incident Stabilization
- Preservation of Property/Environment

## **Set** Initial Operational Period

- Battle Rhythm, Reporting Timelines, Documentation

## **Brief** Command Staff

- Size, complexity, expectations, special concerns...
- Seek initial feedback

Appoint, Assess, Assign  
(AAA)

# Hospital Incident Commander Activities

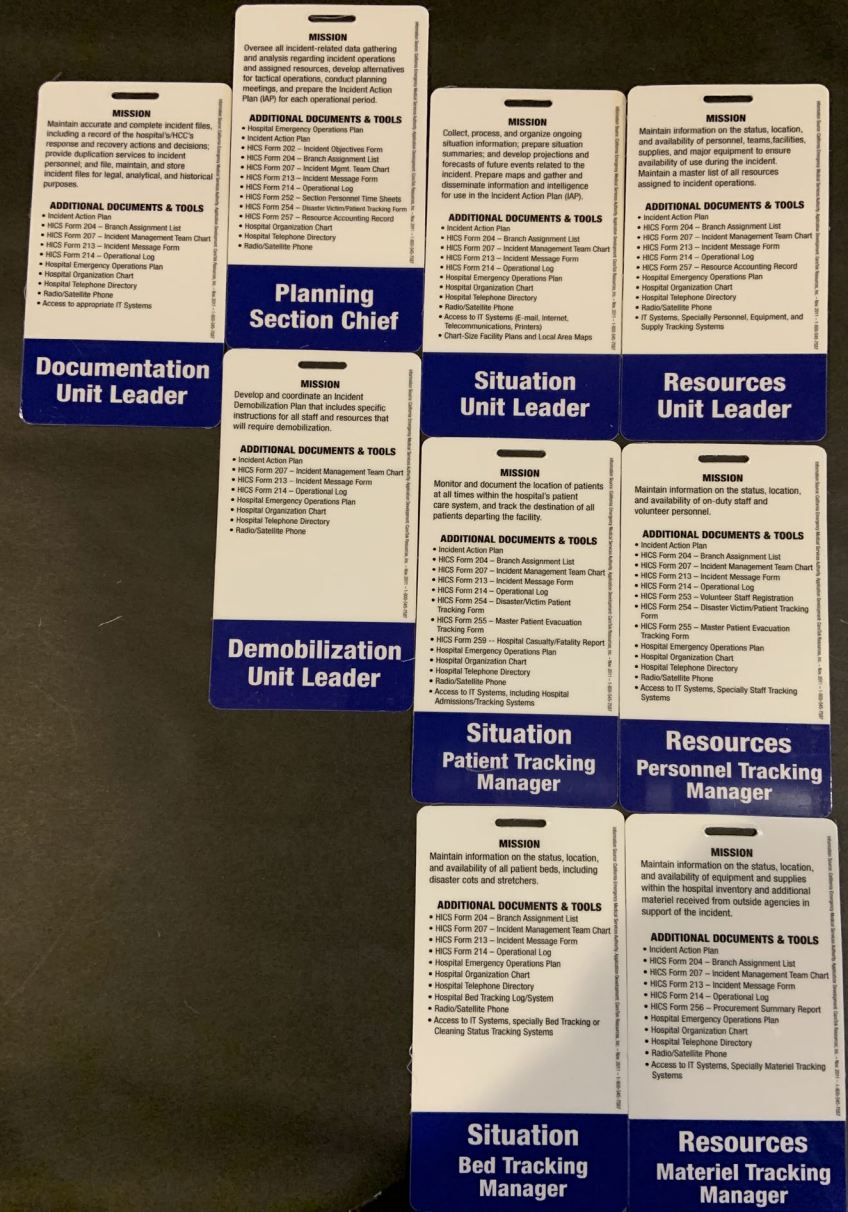
- **Ensure** all activated positions are documented in the Incident Action Plan (IAP) and on status boards
- **Obtain** current patient census and status from the Planning Section Chief
- Determine the need to activate surge plans based on current patient status and injury
- **Projections:** If additional beds are needed, authorize a patient prioritization assessment for the purposes of designating appropriate early discharge
- If applicable, **receive** an initial hospital damage survey report from the Operations Section Infrastructure Branch and evaluate the need for evacuation

# Planning

## Mission:

Collect, evaluate, and disseminate information to Command and General Staff by gathering, organizing, and documenting relevant information through meetings and reports.

- Conduct Planning Meetings
- Prepare Incident Action Plan (IAP) for each Operational Period and Status Reports
- Lead Demobilization Efforts



# Planning Section Chief (PSC)

- **Determine** Need / Appropriately **Appoint Unit Leaders**
- **Brief** Planning Section on Current Situation and Incident Objectives;
  - Develop Response Strategy and Tactics
  - Outline Section Action Plan
  - Designate Time for Next Briefing

In Consultation with the Hospital Incident Commander:

- **Establish Incident Objectives and Operational Period**
- **Facilitate** and Conduct Incident Action Planning Meeting(s) with Command Staff, Section Chiefs and Other Key Personnel
  - Plan for the next operational period
- **Coordinate** Preparation and Documentation of the Incident Action Plan(IAP)
- **Distribute IAP** to Incident Commander and all Section Chiefs

**0-2 Hours**

AAA:

Appoint, Assess, Assign

# Operations

## Mission:

Develop and implement strategy and tactics to carry out the objectives established by the Hospital Incident Commander.

