

Nursing Home Incident Command System (NHICS)



2017

I. NHICS Guidebook

II. Response Toolkit

Incident Response Guides (IRGs)

NHICS 200: Incident Action Plan (IAP) Quick Start

Job Action Sheets (JASs)

NHICS Forms

III. Planning Toolkit

All Hazards Incident Planning Guide (IPG)

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Acknowledgements

In partnership with the California Association of Health Facilities (CAHF), the California Department of Public Health directed federal grant-funded resources to revise the Nursing Home Incident Command System (NHICS) initially published in 2009. The 2017 NHICS revision parallels relevant changes contained in the 2014 Hospital Incident Command System (HICS) update. Most significantly, the 2017 NHICS represents a “streamlining” of the prior NHICS and HICS versions with a goal of making the system easier to use for nursing homes and other long-term care facilities.

The 2017 NHICS relies upon many sources of information, including previous versions of NHICS and HICS that specifically focus on healthcare facilities; the National Incident Management System (NIMS), and other documents in the public domain relevant to emergency management.

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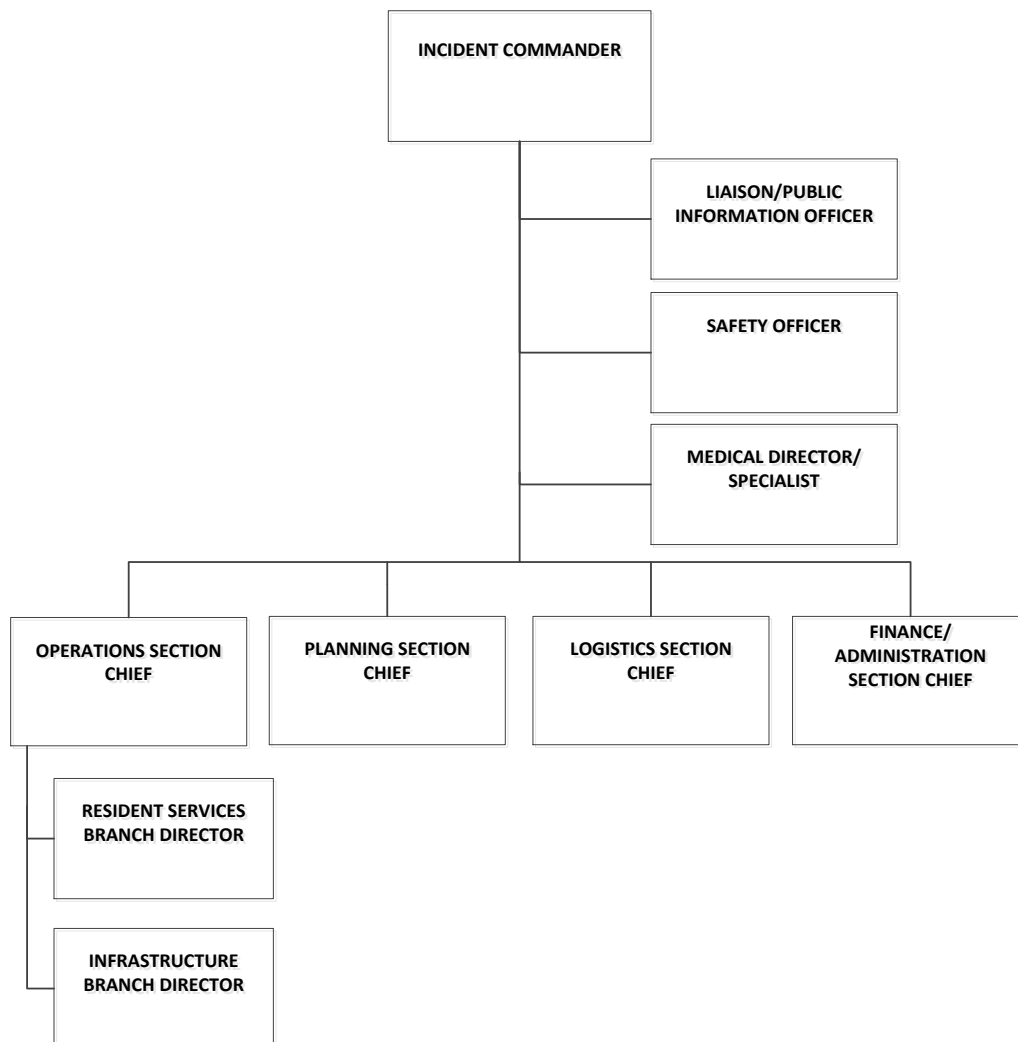
Major Changes in NHICS 2017

- Streamlined the Guidebook and Toolkit materials to make the system easier to use.

Incident Management Team (IMT)

- Streamlined the Incident Management Team (IMT) to better reflect the needs of nursing homes and long-term care facilities. In NHICS 2017, there are 11 IMT positions that are described (vs. 28 in the previous 2009 version). In addition to the 10 IMT positions shown below, there is also provision for a Scribe/Runner, who may be assigned to any section but is most commonly assigned to the Planning/Intelligence section. In the Operations Section, two branches are provided (Resident Services and Infrastructure Services). Because of staffing limitations and the need to prioritize resident care, the more expansive organizational structures seen in ICS and HICS have been “rolled up” in NHICS.
- The Liaison Officer and Public Information Officer have been combined into one position.

INCIDENT MANAGEMENT TEAM (IMT) CHART



**This customizable IMT chart can be used to replace the IMT chart in the IAP Quick Start, NHICS 201, and/or NHICS 207. Simply remove document protection from the word file (it is not password protected), delete the existing IMT chart and replace with this visio file.*

Job Action Sheets (JASs)

- Rolled up position-level tasks from eliminated Branches and Units
- Job Actions Sheets have been streamlined from 20 to 11, one for each IMT position
- Added an optional “Scribe/Runner”

Incident Response Guides (IRGs)

- Added five new Incident Response Guides (IRGs):

IRGs in NHICS 2017	Previous IRGs
Earthquake	Earthquake
Fire - External	Internal Fire
Infectious Disease	Infectious Disease
Flood	Internal Flooding
Utility Failure	Loss of Power
Severe Weather – Cold or Heat	Severe Weather
Hazardous Material/Waste	
Missing Resident	
Evacuation	
Shelter-in-Place	
Active Shooter	

- A “Rapid Response Checklist” has been inserted into the IRGs before the “Immediate Response (0-2 hours) period.
- The tasks identified in the IRGs are now directly assigned to IMT positions.
- The Security tasks that previously fell under the Operations Section’s Physical Plant/Security Unit Leader are now assigned to the Safety Officer
- Mental/behavioral health falls under the Resident Services Branch Director (Intermediate and Extended response) and Operations Section Chief (Demobilization).

Incident Planning Guides (IPGs)

- Three new Incident Planning Guides have been added to NHICS 2017.
- A narrative “Scenario” has been added to the IPGs which are now subdivided into sections based on Mitigation, Preparedness, Immediate and Intermediate Response, and Extended Response and System Recovery.

IPGs in NHICS 2017	Previous IPGs
Earthquake	Earthquake
Fire - External	Internal Fire
Infectious Disease	Infectious Disease
Flood	Internal Flooding
Utility Failure	Loss of Power

IPGs in NHICS 2017	Previous IPGs
Severe Weather – Cold or Heat	Severe Weather
Hazardous Material/Waste	
Missing Resident	
Evacuation	
Shelter-in-Place	
Active Shooter	

NHICS Forms

- New! Created an Incident Action Plan (IAP) Quick Start.
- New! Added a NHICS 204 Assignment List for the Planning Section Chief (use is optional).
- Added a one-page instruction sheet at the end of each NHICS form that describes the purpose, who completes the form, and additional information.
- Created a customizable IMT chart in Microsoft Visio.
- Eliminated NHICS 213 - Incident Message Form and NHICS 256 - Procurement Summary.
- Forms are available in fillable Microsoft Word and Adobe PDF format. The Word-based forms may be customized by turning off document protection. To turn off document protection in Word: 1) Select the “Developer” tab, 2) Find the “Protect” group and Select “Restrict Editing”, and 3) Click the button for “Stop Protection”

The table below summarizes the new NHICS 2017 Forms compared to the previous NHICS Forms.

NHICS 2017	2011 NHICS
200 Incident Action Plan (IAP) Quick Start	(Previous IAP required a combination of completed NHICS forms)
201 Incident Briefing	201 Incident Briefing & Operational Log
202 Incident Objectives	202 Incident Objectives
203 Organization Assignment List	203 Organization Assignment List
204 Assignment List	n/a
205 Communications List	205 Incident Communications Plan
206 Staff Medical Plan	206 Staff Injury Plan
207 Incident Management Team Chart	207 Organization Chart
Eliminated	213 Incident Message Form
214 Activity Log	214 Unit Log
251 Facility System Status Report	251 Facility System Status Report
252 Section Personnel Time Sheet	252 Section Personnel Time Sheet
253 Volunteer Registration	253 Volunteer Staff Registration
254 Emergency Admit Tracking	254 Master Emergency Admit Tracking Form
255 Master Resident Evacuation Tracking	255 Master Resident Evacuation Tracking Form

NHICS 2017	2011 NHICS
Eliminated	256 Procurement Summary Report
257 Resource Accounting Record	257 Resource Accounting Record
258 Facility Resource Directory	258 Facility Resource Directory
259 Facility Casualty Fatality Report	259 Master Facility Casualty Fatality Report
260 Resident Evacuation Tracking	260 Resident Evacuation Tracking Form
215A Incident Action Plan (IAP) Safety Analysis	261 Incident Action Plan Safety Analysis

The table below summarizes the IMT personnel assigned to complete each NHICS Form and whether the form is Recommended or Optional. A total of 10 forms are recommended.

NHICS 2017	Completed by	Recommended or Optional
Incident Action Plan (IAP) Quick Start	Incident Commander or Planning Section Chief	Recommended
201 Incident Briefing	Incident Commander or designee	Optional
202 Incident Objectives	Planning Section Chief	Optional
203 Organization Assignment List	Planning Section Chief	Optional. Has IMT contact information. If not maintained somewhere else, use this form.
204 Assignment List	Planning Section Chief	Optional full form. Abbreviated in IAP Quick Start
205 Communications List	Logistics Section Chief	Optional full form. Abbreviated in IAP Quick Start
206 Staff Medical Plan	Safety Officer	Optional full form. Abbreviated in IAP Quick Start
207 Incident Management Team Chart	Incident Commander or designee	Optional. Included in Quick Start IAP
214 Activity Log	All IMT Personnel	Recommended
215a Incident Action Plan (IAP) Safety Analysis	Safety Officer	Recommended full form. Abbreviated in IAP Quick Start
251 Facility System Status Report	Infrastructure Branch Director	Recommended
252 Section Personnel Time Sheet	All IMT Personnel	Recommended
253 Volunteer Registration	Logistics Section Chief	Optional, may use own tracking system
254 Emergency Admit Tracking	Resident Services Branch Director	Recommended
255 Master Resident Evacuation Tracking	Resident Services Branch Director	Recommended

NHICS 2017	Completed by	Recommended or Optional
257 Resource Accounting Record	All IMT Personnel; included under Logistics Section Chief JAS	Optional, may use own tracking system
258 Facility Resource Directory	Planning Section Chief	Recommended
259 Facility Casualty Fatality Report	Resident Services Branch Director	Recommended
260 Resident Evacuation Tracking	Resident Services Branch Director	Recommended

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NHICS GUIDEBOOK

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I. INTRODUCTION

Nursing homes provide essential services that must be protected at all times, including those extraordinary occasions we call *emergencies* or *disasters*. Yet it is difficult to predict when an incident may occur that threatens the ability of a nursing home to safely care for its residents, staff and visitors; or conduct normal operations that maintain the facility's business viability (continuity of operations).

In 2016, the Centers for Medicare and Medicaid Services (CMS) expanded the emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers.¹ In so doing, CMS defines an emergency or disaster as:

“An event affecting the overall target population or the community at large that precipitates the declaration of a state of emergency at a local, state, regional or national level by an authorized public official such as a Governor, the Secretary of HHS, or the President of the United States. It also includes events that can affect the facility internally.”

In addition, the President is authorized to issue “emergency” or “major disaster” declarations before or after catastrophes occur. In general, a major disaster declaration triggers broader authority for federal agencies to provide supplemental assistance to state and local governments, families and individuals, and certain nonprofit organizations recovering from the incident.

All nursing homes should be prepared for and exhibit resiliency when faced with any type of incident, ranging from an internal emergency that affects only one facility to a large, regional disaster that simultaneously affects many healthcare facilities and the community. The **Incident Command System (ICS)** provides a practical, proven approach to disaster management that is an integral part of the National Incident Management System (NIMS). ICS is utilized for incident management throughout the public and private sectors.

ICS can be used by anyone who understands the basic functional requirements necessary for establishing goals and objectives to meet the operational needs of an incident.

A note about terminology: The Incident Command System originated with the fire service in the 1970's and is used throughout the U.S. in both the public and private sectors. Why has ICS become so universally adopted? The answer is because it is the most successful approach to managing emergencies/disasters (incidents) that require a coordinated response beyond typical day-to-day challenges. For some public safety agencies, ICS is routinely used on a daily basis.

In the healthcare environment, hospitals and nursing homes have adapted ICS to fit their specific needs, leading to the Hospital Incident Command System (HICS) and the Nursing Home Incident Command System (NHICS). The adoption of these systems allows healthcare facilities to effectively integrate into the emergency management structure, and by so doing, maximize positive outcomes.

¹ Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers; Final Rule; U.S. Department of Health and Human Services; Centers for Medicare & Medicaid Services; 81 Federal Register 180 (16 September 2016); p 63865.

To simplify for a moment, let's consider a "disaster" to be a really big problem that you didn't expect. Examples: your facility lost power and the backup generators failed; a tornado ripped away part of your building; there is an active shooter in your facility. With all of these situations, a number of problems are created and response priorities must be identified (as an example, it would be a priority to safely evacuate residents from a structurally damaged building). ICS enables you to create an organizational structure and road map to optimally manage the incident relative to the situational circumstances.

Why isn't the normal, day-to-day organizational system used by each nursing home sufficient to manage a disaster? The answer is that disasters are not "business as usual"; they are, by definition, extraordinary events that place highly unusual stresses on the facility, including the management team and staff that work at the facility. **Effectively responding to a disaster requires additional skills that must be acquired before the disaster occurs.** If this document conveys only one important point, it is that each facility should commit to preparing in advance for such an event.

ICS, like all well established and tested systems, utilizes a standardized organizational structure and terminology (we recommend sticking with the structure and terminology for reasons we'll discuss in more detail later). While ICS's fundamental principles are carved in stone, there is great flexibility in how ICS is applied in a specific setting, including nursing homes, for any given incident. The streamlined approach presented in this Guidebook and Toolkit reflects the need to prioritize resident care and acknowledges the staffing limitations faced by many facilities. However, it is important to recognize that there are certain unalterable tasks that must occur when responding to any emergency; these NHICS documents provide a road map for accomplishing those essential tasks. NHICS provides standardization that can markedly improve the ability of an organization to successfully respond to a disaster.

