

# LIAISON/PUBLIC INFORMATION OFFICER (PIO)

**Mission:** Function as the incident contact person in the facility for representatives from other agencies such as local emergency management, law enforcement, licensing agencies <u>and</u> serve as the conduit for information to internal and external stakeholders, including residents, staff, visitors and families, and the news media, as approved by the Incident Commander.

Date:		Start:	End:	Name of Person Assigned to Position:		
Phone:					Initia	ıl:
NHCC L	ocation:					
Immed	liate Respon	se (0-2 hours)			Time	e Initial
<ul> <li>Re</li> <li>Pu</li> <li>Re</li> <li>No</li> <li>(IN</li> </ul>	at on position ad this entire otify your usu	ntment from the n identification ( e Job Action She nal supervisor th		assigned to the Incident Manager	ment Team	
• Oł	tivate the factorial state otain initial state ternal stake o Residu accon o Nursio	nolders, and loca ent Care Capaci nmodated withi ng Home's Over	nation from the Pla al and/or county En ty: Current census a n the nursing home	nning Section Chief to provide as nergency Operations Center, upo and the number of residents that e condition of nursing home struct	on request: t can be	
	<ul> <li>Any c</li> <li>equip</li> <li>Numb</li> </ul>	ment, supplies, per of residents	medications, etc.	ritical resources including person portation for residents requiring ble		
ne	suppl port current eds to assist	ies, medications nursing home s	s, etc.) status; communicat	er facilities (e.g., personnel, equi e changes, critical issues and uni (e.g., other facilities, local EOCs,	met resource	
• Es	tablish a des mmand Cen	ignated media s ter (NHCC) and	resident services a	area located away from the Nur ctivity areas. Inform on-site med se that are restricted. Coordinate	lia of the	



Immediate Response (0-2 hours)	Time	Initial
<ul> <li>such areas with the Infrastructure Branch Director</li> <li>Contact external PIOs from community and governmental agencies to collaborate on information and media messages being developed by those entities. Ensure consister collaborative messages from all entities</li> <li>Assess the need to activate a staff and/or family member "hotline" for live or recorder information concerning the incident and the facility status. Establish if needed</li> <li>Develop public information and media messages to be reviewed and approved by the Commander before release to families, the news media and the public.</li> <li>Attend all Command briefings and incident action planning meetings to gather and sh and facility information</li> </ul>	ed e Incident	
<ul> <li>Documentation</li> <li>NHICS 214: Document all key activities, actions, communications, and decisions in a A on a continual basis</li> </ul>	Activity Log	
<ul> <li>Resources</li> <li>Conduct or assign personnel to monitor, and report to you, incident and response inf from sources such as the internet, radio, television, and newspapers</li> </ul>	formation	
<ul> <li>Communication</li> <li>Use available communications technology or a runner to alert staff regarding the incidirected by the Incident Commander</li> <li>Initiate emergency notification to residents, family/guardians and external partners</li> </ul>	ident, as	

Intermediate	Response (2-12 hours)	Time	Initial
Activities			
share inc	e to attend all Command briefings and incident action planning meetings to gather and cident and facility information. Contribute media and public information activities and the Incident Action Plan (IAP)		
-	and offer assistance and information as needed through the emergency communication		
	or from the local and/or regional Emergency Operations Center		
-	to requests and issues from IMT members regarding		
-	anization (e.g., other nursing homes, hospitals, governmental entities, response		
	) problems		
	he facility's emergency admit/resident tracking status (see NHICS 254 and 255). Report priate authorities the following minimum data:		
0	Casualty Data; type, number and seriousness of injuries to residents, staff, and visitors		
0	Fatalities (see NHICS 259 - Facility Casualty Fatality Report)		
0	Current resident census		
0	Number of new residents admitted and level of care needs		
0	Number of residents transferred to hospitals, discharged home, or transferred to other facilities		
to ascert	e contact and dialogue with external PIOs, from community and governmental agencies cain public information and media messages being developed by those entities. ate translation of critical communications into multiple languages as needed for resident ilies		