- **Multi Professional Operations:**

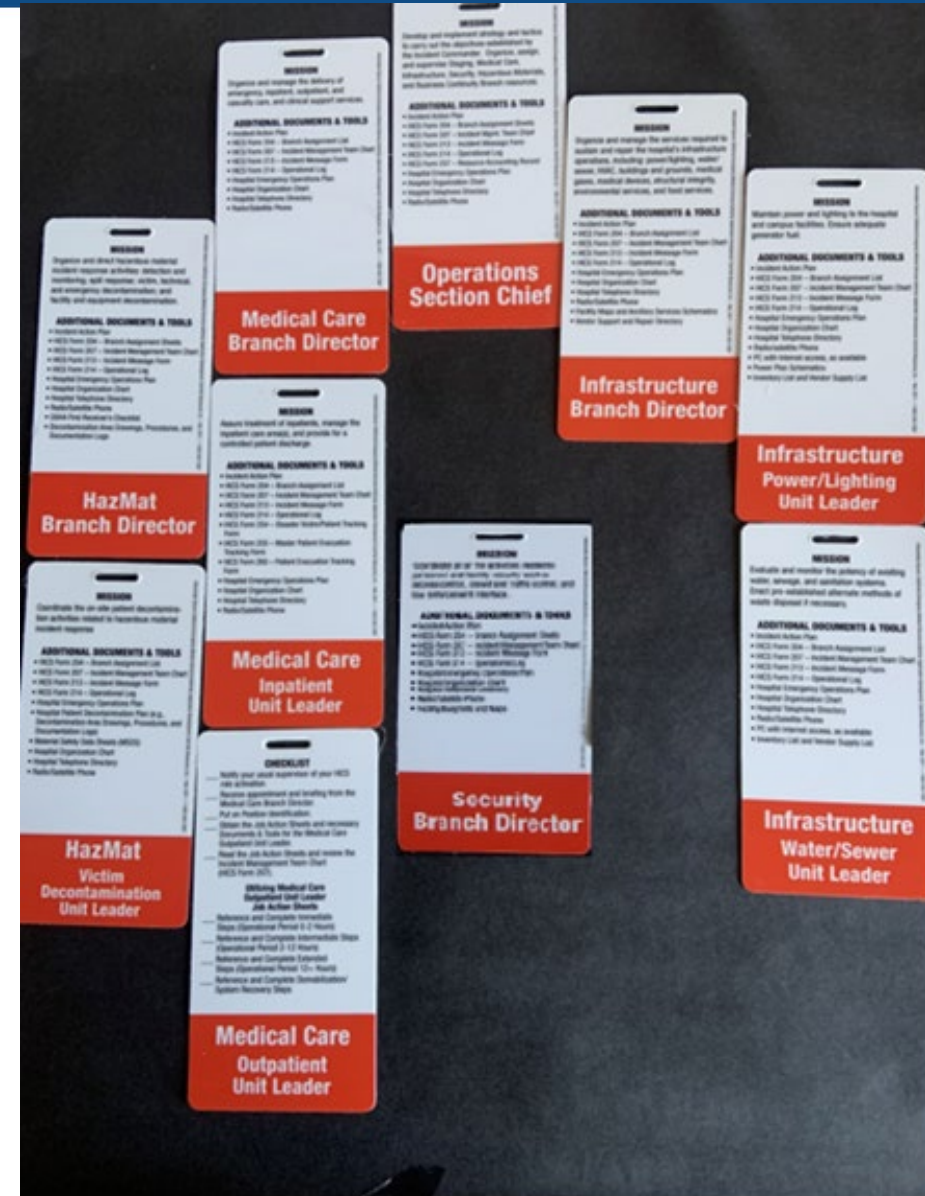
- Organize, assign, and supervise Staging, Medical Care, Infrastructure, Security, Hazardous Materials, and Business Continuity Branch resources.

- **Health and Medical Operations** (*May be Ops Chief, situation dependent*)

- **Functional Area:** Provide Medical, Health, and Mass Care Services to Patients, Visitors, Staff

- **Infrastructure**

- **Functional Area: Continuity:** Assigned to Protect, evaluate, control, repair, and maintain plant and utility systems necessary for patient care, and to perform those services essential to facility operations and response and recovery objectives.



# Operations Section Chief

- **Appointing:**
  - Staging Manager, Branch Directors, and Unit Leaders...
- **Briefing:**
  - Section Branch Directors and Staging Manager on current situation and incident objectives
- **Developing** response strategy and tactics
- **Participate** in Incident Action Plan preparation
  - briefings/meetings
  - assist in identifying strategies
  - determine tactics, work assignments, and resource requirements