The purpose of this document is to provide the information necessary for nursing home administrators and staff to understand the principles of NHICS and embrace its implementation before it's needed.

The Nursing Home Incident Command System (NHICS) is both functional and flexible. Whenever an emergency/disaster (incident) occurs, ICS provides a structure and organizational approach to support incident goals and objectives (we'll talk more about "incident goals and objectives" later).

NHICS recognizes that the following essential responsibilities must be met to successfully manage an incident:

- People that **LEAD/MANAGE** all of the activities necessary to support incident goals and objectives;
- People that **DO** stuff to support incident goals and objectives;
- People that **GET** stuff to support incident goals and objectives;
- People that **COLLECT RELEVANT INFORMATION, ANALYZE and PLAN** to support incident goals and objectives; and
- People that take care of **FINANCE/ADMINISTRATIVE/CLERICAL SUPPORT** to support incident goals and objectives.

These essential responsibilities relate to NHICS functions as follows:

ESSENTIAL RESPONSIBILITIES	NHICS FUNCTIONS
Lead/Manage	Incident Command
Do Stuff	Operations
Get Stuff	Logistics
Collect Information, Analyze and Plan	Planning
Finance, Administration and Clerical Support	Finance and Administration

This simple table illustrates how the responsibilities necessary to successfully manage an incident are reflected in the five NHICS functions. All five functions within NHICS – Command, Operations, Planning, Logistics, and Finance and Administration – must be covered for each incident.

For a small incident, the activities of all NHICS sections may be managed effectively by one person, the Incident Commander. For larger incidents, more people are almost certainly needed. NHICS is very specific on how the NHICS organizational structure grows as incidents become larger and more complex.

Note: Let’s pause for a moment to discuss what is meant when we say NHICS is “flexible”. It does not mean that the five functional roles in NHICS change; it means that the number of people required to fulfill those roles may range from one person (the “Incident Commander”) to many people in a large disaster. If ONE PERSON can effectively lead/manage the incident; do what is necessary; get the resources needed; plan, collect and analyze relevant information; and provide the necessary finance, administrative and clerical support to manage the incident, then NHICS has been successfully applied!

II. NHICS FUNCTIONS

Each of the five NHICS functions -- Command, Operations, Planning, Logistics, and Finance and Administration – are responsible for the following activities:

A) INCIDENT COMMAND (“Leader”)

The **Incident Commander** is the only position that is always activated. The Incident Commander activates and directs the response by establishing command objectives that 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 Incident Commander is responsible for the following:

- Establishes the use of NHICS to manage the incident

- Establishes the initial objectives for managing the incident
- Identifies the supporting NHICS staff necessary to respond to the incident (also known as incident “size up”²)
- Recruits assistance as needed
- Keeps senior administration informed
- Coordinates with other response partners as necessary, e.g., EMS, fire, law enforcement, public health

There are three additional members of the Command Staff that report to the Incident Commander. These functions must always be addressed; although in a small incident, the Incident Commander may be able to handle these responsibilities.

The **Safety Officer** is responsible for the overall safety of the response actions, including modifying or suspending operations if 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 to which residents are relocated to ensure the location is free of hazards or risk.

The **Liaison/Public Information Officer** serves as the communication link between the nursing home and external partners. This position provides information to external response agencies such as public health authorities, emergency management officials, law enforcement and other agencies that have been identified by the facility as key community partners that may be involved in response. This position also communicates with the media.

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 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. 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.

B) OPERATIONS (“Doers”)

The Operations Section coordinates all tactical activities. Under the direction of an Operations Section Chief, these people implement actions that are consistent with the objectives initially identified by the Incident Commander and further identified in the Incident Action Plan (IAP).

The oversight of the Operations Section is provided by an **Operations Section Chief**. Additional positions, if necessary, may include a **Resident Services Branch Director** and an **Infrastructure Branch Director**.

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

² “Size up” is the ability to assess the current emergency management needs imposed by the incident in addition to the anticipated needs expected in the near term. Proper “size up” leads to correct IMT staffing.

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. Responsibilities include ensuring the continuation of resident services, e.g., rehabilitation and vocational services as provided by the facility; ensuring that residents are accounted for and tracked; medical records; and that services needed to sustain operations are identified and provided.

The following functions are managed within the Resident Service Branch:

- Admit/Transfer and Discharge
- Nursing
- Medical Records
- Psychosocial

The following functions are managed within Infrastructure Branch:

- Dietary
- Physical Plant/Security
- Environmental

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.

C) LOGISTICS (“Getters”)

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 any additional items needed to support operations. Logistics basically obtains “**staff, stuff and space**” to support the ability of the IMT to perform its duties and operationally respond to the incident.

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 that may be needed for the response. The Logistics Section Chief provides oversight and direction at the staging area(s), maintaining an inventory of those supplies.

Logistics ensures the preservation of essential services including communications and information technology. Logistics 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. It must account for those resources used and requested for operations.

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.

The type of support Logistics provides may include the following:

- Food and Water
- Shelter
- Medical Supplies
- Transportation
- Communications and IT
- Specialized Personnel Resources

D) PLANNING ("Planners")

The **Planning Section** (also known as **Planning and Intelligence**) is overseen by the Planning Section Chief and is responsible for collecting and analyzing relevant situational information, creating plans that support the success of the NHICS process, and maintaining documents or displays that show the current status of relevant resources (e.g., what resources such as staff, heaters, generators, etc.) are assigned where. The Planning Section provides up-to-date and accurate information regarding residents, staff, supplies and equipment and projects the ability to sustain operations. An important duty assigned to the Planning Section is the development of the **Incident Action Plan (IAP)**; the Planning Section also keeps careful track of personnel who report to the IMT (this process is called "Check In").

The Planning Section will take the lead in coordinating documentation efforts by working with other members of the IMT to document the incident, typically using NHICS Forms. This section is also responsible for archiving the documents created during the response.

E) FINANCE AND ADMINISTRATION ("Supporters")

The **Finance and Administrative Section** may lack glamour but it is vital important to incident response. It is responsible for all purchasing related to the management of the incident; in addition to tracking and reporting all financial and administrative information, including records management, payroll, and the overall incident budget. Long after the Operations, Planning and Logistics Sections have demobilized, the Finance and Administration Section is still sorting out paperwork, bills due, payroll issues, and tallying response costs. In some cases, it may be possible for private entities to recoup some of their disaster-

related response costs, although detailed record keeping is an absolute requirement.

The **Finance and Administration Section Chief** oversees the costs and expenditures incurred by the response actions, including the purchasing of supplies and equipment. The Finance and Administration Section must also account for lost revenue associated with the response and recovery and ensure thorough investigation and documentation of incident-related claims.

Note: Most disciplines, including emergency management, like to use memory tricks to keep track of the essentials. One way to remember the essential NHICS Sections is to use the acronym “FLOP” – Finance & Admin, Logistics, Operations and Planning. Of course, don’t forget the Command Function in addition to FLOP. The FLOP Section Chiefs report to the Incident Commander. If you are ever the Incident Commander, or any FLOP Section Chief, be sure to add this to your qualifications!

III. NHICS FLEXIBILITY

Regarding flexibility, emergencies/disasters come in all shapes and sizes. Consider the need to fully evacuate your facility. A critical factor is whether the evacuation must occur as quickly as possible (*emergent* evacuation) or could be planned and executed over a more extended time period, e.g., 2-3 days (*planned* evacuation). Either situation is highly unusual and could be considered an emergency (under the assumption that your facility is the only one impacted) or even a larger, community disaster (under the assumption that a number of healthcare facilities in an affected area must evacuate simultaneously, placing considerable stress on the EMS transport system).

The type of incident, magnitude of impact to your facility or the larger community and many other factors will dictate the size of your Incident Management Team (IMT). A determining factor is called “span-of-control”, i.e., the number of people that can effectively manage the incident is determined by the size and complexity of the incident; no person should manage more people than he or she can do so effectively. In NHICS, the range for span-of-control is 3 to 7 people, but typically no more than 5. If activities cannot easily be managed by the existing IMT, it’s time to expand the IMT. Remember that the entire IMT may be a single person – the Incident Commander, assuming this person can successfully complete all of the required activities to manage the incident.

IV. BUILDING THE INCIDENT MANAGEMENT TEAM (IMT)

Once an emergency has occurred (or is eminent), how do you decide who, and how many personnel, should become involved in managing the incident? The people assigned to managing the incident are called the “Incident Management Team” or IMT.

There are a number of factors that will determine the size and composition of your IMT, including who is available; the demands created by the incident; etc.

If an incident occurs without notice, the senior person on site should assume the role of Incident Commander unless your facility’s disaster plan has pre-established who the immediate on-site Incident Commander should be. This person should continue in the role of Incident Commander until relieved by another person designated by your facility’s disaster plan or appointed by the senior facility executive. To

account for staff turnover and unavailability, the disaster plan should list a sequence of Incident Commanders in case the initial choice(s) are unavailable or delayed. If NHICS is activated for a planned event, the Incident Commander should be specified in the facility's disaster plan.

As previously stated, the one IMT position always activated is the Incident Commander. If this person can handle all five of the essential functions of incident response – Command, Operations, Planning, Logistics, and Finance and Administration – then the IMT may be exactly one person. As soon as the Incident Commander recognizes that there is a need to expand the IMT to successfully manage these five essential functions, then the IMT should expand at that point as necessary.

The person in the role of Incident Commander should be a knowledgeable and steady hand, not easily prone to being rattled by a pressured and possibly chaotic situation, and trusted by management. The ability of an Incident Commander to “size up” the incident and plan to add the appropriate IMT members is essential to effective leadership. Proper “size up” of an incident requires a quick understanding of current needs coupled with the ability to project needs in the near term. It is very difficult to manage an emergency if the response organization is constantly playing “catch up”.

As soon as the Incident Commander recognizes the need for additional IMT members to successfully manage the five NHICS functions throughout the duration of the incident, he or she should expand the organization in a standardized fashion. This means that it is built from the “top down”, i.e., the Incident Commander may recognize the need to activate other members of the Command Staff (Liaison/Public Information Officer, Safety Officer or Medical Director/Specialist) and/or one or more Section Chief(s), as needed for the incident. This expansion continues until all five functions are successfully managed; similarly, positions may be de-activated as the incident needs diminish. Every decision to expand or contract the size of the IMT should reflect the basic needs of the incident, keeping in mind the concept of “span-of-control”, i.e., no individual should manage more than 3 to 5 individuals.

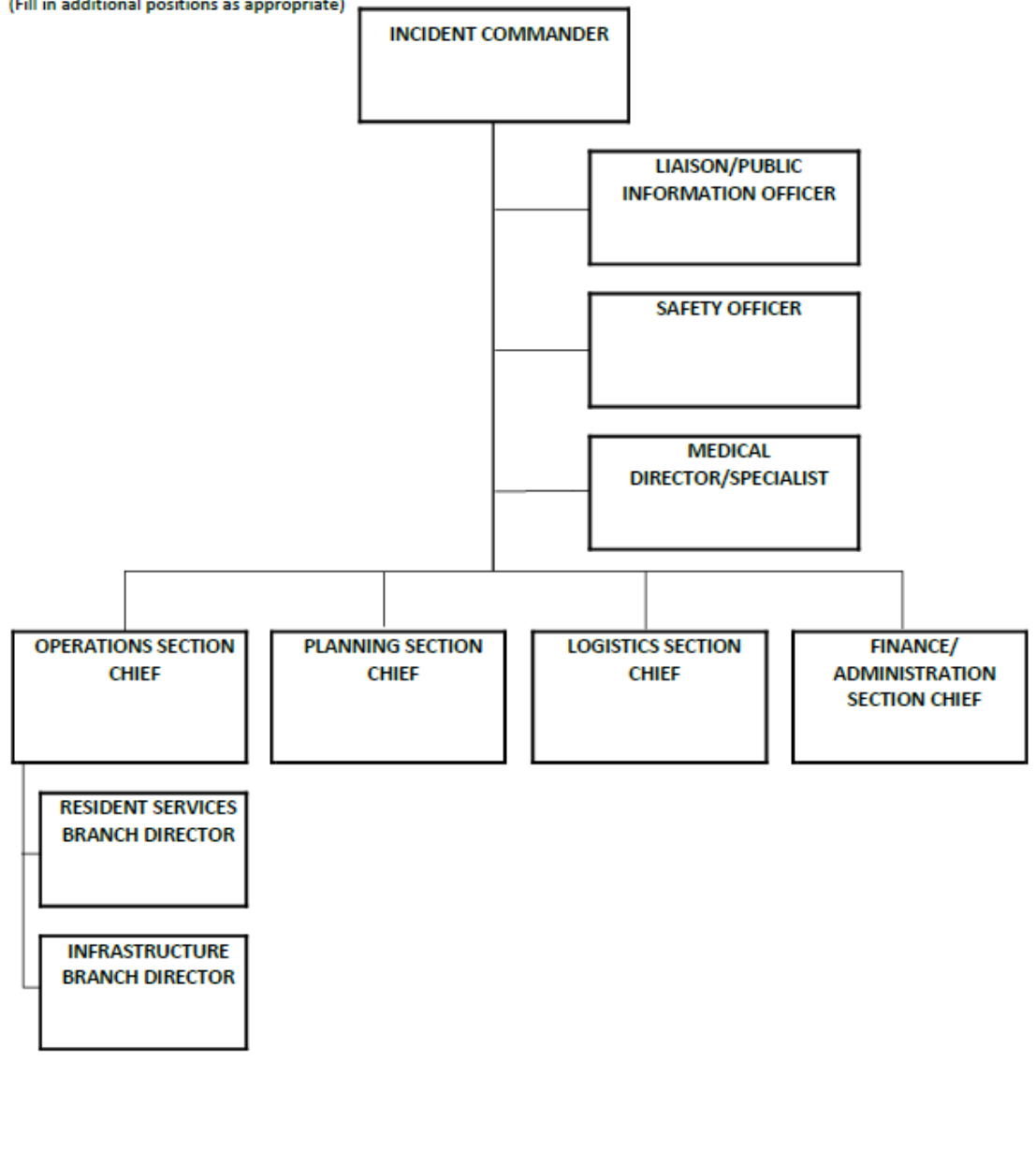
See the next page for a component of the important documentation necessary for managing incident response, the structure of the IMT. This is provided as part of the NHICS Forms package included in the NHICS Response Toolkit. It can be found in the Incident Action Plan (IAP) Quick Start (NHICS 200) or the Incident Briefing (NHICS 201).



