

PREPARING FOR EMERGENCIES

Why, Where, When and Who

Objectives

- ◎ By the end of this course, the attendee will be able to:
 - Discuss why emergency preparedness is necessary
 - List two resources to assist with facility emergency planning
 - Outline the fundamental features of Incident Command
 - Understand the purpose of:
 - Job Action Sheets
 - Incident Planning and Response Guides
 - NHICS forms

Why

Why Prepare?



- “Disasters can happen at any time, often with little to no warning. The mass destruction can leave you cutoff from the outside world for days. Emergency rescuers will soon be there to help following a disaster, but it may take time before they are able to get to you.”
- “Having an emergency plan and a disaster survival supply kit will help you through almost every kind of crisis, whether natural or caused by humans. However, each type of event requires different kinds of preparation and action.”

[City of Evanston Emergency Preparedness and Response](#)

Why Prepare?

- ◉ “Disasters disrupt hundreds of thousands of lives every year. Each disaster has lasting effects, both to people and property.”
- ◉ “You should know how to respond to severe weather or any disaster that could occur in your area – hurricanes, earthquakes, extreme cold, flooding, or terrorism.”
- ◉ “You should also be ready to be self-sufficient for at least three (3) days. This may mean providing for your own shelter, first aid, food, water and sanitation.”

Why Prepare



What are the Threats?

⦿ **Natural Hazards**

- Floods
- Thunderstorms & Lightning
- Winter Storms & Extreme Cold
- Extreme Heat
- Fires
- Wildfires
- Other (earthquake, landslide, hurricane, etc.)

⦿ **Technological Hazards**

- Hazardous materials incident
- Household chemical emergency
- Nuclear power plant emergency

⦿ **Terrorism**

- Chemical
- Biological
- Radiologic
- Nuclear
- Explosive

Recovery Isn't Simple Either

- Health and Safety Guidelines
- Returning Home
- Seeking Disaster Assistance
- Coping with Disaster
- Helping Others



Where

Where to Prepare

- How many facilities have a plan?
- How often is the plan exercised?
- How often is the plan updated?
- What emergencies are highest threat?



Tools Available

- ◎ Hazard Vulnerability Analysis:
 - http://www.ahcancal.org/facility_operations/disaster_planning/Documents/Copy%20of%20Your%20Facility's%20Hazard%20%20Vulnerability.xlsx
- ◎ California Association of Health Facilities – Nursing Home Incident Command System
 - <http://cahfdisasterprep.com/NHICS/GuidebookTools.aspx>
 - http://www.ahcancal.org/facility_operations/disaster_planning/Documents/NHICSGuidebook_Final2011.pdf
- ◎ State of Michigan Nursing Home Incident Command System Job Action Sheets
 - www.michigan.gov/documents/mdch/Nursing_Home_ICS_Job_Sheets1_2_452083_7.pdf

Tools listed above are included with presentation

Incident Planning

- Incident Planning Guides available on the California Association of Health Facilities website:
 - Infectious Disease Outbreak
 - Natural Disaster: Major Earthquake
 - Natural Disaster: Severe Weather
 - Internal Flooding
 - Fire
 - Man Made Disaster: Loss of Power

When

When to Prepare

- ⦿ BEFORE ANYTHING HAPPENS!
- ⦿ Meet people and organizations BEFORE need help
- ⦿ Establish when (triggers) to activate & demobilize
- ⦿ Establish what supplies are available & supply gaps

Who

Who Plans?

- Administration
- Staff



Who Plan For?

- ◎ Residents
- ◎ Staff & family
- ◎ Check out:
 - http://www.cahfdownload.com/cahf/dpp/NHICS_2011_CompleteGuidebook/NHICS_Attachment_G_to_K_TrainingModules/NHICS_Attachment_G_Module1.pdf

Who Manages?

Incident Command System required



What is Incident Command?

- ⦿ A standardized, all-hazard approach to incident management; usable to manage all types of emergencies, routine or planned events, by establishing a clear chain of command
- ⦿ ICS ensures
 - Safety of responders and others
 - Achievement of tactical objectives
 - Effective use of resources

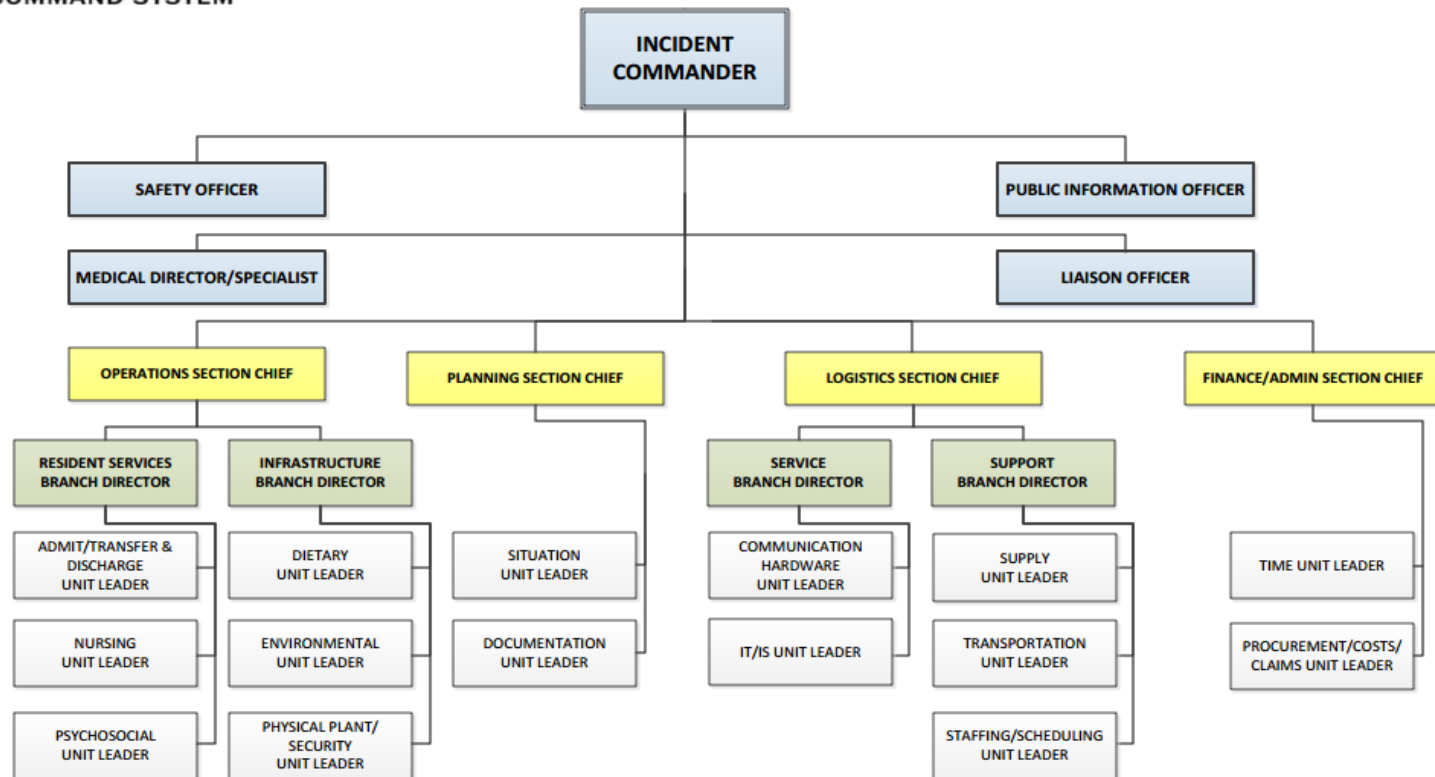
Fundamentals of ICS

- Common terminology
- Modular organization
- Management by objectives
- Reliance on an Incident Action Plan (IAP)
- Manageable span of control
- Pre-designated incident locations/facilities
- Resource management
- Integrated communications
- Common command structure

Incident Command Team



ATTACHMENT A INCIDENT MANAGEMENT TEAM (IMT) CHART



Who Does What?

Position	Job Responsibilities	Staff Level
Incident Commander	<ul style="list-style-type: none">• Responsible for all incident activities including development of incident objectives, strategies and tactics and release of resources• Overall responsibility and authority	<ul style="list-style-type: none">• Director or Division Director• Someone with leadership skills and an understanding of ICS• Is ultimately accountable
Safety Officer	<ul style="list-style-type: none">• Monitors and assesses safety hazards, unsafe hazards or situations• Develops measures for ensuring personnel safety	<ul style="list-style-type: none">• Someone with an understanding of the safety issues associated with the incident and the authority to intervene and/or stop processes that are unsafe.
Liaison Officer	<ul style="list-style-type: none">• Coordinates with representatives from cooperating and assisting agencies	<ul style="list-style-type: none">• Knowledge and/or working relationship with outside agencies. This could be specific to the incident.
Public Information Officer	<ul style="list-style-type: none">• Interfaces with press to deliver messages to the public.• Provides concise and pertinent (coordinated) information to the media	<ul style="list-style-type: none">• Training in media relations

Who Does What?

Position	Job Responsibilities	Staff Level
Operations Chief	<ul style="list-style-type: none"> • Manages all incident tactical activities and implements the Incident Action Plan (IAP) • Direct involvement in preparation of IAP for period of responsibility 	<ul style="list-style-type: none"> • Leadership role with knowledge/expertise in the processes associated with the implementation of the response to the incident
Logistics Chief	<ul style="list-style-type: none"> • Provides resources and services to support the incident/operations 	<ul style="list-style-type: none"> • Leadership role • Knows the procedures necessary to acquire the services/products to accomplish operation's objectives/IAP.
Planning Chief	<ul style="list-style-type: none"> • Collects, evaluates and disseminates operational information as it relates to the incident. • In larger incidents, develops the Incident Action Plan (IAP) in the planning meeting (based on commander's incident objectives) 	<ul style="list-style-type: none"> • Leadership role • Organized individual who is able to think ahead about what's needed or may be needed during all phases of incident • Able to quickly gather necessary information to formulate and communicate an initial plan • Updates plan as incident and information unfolds
Finance/ Administration Chief	<ul style="list-style-type: none"> • Monitors cost related to the incident, provides accounting, procurement, time recording and cost analyses 	<ul style="list-style-type: none"> • Experience with administrative and accounting procedures for the facility

Position Cross Walk

NHICS POSITION	NURSING HOME POSITION
Incident Commander	Administrator
Medical Director/Specialist	Medical Director/Nurse Consultant
Public Information Officer	Media Relations/Administrator
Liaison Officer	Assistant Administrator
Safety Officer	Maintenance
Operations Section Chief	Director of Nursing
Resident Services Branch Director	Director of Staff Development
Nursing Unit Leader	Charge Nurse
Psychosocial Unit Leader	Activities Director
Admit/Transfer & Discharge Unit Leader	Charge Nurse or Rehab Director
Infrastructure Branch Director	Housekeeping supervisor
Dietary Unit Leader	Cook
Environmental Unit	Housekeeper
Physical Plant/Security Unit Leader	Maintenance
Planning Section Chief	Assistant/Associate Administrator
Situation Unit Leader	Director of Admitting
Documentation Unit Leader	Medical Records Staff
Logistics Section Chief	Assistant/Associate Administrator/Director of Dietary Services
Service Branch Director	Accounts Manager
Communication Hardware Unit Leader	Maintenance Staff/Rehab Director
IT/IS Unit Leader	Business Office Staff
Support Branch Director	Director of Social Services
Supply Unit Leader	Housekeeping or Central Supply
Staffing/Scheduling Unit Leader	Lead CNA
Transportation Unit Leader	Maintenance or Activity Staff
Finance/Admin Section Chief	Business/Finance Director
Time Unit Leader	Payroll/Biller
Procurement /Costs / Claims Unit Leader	Risk Manager / Quality Management

Where to Learn More:

- ❖ California Hospital Association Emergency Preparedness (<http://www.calhospitalprepare.org/>)
- ❖ California Association of Health Facilities – Nursing Home Incident Command System (<http://cahfdisasterprep.com/NHICS/GuidebookTools.aspx> and http://www.ahcancal.org/facility_operations/disaster_planning/Documents/NHICSGuidebook_Final2011.pdf)
- ❖ Center for HICS Education (www.hicscenter.org)
- ❖ Centers for Disease Control & Prevention (www.cdc.gov)
- ❖ State of Michigan Nursing Home Incident Command System Job Action Sheets (www.michigan.gov/documents/mdch/Nursing_Home_ICS_Job_Sheets1_2_452083_7.pdf)
- ❖ City of Evanston (<http://www.cityofevanston.org/fire/emergency-preparedness-response/>)
- ❖ Federal Emergency Management Agency (www.fema.gov)

Questions?



NHICS

Nursing Home

INCIDENT COMMAND SYSTEM



ahca
American Health Care Association



DEVELOPED BY THE CENTER FOR
HICS EDUCATION AND TRAINING

CALIFORNIA
ASSOCIATION OF
HEALTH FACILITIES
CAHF
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Disclaimers

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I P R E F A C E

Since September 11, 2001, the healthcare community has moved to the forefront in emergency preparedness and response. Issues related to terrorism, natural disasters, public health emergencies, and failures in technology have impacted the ability of healthcare facilities to not only maintain daily operations but to respond to the surge in medical care needs of the community.

The use of an Incident Command System (ICS) in emergency response has been well established in military, public, and private sector entities for decades. In 2006, the Hospital Emergency Incident Command System was revised to ensure consistency with established ICS concepts, allowing greater connectivity of hospitals with public safety and emergency management partners. The 2006 revision project yielded new tools for hospitals to use in the development and enhancement of emergency management programs. These tools, including incident planning and response guides and the development of healthcare based ICS forms; provide planners with additional resources to augment their current plans. A key element of the overall healthcare emergency management program is the planning with community partners, including other nursing home and long-term care facilities. These critical resources play an integral role in a successful response through enhancement of the community medical surge capacity and capabilities.

In 2004, Homeland Security Presidential Directive-5 directed the development and implementation of the National Incident Management System (NIMS). The overarching goal within NIMS is the development of a consistent national template for preparedness and response, allowing government and non-government agencies to work together. This was a major development in emergency management, as there is now a federal mechanism for ongoing collaboration based on best practices and lessons learned. Use of an ICS is a component of NIMS, paving the road for collaboration among a variety of agencies, disciplines, and providers within the critical healthcare and public safety infrastructure.

Through the leadership of the California Association of Healthcare Facilities (CAHF), this guidebook and its toolkit were developed to provide nursing home and other long-term care facilities with the planning and response guidance to refine their emergency management programs through the use of a nursing home incident command system. This guidebook utilizes materials developed in the 2006 HICS revision project along with the nursing home ICS guidance developed by the State of Florida Health Care Association. In addition, the best practices identified by the Center for HICS Education and

Training were used in the research and development of these materials. In the year following the release of NHICS in California, the American Health Care Association Disaster Preparedness Committee accepted the task of integrating the Florida Health Care Association NHICS Job Action sheets and Incident management team chart into CAHF's NHICS materials in an effort to improve the national applicability of the materials. The result of their hard work is reflected in this 2011 edition of the NHICS Guidebook.

Every significant incident or event, whether large or small, and whether it is defined as an emergency, requires certain management functions to be performed. This guidebook is intended to explain in a clear and concise manner the critical components of the Nursing Home Incident Command System (NHICS) as well as the suggested manner for using the accompanying materials.

NHICS is intended to be used by nursing homes and other long-term care facilities regardless of size or resident care capabilities, and to assist with their emergency planning and response efforts for all hazards. By embracing the concepts of incident command design outlined in NHICS, a nursing home is positioned to be consistent with NIMS and to participate in a system that promotes national standardization in terminology, response concepts, and procedures.

The primary beneficiaries of NHICS will be facility administrators, department heads, physicians, nurses, and other personnel in long-term care facilities in the United States and internationally who will assume command roles during an incident. Students preparing for a career in medicine, nursing, and hospital administration, whose education should include understanding emergency preparedness principles and practices, will also find the material useful.

Other community response partners need to understand the role of nursing homes and long-term care facilities, including the response activities and the needs that facilities will have during various types of incidents. Therefore, local/tribal, state, and federal public safety, emergency management, and public health officials will also benefit from reading this manual.

The guidebook has not been written to be the definitive text on emergency preparedness or to comprehensively teach the principles of incident command. Rather, the reader should find the short-paragraph and bulleted-information format helpful in quickly understanding vitally important tenets of response planning, incident command, and effective response.

Neither has this guidebook been written to become the Emergency Operations Plan (EOP) for any facility. However, the principles detailed and concepts contained within will be helpful in revising or writing an EOP and can be integrated into a facility's Emergency Management Program where appropriate. This guidebook serves as an adjunct to existing texts and operations manuals as well as regulatory guidance documents available through state and federal agencies. When applicable, reference to these resources will be identified throughout the guidebook.

Users of this guidebook are encouraged to review the medical mutual aid system within their region and state, as well as the emergency operations plan for their jurisdiction. Information on the Hospital Incident Command System, including the history of its development and revision, can be found in the HICS Guidebook, available at www.hicscenter.org.

The goals in developing a Nursing Home Incident Command System include the following:

- Customization of a well-developed and tested incident management system for use by non-traditional health care partners
- Incorporation of assets and resources of the nursing home community into all-hazard emergency management
- Development of nursing-home-specific planning and response tools for emergency management
- Introduction to and utilization of incident action planning for nursing homes
- Development and implementation guidance for use of an incident management system that promotes collaboration and interoperability

It is recognized that nursing homes, whether the distinction is long-term, residential care, skilled nursing facility, or other, come in a variety of sizes and delivery services. Therefore the NHICS guidance is developed with the acknowledgment that limited resources are sometimes available for response. Given such, users are encouraged to customize the positions and job action sheets to reflect their unique settings.

II ICS in Healthcare

In this section, the history of the Incident Command System will be discussed, as well as those characteristics of the system that make it applicable and beneficial across a variety of facilities.

The Incident Command System (ICS) was developed in the 1970s by an interagency task force working in a cooperative local, state, and federal effort called FIRESCOPE (**F**irefighting **R**esources of **C**alifornia **O**rganized for **P**otential **E**mergencies) to combat wildland fires. Prior to the development of ICS, research into response to major incidents revealed weaknesses in a number of areas:

- Inadequate communication because of conflicting terminology or inefficient or improper use of technology
- Lack of a standardized management structure that would allow integration, command and control, and workload efficiency
- Lack of personnel accountability
- Lack of a systematic planning process

As a result of these and other failures, incidents of all sizes and types were often mismanaged, resulting in health and safety risks, unnecessary damage, ineffective resource management, and economic losses.

ICS is designed to meet these challenges by:

- Being effectual in managing all emergency, routine, or planned events, of any size or type, and by establishing a clear chain of command
- Allowing personnel from different agencies or departments to be integrated into a common structure that can effectively address issues and delegate responsibilities
- Provide needed logistical and administrative support to operational personnel
- Ensure key functions are covered and eliminate duplication

The fundamental features of ICS include:

1. Common terminology/clear text

The use of common terminology provides for a clear message and sharing of information. It avoids the use of codes, slang, or discipline-specific nomenclature that may not be clearly understood by all planning and response partners. A common terminology helps to define the common organizational structure: as an example, the identification of sections, section chiefs, and branch directors. Another

key benefit of common terminology is the ability to share resources in the response, such as personnel to oversee incident management or operations. By using consistent terminology, the opportunity to develop memorandums or agreements to share personnel is enhanced.

2. Modular organization

The ICS structure begins from the top and expands as needed by the event. Positions within the structure are activated as dictated by the incident size or complexity. As complexity increases, the ICS organization expands. Only those functions or positions necessary for an incident are activated. This will be clearly demonstrated in subsequent sections that detail the incident management team along with their roles and responsibilities.

3. Management by objectives

The Incident Commander initiates the response and sets the overall command and control objectives. The mission of the response is defined for all members of the response team through a clear understanding of the organization's policy and direction. This includes an assessment of the incident from the current situation to projected impacts. To meet the overall mission, or command objectives, individual sections will establish incident objectives as well as the strategies to achieve these objectives through clear tactics. Because emergency response is not "business as usual," clearly defined objectives will allow staff to focus on the roles in the response, avoiding duplication of efforts or omission of critical actions.

4. Incident Action Planning

The development of objectives is documented in the Incident Action Plan (IAP). A written plan provides personnel with direction for taking actions based on the objectives identified in the IAP and reflects the overall strategy for incident management while providing measurable strategic operations for the operational period. To ease this process, ICS forms are designed and developed for nursing homes and are contained within the NHICS guidebook.

5. Manageable span of control

A key concept in ICS is maintaining a span of control that is both effective and manageable. Because emergency events are not business as usual situations, the span of control for operations that are not routine should be kept at an effective number. Within ICS, the optimum span of control is one supervisor to five reporting personnel. If the number falls outside these ratios, the incident management team should be expanded or consolidated.

6. Pre-designated incident locations/facilities

In the planning stages, planners should determine the location of their response and coordination sites, including the coordination and command sites. Within ICS, sites are identified for both scene and regional coordination, such as helicopter landing zones, staging areas, command posts, and emergency operations centers. Planners within the nursing home or long-term care facility should identify sites for ICS management, staging areas for receipt of supplies and equipment, evacuation sites if the infrastructure is unsafe, and so on.

7. Resource management

Resources used in the response are categorized as *tactical* and *support*. Tactical resources include personnel and major equipment available or potentially available for use in the response. Support resources are all other resources to support the incident, including food, equipment, communications, supplies, vehicles, etc. It is critical in the response to understand the availability and status of both tactical and support resources. It is important to have a clear picture of current and needed resources when working within the medical mutual aid system in the jurisdiction of state, allowing those providing the response support to provide the necessary assets through a clear understanding of current capability.

8. Integrated communications

There are three elements within integrated communications: modes, plans and networks. The modes include the hardware systems that transfer information, such as radios, cell phones, and pagers. Plans should be developed in advance on how to best use the available modes through a clear and concise communication policy and plans (for example, determining who can use radios and what information should be communicated). The networks identified within the jurisdiction will determine the procedures and processes for transferring information internally and externally.

9. Common command structure

The ICS provides for a common command structure that identifies core principles for an efficient chain of command. *Unity of Command* dictates that each person within the response structure reports to only one supervisor. A *single command* exists when a single agency or discipline responds to an event; for example, the fire service at a warehouse fire is commanded by a fire captain or chief. When multiple agencies or disciplines are working together at a scene, there is a *unified command* structure that allows for coordination in response

actions. For nursing homes, this may occur when the facility is the scene of the incident, such as a fire. The nursing home administration and the fire command work together in a unified command structure.

III Incident Management Team for Nursing Homes

Incident Management Functions

It is important to understand that ICS is a management system-not an organizational chart. It is predicated on a number of principal tenets:

- Every incident or event requires that certain management functions be performed. The problem encountered is evaluated, a plan to remedy the problem is identified and implemented, and the necessary resources assigned. Management by Objectives (MBO) is thus a critically important component to the successful implementation of an incident command system and involves the inclusion of both control and operational period objectives.
- The ICS organization frequently does not correlate to the daily administrative structure of the agency or nursing home. This practice is purposeful and done to reduce role and title confusion. Those positions activated in the response come together to serve as the *Incident Management Team (IMT)*, whose purpose is to respond to and recover from the event through coordinated objectives and tactics.
- Position titles within the IMT should remain unchanged; this promotes interoperability between response partners, allowing for sharing of personnel resources among organizations.
- The IMT structure consists of the command, general, branch and unit staff, with sections clearly identified by the roles and responsibilities they carry out.
 - The ***Incident Commander*** is the only position always activated in an incident regardless of its nature. In addition to Command, which sets the objectives, devises strategies and priorities, and maintains overall responsibility for managing the incident, there are four other management functions.
 - ***Operations*** conducts the tactical operations (e.g., resident services, clean-up) to carry out the plan using defined objectives and directing all needed resources.
 - ***Planning*** collects and evaluates information for decision support, maintains resource status information, prepares documents such as the Incident Action Plan, and maintains documentation for incident reports.
 - ***Logistics*** provides support, resources, and other essential services to meet the operational objectives set by Incident Commander.
 - ***Finance*** monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses.

On small-scale incidents, **the Incident Commander may be able to accomplish all five management functions alone**, but on larger incidents effective management may require that the Incident Commander establish one or more of the four other functions and appoint Section Chiefs.

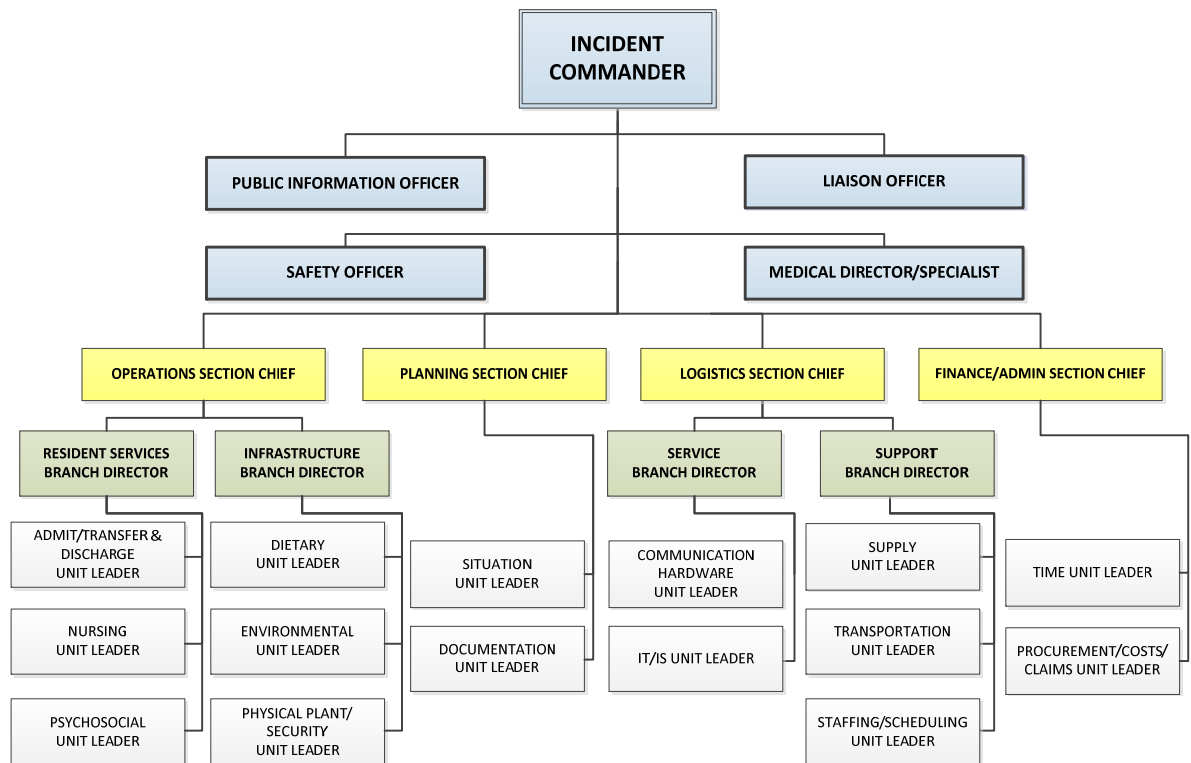
Building the IMT

The development of the IMT is based on the essential elements of ICS. The system is scalable and flexible, and uses a modular organization to respond to the event. As previously stated, **the Incident Commander is the only position that is always activated**. Activating additional positions is considered when the event duration increases, when situational information provides insight on the possible impact to the facility and when the span of control is exceeded. Management tools have been developed to help determine the need for activating additional positions; these tools (Job Action Sheets, Forms, and Incident Response Guides) should be customized by individual facilities based on their staffing and possible response actions.

Position titles within the IMT define the role and the tasks assigned to that role. Titles identify the hierarchy within the chain of command. These titles include:

- **Commander:** there is only one commander position during the incident response, this being the Incident Commander.
- **Officers:** officers are part of the command section. In NHICS, the officer roles are the Liaison Officer, Public Information Officer, Medical Director/Specialist and Safety Officer. Each of these positions report directly to the Incident Commander.
- **Chiefs:** oversight for the section is provided by a Section Chief.
- **Directors:** branches may be activated under the sections to maintain the chain of command and provide specific duties and actions as identified by the position title. For example, within the Operations Section, there is a Resident Services Branch and an Infrastructure Branch, with oversight provided by Directors.
- **Leaders:** units may be activated within a branch when there is a specialized but complex set of duties that relate to a specific assignment. The person assuming responsibility for a Unit is a Leader.

The NHICS incident management team chart illustrates how authority and responsibility is laid out during an activation of the emergency plan. In traditional Incident Command, there are five sections: Command, Operations, Planning, Logistics, and Finance. The Incident Commander position is the only one that is always activated in an emergency and in small scale incidents, the Incident Commander may be able to accomplish all five management functions without the activation of additional positions. For large incidents additional positions may be activated, with the overall goal to maintain the span of control and meet the needs of the facility based on the available resources. An important feature of the incident command system is its scalability. NHICS positions are assigned to personnel as indicated by the situation, and may be activated or deactivated as the incident unfolds and the needs change or become more clearly defined.