**0-2 Hours**

AAA: Appoint, Assess, Assign

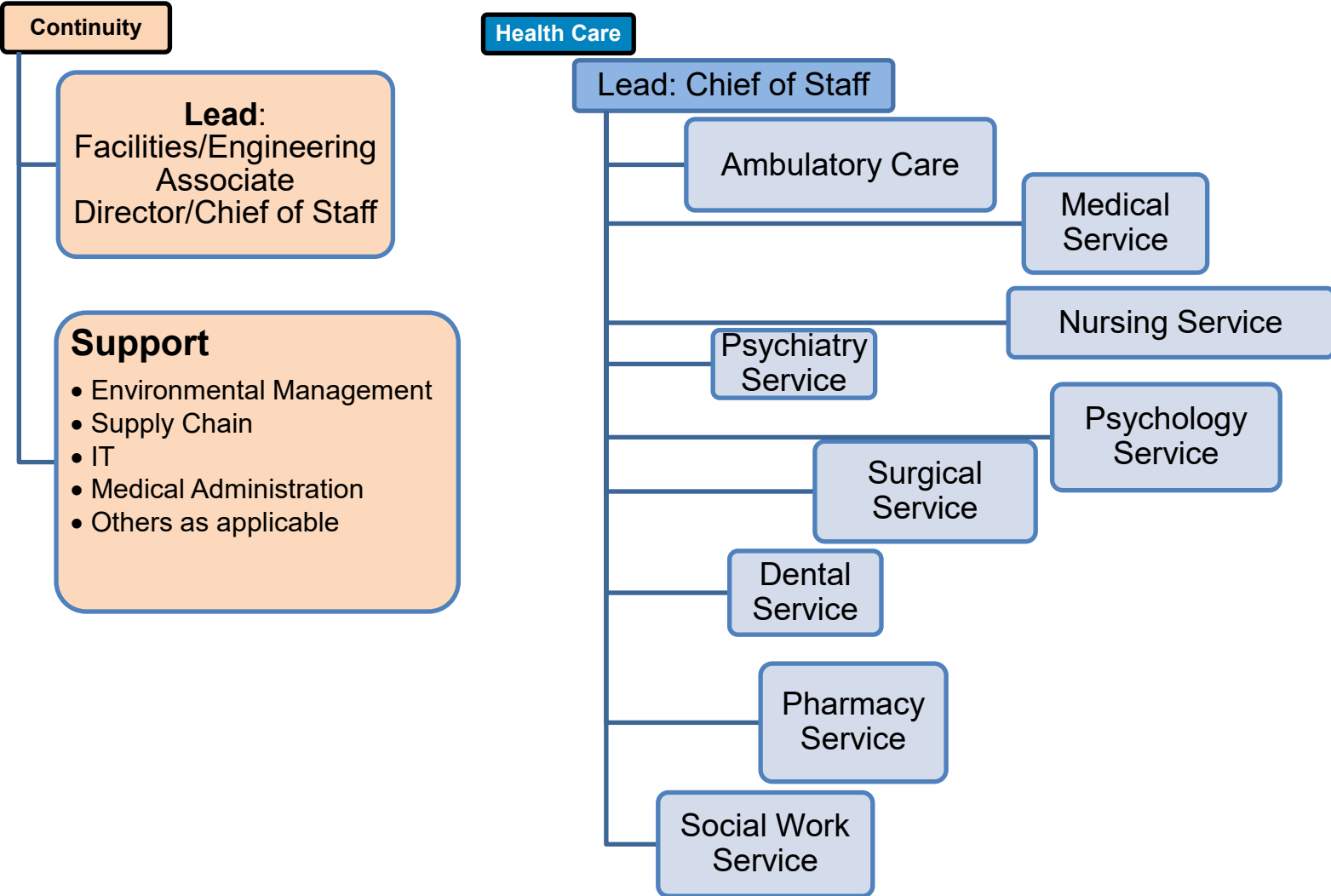
# Operations

- **Obtain information:** (*updates*)
  - Operations Section Branches
  - Directors
  - Staging Manager
- **Inform**
  - Situation Unit Leader
  - Hospital Incident Commander (*criticality dependent*)
- **Maintain Constant Communications**
  - Logistics Section Chief
  - Staging Manager
    - Ensure Accurate Movement/Tracking:
      - Personnel/Resources to Staging Area

**0-2 Hours**  
*Continued*

AAA: Appoint, Assess, Assign

# Hospital Operations: Who's the Chief?



# H-IMT Activation

**Sample** SOP (Standard Operating Procedures)  
(Insert your HCS (Health Care System) here)

- **Why** do you Activate: Trigger
- **How**: Permission, Mechanism
- **Who**: Right Sizing, Appointing H-IMT Member, Responsibilities
- **Where**: HCC location, Flexibility, Changes, Equipped, Space Use
- **When**: Would you Open the IMT

# Operational Periods

- Operational Periods Vary – Flexible Based on Incident
  - (Typically, ICS is Based on 12-hour Operational Periods) Mileage May Vary...
  - Does not have to match shift/normal working hours
- Transition to Incoming H-IMT
  - Prepare IAP
  - Planning **P** in use


# Planning P

Ongoing  
Process  
During  
Extended  
Operations



**Initial Response**

*The Operational Planning Cycle shows the initial response phase (stem) leading to the Planning Cycle (P).*

A photograph showing two men in safety gear. The man on the right is wearing a red high-visibility vest with reflective silver stripes and a white name tag. The vest has the text 'HOSPITAL HAZMAT BRANCH DIRECTOR' printed on it in white, bold, capital letters. He is looking down. The man on the left is wearing a white high-visibility vest with reflective silver stripes and is also looking down. The background is a plain, light-colored wall.

**HOSPITAL  
HAZMAT  
BRANCH  
DIRECTOR**

# Planning Process

## 1. Analyze the Situation, Including Future Developments

*Initial phase on the Planning “P”*

## 2. Establish Incident Objectives and Strategy

*IC Develops/Updates Objectives Meeting*

## 3. Develop the Plan

*Determining the tactical direction and the specific resources, reserves, and support requirements for implementing the selected strategies and tactics for the operational period*

## 4. Prepare and Disseminate the Plan

*Planning Meeting and IAP Prep and Approval*

## 5. Execute, Evaluate, and Revise the Plan

*The General Staff should regularly compare planned progress with actual progress during the operational period.*

# Incident Objectives 101

**Supporting Priorities:** Having a clearly defined Hospital Incident Command Structure.

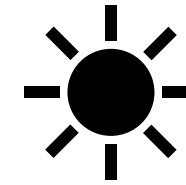
Recognize Phases of EM:

1. **People:** The preservation of life and safety for patients, visitors, and staff.
2. **Incident Stabilization:** Security measures or other activities to prevent loss.
3. **Property:** The protection of the environment (property, facilities, equipment, and vital records).

Remember, **S M A R T** Objectives

# Let's Practice! (Introduce the Scenario)

August 8 – 09:00



- Current Conditions:
  - Forecast: 110 degrees is the expected high
  - 80°f degrees outdoors, average indoor temp= 68°f
- Climate control parameters for the facility
  - 68°f-75°f  $\pm$ 2°

***The chiller just quit!***

# Incident Actions

- Incident Recognized – Emergency Operations Plan is Activated
  - Incident Commander Assigned
  - IC Determines Needed HICS Roles
  - Members are Notified
  - Members Arrive
    - Don the HICS Vests
    - Obtain Position Specific Folder/Bin with JAS and Forms
- IC Briefs Current Situation to the IMT

# Section Breakouts

Appoint, Assess, Assign (AAA)

- Section Chief makes Branch **assignments**
- Groups reviews JAS
- *Review (if applicable) SOPs, IRGs, etc. during actual response*
- Consider Inputs for SMART Objectives
- Completes HICS Forms 213 and 214