NHICS 201 | INCIDENT BRIEFING

6. CURRENT ORGANIZATION

(Fill in additional positions as appropriate)



PURPOSE: BASIC INFORMATION REGARDING THE INCIDENT SITUATION AND RESOURCES ALLOCATED
 ORIGINATION: INCIDENT COMMANDER OR DESIGNEE
 COPIES TO: ALL IMT STAFF

NHICS 201
 PAGE ___ of ___
 REV. 2017

If expansion of the IMT is needed, it expands in a standardized fashion. Position titles within the IMT define the role and tasks assigned to that role. Titles identify the hierarchy within the chain of command, which is an important component of the NHICS management system. These titles include, in order of hierarchy:

- Incident Commander:** There is only one Incident Commander at any time during the incident response.
- Officers:** Officers are part of the Command Section. In NHICS, the Officer roles are the Liaison/Public Information Officer, Medical Director/Specialist and Safety Officer. Each of these positions reports directly to the Incident Commander.
- Chiefs:** Oversight for a section is provided by a Section Chief.
- Directors:** Branches may be activated under the Sections to maintain the chain-of-command and conduct specific duties identified by the position title. For example, within the Operations Section, there may be a Resident Services Branch and an Infrastructure Branch, with oversight provided by Branch Directors.

Adapting the IMT to Rural or 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. Ideally, a pre-designated 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 (JASs) 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 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 facilities can help one another, especially when the problem is isolated to one facility. Those not impacted may be able to share their IMT trained personnel as well as needed equipment and supplies.

Integrating response planning and training with other local response entities (hospitals, public safety, public health, EMS, etc.) can pay remarkable dividends during an actual emergency.

V. INCIDENT ACTION PLANNING

Incident Action Planning is a core concept of all ICS systems, including NHICS, and must occur regardless of incident size or complexity.

Incident Action Planning involves six essential steps:

1. Understanding the nursing home's policy and direction

The Command and General staff must first understand the facility's purpose and policies in order to develop appropriate response actions. 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 IMT as a component of an established response action.

2. Assessing the situation

Situational understanding is critical for developing effective response actions and projecting the likely duration of the incident. Nursing homes should have access to established mechanisms and systems within the community (city, county, regional, or state) that can provide and/or verify situational information. Another component of 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 objectives for the response. For example, during an emergency power failure, ensuring the safety of the residents, staff and visitors should be considered the highest priority. The Incident Response Guides (IRGs) provide examples of objectives that apply to the response based on the specific hazard. These IRGs may be helpful to the Incident Action Planning process.

4. Determining appropriate strategies to achieve the objectives

After the Incident Commander has established the overall objectives for the response, the Section Chiefs determine the appropriate strategies and actions to effectuate the response. This provides an action plan for each section that clearly identifies actions and duties. Section objectives should be developed that provide clear direction in terms of what is to be done. For example, assessing the building for structural damage after an earthquake is a clear and easily understood objective.

5. Giving tactical direction and ensuring that it is followed

Tactical directions provide the responders with the actions to be taken and identify 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 may be 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 objectives.

Management by Objectives (MBO)

The foundation of healthcare incident action planning is Management by Objectives (MBO). The Incident Commander sets the overall objectives for response and recovery. By so doing, staff within operations, logistics, and planning are given clear direction to follow and will subsequently develop strategies for their respective sections.

Consider the following example that demonstrates the application of overall response 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 objectives for this response as:

1. Ensure the safety of residents, visitors, and staff
2. Continue essential resident services and the 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 each of these objectives include:

1. Objective: Ensure the safety of residents, visitors, and staff
Strategy: Restrict entry of external visitors
Tactic 1: Notify residents and family members of restricted visitation to prevent possible spread of infectious disease
Tactic 2: Post signage of restricted visitation
Tactic 3: Consolidate all entry points into facility to a single ingress/egress portal
2. Objective: Continue essential resident services and the provision of care
Strategy: Cancel non-essential services in order to utilize available staff for essential resident services
Tactic: Identify non-essential 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. Objective: Ensure the safety of residents, visitors, and staff
 Strategy: Provide infection control supplies as needed and directed
 Tactic: Inventory all available infection control supplies, including gloves and masks that are currently available. If the amount is inadequate, investigate alternate sources of supply and acquire amount needed.

Documenting the Incident Action Plan (IAP)

The Federal Emergency Management Agency (FEMA) has developed ICS forms that can be utilized in Incident Action Planning. These forms are 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.

For ease of use, the standard ICS forms have been modified for use by healthcare facilities including nursing homes and long-term care facilities (NHICS Forms) and hospitals (HICS Forms).

Since Incident Action Planning is so important, an **Incident Action Plan (IAP) – Quick Start** version has been developed for NHICS. This Quick Start IAP consolidates the information contained in five separate forms:

NHICS 201	Incident Briefing
NHICS 202	Incident Objectives
NHICS 203	Organization Assignment List
NHICS 204	Assignment List (for Sections)
NHICS 215A	Incident Action Plan Safety Analysis

The completed IAP should be copied and shared with all IMT staff so that all team members clearly understand the information most relevant to incident response.

Facility Command Center

It is important to designate an area within the nursing home to serve as the Facility or Nursing Home Command Center. This should happen as part of the planning process, not at the time the incident occurs. 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. It is important that there be ready access to phones, computers with internet capability, printers, fax machine, and general

supplies (paper, pencils, etc.). It is often helpful to have a whiteboard on hand for communicating important information (e.g., meeting times) in addition to projection capabilities. Convenient access to bathrooms and food is also important.

Space should be organized so that each Command position has a desk area and access to available technology. Persons assuming a Command or General Staff role should be easily identified through the use of color-coded vests or other suitable clothing item (i.e. hat, armband).

It is often productive to assign staff to serve as assistants to those in charge; they can assist by answering phones and documenting key pieces of information.

Nursing Home Incident Command System (NHICS)

2017



Response Toolkit

INCIDENT RESPONSE GUIDES (IRGs)

NHICS 200: INCIDENT ACTION PLAN (IAP) QUICK START

JOB ACTION SHEETS (JASs)

NHICS FORMS



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INCIDENT RESPONSE GUIDES



Fire



**Severe Weather-
Cold or Heat**



**Hazardous
Material/Waste**



Infectious Disease



Evacuation



Flood



Shelter-in-Place



Active Shooter



Utility Failure



Missing Resident



Earthquake

Note: For the best PDF viewing experience, disable “Enhance thin lines” in Adobe Reader. Click on Edit >> Preferences >> Page Display, and uncheck “Enhance thin lines”



FIRE

MISSION

To safely manage the operations of the facility during response to an external (wildfire) threat or internal fire incident.

DIRECTIONS

Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.

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

OBJECTIVES

- Confine the fire/reduce the spread of the fire if within the facility.
- Rescue and protect residents and staff.
- Implement internal emergency operations plan.
- Implement partial/full evacuation.
- Investigate and document incident details.

INCIDENT RESPONSE GUIDE

FIRE



FIRE

Note: For an **internal fire** at the facility refer to your own fire emergency response procedures. A brief Rapid Response checklist is included below, if needed.

MISSION	
To safely manage the operations of the facility during response to an external (wildfire) threat or internal fire incident	
DIRECTIONS	
Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility. <i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i>	
OBJECTIVES	
<input type="checkbox"/>	Confine the fire/reduce the spread of the fire if within the facility.
<input type="checkbox"/>	Rescue and protect residents and staff.
<input type="checkbox"/>	Implement internal emergency operations plan.
<input type="checkbox"/>	Implement partial/full evacuation.
<input type="checkbox"/>	Investigate and document incident details.

RAPID RESPONSE CHECKLIST FIRE-INTERNAL	
<input type="checkbox"/>	Rescue anyone in immediate danger while protecting the safety of the rescuing staff member(s). Use the R.A.C.E (Rescue, Alarm, Confine, Extinguish or Evacuate) technique.
<input type="checkbox"/>	Alert residents and staff members; pull the fire alarm.
<input type="checkbox"/>	Call 9-1-1 immediately to report a fire. Include the following information: <ul style="list-style-type: none"> • Name of facility • Address and nearest cross street • Location of fire (floor, room #, etc.) • What is burning (electrical, kitchen, trash, etc.)?
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Contain the fire if possible without undue risk to personal safety. Shut off air flow, including gas lines, as much as possible, since oxygen feeds fires and distributes smoke. Close all fire doors and shut off fans, ventilation systems, and air conditioning/heating systems. Use available fire extinguishers if the fire is small and this can be done safely.

INCIDENT RESPONSE GUIDE

FIRE



RAPID RESPONSE CHECKLIST FIRE-INTERNAL	
<input type="checkbox"/>	Oxygen supply lines (whether portable or central) may lead to combustion in the presence of sparks or fire. If possible, quickly re-locate oxygen-dependent residents away from fire danger.
<input type="checkbox"/>	If the decision is considered to evacuate the facility, see SHELTER-IN-PLACE and the EVACUATION IRG .
<input type="checkbox"/>	Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	<i>Add other response actions here consistent with the facility EOP.</i>

RAPID RESPONSE CHECKLIST FIRE – EXTERNAL	
<input type="checkbox"/>	Monitor local alert system and local news for evacuation reports and instructions.
<input type="checkbox"/>	Monitor residents and staff for complications related to smoke exposure.
<input type="checkbox"/>	Preemptive methods to mitigate smoke and fire risk: <ul style="list-style-type: none"> • Close all windows, doors, and vents • If using HVAC, set to re-circulate indoor air • If possible, use a high efficiency particulate air (HEPA) filter • Prepare evacuation bags, records, and ID tags • Contact transportation companies to alert them you may need to evacuate
<input type="checkbox"/>	In case of immediate threat : <ul style="list-style-type: none"> • Move residents to a pre-designated staging area for rapid evacuation • If you smell gas, and it is safe to do so, shut off the gas. Do not do so unless need is certain as only the gas company can turn it back on. • Contact the transport companies and health care facilities you have agreements with • Notify resident families. • Leave a message on the facility phone with a contact number and information regarding facility status.
<input type="checkbox"/>	If the decision is considered to evacuate the facility, see SHELTER-IN-PLACE or the EVACUATION IRG .
<input type="checkbox"/>	Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	<i>Add other response actions here consistent with the facility EOP.</i> <i>NOTE: For internal fire response see Shelter-in-Place or the Evacuation IRG and facility-specific response procedures.</i>

INCIDENT RESPONSE GUIDE

FIRE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Incident Commander	Establish operational periods, objectives, and regular briefing schedule. Consider the use of Incident Action (IAP) Quick Start for initial documentation of the incident.	
	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	Consider the formation of a unified command with nursing home and fire officials	
	Determine need for and type of evacuation.	
	Communicate with other healthcare facilities (or Medical and Health Operational Area Coordinator) to determine: <ul style="list-style-type: none"> • Situation Status/impact on nursing home status • Resident transfer/bed availability • Ability to loan needed equipment, supplies, medications, personnel, etc. 	
Liaison/PIO	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	
	Conduct regular media briefings to update situation status and provide appropriate resident and employee information.	
	Oversee resident family/guardian 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.	
Safety Officer	Evaluate safety of residents, family/guardian, staff and nursing home and recommend protective and corrective actions to minimize hazards and risks.	
	Secure the nursing home and deny entry of non-essential and unauthorized personnel.	
	Follow up on injured employees and residents and document condition.	
	In coordination with the Infrastructure Branch Director, regularly perform nursing home damage assessments.	
Operations Section Chief	Ensure continuation of resident care and essential services.	
	Evaluate need for evacuation or temporary relocation of nearby areas damaged from smoke or fire.	
	Conduct a census of residents, identifying those who are appropriate for discharge, if needed.	

INCIDENT RESPONSE GUIDE

FIRE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Operations Section Chief	Prepare to implement emergency plans and procedures as needed (e.g., loss of power, cooling, water, HVAC, communications).	
	Consider partial or complete evacuation of the nursing home, or relocation of residents and services within the nursing home.	
	Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy.	
	Designate an area(s) to accommodate resident/staff family members/guardians seeking shelter including those who may be electrically dependent or have medical needs.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Evaluate the condition of residents and assess for smoke-related complications, and potential transfer.	
	Evaluate resident safety and consider partial or complete evacuation.	
Infrastructure Branch Director	Evaluate safety of structure after obtaining damage assessment from fire department.	
	Use preemptive methods to mitigate smoke and fire risk. <i>See Rapid Response Checklist (Fire – External).</i>	
	Complete a NHICS 251 - Facility System Status Report	
Planning Section Chief	Establish operational periods, incident objectives, and the NHICS 200: Incident Action Plan (IAP) Quick Start in collaboration with the Incident Commander.	
	Prepare for potential evacuation by researching available evacuation sites.	
	Gather <u>internal</u> situation status including supply and equipment status, current staff and nursing home census.	
	Initiate the gathering and validation of <u>external</u> situational status (weather, impact to roads, utilities, scope of damage, evacuation routes) and infrastructure status for inclusion in the IAP.	
	Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received.	
	Initiate tracking system for residents and arriving community boarders and visitors who will remain in the nursing home during the incident.	

INCIDENT RESPONSE GUIDE

FIRE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Logistics Section Chief	Ensure communications systems and IT systems are functioning.	
	Call back additional staff to assist with operations and possible evacuation as needed.	
All Activated Positions – Refer to Job Action Sheets		

Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Incident Commander	Regularly meet with Command Staff and Section Chiefs to review overall impact of the fire or fire threat on the nursing home and reevaluate the need for evacuation or temporary relocation of resident care area and services.	
	Activate the Business Continuity Plan.	
	Continue briefings for staff, residents and the media.	
Liaison/PIO	Continue to communicate with area nursing home facilities and local emergency management to update on situation status and request assistance.	
	Ensure notification of resident’s families of incident and resident condition.	
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.	
	Monitor, report, follow up on, and document resident or staff injuries.	
	Ensure staff food, water and rest periods.	
	Continue nursing home security and secure all unsafe areas.	
Operations Section Chief	Continue resident care and management of activities, including assessment of residents for change in condition.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Prepared to relocate or evacuate residents from damaged/impacted areas, as appropriate. Utilize NHICS resident tracking forms as appropriate.	
	Continue to assess residents for change in condition.	
	Provide behavioral health support for residents and families as needed.	

INCIDENT RESPONSE GUIDE

FIRE



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Infrastructure Branch Director	Ensure nursing home cleanliness (as best as possible). Initiate special cleaning as necessary.	
	Continue to monitor the status of the physical plant and ensure the integrity of and/or restoration of utilities and communications.	
	Ensure nursing home repairs.	
Planning Section Chief	Continue resident, bed, material, and personnel tracking.	
	Continue to research potential evacuation sites, if applicable.	
	Update and revise the Incident Action Plan.	
	Ensure documentation of actions, decisions, and activities.	
Logistics Section Chief	Obtain supplies, equipment, medications, food, and water to sustain operations.	
	Establish sheltering and feeding services for staff, family/guardians, and if necessary, people seeking shelter.	
	Order supplies and equipment as needed to facilitate resident care and recovery operations.	
	Arrange transportation for relocated or evacuated residents.	
	Continue to provide supplemental staffing as needed. Activate the labor pool to obtain personnel resources as needed.	
Finance/ Administration Section Chief	Track response and recovery costs and expenditures, including estimates of lost revenue.	
	Initiate screening and tracking of incoming volunteers and/or new personnel.	
	Initiate documentation and claims for injured employees and residents, if any.	
	Facilitate procurement of supplies, equipment, medications, contracted services and staff needed for effective response and recovery.	
All Activated Positions – Refer to Job Action Sheets		

Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Incident Commander	Meet with Command Staff and Section Chiefs to update situation status and resident relocation/evacuation progress.	