Within the Incident Management Team chart, positions are demonstrated for optimal staffing. When positions cannot be activated due to staffing, the roles and responsibilities are rolled into the highest position activated. For example, if the position of Liaison Officer cannot be activated, the tasks for that position become the responsibility of the Incident Commander.

NHICS Incident Management Team: Command

The **Incident Commander** is the only position that is always activated. The Incident Commander activates and directs the response through the development of command objectives to direct the response. In many cases, the Incident Commander may be the only position that is activated. A critical responsibility of the Incident Commander is the decision to evacuate the facility. Based on the incident hazard that causes evacuation, this can be a difficult decision and is based on overall situational information, the projected impact, the threat to life and property, and the capability for safe evacuation.

The **Safety Officer** within the Command Staff is responsible for overall safety of the response actions, modifying or suspending operations if the conditions are unsafe to continue. For example, a nursing home may be forced to evacuate all or part of the facility due to an earthquake. The Safety Officer should evaluate the site where residents are moved to, ensuring that this location is free of hazards.

The **Liaison Officer** serves as the link for the nursing home with external partners. This position provides information to external response agencies such as public health authorities, emergency management officials, and other agencies as identified by the facility during planning and response.

The **Medical Director/Specialist** is the person with specific expertise in clinical areas such as infectious disease, trauma management, and medical ethics who may be asked to provide the Incident Command staff with needed advice and coordination assistance. This role may be filled by persons outside of the facility but ideally will be filled by the facility's Medical Director/Specialist who has familiarity with the resident population, and the disaster plan for the facility. In the IMT illustrated in the beginning of this chapter, the **Medical Director/Specialist** reports to the Incident Commander; however, in actual event, this specialist may work directly with operations personnel providing advice or guidance in the response activities.

NHICS Incident Management Team: Operations

Many incidents that occur involve altered conditions of care for the residents. There could be environmental changes such as loss of power and/or poor air quality that will require emergency measures to protect residents from harm. There also could be injured or ill residents and staff who will require first aid and/or an environment that needs immediate cleaning or repair. These critical actions become the responsibility of the Operations Section who will be responsible for managing the tactical objectives outlined by the Incident Commander.

The **Operations Section** is considered the “doers” and consists of nine positions. Oversight of the Section is by a Chief. Additional positions include a Resident Services Branch Director, and an Infrastructure Branch Director. Under these two branches, the unit positions of Nursing, Psychosocial, Admit/Transfer & Discharge, Dietary, Environmental, and Physical Plant/Security may be activated depending on the situation.

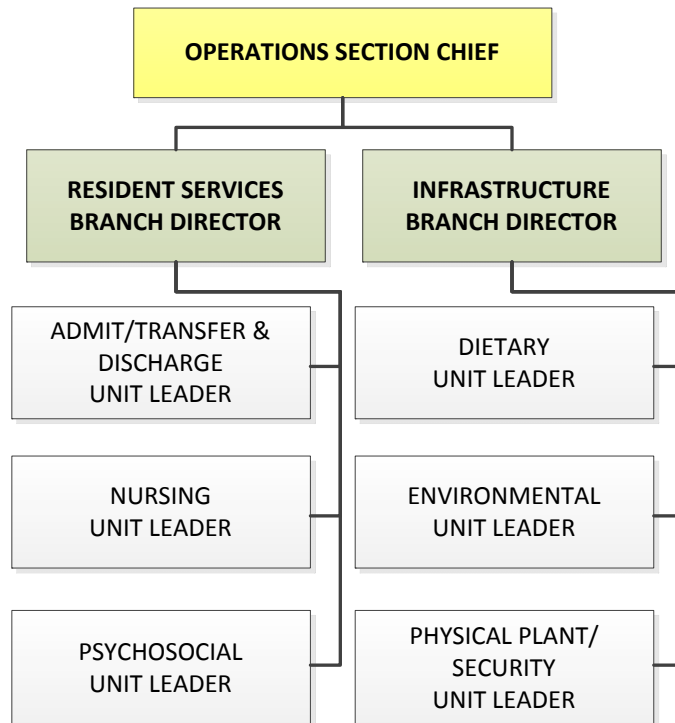
The **Operations Section Chief** oversees all tactical operations carried out within the response. He/she will activate the additional positions based on the needs of the event, as well as the availability of qualified personnel to fill the positions. Remember that if a position is needed but there is insufficient staffing to fill that position, the functions of that position are assumed by the highest position activated in that section.

The **Resident Services Branch Director** is responsible for the continuation of resident services as well as the provision of care to residents, staff and visitors who are injured or become ill due to the incident. The **Resident Services Branch Director** may assign staff to ensure continuation of resident services, including rehabilitation and vocational services as provided by the facility. The Resident Services Branch Director must also ensure that residents are accounted for and tracked, and that services needed to sustain operations are identified and provided.

The **Infrastructure Branch Director** is responsible for the continuation of those services that support the care in the facility including dietary, housekeeping, power, lighting, water, sewage, and other essential services. The **Infrastructure Branch Director** may also be required to assess the structural soundness of the facility in the event of an assault on the building such as from an earthquake, tornado, or fire, and then advise the Operations Section Chief on the capacity of the structure to sustain occupancy.

The **Physical Plant/Security Unit Leader** under the Infrastructure Branch is responsible for ensuring that the nursing home and the surrounding grounds are secure during the response. This may include traffic control as well as lock-down of the facility due to security threats, structural damage or infectious disease outbreaks. Planning should address the use of facility personnel to perform this role but also the integration of local law enforcement and/or private security firms if needed.

Within these established positions in the IMT, staff in day-to-day positions may continue their tasks and actions, reporting their status to the applicable branches. For example: the facility housekeeper(s) may report observed damages after an earthquake to the Infrastructure Branch Director. Those personnel who provide resident services, such as physical or occupational therapy, may report their status to the Resident Services Branch Director.



NHICS IMT: Operations Section

NHICS Incident Management Team: Logistics

The Logistics Section is considered the “getters” for the response. Logistics provides the necessary services and support to sustain operations during the emergency response. This section identifies and inventories current resources including supplies, equipment, and personnel, and obtains those additional items needed to support operations.

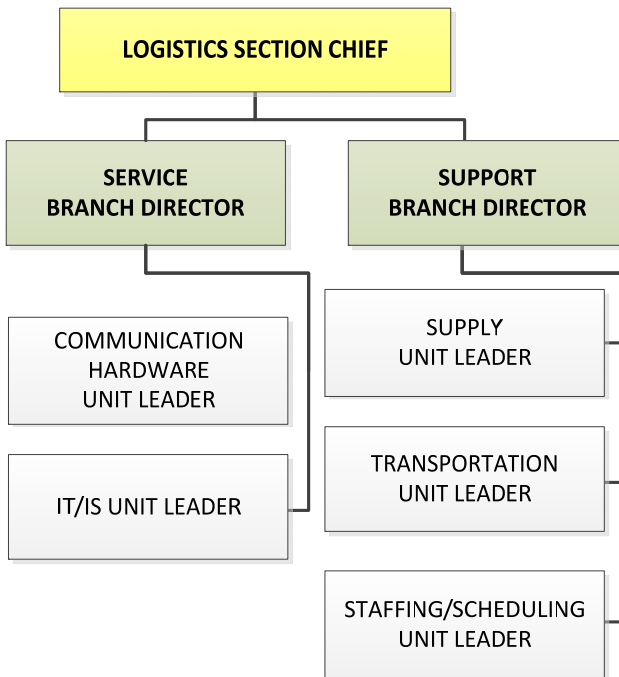
The **Logistics Section Chief** oversees the provision of services and support to sustain current operations and the operational response to the incident. It consists of eight positions including the Chief, the Service and Support Branch Directors, and the Communication/Hardware, IT/IS, Supply, Staffing/Scheduling, and Transportation Units. This section’s responsibilities include personnel/manpower, supplies, equipment, pharmaceuticals, and vehicles. The Logistics Section works closely with the Operations Section, responding to supply requests and their acquisition based on the needs of the response. During pre-event planning, a staging area (or areas) should be established and identified in the Emergency Operations Plan (EOP). The staging area will be a central location, large enough to allow for the collection of personnel, vehicles, and equipment/supplies needed in the response. The Logistics Section Chief, with the assistance of the Support Branch Director provides oversight and direction at the staging area(s), maintaining an inventory of those supplies.

There are two branches within the **Logistics Section**: Service and Support. The **Service Branch** will ensure the preservation of those essential services; of communications and information technology. Under the Service Branch Director, the Communications and IT/IS Unit Leaders may be activated to assist with this function. The Logistics Section **Support Branch** organizes and maintains the facility’s supplies, equipment, transportation and labor pool in support of the residents, staff, and staff dependents in accordance with facility policy. The Support Branch must also account for those resources used and requested for operations. Under the Support Branch Director, the Supply, Staffing/Scheduling, and Transportation Unit Leaders may be activated to assist with this function.

Pre-incident planning should identify critical items that may be needed for various responses based on annual completion of a Hazard Vulnerability Analysis. The on-hand inventory documentation should be kept current and readily available for use when needed.

During a response, needed items that are not “in-house” may be obtained from off the shelf stores or through standard ordering procedures, emergency

procurement contracts, mutual aid agreements between facilities, corporate support, and/or requests to the local Emergency Operations Center – Emergency Support Function #8-Health and Medical Services.



NHICS IMT: Logistics Section

NHICS Incident Management Team: Planning

When sufficient staff are available, and when the impact of the event is sustained, the **Planning Section** or “thinkers” may be activated. The role of the Planning Section within the NHICS Incident Management Team is to gather and validate information from both internal and external sources. The **Planning Section** must also gather, analyze, and track situational response data, providing up-to-date and accurate information regarding residents, staff, supplies, and equipment and other resources, and projecting the ability to sustain operations based on the current and future status. This section consists of three positions.

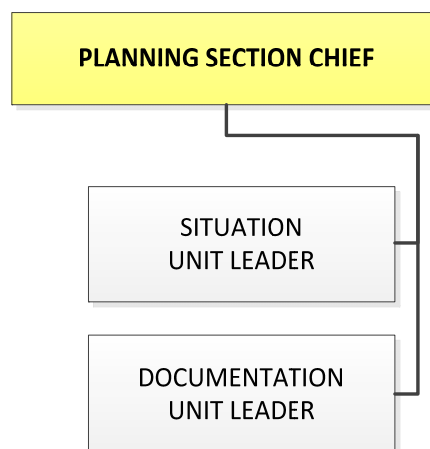
The **Planning Section Chief** oversees the section and determines the need for activation of the **Situation Unit** and **Documentation Unit**. As outlined in NIMS, the Planning Section will “collect, evaluate, and disseminate incident situation information and intelligence to Incident Command.” They will also be

responsible for preparing status reports, displaying various types of information, and developing the Incident Action Plan (IAP). The effectiveness of the Planning Section has a direct impact on the availability of information needed for the critical, strategic decision-making done by the Incident Commander and the other General Staff positions.

The **Situation Unit Leader** will be responsible for writing and maintaining incident updates based on internal and external events, including those related to patient tracking and bed tracking. The status of supplies and equipment, both those available and in use for the response will be tracked by the Situation Unit Leader.

Multiple types of information should be documented during an incident. This information may originate from the incident scene, in one of the nursing home's operating service areas, or from the (facility) Command Center. The Planning Section will take the lead in coordinating documentation efforts. The role of the **Documentation Unit Leader** is to work with other members of the incident management team to document the incident. They also are responsible for archiving the documents created during the response.

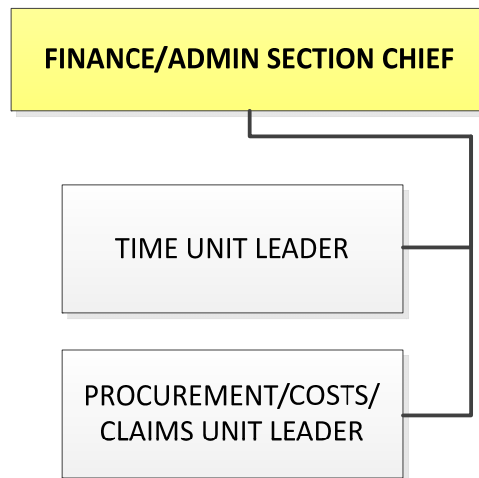
Multiple methods of documentation will likely be used during an incident. Written documentation will be the primary method of information recording. Each Incident Management Team position is tasked with maintaining their own log of issues, actions, and outcomes (See Attachment E: NHICS Forms).



NHICS IMT: Planning Section

NHICS Incident Management Team: Finance/Administration

The **Finance/Administration Section Chief** oversees the costs and expenditures incurred by the response actions, including the purchasing of supplies and equipment. The Finance/Administration Section must also account for lost revenue associated with the response and recovery and ensure thorough investigation and documentation of incident-related claims. Additionally, the Finance/Administration Section Chief must assist in the screening of volunteers who will be assigned to duties during the response. This section consists of three positions.



NHICS IMT: Finance/Administration

The **Time Unit Leader** ensures that all staff and volunteers who are utilized in the response efforts account for their hours and assists with the screening of volunteers or newly recruited staff if possible before they are assigned to any resident areas.

The **Procurement/Claims/Costs Unit Leader** works closely with the Logistics Section to obtain those supplies and equipment needed for the response. The costs of items procured in the response will be documented, with projections for ongoing costs that may be incurred in the response and recovery phases. The position is also responsible for coordinating all claims and compensations related to response and recovery efforts. These may include insurance and government claims related to the response as well as compensation claims related to employee, visitor, or resident injury or illness.

Position Crosswalk

To further explain the roles within the IMT, suggested nursing home positions that may fill the IMT roles have been identified. The identification of traditional nursing home positions to fill the IMT roles provides a source of discussion in the planning stage. A key step in this process is to review the roles and responsibilities of the position as identified in the Job Action Sheet, and identify the most skilled person to fill the role.

The following chart is a list of suggested persons to fill the IMT roles.

NHICS POSITION	NURSING HOME POSITION
Incident Commander	Administrator
Medical Director/Specialist	Medical Director/Nurse Consultant
Public Information Officer	Media Relations/Administrator
Liaison Officer	Assistant Administrator
Safety Officer	Maintenance
Operations Section Chief	Director of Nursing
Resident Services Branch Director	Director of Staff Development
Nursing Unit Leader	Charge Nurse
Psychosocial Unit Leader	Activities Director
Admit/Transfer & Discharge Unit Leader	Charge Nurse or Rehab Director
Infrastructure Branch Director	Housekeeping supervisor
Dietary Unit Leader	Cook
Environmental Unit	Housekeeper
Physical Plant/Security Unit Leader	Maintenance
Planning Section Chief	Assistant/Associate Administrator
Situation Unit Leader	Director of Admitting
Documentation Unit Leader	Medical Records Staff
Logistics Section Chief	Assistant/Associate Administrator/Director of Dietary Services
Service Branch Director	Accounts Manager
Communication Hardware Unit Leader	Maintenance Staff/Rehab Director
IT/IS Unit Leader	Business Office Staff
Support Branch Director	Director of Social Services
Supply Unit Leader	Housekeeping or Central Supply
Staffing/Scheduling Unit Leader	Lead CNA
Transportation Unit Leader	Maintenance or Activity Staff
Finance/Admin Section Chief	Business/Finance Director
Time Unit Leader	Payroll/Biller
Procurement /Costs / Claims Unit Leader	Risk Manager / Quality Management

Adapting the IMT to Large and Small Facilities

In the planning stages, nursing home administrators and managers should determine the availability of on-site staff to fill IMT positions. This should include identification of staff on all shifts; those persons readily available to fill positions during the day may not be immediately available during the night or on weekends. The IMT chart should be kept current and accessible.

For smaller facilities or during off hours for any facility, it may be necessary for administrators/managers who are working and still on-site to initially assume multiple roles until additional personnel arrive. Job Action Sheets for each position that an individual completes should be reviewed and used separately or combined into a blended JAS – this should be done as part of the planning process and not attempted during the response.

The use of NHICS and common training conducted by all of the nursing homes in a community will help to insure that these facilities can help one another, especially when the problem is isolated to one facility. Those not impacted may be able to share IMT trained personnel as well as other equipment and supplies.

Integrating response planning and training with the local hospital(s) can also provide the opportunity to assist one another during an emergency, including sharing of IMT personnel.

IV Job Action Sheets

Job Action Sheets are generic forms used in all response and recovery efforts. Each Job Action Sheet (JAS) identifies the position by title followed by a mission statement that reinforces the roles and responsibilities assigned to that position.

An information box is found at the top of each JAS, allowing for documentation of the position assignment and key response information, including location and contact data.

The Job Action Sheet provides a chronological list of tasks to consider in the response. This serves not only as a response guide but also as a documentation tool. The design allows for recording what action was taken, by whom, the time, and other pertinent details

On the JAS for Command and General (Section Chiefs) staff, actions are grouped into four time periods:

- Immediate 0-2 hours
- Intermediate 2-12 hours
- Extended Beyond 12 hours
- Demobilization/System Recovery

On the JAS for Branch and Unit staff, the actions are grouped into two time periods:

- Immediate 0-2 Hours
- On-Going Ongoing until told to resume normal duties

The JAS also includes a list of job tools: those additional items that will facilitate the response. These may include copies of specific forms, communication tools such as radios, and response-generated paperwork. As with other sections of the JAS, this area may be revised to include those response tools that will aid the person assigned to the position.

The Job Action Sheet should be customized to the individual nursing home. This can be done in the planning stage, allowing qualified persons who are identified to fill the positions to review the tasks, recommending changes to better explain the actions and incorporate additional tasks specific to the facility. In the after-action phase, the Job Action Sheets should be reviewed, noting if tasks were completed, the time of completion, and any additional actions undertaken not currently on the JAS. This will allow for revision of the JAS with the resulting enhancement and customization of the guide. Job Action Sheets for all positions identified on the IMT have been developed (See Attachment D: Job Action Sheets).

V Incident Planning and Response Guides

An additional tool that can be used in all phases of the nursing home's emergency management program are the Incident Planning and Response Guides. Each Incident Planning Guide (IPG) begins in the planning and mitigation phase, identifying those actions that may be considered to lessen the impact of the event (mitigation) as well as those actions that may be undertaken in the planning stage, including the development of policies and procedures that will be used in the response. IPGs also include consideration of activities for the response and recovery phase. The IPG is intended to provide guidance in evaluating a plan that may be already written for a particular situation or may be used to write a plan for that situation.

Incident Response Guides (IRGs) detail those actions to be addressed in the response and demobilization (recovery) phases. As with the Job Action Sheets, the actions are organized into the four time periods of Immediate, Intermediate, Extended, and Demobilization. The IRG should be reviewed and customized by the nursing home, incorporating facility-specific information such as contact information, policies and reporting structures.

Incident Planning and Response Guides have been developed for events most likely to impact a nursing home. These are: Biologic-Pandemic Influenza, Fire, Major Earthquake, Internal Flooding, Severe Weather, and Man Made Disaster: Loss of Power.

Differentiating Job Action Sheets and Incident Response Guides

The Job Action Sheets are developed as guidance and documentation tools for the actions assigned to the position and the person filling the position. The Job Action Sheets are "generic," meaning that the actions and tasks are applicable for all events, regardless of size or cause. The Incident Response Guides are a complementary tool, identifying actions to be considered based on the event that triggers the activation. As an example, the Operations Section Chief will first review then carry out the actions listed on the Job Action Sheet. The Incident Response Guide (IRG) will then list actions to undertake specific to the incident, such as implementing the fire response plan.

The Incident Planning and Response Guides are contained in Attachment F.

VI Incident Action Planning and Incident Command System Forms

In developing the response to the event, certain steps should be taken to guide the response. These steps are part of the Incident Action Planning. The incident planning process is a core concept of ICS and takes place regardless of the incident size or complexity. This planning involves six essential steps:

1. Understanding the nursing home's policy and direction

The command and general staff, in developing the response actions to undertake, must first understand the facility policy and purpose. For example, the nursing home may be active in community medical disaster planning and have developed plans to provide first aid services during the emergency. This policy should be established in written policy and be clearly understood by the Incident Management Team as an established response action.

2. Assessing the situation

Situational intelligence is critical in developing the response actions, providing insight to the impact, and projecting the span of the event. Nursing homes should have access to established mechanisms and systems within the community (city, county, regional, or state) that will provide and verify situational information. Another component in assessing the situation is determining the potential impact on the facility itself, based on current resident and employee status, the status of the building(s) and grounds, and the ability to maintain resident services.

3. Establishing incident objectives

The Incident Commander sets the overall command objectives for the response. He/she sets the direction for the response actions, setting the mission of the nursing home in the emergency response. For example, in an incident involving power failure, ensuring the safety of the residents and employees is the highest priority. The Incident Response Guides provide examples of objectives that apply to the response based on the cause. These may be used in the Incident Action Planning process.

4. Determining appropriate strategies to achieve the objectives

After the Incident Commander has set the command objectives, the section chiefs then determine the appropriate strategies to undertake

in the response. This provides a plan of action for each section, clearly identifying actions and duties while ensuring that there is no duplication of efforts. Objectives should be developed that provide clear direction and clearly define what is to be done. For example, assessing the building for structural damage after an earthquake is a clear objective to be carried out.

5. Giving tactical direction and ensuring that it is followed

Tactical directions provide the responders with the actions to be taken, and identifies the resources needed to complete the task. For example, assessing the facility after an earthquake will require the necessary tools such as protective equipment, checklists to document the assessment, etc. Actions undertaken should be assessed for their effectiveness, with the objectives and directions adapted if they are unsuccessful.

6. Providing necessary back-up

When tactical direction is initiated, support is needed to meet the objectives. This may include revision of the actions taken in the response, the assignment of additional resources (personnel, supplies and equipment) as well as the revision of tactical objectives.

Management by Objectives

The foundation of healthcare incident action planning is Management by Objectives (MBO). The Incident Commander sets the overall command objectives for the response and recovery. Through this process, staff within operations, logistics, and planning are given a clear direction to follow and will then develop strategies for their respective sections. Consider the following example that demonstrates the application of command objectives and strategies. A community-wide infectious disease outbreak impacts the nursing home through illness of residents and staff. The outbreak must be contained, and local health authorities advise restrictions on visitations to nursing homes, hospitals, long-term care, and residential facilities. At the nursing home, the emergency operations plan has been activated, as over 50% of the residents and almost 35% of the facility staff are ill. The Incident Commander identifies the command objectives for this response as:

1. Ensure the safety of residents, visitors, and staff
2. Continuation of essential resident services and provision of medical care as needed

For the Operations Section (those who provide care to residents and maintain the facility infrastructure) the strategies and tactics that meet the command objectives include:

1. Command Objective: Ensure the safety of residents, visitors, and staff
 - a. Strategy: Restriction of visitors to residents
 - i. Tactic: Notify residents and family members of restricted visitation to prevent possible spread of infectious disease
 - ii. Tactic: Post signage of restricted visitation
 - iii. Tactic: Consolidate all entry into facility to one portal to control visitors
2. Command Objective: Continuation of essential resident services and provision of medical care as needed
 - a. Strategy: Cancellation of nonessential services in order to utilize available staff for essential resident services
 - i. Tactic: Identify nonessential services that can be cancelled or postponed; reassign staff to essential services or to an on-site labor pool

For the Logistics Section, whose role is to provide the necessary supplies and equipment to support Operations, the strategies and tactics may include:

1. Command Objective: Ensure the safety of residents, visitors, and staff
 - a. Strategy: Provide infection control supplies as needed and directed
 - i. Tactic: Inventory all available infection control supplies, including gloves and masks, currently available

Documenting the Objectives, Strategies and Tactics:

The Incident Action Plan (IAP)

The Federal Emergency Management Agency (FEMA) has developed ICS forms that can be utilized in Incident Action Planning. In 2006, the Hospital Emergency Incident Command System was revised, with the inclusion of ICS forms included in the project. The forms provide a documentation tool that directs the response and archives the objectives, strategies, and tactics. It is also used as a method for documenting the personnel, supplies, and equipment used in response and recovery phases.

Key information on the NHICS forms

Incident Name: The event that triggers the activation of the emergency operations plan and the incident management team structure is given a specific name that is then recorded on all ICS forms. If the event affects only the nursing home, the Incident Commander will identify the name. For example, a fire at the facility may be named Nursing Home Fire. If the incident occurs outside of the nursing home, the lead agency or local emergency management will name the incident. This name will be widely communicated, and allow for all response and recovery actions to be tracked under one name. For example, if there is a wildfire that triggers the evacuation of the nursing home, the incident name will come from the lead agency (the fire service) for the response. This incident name should be used on all ICS forms produced by the nursing home, providing clear documentation of the evacuation in response to the external event.

Operational Period: This refers to the amount of time it is projected to take to meet the strategies and tactics identified in the response. The operational period does not need to correspond to shift hours. The operational period may be revised to a longer or shorter period based on the incident, the response actions, and the evaluation of efforts undertaken. There is one Incident Commander for the operational period. Turnover of incident management team positions and new strategies and tactics signals a new operational period. It is the role of the Incident Commander to set the operational period.

Recording of time and date: The time used on all forms is based on a 24-hour clock. For example, 10 o'clock in the morning is documented at 1000 while 10 o'clock at night is documented at 2200. Standardizing everyone's watches and clocks at the outset of an operational period will help to insure reporting time accuracy.

Dates are expressed in a year / month / day format. For example, June 18, 2009 is written as 2009-06-18.

Names and Titles: Position titles have been identified for NHICS that are consistent with standard incident command system terminology. These include Commander, Section Chiefs, Branch Directors, and Unit Leaders. This allows for positions to be shared with other organizations, and also enhance

communication among response partners through the use of common terminology.¹

In documenting the response on the NHICS forms, the names of persons filling the IMT positions should include the full name.

Prepared by: Each form identifies the position within the Incident Management Team responsible for completing the form. This task is also reflected on the Job Action Sheet for each position.

Facility Name: The name of the nursing home or long-term care facility that is utilizing the form is documented. This allows for information to be shared with other response partners or with other facilities that may be part of a larger consortium.

Approved by: On some forms, the completion of the form for accuracy and applicability may be reviewed by another position within the IMT. This will be noted on each form, with space provided for signatory approval.

Purpose and Copies: In the footer section of each form there is guidance provided on the purpose of each form and the routing or distribution of each form. Nursing homes may elect in the planning stage to review the routing of forms, providing customization in the distribution.

Legibility: As with all documentation in healthcare, writing should be legible. Beyond guiding the response, ICS forms may be used in recovery, review of the response, and financial reimbursement. The documentation should be legible, providing a clear message for all response partners internal and external of the nursing home.

NHICS Incident Action Planning Forms

For use in Incident Action Planning by nursing homes, 18 forms have been adapted. Each form has a specific purpose in both directing and documenting the response.

¹ The use of common terminology is one of the foundational characteristics of the Incident Command System, as defined within the National Incident Management System (NIMS).

NHICS Form 201: Incident Briefing and Operational Log

The Incident Briefing contains the initial overview of the event, including the cause, the initial impact, the actions taken, and other critical information. This form is completed by the Incident Commander and should provide a clear and succinct overview of the situation to incident management team members. Then, this form can be used for the Command and General staff as their Operational Log to document assignments and key actions taken in their section/branch during the event. Each person with a Command or General staff assignment should complete an operational log, documenting their assignment, actions taken, critical information received, and other key information and decisions as determined by the individual. This critical chronology of information serves multiple functions: as a record of the work performed during the operational period; as a personnel log to assist with reimbursement; as a guide for the after-action review; and as a resource tool for personnel assuming the same position in follow-up operational periods.

NHICS Form 202: Incident Objectives

As previously noted, the Incident Commander sets the overall command objectives for the response. These are documented on NHICS form 202. The incident name and operational period, as first identified on NHICS form 201, are repeated on NHICS form 202. Weather conditions are documented on this form, in consideration of any operations that may be impacted by inclement weather, such as heat, rain, extreme cold, etc. As an example of the importance of weather conditions, consider a nursing home evacuation due to power failure. If there is extremely hot weather predicted for the next 12 hours, it may not be safe to move residents to an external location to await transportation. The Logistics Section may be required to provide shelter from the heat if residents must wait outside for prolonged periods.

General safety information is also reflected on NHICS form 202. In the example above, safety information may include use of tents or overhead shelters for staging of residents, directions to drink water and watch for signs of heat exposure to residents and staff.

A separate section is available to indicate any attachments to the form; some examples are contained but there is opportunity here for customization. For example, if a local health alert is issued in response to an infectious disease outbreak, the guidance from the health officer may be attached here. This is a key reference document in the development of strategies and tactics identified for the event response.

The Incident Commander will approve all information contained on NHICS form 202. The Planning Chief has the responsibility for completing the

form; if this role has not been activated or cannot be filled, the Incident Commander assumes the responsibility.