# ICS Functional Group Activities

- Overarching Goals are Formulated
  - Demonstrate SMART Objectives – Ops Section
- Review HICS QuickStart IAP
  - Review Each Section's Organization Chart, Making Assignments and Branch Relationships, Group Structure by Hazard
  - Groups review Section's JAS
  - *Describe HICS forms, 213 and 214*
  - Comms Plan – Logistics Section

# Re-group IMT

- Incident Brief
- IC develops Objectives
- Command & General Staff Meeting discuss incident objectives
- Tactics Meeting (OPs)
- Sections prepare for Planning Meeting
- Planning Meeting – Start IAP Process – (PSC)
- Develop the IAP, tentative approval from IC
- Ops Brief (all parties)
- Signature then Distribute IAP

# Scenario Continues

- It has been 6 hours from activation...
  - Parts to fix the chiller are not available for 96 hrs.
  - Current indoor temperature is 68 degrees
  - Metasys is showing a linear increase in temperature of 2 degrees per hour
  - The hospital will be outside of the given parameter in three hours
  - Cumulative census is 51 from all inpatient floors
- **Facilitators** assess and support deliverables as Unit, Hospital, or HCS

# Incident Commander Brief

In the Facility: Incident Commander Briefing with Updates

# Ops Section Chief Brief

## Issues:

- Engineering Staff Unable to Repair Today Due to Lack of Parts
- In-Patient Census: \_\_\_\_\_
- Acuity level and Ambulatory Capability Varied
- Scheduled Appointments: \_\_\_\_\_

# Situation Unit Leader Report

- Update on Employee Accountability (###/### = %)
- Update on Patient Accountability

## Inpatient Reports:

### ICU

#### 6 Patients

- All bed bound
- 3 are intubated
- 1 is contagious

### Med Surge

#### 25 Patients

- 5 bed bound
- 5 wheelchair bound
- 10 ambulatory with cane or walker
- 2 contagious but ambulatory
- 3 ambulatory and stable

# Situation Unit Leader Report

## Update on Patient Accountability

### Inpatient Reports:

#### **PACU**

##### **2 Patients**

- 1 sedated
- 1 bed bound

#### **OR**

##### **2 Patients**

- 1 is half-way through a 6hr procedure
- 1 is 2 hrs. from completion

#### **ED**

##### **10 Patients**

- 3 in triage
- 3 ambulatory with extremity trauma
- 4 waiting for admit to med surge

#### **6E**

##### **6 Patients**

- 3 on 72hr hold
- 1 voluntary hold
- 1 sedated

# Extended Operations

- Incident Action Plan (IAP)
  - Contents
  - How would the IAP be used?
- Hand off
  - Operational Periods (VAMC Reality!)
- Section Meetings
- The next operational period



*Extra Innings Time*

# Report/Deliverables

- Vulnerable Inpatient Populations
  - ICU
  - Med Surge
  - PACU
  - Operating Room
  - ED
  - 6E
- Reporting
  - Up Channel

# Take-Aways

- Team Concept
- Tools for the Job
- Roles and Responsibilities
- Planning Cycle
  - Structured Approach
  - Focus on the Next Steps
- Meetings and Briefings
- EOPs/SOPs HCS/Site/Service
- Goals – Overarching Objectives

# Hot Wash

## Group Feedback

- What Went Well?
- What are the Opportunities?

# Post Incident -Evaluation

- Following emergencies, IMT and or Operating Units will participate in critiques and evaluations and take all necessary follow-up actions.
- A formal after-action report will typically be drafted within 30 days following the conclusion of the event and entered into local system of record.

# Objectives

1. Illustrate the challenges of preparing and sustaining staff readiness.
2. Provide strong practice examples of engagement to support staff readiness in support of requirements.
3. Share the value of effort.

Thank you!

*Additional reference pages follow.*

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Questions?

Thank you!