INCIDENT RESPONSE GUIDE

FIRE



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Incident Commander	Continue to brief staff, residents, families and the media on the situation status and appropriate resident information.	
	Update the nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
Liaison/PIO	Continue to update local emergency management, Fire, EMS and law enforcement officials on situation status and evacuation progress.	
Safety Officer	Continue security of the campus and unsafe areas within the nursing home.	
Operations Section Chief	Continue resident care and management activities	
	Ensure safe resident relocation/evacuation, if necessary.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	If residents are evacuated to other facilities, ensure resident records, medications and belongings are transferred with the resident.	
	Provide behavioral health support and information about community services to residents and families as needed.	
	Provide food and water for residents, families and visitors	
Infrastructure Branch Director	Continue to assess nursing home damage and services.	
Planning Section Chief	Plan for demobilization of incident and system recovery.	
	Update and revise the Incident Action Plan.	
	Ensure documentation of actions, decisions and activities.	
	Continue resident and personnel tracking.	
Logistics Section Chief	Continue to provide food, water and rest periods for staff.	
	Continue to monitor the condition of injured employees and report to the Incident Commander and Safety Officer	
	Replace or reorder damaged supplies and equipment to provide laboratory services as soon as possible.	
	Provide additional staffing as needed.	
Finance/ Administration Section Chief	Continue to track and report response costs and expenditures and lost revenue.	
	Initiate screening and tracking of incoming volunteers and/or new personnel.	

INCIDENT RESPONSE GUIDE

FIRE



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Finance/ Administration Section Chief	Complete claims/risk management reports on injured employees or residents.	
All Activated Positions – Refer to Job Action Sheets		

Demobilization/System Recovery		
IMT Position	Action	Initials
Incident Commander	Assess if criteria for partial or complete reopening of areas within the nursing home is met, and order reopening and repatriation of residents.	
	Oversee restoration of normal nursing home operations.	
	Provide appreciation and recognition to solicited and non-solicited volunteers, staff, state and federal personnel that helped during the incident.	
	Notify local emergency management, fire and EMS of termination of the incident and reopening of the nursing home.	
Liaison/PIO	Conduct final media briefing providing situation status, appropriate resident information and termination of the incident.	
	Notify residents, staff, visitors, and families/guardians of the return to normal operations.	
Safety Officer	Oversee the safe return to normal operations and repatriation of residents.	
	Report staff injury and illness for follow up by Finance/ Administration Section Chief.	
Operations Section Chief	Restore resident care and management activities.	
	Repatriate evacuated residents.	
	Re-establish visitation and non-essential services.	
	Ensure residents, staff, and visitors have access to behavioral health support as needed.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Repatriate evacuated residents, if applicable.	
	Restore normal resident care operations.	
Infrastructure Branch Director	Ensure nursing home repairs and clean up.	

INCIDENT RESPONSE GUIDE

FIRE



Demobilization/System Recovery		
IMT Position	Action	Initials
Planning Section Chief	Conduct debriefings and a hotwash with: <ul style="list-style-type: none"> <input type="checkbox"/> Command Staff and section personnel <input type="checkbox"/> Administrative personnel <input type="checkbox"/> All staff <input type="checkbox"/> All volunteers 	
	Write an After Action Report and Corrective Action and Improvement Plan for submission to the Incident Commander, including: <ul style="list-style-type: none"> <input type="checkbox"/> Summary of the incident <input type="checkbox"/> Summary of actions taken <input type="checkbox"/> Actions that went well <input type="checkbox"/> Actions that could be improved <input type="checkbox"/> Recommendations for future response actions 	
	Ensure all electronic and paper documents created in event response are collected and archived.	
Logistics Section Chief	Restock and resupply equipment, medications, food and water, and supplies to normal levels.	
	Itemize all damaged equipment and supplies and submit to Finance/Administration Section.	
	Return borrowed equipment after proper cleaning/disinfection	
Finance/ Administration Section Chief	Submit all section documentation to Planning Section for compilation in After Action Report.	
	Compile final response and recovery of cost and expenditure and estimated lost revenues summary and submit to the Incident Commander for approval.	
	Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures.	
All Activated Positions – Refer to Job Action Sheets		

INCIDENT RESPONSE GUIDE

FIRE



Documents and Tools
<p>Nursing Home Emergency Operations Plan, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Business Continuity Plan <input type="checkbox"/> Fire emergency response procedures <input type="checkbox"/> Evacuation procedures <input type="checkbox"/> Emergency procurement policy <input type="checkbox"/> Damage assessment procedures <input type="checkbox"/> Communication plan <input type="checkbox"/> Behavioral health support procedures <input type="checkbox"/> Emergency procurement policy
<p>Forms, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NHICS 200 – Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 205 – Communications List <input type="checkbox"/> NHICS 214 – Activity Log <input type="checkbox"/> NHICS 215A – Incident Action Plan (IAP) Safety Analysis <input type="checkbox"/> NHICS 251 – Facility System Status Report <input type="checkbox"/> NHICS 255 – Master Resident Evacuation Tracking
Job Action Sheets
Paper forms for down-time documentation, data entry, etc.
Access to nursing home organization chart
Campus floor plans, maps, and evacuation routes
Television/radio/internet to monitor news
Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

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HAZARDOUS MATERIAL/WASTE

MISSION

To provide a safe environment for residents, staff, and visitors within the nursing home following a hazardous material or hazardous waste incident that may or may not impact the safety of the facility or availability of services; and to provide the safe continuation of care for residents and visitors.

DIRECTIONS

Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.

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

OBJECTIVES

- Provide safe and effective decontamination of contaminated and/or injured residents.
- Protect residents, staff, and the nursing home from contamination and safely restore normal operations.
- Communicate effectively with the local emergency operations center and emergency response partners.

HAZARDOUS MATERIAL/WASTE

MISSION	
To provide a safe environment for residents, staff, and visitors within the nursing home following a hazardous material or hazardous waste incident that may or may not impact the safety of the facility or availability of services; and to provide the safe continuation of care for residents and visitors.	
DIRECTIONS	
Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility. <i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i>	
OBJECTIVES	
<input type="checkbox"/>	Provide safe and effective decontamination of contaminated and/or injured residents.
<input type="checkbox"/>	Protect residents, staff, and the nursing home from contamination and safely restore normal operations.
<input type="checkbox"/>	Communicate effectively with the local emergency operations center and emergency response partners.

RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	If a reportable hazardous material/waste spill or release occurs (or is threatened) on facility property, call 9-1-1 immediately to report the incident. It is also necessary to notify the California Governor’s Office of Emergency Services (Cal OES) Warning Center at 1-800-852-7550. The facility may also be required to notify local authorities. Include the following information: <ul style="list-style-type: none"> • Name of caller and facility • Exact location, date and time of spill, release or threatened release • Substance, quantity involved and isotope (if known) • Chemical name (if known) • Description of what happened
<input type="checkbox"/>	Alternately, the facility may be notified by authorities of an external hazardous materials/waste spill or release that may affect the facility.
<input type="checkbox"/>	Activate facility’s EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Assess residents for signs of distress; keep residents, staff and visitors away from the site of the spill.

INCIDENT RESPONSE GUIDE

HAZARDOUS MATERIAL/WASTE



RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	Access the <i>Safety Data Sheet</i> (formerly named the <i>Material Safety Data Sheet</i>) for the material spilled or released on the facility's property. Determine if the material/waste poses a safety or health risk to residents, staff or visitors. All SDS's should be available on site, but if the SDS cannot be located on site, consider checking the internet.
<input type="checkbox"/>	Utilize appropriate Personal Protective Equipment (PPE) if warranted.
<input type="checkbox"/>	Close windows, doors, and ventilation systems as needed to protect air quality by preventing the spread of dangerous fumes or smoke.
<input type="checkbox"/>	Coordinate with public safety agencies (fire and law) and emergency management to determine if evacuation is necessary.
<input type="checkbox"/>	If the decision is considered to evacuate the facility, see SHELTER-IN-PLACE or the EVACUATION IRG .
<input type="checkbox"/>	Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	Follow public health advice regarding water or air contamination (including the following notices: Boil Water, Do Not Drink Water, and Do Not Use Water).
<input type="checkbox"/>	<i>Add other response actions here consistent with the facility EOP.</i>

Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Incident Commander	Establish operational periods, objectives, and regular briefing schedule. Consider the use of NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.	
	Activate the Incident Management Team, Medical Director/Specialist, and Nursing Home Command Center.	
	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	In conjunction with the Medical Director/Specialist determine the threat (if any) to the nursing home and the need for shelter-in-place or facility evacuation.	
	Consider limiting or ceasing nonessential services.	
	Communicate information via regular briefings to Section Chiefs and the Incident Commander.	
Liaison/PIO	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	

INCIDENT RESPONSE GUIDE

HAZARDOUS MATERIAL/WASTE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Liaison/PIO	Develop resident, staff, and community response messages to convey nursing home preparations, services, and response.	
	Monitor media outlets for updates on the incident and possible impacts on the facility.	
	Notify community partners in accordance with local policies and procedures (e.g., consider local emergency operations center, other area healthcare facilities, local emergency medical services, and healthcare coalition coordinator), to determine incident details, community status, estimates of casualties (if any), and establish contacts for requesting supplies, equipment, or personnel not available in the facility.	
	Contact appropriate authorities and experts to provide nursing home status and request support and recommendations for decontamination.	
Safety Officer	Activate security policy and procedure to: <ul style="list-style-type: none"> <input type="checkbox"/> Secure the nursing home and campus <input type="checkbox"/> Establish access and egress routes <input type="checkbox"/> Implement crowd and traffic control protocols 	
	Monitor safe decontamination if incident involves chemical exposure.	
	Establish and secure areas for collection of contaminated belongings and valuables.	
	Monitor safe and consistent use of appropriate personal protective equipment by staff.	
	Conduct ongoing analysis of existing response practices for health and safety issues related to residents, staff, and nursing home and implement corrective actions to address; complete NHICS 215A.	
Medical Director/Specialist	Assist in obtaining specific information regarding chemical agent such as antidotes, treatment, decontamination procedures, etc, if applicable	
	Provide expert input in the Incident Action Planning process.	
	Assist the Incident Commander in determining the threat to the nursing home and the need for shelter-in-place or evacuation.	
Operations Section Chief	Implement the shelter-in-place or evacuation procedures, as directed by the Incident Commander.	
	Ensure continuation of resident care and essential services.	

INCIDENT RESPONSE GUIDE

HAZARDOUS MATERIAL/WASTE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Operations Section Chief	For large chemical incidents: <ul style="list-style-type: none"> <input type="checkbox"/> Establish triage and decontamination areas with a clear perimeter and direction on ingress and egress <input type="checkbox"/> Provide rapid triage and disposition of potentially contaminated residents, non-contaminated residents, media, family/guardians, etc. <input type="checkbox"/> Implement staff monitoring and rotation through the decontamination area <input type="checkbox"/> Consult with Medical Director/Specialist and internal and external consultants to ascertain treatment protocols <input type="checkbox"/> Relocate medications and antidotes to clinical care and decontamination areas <input type="checkbox"/> Consider the need for evidence collection 	
	Implement business continuity planning and protection of resident records.	
	Prepare to transfer or stabilize injured residents as appropriate and as resources are available.	
	Conduct a census of residents, identifying those who are appropriate for discharge.	
	Prepare to implement emergency plans and procedures as needed (e.g., loss of power, cooling, water, HVAC, communications).	
	Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Conduct a resident census and prioritize for safe discharge or transfer, if applicable.	
	Identify evacuation priorities and transfer requirements.	
	Determine capacity required to handle shelter-in-place conditions.	
	Provide safe medical care to residents remaining in the nursing home.	
Infrastructure Branch Director	As directed, implement the nursing home’s Shelter-In-Place Plan, including shutdown of heating, ventilation, and air conditioning system or sealing of the nursing home.	
	Conduct a damage, structural integrity, and utilities assessment of the nursing home.	
	Monitor nursing home air quality for safe occupation.	
	As requested, support the setup of decontamination areas and movement of supplies.	

INCIDENT RESPONSE GUIDE

HAZARDOUS MATERIAL/WASTE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Planning Section Chief	Establish operational periods, incident objectives, and the NHICS 200: Incident Action Plan (IAP) Quick Start in collaboration with Command and General staff.	
	Prepare for potential evacuation by researching available evacuation sites.	
	Initiate personnel and materiel tracking.	
	Gather <u>internal</u> situation status including supply and equipment status, current staff and nursing home census.	
	Initiate the gathering and validation of <u>external</u> situational status (weather, impact to roads, utilities, scope of damage, evacuation routes) and infrastructure status for inclusion in the IAP.	
	Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received.	
	Initiate resident and bed tracking in collaboration with Operations Section (NHICS 254 – Emergency Admit Tracking).	
Logistics Section Chief	Support the logistics needs of nursing home staff and operations.	
	Initiate staff call-in systems, if instructed to do so and if it is safe for arriving staff. Activate the labor pool to obtain personnel resources as needed.	
	Inventory equipment, supplies, and medications on hand and prepare to ration materiel as needed.	
	Obtain supplies, equipment, medications, food, and water to sustain operations.	
	Anticipate increased need for medical supplies, medications, and equipment and take actions to obtain when possible.	
All Activated Positions – Refer to Job Action Sheets		

Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Incident Commander	Review the overall impact of the ongoing incident on the nursing home with Command Staff and Section Chiefs.	
	Reevaluate need to shelter-in-place versus evacuate.	
	Monitor that communications and decision making are coordinated with external agencies and area health care facilities, as appropriate.	

INCIDENT RESPONSE GUIDE

HAZARDOUS MATERIAL/WASTE



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Incident Commander	Direct implementation of any and all additional response plans required to address the incident.	
Liaison/PIO	Conduct briefings to residents, staff, people seeking shelter, and media to update them on incident and nursing home status.	
	Coordinate risk communication messages with the Joint Information Center (if activated).	
	Assist with notification of residents' families about the incident and inform them about the likelihood of evacuation, if required.	
	Maintain contact with local emergency operations center, area health care facilities, and regional medical health coordinator to relay status and critical needs and to receive community updates.	
Safety Officer	Continue to implement and maintain safety and personal protective measures to protect residents, staff, visitors, and nursing home, including restrictions in entry, egress, traffic, and crowd control.	
	Ensure staff food, water and rest periods.	
	Monitor, report, follow up on, and document resident or staff injuries.	
	Monitor that victim decontamination is in compliance with established decontamination practices.	
	Implement procedures for resident valuables management and evidence collection in cooperation with law enforcement.	
	Continue to monitor proper use of personal protective equipment and decontamination procedures.	
	Initiate employee monitoring for chemical exposure and provide appropriate follow up care.	
	Update NHICS 215A as required.	
Medical Director/Specialist	Support the Operations Section as needed, by coordinating information regarding specific decontamination and treatment procedures; provide direct oversight of decontamination operations as directed.	
	Continue to provide expert input into the Incident Action Planning process.	
Operations Section Chief	Monitor continuation of medical mission activities.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Continue resident, staff, and nursing home monitoring for chemical exposure, and provide appropriate follow up as required.	