NHICS Form 203: Organization Assignment List

This form provides a documentation tool that reflects those positions on the Incident Management Team chart that are activated in the response, and the nursing home personnel currently assigned to the position. In larger facilities, a representative from the nursing home may respond to the (external) Emergency Operations Center (EOC) within the jurisdiction. This position should be documented on the form.

NHICS Form 205: Incident Communications Plan

Communications are an integral element of the response, and are most often cited as a failure in the response. This form allows for clear assignment of available technology, including radios, telephones, pagers, and other devices. Facilities may elect in the planning stage to complete this form with the systems and technology currently available. Decisions may also be made in the planning stage concerning the assignment of response specific to technology and tools. For example, if the nursing home has 4 two-way radios available for use in the response, these may be indicated on the form along with the IMT position to which each radio is assigned.

NHICS Form 206: Staff Injury Plan

In some cases, the care of ill or injured employees must be considered. If there is infrastructure damage to the facility that causes injuries to staff or if there is an infectious disease outbreak that requires assessment and prophylaxis of employees, the nursing home may need to care for its staff. NHICS form 206 documents these actions, providing clear direction as to the location of occupational health services and accountability for protection of employees.

NHICS Form 207: Organizational Chart

Similar to the information contained on NHICS form 203, position assignments are documented in a visual organization chart / incident management team format that can be distributed to appropriate personnel.

NHICS Form 213: Incident Message Form

Clear documentation of messages received and sent in activation is important both for ensuring critical information flow and follow-up actions taken. The person sending the message should document legibly the request being made, including the need for follow-up of actions taken. Persons receiving messages should use the form to document actions taken as requested and provide answers to messages. This form may also be used for documentation of telephone or radio messages received, again serving as a tool to record

requests and actions. The NHICS form 213 may be produced on NCR (non-carbon) paper, allowing for multiple copies of the messages to be routed accordingly. When used effectively, this allows for message archive without the use of a copy machine.

NHICS Form 251: Facility System Status Report

This form can and should be customized to the individual nursing home. Used when there is structural damage (power failure, earthquake, severe weather, and fire) key information is gathered on the infrastructure of the facility. This will aid in determining the capability of the facility to sustain operations, as well as provide clues to system recovery for engineers.

NHICS Form 252: Section Personnel Time Sheet

This form is used when an alternative staff time tracking system is needed due to power failure or other incident related conditions. This form can also be used to document the persons assigned to IMT positions, facilitating cost projections and financial reimbursement when possible.

NHICS Form 253: Volunteer Staff Registration

This form is used to document those non-nursing home personnel who respond and are assigned to the nursing home in support of operations. This form is used to document the screening of volunteers through reference or criminal background checks and/or credentialing if feasible, and then is used to track these persons to facilitate financial reimbursement when possible.

NHICS Form 254: Master Emergency Admit Tracking Form

In the event the nursing home receives residents or other individuals from the response or as transfers from another facility or hospital, this form is used to document those persons received.

NHICS Form 255: Master Resident Evacuation Tracking Form

This form provides documentation for tracking of nursing home patients who are evacuated from the facility in response to a disaster. This form may be customized during the planning stage to provide greater specificity to the resident requirements and special considerations of the individual nursing home.

NHICS Form 256: Procurement Summary Report

This form is used by the Finance/Administration Section to track all supplies and equipment procured in the response and recovery phase, providing an ongoing cost assessment tool for current and projected operations.

NHICS Form 257: Resource Accounting Record

A major component in a successful response that utilizes outside resources is the ability to track and account for supplies and equipment used. This form provides a tracking tool for those items, allowing for rapid identification of what is being used in the response and what is still needed.

NHICS Form 258: Facility Resource Directory

The resource directory can be customized in the planning stage to identify those current resource partners, such as transportation services and supply vendors, as well as those resources that may only be used in an emergency such as emergency management officials, health officials, and repair services. It is critical during the response to have accurate contact information, with redundancies of information. This data can be collected well in advance of an event, and may serve to identify those response partners within the jurisdiction of the nursing home that can be engaged in planning.

NHICS Form 259: Master Facility Casualty and Fatality Report

In the event of resident injury or death, this form may be used to report to local health and emergency management officials, as defined within the jurisdiction. In planning, the release of information should be discussed, identifying those agencies or individuals to whom potentially confidential information will and will not be released.

NHICS Form 260: Individual Resident Evacuation Tracking Form

This form is used for individual resident evacuation, providing a clear and concise overview of individual needs that will be communicated to the receiving nursing home, hospital, or shelter site. NHICS form 260 may be produced on NCR (non-carbon) paper, allowing for copy to keep and a copy to send to the receiving facility without the use of a copy machine.

NHICS Form 261: Incident Action Safety Analysis

All Incident Action Plans contain a safety analysis. This form directs the Safety Officer to identify those potential hazards and direct mitigation efforts to lessen the risk of injury or illness. For example, in a power failure it may be advised to restrict all residents to their rooms to prevent falls in areas where lighting is limited. This is information that would be documented, with the assignment of restriction of resident movement assigned to branches.

VII Facility Command Center

It will be important that an area be designated within the nursing home to serve as the Facility or Nursing Home Command Center. Conference rooms are often used for this purpose. The room ideally should be in a secure location and suitable in size to accommodate the anticipated number of personnel filling IMT positions who will operate from this area. Access to phones, computers with internet capability, printers, fax machine, and general supplies (paper, pencils, etc.) will be important. Having a large whiteboard for documentation and projection capability may be helpful. Convenient access to bathrooms and food will also be important.

Space should be organized so each command position has a desk area and access to available technology. Persons assuming a command role should be easily identified by use of vests or other suitable clothing item (i.e. hat, armband).

If staffing allows, assigning persons to serve as assistants to those in charge has been shown to be invaluable. They can assist by answering phones and documenting key pieces of information.

VIII Overview of Educational Materials

Educational materials have been developed for assistance in the use of the Nursing Home Incident Command System. Each module will contain core materials that will allow individual nursing homes to first review the module concepts and then customize the materials to the individual facility. The core concepts within each module include:

Learning objectives: Module-specific learning objectives to be achieved in both instruction and learning will be defined. Nursing homes that elect to add additional concepts to the module should ensure that objectives are developed to address these changes.

Key information: Basic, foundational knowledge will be included in each module. Key concepts or information will be highlighted throughout.

Instructor notes: Each module will contain slide instructor notes, reviewing the core concepts that should be emphasized within the training as well as recommendations to enhance the learning.

Module summary: A summary slide will close each module.

References: When applicable, references for further information will be included at the conclusion of the module.

Post-test: Each module contains a brief post-test to allow learners to test their knowledge based on the identified objectives.

Educational Modules

Five modules have been developed for use in the introduction of the NHICS and the toolkit materials. Modules may be used to introduce the NHICS concepts, discuss the application of the system, and advance the overall emergency management response of the nursing home.

Module I: Personal Emergency Preparedness

The importance of personal preparedness for employees and their families is critical to a successful response. In this module, the following objectives will be addressed:

- Understand the importance of personal emergency planning
- Create a family emergency plan
- Prepare an emergency kit

Module II: Introduction to the Incident Command System

This module will introduce planners to the Incident Command System (ICS) and its application to nursing homes. Objectives include:

- Discuss ICS and the three purposes of the Incident Command System (ICS)

- Outline the fundamental features of ICS
- Describe the five management functions
- Define ICS terminology
- Describe the six steps of the incident planning process

Module III: Applying ICS in Nursing Homes

This module will introduce the additional tools that can be used in both the planning and response stages. Objectives include:

- Understand how general Incident Command principles apply to Nursing Homes
- Understand why and incident management team is implemented, including Command and General Staff roles and responsibilities
- Demonstrate how to build and implement a Nursing Home incident management team

Module IV: NHICS Tool Kit

In this module, the specific tools developed or customized for use in Nursing Homes will be discussed. Objectives include:

- Review the tools developed for NHICS planning and response to emergencies
- Discuss the Incident Planning and Response Guides and their applicability
- Understand the purpose of Job Action Sheets
- Review the Incident Action Planning forms customized for use in Nursing Homes

Module V: Implementing NHICS Into Your Facility

In this module, guidance on how to take the NHICS into your facility will be discussed. Objectives include:

- Be familiar with administrative steps for NHICS implementation
- Describe how to adopt NHICS materials
- Discuss creating a Command kit for each IMT role
- Outline key elements of a FCC
- Identify how staff can be trained on NHICS
- Discuss conducting an exercise

IX Acronyms

EMP	Emergency Management Program
EOC.....	Emergency Operations Center
EOP	Emergency Operations Plan
FCC	Facility Command Center
HICS	Hospital Incident Command System
IAP	Incident Action Plan
ICS.....	Incident Command System
IMT	Incident Management Team
IPG	Incident Planning Guide
IRG	Incident Response Guides
JAS	Job Action Sheet
LTC.....	Long-term Care
NH.....	Nursing Home
NHCC	Nursing Home Command Center
NHICS.....	Nursing Home Incident Command System
NIMS.....	National Incident Management System
SNF	Skilled Nursing Facility
SO	Safety Officer

FIRE

INCIDENT PLANNING GUIDE



INCIDENT PLANNING GUIDE

DOES YOUR EMERGENCY OPERATIONS PLAN ADDRESS THE FOLLOWING ISSUES?

MITIGATION & PREPAREDNESS	
<input type="checkbox"/>	Does your fire alarm and overhead announcement sound loudly enough to be heard in all locations?
<input type="checkbox"/>	Does your fire alarm system include both audible and visual systems (e.g., alarm tone and flashing strobe lights)?
<input type="checkbox"/>	Does your nursing home have lighted emergency exits in all areas?
<input type="checkbox"/>	Does your fire alarm automatically notify the local fire department?
<input type="checkbox"/>	Does your nursing home have a fire plan that includes closing and securing all doors and windows?
<input type="checkbox"/>	Does your nursing home have procedures to immediately shut off valves that control oxygen, other medical gases, natural/propane or other facility operation gasses?
<input type="checkbox"/>	Does your nursing home have procedures to evaluate all areas of the nursing home for smoke or fire damage? Does your nursing home conduct periodic inspection and maintenance of fire protection systems and equipment (e.g., standpipes, fire extinguishers, sprinkler systems, etc.)?
<input type="checkbox"/>	Does your nursing home include the local fire department in emergency response planning?
<input type="checkbox"/>	Does your nursing home conduct regular fire drills and evaluate staff performance and take corrective actions as indicated?
<input type="checkbox"/>	Does your nursing home provide staff instruction on when and how to use a fire extinguisher?
<input type="checkbox"/>	Does your Emergency Operations Plan include triggers or criteria for activation of the Emergency Operations Plan, incident command and the command center?
<input type="checkbox"/>	Does your nursing home have a process for regularly assessing the status of the facility, repair, resident services, system restoration and staffing and adjusting the Incident Action Plan and operations accordingly? Does the process include regularly updating the Incident Action plan and reviewing decisions made/actions taken to accomplish the mission?
<input type="checkbox"/>	Does your nursing home have procedures and forms to track costs, expenses and provide reports?
<input type="checkbox"/>	Does your nursing home have procedures with clear routes of communication to gather and confirm situation reports and status updates from local emergency management? Is there a plan to communicate with the local EOC (emergency management, public health) about the situation status, critical issues, and resident health status and request assistance?

FIRE

INCIDENT PLANNING GUIDE



<input type="checkbox"/>	Does your nursing home have a plan to notify and maintain communications (primary and back-up systems) and exchange appropriate information with the following? <input type="checkbox"/> Internal experts, including infection control, engineering/facilities, physician(s). <input type="checkbox"/> External experts, including local, regional and state public health, EOC/emergency management, fire, police, regulatory agencies. <input type="checkbox"/> Other local facilities and hospitals.
<input type="checkbox"/>	Does your nursing home have procedures to provide accurate and timely situation and safety information (in cooperation with local Joint Information Center) to staff, residents, and families and a back-up system if primary communication systems fail?
<input type="checkbox"/>	Does your nursing home have procedures to determine the status of communication systems outside of the facility in order to communicate with local emergency management, regulatory agencies, police, and fire within the city, county, and operational area?
<input type="checkbox"/>	Does your nursing home have a plan to conduct regular media briefings in collaboration with local emergency management, local EOC, and the local Joint Information Center?
RESPONSE & RECOVERY	
<input type="checkbox"/>	Does the nursing home have a procedure to obtain a detailed damage assessment of any area in the nursing home and officially documenting the damage for insurance purposes, including: <input type="checkbox"/> Direct fire damage <input type="checkbox"/> Smoke damage <input type="checkbox"/> Equipment damaged <input type="checkbox"/> Supplies lost <input type="checkbox"/> Injuries/fatalities <input type="checkbox"/> Water run-off <input type="checkbox"/> Other operational damage/needs
<input type="checkbox"/>	Does your nursing home have a plan to evaluate the environment and air quality of nearby affected areas and determine the need for evacuation of the areas or temporary relocation of residents?
<input type="checkbox"/>	Does the nursing home have a plan for the activation of alternate care sites, if needed?
<input type="checkbox"/>	Does the nursing home have a procedure for securing unsafe/damaged areas of the nursing home and salvaging equipment, as possible?
<input type="checkbox"/>	Does your nursing home have procedures to evaluate the need for additional staff, augment staffing levels or manage with staff available? Is there a plan to modify contingency staff utilization and provide staff support (i.e., alternate shifts and staffing, childcare contingency plan for staff, staff transportation needs, etc.)?
<input type="checkbox"/>	Does your nursing home have a plan to provide rest/sleep, nutrition and hydration to staff?
<input type="checkbox"/>	Does your nursing home have a process to determine the need for shelter in place vs. partial evacuation vs. complete evacuation of the nursing home to protect residents and staff?
<input type="checkbox"/>	Does your nursing home have a process to assess residents for early discharge to decrease occupancy?
<input type="checkbox"/>	Does your nursing home have a process to determine the need to limit resident visitation?
<input type="checkbox"/>	Does your nursing home have a plan to secure the nursing home, including adequate personnel to assure security?

FIRE

INCIDENT PLANNING GUIDE



<input type="checkbox"/>	Does your nursing home have a process to assess damage to building structure and infrastructure (HVAC, water, sewage, lighting, power, information systems, communications, medical gases and hazardous materials)?
<input type="checkbox"/>	Does your nursing home have protocols to manage, treat (or refer for treatment) and report injuries to residents, staff, families and visitors? Is there a process to prepare a report of all residents, staff, families and visitors evaluated, treated, and discharged from the facility?
<input type="checkbox"/>	Does your nursing home have a process to inventory available supplies, medications, equipment and personnel for both short and long-term operations? Does this include a process for obtaining supply and equipment supplementation?
<input type="checkbox"/>	Does your nursing home have a process for determining food and water needs for residents, visitors, families and staff for 96-hours and a plan for obtaining needed supplies?
<input type="checkbox"/>	Does your nursing home have procedures to track residents and beds in the event of an evacuation?
<input type="checkbox"/>	Does your nursing home have, if not evacuating, a plan to maintain continuity of operations including trash, food, linen, laundry, etc.?
<input type="checkbox"/>	Does your nursing home have a plan to access outside resources through a medical mutual aid system?
<input type="checkbox"/>	Does your nursing home have a plan to establish alternate care sites and relocate services provided if transfer is not feasible?
<input type="checkbox"/>	Does your nursing home have a plan to keep resident/staff families notified of current situation, location, condition and safety measures taken to protect them?
<input type="checkbox"/>	Does your nursing home have a plan for demobilization and system recovery that is activated during emergency response? Does this include a procedure for prioritizing service restoration activities, including restoring medical care operations, visitation and non-essential operations (i.e., social activities, meetings, etc.)?
<input type="checkbox"/>	Does your nursing home have procedures for repatriation of patients that were transferred or evacuated?
<input type="checkbox"/>	Does your nursing home have a process for reporting all injuries, system failures and long-term damage to state licensing and certification authorities as required?
<input type="checkbox"/>	Does your nursing home have a plan for providing mental health support and stress management services to staff, residents and families?
<input type="checkbox"/>	Does your nursing home have procedures for reordering, restocking and returning borrowed supplies, equipment, medications and personnel?
<input type="checkbox"/>	Does your nursing home have procedures for after action reporting and developing an improvement plan based on lessons learned? Is there a plan to participate in after-action review with local emergency management and community partners?
<input type="checkbox"/>	Does your nursing home have criteria to confirm restoration of the facility to normal function?
<input type="checkbox"/>	Does your nursing home have a process for submitting cost for disaster reimbursement from insurance carriers, local, state and FEMA disaster relief?
<input type="checkbox"/>	Does your nursing home have a process to determine the need for canceling non-essential services (i.e., social gatherings, meetings, etc.)?

Nursing Home Incident Command System

Job Action Sheets

Contents

These 36 Job Action Sheets were written in 2008 to correspond with the Nursing Home Incident Command System. Florida Health Care Association and the Florida Department of Health utilized the work begun in the Hospital Incident Command System, adapting the tasks for the nursing home environment.

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Incident Command

POSITION ASSIGNED TO:		
Reporting to:	CEO/Other Oversight Management Structure:	
Command Center Location:		Telephone:

Mission: Organize and direct the facility's emergency operations. Give overall direction for facility operations and make evacuation and sheltering in place decisions.

Immediate	(Operational Period 0-2 Hours)
	Assume role of Incident Commander and activate the Nursing Home Incident Command System (NHICS)
	Read this entire Job Action Sheet and put on position identification (garment, vest, cap, etc.).
	Notify your usual supervisor of the incident activation of NHICS.
	Determine the following prior to the initial NHICS team meeting. (This will comprise the first components of the facility's Incident Action Plan).
	<ol style="list-style-type: none"> 1. Nature of the problem (incident type, injury/illness type, etc.) 2. Safety of staff, residents and visitors 3. Risks to personnel and need for protective equipment 4. Risks to the facility 5. Need for decontamination 6. Estimated duration of incident 7. Need for modifying daily operations 8. NHICS team required to manage the incident 9. Need to open up the facility's Incident Command Center (ICC) location 10. Overall community response actions being taken 11. Need to communicate with state licensing agency 12. Status of local, county, and state Emergency Operations Centers (EOC)
	Determine need for and appropriately appoint Command Staff and Section Chiefs, or Branch/Unit/Team leaders as needed; distribute corresponding Job Action Sheets and position identification.
	Brief all appointed staff of the nature of the problem, immediate critical issues and initial plan of action. Designate time for next briefing.
	Assign clerical personnel to function as the ICC recorder(s). Document all key activities, actions, and decisions on a continual basis.
	Communicate to Command Staff and Section Chiefs how personnel time is to be recorded. Determine if Finance/Administration has any special preferences for submission at this time.
	Define and document specific existing or potential safety risks and hazards, which Section or Branch may be affected, and steps to mitigate the threat. This is the first step in an ongoing process continued by the Safety Officer and included in the subsequent briefing meetings.

Immediate	(Operational Period 0-2 Hours)
	<p>Receive status reports from and develop an Incident Action Plan with Section Chiefs and Command Staff to determine appropriate response and recovery levels. During initial briefing/status reports, the following information may be needed:</p> <ul style="list-style-type: none"> • Initial facility damage survey report across sections. • Evaluate the need for evacuation. As appropriate to the incident, verify transportation plans. • Obtain resident census and status and request a projection report for 4, 8, 12, 24 & 48 hours from time of incident onset. Adjust projections as necessary. Assign to Planning Section Chief. • Identify the operational period and ICC shift change. • As appropriate to the incident, authorize a resident prioritization assessment for the purposes of designating appropriate early discharge (e.g. dialysis, vent –dependent). • Ensure that appropriate contact with outside agencies has been established and facility status and resource information provided through the Liaison Officer. • Seek information from Section Chiefs regarding on-hand resources of medical equipment, supplies, medications, food, and water as indicated by the incident. • Assess generator function and fuel supply. • Review security and facility surge capacity as appropriate, especially if serving as a host site or in case the local emergency management office requests beds.
	Oversee and approve revision of the Incident Action Plan developed by the Planning Section Chief. Ensure that the approved plan is communicated to all Command Staff and Section Chiefs.
	Communicate facility and incident status and the Incident Action Plan to CEO or designee, or to other executives and/or Board of Directors members on a need-to-know basis.
	Draft initial message for Public Information Officer (PIO) for notification to family members, responsible parties, and/or other interested persons regarding facility and resident status.

Ongoing	
	Ensure staff, resident, and media briefings are being conducted regularly.
	Evaluate overall nursing home operational status, and ensure critical issues are addressed.
	Ensure incident action planning for each operational period and a reporting of the Incident Action Plan at each shift change and briefing.
	Review /revise the Incident Action Plan with the Planning Section Chief for each operational period.
	Ensure continued communications with local, regional, and state response coordination centers through the Liaison Officer and others.
	Authorize resources as needed or requested by Section Chiefs.
	Set up routine briefings with Section Chiefs to receive status reports and update the action plan regarding the continuance and termination of the action plan.
	Approve media releases submitted by PIO.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.

Liaison Officer

POSITION ASSIGNED TO:		
Reporting to:	Incident Command:	
Command Center Location:		Telephone:

Mission: Function as the incident contact person in the nursing home for representatives from other agencies, such as the local emergency management office, police, and the licensing agency.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Incident Commander. Obtain Job Action Sheet.
	Read this entire Job Action Sheet and review emergency organizational chart.
	Put on position identification (garment, vest, cap, etc.).
	Notify your usual supervisor of your NHICS assignment.
	Obtain briefing from Emergency Incident Commander and note time for next meeting.
	Establish contact with local, county and/or state emergency organization agencies to share information on current status, appropriate contacts, and message routing.
	Communicate information obtained and coordinate with Public Information Officer.
	Obtain initial status and information from the Planning Section Chief to provide as appropriate to external stakeholders and local and/or county Emergency Operations Center (EOC)EOC, upon request: <ul style="list-style-type: none"> • Resident Care Capacity – The number of residents that can be received and current census. • Nursing Home’s Overall Status – Current condition of facility structure, security, and utilities. • Any current or anticipated shortage of critical resources including personnel, equipment, supplies, medications, etc. • Number of residents and mode of transportation for residents requiring transfer to hospitals or receiving facilities, if applicable. • Any resources that are requested by other facilities (e.g., personnel, equipment, supplies). • Media relations efforts being initiated, in conjunction with the PIO.
	Establish communication with other nursing homes as appropriate, the local EOC, and/or local response agencies (e.g., public health department). Report current facility status.
	Keep local EOC liaison officer updated as to critical issues and unmet resource needs.
	Document all key activities, actions, and decisions on a continual basis.

Ongoing	
	Attend all command briefings and Incident Action Planning meetings to gather and share incident and facility information. Contribute inter-facility information and community response activities and provide Liaison goals to the Incident Action Plan.
	Request assistance and information as needed through the facility's network or from the local and/or regional EOC.
	Obtain the following information from the Planning Section Chief and be prepared to report to appropriate authorities the following data: <ul style="list-style-type: none"> • Number of new residents admitted and level of care needs. • Current resident census • Number of residents hospitalized, discharged home, or transferred to other facilities • Number dead
	Communicate with Logistics Section Chief on status of supplies, equipment and other resources that could be mobilized to other facilities, if needed or requested.

Public Information Officer

POSITION ASSIGNED TO:		
Reporting to:	Incident Command:	
Command Center Location:		Telephone:

Mission: Serve as the conduit for information to internal and external stakeholders, including staff, visitors and families, and the news media, as approved by the Incident Commander.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Incident Commander. Obtain Job Action Sheet.
	Read this entire Job Action Sheet and review emergency organizational chart.
	Put on position identification (garment, vest, cap, etc.).
	Notify your usual supervisor of your NHICS assignment.
	Obtain briefing from Emergency Incident Commander and note time for next briefing.
	Decide where a media briefing area might be located if needed (away from the facility's Incident Command Center and the resident care activity areas). Coordinate designation of such areas with Safety Officer.
	Contact external Public Information Officers from community and governmental agencies and/or their designated websites to determine public information and media messages developed by those entities to ensure consistent messages from all entities.
	Develop public information and media messages to be reviewed and approved by the Incident Commander before release to families, news media, and the public. Identify appropriate spokespersons to contact families or to deliver press briefings as needed.
	Assess the need to activate a staff and/or family member "hotline" for recorded information concerning the incident and facility status and establish the "hotline" if needed.
	Attend all command briefings and incident action planning meetings to gather and share incident and nursing home information.
	Monitor incident/response information through the internet, radio, television and newspapers.
	Establish communication with other nursing homes as appropriate, local Emergency Operations Center (EOC), and/or local response agencies (e.g., public health department). Report current facility status.
	Document all key activities, actions, and decisions on a continual basis.

Ongoing	
	Coordinate with the Operations→Resident Services Branch regarding: <ul style="list-style-type: none"> • Receiving and screening inquiries regarding the status of individual patients. • Release of appropriate information to appropriate requesting entities.
	Continue to attend all Command briefings and incident action planning meetings to gather and share incident and nursing home information. Contribute media and public information activities and goals to the Incident Action Plan.
	Continue dialogue with external community and governmental agencies to get public information and media messages. Coordinate translation of critical communications into languages for residents as appropriate.
	Continue to develop and revise public information and media messages to be reviewed and approved by the Incident Commander before release to the news media and the public.
	Develop regular information and status update messages to keep staff informed of the incident, community, and facility status. Assist in the development and distribution of signage as needed.

Safety Officer

POSITION ASSIGNED TO:		
Reporting to:	Incident Command:	
Command Center Location:		Telephone:

Mission: Ensure safety of staff, patients, and visitors, monitor and correct hazardous conditions.
 Have authority to halt any operation that poses immediate threat to life and health.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Incident Commander. Obtain Job Action Sheet.
	Read this entire Job Action Sheet and review emergency organizational chart.
	Put on position identification (garment, vest, cap, etc.).
	Notify your usual supervisor of your NHICS assignment.
	Determine safety risks of the incident to personnel, the physical plant, and the environment. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.
	Communicate with the Logistics Chief to procure and post non-entry signs around unsafe areas.
	Ensure the following activities are initiated as indicated by the incident/situation: <ul style="list-style-type: none"> • Evaluate building or incident hazards and identify vulnerabilities • Specify type and level of Personal Protective Equipment to be utilized by staff to ensure their protection, based upon the incident or hazardous condition • Monitor operational safety of decontamination operations if needed • Contact and coordinate safety efforts with the Operations→Infrastructure Branch→Environmental Services Unit and Maintenance Unit to identify and report all hazards and unsafe conditions to the Operations Section Chief.
	Work with Incident Command staff in designating restricted access areas and providing signage.
	Assess nursing home operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.
	Ensure implementation of all safety practices and procedures in the facility.
	Initiate environmental monitoring as indicated by the incident or hazardous condition.
	Attend all command briefings and Incident Action Planning meetings to gather and share incident and facility safety requirements.
	Document all key activities, actions, and decisions on a continual basis.

Ongoing	
	Continue to assess safety risks of the incident to personnel, the facility, and the environment. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.
	Ensure proper equipment needs are met and equipment is operational prior to each operational period.
	Continue to attend all command briefings and incident action planning meetings to gather and share incident and facility information. Contribute safety issues, activities and goals to the Incident Action Plan.

Operations

POSITION ASSIGNED TO:		
Reporting to:	Incident Command:	
Command Center Location:		Telephone:

Mission: Organize and direct activities relating to the Operations Section. Carry out directives of the Incident Commander. Coordinate and supervise the branches within the Operations Section. Oversee the direct implementation of resident care and services, dietary services, and environmental services. Contribute to the Incident Action Plan.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.
	Read this entire Job Action Sheet and review emergency organizational chart.
	Put on position identification (garment, vest, cap, etc.).
	Notify your usual supervisor of your NHICS assignment.
	Obtain briefing from Emergency Incident Commander and designate time for next meeting.
	Assess need to appoint Branch Directors: <ul style="list-style-type: none"> • Resident Services • Infrastructure
	Transfer the corresponding Job Action Sheets to Branch Director. If a Branch Director is not assigned, the Planning Chief keeps the Job Action Sheet and assumes that function.
	Brief Branch Directors on current situation and develop the section's initial projection/status report. Establish the Operations Section chain of command and designate time and location for next section briefing. Share resident census and condition information gained at initial Command briefing. Communicate how personnel time is to be recorded.
	Establish Operations Section Center (in proximity to Incident Command area, if possible).
	Serve as primary contact with nursing home Medical Director.
	<ul style="list-style-type: none"> • Meet with Resident Services Branch Director and Nursing Services Unit Leader and communicate with Medical Director to plan and project resident care needs.
	Document all key activities, actions, and decisions on a continual basis.

Ongoing	
	<p>From information reported by Branch Directors, inform Incident Command of facility's internal factors which may contribute to the decision to evacuate or shelter in place:</p> <ul style="list-style-type: none"> • Resident acuity • Physical structure
	Implement resident evacuation at the direction of the Incident Commander with support of Branch Directors and other Section Chiefs.
	Meet regularly with the Incident Commander, Command Staff and other Section Chiefs to update status of the response and relay important information to Operations Section's Staff.
	As the incident requires, in preparation for movement of residents within the facility or to a staging area, work with Logistics→Supply Branch→Transportation Unit to assist in the gathering and placement of transport equipment (wheelchairs, canes, stretchers, walkers, etc).
	Designate times for briefings and updates with Branch Directors to develop and update section's projection/status report.
	Coordinate personnel needs with Supply Branch→Staffing/Scheduling Unit.
	Coordinate supply and equipment needs with the Supply Branch→Central Supply Unit Leader.
	Provide situation reports and projections to the Planning Section within stated time frames.
	Coordinate financial issues with the Finance/Administration Section.
	Ensure that this Section's branches are adequately staffed and supplied.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.

