

## Using the HICS Job Action Sheets for Small Hospitals

The job action sheets for small hospitals were developed by hospital personnel from six Nebraska Critical Access hospitals. They were adapted from the original HIECSIII model, then revised and updated to be consistent with HICS IV. The intent of the new job actions sheets was to combine some of the job positions to better fit the small hospitals that would have few staff available in a disaster.

The new forms remain true to the structure and intent of Hospital Incident Management. Job titles and format were not changed. The forms were collapsed into a system that would work in a small facility.

As the group combined the jobs, they moved priority tasks to the Unit Leaders and Branch Directors, then to the Chief's job sheet. These are the duties that must be attended to immediately.

When you use the rural job action sheets, you must also have the full set of HICS job sheets. Each position that is not assigned must still have its JAS attached to it. (Just in case you CAN assign that position.)

For example: The planning Section Chief has the additional duties of eight positions. The urgent duties of the positions have been added to those of the Planning Chief. The Planning Section Chief's sheet says: ***If no Unit Leaders are assigned, complete the highlighted priorities on the Unit Leaders job action sheets. These priorities can be found on the following page in the blue shaded areas. Note: Resources Unit Leader and Situation Unit Leader are essential positions for most events.***

By having job sheets attached, it is easy to expand the span of control as available staff increases. If additional staff reports to take those jobs, the Planning Chief can easily remove that job sheet from the back of the packet, check off the position as assigned and hand off those responsibilities.

As the group combined the jobs, they moved only the priority tasks to the Chief's job sheet. That doesn't mean that the other tasks are not important. After the priorities are taken care of the Section Chief must check through ALL of the attached sheets to see what other tasks may still need to be done.

Just like any incident command system the Rural/Small Hospital System can be expanded or condensed to meet the needs of the incident. There are not a required number of positions to be filled. A hospital can fill as many or as few as meet their needs. However, it is unlikely that a disaster would occur that would not need at least the top 9 positions. If at all possible, fill the 16 that are on the chart, noting that one person can fill more than one position.

As with and ICS, following this system will allow for consistency in structure, communication and job duties. If you have questions, please call Barbara Dodge, 402-552-3101.