INCIDENT RESPONSE GUIDE

HAZARDOUS MATERIAL/WASTE



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Resident Services Branch Director	Continue to assess residents for change in condition.	
	Evaluate and update staff scheduling to accommodate decontamination team support and scheduling.	
	If needed, activate Fatality Management Plan and management of contaminated remains.	
Infrastructure Branch Director	Continue to monitor nursing home air quality.	
	Monitor impact of alterations in heating, ventilation, and air conditioning system for ability to maintain operations and comfortable environment.	
	Ensure nursing home cleanliness (as best as possible). Initiate special cleaning as necessary.	
	Continue to monitor the status of the physical plant and ensure the integrity of and/or restoration of utilities and communications.	
Planning Section Chief	Revise and update Incident Action Plan, including planning for supply, staffing, and other needs.	
	Continue to research potential evacuation sites, if needed.	
	Continue resident, bed, material, and personnel tracking.	
Logistics Section Chief	Contact vendors to ensure provision of needed supplies, equipment, medications, and water and food to residents, visitors, and families.	
	Continue staff call-in, if safe to do so, and provide additional staff to impacted areas.	
Finance/ Administration Section Chief	Coordinate with Risk Management for additional insurance and documentation needs.	
	Initiate screening and tracking of incoming volunteers and/or new personnel.	
	Track the hours associated with the emergency response.	
	Facilitate the procurement of needed supplies, equipment, and contractors.	
	Track response expenses and expenditures.	
All Activated Positions – Refer to Job Action Sheets		

INCIDENT RESPONSE GUIDE

HAZARDOUS MATERIAL/WASTE



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Incident Commander	Reassess the incident objectives and Incident Action Plan; revise them as indicated by the response priorities and overall mission.	
	Continue regular briefing of Command Staff and Section Chiefs.	
	Reevaluate the nursing home's ability to continue its medical mission.	
	Update the nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	Plan for a return to normal services in coordination with Command Staff and Section Chiefs.	
Liaison/PIO	Continue regularly scheduled briefings to media, residents, staff, families, and people seeking shelter.	
	Communicate regularly with the Joint Information Center (if activated) to update nursing home status and coordinate public information messages.	
	Address social media issues as warranted; use social media for messaging as situation dictates.	
	Maintain contact with local emergency operations center, other area health care facilities, and regional medical health coordinator to relay status and critical needs and to receive incident and community updates.	
Safety Officer	Continue to oversee safety measures and use of personal protective equipment for staff during demobilization of decontamination response.	
	Continue to ensure nursing home security, traffic, and crowd control.	
	Monitor the enforcement of nursing home policies and cooperation with local, state, and federal law enforcement agencies when interviewing residents and collecting evidence.	
Medical Director/Specialist	Continue to support the Operations Section as needed by coordinating information regarding specific decontamination and treatment procedures.	
	Continue to provide expert input into the Incident Action Planning process.	
Medical Director/Specialist: Chemical Specialist	Monitor the movement of the chemical plume (if applicable), consult with local health department and emergency management and advise the Incident Commander if the external area is safe for discontinuation of shelter-in-place.	

INCIDENT RESPONSE GUIDE

HAZARDOUS MATERIAL/WASTE



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Operations Section Chief	Monitor the continuation of medical mission activities, including resident care and hazardous materials (HazMat) activities.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Continue resident monitoring for exposure and provide appropriate follow up care as required.	
Infrastructure Branch Director	Continue to monitor nursing home air quality.	
	Provide behavioral health support for residents, families, and staff as needed.	
	With a Chemical Specialist and when shelter-in-place is suspended, conduct an external inspection of the facility for damage and determine need for outside decontamination.	
	Continue infrastructure monitoring, maintenance, and air quality monitoring in collaboration with the Safety Officer.	
Planning Section Chief	Update and revise the Incident Action Plan in collaboration with Command Staff and Section Chiefs.	
	Finalize and distribute steps for demobilization in the Incident Action Plan.	
	Continue staff, equipment, and materials tracking.	
	Continue to update status boards and other communication devices with latest nursing home and community status.	
Logistics Section Chief	Monitor and address the health status of staff that participated in, supported, or assisted in decontamination activities.	
	Restock and repair all supplies and equipment used in the response.	
	Refer to Job Action Sheet for additional tasks.	
Finance/ Administration Section Chief	With the Logistics Section Chief, facilitate the procurement of supplies, equipment, medications, and contracting for nursing home clean up or repair.	
	Assess and implement risk management and claims procedures for reported staff and resident exposures or injuries.	
	Continue to track response costs and expenditures and prepare regular reports for the Incident Commander.	
All Activated Positions – Refer to Job Action Sheets		

INCIDENT RESPONSE GUIDE

HAZARDOUS MATERIAL/WASTE



Demobilization/System Recovery		
IMT Position	Action	Initials
Incident Commander	Determine the termination of event or “all clear” in collaboration with Command Staff, Section Chiefs, local law enforcement, and Hazmat officials.	
	Oversee and direct demobilization and system recovery operations with restoration of normal services.	
	Ensure that the process is mobilized to complete response documentation for submission for reimbursement.	
Liaison/PIO	Conduct final media briefing and assist with updating staff, residents, people seeking shelter, families/guardians, and others of termination of the incident.	
	Communicate the final nursing home status and termination of the incident to regional medical health coordinator, local emergency operations center, area health care facilities, and local emergency medical services.	
Safety Officer	Monitor the proper disposal of contaminated waste and wastewater.	
	Assist with monitoring the completion of nursing home repairs and decontamination, in conjunction with the Operations Section.	
	Monitor and maintain a safe environment during the return to normal operations.	
	Return entry and egress restrictions, traffic flow, and security personnel to normal services.	
	Report staff injury and illness for follow up by Finance/ Administration Section Chief.	
Operations Section Chief	Ensure continuation of resident care and essential services.	
	With Infrastructure Branch, monitor and manage the decontamination of the nursing home.	
	Ensure that all personnel, supplies, and equipment utilized in the response have been properly decontaminated and stored.	
	Initiate long term monitoring of employees exposed to chemicals and participating in decontamination or resident care activities, including provision of behavioral health support, as required.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Coordinate resident care services returning to normal operations.	
	Repatriate transferred residents, if applicable.	
Infrastructure	Restore heating, ventilation, and air conditioning systems to normal service.	

INCIDENT RESPONSE GUIDE

HAZARDOUS MATERIAL/WASTE



Demobilization/System Recovery		
IMT Position	Action	Initials
Branch Director	With the Safety Officer, continue to monitor the disposal of contaminated waste and wastewater.	
	Conduct or facilitate nursing home repairs and return to normal operating conditions.	
	Complete a damage report, including the progress of repairs, and estimated timelines for restoration to normal operating conditions.	
Planning Section Chief	Conduct debriefings and a hotwash with: <ul style="list-style-type: none"> <input type="checkbox"/> Command Staff and section personnel <input type="checkbox"/> Administrative personnel <input type="checkbox"/> All staff <input type="checkbox"/> All volunteers 	
	Write an After Action Report and Corrective Action and Improvement Plan for submission to the Incident Commander, including: <ul style="list-style-type: none"> <input type="checkbox"/> Summary of the incident <input type="checkbox"/> Summary of actions taken <input type="checkbox"/> Actions that went well <input type="checkbox"/> Actions that could be improved <input type="checkbox"/> Recommendations for future response actions 	
	Ensure all electronic and paper documents created in event response are collected and archived.	
Logistics Section Chief	Inventory the Command Center and facility supplies and replenish as necessary, appropriate, and available. Restock supplies, equipment, medications, food, and water to pre event inventories.	
	Deactivate nontraditional areas used for sheltering and feeding and return to normal use.	
	Release temporary staff and other personnel to normal positions.	
	Submit all section documentation to Planning Section for compilation in After Action Report.	
Finance/ Administration Section Chief	Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.	
	Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event.	

INCIDENT RESPONSE GUIDE

HAZARDOUS MATERIAL/WASTE



Demobilization/System Recovery		
IMT Position	Action	Initials
Finance/ Administration Section Chief	Contact the insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures.	
All Activated Positions – Refer to Job Action Sheets		

Documents and Tools
<p>Nursing Home Emergency Operations Plan, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evacuation procedures <input type="checkbox"/> Decontamination procedures <input type="checkbox"/> Business Continuity Plan <input type="checkbox"/> Fatality management procedures <input type="checkbox"/> Isolation protocols <input type="checkbox"/> Employee health monitoring and treatment procedures <input type="checkbox"/> Resident, staff, and equipment tracking procedures <input type="checkbox"/> Communication plan <input type="checkbox"/> Behavioral health support procedures <input type="checkbox"/> Emergency procurement policy
<p>Forms, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NHICS 200 – Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 205 – Communications List <input type="checkbox"/> NHICS 214 – Activity Log <input type="checkbox"/> NHICS 215A – Incident Action Plan (IAP) Safety Analysis
Job Action Sheets
Paper forms for down-time documentation, data entry, etc.
Access to nursing home organization chart
Campus floor plans, maps, and evacuation routes
Television/radio/internet to monitor news
Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

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EVACUATION

MISSION

To provide a safe environment for residents, staff, and visitors within the nursing home following an incident that impacts the structural integrity or service availability of the nursing home which requires full or partial facility evacuation.

DIRECTIONS

Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.

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

OBJECTIVES

- Provide for the safety of residents, staff, visitors, and families/guardians.
- Provide for resident care and management.
- Conduct safe and rapid evacuation (partial or full) of the nursing home.
- Plan for service restoration.

INCIDENT RESPONSE GUIDE

EVACUATION



EVACUATION

MISSION	
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OBJECTIVES	
<input type="checkbox"/>	Provide for the safety of residents, staff, visitors, and families/guardians.
<input type="checkbox"/>	Provide for resident care and management.
<input type="checkbox"/>	Conduct safe and rapid evacuation (partial or full) of the nursing home.
<input type="checkbox"/>	Plan for service restoration.

RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Activate the emergency transportation aspect of the EOP.
<input type="checkbox"/>	Notify appropriate state survey agency to report activation of the facility's EOP and need to evacuate.
<input type="checkbox"/>	Assess which residents might be able to go to families and contact in advance.
<input type="checkbox"/>	Assess: <ul style="list-style-type: none"> • Number and types of beds needed • Available staff to support transferred residents (call in additional staff if needed) • Potential transportation requirements based on the number of residents, medical needs and mobility status

INCIDENT RESPONSE GUIDE

EVACUATION



RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	<p>If residents need to be transferred to another facility, identify available beds by the following procedures:</p> <ul style="list-style-type: none"> • Coordinate with other facilities in the healthcare system or "like" facilities with whom you have a pre-existing relationship • If the above resources are unavailable or inadequate, request assistance from the appropriate state survey agency and/or utilize computer-based software.
<input type="checkbox"/>	<p>Obtain transportation resources by contacting the contracted ambulance providers.</p> <ul style="list-style-type: none"> • If the above resources are unavailable or inadequate, request assistance from the appropriate state survey agency and/or utilize computer-based software.
<input type="checkbox"/>	<p>Prepare for evacuation:</p> <ul style="list-style-type: none"> • Collect and package residents' equipment and medications • Collect and package residents' belongings for transport, including glasses, dentures, hearing aids, etc. • Prepare water and snacks to accompany residents during transport period • Prepare copy of medical chart to accompany resident
<input type="checkbox"/>	<p>If surrounding roads may be damaged, verify planned evacuation routes with the public safety agency.</p>
<input type="checkbox"/>	<p>Track residents to destinations and notify family members (or guardian) of evacuation and planned destination.</p>
<input type="checkbox"/>	<p><i>Add other response actions here consistent with the facility EOP.</i></p>

Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Incident Commander	Determine the need for complete or partial evacuation versus shelter-in-place.	
	Activate emergency operations plan, the Incident Management Team, and Nursing Home Command Center. Activate the evacuation procedures, and Medical/Director Specialist(s) as needed.	
	Establish operational periods, objectives, and regular briefing schedule. Consider the use of NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.	
	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	Determine timeline and criteria for discontinuation of nonessential services and procedures.	
Liaison/PIO	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	

INCIDENT RESPONSE GUIDE

EVACUATION



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Liaison/PIO	Develop resident, staff, and community response messages to convey nursing preparations, services, and response.	
	Inform residents, staff, visitors, and families of the situation status and provide regular updates.	
	Update internet and social media to disseminate information about nursing home status and alteration in services to residents, staff, families, and stakeholders.	
	Monitor media outlets for updates on the incident and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and Incident Commander.	
	Notify community partners in accordance with local policies and procedures (e.g., consider local emergency operations center, other area health care facilities, local emergency medical services, and healthcare coalition coordinator), including requesting supplies, equipment, or personnel not available in the nursing home.	
	Notify and regularly communicate with outside agencies about the nursing home’s status and organizational needs.	
	Communicate with other health care facilities to determine their situation status, ability to accept residents if evacuation or facility abandonment is ordered.	
Safety Officer	Recommend immediate evacuation areas based on hazard to life.	
	Oversee immediate stabilization of the nursing home.	
	Assist with safe evacuation of residents, staff, and visitors.	
	Initiate NHICS 215A to assign, direct, and ensure safety actions are adhered to and completed.	
	Recommend assembly areas based on location and route safety and immediate access to transportation vehicles.	
	Secure the nursing home, limit entry of nonessential personnel, and implement limited visitation policy.	
	Provide additional personnel to ensure security of the evacuation staging sites.	
Operations Section Chief	Ensure continuation of resident care and essential services.	
	Conduct a census of residents, identifying those who are appropriate for discharge. Transfer or stabilize injured residents as appropriate and as resources are available.	
	Consider partial or complete evacuation of the nursing home, or relocation of residents and services within the nursing home.	

INCIDENT RESPONSE GUIDE

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Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Operations Section Chief	Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy as appropriate.	
	Implement the type of evacuation, as determined in cooperation with the Incident Commander: <input type="checkbox"/> Immediate versus delayed evacuation <input type="checkbox"/> Partial versus complete evacuation	
	If evacuation is required: <input type="checkbox"/> Prioritize areas for evacuation based on Safety Officer's evaluation of threat to life <input type="checkbox"/> Identify evacuation priorities and transfer requirements	
	Activate Business Continuity Plans and procedures.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Conduct a nursing home census and identify which residents may require immediate transfer.	
	For partial evacuation: <input type="checkbox"/> Prepare and ensure transfer of resident records, medications, and valuables to transfer location <input type="checkbox"/> Provide resident information as appropriate <input type="checkbox"/> If evacuation is from a fire or explosion, evacuation must be to a fire compartment at least two fire compartments away (horizontally or vertically) from the fire or explosion <input type="checkbox"/> Reassign personnel to ensure adequate staffing in area receiving residents	
	For complete evacuation: <input type="checkbox"/> Prepare and ensure the transfer of resident records, medications, and valuables to holding and assembly area <input type="checkbox"/> Confirm the transfer and timeline with the accepting facility, providing resident information as appropriate <input type="checkbox"/> Establish safe holding and assembly area to place residents, staff, and belongings until transfer <input type="checkbox"/> Reassign staff to accompany residents moved to alternate facilities; ensure adequate staffing for resident care	
	Implement manual documentation procedures for resident care and incident management documentation, as required.	
	Oversee resident family/guardian notifications of evacuation, transfer, or early discharge.	
Infrastructure Branch Director	Discontinue nonessential services and initiate utility shutdowns.	