Resident Services Branch Director

POSITION ASSIGNED TO:		
Reporting to:	Operations Section Chief:	
Operations Center Location:		Telephone:

Mission: Coordinate and supervise all aspects of resident care, services, and movement into and out of the facility. Coordinate Unit Leaders under Resident Services Branch. Participate in developing facility's Incident Action Plan.

Immediate	
	Receive appointment from Operations Chief. Obtain Group's Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Operations Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Assess need for Unit Leaders within this Branch: <ul style="list-style-type: none"> • Nursing Services • Psychosocial • Transfer & Discharge
	Distribute the Job Action Sheets associated with the groups as well as the position identification garments. If a Unit Leader is not assigned, Resident Services Branch Director keeps the Job Action Sheets from that unit and assumes all functions.
	Meet with Unit Leaders to brief them on the incident and the following:
	1. Initial Status Report: <ol style="list-style-type: none"> a. Share resident census and condition information gained at briefing with Operations Section Chief. Direct unit leaders to contribute to the accuracy of this resident census and condition information as they work with the direct care staff and residents. b. Determine immediate staffing situation across units.
	2. Set Objectives and Assign Responsibilities: <ol style="list-style-type: none"> a. Decide and document point of contact(s) for Medical Director. b. Assign a prioritization assessment (triage) of residents with information which is currently known. c. Schedule a review of individual residents as needed for consideration of special needs and possible early admission to a higher level of care environment. d. Arrange for the provision of critical medical services, such as dialysis and oxygen therapy. e. Assign who will make contact with each resident's physician as needed to secure up to date orders, special instructions, and prescriptions. f. Assign Nursing Services Unit Leader to assess stock of medications for resident support for 7-10 days and to communicate needs with dispensing pharmacy. g. Instruct unit leaders to assess and report staffing needs and projections. h. Determine how care and services will continue as routinely as possible. i. Discuss/document the objectives and who is responsible for each

Immediate	
	3. General: <ol style="list-style-type: none"> Develop initial projection/status report. Review the Resident Service Branch chain of command. Communicate the operational period and set time and location for next meeting. Communicate how personnel time is to be recorded. Communicate how equipment, supplies, and personnel are to be ordered.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.
	Establish and maintain contact with Logistics Section Chief to ensure ordering and delivery of personnel and resources as needed.
	Ensure the Transfer & Discharge Unit Leader and Nursing Services Unit Leader are managing emergency discharges for at-risk residents.

Ongoing	
	Meet routinely with Unit Leaders to evaluate status and projected needs.
	Meet as scheduled with Operations Section Chief and Unit Leaders to evaluate Operations Section status and project needs. These meetings may include the Unit Leaders from the Infrastructure Branch at the discretion of the Operations Section Chief. Update Operations Chief on resident census and condition.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Nursing Services Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Resident Services Branch Director:	
Operations Center Location:		Telephone:

Mission: Organize and direct nursing services, including management of high acuity and special needs residents as well as routine nursing services including medication passes. Organize and direct activities of daily living for residents. Coordinate and supervise direct care staff. Evaluate supplies, equipment, and medication levels to support resident care needs.

Immediate	
	Receive appointment from Resident Services Branch Director.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Resident Services Branch Director.
	Notify your usual supervisor of your emergency incident assignment.
	Assess staffing needs for continuation of routine ADL services and restorative services.
	Meet with and brief direct care staff on their assignments. Update direct care staff on incident status and facility plans. Instruct them as to the message they are to share with residents. Schedule next meeting with direct care staff.
	Assess availability of necessary nursing supplies and equipment to provide resident care for 7-10 days. Communicate shortfalls with Resident Services Branch Director.
	Assess stock of medications for resident support for a period of 7-10 days.
	<ul style="list-style-type: none"> Communicate pharmaceutical needs with the dispensing pharmacy immediately.

Ongoing	
	Manage the provision of routine nursing services.
	Manage the provision of medication passes in keeping with resident schedules.
	Monitor direct care staff work performance.
	Ensure the provision of routine hygienic and nutritional care for residents.
	Meet routinely with Resident Services Branch Director, Psychosocial Unit Leader, and as needed with Operations Section Chief to evaluate status and project needs.
	Establish a staff rest and nutritional area in cooperation with Staffing/Scheduling.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Transfer & Discharge Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Resident Services Branch Director:	
Operations Center Location:		Telephone:

Mission: Organize and direct resident transfer and discharge according to facility policies and procedures. Implement and monitor the facility's resident identification and tracking system for either incoming residents who are sheltering in place or for facility residents evacuating in part or in whole to an offsite destination. Supervise staff within Transfer & Discharge Unit.

Immediate	
	Receive appointment from Resident Services Branch Director: Obtain packet containing Group's Job Action Sheets.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Resident Services Branch Director and other Unit Leaders.
	Notify your usual supervisor of your emergency incident assignment.
	Meet with Nursing Services Unit Leader to assist in resident priority assessment to designate residents for early discharge.
	Process transfer and discharges in accordance with facility's procedures.
	Coordinate communication with resident family members regarding transfer or discharge through Psychosocial Unit Leader or a Social Services Manager if one has been designated.
	Review facility's resident identification and tracking system.
	<ul style="list-style-type: none"> Evaluate supplies needed to implement the resident I.D. and tracking system and communicate any shortfalls with Transfer & Discharge Group Supervisor.
	<ul style="list-style-type: none"> Prepare tracking system tools if new residents are coming in to shelter-in-place.
	<ul style="list-style-type: none"> Prepare resident identification tools.
	<ul style="list-style-type: none"> Coordinate with Nursing Services Unit Leader to provide resident identification in accordance with facility procedures.
	Coordinate the transfer of medical records in accordance with facility procedures.
	Coordinate the transfer of medications in accordance with facility procedures.

Ongoing	
	Oversee transfers & discharges, document, and prepare report for next operational period. <ul style="list-style-type: none"> Continue to coordinate communication with family members with Psychosocial Unit.
	Monitor the implementation of the Resident I.D. & Tracking system.
	Meet routinely with Resident Services Branch Director, Psychosocial Unit Leader, and as needed with Operations Section Chief to evaluate status and project needs.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Communicate any unexpected problems and unresolved issues to the Operations Section Chief immediately.

Psychosocial Unit Leader

POSITION ASSIGNED TO:			
Reporting to:	Resident Services Branch Director:		
Operations Center Location:			Telephone:

Mission: Organize, direct, and supervise those services associated with the social and psychological needs of the residents, staff, and dependents. Supervise the provision and conservation of ancillary clinical services.

Immediate			
	Receive appointment from Resident Services Branch Director. Obtain this position's Job Action Sheets.		
	Read this entire Job Action Sheet and put on position identification garment or cap.		
	Obtain a briefing from Resident services branch director.		
	Notify your usual supervisor of your emergency incident assignment.		
	Meet with Resident Services Branch Director and Resident services branch director to assess and project support services needs.		
	Assess need for managers in these areas:		
	<ul style="list-style-type: none"> • Social Services • Rehabilitative • Activities 		
	Distribute the associated Job Action Sheets and position identification garments. If a manager is not assigned, keep the Job Action Sheet and assume that function.		
	Assess the capabilities, human resource requirements, and needs for ancillary services:		
	<ul style="list-style-type: none"> • Laboratory • Radiology 	<ul style="list-style-type: none"> • Pharmacy • Rehabilitative 	<ul style="list-style-type: none"> • Activities • Social Services
	Work with the Transfer & Discharge Unit Leader and implement system for contacting resident family members regarding transfer and discharge. Assign to Social Services Manager is one is assigned.		
	Establish and coordinate team of mental health personnel and clergy to support the psycho-social needs of staff, residents, and dependents.		
	Designate a secluded debriefing area where individual and group intervention may take place. Coordinate with Safety Officer if needed.		
	Appoint psychological support staff to routinely visit both resident and non-resident areas and advise them to document their contacts.		

Ongoing	
	Verify the ordering and receiving of needed supplies for ancillary services as appropriate.
	Meet regularly with Resident services branch director to evaluate Psychosocial Unit status and to project needs.
	Coordinate with the Public Information Officer in establishing and updating a staff information/status board (situation, emergency update, facility activities).
	Ensure coordination with Staffing/Scheduling Unit Leader and Dependent Care Unit Leader to assess need for psychosocial support of staff or dependents sheltering at the facility.
	Schedule and post the dates and times for critical stress debriefing sessions during and after the immediate disaster period.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Social Services Manager

POSITION ASSIGNED TO:		
Reporting to:	Psychosocial Unit Leader:	
Operations Center Location:		Telephone:

Mission: Assure the medically related emotional and social needs of residents are maintained.
 Communicate transfer and discharge actions with residents' family members.

Immediate	
	Receive appointment from Psychosocial Unit Leader.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Psychosocial Unit Leader.
	Notify your usual supervisor of your emergency incident assignment.
	Assess residents for psychosocial and mental health needs.
	Direct mental health professional and/or clergy to residents with specific behavioral or situational needs.
	Contact and bring in psychologist or psychiatrist as needed.
	Implement communication with resident family members regarding transfer and discharge actions.

Ongoing	
	Record interventions.
	Manage provisions of psychosocial assessments and follow-ups.
	Meet routinely with Psychosocial Unit Leader to give a status report for the social services activities and to project extended needs.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Rehabilitative Manager

POSITION ASSIGNED TO:		
Reporting to:	Psychosocial Unit Leader:	
Operations Center Location:		Telephone:

Mission: Assure that residents receive necessary specialized rehabilitative services as determined by their comprehensive assessment and care plan to prevent avoidable deterioration and to assist them in maintaining their highest practicable level of care.

Immediate	
	Receive appointment from Psychosocial Unit Leader.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Psychosocial Unit Leader.
	Notify your usual supervisor of your emergency incident assignment.
	Assess the capabilities, human resource requirements, and needs for therapy services:
	<ul style="list-style-type: none"> • Physical Therapy • Speech-language Pathology • Rehabilitative Services • Occupational Therapy • Restorative Therapy
	Based on the capabilities, human resource requirements, and needs, establish and coordinate team of qualified rehabilitative personnel to support the specialized needs of residents.
	Meet with rehabilitative team members to assess and project service needs. Schedule follow up meetings.

Ongoing	
	Record interventions.
	Manage provisions of rehabilitative services and follow-ups.
	Meet routinely with rehabilitative services team members to evaluate unit status and project needs.
	Meet routinely with Psychosocial Unit Leader to give a status report for rehabilitative activities and to project extended needs.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Activities Manager

POSITION ASSIGNED TO:		
Reporting to:	Psychosocial Unit Leader:	
Operations Center Location:		Telephone:

Mission: Within the limitations and scope of the incident, involve residents in a program of activities that are designed to appeal to their interests, promote self-esteem, and are pleasurable. Obtain from Psychosocial Unit Leader updated messages to communicate to residents to ensure they are given the best information possible about the incident. Oversee volunteers obtained by Staffing/Scheduling Unit Leader.

Immediate

- _____ Receive appointment from Psychosocial Unit Leader.
- _____ Read this entire Job Action Sheet.
- _____ Put on position identification garment or cap.
- _____ Obtain a briefing from Psychosocial Unit Leader.
- _____ Notify your usual supervisor of your emergency incident assignment.
- _____ Based on the briefing from the Psychosocial Unit Leader, determine to what degree facility staff will be able to continue person-appropriate activities and implement modifications of activities as may be indicated by the incident.
- _____ Determine need for assistants and appoint. Brief assistants and schedule next meeting.
- _____ Schedule activities and give assignments to assistants as appropriate.
- _____ Coordinate appropriate activities performed by volunteers. Communicate closely volunteer needs or issues with Logistics→Staffing/Scheduling Unit Leader who obtains volunteers.
- _____ Verify residents have all needed adaptive equipment based on their clinical assessment. This includes glasses and hearing aids

Ongoing

- _____ Record activities provided.
- _____ Manage provisions of activities.
- _____ Update residents on the status of the incident and the facility's plan.
- _____ Meet routinely with assistants to evaluate unit status and project needs.
- _____ Meet routinely with Psychosocial Unit Leader to give a status report for the activities function and to project extended needs.
- _____ Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior.
- _____ Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
- _____ Report unexpected problems and unresolved issues immediately.

Infrastructure Branch Director

POSITION ASSIGNED TO:		
Reporting to:	Operations Section Chief:	
Operations Center Location:		Telephone:

Mission: Organize and manage the services required to sustain and repair the nursing home's infrastructure operations, including: power/lighting, water/sewer, HVAC, buildings and grounds, medical gases, medical devices, structural integrity, environmental services, and food services.

Immediate	
	Receive appointment from Operations Chief. Obtain Group's Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Operations Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Assess need for Group Supervisors within this Branch: <ul style="list-style-type: none"> • Dietary Services • Environmental Services • Maintenance • Security
	Distribute the Job Action Sheets associated with the groups as well as the position identification garments. If a Group Supervisor is not assigned, Infrastructure Branch Director keeps the Job Action Sheets from that group and assumes all functions.
	Meet with Group Supervisors and brief them on the incident: <ul style="list-style-type: none"> • Share resident census and condition information gained at briefing with Operations Chief. • Discuss/document the groups' objectives for the next operational period. • Develop initial projection/status report. • Review the Infrastructure Branch chain of command. • Set time and location for next meeting. • Communicate how personnel time is to be recorded. • Direct Group Supervisors to evaluate on-hand equipment, supply, and nutrition/hydration inventories and staff needs. • Communicate how equipment, supplies, and personnel are to be ordered.
	Assess Infrastructure Branch capacity to deliver needed: <ul style="list-style-type: none"> • Nutrition/Hydration • Facility heating and air conditioning • Power • Telecommunications • Potable and non-potable water • Medical gas delivery • Sanitation • Road clearance • Damage assessment and repair

Immediate	
	<ul style="list-style-type: none"> • Facility cleanliness • Vertical transport/Airlift • Facility access
	Ensure Branch personnel comply with safety policies and procedures.
	Meet regularly with the Operations Section Chief to discuss plan of action and staffing.
	Initiate facility damage assessment in collaboration with Logistic Section's Facility Supply Unit, if warranted; repair problems encountered, and update the Operations Section Chief.
	Establish and maintain contact with Logistics Section Chief to ensure ordering and delivery of personnel and resources as needed.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.

Ongoing	
	Maintain knowledge of the number of persons being maintained in the facility, including residents, staff, and dependents. Communicate these numbers with Dietary Services Unit.
	Direct the Dietary Services Unit Leader to coordinate with Logistics Section's Support Branch to provide food service support as needed to residents, employees, and dependents as appropriate.
	Continue coordinating facility support services.
	Ensure prioritization of problems when multiple issues are presented.
	Coordinate use of external resources to assist with maintenance and repairs.
	Report equipment needs to the Support Branch Director.
	Develop and submit a Branch action plan to the Operations Section Chief when requested.
	Meet routinely with Group Supervisors to evaluate status and projected needs.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Dietary Services Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Infrastructure Branch Director:	
Operations Center Location:		Telephone:

Mission: Organize, provide, and safeguard food and water stores to allow for the facility's self-sufficiency for at least one week. Implement the facility's emergency menu. Provide Incident Command with inventory levels and projected needs. Supervise dietary personnel.

Immediate	
	Receive appointment from Operations Chief or Infrastructure Branch Director. Obtain this position's Job Action Sheet.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Operations Chief or Branch Director.
	Notify your usual supervisor of your emergency incident assignment.
	Meet with and brief Dietary Services staff.
	Determine when the emergency menu will be implemented.
	Estimate the number of meals which can be served utilizing existing food stores.
	Inventory the current emergency drinking water supply and estimate time when re-supply will be necessary.
	Report inventory levels of emergency drinking water and food stores to Infrastructure Branch Director or Operations Section Chief, as appropriate.
	Place order for additional nutritional supplies as needed.
	Print resident tray cards.
	In an evacuation scenario:
	<ul style="list-style-type: none"> • Supervise the movement and separation of food and water stores to staging area. • Prepare and pack snacks and drinks for residents and staff during the trip. • Supervise the closing of the kitchen, storing all equipment, and securing the area.

Ongoing	
	Provide quality nutritional services on a daily basis.
	Maintain a clean, safe, and sanitary dietary department.
	Meet with Staffing/Scheduling Unit Leader to discuss location of personnel refreshment and nutritional break areas.
	Meet with Dependent Care Unit Leader to discuss location of nutritional break areas for staff dependents.
	Secure nutritional and water inventories with the assistance of the Safety Officer.
	Meet regularly with Infrastructure Branch Director to evaluate Dietary Services Unit status and project needs.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Environmental Services Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Infrastructure Branch Director:	
Operations Center Location:		Telephone:

Mission: Ensure proper cleaning and disinfection of nursing home environment. Supervise housekeeping activities and laundry department.

Immediate	
	Receive appointment from Operations Chief or Infrastructure Branch Director. Obtain this position's Job Action Sheet.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Operations Chief or Branch Director.
	Notify your usual supervisor of your emergency incident assignment.
	Meet with and brief Environmental Services Unit staff.
	Ensure the safety and health of environmental services personnel; provide personal protective equipment to appropriate staff and review their response to exposures.
	Ensure disinfection of reusable equipment, according to the appropriate method of equipment disinfection, per its intended use, manufacturer's recommendations, and existing facility policies.
	Inventory supply of laundry/linen and report on adequacy to meet the needs of the residents.
	Ensure prioritization of problems when multiple issues are presented.
	Determine need for additional staff and request additional staffing according to instructions given by Branch Director.
	Report resource issues and needs to the Logistics Section's Unit Leaders and Infrastructure Branch Director.
	If evacuating the building, ensure clean linen is prepared and organized for transport sufficient to meet the needs of the residents.

Ongoing	
	Continue to ensure the facility is maintained in a clean and comfortable manner to the extent possible.
	Continue to monitor supply of laundry/linen and cleaning supplies to meet the needs of the residents.
	Meet regularly with Infrastructure Branch Director to evaluate Environmental Services Unit status and project needs.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Maintenance Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Infrastructure Branch Director:	
Operations Center Location:		Telephone:

Mission: Maintain power and lighting to the nursing home facilities. Ensure adequate generator fuel. Evaluate and monitor the integrity of existing water, sewage, and sanitation systems. Enact pre-established alternate methods of waste disposal if necessary. Organize and manage the services required to sustain and repair the facility's buildings and grounds.

Immediate	
	Receive appointment from Operations Chief or Infrastructure Branch Director. Obtain this position's Job Action Sheet.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Operations Chief or Branch Director.
	Notify your usual supervisor of your emergency incident assignment.
	Meet with and brief Maintenance Unit staff.
	Ensure the safety and health of environmental services personnel; provide personal protective equipment to appropriate staff and review their response to exposures.
	Ensure security of generator in conjunction with Safety Officer.
	Inspect, evaluate, and communicate to the Infrastructure Branch Director the operational status: <ul style="list-style-type: none"> • Power/lighting • Water and sewer system • HVAC system
	Place emergency repair order(s) for power/lighting, water/sewer, and HVAC as indicated; advise Infrastructure Branch Director of issues.
	Establish and communicate the status of the buildings and grounds to the Infrastructure Branch Director.
	Provide power/lighting support to resident care areas and alternate care sites.
	Repair/correct hazards, leaks or contamination with the assistance of the Safety Officer.
	Provide HVAC support to resident care areas, alternate treatment sites, and other critical areas.
	Anticipate air flow response needs for internal and external environmental hazards (e.g., climate, air plume, spills, etc.)
	Anticipate immediate and short-term events and subsequent impacts to facility status (e.g., storm surge, earthquake after shocks).
	Coordinate supply needs with Logistics Section's Support Branch Director or Facility Supply Unit Leader, as appropriate.
	Coordinate with Liaison Officer for contacting external authorities (e.g. public health, water or environmental services), as appropriate.
	Coordinate with Infrastructure Branch Director to request external resource assistance.

Ongoing	
	Prepare for the possibility of evacuation and/or the relocation/expansion of clinical services outside of existing structure, if appropriate.
	Implement pre-established alternative waste disposal/collection plan, if necessary.
	Inform all Sections and areas of the nursing home when implementing the alternative waste disposal/collection plan.
	Position portable toilets in accessible areas; away from resident care and food preparation, as needed.
	Ensure an adequate number of hand washing areas are operational near resident care/food preparation areas, and adjacent to portable toilet facilities.
	Coordinate internal repair activities, consulting when needed with external experts.
	Continue to monitor and evaluate power/lighting usage and supply.
	Anticipate and react to recognized shortage/failure using appropriate emergency procedure(s).
	Meet regularly with the Infrastructure Branch Director for status reports, and relay important information to Unit personnel.
	Advise Infrastructure Branch Director immediately of any operational issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Security Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Infrastructure Branch Director:	
Operations Center Location:		Telephone:

Mission: Coordinate all of the activities related to personnel and facility security such as access control, crowd and traffic control, and law enforcement interface.

Immediate	
	Receive appointment from Operations Chief or Infrastructure Branch Director. Obtain this position's Job Action Sheet.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Operations Chief or Branch Director.
	Notify your usual supervisor of your emergency incident assignment.
	Meet with and brief Security Unit staff.
	Establish Security Command Post.
	Obtain contact information for police with local jurisdiction. Depending on the nature of the event, make initial contact just to touch base.
	Identify and secure all facility pedestrian and traffic points of entry, as appropriate.
	Consider need for the following, and report findings to the Infrastructure Branch Director and/or the Operations Section Chief and the Safety Officer: <ul style="list-style-type: none"> • Emergency lockdown • Security/bomb sweep of designated areas • Providing urgent security-related information to all personnel • Need for security personnel to use personal protective equipment • Removing unauthorized persons from restricted areas • Security of the facility, common areas, resident care, morgue, and other sensitive or strategic areas from unauthorized access • Rerouting of vehicle entry and exit as needed • Security posts in any operational decontamination area • Patrol of parking and shipping areas for suspicious activity • Traffic Control
	Coordinate immediate security personnel needs from current staff, surrounding resources (police, sheriff, or other security forces), and communicate need for additional external resources through Operations Section Chief to the Liaison Officer.
	Document communication and key decisions.

Ongoing	
	Meet regularly with the Infrastructure Branch Director for status reports, and relay important information to Unit personnel.
	Communicate the need and take actions to secure unsafe areas; post non-entry signs.
	Ensure Security Unit staff identify and report all hazards and unsafe conditions.
	Ensure resident valuables are secure.
	Coordinate activities with local, state, and federal law enforcement, as appropriate; coordinate with the Liaison Officer.
	Confer with Public Information Officer to establish areas for the media.
	Ensure vehicular and pedestrian traffic control measures are working effectively.
	Consider security protection for the following, as indicated based on the nature/severity of the incident: <ul style="list-style-type: none"> • Food • Water • Medical resources • Pharmaceutical resources • Personnel and visitors
	Prepare and maintain records and reports, as appropriate.
	Advise Infrastructure Branch Director immediately of any operational issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Planning

POSITION ASSIGNED TO:		
Reporting to:	Incident Command:	
Command Center Location:		Telephone:

Mission: Gather and analyze incident-related information. Obtain status and resource projections from all section chiefs for long range planning and conduct planning meetings. From these projections, compile and distribute the facility's Incident Action Plan. Coordinate and supervise the units within the Planning Section.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.
	Read this entire Job Action Sheet and review emergency organizational chart.
	Put on position identification (garment, vest, cap, etc.).
	Notify your usual supervisor of your NHICS assignment.
	Obtain briefing from Emergency Incident Commander and designate time for next meeting.
	Assess need for the following Unit Leaders and appoint as needed:
	1. Situation-Status 2. Documentation
	Transfer the corresponding Job Action Sheets to Unit Leader. If a unit leader is not assigned, the Planning Chief keeps the Job Action Sheet and assumes that function.
	Brief all unit leaders on current situation and develop the section's initial projection/status report. Designate time and location for next section briefing. Communicate how personnel time is to be recorded.
	Establish a Planning/Information Section Center.
	Facilitate and conduct incident action planning meetings with Command Staff, Section Chiefs, and other key personnel as needed to plan for the next operational period.
	Coordinate preparation and documentation of the Incident Action Plan and distribute copies to the Incident Commander and all Section Chiefs.
	Call for status and resource projection reports from all Section Chiefs for scenarios 4, 8, 24 & 48 hours from time of incident onset. Adjust time for receiving these reports as necessary.
	Direct Situation Unit Leader to document and update projection/status reports from all sections.
	Document all key activities, actions, and decisions on a continual basis.

Ongoing	
	Meet regularly with the Incident Commander, Command Staff and other Section Chiefs to update status of the response and relay important information to Planning Section's Staff.
	Ensure that personnel and equipment are being tracked.
	Designate times for briefings and updates with group supervisors to develop and update section's projection/status report.
	Ensure that this Section's groups are adequately staffed and supplied.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.

Situation Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Planning Section Chief:	
Operations Center Location:		Telephone:

Mission: Collect, process, and organize ongoing situation information; prepare situation summaries; and develop projections and forecasts of future events related to the incident. Prepare maps and gather and disseminate information and intelligence for use in the Incident Action Plan (IAP).

Immediate	
	Receive appointment from Planning Chief. Obtain Group's Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Planning Section Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Appoint Managers as appropriate: <ul style="list-style-type: none"> • Resident Tracking Manager • Bed Tracking Manager
	Obtain status report on Information Technology/Information systems from IT/IS Unit Leader and Business Continuity Unit Leader.
	Establish a Planning Information center in the facility Incident Command Center location with a status/condition board and post information as it is received. Assign a recorder/documentation aide to keep the board updated with current information.
	Receive and record status reports as they are received from other Sections.
	Assure the status updates and information provided to Command Staff and Section Chiefs is accurate, complete, and current.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.

Ongoing	
	Meet regularly with the Planning Section Chief, Section Chiefs and Branch Directors to obtain situation and status reports, and relay important information to unit members.
	Ensure backup and protection of existing data for main and support computer systems, in coordination with IT/IS Unit and Business Continuity Unit.
	Publish an internal incident situation status report for employees to remain informed of incident, facility, residents, and anticipated response and recovery actions. Post or communicate every 4 hours or as indicated by Planning Section Chief. Collaborate with Public Information Officer and Support Branch Director, and Staffing/Scheduling Unit Leader to develop and distribute the internal incident situation report.
	Ensure the security and prevent the loss of written and electronic NHICC response documentation. Collaborate with the Security Officer and IT/IS Unit Leader as appropriate.
	Develop and submit an action plan to the Planning Section Chief when requested.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Documentation Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Planning Section Chief:	
Operations Center Location:		Telephone:

Mission: Maintain accurate and complete incident files, including a record of the Nursing Home Command Center's response and recovery actions and decisions; provide duplication services to incident personnel; and file, maintain, and store incident files for legal, analytical, and historical purposes.

Immediate	
	Receive appointment from Planning Chief. Obtain Group's Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Planning Section Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Coordinate with IT/IS Unit to ensure access to IT systems with e-mail/intranet communication to increase communication and document sharing with all Sections (if available).
	Prepare a system to receive documentation and completed forms from all Sections over the course of the Nursing Home Command Center activation.
	Provide duplicates of forms and reports to authorized facility requestors (Section Chiefs, Incident Command Team members, for example).
	Prepare incident documentation for the Planning Section Chief when requested.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.
	Document all communications (internal and external): <ul style="list-style-type: none"> • Transcribe complete, concise and specific content of message. • Note any actions taken in response to message. • Provide a copy of the Incident Message Form to the Documentation Unit.

Ongoing	
	Regularly meet with all Section Chiefs regarding incident and Section status, steps taken to resolve critical issues, and projected actions and needs for the next operational period.
	Continue to accept and organize all documentation and forms submitted to the Documentation Unit.
	Check the accuracy and completeness of records submitted. Correct errors or omissions by contacting appropriate Section Chiefs or Incident Command Team members.
	Maintain all historical information and record consolidated plans related to the incident.
	Develop and submit an action plan to the Planning Section Chief when requested.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Logistics

POSITION ASSIGNED TO:		
Reporting to:	Incident Command:	
Command Center Location:		Telephone:

Mission: Organize and direct those operations associated with maintenance of the physical environment, and adequate levels of personnel, food, and supplies to support the incident objectives. Coordinate and supervise the branches within the Logistics Section. Contribute to the Incident Action Plan.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.
	Read this entire Job Action Sheet and review emergency organizational chart.
	Put on position identification (garment, vest, cap, etc.).
	Notify your usual supervisor of your NHICS assignment.
	Obtain briefing from Emergency Incident Commander and designate time for next meeting.
	Assess need to appoint Branch Directors and/or Unit Leaders and distribute corresponding Job Action Sheets. Refer to Nursing Home Incident Command System organizational chart. Transfer the corresponding Job Action Sheets to persons appointed.
	<ul style="list-style-type: none"> If a function is not assigned, the Logistics Chief keeps the Job Action Sheet and assumes that function.
	Brief Branch Directors on current situation and develop the section's initial projection/status report. Establish the Logistics Section chain of command and designate time and location for next section briefing. Communicate how personnel time is to be recorded.
	Establish Logistics Center.
	Maintain communications with Operations Section Chief and Branch Directors to assess critical issues and resource needs.
	Ensure resource ordering procedures are communicated to appropriate Sections and their requests are timely and accurately processed.
	Attend damage assessment meeting with Incident Commander, Environmental Services Unit Leader, and the Safety Officer.
	Document all key activities, actions, and decisions on a continual basis.