Tony Barker

Emergency Program Manager

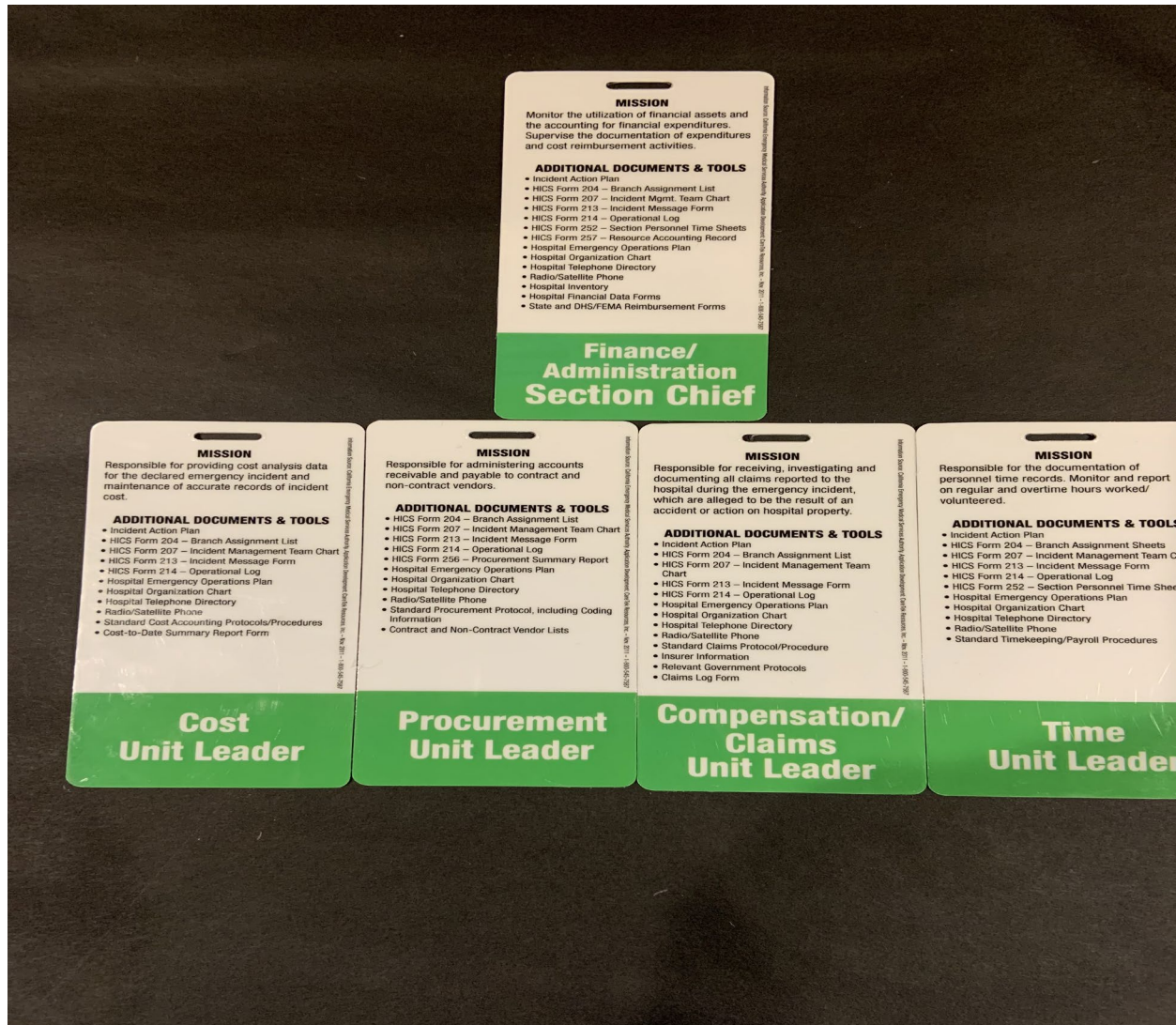
U.S. Dept. of Veterans Affairs, Retired

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# References

- ICS-100: Introduction to the Incident Command System
- ICS-200: ICS for Single Resources and Initial Action Incidents
- ICS-300: Intermediate ICS for Expanding Incidents
- ICS-400: Advanced ICS for Command and General Staff
- IS-700: National Incident Management System, An Introduction
- IS-703: NIMS Resource Management
- IS-706: NIMS Intrastate Mutual Aid – An Introduction
- IS-800: National Response Framework, An Introduction
- G-191: Incident Command System/ Emergency Operations Center Interface
- G-402 Incident Command System (ICS) Overview for Executives/Senior Officials
- E/L/G-2300 Intermediate Emergency Operations Center Functions
- ICS 300/400, G191, G402, and G2300 are coordinated by local Emergency Management Agencies, please contact them directly for course offerings in your area.

# Administration & Finance



**Mission:** Providing financial and administrative support for the incident response including:

- Recording personnel time
- Maintaining vendor contracts
- Administering compensation and claims.
- Conducting an overall cost analysis of the incident on the organization.

**Lead:** Fiscal (Chief of Fiscal Service)  
**Support:** Human Resources Service

## References

- **Timekeeping** – Recording and accounting for time/hours of personnel assigned to the incident.
  - Overtime, Travel, etc...
- **Procurement** – Support to contracting, purchasing and disbursing activities related to the incident.
- **Compensation and Claims** - Reporting, investigation and processing of all claims related to injuries and property damages related to the incident.
- **Cost** - Tracking all expenditures related to the incident.