INCIDENT RESPONSE GUIDE

EVACUATION



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Planning Section Chief	Establish operational periods, incident objectives, and an Incident Action Plan in collaboration with the Incident Commander	
	Prepare for potential evacuation by researching available evacuation sites.	
	Gather internal situation status including supply and equipment status, current staff and nursing home census.	
	Initiate the gathering and validation of external situational status (weather, impact to roads, utilities) and infrastructure status for inclusion in the IAP.	
	Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received.	
	Initiate resident tracking using NHICS 254 – Emergency Admit Tracking.	
	Monitor the complete documentation of activities, decisions, and actions.	
Logistics Section Chief	Implement emergency support procedures to sustain critical services (e.g., power, water, communications) until evacuation can be accomplished.	
	Distribute appropriate equipment throughout the nursing home (e.g., portable lights, flashlights, blankets, etc.).	
	Obtain supplies, equipment, medications, food, and water to sustain operations.	
	Relocate hazardous materials and other materials requiring increased security, as time allows.	
	Activate the labor pool to obtain personnel resources as needed.	
Finance/ Administration Section Chief	Implement established pay codes for personnel to track hours associated with the response.	
	Refer to Job Action Sheet for additional tasks.	
All Activated Positions – Refer to Job Action Sheets		

INCIDENT RESPONSE GUIDE

EVACUATION



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Incident Commander	Continue to implement operational periods, update incident objectives and Incident Action Plan.	
	Evaluate the nursing home's capability to provide safe resident care and the need for additional evacuation.	
Liaison/PIO	Conduct briefings to media and residents, to update them on nursing home status.	
	Coordinate risk communication messages with the Joint Information Center, if able.	
	Maintain contact with local emergency operations center, other area health care facilities, local emergency medical services and regional medical health coordinator to relay status and critical needs and to receive community updates.	
	Assist with and facilitate procurement activities from outside agencies for supplies, equipment, medications, and personnel.	
Safety Officer	Maintain safety of residents, staff, and visitors to best possible extent.	
	Monitor, report, and follow up on staff or resident injuries.	
	Ensure staff food, water and rest periods.	
	Continue nursing home security, crowd, and traffic control.	
	Conduct regular assessments and update NHICS 215A.	
Operations Section Chief	Continue or implement Business Continuity and evacuation procedures, as appropriate.	
	Ensure continuation of resident care and essential services.	
	Prepare for demobilization and system recovery.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Monitor residents, families, and visitors for adverse effects on health and for psychological stress.	
	Continue to assess residents for change in condition.	
	Continue, in cooperation with Liaison/PIO, family/guardian notification of resident location and status.	
Infrastructure Branch Director	Conduct regular nursing home and infrastructure evaluations and assessments and respond immediately to damage or problems.	
	Monitor nursing home damage and initiate repairs, as long as it does not hinder evacuation of the nursing home. Complete a NHICS 251 – Facility System Status Report (if time permits).	

INCIDENT RESPONSE GUIDE

EVACUATION



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Infrastructure Branch Director	Initiate salvage operations of damaged areas and relocated equipment from evacuated areas to secure areas or other health care facilities.	
Planning Section Chief	Continue operational periods and incident objectives, and modify the Incident Action Plan in collaboration with the Incident Commander.	
	Continue resident, bed, material, and personnel tracking.	
	Plan for the next operational period and shift change, including staff patterns, location of labor pool, nursing and campus entry and exit in view of curtailed services, etc.	
	Continue to monitor the complete documentation of activities, decisions, and actions.	
Logistics Section Chief	Continue or implement the evacuation procedures.	
	Provide continuing communications system support and information technology.	
	Ensure ongoing communications are available at staging areas and evacuation sites.	
	Establish sheltering and feeding services for staff, family/guardians, and if necessary, people seeking shelter.	
	Obtain supplemental staffing as needed. Provide staff for resident care and evacuation.	
	Conduct equipment, supply, medication, and personnel inventories, and obtain additional supplies to sustain nursing home during shelter-in-place or evacuation. Route requests for additional resources not available in the nursing home through the Liaison/PIO to outside agencies.	
	Continue to reach out to the labor pool to provide supplemental staffing.	
	Continue to provide transportation services for internal operations and resident evacuation.	
Finance/ Administration Section Chief	Continue to track hours associated with the emergency response.	
	Initiate screening and tracking of incoming volunteers and/or new personnel.	
	Facilitate the procurement of supplies and resources in cooperation with the Logistics Section Chief.	
	Begin to collect, when safe, documentation of structural and infrastructure damage, and initiate reimbursement and claims procedures.	

INCIDENT RESPONSE GUIDE

EVACUATION



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Finance/ Administration Section Chief	Track the estimates of lost revenue due to nursing home evacuation.	
	Track the costs and expenditures of response and evacuation.	
	Refer to Job Action Sheet for additional tasks.	
All Activated Positions – Refer to Job Action Sheets		

Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Incident Commander	Continue regular briefings and action planning meetings, and modify incident objectives as needed to meet current situation.	
	Update the nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
Liaison/PIO	Continue regularly scheduled briefings to media, residents, staff, and families.	
	Communicate regularly with Joint Information Center (if activated) to update nursing home status and coordinate public information messages.	
	Address social media issues as warranted; use social media for messaging as situation dictates.	
	Maintain contact with local emergency operations center, other area health care facilities, local emergency medical services, and regional medical health coordinator to relay status and critical needs and to receive incident and community updates.	
Safety Officer	Maintain safety of residents, staff, and families to best possible extent.	
	Secure all evacuated areas, equipment, supplies, and medications.	
Operations Section Chief	Continue business continuity actions.	
	Recommend when to resume normal activities and services.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Continue resident care and management activities for residents waiting for evacuation.	
	Provide behavioral health support to residents and families as needed.	
	Continue to provide family/guardian notifications of evacuation, transfer, or early discharge.	

INCIDENT RESPONSE GUIDE

EVACUATION



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Infrastructure Branch Director	Assess and secure utility systems (power, water, gases, and medical gases).	
	Conduct frequent nursing home reassessment and initiate nursing home repairs and restoration plans.	
Planning Section Chief	Update and revise the Incident Action Plan.	
	Ensure that updated information and intelligence is incorporated into the Incident Action Plan.	
	Continue personnel and equipment tracking, including resources transferred to other health care facilities.	
	Finalize and distribute steps for demobilization in the Incident Action Plan.	
	Discuss staff utilization and salary practices during the evacuation of the nursing home with Human Resources.	
	Collate and report actions, decisions, and activities of the response.	
	Continue resident and bed tracking, including those transferred to other health care facilities.	
	Plan for the next operational period and shift change, including staff patterns, location of labor pool, nursing home and campus entry and exit in view of curtailed services, and the impact on canceled procedures and appointments, etc.	
	Collect documentation of the activities, decisions, and actions.	
Logistics Section Chief	Recommend, in collaboration with Operations Section, when to resume normal activities and services.	
	Maintain information technology security measures.	
	Support the return of supplies, equipment, medications, food, and water.	
Finance/ Administration Section Chief	Continue operational periods and incident objectives, and modify the Incident Action Plan in collaboration with the Incident Commander.	
	Continue to track the hours associated with the emergency response.	
	Facilitate the procurement of supplies and resources in cooperation with the Logistics Section Chief.	
	Contact insurance carriers to assist in the documentation of structural and infrastructure damage, and initiate reimbursement and claims procedures.	

INCIDENT RESPONSE GUIDE

EVACUATION



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Finance/ Administration Section Chief	Continue to track and monitor response and nursing home repair costs and expenditures.	
All Activated Positions – Refer to Job Action Sheets		

Demobilization/System Recovery		
IMT Position	Action	Initials
Incident Commander	In cooperation with local authorities, assess nursing home status and determine whether criteria are met for partial or complete reopening of the nursing home.	
	Declare termination of the incident and order reopening of nursing home and repatriation of residents	
	Oversee restoration of normal operations.	
Liaison/PIO	Conduct a final media briefing and assist with updating residents, staff, families/guardians, and others of the termination of the incident.	
	Communicate the final nursing home status and termination of the incident to regional medical health coordinator, local emergency operations center, local emergency medical services, area health care facilities, and officials.	
Safety Officer	Monitor and maintain a safe environment during the return to normal operations.	
	Complete documentation and follow up for personnel injuries as appropriate.	
	Monitor that entry and exit points are open and functioning.	
	Maintain nursing home security and traffic control.	
	Assist with the completion of nursing home repairs, in conjunction with the Operations Section.	
	Oversee the resolution of response actions that impacted normal operations; ensure fire doors and alarms are in working order.	
	Report staff injury and illness for follow up by Finance/ Administration Section Chief.	
Operations Section Chief	Resume visitation and nonessential services in coordination with the Safety Officer.	
	Monitor and assist with the restoration of utilities and communications.	

INCIDENT RESPONSE GUIDE

EVACUATION



Demobilization/System Recovery		
IMT Position	Action	Initials
Operations Section Chief	If record keeping included the use of paper based records, ensure all clinical information is entered into electronic medical records.	
	Ensure residents, staff, and visitors have access to behavioral health support.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Restore resident care and management activities, including the normal staffing plan.	
	Reschedule canceled appointments.	
	Repatriate transferred residents, if applicable.	
Infrastructure Branch Director	Complete the nursing home damage report, progress of repairs, and estimated timelines for restoration to pre-incident condition.	
Planning Section Chief	Finalize and distribute steps for demobilization in the Incident Action Plan.	
	Collect, organize, secure, and file incident documentation.	
	Conduct debriefings or hotwash with: <ul style="list-style-type: none"> <input type="checkbox"/> Command Staff and section personnel <input type="checkbox"/> Administrative personnel <input type="checkbox"/> All staff <input type="checkbox"/> All volunteers 	
	Write an After Action Report, Corrective Action, and Improvement Plans for submission to the Incident Commander, and include: <ul style="list-style-type: none"> <input type="checkbox"/> Summary of the incident <input type="checkbox"/> Summary of actions taken <input type="checkbox"/> Actions that went well <input type="checkbox"/> Actions that could be improved <input type="checkbox"/> Recommendations for future response actions 	
	Prepare summary of the status and location of all incident residents, staff, and equipment. After approval by the Incident Commander, distribute as appropriate.	
Logistics Section Chief	Inventory all Nursing Home Command Center and nursing home supplies and replenish as necessary, appropriate, and available. Restock supplies, equipment, medications, food, and water to pre event inventories.	
	Deactivate nontraditional areas used for sheltering and feeding and return to normal use.	

INCIDENT RESPONSE GUIDE

EVACUATION



Demobilization/System Recovery		
IMT Position	Action	Initials
Logistics Section Chief	Release temporary staff and other personnel to normal positions.	
	Submit all section documentation to Planning Section Chief for compilation in After Action Report.	
Finance/ Administration Section Chief	Submit final cost and expenditure report to the Incident Commander for approval and inclusion in After Action Report.	
	Coordinate with Risk Management for additional insurance and documentation needs, including photographs of damages.	
	Compile a summary of the final response and recovery costs and expenditures and estimated lost revenues, and submit to Incident Commander.	
All Activated Positions – Refer to Job Action Sheets		

Documents and Tools
<p>Nursing Home Emergency Operations Plan, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communication plan <input type="checkbox"/> Security procedures <input type="checkbox"/> Business Continuity Plan <input type="checkbox"/> Evacuation procedures <input type="checkbox"/> Behavioral health support procedures <input type="checkbox"/> Emergency procurement policy
<p>Forms, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NHICS 200 – Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 205 – Communications List <input type="checkbox"/> NHICS 214 – Activity Log <input type="checkbox"/> NHICS 215A – Incident Action Plan (IAP) Safety Analysis <input type="checkbox"/> NHICS 254 – Emergency Admit Tracking <input type="checkbox"/> NHICS 255 – Master Resident Evacuation Tracking <input type="checkbox"/> NHICS 260 - Resident Evacuation Tracking
Job Action Sheets
Paper forms for down-time documentation, data entry, etc.
Access to nursing home organization chart

INCIDENT RESPONSE GUIDE

EVACUATION



Documents and Tools
Campus floor plans, maps, and evacuation routes
Television/radio/internet to monitor news
Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication



SHELTER-IN-PLACE

MISSION

To provide a safe environment for residents, staff, and visitors within the nursing home following an incident which requires shelter-in-place.

DIRECTIONS

Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.

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

OBJECTIVES

- Provide for the safety of residents, staff, visitors, and families/guardians.
- Provide for resident care and management.
- Conduct safe and rapid shelter-in-place of the nursing home.
- Plan for service restoration.



SHELTER-IN-PLACE

MISSION	
To provide a safe environment for residents, staff, and visitors within the nursing home following an incident which requires shelter-in-place.	
DIRECTIONS	
<p>Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.</p> <p><i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i></p>	
OBJECTIVES	
<input type="checkbox"/>	Provide for the safety of residents, staff, visitors, and families/guardians.
<input type="checkbox"/>	Provide for resident care and management.
<input type="checkbox"/>	Conduct safe and rapid shelter-in-place of the nursing home.
<input type="checkbox"/>	Plan for service restoration.

RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Identify safe and unsafe areas of the facility relative to the specific threat.
<input type="checkbox"/>	Move residents from unsafe areas to safe areas. Be sure to include medications, important personal items, etc.
<input type="checkbox"/>	Increase the safety of "safe areas" by reducing hazards, e.g., close, lock and move away from windows (during extreme winds), exterior doors, and other openings that may create hazards.
<input type="checkbox"/>	Plan for the availability of food, water and other essential disaster supplies for residents and staff during the time period anticipated for sheltering in place. In addition to non-perishable food and water and critical medications, consider battery-powered radios, first aid supplies, extra blankets, flashlights, batteries, duct tape, plastic sheeting, garbage bags, and eating utensils.
<input type="checkbox"/>	Comfort and assess residents for signs of distress.
<input type="checkbox"/>	Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.

INCIDENT RESPONSE GUIDE

SHELTER-IN-PLACE



RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	Continually reassess the safety of sheltering in place and prepare to activate the facility evacuation procedures if at any time the risk of sheltering in place is greater than the risk to evacuate. Keep the appropriate state survey agency notified of any change in status.
<input type="checkbox"/>	<i>Add other response actions here consistent with the facility EOP.</i>

Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Incident Commander	Determine the need for shelter-in-place.	
	Activate emergency operations plan, the Incident Management Team, and Nursing Home Command Center. Activate the shelter-in-procedures, and Medical/Director Specialist(s) as needed.	
	Establish operational periods, objectives, and regular briefing schedule. Consider the use of the NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.	
	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	Determine timeline and criteria for discontinuation of nonessential services and procedures.	
Liaison/PIO	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	
	Develop resident, staff, and community response messages to convey nursing preparations, services, and response.	
	Inform residents, staff, visitors, and families of the situation status and provide regular updates.	
	Update internet and social media to disseminate information about nursing home status and alteration in services to residents, staff, families, and stakeholders.	
	Monitor media outlets for updates on the incident and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and Incident Commander.	
	Notify community partners in accordance with local policies and procedures (e.g., consider local emergency operations center, other area health care facilities, local emergency medical services, and healthcare coalition coordinator), including requesting supplies, equipment, or personnel not available in the nursing home.	
	Notify and regularly communicate with outside agencies about the nursing home's status and organizational needs.	