Ongoing	
	<p>From information reported by Branch Directors, inform Incident Command of facility's internal factors which may contribute to the decision to evacuate or shelter in place:</p> <ul style="list-style-type: none"> • Transportation and Status of Destination Locations • Supplies • Access to Staff
	Meet regularly with the Incident Commander, Command Staff and other Section Chiefs to update status of the response and relay important information to Logistics Section's Staff.
	Obtain needed material and fulfill resource requests with the assistance of the Finance/Administration Section Chief and Liaison Officer.
	Ensure the following resources are obtained and tracked:
	<ul style="list-style-type: none"> • Staff
	<ul style="list-style-type: none"> • Resident care supplies
	<ul style="list-style-type: none"> • Communication hardware
	<ul style="list-style-type: none"> • Food and water
	Obtain information and updates regularly from Branch Directors and Unit Leaders.
	Ensure that this Section's groups are adequately staffed and supplied.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.

Service Branch Director

POSITION ASSIGNED TO:		
Reporting to:	Logistics Section Chief:	
Operations Center Location:		Telephone:

Mission: Organize and manage the services required to maintain the nursing home's communication system and information technology/systems. Participate in developing facility's Incident Action Plan.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Logistics Chief. Obtain Group's Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Logistics Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Assess need for Unit Leaders within this Branch: <ul style="list-style-type: none"> • Communication Hardware • IT/IS Unit
	Distribute the Job Action Sheets associated with the units as well as the position identification garments. If a Unit Leader is not assigned, Service Branch Director keeps the Job Action Sheets from that unit and assumes all functions.
	Meet with Unit Leaders and brief them on the incident: <ul style="list-style-type: none"> • Discuss/document the groups' objectives for the next operational period. • Develop initial projection/status report. • Review the Service Branch chain of command. • Set time and location for next meeting. • Communicate how personnel time is to be recorded. • Communicate how equipment, supplies, and personnel are to be ordered.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.
	Assess the Service Branch's capacity to deliver needed: <ul style="list-style-type: none"> • Internal and external communication capability • Information technology hardware, software and support
	Meet regularly with the Logistics Section Chief to discuss status, plan of action, critical issues and staffing in Service Branch.
	Instruct Unit Leaders to: <ul style="list-style-type: none"> • Immediately set-up the communications and IT systems at the facility's Incident Command Center location to ensure connectivity • Evaluate on-hand communications equipment required for response and project need for repair and expanded inventory • Work with Business Continuity Unit to assess and evaluate IT/IS capability, and determine need for repair or expansion of service and support • Inventory and assessment of communications equipment and project need for repair and expanded inventory • Report inventories and needs to Logistics Section's Support Branch Supply Unit Leader
	Assess problems and needs in each Service Branch area; coordinate resource management.

Ongoing	
	Ensure prioritization of problems when multiple issues are presented.
	Continue coordinating the Service Branch's ability to provide needed communication and IT/IS support services.
	Coordinate use of external resources to assist with equipment, software and hardware maintenance and repairs.
	Advise Logistics Section Chief immediately of any issue you are not able to correct or resolve.
	Continue to meet regularly with the Logistics Section Chief for status reports and relay important information to Unit Leaders.
	Report equipment needs to Supply Unit Leader.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Communication Hardware Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Service Branch Director:	
Operations Center Location:		Telephone:

Mission: Organize and coordinate internal and external communications connectivity.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Service Branch Director.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Service Branch Director.
	Notify your usual supervisor of your emergency incident assignment.
	Set up and maintain communication equipment and provide ongoing support for the facility's Incident Command Center location.
	Inventory and assess all available on-hand radios and report to the Service Branch Director and Support Branch's Supply Unit Leader.
	Determine radio channels for response and make radio assignments. Distribute two- way radios to pre-designated areas.
	Prepare for radio checks from personnel that are assigned hand-held radios and other portable communications equipment.
	Assess status of all on-site communications equipment, including two-way pagers, satellite phones, public address systems, data message boards, and inter and intra-net connectivity. Initiate repairs per the standard operating procedures.
	Evaluate status of internal and external telephone/fax systems and report to Service Branch.
	Request the response of assigned amateur radio personnel to the facility, if indicated.
	Establish contact with the Liaison Officer.

Ongoing	
	Expand communication network capability and equipment as required to meet the needs of the nursing home response.
	Ensure communication equipment maintains proper functioning.
	If primary communications systems fail, establish mechanism to alert Resident Services Branch Director and Safety Officer to respond to internal resident and/or physical emergencies (e.g., cardiac arrest, fire, etc.)
	Develop and submit an action plan to the Service Branch Director when requested.
	Receive and archive all documentation related to internal and external facility communication systems.
	Advise Service Branch Director immediately of any operational issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

IT/IS Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Service Branch Director:	
Operations Center Location:		Telephone:

Mission: Provide computer hardware, software and infrastructure support to staff.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Service Branch Director.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Service Branch Director.
	Notify your usual supervisor of your emergency incident assignment.
	Assign staff to the facility's Incident Command Center (ICC) location to provide IT/IS support and maintain system. Respond immediately to requests for assistance from the ICC.
	Establish priorities for use of available IT/IS systems, as needed.
	Coordinate IT/IS activities with the Finance/Administration Section's Business Continuity Unit Leader.
	As time and the emergency event allows, take immediate steps to protect the facility's hard drives, monitors, cords, etc. from damage.
	Inventory IT systems, hardware and software; identify potential needs and work with the Supply Unit Leader to obtain equipment and supplies.
	Expand IT capability to pre-designated or additional/new areas per direction from Service Branch Director.
	Make external requests for assistance in collaboration with the Supply Unit Leader, as needed; notify the Service Branch Director of all critical issues and requests.

Ongoing	
	Assess status and integrity of data back-up systems. For restoration activities see Operations Section Business Continuity Branch.
	Develop and submit an action plan to the Service Branch Director when requested.
	Advise Service Branch Director immediately of any operational issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Support Branch Director

POSITION ASSIGNED TO:		
Reporting to:	Logistics Section Chief:	
Operations Center Location:		Telephone:

Mission: Coordinate the provision of personnel, supplies, and equipment across all departments to support resident care and services. This includes support services to staff and dependents in accordance with facility policy. Participate in developing facility's Incident Action Plan.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Logistics Chief. Obtain Group's Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Logistics Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Assess need for Unit Leaders within this Branch: <ul style="list-style-type: none"> • Facility Supply • Central Supply • Staffing/Scheduling • Dependent Care • Transportation
	Distribute the Job Action Sheets associated with the units as well as the position identification garments. If a Unit Leader is not assigned, Support Branch Director keeps the Job Action Sheets from that unit and assumes all functions.
	Meet with Unit Leaders and brief them on the incident: <ul style="list-style-type: none"> • Discuss/document the groups' objectives for the next operational period. • Develop initial projection/status report. • Review the Support Branch chain of command. • Set time and location for next meeting. • Communicate how personnel time is to be recorded. • Communicate how equipment, supplies, and personnel are to be ordered.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.
	Assess the Support Branch's capacity to deliver needed: <ul style="list-style-type: none"> • Staffing and scheduling management • Supplemental personnel if needed • Family support to staff • Medical equipment and supplies • General equipment and supplies • Internal and external transportation
	Instruct Unit Leaders to evaluate on-hand personnel, equipment, supply, and medication inventories; report status at designated time.
	Report to Logistics Section Chief the number of staff (by specialty) expected for the operational period, the number of units of transportation, and identify types and quantities of medication and supplies. This data will go to Planning Section and/or Situation Unit for integrating in the facility's Incident Action Plan.

Immediate	(Operational Period 0-2 Hours)
	Receive, coordinate and forward requests for personnel to the Staffing/Scheduling Unit Leader and supplies to the Central Supply Unit Leader.
	In collaboration with the Safety Officer and the Operations Section, determine need for staff personal protective equipment; implement protective actions as required.
	Meet regularly with the Logistics Section Chief to discuss status, plan of action, critical issues and staffing in Support Branch.
	Assess problems and needs in each Service Branch area; coordinate resource management.

Ongoing	
	Continue assessing and coordinating Support Branch's ability to provide needed personnel and support services.
	Ensure prioritization of problems when multiple issues are presented.
	Assign mental health personnel to visit resident care areas and evaluate staff needs; in coordination with the Operations Section's Mental Health Unit Leader and report issues to the Logistics Section Chief.
	Implement dependent care service support as situation warrants and resources allow.
	Continue to meet regularly with the Logistics Section Chief for status reports and relay important information to Unit Leaders.
	Advise Logistics Section Chief immediately of any issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.

Staffing/Scheduling Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Support Branch Director:	
Operations Center Location:		Telephone:

Mission: Organize and inventory available staff. Make contact with off-duty staff as appropriate for scheduling. Receive requests and assign available staff as needed. Maintain adequate numbers of both medical and non-medical personnel. Assist in the maintenance of staff morale and well-being.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Logistics Chief or Support Branch Director. Obtain packet containing Group's Job Action Sheets.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Logistics Chief or Support Branch Director. Note time for next meeting.
	Notify your usual supervisor of your emergency incident assignment.
	Meet with Operations Chief and Support Branch Director to assess and project both non-nursing and nursing staff needs for the immediate and upcoming operational periods.
	Assess need for an assistant ("Staffing/Scheduling Manager"). If appointed, brief on situation and objectives.
	Establish Staffing/Scheduling area and enlist help from Service Branch if needed for communication or computer support.
	Inventory the number and classify staff presently available:
	1. Nursing Personnel
	a. Nurse Practitioner, DON, ADON, Risk Manager, etc.
	b. RN and LPN, charge nurses, nurse supervisors, treatment nurse
	c. Certified Nursing Assistants
	2. Support Services
	a. Social Services: Activities Personnel, Dependent Care Personnel, Social Worker
	b. Therapy Services: Physical, Occupational, Speech
	c. Activities: Director, Assistant Director, Aides
	3. Non-medical personnel
	a. Engineering/maintenance/materiel management
	b. Environmental services/housekeeping/nutritional services
	c. Business/financial
	d. Volunteers
	e. Others
	In an evacuation scenario, work with Support Branch Director and Section Chiefs as needed to assign and verify personnel going to all receiving facilities.

Ongoing	
	Notify staff when to report to the facility.
	Coordinate management of staff rest areas.
	Coordinate referrals to in-house Psychosocial Group under Resident Services Branch to treat staff that needs psychological support. Anticipate increased staff needs created by increased numbers of residents, longer working hours, and concerns about family welfare and initiate actions to meet the needs.
	Meet regularly with Support Branch Director and other Unit Leaders to evaluate Branch status and project needs.
	Develop and submit an action plan to the Support Branch Director when requested.
	Advise Support Branch Director immediately of any operational issue you are not able to correct or resolve.
	Report unexpected problems and unresolved issues immediately.

Facility Supply Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Support Branch Director:	
Operations Center Location:		Telephone:

Mission: Organize, manage and support building systems, equipment and supplies. Ensure proper cleaning and disinfection of nursing home environment.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Logistics Chief or Support Branch Director. Obtain packet containing Group's Job Action Sheets.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Logistics Chief or Support Branch Director. Note time for next meeting.
	Notify your usual supervisor of your emergency incident assignment.
	Receive a comprehensive facility status report as soon as possible from the Infrastructure Branch Director (may also include the Maintenance Unit Leader and the Environmental Services Unit Leader) to learn what supplies/services may need to be ordered to effect repairs. Determine what functions of the facility are: <ul style="list-style-type: none"> • Fully functional 100% operable with no limitations • Partially functional Operable or somewhat operable with limitations • Non-functional Out of commission
	Document location, reason, and time/resource estimates for necessary repair of any system that is not fully operational.
	Determine on hand inventory of the following: <ul style="list-style-type: none"> • Gasoline and other fuels • Medical gases • Power generators • Water (non-drinkable) • Extension cords • Flashlights • Batteries • Fans • Garbage bags
	Coordinate activities and inventories with the Maintenance and Environmental Services Unit Leaders within the Operations Section.
	Place emergency orders for the above items, or other critical supplies and equipment with the Central Supply Unit Leader, as needed. Notify the Support Branch Director.

Ongoing	
	Work through the Support Branch Director, Logistics Section Chief and Liaison Officer to request assistance with external resource acquisition.
	Closely monitor building system status, equipment and supply usage.
	Restock facility management and support areas per request and at least every 8 hours.
	Receive updated reports from the Infrastructure Branch.
	Advise the Support Branch Director immediately of any operational issue you are not able to correct or resolve.
	Meet regularly with Support Branch Director and other Unit Leaders to evaluate Branch status and project needs.
	Develop and submit an action plan to the Support Branch Director when requested.
	Report unexpected problems and unresolved issues immediately.

Central Supply Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Support Branch Director:	
Operations Center Location:		Telephone:

Mission: Acquire, inventory, maintain, and provide medical and non-medical care equipment, supplies, and pharmaceuticals.

Immediate	(Operational Period 0-2 Hours)	
	Receive appointment from Logistics Chief or Support Branch Director. Obtain the Job Action Sheet for this position.	
	Read this entire Job Action Sheet.	
	Put on position identification garment or cap.	
	Obtain a briefing from Logistics Chief or Support Branch Director. Note time for next meeting.	
	Notify your usual supervisor of your emergency incident assignment.	
	Determine on hand inventory of the following, based on the type of event. May include, but is not limited to:	
	<ul style="list-style-type: none"> Blankets, bath towels, washcloths Pillows, sheets Biohazard management supplies Medication cups and straws Disposable briefs Plastic draw sheets Sterile soaps Catheter kits Nasogastric tubes and Gastrostomy tubes Tube feedings and pumps Lancets for blood sugar Dressings/bandages Oxygen, administration masks, ventilators and suction devices Disposable washcloths Plastic bags 	<ul style="list-style-type: none"> IV equipment and supplies Sterile scrub brushes, normal saline, anti-microbial skin cleanser Waterless hand cleaner and gloves Fracture immobilization, splinting and sling materials Wheelchairs, Walkers/canes Bedside commodes Backboard, rigid stretchers Non-rigid transporting devices (litters) Oxygen, administration masks, ventilators and suction devices Personal protective clothing/equipment/masks/respirators. Body bags w/tags in case of decedents while normal services are interrupted
	Place emergency orders for the above items, or other critical supplies and equipment as needed. Notify the Support Branch Director of items ordered in response to or in preparation of an event. Record any expenses related to the emergency event for the Procurement Unit within the Finance/Administration Section.	
	Prepare to receive additional equipment, supplies, and other critical supplies. Track and dispatch arriving supplies.	

Ongoing	
	Work through the Support Branch Director, Logistics Section Chief and Liaison Officer to request external resource acquisition assistance.
	Closely monitor equipment and supply usage.
	Notify Safety Officer to insure control of equipment and supplies, as needed.
	Restock supply closets and carts per request and at least every 8 hours.
	Advise the Support Branch Director immediately of any operational issue you are not able to correct or resolve.
	Develop and submit an action plan to the Support Branch Director when requested.
	Report unexpected problems and unresolved issues immediately.

Dependent Care Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Support Branch Director:	
Operations Center Location:		Telephone:

Mission: Initiate and direct the sheltering and feeding of staff dependents. Contribute to overall staff morale and efficacy by providing a safe, engaging environment for their dependents.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Support Branch Director or Logistics Section Chief. Obtain the Job Action Sheet for this position.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Support Branch Director. Note time for next meeting.
	Notify your usual supervisor of your emergency incident assignment.
	Assess current capability to provide logistical, mental health care and day care to staff member's families. Project immediate and prolonged capacities to provide services based on current information and situation.
	Working with Staffing/Scheduling Unit Leader, help develop special instructions to give to employees coming in to work. If there is an existing employee letter which is given out upon hire that addresses dependent care during an emergency, ensure the developed special instructions are consistent with said letter. Public Information Officer may assist with message development.
	Establish a controlled, comfortable Dependent Care Area removed from any resident care areas where dependents may wait for their return home when circumstance allow.
	Establish and communicate checking in procedures.

Ongoing	
	Coordinate provision of needed support to family members (physical, emotional, refreshment, food and water).
	Communicate with Dietary Services in organizing and providing food, snacks, and hydration.
	Monitor the area continuously for safety and dependant needs with a minimum of two facility employees.
	Implement a positive I.D. system for all children cared for under age of 10 years of age. Provide matching I.D. for retrieving guardian to show upon release of child.
	Evaluate family members for medical needs, including medications, medical care and nutrition. Notify the Support Branch Director of needs.
	Document all personnel in the area and any incidents.
	Communicate with the Safety Officer as needed.
	Meet routinely with Support Branch Director to give a status report for the dependent care unit and to project extended needs.

Dependent Care Unit Leader
Job Action Sheet
Logistics Section→Support Branch
Nursing Home Incident Command System
Revised:
Reviewed:

Ongoing	
	Arrange for Social Services Unit Leader or designee to make routine contact with dependents in the shelter, as well as responding when necessary. The purpose of the visits is to provide psychological support to dependents.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling Unit. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Transportation Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Support Branch Director:	
Operations Center Location:		Telephone:

Mission: Organize and coordinate the transportation of all ambulatory and non-ambulatory residents within or without the facility. Arrange for the transportation of human and material resources within or without the facility.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Logistics Chief or Support Branch Director. Obtain the Job Action Sheet for this position.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Logistics Chief or Support Branch Director. Note time for next meeting.
	Notify your usual supervisor of your emergency incident assignment.
	Assess need and availability of an assistant ("Transportation Manager"). If appointed, brief on situation and objectives.
	Inventory available out of facility transportation resources (buses, shuttles, ambulances, etc.)
	Coordinate request for private sector transportation with vendor(s) per existing response plans and agreements, or, as a last resort, with the Liaison Officer to the local EOC for public sector support.
	Coordinate delivery and assignment of needed vehicles.
	Evaluate vehicular needs; report status to Supply Branch Director and/or Logistics Chief.
	Report vehicle resource inventories to Planning Section's Situation Unit Leader.
	For movement of residents within the facility or to a staging area, request staff from the Staffing/Scheduling Unit or across departments through the Logistics Chief to assist in the gathering and placement of transport equipment. Work with Resident Services Branch Director to monitor status of resident movement by staff from that branch.
	Establish resident/staff and material loading area in cooperation with the Safety Officer and Operations Section Chief.

Ongoing	
	Continue coordination of transportation of resources/shipments into and out of the facility with the vendor by phone/radio or local EOC.
	In the event of a nursing home evacuation and/or the relocation of resident services outside of existing structure, anticipate and prepare for transportation needs.
	Request special transport equipment needs from the Supply Unit Leader (walkers, canes, etc.)
	Address health and safety issues related to volume/location of transport vehicles with the Safety Officer.
	Advise the Support Branch Director immediately of any operational issue you are not able to correct or resolve.
	Develop and submit an action plan to the Support Branch Director when requested.
	Report unexpected problems and unresolved issues immediately.

Finance/Administration

POSITION ASSIGNED TO:		
Reporting to:	Incident Command:	
Command Center Location:		Telephone:

Mission: Monitor the utilization of financial assets and the accounting for financial expenditures. Supervise the documentation of expenditures and cost reimbursement activities. Coordinate and supervise the units within the Finance/Admin Section. Contribute to the Incident Action Plan.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.
	Read this entire Job Action Sheet and review emergency organizational chart.
	Put on position identification (garment, vest, cap, etc.).
	Notify your usual supervisor of your NHICS assignment.
	Obtain briefing from Incident Commander and designate time for next meeting.
	Assess need for the following Unit Leaders and appoint as needed:
	1. Procurement
	2. Cost
	3. Employee Time
	4. Compensation/Claims
	5. Business Continuity
	Transfer the corresponding Job Action Sheets to Unit Leaders. If a unit leader is not assigned, the Finance/Admin Chief keeps the Job Action Sheet and assumes that function.
	Brief unit leaders on current situation and develop the section's initial projection/status report. Designate time for next section briefing. Communicate how personnel time is to be recorded.
	Discuss with Employee Time Unit Leader how to document facility-wide personnel work hours worked relevant to the emergency.
	Assess the need to obtain cash reserves in the event access to cash is likely to be restricted as an outcome of the emergency incident.
	Participate in Incident Action Plan preparation, briefings, and meetings as needed: <ul style="list-style-type: none"> • Provide cost implications of incident objectives • Ensure Incident Action Plan is within financial limits established by Incident Command • Determine if any special contractual arrangements/agreements are needed
	Identify and document insurance company requirements for submitting damage/claim reports.
	Document all key activities, actions, and decisions on a continual basis.

Ongoing	
	Coordinate emergency procurement requests with Logistics→Supply Branch.
	Maintain cash reserves on hand.
	Consult with state and federal officials regarding reimbursement regulations and requirements; ensure required documentation is prepared accordingly.
	Meet regularly with the Incident Commander, Command Staff and other Section Chiefs to update status of the response and relay important information to Finance/Admin Section Staff.
	Approve and submit to Incident Command a "cost-to-date" incident financial status report every 8 hours (prepared by the Cost Unit Leader, if appointed) summarizing financial data relative to personnel, supplies, and miscellaneous expenses.
	Ensure that required financial and administrative documentation is properly prepared.
	Process invoices received.
	Maintain routine, non-incident related administrative oversight of financial operations.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.

Business Continuity Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Finance/Administration Section Chief:	
Operations Center Location:		Telephone:

Mission: Ensure business functions are maintained, restored or augmented to meet recovery objectives.
 Limit interruptions to continuity of essential business operations to the extent possible.

Immediate	
	Receive appointment from Finance/Administration Chief. Obtain Job Action Sheet .
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Finance/Administration Section Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Appoint Unit members, as appropriate. Brief Unit members: <ul style="list-style-type: none"> • Discuss current situation and the unit's objectives for the next operational period. • Develop initial projection/status report. • Review the Finance/Administration Section's chain of command. • Set time and location for next meeting. • Communicate how personnel time is to be recorded. • Direct unit members to evaluate on-hand equipment, supply, and staff needs. • Communicate how equipment, supplies, and personnel are to be ordered.
	Evaluate Business Continuity Branch capacity to: <ul style="list-style-type: none"> • Determine ability to meet recovery objectives for all impacted business functions • Ascertain continuity of business functions including assessment of impacted areas • Acquire access to essential business records (resident records, purchasing contracts, etc.) • Support needed movement or relocation to alternate business operation sites
	Evaluate status of: <ul style="list-style-type: none"> • Nursing Home records • Business/financial records • Billing records • Resident Medical Records, including Minimum Data Set (MDS) records
	Initiate protection or move/relocate records, as appropriate; activate off-site storage plans.
	Contact external contractors for record protection or recovery, as appropriate.
	Identify appropriate alternative work sites for business operational needs. Coordinate with Service and Support Branch Directors and Unit Leaders within Logistics, as appropriate.
	Identify priorities for system restoration for service maintenance/resumption.
	Assess problems and needs in Branch area; coordinate resource management with Logistics.
	Receive, coordinate, and forward requests for IT and communications support to the Communications Hardware Unit Leader and IT/IS Unit Leader within Logistics Section.
	Meet regularly with the Finance/Admin Section Chief to discuss plan of action and staffing.
	Maintain contact with Logistics Section Chief to ensure ordering and delivery of personnel and resources as needed.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.

Ongoing	
	Identify specific activities or resources needed to preserve and/or transport facility records.
	Initiate restoration of records, as appropriate.
	Continue coordinating the Business Continuity unit's ability to maintain or recover impacted business functions.
	Meet regularly with Finance/Administration Section Chief for status reports, and relay important information to unit members.
	Identify activities or resources needed to ensure timely resumption of business functions.
	Coordinate with the Service Branch Director or Communications Hardware Unit Leader and the IT/IS Unit Leader to share strategies for returning to normal business operations.
	Advise the Finance/Administration Section Chief immediately of any recovery issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Procurement Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Finance/Administration Section Chief:	
Operations Center Location:		Telephone:

Mission: Responsible for administering accounts receivable and payable to contract and non-contract vendors.

Immediate	
	Receive appointment from Finance/Administration Chief. Obtain Group's Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Finance/Administration Section Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Ensure the separate accounting of all contracts specifically related to the emergency incident and of all purchases within the enactment of the emergency incident management plan.
	Establish a line of communication with the Support Branch Director to insure resource coordination.
	Obtain authorization to initiate and finalize purchases from the Finance/Administration Section Chief, or authorized representative.
	Interpret and initiate contracts/agreements to minimize costs (when possible) and resolve disputes.
	Establish and document emergency agreements for the sharing, transfer of material, supplies, etc., to other entities.
	Meet regularly with the Finance/Admin Section Chief to discuss plan of action and staffing.
	Establish and maintain contact with Logistics Section Chief to ensure ordering and delivery of personnel and resources as needed.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.

Ongoing	
	Meet regularly with Finance/Administration Section Chief for status reports, and relay important information to unit members.
	Maintain log of all purchases related to the incident: <ul style="list-style-type: none"> • List purchases by purchase order or other reference number. • Record date and time of purchase. Describe item or service. • Identify vendor name. • Record total cost of purchase. • Use proper name to identify requestor and department. • Use proper name of person who approved purchase. • Record date and time item or service was received.
	Collect invoices and other records to reconcile them with the procurement agreements before forwarding them to the Cost Unit Leader.
	Forward a summary accounting of incident-related purchases to the Cost Unit Leader every

Procurement Unit Leader
 Job Action Sheet
 Finance/Administrative Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Ongoing	
	eight hours, or as determined by the Cost Unit Leader.
	Coordinate with the Support Branch's Unit Leaders to ensure that procurements meet the needs of the requestors.
	Develop and submit an action plan to the Finance/Administration Section Chief when requested.
	Advise the Finance/Administration Section Chief immediately of any recovery issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Cost Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Finance/Administration Section Chief:	
Operations Center Location:		Telephone:

Mission: Responsible for providing cost analysis data for the declared emergency incident and maintenance of accurate records of incident cost.

Immediate	
	Receive appointment from Finance/Administration Chief. Obtain Group's Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Finance/Administration Section Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Establish cost reporting procedures, including proper coding.
	Implement third-party billing procedures.
	Implement procedures for receiving and depositing funds.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.

Ongoing	
	Meet routinely with the Finance/Administration Section Chief for status reports, and relay important information to Unit members.
	Maintain cost tracking and analysis.
	Collect copies, summaries, or original documentation of costs from all cost centers.
	Prepare a cost-to-date summary report for submission to the Finance/Administration Section Chief every eight hours and as requested.
	Inform Section Chiefs of pertinent cost data at the direction of the Finance/Administration Section Chief or Incident Commander.
	Develop and submit an action plan to the Finance/Administration Section Chief when requested.
	Advise the Finance/Administration Section Chief immediately of any recovery issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Employee Time Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Finance/Administration Section Chief:	
Operations Center Location:		Telephone:

Mission: Responsible for the documentation of personnel time records. Monitor and report on regular and overtime hours worked/volunteered.

Immediate	
	Receive appointment from Finance/Administration Chief. Obtain Group's Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Finance/Administration Section Chief.
	With Finance/Administration Section Chief, decide if the facility needs to process payroll early or in advance of an impending event. Do so if action is approved.
	At the onset of an impending emergency event, obtain printed time sheets for a 14-day run.
	Ensure the documentation of personnel hours worked and volunteer hours worked in all areas relevant to the nursing home's emergency incident response.
	Make sure all Section Chiefs and/or Unit Leaders are following these protocols when submitting a list of personnel/volunteers who worked outside of their regularly scheduled hours in response to the emergency incident: <ul style="list-style-type: none"> Use proper names to list personnel and indicate employee or volunteer Record employee number, if applicable, and indicate assigned function or job Work start and end times for each employee Employee/volunteer should sign Calculate total hours
	Assist Staffing/Scheduling Unit Manager in accounting for facility staff.

Ongoing	
	Meet routinely with the Finance/Administration Section Chief for status reports, and relay important information to Unit members.
	Collect all Section personnel time sheets from each work area for recording and tabulation every eight hours, or as specified by the Finance/Administration Section Chief.
	Forward tabulated Section personnel time sheets to the Cost Unit Leader every eight hours or as requested.
	Develop and submit an action plan to the Finance/Administration Section Chief when requested.
	Advise the Finance/Administration Section Chief immediately of any recovery issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Compensation/Claims Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Finance/Administration Section Chief:	
Operations Center Location:		Telephone:

Mission: Responsible for receiving, investigating and documenting all claims reported to the nursing home during the emergency incident, which are alleged to be the result of an accident or action on nursing home property.