Admin/Finance  
Section Chief

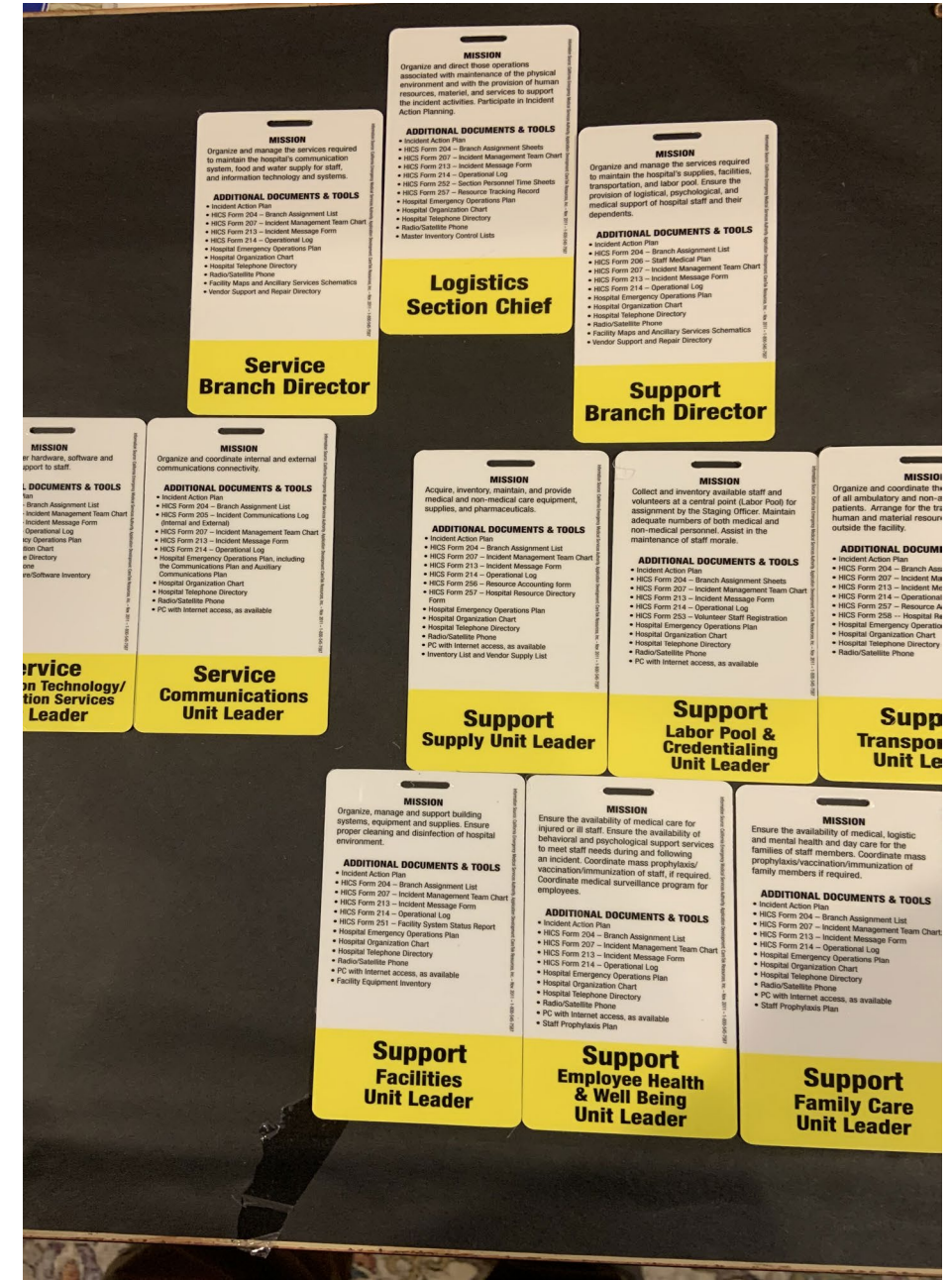
0-2 Hours

# References

# Logistics

**Mission:** Provide the services and support necessary to accomplish the response and recovery objectives, e.g., facilities, transportation, supplies, equipment maintenance and fueling, feeding, employee health, and communications.

**Lead:** Logistics Management Service (Chief of Logistics)



## References

- **Supply** - Ordering, Receiving and Issuing Equipment and Supplies, etc.
- **Facilities** - Provision of Buildings/Space to Support Incident
- **Transportation** - Provision of Resources e.g.,
  - Vehicles, Drivers, Fuel and Maintenance
- **Communications** - Provision of Communications Equipment and or Services
- **Food** –Feeding Persons Working the Incident
- **Medical/Rehabilitation** - Provision of Medical, Rest and Support Services for Persons Working the Incident