Inte	ermediate Response (2-12 hours)	Time	Initial
•	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. Issue regular and timely incident information reports to the news media in collaboration with of the Planning Section Chief Utilize internal nursing home communications systems (e.g., email, intranet, internal TV, written report postings) to disseminate current information and status update messages to staff Assess the need to activate a "hotline" for recorded information concerning the incident and facility status, and establish the "hotline" if needed Review the need for updates of critical information through directional signage for staff, visitors, and media. Assist in the development and dissemination of signage		
Doc • •	NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log NHICS 254: Review the Emergency Admit Tracking form for minimum data to report to authorities NHICS 255:Review the Master Resident Evacuation Tracking Form for minimum data to report to authorities		
Cor •	nmunication Continue updates for staff, residents, families and external partners, including resident condition and evacuation staff, if applicable Continue coordination with the Incident Commander for internal and external messaging and briefings		

Extended Response (greater than 12 hours)	Time	Initial
<ul> <li>Activities</li> <li>Continue to receive regular progress reports from the Incident Commander, Section Chiefs and others, as appropriate</li> <li>Coordinate with the Logistics Section Chief to determine requests for assistance to be released to the public via the media</li> <li>Communicate with Logistics Section Chief on status of supplies, equipment and other resources that could be mobilized to other facilities, if needed or requested</li> <li>With approval from Incident Commander conduct ongoing news conferences, providing updates on resident information and operational status. Facilitate staff and resident interviews as appropriate</li> <li>Ensure ongoing information coordination with other agencies, hospitals, local Emergency Operations Center and the Joint Information Center</li> <li>Prepare and maintain records and reports as indicated or requested</li> <li>Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information</li> </ul>		
<ul> <li>Documentation</li> <li>NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log</li> <li>NHICS 254: Continue to update authorities using minimum data from the Emergency Admit Tracking Form</li> </ul>		



Extended Response (greater than 12 hours)		Initial
NHICS 255: Continue to update authorities using minimum data from the Master Resident     Evacuation Tracking Form		
<ul> <li>Communication</li> <li>Continue updates for staff, residents, families and external partners, including return to normal operations</li> <li>Continue coordination with the Incident Commander for internal and external messaging and briefings</li> </ul>		

Demobilization/System Recovery	Time	Initial
Activities		
<ul> <li>Coordinate release of final media briefings and reports</li> </ul>		
• Ensure return/retrieval of equipment and supplies, and return all assigned incident command equipment		
• Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements		
• Participate in after-action debriefings and document observations and recommendations for		
improvements for possible inclusion in the After-Action Report. Topics include:		
<ul> <li>Accomplishments and issues</li> </ul>		
<ul> <li>Review of pertinent position descriptions and operational checklists</li> </ul>		
<ul> <li>Recommendations for procedure changes</li> </ul>		
<ul> <li>Participate in after-action meetings and debriefings as required</li> </ul>		
Documentation		
NHICS 214: Upon deactivation of your position, submit Activity Logs and all completed		
documentation to the Planning Section Chief		

## Documents and Tools

- NHICS 200: Incident Action Plan (IAP) Quick Start
- NHICS 207: Incident Management Team (IMT) Chart
- NHICS 214: Activity Log
- NHICS 254: Emergency Admit Tracking
- NHICS 255: Master Resident Evacuation Tracking
- NHICS 259: Facility Casualty Fatality Report
- Communication plan
- Facility emergency operations plan
- Facility organizational chart
- Facility telephone directory

## Radio/satellite phone



#### **Documents and Tools**

Community and governmental PIO and Joint Information Center contact information

Local media contact information

Nursing Home Incident Command System (NHICS) Job Action Sheets have been adapted from the Hospital Incident Command System 5<sup>th</sup> Edition (2014) Guidebook by the American Health Care Association (AHCA) Disaster Preparedness Committee