Immediate	
	Receive appointment from Finance/Administration Chief. Obtain Group's Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Finance/Administration Section Chief.
	Receive, investigate and document claims issued by employees and non-employees. Use photographs or video documentation when appropriate.
	Obtain statements as quickly as possible from all claimants and witnesses.
	Enlist the assistance of the Safety Officer, Section Chief, and Staffing/Scheduling Unit Leader, as needed.
	Document all communications (internal and external): <ul style="list-style-type: none"> • Transcribe complete, concise and specific content of message. • Note any actions taken in response to message.

Ongoing	
	Meet routinely with the Finance/Administration Section Chief for status reports, and relay important information to Unit members.
	Inform the Finance/Administration Section Chief of all claims as they are reported.
	Document claims on facility risk/loss forms. Coordinate with facility Risk Management.
	Ensure that records required by insurers, government and other agencies for loss recovery are accurately compiled, maintained, and available.
	Develop and submit an action plan to the Finance/Administration Section Chief when requested.
	Advise the Finance/Administration Section Chief immediately of any recovery issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

INFECTIOUS DISEASE OUTBREAK

BIOLOGIC/PANDEMIC INFLUENZA INCIDENT PLANNING GUIDE



INCIDENT PLANNING GUIDE

DOES YOUR EMERGENCY OPERATIONS PLAN ADDRESS THE FOLLOWING ISSUES?

MITIGATION & PREPAREDNESS	
<input type="checkbox"/>	Does your nursing home provide information and education to staff on infection control precautions, personal protective equipment, exposure prophylaxis and family/dependent care options?
<input type="checkbox"/>	Does your nursing home have a procedure to provide personal protective equipment (PPE), including respirators, to designated work locations?
<input type="checkbox"/>	<p>Does your nursing home have a plan to implement control measures in the face of a rapid spread/surge of infectious residents? Does the plan include the following?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monitoring residents for signs of illness. <input type="checkbox"/> Policies regarding self-screening and denying access to ill persons, respiratory etiquette and the use of hand sanitizer and masks for visitors entering the facility. <input type="checkbox"/> Rapid identification, triage, and isolation practices. <input type="checkbox"/> Expanding isolation capability (cohorting, portable HEPA filtration, etc.). <input type="checkbox"/> Integration with local hospitals, clinics, public health and emergency management.
<input type="checkbox"/>	Does your nursing home have a plan to manage dispensing antiviral medications to staff (mass vaccination/mass prophylaxis plan) and in administering vaccines (when available)?
<input type="checkbox"/>	Does your nursing home have a procedure to limit nursing home access to a small number of monitored entrances so that residents and visitors entering the nursing home can be screened for illness (e.g., temperature checks)?
<input type="checkbox"/>	Does your nursing home have a procedure to monitor staff and volunteers for symptoms and a policy for "fitness for duty" procedures?
<input type="checkbox"/>	Does your nursing home plan for ensuring safe transportation routes and infection control procedures (e.g., residents wearing masks) when transferring residents through the nursing home?
<input type="checkbox"/>	Does your nursing home have a policy to determine appropriate amounts of PPE and hand hygiene/washing supplies available and to supplement those supplies as required?
<input type="checkbox"/>	Does your nursing home have a plan to include just-in-time fit testing and training on PPE use?
<input type="checkbox"/>	Does your nursing home have a policy to determine appropriate numbers of essential personnel (e.g., medical, nursing, environmental services, facilities, nutrition and food services, administrative, ancillary clinical staff respiratory therapy, rehabilitation staff, activities staff, medical records) that would be priority for receiving prophylaxis, vaccine and PPE to protect those staff most at risk and to ensure the continuation of essential services in the event of a pandemic?

INFECTIOUS DISEASE OUTBREAK

BIOLOGIC/PANDEMIC INFLUENZA INCIDENT PLANNING GUIDE



<input type="checkbox"/>	Does your nursing home maintain stockpiles or have Memorandums of Understanding (MOUs) established with pharmaceutical vendors for antiviral medications and antibiotics to treat bacterial complications to treat or provide prophylaxis to staff, residents and volunteers?
<input type="checkbox"/>	Does your nursing home have a plan for increasing capability to perform specific screening tests for designated pathogens?
<input type="checkbox"/>	Does your nursing home have a plan for safely packaging, identifying, and transferring lab specimens to external testing sites, including local, state, and federal labs?
<input type="checkbox"/>	Does your nursing home have the capability of handling the need for increased specimen collection, documentation, and transportation of specimens to the testing facility?
<input type="checkbox"/>	Does your nursing home have a plan for relaying laboratory results to external partners (public health, acute care facilities, other)?
<input type="checkbox"/>	Does your Emergency Operations Plan include triggers or criteria for activation of the Emergency Operations Plan, Incident Command, and the Command Center?
<input type="checkbox"/>	Does your nursing home have a process for regularly assessing the status of the nursing home supplies and staffing, and adjusting the Incident Action Plan and operations accordingly? Does the process include regularly updating the Incident Action Plan and reviewing decisions made/actions taken to accomplish the mission?
<input type="checkbox"/>	Does your nursing home have procedures and forms to track cost expenditures and provide reports?
<input type="checkbox"/>	Does your nursing home have procedures with clear routes of communication to gather and confirm situation reports and status updates from local emergency management? Is there a plan to communicate with the local Emergency Operations Center (emergency management, public health, regulatory agencies) about the situation status, critical issues, and resident health status, and to request assistance?
<input type="checkbox"/>	Does your nursing home have a plan to notify and maintain communications (primary and back-up systems) and exchange appropriate information with the following? <ul style="list-style-type: none"> <input type="checkbox"/> Internal experts, including infection control, engineering/facilities, physician(s). <input type="checkbox"/> External experts, including local, regional and state public health, EOC/emergency management, fire, police, regulatory agencies. <input type="checkbox"/> Other local facilities and hospitals.
<input type="checkbox"/>	Does your nursing home have procedures to provide accurate and timely situation and safety information (in cooperation with local Joint Information Center) to staff, residents and families, regulatory agencies and a backup system if primary communication systems fail?
<input type="checkbox"/>	Does your nursing home have procedures to determine the status of communication systems outside of the nursing home in order to communicate with local emergency management, police, & fire within the city, county and operational area?
<input type="checkbox"/>	Does your nursing home have a plan for posting illness outbreak and instruction signs in public places in the facility.

INFECTIOUS DISEASE OUTBREAK

BIOLOGIC/PANDEMIC INFLUENZA INCIDENT PLANNING GUIDE



<input type="checkbox"/>	Does your nursing home have a plan to conduct regular media briefings, in collaboration with local emergency management, local EOC and the local Joint Information Center?
RESPONSE & RECOVERY	
<input type="checkbox"/>	Does your nursing home have a policy to monitor the health status and absenteeism of staff during the disease outbreak/pandemic?
<input type="checkbox"/>	<p>Does your nursing home have a plan to track resident census and symptoms?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stop new admissions. <input type="checkbox"/> Communicate with family/legal representatives re: nature of disease outbreak, restrictions on visitations, and estimated potential duration of response activities.
<input type="checkbox"/>	<p>Does your nursing home have triggers to implement the infectious patient surge capacity plan?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Expansion of isolation capabilities. <input type="checkbox"/> Cohabitation of infected residents.
<input type="checkbox"/>	Does your nursing home have a plan to manage mass fatalities and address fatality issues in conjunction with law enforcement/medical examiner/coroner/local EOC?
<input type="checkbox"/>	Does your nursing home monitor medical care issues for residents and exposed or ill staff?
<input type="checkbox"/>	Does your nursing home monitor safe and consistent use of PPE?
<input type="checkbox"/>	Does your nursing home have a plan to maintain nursing home security?
<input type="checkbox"/>	<p>Does your nursing home have a plan to adjust staff schedules to meet the needs of the response including the following?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reassigning staff who have recovered from flu to care for flu residents (such as a pandemic event?). <input type="checkbox"/> Reassigning staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (e.g., no flu patient care or administrative duties only).
<input type="checkbox"/>	Does your nursing home have a process to determine the need for canceling nonessential services (social gatherings, meetings, etc.)?
<input type="checkbox"/>	Does your nursing home have procedures to evaluate need for additional staff, augment staffing levels, or manage with staff available? Is there a plan to modify contingency staff utilization and provide staff support (alternate shifts and staffing, childcare contingency plan for staff, staff transportation needs, etc.)?
<input type="checkbox"/>	Does your nursing home have a plan to provide rest/sleep, nutrition, and hydration to staff?
<input type="checkbox"/>	Does your nursing home have a process to assess residents for early discharge to decrease occupancy?
<input type="checkbox"/>	Does your nursing home have a process to determine the need to limit resident visitation?
<input type="checkbox"/>	Does your nursing home have a plan to secure the nursing home, including adequate personnel to assure security?

INFECTIOUS DISEASE OUTBREAK

BIOLOGIC/PANDEMIC INFLUENZA INCIDENT PLANNING GUIDE



<input type="checkbox"/>	Does your nursing home have protocols to manage, treat (or refer for treatment), and report injuries to residents, staff, families, and visitors? Is there a process to prepare a report of all residents, staff, families, and visitors evaluated, treated, and discharged from the facility?
<input type="checkbox"/>	Does your nursing home have a process to inventory available supplies, medications, equipment, and personnel for both short and long-term operations? Does this include a process for obtaining supply and equipment supplementation?
<input type="checkbox"/>	Does your nursing home have a process for determining food and water needs for residents, visitors, families and staff for 96-hours and a plan for obtaining needed supplies?
<input type="checkbox"/>	Does your nursing home have a plan to maintain continuity of operations including delivery of essential supplies, trash, food, linen, laundry, etc.?
<input type="checkbox"/>	Does your nursing home have a plan to access outside resources through a medical mutual aid system?
<input type="checkbox"/>	Does your nursing home have a plan to keep resident/staff families notified of current situation, location, condition, and safety measures taken to protect them?
<input type="checkbox"/>	Does your nursing home have a plan to establish alternate care sites and relocate services provided if transfer is not feasible?
<input type="checkbox"/>	Does your nursing home have a plan for demobilization and system recovery that is activated during emergency response? Does this include a procedure for prioritizing service restoration activities, including restoring medical care operations, visitation, and nonessential operations (social activities, meetings, etc.)?
<input type="checkbox"/>	Does your nursing home have a process for reporting all injuries, system failures, and long-term damage to state licensing and certification authorities as required?
<input type="checkbox"/>	Does your nursing home have a plan for providing mental health support and stress management services to staff, residents, and families?
<input type="checkbox"/>	Does your nursing home have procedures for reordering, restocking, and returning borrowed supplies, equipment, and medications and returning personnel on loan during the incident?
<input type="checkbox"/>	Does your nursing home have procedures for after-action reporting and developing an improvement plan based on lessons learned? Is there a plan to participate in after-action review with local emergency management and community partners?
<input type="checkbox"/>	Does your nursing home have criteria to confirm restoration of the facility to normal function?
<input type="checkbox"/>	Does your nursing home have a process for submitting cost for disaster reimbursement from insurance carriers, local, state and federal disaster relief?

INTERNAL FLOODING INCIDENT PLANNING GUIDE



INCIDENT PLANNING GUIDE

DOES YOUR EMERGENCY OPERATIONS PLAN ADDRESS THE FOLLOWING ISSUES?

MITIGATION & PREPAREDNESS	
<input type="checkbox"/>	Does your nursing home have a plan to address flooding on the grounds and measures to prevent water from flowing into the facility (sandbags, pumps, etc.)?
<input type="checkbox"/>	Does your nursing home have a plan to address possible loss of water/pressure, water contamination, sewer back-up, power failure, and loss of operations due to area or facility flooding?
<input type="checkbox"/>	Does your nursing home have procedures to communicate situation and safety information to staff and residents that are not in the flooded/potentially flooded areas?
<input type="checkbox"/>	Does your nursing home have an alternate staffing plan and a process to support on-duty staff should they be unable to leave the facility due to flooding?
<input type="checkbox"/>	Does your nursing home have a Memorandum of Understanding (MOUs) with fuel suppliers to ensure a supply of fuel for emergency generators and vehicles?
<input type="checkbox"/>	Does your nursing home have a plan to maintain water and sanitation systems, including providing personal hygiene/sanitation supplies (i.e., hand wipes, portable toilets, potable water)?
<input type="checkbox"/>	Does your nursing home consider relocating hazardous materials/chemical agents to prevent contamination in case of flooding?
<input type="checkbox"/>	Does your nursing home regularly monitor pre-event weather forecasts and projections?
<input type="checkbox"/>	Does your nursing home participate in pre-event local response planning with emergency management officials?
<input type="checkbox"/>	Does your nursing home identify and/or have MOUs with contractors that can perform repairs after the flooding?
<input type="checkbox"/>	Does your nursing home have plans to protect or recover lost data or wet/damaged documents?
<input type="checkbox"/>	Does your Emergency Operations Plan include triggers or criteria for activation of the Emergency Operations Plan, Incident Command, and the Command Center?
<input type="checkbox"/>	Does your nursing home have a process for regularly assessing the status of the facility, repair, resident services, and system restoration and for staffing and adjusting the Incident Action Plan and operations accordingly? Does the process include regularly updating the Incident Action Plan and reviewing decisions made/actions taken to accomplish the mission?
<input type="checkbox"/>	Does your nursing home have procedures and forms to track cost expenditures and provide reports?
<input type="checkbox"/>	Does your nursing home have procedures with clear routes of communication to gather and confirm situation reports and status updates from local emergency management and regulatory agencies? Is there a plan to communicate with the local EOC (emergency management, public health, regulatory agencies) about the situation status, critical issues, and resident health status and to request assistance?

INTERNAL FLOODING

INCIDENT PLANNING GUIDE



<input type="checkbox"/>	Does your nursing home have a plan to notify and maintain communications (primary and back-up systems) and exchange appropriate information with: <ul style="list-style-type: none"> <input type="checkbox"/> Internal experts, including infection control, engineering/facilities, physician(s). <input type="checkbox"/> External experts, including local, regional and state public health, EOC/emergency management, fire, police, regulatory agencies. <input type="checkbox"/> Other local facilities and hospitals.
<input type="checkbox"/>	Does your nursing home have procedures to provide accurate and timely situation and safety information (in cooperation with local Joint Information Center) to staff, residents, and families and a back-up system if primary communication systems fail?
<input type="checkbox"/>	Does your nursing home have procedures to determine the status of communication systems outside of the facility in order to communicate with local emergency management, regulatory agencies, police, and fire within the city, county, and operational area?
<input type="checkbox"/>	Does your nursing home have a plan to conduct regular media briefings in collaboration with local emergency management, local EOC, and the local Joint Information Center?
RESPONSE & RECOVERY	
<input type="checkbox"/>	Does your nursing home have procedures to perform damage assessment (interior and exterior), report nursing home damage to the Incident Commander, and initiate appropriate repairs during and after the storm(s) and flooding of the facility?
<input type="checkbox"/>	Does your nursing home have plans for decontamination and clean-up of the nursing home including bacteriological surveillance and potable water supply sanitation?
<input type="checkbox"/>	Does your nursing home have a process to determine the need for canceling nonessential services (social gatherings, meetings, etc.)?
<input type="checkbox"/>	Does your nursing home have procedures to evaluate need for additional staff, augment staffing levels, or manage with staff available? Is there a plan to modify contingency staff utilization and provide staff support (alternate shifts and staffing, childcare contingency plan for staff, staff transportation needs, etc.)?
<input type="checkbox"/>	Does your nursing home have a plan to provide rest/sleep, nutrition, and hydration to staff?
<input type="checkbox"/>	Does your nursing home have a process to determine the need for shelter-in-place vs. partial evacuation vs. complete evacuation of the nursing home to protect residents and staff?
<input type="checkbox"/>	Does your nursing home have criteria or triggers to move residents from flooded areas to other locations within the facility (partial evacuation)?
<input type="checkbox"/>	Does your nursing home have a plan for complete evacuation of residents, including transport of critical records and supplies, arrangements with receiving facilities and transportation assets, staffing en route and in the relocation site?
<input type="checkbox"/>	Does your nursing home have procedures to track residents and beds in the event of an evacuation?
<input type="checkbox"/>	Does your nursing home's evacuation transportation plan include the use of assets other than local EMS for transporting residents?
<input type="checkbox"/>	Does your nursing home have a plan to establish alternate care sites and relocate services provided if transfer is not feasible?

INTERNAL FLOODING

INCIDENT PLANNING GUIDE



<input type="checkbox"/>	Does your nursing home have, if not evacuating, a plan to maintain continuity of operations including trash, food, linen, laundry, etc.?
<input type="checkbox"/>	Does your nursing home have a process to assess residents for early discharge to decrease occupancy?
<input type="checkbox"/>	Does your nursing home have a process to determine the need to limit resident visitation?
<input type="checkbox"/>	Does your nursing home have a plan to secure the nursing home, including adequate personnel to assure security?
<input type="checkbox"/>	Does your nursing home have a process to assess damage to building structure and infrastructure (HVAC, water, sewage, lighting, power, information systems, communications, medical gases, and hazardous materials)?
<input type="checkbox"/>	Does your nursing home have protocols to manage, treat (or refer for treatment), and report injuries to residents, staff, families and visitors? Is there a process to prepare a report of all residents, staff, families, and visitors evaluated, treated, and discharged from the facility?
<input type="checkbox"/>	Does your nursing home have a process to inventory available supplies, medications, equipment and personnel for both short and long-term operations? Does this include a process for obtaining supply and equipment supplementation?
<input type="checkbox"/>	Does your nursing home have a process for determining food and water needs for residents, visitors, families, and staff for 96-hours and a plan for obtaining needed supplies?
<input type="checkbox"/>	Does your nursing home have a plan to access outside resources through a medical mutual aid system?
<input type="checkbox"/>	Does your nursing home have a plan to keep resident/staff families notified of current situation, location, condition, and safety measures taken to protect them?
<input type="checkbox"/>	Does your nursing home have a plan for demobilization and system recovery that is activated during emergency response? Does this include a procedure for prioritizing service restoration activities, including restoring medical care operations, visitation, and nonessential operations (social activities, meetings, etc.)?
<input type="checkbox"/>	Does your nursing home have procedures for repatriation of patients that were transferred or evacuated?
<input type="checkbox"/>	Does your nursing home have a process for reporting all injuries, system failures, and long-term damage to state licensing and certification authorities as required?
<input type="checkbox"/>	Does your nursing home have a plan for providing mental health support and stress management services to staff, residents, and families?
<input type="checkbox"/>	Does your nursing home have procedures for reordering, restocking, and returning borrowed supplies, equipment, and medications, and returning personnel on loan during the incident?
<input type="checkbox"/>	Does your nursing home have procedures for after-action reporting and developing an improvement plan based on lessons learned? Is there a plan to participate in after-action review with local emergency management and community partners?
<input type="checkbox"/>	Does your nursing home have criteria to confirm restoration of the facility to normal function?
<input type="checkbox"/>	Does your nursing home have a process for submitting cost for disaster reimbursement from insurance carriers, local, state and federal disaster relief?

INTERNAL FLOODING INCIDENT RESPONSE GUIDE



INCIDENT RESPONSE GUIDE

Mission: To safely manage the operations of the nursing home during response to internal flooding and system restoration.

DIRECTIONS

- ☐ Read this entire response guide and review Incident Management Team Chart.
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed.

OBJECTIVES

- ☐ Prevent or minimize impact of nursing home flooding.
- ☐ Ensure safe resident care and medical management.
- ☐ Communicate situation to staff, residents, media, community officials, and regulatory agencies.
- ☐ Evacuate the nursing home (partial or complete) as required.

IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)

COMMAND

(Incident Commander):

- ☐ Activate the Nursing Home Emergency Operations.
- ☐ Activate Command Staff and Section Chiefs, as appropriate.
- ☐ Establish operational period and incident objectives; develop the Incident.
- ☐ Notify local emergency management and regulatory agencies of situation and immediate actions.
- ☐ Communicate with other health care facilities to determine:
 - Situation Status
 - Surge Capacity
 - Resident transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.
- ☐ Inform staff, residents, and families of situation and actions underway to prevent/limit flooding.
- ☐ Prepare media staging area.
- ☐ Conduct regular media briefings, in collaboration with the local Emergency Operations Center/Joint Information Center.

(Safety Officer):

- ☐ Conduct safety assessment of low-lying flooded areas and assess risks and impacts to residents, staff, and families.

NOTE: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.

INTERNAL FLOODING INCIDENT RESPONSE GUIDE



IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)	
	OPERATIONS
<input type="checkbox"/>	<input type="checkbox"/> Activate the nursing home's internal (or external) flooding plan. <input type="checkbox"/> Ensure continuation of resident care and essential services. <input type="checkbox"/> Consider partial or complete evacuation of the nursing home or relocation of residents and services into safe areas of the nursing home. <input type="checkbox"/> Ensure the operations of alternate power supplies (i.e., back-up generators). <input type="checkbox"/> Maintain communications systems; activate alternate/redundant communications systems as needed. <input type="checkbox"/> Evaluate the flooded area(s) and identify safety issues. <input type="checkbox"/> Institute measures to prevent flooding and protect nursing home resources, as appropriate. <input type="checkbox"/> Secure the nursing home and limit access and egress. <input type="checkbox"/> Implement business continuity planning and protection of resident records. <input type="checkbox"/> Assess nursing home damage and projected impact of rising flood waters on the nursing home.
	PLANNING
<input type="checkbox"/>	<input type="checkbox"/> Establish operational period and incident objectives; develop the Incident Action Plan in collaboration with the Incident Commander. <input type="checkbox"/> Gather and validate situational information and projected impact. <input type="checkbox"/> Implement resident and staff tracking, as appropriate.
	LOGISTICS
<input type="checkbox"/>	<input type="checkbox"/> Maintain utilities and activate alternate systems as needed. <input type="checkbox"/> Investigate and provide recommendations for auxiliary power (battery powered lights, etc.). <input type="checkbox"/> Provide for water, food, and rest periods for staff. <input type="checkbox"/> Obtain supplies to maintain function of emergency generators (fuel, parts, etc.). <input type="checkbox"/> Obtain supplemental staffing, as needed. <input type="checkbox"/> Prepare for transportation of evacuated residents. <input type="checkbox"/> Validate and/or activate the back-up communications systems.

INTERNAL FLOODING

INCIDENT RESPONSE GUIDE



INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
	COMMAND
<input type="checkbox"/>	<input type="checkbox"/> Establish a resident information center to notify resident families of situation and resident locations. <input type="checkbox"/> Notify local emergency management, emergency operations center, and regulatory agencies of situation status, critical needs, and plans for evacuation, if appropriate.
	OPERATIONS
<input type="checkbox"/>	<input type="checkbox"/> Continue essential resident care management. <input type="checkbox"/> Initiate clean-up operations, as appropriate. <input type="checkbox"/> Reassess need for, or prepare for, evacuation. <input type="checkbox"/> Continue to maintain utilities. <input type="checkbox"/> Provide mental health support to residents and families as needed. <input type="checkbox"/> Continue to secure the nursing home, including unsafe areas. <input type="checkbox"/> Activate business continuity plans, including protection of records and possible relocation of business functions. <input type="checkbox"/> Continue to evaluate nursing home integrity and safety of flooded areas. Initiate clean-up, as appropriate.
	PLANNING
<input type="checkbox"/>	<input type="checkbox"/> Continue resident and personnel tracking, as needed. <input type="checkbox"/> Update and revise the Incident Action Plan and distribute to Command Staff and Section Chiefs.
	LOGISTICS
<input type="checkbox"/>	<input type="checkbox"/> Provide additional staffing and resources as required.
	FINANCE/ADMINISTRATION
<input type="checkbox"/>	<input type="checkbox"/> Track cost expenditures and estimate cost of nursing home damage and lost revenue. <input type="checkbox"/> Initiate documentation of any injuries or nursing home damage. <input type="checkbox"/> Facilitate the procurement of supplies, equipment, medications, and contracting for nursing home clean up or repair.

INTERNAL FLOODING

INCIDENT RESPONSE GUIDE



EXTENDED (OPERATIONAL PERIOD BEYOND 12 HOURS)	
<input type="checkbox"/>	COMMAND
	<p>(Incident Commander):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Update and revise the Incident Action Plan and prepare for demobilization. <input type="checkbox"/> Continue to update internal leaders on the situation status. <input type="checkbox"/> Continue with briefings and situation updates with staff, residents, and families. <input type="checkbox"/> Continue resident information center operations. <input type="checkbox"/> Continue to notify local emergency operations center and regulatory agencies of situation status. <input type="checkbox"/> Continue resident information center operations in collaboration with Public Information Officer. <p>(Safety Officer):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue to evaluate flooded areas and nursing home integrity for safety, and take immediate corrective actions.
<input type="checkbox"/>	OPERATIONS
	<ul style="list-style-type: none"> <input type="checkbox"/> Continue essential resident care management and services. <input type="checkbox"/> Continue to evaluate nursing home damage/integrity and initiate clean-up/repair activities. <input type="checkbox"/> Continue repair and clean-up operations, as appropriate. <input type="checkbox"/> Continue evacuation of the nursing home, if implemented. Ensure the transfer of residents' belongings, medications, and records, when evacuated. <input type="checkbox"/> Continue to maintain utilities. <input type="checkbox"/> Continue to secure the nursing home, including unsafe areas. <input type="checkbox"/> Continue business continuity activities and relocation of business services, if appropriate. <input type="checkbox"/> Prepare for demobilization and system recovery.
<input type="checkbox"/>	PLANNING
	<ul style="list-style-type: none"> <input type="checkbox"/> Revise and update the Incident Action Plan. <input type="checkbox"/> Initiate demobilization and system recovery plan.
<input type="checkbox"/>	LOGISTICS
	<ul style="list-style-type: none"> <input type="checkbox"/> Provide supplemental staffing as needed.
<input type="checkbox"/>	FINANCE/ADMINISTRATION
	<ul style="list-style-type: none"> <input type="checkbox"/> Continue to track cost expenditures. <input type="checkbox"/> Continue to facilitate contracting for nursing home repair and clean up.

INTERNAL FLOODING

INCIDENT RESPONSE GUIDE



DEMOBILIZATION/SYSTEM RECOVERY	
	COMMAND
<input type="checkbox"/>	<p>(Incident Commander):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Determine nursing home status and declare termination of the incident. <input type="checkbox"/> Conduct final media briefing and assist with updating staff, residents, families, and others of the termination of the event. <input type="checkbox"/> Communicate final nursing home status and termination of the incident to local emergency operations center, area facilities, officials, and regulatory agencies. <input type="checkbox"/> Assist with the repatriation of transferred residents. <p>(Safety Officer):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure nursing home safety and restoration of normal activities. <input type="checkbox"/> Ensure nursing home repairs are completed in conjunction with the Operations and Logistics Sections.
<input type="checkbox"/>	OPERATIONS
<input type="checkbox"/>	<ul style="list-style-type: none"> <input type="checkbox"/> Restore normal resident care operations. <input type="checkbox"/> Ensure restoration of utilities and communications. <input type="checkbox"/> Complete a nursing home damage report, progress of repairs, and estimated timelines for restoration of nursing home to pre-event condition.
<input type="checkbox"/>	PLANNING
<input type="checkbox"/>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete a summary of operations, status, and current census. <input type="checkbox"/> Conduct after-action reviews and debriefings. <input type="checkbox"/> Develop the after-action report and improvement plan for approval by the Incident Commander.
<input type="checkbox"/>	LOGISTICS
<input type="checkbox"/>	<ul style="list-style-type: none"> <input type="checkbox"/> Restock supplies, equipment, medications, food, and water. <input type="checkbox"/> Ensure communication and IT/IS operations return to normal. <input type="checkbox"/> Provide stress management and mental health support to staff.
<input type="checkbox"/>	FINANCE/ADMINISTRATION
<input type="checkbox"/>	<ul style="list-style-type: none"> <input type="checkbox"/> Compile a final report of response and nursing home repair costs for approval by the Incident Commander. <input type="checkbox"/> Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event. <input type="checkbox"/> Contact the insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures.

INTERNAL FLOODING INCIDENT RESPONSE GUIDE



DOCUMENTS AND TOOLS	
<input type="checkbox"/>	Nursing Home Emergency Operations Plan
<input type="checkbox"/>	Nursing Home Evacuation Plan
<input type="checkbox"/>	Flood Response Plan
<input type="checkbox"/>	Utility Failure Plan
<input type="checkbox"/>	Nursing Home Business Continuity Plan

MAN-MADE DISASTER: LOSS of POWER

INCIDENT PLANNING GUIDE



INCIDENT PLANNING GUIDE

DOES YOUR EMERGENCY OPERATIONS PLAN ADDRESS THE FOLLOWING ISSUES?