**Logistics**

**Section**

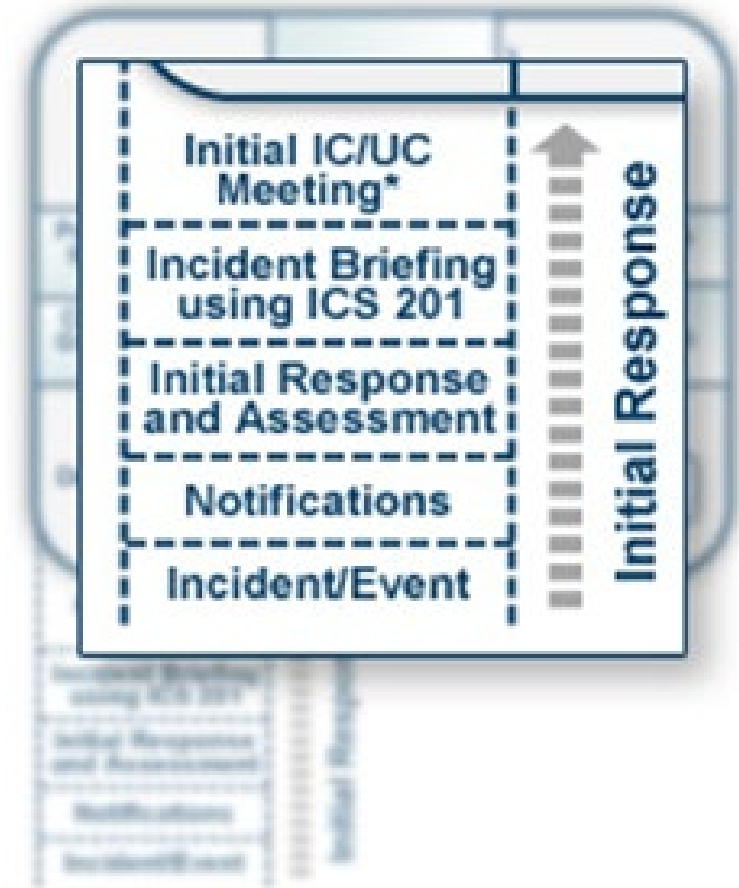
**Role**

# HICS Briefings and Meetings

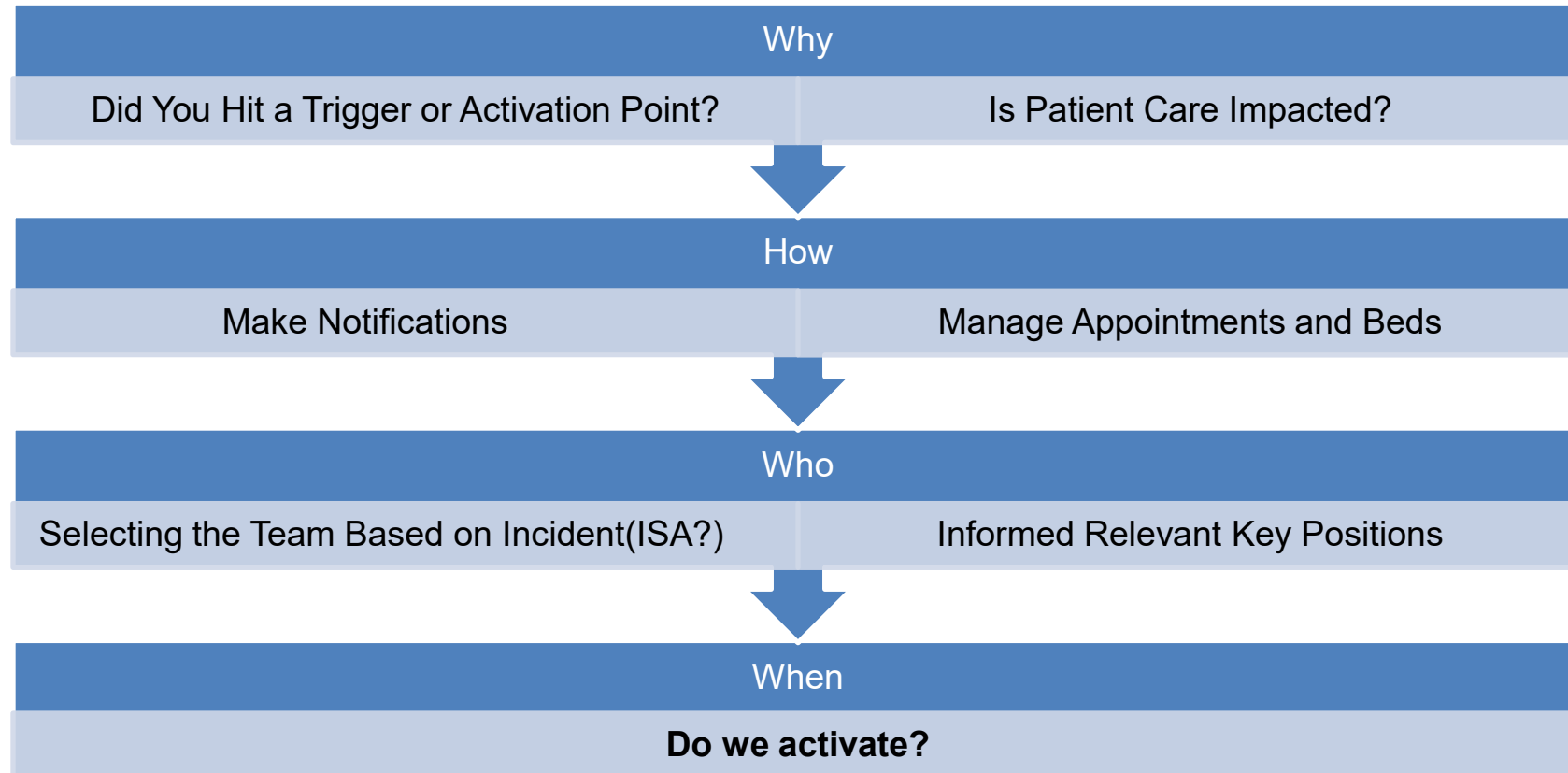
- **Briefings**-Initial and Operations Briefing
  - Accuracy, Brevity, and Clarity (**ABCs**)
  - Inform the Group
  - Present Specific Information About the Incident
- **Meetings** – Held During the Planning Cycle
  - Process Information and Make Decisions
    - Attendees
      - Incident Commander (IC), Deputies, Command and General Staff, Subordinate staffs as appropriate
- **Section/Branch Meetings** “Huddles”
  - Focus on Areas of Expertise
  - Multiple Voices

# Phase 1 - Analyze the Situation - **Initial Response**

- Initial Response
  - ✓ Incident Occurs
  - ✓ Notifications
  - ✓ Initial Response and Assessment
    -
  - ✓ EOPs, VAMC/Site/Service
  - ✓ Incident Briefing
- Initial IC Meeting
  - ✓ IC Determines HIMT Positions to Assign



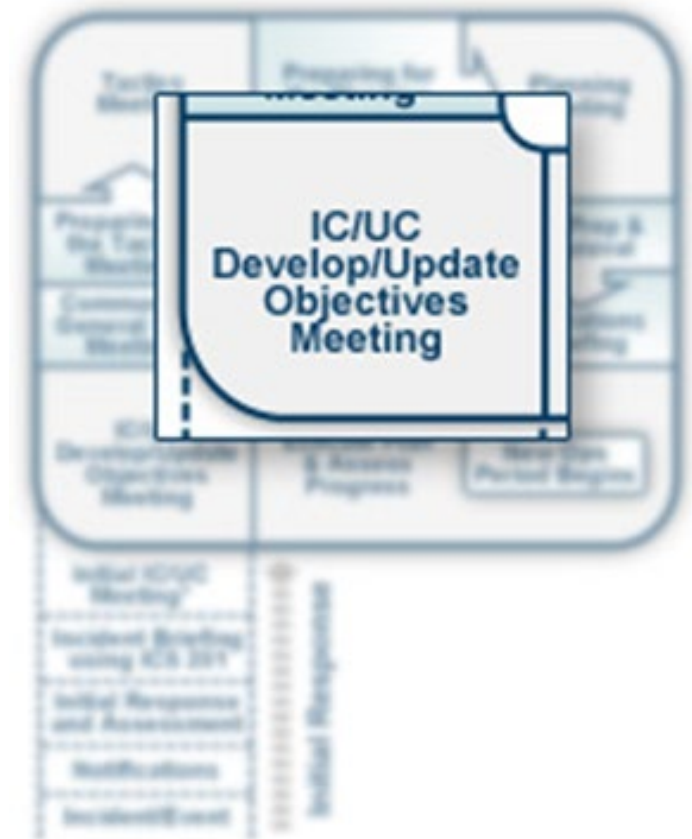
# Phase 1 - *Considerations*



# Phase 2 - Establish Incident Objectives

- Establish Incident Objectives and Strategy

(\*Update Objectives represents the recurring Operational Period cycle of P)

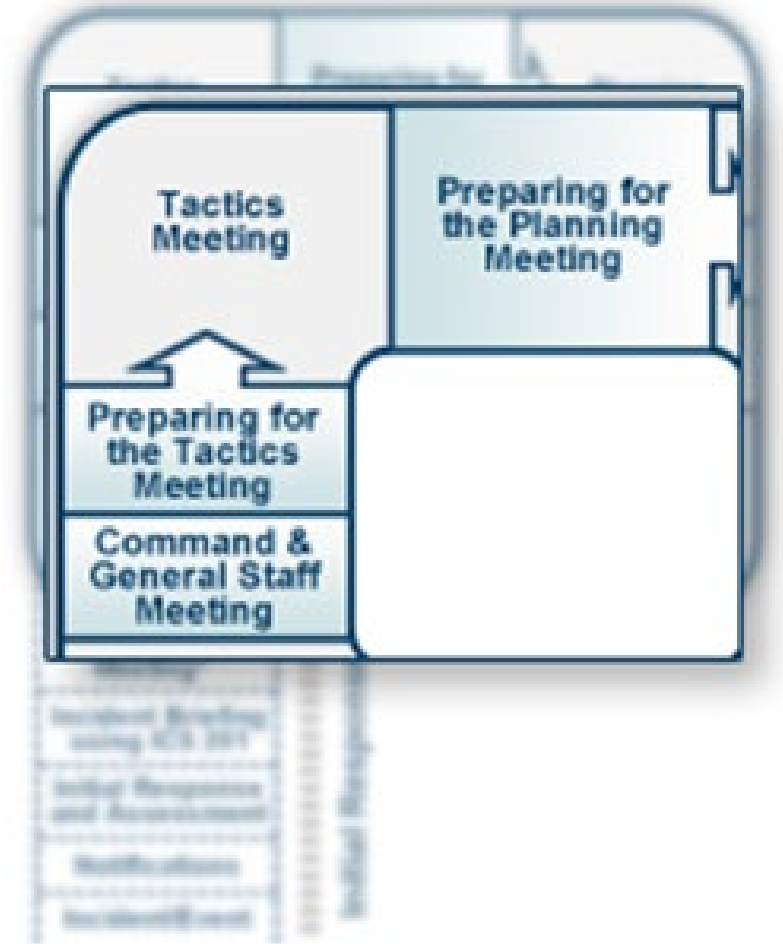


# Management by Objectives

- Incidents are managed using objectives. Objectives are communicated throughout the entire ICS organization through the Incident Action Planning Process.
- The Incident Commander establishes the objectives that drive incident operations.
- Management by objectives includes the following:
  - Establishing specific, measurable objectives
  - Identifying strategies, tactics, tasks, and activities to achieve the objectives
  - Developing and issuing assignments, plans, procedures, and protocols for various incident management functional elements to accomplish the identified tasks
  - Documenting results against the objectives to measure performance, facilitate corrective actions, and inform development of incident objectives for the subsequent operational period

## Phase 3 - **Develop** the Plan

- ✓ Command & General Staff meeting
- ✓ Preparing for the Tactics Meeting
- ✓ Tactics Meeting
- ✓ Preparing for the Planning Meeting

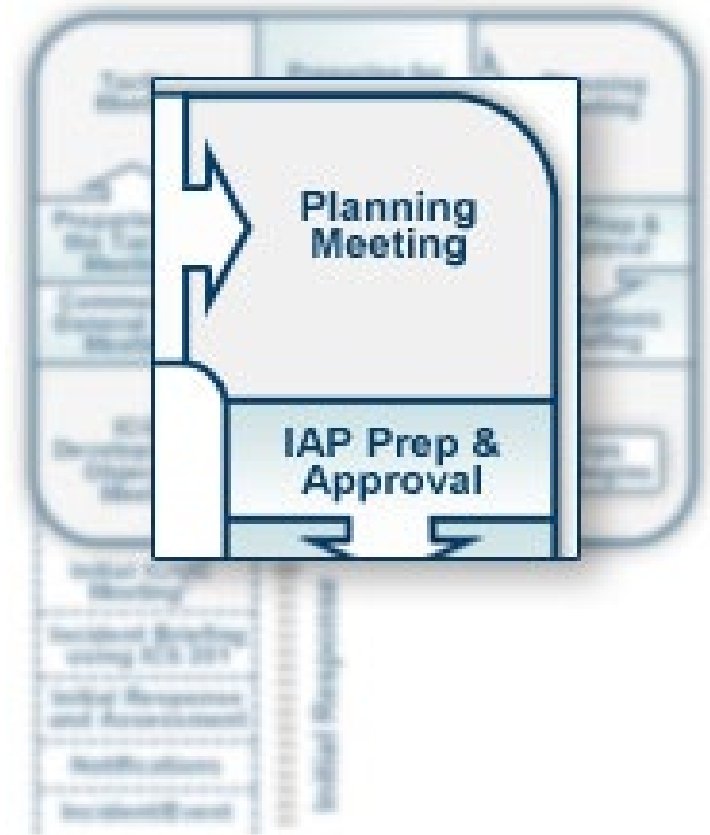


# Phase 3 - Preparing for Planning Meeting

- Determine the tactical direction and the specific resources, reserves, and support requirements for implementing the selected strategies and tactics for the operational period.
- Meeting of the Command and General Staff, with each position making a determination as to what they forecast, how they prioritize their resource needs, and how they will achieve specific objectives.
- This is the preparation for the Planning Meeting to finalize the IAP.

## Phase 4 - Prepare and Disseminate the Plan

- **What:** Introduction to the Plan, Information Sharing
- **Who:** Ops, Planning, Safety, Logistics, Liaison, PIO, Finance/Adm – brief the group
- **How:** Ops Chief ask can we support the plan?
- **Next:** Prepare section IAP forms



# Phase 5- Execute, Evaluate, & Revise the Plan

- Operations Briefing
  - Current Situation
  - Forecast
  - Advisories
  - Command and General Staff report
- New Ops Period Begins
- Execute Plan and Assess Progress



# Communication (NIMS)

## Creating Effective Emergency Communications

**Successful emergency communications should:**

- **Present the information in sequence.**
- **Be worded precisely.**
- **Avoid jargon, code, and acronyms.**
- **Use common terminology.**
- **Omit unnecessary details.**
- **Speak in sync with other related authorities.**
- **Keep messages consistent across various media.**