MITIGATION & PREPAREDNESS	
<input type="checkbox"/>	Is your nursing facility identified with the local power providers as a “Priority Restore” user due to the medically compromised people that you serve?
<input type="checkbox"/>	<p>Does your nursing home have procedures to conduct the following?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Verify all emergency generators start and are accommodating the nursing home’s emergency power load. <input type="checkbox"/> Verify that the exhaust fans and air handlers supplied by emergency power are operating. <input type="checkbox"/> Evaluate for and verify that only essential equipment is plugged into emergency power outlets throughout the nursing home. <input type="checkbox"/> Contact the utility company’s operations center to ascertain scope and length of service interruption. <input type="checkbox"/> Evaluate critical areas to determine emergency power needs and supply; and provide alternative light sources (i.e., battery powered lights, flashlights). <input type="checkbox"/> Acquire generator fuel and needed repairs to maintain emergency power. <input type="checkbox"/> Prioritize emergency power allocation to critical infrastructure (i.e., HVAC units, morgue, elevators, patient monitors, electronic medication dispensing systems, IT/IS systems). <input type="checkbox"/> Evaluate the power system for load shedding potential. <input type="checkbox"/> Identify equipment or areas in the nursing home that do not have emergency power capability and will be unavailable for use.
<input type="checkbox"/>	Does your Nursing Home Emergency Operations Plan include triggers or criteria for activation and how to activate the Emergency Operations Plan, Incident Command and the Command Center?
<input type="checkbox"/>	Does your nursing home have a process for regularly assessing the status of the facility, repair, resident services, system restoration, and staffing and for adjusting the Incident Action Plan and operations accordingly? Does the process include regularly updating the Incident Action Plan and reviewing decisions made/actions taken to accomplish the mission?
<input type="checkbox"/>	Does your nursing home have procedures and forms to track costs, expenses and provide reports (i.e., Incident Action Plan, After-Action Report)?
<input type="checkbox"/>	Does your nursing home have procedures with clear routes of communication to gather and confirm situation reports and status updates from local emergency management? Is there a plan to communicate with the local emergency operations center (emergency management, public health, regulatory agencies) about the situation status, critical issues, and resident health status and request assistance?
<input type="checkbox"/>	<p>Does your nursing home have a plan to notify and maintain communications (primary and back-up systems) and exchange appropriate information with the following?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Internal experts, including infection control, engineering/facilities, physician(s). <input type="checkbox"/> External experts, including local, regional, and state public health, emergency operations center/emergency management, fire, police, regulatory agencies. <input type="checkbox"/> Other local facilities and hospitals.

MAN-MADE DISASTER: LOSS of POWER

INCIDENT PLANNING GUIDE



<input type="checkbox"/>	Does your nursing home have procedures to provide accurate and timely situation and safety information (in cooperation with local Joint Information Center) to staff, residents and families, and a back-up system if primary communication systems fail?
<input type="checkbox"/>	Does your nursing home have procedures to determine the status of communication systems outside of the facility in order to communicate with local emergency management, police, and fire within the city, county, and operational area?
<input type="checkbox"/>	Does your nursing home have a plan to conduct regular media briefings, in collaboration with local emergency management, local emergency operations center, and the local Joint Information Center?
RESPONSE & RECOVERY	
<input type="checkbox"/>	Does your nursing home have procedures for obtaining situation reports and utility status updates from the local emergency management agency and utility company?
<input type="checkbox"/>	Does your nursing home have a process to assess damage to building structure and infrastructure (HVAC, water, sewage, lighting, power, information systems, communications, medical gases, and hazardous materials)?
<input type="checkbox"/>	Does your nursing home have a power reallocation protocol to address power load transfer?
<input type="checkbox"/>	Does your nursing home have a mechanism for regularly evaluating generator and electrical system performance?
<input type="checkbox"/>	Does your nursing home have a process to evaluate the short and long-term impact of the loss of HVAC on the residents, staff, and nursing home?
<input type="checkbox"/>	Does your nursing home have a process to determine the need for canceling nonessential services (social gatherings, meetings, etc.)?
<input type="checkbox"/>	Does your nursing home have procedures to evaluate need for additional staff, augment staffing levels, or manage with staff available? Is there a plan to modify contingency staff utilization and provide staff support (alternate shifts and staffing, childcare contingency plan for staff, staff transportation needs, etc.)?
<input type="checkbox"/>	Does your nursing home have a plan to provide rest/sleep, nutrition, and hydration to staff?
<input type="checkbox"/>	Does your nursing home have a process to determine the need for shelter-in-place vs. partial evacuation vs. complete evacuation of the nursing home to protect residents and staff?
<input type="checkbox"/>	Does your nursing home have criteria or triggers to move residents from damaged or unsafe areas to other locations within the nursing home (partial evacuation)?
<input type="checkbox"/>	Does your nursing home have a plan for complete evacuation of residents, including transport of critical records and supplies, arrangements with receiving facilities and transportation assets, staffing en route and at the relocation site?
<input type="checkbox"/>	Does your nursing home have procedures to track residents and beds in the event of an evacuation?
<input type="checkbox"/>	Does your nursing home's evacuation transportation plan include the use of assets other than local EMS for transporting residents?
<input type="checkbox"/>	Does your nursing home have a plan to establish alternate care sites and relocate services provided if transfer is not feasible?
<input type="checkbox"/>	Does your nursing home have, if not evacuating, a plan to maintain continuity of operations including trash, food, linen, laundry, etc.?

MAN-MADE DISASTER: LOSS of POWER

INCIDENT PLANNING GUIDE



<input type="checkbox"/>	Does your nursing home have a process to assess residents for early discharge to decrease occupancy?
<input type="checkbox"/>	Does your nursing home have a process to determine the need to limit resident visitation?
<input type="checkbox"/>	Does your nursing home have a plan to secure the nursing home, including adequate personnel to assure security?
<input type="checkbox"/>	Does your nursing home have protocols to manage, treat (or refer for treatment), and report injuries to residents, staff, families, and visitors? Is there a process to prepare a report of all residents, staff, families, and visitors evaluated, treated, and discharged from the facility?
<input type="checkbox"/>	Does your nursing home have a process to inventory available supplies, medications, equipment, and personnel for both short and long-term operations? Does this include a process for obtaining supply and equipment supplementation?
<input type="checkbox"/>	Does your nursing home have a process for determining food and water needs for residents, visitors, families, and staff for 96-hours and a plan for obtaining needed supplies?
<input type="checkbox"/>	Does your nursing home have a plan to access outside resources through a mutual aid system?
<input type="checkbox"/>	Does your nursing home have a plan to keep resident/staff families notified of current situation, location, condition, and safety measures taken to protect them?
<input type="checkbox"/>	Does your nursing home have a plan for demobilization and system recovery that is activated during emergency response? Does this include a procedure for prioritizing service restoration activities, including restoring medical care operations, visitation, and nonessential operations (social activities, meetings, etc.)?
<input type="checkbox"/>	Does your nursing home have procedures for repatriation of residents who were transferred or evacuated?
<input type="checkbox"/>	Does your nursing home have a process for reporting all injuries, system failures, and long-term damage to regulatory agencies as required?
<input type="checkbox"/>	Does your nursing home have a plan for providing mental health support and stress management services to staff, residents, and families?
<input type="checkbox"/>	Does your nursing home have procedures for reordering, restocking, and returning borrowed supplies, equipment and medications, and returning personnel on loan during the incident?
<input type="checkbox"/>	Does your nursing home have procedures for after-action reporting and developing an improvement plan based on lessons learned? Is there a plan to participate in after-action review with local emergency management and community partners?
<input type="checkbox"/>	Does your nursing home have criteria to confirm restoration of the facility to normal function?
<input type="checkbox"/>	Does your nursing home have a process for submitting cost for disaster reimbursement from insurance carriers, local, state, and federal disaster relief?

MANMADE DISASTER: LOSS OF POWER

INCIDENT RESPONSE GUIDE



INCIDENT RESPONSE GUIDE

Mission: To safely manage the operations of the nursing home during a power outage and its restoration.

DIRECTIONS

- ☐ Read this entire response guide and review Incident Management Team Chart.
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed.

OBJECTIVES

- ☐ Maintain emergency power systems.
- ☐ Maintain resident care management and safety.
- ☐ Minimize impact on nursing home operations.
- ☐ Evacuate residents to other facilities, if appropriate.
- ☐ Communicate situation to staff, residents, the media, community officials, and regulatory agencies, and receive information.

IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)

COMMAND

(Incident Commander):

- ☐ Activate the Nursing Home Emergency Operations Plan.
- ☐ Activate Command Staff and Section Chiefs, as appropriate.
- ☐ Notify local emergency management/emergency operations center/regulatory agencies of nursing home situation status, and obtain incident information and estimated timelines for restoration of power (if cause of power failure is external to the nursing home).
- ☐ Notify local EMS and ambulance providers about the situation and possible need to evacuate.
- ☐ Communicate with other Local/Regional Medical Coordinators to determine:
 - ☐ Situation status /impact on healthcare facilities
 - ☐ Patient transfer/bed availability
 - ☐ Ability to loan needed equipment, supplies, medications, personnel, etc.
- ☐ Inform staff, residents, and families of situation and measures to provide power and protect life.
- ☐ Prepare media staging area as indicated; coordinate with local joint information system.
- ☐ Conduct regular media briefings in collaboration local emergency management, as appropriate.

(Safety Officer):

- ☐ Evaluate safety of residents, family, staff, and nursing home, and recommend protective and corrective actions to minimize hazards and risks.

NOTE: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.

MANMADE DISASTER: LOSS OF POWER

INCIDENT RESPONSE GUIDE



IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)	
	OPERATIONS
	<input type="checkbox"/> Evaluate the emergency power supply and appropriate usage within the nursing home. <input type="checkbox"/> Initiate power conservation measures. <input type="checkbox"/> Assess residents for risk and prioritize care and resources, as appropriate. <input type="checkbox"/> Secure the nursing home and implement limited visitation policy. <input type="checkbox"/> Ensure continuation of resident care and essential services. <input type="checkbox"/> Consider partial or complete evacuation of the nursing home, or relocation of residents and services within the nursing home. <input type="checkbox"/> Maintain communications systems and other utilities, and activate redundant (back-up) systems, as appropriate. <input type="checkbox"/> Investigate and provide recommendations for auxiliary power (battery-powered lights, etc.). <input type="checkbox"/> Implement business continuity plans and protection of records.
	PLANNING
	<input type="checkbox"/> Gather and validate situational information and projected needs and impact. <input type="checkbox"/> Prepare for resident and personnel tracking in the event of evacuations.
	LOGISTICS
	<input type="checkbox"/> Maintain other utilities and activate alternate systems as needed. <input type="checkbox"/> Provide for water, food, and rest periods for staff. <input type="checkbox"/> Obtain supplies to maintain functioning of emergency generators (fuel, parts, etc.). <input type="checkbox"/> Obtain supplemental staffing, as needed. <input type="checkbox"/> Prepare for transportation of evacuated residents. <input type="checkbox"/> Validate and/or activate the back-up communications systems.
INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
	COMMAND
	<p>(Incident Commander):</p> <input type="checkbox"/> Continue to update external partners and authorities on the situation status. <input type="checkbox"/> Monitor evacuation of nursing home. <input type="checkbox"/> Continue with briefings and situation updates with staff, residents, and families. <input type="checkbox"/> Continue patient information center operations. <input type="checkbox"/> Continue to update local emergency operations center/regulatory agencies of situation status and critical issues, and request assistance, as needed. <input type="checkbox"/> Continue to communicate with local utilities concerning incident details and duration estimates. <input type="checkbox"/> Continue communications with area healthcare facilities and facilitate patient transfers. <p>(Safety Officer):</p> <input type="checkbox"/> Continue to evaluate nursing home operations for safety and hazards and take immediate corrective actions.

MANMADE DISASTER: LOSS OF POWER

INCIDENT RESPONSE GUIDE



INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
<input type="checkbox"/>	OPERATIONS
	<ul style="list-style-type: none"> <input type="checkbox"/> Continue evaluation of residents and resident care services. <input type="checkbox"/> Determine if any equipment can be taken off emergency power to minimize load on generators. Prepare the staging area for resident transfer/evacuation. <input type="checkbox"/> Continue or implement resident evacuation. <input type="checkbox"/> Ensure the transfer of resident's belongings, equipment, medications, and records upon evacuation. <input type="checkbox"/> Continue evaluation and provision of emergency power. <input type="checkbox"/> Continue provision of emergency power to critical areas. <input type="checkbox"/> Ensure nursing home security and restricted visitation (if imposed). <input type="checkbox"/> Ensure provision of water and food to residents, visitors, and families. <input type="checkbox"/> Continue to maintain other utilities. <input type="checkbox"/> Monitor residents for adverse effects on health and psychological stress. <input type="checkbox"/> Prepare demobilization and system recovery.
<input type="checkbox"/>	PLANNING
	<ul style="list-style-type: none"> <input type="checkbox"/> Continue resident, bed, and personnel tracking. <input type="checkbox"/> Continue to gather and validate situational information. <input type="checkbox"/> Prepare the demobilization and system recovery plans. <input type="checkbox"/> Plan for resident repatriation. <input type="checkbox"/> Ensure documentation of actions, decisions, and activities.
<input type="checkbox"/>	LOGISTICS
	<ul style="list-style-type: none"> <input type="checkbox"/> Contact vendors to schedule regular deliveries of fuel to maintain emergency power. <input type="checkbox"/> Contact vendors on availability of supplies and fresh food. <input type="checkbox"/> Continue to provide staff for resident care and evacuation. <input type="checkbox"/> Monitor staff for adverse effects of health and psychological stress. <input type="checkbox"/> Monitor, report, follow-up on, and document staff or resident injuries. <input type="checkbox"/> Continue to provide transportation services for internal operations and evacuation.
<input type="checkbox"/>	FINANCE/ADMINISTRATION
	<ul style="list-style-type: none"> <input type="checkbox"/> Continue to track costs, expenditures, and lost revenue. <input type="checkbox"/> Continue to facilitate contracting for emergency power and other services.

MANMADE DISASTER: LOSS OF POWER

INCIDENT RESPONSE GUIDE



DEMOBILIZATION/SYSTEM RECOVERY	
	COMMAND
<input type="checkbox"/>	<p>(Incident Commander):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Determine nursing home status and declare restoration of normal power and termination of the incident. <input type="checkbox"/> Notify regulatory agencies of sentinel event. <input type="checkbox"/> Communicate final nursing home status and termination of the incident to local emergency operations center, area nursing homes, officials, and regulatory agencies. <input type="checkbox"/> Assist with the repatriation of transferred residents. <input type="checkbox"/> Conduct final media briefing and assist with updating staff, residents, families, and others of the termination of the event. <p>(Safety Officer):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure nursing home safety and restoration of normal operations.
<input type="checkbox"/>	OPERATIONS <ul style="list-style-type: none"> <input type="checkbox"/> Restore normal resident services and operations. <input type="checkbox"/> Ensure restoration of power and services. <input type="checkbox"/> Repatriate evacuated residents. <input type="checkbox"/> Perform evaluation and preventative maintenance on emergency generators and ensure their readiness. <input type="checkbox"/> Discontinue visitor limitations. <input type="checkbox"/> Ensure business continuity of operations and return to normal services.
<input type="checkbox"/>	PLANNING <ul style="list-style-type: none"> <input type="checkbox"/> Complete a summary of operations, status, and current census. <input type="checkbox"/> Conduct after-action reviews and debriefings. <input type="checkbox"/> Write after-action report and improvement plan for approval by the Incident Commander.
<input type="checkbox"/>	LOGISTICS <ul style="list-style-type: none"> <input type="checkbox"/> Restock supplies, equipment, medications, food, and water. <input type="checkbox"/> Ensure communications and computer operations return to normal.
<input type="checkbox"/>	FINANCE/ADMINISTRATION <ul style="list-style-type: none"> <input type="checkbox"/> Compile a final report of response costs and expenditures and lost revenue for approval by the Incident Commander. <input type="checkbox"/> Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures.

MANMADE DISASTER: LOSS OF POWER

INCIDENT RESPONSE GUIDE



DOCUMENTS AND TOOLS	
<input type="checkbox"/>	Nursing Home Emergency Operations Plan
<input type="checkbox"/>	Nursing Home Evacuation Plan
<input type="checkbox"/>	Emergency Power Plan
<input type="checkbox"/>	Emergency Communications Plan

NATURAL DISASTER: SEVERE WEATHER

INCIDENT PLANNING GUIDE



INCIDENT PLANNING GUIDE

DOES YOUR EMERGENCY OPERATIONS PLAN ADDRESS THE FOLLOWING ISSUES?

MITIGATION & PREPAREDNESS	
<input type="checkbox"/>	Does your nursing home regularly monitor pre-event weather forecasts and projections?
<input type="checkbox"/>	Does your nursing home participate in pre-event local severe storm response planning with emergency management officials?
<input type="checkbox"/>	Does your nursing home have a plan to initiate severe storm nursing home hardening actions (e.g., protect windows; secure outside loose items; test backup generators; obtain supplemental supplies of essential items such as food, water, medications, lighting); protect basement high risk areas; relocate at-risk items to higher levels; activate amateur radio operators; top-off fuel tanks)?
<input type="checkbox"/>	Does your nursing home have plans for loss of power or loss of other utilities and services?
<input type="checkbox"/>	Does your nursing home have a plan for responding to extreme heat and initiating necessary cooling measures? Does this plan contain contingency cooling measures if power is lost? Does this plan include complete facility evacuation if safe care, including resident cooling, is not able to be established?
<input type="checkbox"/>	Does your nursing home have a surge capacity plan that includes triggers and criteria for activation?
<input type="checkbox"/>	Does your nursing home have Memorandums of Understanding (MOUs) with fuel suppliers to ensure a supply of fuel for emergency generators and vehicles, if needed?
<input type="checkbox"/>	Does your nursing home identify and/or have MOUs with contractors that can perform repairs after the storm?
<input type="checkbox"/>	Does your nursing home consider relocating hazardous materials/chemical agents to prevent contamination in case of flooding?
<input type="checkbox"/>	Does your Emergency Operations Plan include triggers or criteria for activation of the Emergency Operations Plan, Incident Command and the Command Center?
<input type="checkbox"/>	Does your nursing home have a process for regularly assessing the status of the facility, repair, resident services, system restoration, and staffing and for adjusting the Incident Action Plan and operations accordingly? Does the process include regularly updating the Incident Action Plan and reviewing decisions made/actions taken to accomplish the mission?
<input type="checkbox"/>	Does your nursing home have procedures and forms to track costs, expenses, and provide reports?
<input type="checkbox"/>	Does your nursing home have procedures with clear routes of communication to gather and confirm situation reports and status updates from local emergency management and regulatory agencies? Is there a plan to communicate with the local EOC (emergency management, public health, regulatory agencies) about the situation status, critical issues, and resident health status and request assistance?

NATURAL DISASTER: SEVERE WEATHER

INCIDENT PLANNING GUIDE



<input type="checkbox"/>	Does your nursing home have a plan to notify and maintain communications (primary and backup systems) and exchange appropriate information with: <ul style="list-style-type: none"> <input type="checkbox"/> Internal experts, including infection control, engineering/facilities, physician(s)? <input type="checkbox"/> External experts, including local, regional and state public health, EOC/emergency management, fire, police, regulatory agencies. <input type="checkbox"/> Other local facilities and hospitals.
<input type="checkbox"/>	Does your nursing home have procedures to provide accurate and timely situation and safety information (in cooperation with local Joint Information Center) to staff, residents and families, and a back-up system if primary communication systems fail?
<input type="checkbox"/>	Does your nursing home have procedures to determine the status of communication systems outside of the facility in order to communicate with local emergency management, police, and fire within the city, county, and operational area?
<input type="checkbox"/>	Does your nursing home have a plan to conduct regular media briefings in collaboration with local emergency management, local EOC, and the local Joint Information Center?
RESPONSE & RECOVERY	
<input type="checkbox"/>	Does your nursing home have a plan to transport staff and their families living in potentially flooded areas or without transportation to the nursing home to ensure staffing?
<input type="checkbox"/>	Does your nursing home have procedures (or a contract) to perform damage assessment (interior and exterior), evaluate infrastructure operation needs, initiate repair plan, contract for needed repair assistance, and re-evaluate need for evacuation (partial or complete)?
<input type="checkbox"/>	Does your nursing home have a plan to manage staff/resident family members seeking refuge?
<input type="checkbox"/>	Does your nursing home have procedures to monitor environmental issues (bio waste disposal) and water safety?
<input type="checkbox"/>	Does your nursing home have a process to determine the need for canceling nonessential services (social gatherings, meetings, etc.)?
<input type="checkbox"/>	Does your nursing home have procedures to evaluate the need for additional staff, augment staffing levels, or manage with staff available? Is there a plan to modify contingency staff utilization and provide staff support (alternate shifts and staffing, childcare contingency plan for staff, staff transportation needs, etc.)?
<input type="checkbox"/>	Does your nursing home have a plan to provide rest/sleep, nutrition, and hydration to staff?
<input type="checkbox"/>	Does your nursing home have a process to determine the need for shelter-in-place vs. partial evacuation vs. complete evacuation of the nursing home to protect residents and staff?
<input type="checkbox"/>	Does your nursing home have a process to evaluate the need for further evacuation (partial/complete) of areas of the nursing home as a result of structural damage, flooding, or loss of other essential services (e.g., resident cooling in extreme heat) during severe weather?
<input type="checkbox"/>	Does your nursing home have criteria or triggers to move residents from flooded areas to other locations within the nursing home (partial evacuation)?

NATURAL DISASTER: SEVERE WEATHER

INCIDENT PLANNING GUIDE



<input type="checkbox"/>	Does your nursing home have a plan for complete evacuation of residents, including transport of critical records and supplies, arrangements with receiving facilities and transportation assets, staffing en route and at the relocation site?
<input type="checkbox"/>	Does your nursing home have procedures to track residents and beds in the event of an evacuation?
<input type="checkbox"/>	Does your nursing home's evacuation transportation plan include the use of assets other than local EMS for transporting residents?
<input type="checkbox"/>	Does your nursing home have a plan to establish alternate care sites and relocate services provided if transfer is not feasible?
<input type="checkbox"/>	Does your nursing home have, if not evacuating, a plan to maintain continuity of operations including trash, food, linen, laundry, etc.?
<input type="checkbox"/>	Does your nursing home have a process to determine the need to limit resident visitation?
<input type="checkbox"/>	Does your nursing home have a plan to secure the nursing home, including adequate personnel to assure security?
<input type="checkbox"/>	Does your nursing home have a process to assess damage to building structure and infrastructure (HVAC, water, sewage, lighting, power, information systems, communications, medical gases, and hazardous materials)?
<input type="checkbox"/>	Does your nursing home have protocols to manage, treat (or refer for treatment), and report injuries to residents, staff, families, and visitors? Is there a process to prepare a report of all residents, staff, families, and visitors evaluated, treated, and discharged from the facility?
<input type="checkbox"/>	Does your nursing home have a process to inventory available supplies, medications, equipment, and personnel for both short and long-term operations? Does this include a process for obtaining supply and equipment supplementation?
<input type="checkbox"/>	Does your nursing home have a process for determining food and water needs for residents, visitors, families, and staff for 96-hours and a plan for obtaining needed supplies?
<input type="checkbox"/>	Does your nursing home have a plan to access outside resources through a medical mutual aid system?
<input type="checkbox"/>	Does your nursing home have a plan to keep resident/staff families notified of current situation, location, condition and safety measures taken to protect them?
<input type="checkbox"/>	Does your nursing home have a plan for demobilization and system recovery that is activated during emergency response? Does this include a procedure for prioritizing service restoration activities, including restoring medical care operations, visitation and non-essential operations (social activities, meetings, etc.)?
<input type="checkbox"/>	Does your nursing home have procedures for repatriation of patients that were transferred or evacuated?
<input type="checkbox"/>	Does your nursing home have a process for reporting all injuries, system failures and long-term damage to regulatory agencies as required?
<input type="checkbox"/>	Does your nursing home have a plan for providing mental health support and stress management services to staff, residents and families?

NATURAL DISASTER: SEVERE WEATHER

INCIDENT PLANNING GUIDE



<input type="checkbox"/>	Does your nursing home have procedures for reordering, restocking, and returning borrowed supplies, equipment, and medications and returning personnel on loan during the incident?
<input type="checkbox"/>	Does your nursing home have procedures for after-action reporting and developing an improvement plan based on lessons learned? Is there a plan to participate in after-action review with local emergency management and community partners?
<input type="checkbox"/>	Does your nursing home have criteria to confirm restoration of the facility to normal function?
<input type="checkbox"/>	Does your nursing home have a process for submitting cost for disaster reimbursement from insurance carriers, local, state and federal disaster relief?

NATURAL DISASTER: SEVERE WEATHER

INCIDENT RESPONSE GUIDE



INCIDENT RESPONSE GUIDE

Mission: To safely manage the operations of the nursing home (including providing for the safety of residents, visitors, and staff) during a severe weather emergency such as an ice storm, snowstorm, rain, flooding, etc.

DIRECTIONS

- ☐ Read this entire response guide and review Incident Management Team Chart.
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed.

OBJECTIVES

- ☐ Account for all residents, visitors, and staff.
- ☐ Minimize impact on nursing home operations.
- ☐ Communicate situation to staff, residents, media, community officials, and regulatory agencies.
- ☐ Maintain resident care management and safety.
- ☐ Restore normal operations as soon as feasible.

IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)

COMMAND

(Incident Commander):

- ☐
 - ☐ Activate the facility Emergency Operations Plan.
 - ☐ Activate Command Staff and Section Chiefs, as appropriate.
 - ☐ Communicate with local emergency management and regulatory agencies regarding nursing home situation status, critical issues, and resource requests.
 - ☐ Communicate with local EMS, ambulance providers, and alternate transportation resources regarding the situation and possible need to evacuate or relocate residents.
 - ☐ Communicate with other health care facilities to determine:
 - Situation Status
 - Surge Capacity
 - Resident transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.
 - ☐ Monitor weather conditions, structural integrity, and nursing home security.
 - ☐ Inform staff, residents, and families of situation status and provide regular updates.
 - ☐ Prepare media staging area.
 - ☐ Conduct regular media briefings in collaboration local emergency management, as appropriate.

(Safety Officer):

- ☐ Evaluate safety of residents, family, staff and nursing home and recommend Protective and corrective actions to minimize hazards and risks.

NOTE: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.

NATURAL DISASTER: SEVERE WEATHER

INCIDENT RESPONSE GUIDE



IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)	
	OPERATIONS
	<input type="checkbox"/> Assess residents for risk, and prioritize care and resources, as appropriate. <input type="checkbox"/> Secure the nursing home and implement limited visitation policy. <input type="checkbox"/> Ensure continuation of resident care and essential services. <input type="checkbox"/> Prepare to implement emergency plans and procedures as needed (e.g., loss of power, cooling, water, HVAC, communications) including severe weather staffing plan. <input type="checkbox"/> Consider partial or complete evacuation of the nursing home, or relocation of residents and services within the nursing home. <input type="checkbox"/> Maintain communications systems and other utilities and activate redundant (back-up) systems, as appropriate. <input type="checkbox"/> Designate an area(s) to accommodate resident/staff family members seeking shelter in severe weather including those who may be electrically dependent or have medical needs. <input type="checkbox"/> Distribute appropriate equipment throughout the nursing home (e.g., portable lights), as needed.
	PLANNING
	<input type="checkbox"/> Establish operational periods and incident objectives, and develop the Incident Action Plan in collaboration with Nursing Home Incident Commander. Gather and validate situational information and projected impact. <input type="checkbox"/> Initiate tracking system for residents and arriving community boarders and visitors who will remain in the nursing home during the storm.
	LOGISTICS
	<input type="checkbox"/> Maintain utilities and communications and activate alternate systems as needed. <input type="checkbox"/> Obtain supplies, equipment, medications, food, and water to sustain operations. <input type="checkbox"/> Obtain supplemental staffing, as needed. <input type="checkbox"/> Prepare for transportation of evacuated residents, if activated. <input type="checkbox"/> Provide for water, food, and rest periods for staff.

NATURAL DISASTER: SEVERE WEATHER

INCIDENT RESPONSE GUIDE



INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
	COMMAND
<input type="checkbox"/>	<p>(Incident Commander):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue to update external partners, authorities, and regulatory agencies regarding situation status. <input type="checkbox"/> Update and revise the Incident Action Plan and prepare for demobilization. <input type="checkbox"/> Monitor nursing home evacuation, if activated. <input type="checkbox"/> Continue to monitor weather reports and conditions. <input type="checkbox"/> Continue with briefings and situation updates with staff, residents, and families. <input type="checkbox"/> Continue resident information center operations. Assist with notification of residents' families about situation and evacuation, if activated. <input type="checkbox"/> Continue to communicate with local EOC and regulatory agencies regarding situation status and critical issues, and request assistance as needed. <input type="checkbox"/> Continue resident information center operations, in collaboration with PIO. <input type="checkbox"/> Continue communications with area nursing homes and facilitate resident transfers, if activated. <p>(Safety Officer):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue to evaluate nursing home operations for safety and hazards, and take immediate corrective actions.
<input type="checkbox"/>	OPERATIONS
	<ul style="list-style-type: none"> <input type="checkbox"/> Continue evaluation of residents and maintain resident care. <input type="checkbox"/> Prepare the staging area for resident transfer/evacuation. <input type="checkbox"/> Regularly perform nursing home damage assessments and initiate appropriate repairs. <input type="checkbox"/> Ensure the function of emergency generators and alternative power/light resources, if needed. <input type="checkbox"/> Continue or implement resident evacuation. <input type="checkbox"/> Ensure the transfer of residents' belongings, medications, and records upon evacuation. <input type="checkbox"/> Ensure provision of water and food to residents, visitors, and families. <input type="checkbox"/> Maintain nursing home security and restricted visitation. <input type="checkbox"/> Continue to maintain utilities and communications. <input type="checkbox"/> Monitor residents for adverse effects of psychological stress on resident health. <input type="checkbox"/> Prepare demobilization and system recovery plans.
<input type="checkbox"/>	PLANNING
	<ul style="list-style-type: none"> <input type="checkbox"/> Continue resident, bed, and personnel tracking. <input type="checkbox"/> Continue to gather and validate situation information. <input type="checkbox"/> Prepare the demobilization and system recovery plans. <input type="checkbox"/> Plan for repatriation of residents. <input type="checkbox"/> Ensure documentation of actions, decisions, and activities.

NATURAL DISASTER: SEVERE WEATHER

INCIDENT RESPONSE GUIDE



INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
<input type="checkbox"/>	LOGISTICS
	<input type="checkbox"/> Contact vendors on availability of needed supplies, equipment, medications, food, and water. <input type="checkbox"/> Continue to provide staff for resident care and evacuation. <input type="checkbox"/> Monitor staff for adverse effects of psychological stress on health. <input type="checkbox"/> Monitor, report, follow-up on, and document staff or resident injuries. <input type="checkbox"/> Continue to provide transportation services for internal operations and resident evacuation.
<input type="checkbox"/>	FINANCE/ADMINISTRATION
	<input type="checkbox"/> Continue to track costs and expenditures and lost revenue. <input type="checkbox"/> Continue to facilitate contracting for emergency repairs and other services.
DEMOBILIZATION/SYSTEM RECOVERY	
<input type="checkbox"/>	COMMAND
	<p>(Incident Commander):</p> <input type="checkbox"/> Determine nursing home status, and declare restoration of normal services and termination of the incident. <input type="checkbox"/> Notify regulatory agencies of sentinel event. <input type="checkbox"/> Communicate final nursing home status and termination of the incident to local EOC, area nursing homes, officials, and regulatory agencies. <input type="checkbox"/> Assist with the repatriation of residents transferred. <input type="checkbox"/> Conduct final media briefing and assist with updating staff, residents, families, and others of the termination of the event. <p>(Safety Officer):</p> <input type="checkbox"/> Ensure nursing home safety and restoration of normal operations.
<input type="checkbox"/>	OPERATIONS
	<input type="checkbox"/> Restore normal resident care operations. <input type="checkbox"/> Ensure integrity of and/or restoration of utilities and communications. <input type="checkbox"/> Ensure nursing home repairs and restoration of utilities. <input type="checkbox"/> Repatriate evacuated residents. <input type="checkbox"/> Discontinue visitor limitations. <input type="checkbox"/> Ensure business continuity of operations and return to normal services.

NATURAL DISASTER: SEVERE WEATHER INCIDENT RESPONSE GUIDE



DEMOBILIZATION/SYSTEM RECOVERY	
	PLANNING
<input type="checkbox"/>	<input type="checkbox"/> Finalize the Incident Action Plan and demobilization plan. <input type="checkbox"/> Complete a summary of operations, status, and current census. <input type="checkbox"/> Conduct after-action reviews and debriefing. <input type="checkbox"/> Write after-action report and corrective action plan for approval by Nursing Home Incident Commander.
	LOGISTICS
<input type="checkbox"/>	<input type="checkbox"/> Restock supplies, equipment, medications, food and water. <input type="checkbox"/> Ensure communications and computer operations return to normal. <input type="checkbox"/> Conduct stress management and after-action debriefings and meetings, as necessary.
	FINANCE/ADMINISTRATION
<input type="checkbox"/>	<input type="checkbox"/> Compile a final report of response costs and expenditures and lost revenue for approval by the Nursing Home Incident Commander. <input type="checkbox"/> Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures.
DOCUMENTS AND TOOLS	
<input type="checkbox"/>	Nursing Home Emergency Operations Plan
<input type="checkbox"/>	Severe Weather Emergency Procedure
<input type="checkbox"/>	Business Continuity Plan
<input type="checkbox"/>	Emergency Communications Plan
<input type="checkbox"/>	Emergency Power Plan

INFECTIOUS DISEASE OUTBREAK: BIOLOGIC/PANDEMIC INFLUENZA INCIDENT RESPONSE GUIDE



INCIDENT RESPONSE GUIDE

Mission: To effectively and efficiently identify, triage, isolate, treat, and track a surge of potentially infectious residents and staff; and to manage the uninjured/asymptomatic persons, family members, and the media.

DIRECTIONS

- ☐ Read this entire incident response guide and review the Incident Management Team Chart.
- ☐ Use this Incident Response Guide as a checklist to ensure all tasks are addressed and completed.

OBJECTIVES

- ☐ Identify, triage, isolate, and treat infectious residents.
- ☐ Accurately track residents throughout the nursing home.
- ☐ Assure safety and security of the staff, residents, visitors, and nursing home.

IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)

COMMAND

(Incident Commander):

- ☐
 - ☐ Activate the appropriate Medical Director/Specialist or Technical Specialists to assess the incident.
 - ☐ Activate Command staff and Section Chiefs.
 - ☐ Implement regular briefing schedule for Command staff and Section Chiefs.
 - ☐ Implement the infectious residents surge plan and other Emergency Operations Plans, as indicated.
 - ☐ Communicate with public health officials, local emergency management, and other external agencies (e.g., health department, regulatory agencies) to identify infectious agent and communicate situation status and projected needs.
 - ☐ Communicate with Public Health to determine the potential number of infectious residents.
 - ☐ Communicate regularly with Section Chiefs regarding operational needs and integration of nursing home functions with local EOC.
 - ☐ Monitor media outlets for updates on the pandemic and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and Incident Commander.

(Safety Officer):

- ☐ Conduct ongoing analysis of existing response practices for health and safety issues related to staff, residents, and nursing home, and implement corrective actions to address.

NOTE: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.

INFECTIOUS DISEASE OUTBREAK: BIOLOGIC/PANDEMIC INFLUENZA INCIDENT RESPONSE GUIDE



IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)	
	<p>COMMAND (continued)</p> <p>(Medical Director/Specialist – Biological/disease outbreak/pandemic):</p> <p><input type="checkbox"/> Verify and collaborate with Public Health officials, and report the following information to the Incident Commander:</p> <ul style="list-style-type: none"> ○ Number and condition of residents affected, including the worried well ○ Type of biological/infectious disease involved (case definition) ○ Medical problems present in addition to biological/infectious disease involved ○ Measures taken (e.g., cultures, supportive treatment) ○ Potential for and scope of communicability ○ Implement appropriate PPE and isolation precautions <p><input type="checkbox"/> Coordinate with the Operations Section Chief to verify from the Medical Director/Specialist, in collaboration with regional officials, and report the following information to the Incident Commander and Section Chiefs:</p> <ul style="list-style-type: none"> ○ Number and condition of residents affected, including the asymptomatic ○ Medical problems present besides infectious disease involved ○ Measures taken (e.g., cultures, supportive treatment) ○ Potential for and scope of communicability
	<p>OPERATIONS</p> <p><input type="checkbox"/> Provide just-in-time training for both clinical and non-clinical staff regarding the status of the event, precautions they should take, and rumor control.</p> <p><input type="checkbox"/> Monitor residents for signs of illness.</p> <p><input type="checkbox"/> Ensure proper implementation of infectious residents surge plan, including:</p> <ul style="list-style-type: none"> ○ Staff implementation of infection precautions, and higher level precautions for high risk procedures ○ Proper monitoring of isolation procedures ○ Limit resident movement within nursing home for essential purposes only ○ Restrict number of clinicians and ancillary staff providing care to infectious residents <p><input type="checkbox"/> Evaluate and determine health status of all persons prior to nursing home entry.</p> <p><input type="checkbox"/> Ensure safe collection, transport, and processing of laboratory specimens.</p> <p><input type="checkbox"/> Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule.</p> <p><input type="checkbox"/> Conduct nursing home census and determine if discharges and appointment cancellations are required.</p> <p>(Security):</p> <p><input type="checkbox"/> Consider nursing home lockdown to prevent infectious residents from entering the nursing home except through designated route. Report regularly to Operations Section Chief.</p>

INFECTIOUS DISEASE OUTBREAK: BIOLOGIC/PANDEMIC INFLUENZA INCIDENT RESPONSE GUIDE



IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)	
<input type="checkbox"/>	PLANNING
	<input type="checkbox"/> Establish operational periods and develop Incident Action Plan: <ul style="list-style-type: none"> Engage all necessary departments Share Incident Action Plan through Incident Commander with these areas Provide instructions on needed documentation including completion detail and deadlines <input type="checkbox"/> Implement resident/staff/equipment tracking protocols. <input type="checkbox"/> Report actions/information to Incident Commander, Command Staff, and Section Chiefs regularly.
<input type="checkbox"/>	LOGISTICS
	<input type="checkbox"/> Implement distribution of plans for mass prophylaxis/immunizations for employees, their families, and others as recommended from public health and emergency preparedness officials (pandemic event). <input type="checkbox"/> Anticipate an increased need for medical supplies (i.e., antivirals, pharmaceuticals, oxygen, ventilators, suction equipment, respiratory protection/PPE), and respiratory therapists, transporters and other personnel. <input type="checkbox"/> Implement distribution of PPE to high risk employees as recommended by public health and emergency preparedness officials. <input type="checkbox"/> Prepare for receipt of external pharmaceutical cache(s). <input type="checkbox"/> Determine staff supplementation needs and communicate to Liaison Officer. <input type="checkbox"/> Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule.
INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
<input type="checkbox"/>	COMMAND
	(Incident Commander): <input type="checkbox"/> Activate and implement Emergency Operations Plans, as indicated, including mass fatality plan if needed. <input type="checkbox"/> Continue regular briefing of Command staff/Section Chiefs and regulatory agencies. <input type="checkbox"/> Establish a resident information center; coordinate with local emergency management/public health/EMS. Regularly brief local EOC, nursing home staff, residents, and media. <input type="checkbox"/> Ensure integrated response with local EOC/ JIC. <input type="checkbox"/> Communicate to local EOC personnel/equipment/supply needs identified by Operations. <input type="checkbox"/> Keep Public Health advised of any health problems/trends identified, in cooperation with infection control. <input type="checkbox"/> Integrate outside personnel assistance into Command Center and hospital operations. <input type="checkbox"/> Discuss operational status with other area facilities/hospitals. <input type="checkbox"/> Brief Command staff/Section Chiefs regularly with information from outside sources.

INFECTIOUS DISEASE OUTBREAK: BIOLOGIC/PANDEMIC INFLUENZA INCIDENT RESPONSE GUIDE



INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
<input type="checkbox"/>	OPERATIONS
	<input type="checkbox"/> Conduct disease surveillance, including number of affected residents/personnel. <input type="checkbox"/> Continue isolation activities as needed. <input type="checkbox"/> Consult with infection control for disinfection requirements for equipment and nursing home. <input type="checkbox"/> Continue patient management activities, including patient cohorting and resident/staff/visitor medical care issues. <input type="checkbox"/> With Logistics, coordinate the implementation of mass vaccination/mass prophylaxis plan. <input type="checkbox"/> Determine scope and volume of supplies/equipment/personnel required and report to Logistics. <input type="checkbox"/> Implement local mass fatality plan (including temporary morgue sites) in cooperation with local/state public health, emergency management, and medical examiners. Assess capacity for refrigeration/security of deceased residents.
<input type="checkbox"/>	PLANNING
	<input type="checkbox"/> Continue resident tracking. <input type="checkbox"/> Document Incident Action Plan as developed by IC and Section Chiefs, and distribute appropriately. <input type="checkbox"/> Collect information regarding situation status and report to IC/Command staff/Section Chiefs regularly. <input type="checkbox"/> Plan for termination of incident. <input type="checkbox"/> Revise security plan and family visitation policy, as needed.
<input type="checkbox"/>	LOGISTICS
	<input type="checkbox"/> Coordinate activation of staff vaccination/prophylaxis plan with Operations (pandemic event). <input type="checkbox"/> Monitor the health status of staff who are exposed to infectious residents. <input type="checkbox"/> Consider reassigning staff recovering from flu to care for flu residents; reassign staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (i.e., no flu patient care or administrative duties only).
<input type="checkbox"/>	FINANCE/ADMINISTRATION
	<input type="checkbox"/> Track response expenses and report regularly to Command staff and Section Chiefs. <input type="checkbox"/> Track and follow up with employee illnesses and absenteeism issues.
EXTENDED (OPERATIONAL PERIOD BEYOND 12 HOURS)	
<input type="checkbox"/>	COMMAND
	(Incident Commander): <input type="checkbox"/> Continue regular briefing of Command staff/Section Chiefs. Address issues identified. <input type="checkbox"/> Continue resident information center, as necessary. Coordinate efforts with local/state public health resources/JIC. <input type="checkbox"/> Continue to ensure integrated response with local EOC/JIC. <input type="checkbox"/> Continue to communicate personnel/equipment/supply needs to local EOC. <input type="checkbox"/> Continue to keep public health advised of any health problems/trends identified. <input type="checkbox"/> Keep regulatory agencies apprised of nursing home status.

INFECTIOUS DISEASE OUTBREAK: BIOLOGIC/PANDEMIC INFLUENZA INCIDENT RESPONSE GUIDE



EXTENDED (OPERATIONAL PERIOD BEYOND 12 HOURS)	
	OPERATIONS
<input type="checkbox"/>	<input type="checkbox"/> Continue patient management and nursing home monitoring activities. Communicate personnel/equipment/supply needs to local EOC. <input type="checkbox"/> Ensure proper disposal of infectious waste, including disposable supplies/equipment.
	PLANNING
<input type="checkbox"/>	<input type="checkbox"/> Revise and update the IAP and distribute to IC, Command Staff and Section Chiefs.
	LOGISTICS
<input type="checkbox"/>	<input type="checkbox"/> Continue monitoring the health status of staff exposed to infectious residents. <input type="checkbox"/> Continue addressing behavioral health support needs for residents/visitors/staff. <input type="checkbox"/> Continue providing equipment/supply/personnel needs.
	FINANCE
<input type="checkbox"/>	<input type="checkbox"/> Continue to track response expenses and employee injury/illness and absenteeism.
DEMOBILIZATION/SYSTEM RECOVERY	
	COMMAND
<input type="checkbox"/>	(Incident Commander): <input type="checkbox"/> Provide briefings as needed to residents/visitors/staff/media, in cooperation with JIC. <input type="checkbox"/> Prepare a summary of the status and location of infectious residents. Disseminate to Command staff/Section Chiefs and to public health/EOC, regulatory agencies as appropriate.
	OPERATIONS
<input type="checkbox"/>	<input type="checkbox"/> Restore normal nursing home operations and resident visitation.
	PLANNING
<input type="checkbox"/>	<input type="checkbox"/> Conduct after-action review with LTC Command staff and Section Chiefs and general staff immediately upon demobilization or deactivation of positions. <input type="checkbox"/> Conduct after-action debriefing with all staff, physicians, and volunteers. <input type="checkbox"/> Prepare the after-action report and improvement plan for review and approval. <input type="checkbox"/> Write after-action report and corrective action plan to include the following: <ul style="list-style-type: none"> ○ Summary of actions taken ○ Summary of the incident ○ Actions that went well ○ Area for improvement ○ Recommendations for corrective actions and future response actions

INFECTIOUS DISEASE OUTBREAK: BIOLOGIC/PANDEMIC INFLUENZA INCIDENT RESPONSE GUIDE



DEMOBILIZATION/SYSTEM RECOVERY	
<input type="checkbox"/>	LOGISTICS
	<input type="checkbox"/> Conduct stress management and after-action debriefings and meetings as necessary. <input type="checkbox"/> Monitor health status of staff. <input type="checkbox"/> Inventory all EOC and nursing home supplies and replenish as necessary. <input type="checkbox"/> Restore/repair/replace broken equipment. <input type="checkbox"/> Return borrowed equipment after proper cleaning/disinfection. <input type="checkbox"/> Restore normal nonessential services.
<input type="checkbox"/>	FINANCE
	<input type="checkbox"/> Compile time, expense, and claims reports and submit to IC for approval. <input type="checkbox"/> Distribute approved reports to appropriate authorities for reimbursement.
DOCUMENTS AND TOOLS	
<input type="checkbox"/>	Nursing Home Emergency Operations Plan, including: <ul style="list-style-type: none"> ○ Infectious patient surge plan ○ Mass vaccination/mass prophylaxis plan (pandemic event) ○ Risk communication plan ○ Nursing home security plan ○ Patient/staff/equipment tracking procedure ○ Behavioral health support for staff/residents plan ○ Mass fatalities plan (pandemic event)
<input type="checkbox"/>	Infection control plan.
<input type="checkbox"/>	Employee health monitoring/treatment plan.
<input type="checkbox"/>	All other relevant protocols/guidelines relating to biological/infectious disease/mass casualty incidents.
<input type="checkbox"/>	Nursing Home Incident Command Forms.
<input type="checkbox"/>	Nursing Home Job Action Sheets.
<input type="checkbox"/>	Nursing Home Incident Management Team Chart.
<input type="checkbox"/>	Television/radio/internet to monitor news.
<input type="checkbox"/>	Telephone/cell phone/radio/satellite phone/internet for communication.

FIRE

INCIDENT RESPONSE GUIDE



INCIDENT RESPONSE GUIDE

Mission: To safely manage the operations of the facility during response to an internal fire incident.

DIRECTIONS

- ☐ Read this entire response guide and review incident management team chart.
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed.

OBJECTIVES

- ☐ Confine the fire/reduce the spread of the fire.
- ☐ Rescue and protect residents and staff.
- ☐ Implement internal Emergency Operations Plan- fire.
- ☐ Implement partial/full evacuation.
- ☐ Investigate and document incident details.

IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)

COMMAND

(Incident Commander):

- ☐ Activate the nursing home emergency operations plan and the Incident Command structure.
- ☐ Establish Incident Action Plan and operational periods in collaboration with Planning Section.
- ☐ Appoint Command Staff and Section Chiefs.
- ☐ Consider the formation of a unified command with nursing home and fire officials.
- ☐ Determine need for and type of evacuation.
- ☐ Establish a media staging area.
- ☐ Conduct regular media briefings to update situation status and provide appropriate resident and employee information

- ☐ ☐ Oversee resident family notifications of incident and evacuation/relocation, if ordered.
- ☐ Notify and regularly communicate with local emergency management agency, Fire, EMS and law enforcement about nursing home status.
- ☐ Communicate with other healthcare facilities (or Medical and Health Operational Area Coordinator) to determine:
 - o Situation Status/impact on nursing home status
 - o Resident transfer/bed availability
 - o Ability to loan needed equipment, supplies, medications, personnel, etc.

(Safety Officer):

- ☐ Evaluate safety of residents, family, staff and nursing home and recommend protective and corrective actions to minimize hazards and risks.

NOTE: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.

FIRE

INCIDENT RESPONSE GUIDE



IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)	
	OPERATIONS
<input type="checkbox"/>	<input type="checkbox"/> Implement fire response plan and conduct extinguishing/rescue operations, if needed and/or if possible. <input type="checkbox"/> Evaluate need for evacuation or temporary relocation of nearby areas damaged from smoke or fire. <input type="checkbox"/> Evaluate safety of involved structure after obtaining damage assessment from fire department. <input type="checkbox"/> Secure the nursing home and deny entry of non-essential and unauthorized personnel. <input type="checkbox"/> Follow up on injured employees and residents and document condition.
	PLANNING
<input type="checkbox"/>	<input type="checkbox"/> Conduct an immediate count of nursing home residents and their locations. <input type="checkbox"/> Initiate resident tracking procedures. <input type="checkbox"/> Account for on-duty staff by name and location. <input type="checkbox"/> Establish operational periods, incident objectives and develop Incident Action Plan, in collaboration with the Incident Commander.
	LOGISTICS
<input type="checkbox"/>	<input type="checkbox"/> Assist with nursing home damage assessment. <input type="checkbox"/> Perform salvage operations in damaged laboratory areas, if possible. <input type="checkbox"/> Ensure communications systems and IT/IS is functioning. <input type="checkbox"/> Initiate follow up and documentation on injured employees, and assist with notification of family members. <input type="checkbox"/> Call back additional staff to assist with operations and possible evacuation, as needed.
INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
	COMMAND
<input type="checkbox"/>	<p>(Incident Commander):</p> <input type="checkbox"/> Meet regularly with Command Staff and Section Chiefs to review overall impact of the fire on the nursing home and reevaluate the need for evacuation or temporary relocation of resident care area and services. <input type="checkbox"/> Continue to communicate with area nursing home facilities and local emergency management to update on situation status and request assistance. <input type="checkbox"/> Establish the resident information center, in collaboration with the PIO. <input type="checkbox"/> Continue briefings for staff, residents and the media. <p>(Safety Officer):</p> <input type="checkbox"/> Conduct ongoing analysis of existing response practices for health and safety issues related to staff, residents, and nursing home, and implement corrective actions.

FIRE

INCIDENT RESPONSE GUIDE



INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
<input type="checkbox"/>	OPERATIONS
	<input type="checkbox"/> Continue resident care and management of activities. <input type="checkbox"/> Relocate or evacuate residents from damaged/impacted areas, as appropriate. <input type="checkbox"/> Ensure notification of resident's families of incident and resident condition <input type="checkbox"/> Ensure critical infrastructure services to essential area. <input type="checkbox"/> Initiate nursing home clean up procedures. <input type="checkbox"/> Initiate nursing home repairs. <input type="checkbox"/> Continue nursing home security and secure all unsafe areas. <input type="checkbox"/> Ensure that business continuity operations were not damaged and are fully functional.
<input type="checkbox"/>	PLANNING
	<input type="checkbox"/> Continue resident and personnel tracking. <input type="checkbox"/> Update and revise the Incident Action Plan. <input type="checkbox"/> Ensure documentation of actions, decisions, and activities.
<input type="checkbox"/>	LOGISTICS
	<input type="checkbox"/> Continue to salvage operations, as appropriate. <input type="checkbox"/> Provide mental health support for staff. <input type="checkbox"/> Provide for staff food, water and rest periods. <input type="checkbox"/> Continue to monitor condition of injured employees and report to Incident Commander. <input type="checkbox"/> Order supplies and equipment as needed to facilitate resident care and recovery operations. <input type="checkbox"/> Arrange transportation for relocated or evacuated residents. <input type="checkbox"/> Assist with re-establishment of laboratory services through relocation or contracted services. <input type="checkbox"/> Continue to provide supplemental staffing, as needed.
<input type="checkbox"/>	FINANCE/ADMINISTRATION
	<input type="checkbox"/> Track response and recovery costs and expenditures, including estimates of lost revenue. <input type="checkbox"/> Initiate documentation and claims for injured employees and residents, if any. <input type="checkbox"/> Facilitate procurement of supplies, equipment, medications, contracted services and staff needed for effective response and recovery.

FIRE

INCIDENT RESPONSE GUIDE



EXTENDED (OPERATIONAL PERIOD BEYOND 12 HOURS)	
	COMMAND
<input type="checkbox"/>	<p>(Incident Commander):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Meet with Command Staff and Section Chiefs to update situation status and resident relocation/evacuation progress. <input type="checkbox"/> Continue to brief staff, residents, families and the media on the situation status and appropriate resident information. <input type="checkbox"/> Continue resident information center, as needed. <input type="checkbox"/> Continue to update local emergency management, Fire, EMS and law enforcement officials on situation status and evacuation progress. <p>(Safety Officer):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue ongoing evaluation of evacuation practices for health and safety issues related to staff, residents, and nursing home, and implement corrective actions.
<input type="checkbox"/>	OPERATIONS <ul style="list-style-type: none"> <input type="checkbox"/> Continue resident care and management activities. <input type="checkbox"/> Ensure safe resident relocation/evacuation, if necessary. <input type="checkbox"/> If residents are evacuated to other facilities, ensure resident records, medications and belongings are transferred with the resident. <input type="checkbox"/> Continue to assess nursing home damage and services. <input type="checkbox"/> Provide food and water for residents, families and visitors. <input type="checkbox"/> Continue security of the nursing home and unsafe areas within the nursing home.
<input type="checkbox"/>	PLANNING <ul style="list-style-type: none"> <input type="checkbox"/> Plan for demobilization of incident and system recovery. <input type="checkbox"/> Update and revise the Incident Action Plan. <input type="checkbox"/> Ensure documentation of actions, decisions and activities. <input type="checkbox"/> Continue resident and personnel tracking.
<input type="checkbox"/>	LOGISTICS <ul style="list-style-type: none"> <input type="checkbox"/> Provide mental health support and debriefings to staff. <input type="checkbox"/> Continue to provide food, water and rest periods for staff. <input type="checkbox"/> Continue to monitor the condition of injured employees and report to the Incident Commander. <input type="checkbox"/> Replace or reorder damaged supplies and equipment to provide laboratory services as soon as possible. <input type="checkbox"/> Provide additional staffing as needed.
<input type="checkbox"/>	FINANCE/ADMINISTRATION <ul style="list-style-type: none"> <input type="checkbox"/> Continue to track and report response costs and expenditures and lost revenue. <input type="checkbox"/> Complete claims/risk management reports on injured employees or residents.

FIRE

INCIDENT RESPONSE GUIDE



DEMOBILIZATION/SYSTEM RECOVERY	
<input type="checkbox"/>	COMMAND
	<p>(Incident Commander):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assess if criteria for partial or complete reopening of areas within the nursing home is met, and order reopening and repatriation of residents. <input type="checkbox"/> Oversee restoration of normal nursing home operations. <input type="checkbox"/> Provide appreciation and recognition to solicited and non-solicited volunteers, staff, state and federal personnel that helped during the incident. <input type="checkbox"/> Conduct final media briefing providing situation status, appropriate resident information and termination of the incident. <input type="checkbox"/> Notify local emergency management, fire and EMS of termination of the incident and reopening of the nursing home. <p>(Safety Officer):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Oversee the safe return to normal operations and repatriation of residents.
<input type="checkbox"/>	OPERATIONS
	<ul style="list-style-type: none"> <input type="checkbox"/> Restore resident care and management activities. <input type="checkbox"/> Repatriate evacuated residents. <input type="checkbox"/> Re-establish visitation and non-essential services. <input type="checkbox"/> Provide mental health support and information about community services to residents and families, as needed.
<input type="checkbox"/>	PLANNING
	<ul style="list-style-type: none"> <input type="checkbox"/> Finalize the Incident Action Plan and demobilization plan. <input type="checkbox"/> Prepare a summary of the status and location of residents. Disseminate to Command Staff and Section Chiefs and to other requesting agencies, as appropriate. <input type="checkbox"/> Compile a final report of the incident and nursing home response and recovery operations. <input type="checkbox"/> Ensure appropriate archiving of incident documentation. <input type="checkbox"/> Write an after-action report and improvement plan to include the following: <ul style="list-style-type: none"> ○ Summary of actions taken ○ Summary of the incident ○ Actions that went well ○ Area for improvement ○ Future response actions ○ Corrective actions
<input type="checkbox"/>	LOGISTICS
	<ul style="list-style-type: none"> <input type="checkbox"/> Provide mental health support and conduct stress management debriefings, as needed. <input type="checkbox"/> Monitor health status of staff. <input type="checkbox"/> Restock and resupply equipment, medications, food and water, and supplies to normal levels. <input type="checkbox"/> Itemize all damaged equipment and supplies and submit to Finance/Administration Section. <input type="checkbox"/> Return borrowed equipment after proper cleaning/disinfection.

FIRE

INCIDENT RESPONSE GUIDE



DEMOBILIZATION/SYSTEM RECOVERY	
	FINANCE/ADMINISTRATION
<input type="checkbox"/>	<input type="checkbox"/> Compile final response and recovery of cost and expenditure and estimated lost revenues summary and submit to the Incident Commander for approval. <input type="checkbox"/> Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures.

DOCUMENTS AND TOOLS	
<input type="checkbox"/>	Nursing Home Emergency Operations Plan
<input type="checkbox"/>	Fire Emergency Response Plan
<input type="checkbox"/>	Nursing Home Resident Evacuation Plan
<input type="checkbox"/>	Resident Tracking Form
<input type="checkbox"/>	Nursing Home Damage Assessment Procedures Forms
<input type="checkbox"/>	Job Action Sheets
<input type="checkbox"/>	Nursing Home Organization Chart
<input type="checkbox"/>	Nursing Home Business Continuity Plans