INCIDENT RESPONSE GUIDE

SHELTER-IN-PLACE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Liaison/PIO	Communicate with other health care facilities to determine their situation status, ability to accept residents if evacuation is ordered.	
Safety Officer	Recommend immediate shelter in place areas based on hazard to life.	
	Oversee immediate stabilization of the nursing home	
	Assist with the movement of residents, staff, and visitors to safe areas of the nursing home.	
	Initiate NHICS 215A to assign, direct, and ensure safety actions are adhered to and completed.	
	Recommend assembly areas based on location and route safety and immediate access to transportation vehicles if needed.	
	Secure the nursing home, limit entry of nonessential personnel, and implement limited visitation policy.	
Operations Section Chief	Ensure continuation of resident care and essential services.	
	Conduct a census of residents, identifying those who are appropriate for discharge, if applicable. Transfer or stabilize injured residents as appropriate and as resources are available.	
	Consider relocation of residents and services within the nursing home.	
	Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy as appropriate.	
	If shelter-in-place is required: <ul style="list-style-type: none"> <input type="checkbox"/> Establish shelter locations in cooperation with Incident Commander and Safety Officer <input type="checkbox"/> Monitor that all residents, staff, and visitors are safely in shelter areas <input type="checkbox"/> Secure and seal shelter areas <input type="checkbox"/> Prepare to implement emergency plans and procedures as needed (e.g., loss of power, cooling, water, HVAC, communications). <input type="checkbox"/> Designate an area(s) to accommodate resident/staff family members/guardians seeking shelter including those who may be electrically dependent or have medical needs. 	
	Activate Business Continuity Plans and procedures.	
	Implement tasks listed below if Branches are not activated.	

INCIDENT RESPONSE GUIDE

SHELTER-IN-PLACE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Resident Services Branch Director	Conduct a nursing home census and identify which residents may require immediate transfer.	
	Implement manual documentation procedures for resident care and incident management documentation, as required.	
	Oversee resident family/guardian notifications of shelter-in-place, transfer, or early discharge.	
Infrastructure Branch Director	Discontinue nonessential services and initiate utility shutdowns.	
Planning Section Chief	Establish operational periods, incident objectives, and an Incident Action Plan in collaboration with the Incident Commander	
	Prepare for potential evacuation by researching available evacuation sites.	
	Gather internal situation status including supply and equipment status, current staff and nursing home census.	
	Initiate the gathering and validation of external situational status (weather, impact to roads, utilities) and infrastructure status for inclusion in the IAP.	
	Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received.	
	Monitor the complete documentation of activities, decisions, and actions.	
Logistics Section Chief	Implement emergency support procedures to sustain critical services (e.g., power, water, communications).	
	Distribute appropriate equipment throughout the nursing home (e.g., portable lights, flashlights, blankets, etc.).	
	Obtain supplies, equipment, medications, food, and water to sustain operations.	
	Relocate hazardous materials and other materials requiring increased security, as time allows.	
	Activate the labor pool to obtain personnel resources as needed.	
Finance/ Administration Section Chief	Implement established pay codes for personnel to track hours associated with the response.	
	Refer to Job Action Sheet for additional tasks.	
All Activated Positions – Refer to Job Action Sheets		

INCIDENT RESPONSE GUIDE

SHELTER-IN-PLACE



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Incident Commander	Continue to implement operational periods, update incident objectives and Incident Action Plan.	
	Evaluate the nursing home's capability to provide safe resident care and the need for potential evacuation.	
Liaison/PIO	Conduct briefings to media and residents, to update them on nursing home status.	
	Coordinate risk communication messages with the Joint Information Center, if able.	
	Maintain contact with local emergency operations center, other area health care facilities, local emergency medical services and regional medical health coordinator to relay status and critical needs and to receive community updates.	
	Assist with and facilitate procurement activities from outside agencies for supplies, equipment, medications, and personnel.	
Safety Officer	Maintain safety of residents, staff, and visitors to best possible extent.	
	Monitor, report, and follow up on staff or resident injuries.	
	Ensure staff food, water and rest periods.	
	Continue nursing home security, crowd, and traffic control.	
	Conduct regular assessments and update NHICS 215A.	
Operations Section Chief	Continue or implement the Business Continuity Plan, shelter-in-place and/or evacuation procedures, as appropriate.	
	Ensure continuation of resident care and essential services.	
	Prepare for demobilization and system recovery.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Monitor residents, families, and visitors for adverse effects on health and for psychological stress.	
	Continue to assess residents for change in condition.	
	Continue, in cooperation with Liaison/PIO, family/guardian notification of resident location and status.	
Infrastructure Branch Director	Conduct regular nursing home and infrastructure evaluations and assessments and respond immediately to damage or problems.	
	Monitor nursing home damage and initiate repairs, as long as it does not hinder shelter-in-place of the nursing home. Complete a NHICS 251 – Facility System Status Report (if time permits).	

INCIDENT RESPONSE GUIDE

SHELTER-IN-PLACE



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Infrastructure Branch Director	Initiate salvage operations of damaged areas and relocated equipment from evacuated areas to secure areas or other health care facilities.	
Planning Section Chief	Continue operational periods and incident objectives, and modify the Incident Action Plan in collaboration with the Incident Commander.	
	Continue resident, bed, material, and personnel tracking.	
	Plan for the next operational period and shift change, including staff patterns, location of labor pool, nursing and campus entry and exit in view of curtailed services, etc.	
	Continue to monitor the complete documentation of activities, decisions, and actions.	
Logistics Section Chief	Continue or implement the shelter-in-place procedures.	
	Provide continuing communications system support and information technology.	
	Ensure ongoing communications are available at the nursing home.	
	Establish sheltering and feeding services for staff, family/guardians, and if necessary, people seeking shelter.	
	Obtain supplemental staffing as needed. Provide staff for resident care.	
	Conduct equipment, supply, medication, and personnel inventories, and obtain additional supplies to sustain nursing home. Route requests for additional resources not available in the nursing home through the Liaison/PIO to outside agencies.	
	Continue to reach out to the labor pool to provide supplemental staffing.	
	Continue to provide transportation services for internal operations.	
Finance/ Administration Section Chief	Continue to track hours associated with the emergency response.	
	Initiate screening and tracking of incoming volunteers and/or new personnel.	
	Facilitate the procurement of supplies and resources in cooperation with the Logistics Section Chief.	
	Begin to collect, when safe, documentation of structural and infrastructure damage, and initiate reimbursement and claims procedures.	
	Track the costs and expenditures of response and evacuation.	
	Refer to Job Action Sheet for additional tasks.	

INCIDENT RESPONSE GUIDE

SHELTER-IN-PLACE



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
All Activated Positions – Refer to Job Action Sheets		

Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Incident Commander	Continue regular briefings and action planning meetings, and modify incident objectives as needed to meet current situation.	
	Update the nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
Liaison/PIO	Continue regularly scheduled briefings to media, residents, staff, and families.	
	Communicate regularly with Joint Information Center (if activated) to update nursing home status and coordinate public information messages.	
	Address social media issues as warranted; use social media for messaging as situation dictates.	
	Maintain contact with local emergency operations center, other area health care facilities, local emergency medical services, and regional medical health coordinator to relay status and critical needs and to receive incident and community updates.	
Safety Officer	Maintain safety of residents, staff, and families to best possible extent.	
	Secure all evacuated areas, equipment, supplies, and medications.	
Operations Section Chief	Continue business continuity actions.	
	Recommend when to resume normal activities and services.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Continue resident care and management activities for residents.	
	Provide behavioral health support to residents and families as needed.	
	Continue to provide family/guardian notifications of shelter-in-place, transfer, or early discharge.	
Infrastructure Branch Director	Assess and secure utility systems (power, water, gases, and medical gases).	
	Conduct frequent nursing home reassessment and initiate nursing home repairs and restoration plans.	

INCIDENT RESPONSE GUIDE

SHELTER-IN-PLACE



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Planning Section Chief	Ensure that updated information and intelligence is incorporated into the Incident Action Plan.	
	Continue personnel and equipment tracking, including resources transferred to other health care facilities, as appropriate.	
	Finalize and distribute steps for demobilization in the Incident Action Plan.	
	Discuss staff utilization and salary practices during the shelter-in-place with Human Resources.	
	Collate and report actions, decisions, and activities of the response.	
	Continue resident and bed tracking, including those transferred to other health care facilities.	
	Plan for the next operational period and shift change, including staff patterns, location of labor pool, nursing home and campus entry and exit in view of curtailed services, and the impact on canceled procedures and appointments, etc.	
	Collect documentation of the activities, decisions, and actions.	
Logistics Section Chief	Recommend, in collaboration with Operations Section, when to resume normal activities and services.	
	Maintain information technology security measures.	
	Support the return of supplies, equipment, medications, food, and water.	
Finance/ Administration Section Chief	Continue operational periods and incident objectives, and modify the Incident Action Plan in collaboration with the Incident Commander.	
	Continue to track the hours associated with the emergency response.	
	Facilitate the procurement of supplies and resources in cooperation with the Logistics Section Chief.	
	Contact insurance carriers to assist in the documentation of structural and infrastructure damage, and initiate reimbursement and claims procedures.	
	Continue to track and monitor response and nursing home repair costs and expenditures.	
All Activated Positions – Refer to Job Action Sheets		

INCIDENT RESPONSE GUIDE

SHELTER-IN-PLACE



Demobilization/System Recovery		
IMT Position	Action	Initials
Incident Commander	In cooperation with local authorities, assess nursing home status and determine whether criteria are met for partial or complete reopening of the nursing home.	
	Oversee restoration of normal operations.	
Liaison/PIO	Conduct a final media briefing and assist with updating residents, staff, families/guardians, and others of the termination of the incident.	
	Communicate the final nursing home status and termination of the incident to regional medical health coordinator, local emergency operations center, local emergency medical services, area health care facilities, and officials.	
Safety Officer	Monitor and maintain a safe environment during the return to normal operations.	
	Complete documentation and follow up for personnel injuries as appropriate.	
	Monitor that entry and exit points are open and functioning.	
	Maintain nursing home security and traffic control.	
	Assist with the completion of nursing home repairs, in conjunction with the Operations Section.	
	Oversee the resolution of response actions that impacted normal operations; ensure fire doors and alarms are in working order.	
	Report staff injury and illness for follow up by Finance/Administration Section Chief.	
Operations Section Chief	Resume visitation and nonessential services in coordination with the Safety Officer.	
	Monitor and assist with the restoration of utilities and communications.	
	If record keeping included the use of paper based records, ensure all clinical information is entered into electronic medical records.	
	Ensure residents, staff, and visitors have access to behavioral health support as needed.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Restore resident care and management activities, including the normal staffing plan.	
	Reschedule canceled appointments.	
	Repatriate transferred residents, if applicable.	

INCIDENT RESPONSE GUIDE

SHELTER-IN-PLACE



Demobilization/System Recovery		
IMT Position	Action	Initials
Infrastructure Branch Director	Complete the nursing home damage report, progress of repairs, and estimated timelines for restoration to pre-incident condition.	
Planning Section Chief	Finalize and distribute steps for demobilization in the Incident Action Plan.	
	Collect, organize, secure, and file incident documentation.	
	Conduct debriefings or hotwash with: <ul style="list-style-type: none"> <input type="checkbox"/> Command Staff and section personnel <input type="checkbox"/> Administrative personnel <input type="checkbox"/> All staff <input type="checkbox"/> All volunteers 	
	Write an After Action Report, Corrective Action, and Improvement Plans for submission to the Incident Commander, and include: <ul style="list-style-type: none"> <input type="checkbox"/> Summary of the incident <input type="checkbox"/> Summary of actions taken <input type="checkbox"/> Actions that went well <input type="checkbox"/> Actions that could be improved <input type="checkbox"/> Recommendations for future response actions 	
	Prepare summary of the status and location of all incident residents, staff, and equipment. After approval by the Incident Commander, distribute as appropriate.	
Logistics Section Chief	Inventory all Nursing Home Command Center and nursing home supplies and replenish as necessary, appropriate, and available. Restock supplies, equipment, medications, food, and water to pre event inventories.	
	Deactivate nontraditional areas used for sheltering and feeding and return to normal use.	
	Release temporary staff and other personnel to normal positions.	
	Submit all section documentation to Planning Section Chief for compilation in After Action Report.	
Finance/ Administration Section Chief	Submit final cost and expenditure report to the Incident Commander for approval and inclusion in After Action Report.	
	Coordinate with Risk Management for additional insurance and documentation needs, including photographs of damages.	
	Compile a summary of the final response and recovery costs and expenditures and estimated lost revenues, and submit to Incident Commander.	
All Activated Positions – Refer to Job Action Sheets		

INCIDENT RESPONSE GUIDE

SHELTER-IN-PLACE



Documents and Tools
<p>Nursing Home Emergency Operations Plan, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communication plan <input type="checkbox"/> Shelter-in-place procedures <input type="checkbox"/> Security procedures <input type="checkbox"/> Business Continuity Plan <input type="checkbox"/> Behavioral health support procedures <input type="checkbox"/> Emergency procurement policy
<p>Forms, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NHICS 200 – Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 205 – Communications List <input type="checkbox"/> NHICS 214 – Activity Log <input type="checkbox"/> NHICS 215A – Incident Action Plan (IAP) Safety Analysis
Job Action Sheets
Paper forms for down-time documentation, data entry, etc.
Access to nursing home organization chart
Campus floor plans, maps, and evacuation routes
Television/radio/internet to monitor news
Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication



UTILITY FAILURE

MISSION

To safely manage resident care through effective and efficient nursing home operations during the loss of a major utility with the facility.

DIRECTIONS

Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.

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

OBJECTIVES

- Identify extent of outage and consider evacuation.
- Maintain resident care capabilities.
- Minimize impact on nursing home operations and clinical services.
- Communicate the situation status to residents, staff, and the public.



UTILITY FAILURE

MISSION	
To safely manage resident care through effective and efficient nursing home operations during the loss of a major utility with the facility.	
DIRECTIONS	
<p>Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.</p> <p><i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i></p>	
OBJECTIVES	
<input type="checkbox"/>	Identify extent of outage and consider evacuation.
<input type="checkbox"/>	Maintain resident care capabilities.
<input type="checkbox"/>	Minimize impact on nursing home operations and clinical services.
<input type="checkbox"/>	Communicate the situation status to residents, staff, and the public.

RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	Call 9-1-1 if the power outage causes or threatens a medical emergency (e.g., power is lost to a ventilator).
<input type="checkbox"/>	If the utility outage poses a risk to the safety of residents, staff or visitors, take actions to reduce/eliminate the threat without jeopardizing the safety of staff.
<input type="checkbox"/>	Report the outage to the appropriate utility company or repair vendor.
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Activate back-up power and/or emergency lighting if necessary.
<input type="checkbox"/>	Comfort and assess residents for signs of distress.
<input type="checkbox"/>	Account for all residents.
<input type="checkbox"/>	Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	To the extent possible, mobilize emergency back-up power generators and necessary fuel for operation. Check with maintenance and security to ensure generators are operational.
<input type="checkbox"/>	Take all reasonable steps to protect food and water supplies and maintain a safe environment of care for residents and staff.

INCIDENT RESPONSE GUIDE

UTILITY FAILURE



RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	If the decision is considered to shelter-in-place or evacuate the facility, see SHELTER-IN-PLACE or the EVACUATION IRG . Consult other IRGs as appropriate to the situation causing the utility outage, e.g., flood.
<input type="checkbox"/>	<i>Add other response actions here consistent with the EOP Incident-Specific Annex.</i>

Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Incident Commander	Activate the nursing home emergency operations plan, utility failure procedures, the Nursing Home Command Center and appropriate Incident Management Team positions.	
	Establish operational periods, objectives, and regular briefing schedule. Consider using the NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.	
	Determine the need for shelter-in-place or evacuation and activate appropriate procedures.	
	Consider limiting nonessential services.	
	Communicate with other health care facilities to determine situation status, ability to accept residents if transfer, nursing home abandonment, or evacuation is ordered.	
	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
Liaison/PIO	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	
	Prepare a media release to inform the community about the utility outage.	
	Maintain communication with residents, staff, and families regarding the current situation and what is being done to address it.	
	Update internet and social media to disseminate information about nursing home status and alteration in services to residents, staff, families, and stakeholders.	
	Monitor media outlets for updates on the incident and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and the Incident Commander.	

INCIDENT RESPONSE GUIDE

UTILITY FAILURE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Liaison/PIO	Notify community partners in accordance with local policies and procedures (e.g., consider local emergency operations center, other area health care facilities, local emergency medical services, and healthcare coalition coordinator), to determine incident details, community status, and establish contacts for requesting supplies, equipment, or personnel not available in the facility.	
	Initiate emergency procedures to support nursing home and campus security in response to a utility outage	
Safety Officer	Complete the NHICS 215A to assign, direct, and ensure safety actions are adhered to and completed.	
Operations Section Chief	Ensure continuation of resident care and essential services.	
	Implement the Shelter-in-Place or Evacuation Plan as needed and in cooperation with the Incident Commander.	
	Conduct a census of residents, identifying those who are appropriate for discharge.	
	Prepare to implement emergency plans and procedures as needed (e.g., loss of power, cooling, water, HVAC, communications).	
	Consider partial or complete evacuation of the nursing home, or relocation of residents and services within the nursing home.	
	Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy.	
	Designate an area(s) to accommodate resident/staff family members/guardians seeking shelter including those who may be electrically dependent or have medical needs.	
	Activate Business Continuity Plan and procedures.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Identify evacuation priorities and transfer requirements.	
	Implement downtime documentation procedures for resident care and incident management documentation as required.	
	Conduct a nursing home census and identify which residents may require transfers	
	Assess residents for risk and prioritize care and resources, as appropriate.	
Infrastructure Branch Director	Implement emergency support procedures to sustain critical services (i.e., power, water, medical gasses, communications) until utility restoration can be accomplished.	

INCIDENT RESPONSE GUIDE

UTILITY FAILURE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Infrastructure Branch Director	In coordination with the Safety Officer, perform damage assessment to determine the impact and severity of utility outage. Complete a NHICS 251 - Facility System Status Report	
Planning Section Chief	Establish operational periods, incident objectives, and the NHICS 200: Incident Action Plan (IAP) Quick Start in collaboration with the Incident Commander.	
	Prepare for potential evacuation by researching available evacuation sites.	
	Gather <u>internal</u> situation status including supply and equipment status, current staff and nursing home census.	
	Initiate the gathering and validation of <u>external</u> situational status (weather, impact to roads, utilities, scope of damage) and infrastructure status for inclusion in the IAP.	
	Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received.	
	Prepare for personnel and equipment tracking.	
	Monitor and document all actions and activities.	
	Prepare for resident tracking including resident transfers.	
Logistics Section Chief	Assess the impact of the utility outage on communications and information technology systems.	
	Initiate backup documentation systems if electronic systems are not functioning.	
	Respond to requests for supplies and equipment; distribute appropriate equipment throughout the nursing home (e.g., portable lights, flashlights, blankets).	
	Obtain supplies, equipment, medications, food, and water to sustain operations.	
	Refer to the Job Action Sheet for additional tasks.	
Finance/ Administration Section Chief	Activate vendor Memoranda of Understanding.	
	Track all costs and expenditures of response, and estimate lost revenues and other services.	
All Activated Positions – Refer to Job Action Sheets		

INCIDENT RESPONSE GUIDE

UTILITY FAILURE



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Incident Commander	Obtain assessment of staffing, equipment, and supply needs and the overall impact from the ongoing utility outage on resident care, remaining staff, and the nursing home.	
	Activate Medical Director/Specialist(s) if needed (e.g., Risk Management, Legal).	
Liaison/PIO	Continue media briefings and updates.	
	Continue briefings and situation updates with residents, staff, and families.	
	Update internet and social media to disseminate information about nursing home status and alteration in services to residents, staff, families, and stakeholders.	
	Continue to update local emergency management and the emergency operations center of situation status and critical issues, and to request assistance as needed.	
	Continue communications with area health care facilities and facilitate resident transfers.	
Safety Officer	Monitor, report, follow up on, and document resident or staff injuries.	
	Ensure staff food, water and rest periods.	
	Continue to provide nursing home security; develop plans to alter security services if phone or power is interrupted.	
	Conduct ongoing analysis of exiting response actions for safety issues, implement corrective actions, and update the NHICS 215A.	
Operations Section Chief	Ensure continuation of resident care and essential services.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Continue the evaluation of residents and resident care; reevaluate the need to curtail or cancel nonessential services.	
	Reevaluate staffing needed to maintain essential services and to provide resident care.	
	Evaluate staff working in alternate roles and all supplemental staff.	
Infrastructure Branch Director	Continue to assess extent of damage or outage; if possible, provide the Incident Commander and Section Chiefs with projected length of the service interruption.	
	Initiate repairs as required.	
	Ensure nursing home cleanliness (as best as possible). Initiate special cleaning as necessary.	

INCIDENT RESPONSE GUIDE

UTILITY FAILURE



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Infrastructure Branch Director	Continue to monitor the status of the physical plant and ensure the integrity of and/or restoration of utilities and communications.	
Planning Section Chief	Prepare the Incident Action Plan for the next operational period; engage all sections to provide updates on staffing and alterations in strategies and tactics.	
	Continue staff and equipment tracking.	
	Continue resident and bed tracking.	
	Ensure complete documentation of all postponed and canceled appointments and procedures.	
Logistics Section Chief	Continue to provide staff for essential operations. Activate the labor pool to obtain personnel resources as needed.	
	Establish sheltering and feeding services for staff and family/guardians.	
	Contact vendors to ensure provision of needed supplies, equipment, medications, water and food.	
	Refer to the Job Action Sheet for additional tasks	
Finance/ Administration Section Chief	Track hours associated with the emergency response.	
	Facilitate contracting for resources and services.	
	Track costs, staff hours, expenditures, and lost revenue.	
	Initiate screening and tracking of incoming volunteers and/or new personnel.	
	Refer to the Job Action Sheet for additional tasks.	
All Activated Positions – Refer to Job Action Sheets		

Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Incident Commander	Continue to monitor operations, consider the length of onsite operations, and determine the need for expanded postponement of procedures.	
	With the Liaison/PIO, prepare to speak with residents, staff, visitors, media, and stakeholders.	
	Update the nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	

INCIDENT RESPONSE GUIDE

UTILITY FAILURE



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Liaison/PIO	Continue to hold regularly scheduled media briefings in conjunction with the Joint Information Center (if applicable).	
	Address social media issues as warranted; use social media for messaging as situation dictates.	
Safety Officer	Update the Incident Action Plan Safety Analysis (NHICS 215A) for extended operations based on modifications in entry and exit points, visiting hours, entry onto campus, etc. for inclusion in the IAP.	
Operations Section Chief	Continue the evaluation of residents and the ability to provide resident care, and begin to plan for the restoration of impacted utilities.	
	Ensure that all documentation, including damage assessments, repair costs, and tracking materials, are submitted to the Planning Section.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Continue the evaluation of residents and resident care, and begin to plan for restoration of normal staffing and services.	
	Provide behavioral health support for residents, families, and staff as needed.	
Infrastructure Branch Director	Continue to provide regular updates to Section Chiefs on repairs, restoration of services, or continued service interruptions.	
Planning Section Chief	Ensure that updated information and intelligence is incorporated into the Incident Action Plan.	
	Finalize and distribute steps for demobilization in the Incident Action Plan.	
	Continue equipment and personnel tracking, including resources transferred to other health care facilities.	
	Continue resident and bed tracking, including resources transferred to other health care facilities.	
	Ensure appropriate documentation of ongoing activities.	
	Collect and collate documentation of actions, decisions, and activities.	
Finance/ Administration Section Chief	Facilitate the procurement of supplies, equipment, medications, and contracting for nursing home clean up or repair.	
	Continue to record ongoing and projected costs from modifications in operations.	
All Activated Positions – Refer to Job Action Sheets		

INCIDENT RESPONSE GUIDE

UTILITY FAILURE



Demobilization/System Recovery		
IMT Position	Action	Initials
Incident Commander	Determine nursing home status and declare termination of the incident.	
	Oversee the nursing home's return to normal operations.	
	Assess if criteria for partial or complete reopening of nursing home are met, and order reopening and repatriation of any evacuated residents.	
	With the Liaison/PIO prepare to speak with the media.	
Liaison/PIO	Conduct a final media briefing to provide incident resolution; work with the Joint Information Center (if applicable).	
	Maintain contact with the local emergency operations center, other area health care facilities, local emergency medical services, and regional medical health coordinator to relay status and critical needs to receive incident and community updates.	
	Continue monitoring of the utility failure impact to nursing home; coordinate information with the Operations Section.	
Safety Officer	Ensure entry and exit points are open and functioning.	
	Ensure fire doors and alarms are in working order.	
	Monitor and maintain a safe environment during the return to normal operations.	
	Report staff injury and illness for follow up by Finance/Administration Section Chief.	
	Maintain nursing home security and traffic control.	
Operations Section Chief	Oversee the restoration of normal resident care operations.	
	Oversee the restoration of essential services including internet connectivity and communications. Oversee the entry of information and data into electronic records if necessary.	
	If record keeping included the use of paper based records, ensure all clinical information is entered into electronic medical records.	
	Ensure residents, staff, and visitors have access to behavioral health support as needed.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Repatriate evacuated or transferred residents.	
	Restore resident care and management activities, including the normal staffing plan.	
Infrastructure Branch Director	Complete a nursing home damage report, including the progress of repairs, and estimated timelines for restoration to pre-incident condition.	

INCIDENT RESPONSE GUIDE

UTILITY FAILURE



Demobilization/System Recovery		
IMT Position	Action	Initials
Infrastructure Branch Director	Schedule and oversee a test of the nursing home alarm systems.	
Planning Section Chief	Conduct debriefings or hotwash with: <ul style="list-style-type: none"> <input type="checkbox"/> Command Staff and section personnel <input type="checkbox"/> Administrative personnel <input type="checkbox"/> All staff <input type="checkbox"/> All volunteers 	
	Write an After Action Report, Corrective Action, and Improvement Plans for submission to the Incident Commander, and include: <ul style="list-style-type: none"> <input type="checkbox"/> Summary of the incident <input type="checkbox"/> Summary of actions taken <input type="checkbox"/> Actions that went well <input type="checkbox"/> Actions that could be improved <input type="checkbox"/> Recommendations for future response actions 	
	Prepare summary of the status and location of all incident residents, staff, and equipment. After approval by the Incident Commander, distribute as appropriate.	
Logistics Section Chief	Inventory all Nursing Home Command Center and nursing home supplies and replenish as necessary, appropriate, and available. Restock supplies, equipment, medications, food, and water to prevent inventories.	
	Release temporary staff and other personnel to normal positions.	
	Deactivate nontraditional areas used for sheltering and feeding and return to normal use.	
	Submit all section documentation to Planning Section Chief for compilation in After Action Report.	
Finance/ Administration Section Chief	Compile a final summary of all response and recovery costs and expenditures, and estimated lost revenues. Submit to the Planning Section Chief for inclusion in the After Action Report.	
	Contact insurance carriers to initiate reimbursement and claims procedures.	
	Coordinate with Risk Management for additional insurance and documentation needs, including photographs of damage, etc.	
All Activated Positions – Refer to Job Action Sheets		

INCIDENT RESPONSE GUIDE

UTILITY FAILURE



Documents and Tools
<p>Nursing Home Emergency Operations Plan, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Utility failure procedures <input type="checkbox"/> Communication plan <input type="checkbox"/> Security procedures <input type="checkbox"/> Business Continuity Plan <input type="checkbox"/> Evacuation procedures <input type="checkbox"/> Shelter-in-place procedures <input type="checkbox"/> Memoranda of Understanding with appropriate entities <input type="checkbox"/> Discharge policy <input type="checkbox"/> Behavioral health support procedures
<p>Forms, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NHICS 200 – Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 205 – Communications List <input type="checkbox"/> NHICS 214 – Activity Log <input type="checkbox"/> NHICS 215A – Incident Action Plan (IAP) Safety Analysis <input type="checkbox"/> NHICS 251 – Facility System Status Report
Job Action Sheets
Paper forms for down-time documentation, data entry, etc.
Access to nursing home organization chart
Campus floor plans, maps, and evacuation routes
Television/radio/internet to monitor news
Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

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EARTHQUAKE

MISSION

To maintain facility operations for a minimum of 96-hours following a major earthquake that may impact the structural integrity of the facility, and to ensure the continuum of care for residents, visitors, and casualties of the event.

DIRECTIONS

Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.

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

OBJECTIVES

- Account for all residents, visitors, and staff; assess for injuries and need for transfer to acute care facility.
- Initiate damage assessment of facility; determine need for shelter-in-place or facility evacuation (full or partial).
- Initiate resident tracking if evacuation is required.
- Assess ability for facility self-sustainment for a minimum of 96-hours.



EARTHQUAKE

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OBJECTIVES	
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<input type="checkbox"/>	Initiate damage assessment of facility; determine need for shelter-in-place or facility evacuation (full or partial).
<input type="checkbox"/>	Initiate resident tracking if evacuation is required.
<input type="checkbox"/>	Assess ability for facility self-sustainment for a minimum of 96-hours.

RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	<p><u>If you are physically able</u> – DROP, COVER and HOLD ON</p> <ul style="list-style-type: none"> • DROP to the ground. • Take COVER by getting under a sturdy desk or chair (cover your head and neck with your arms and hands). Keep away from glass, windows or anything that could fall near you. • HOLD ON to your shelter until the shaking stops. • Be prepared for aftershocks. <p><u>If a resident is in a wheelchair</u> –</p> <ul style="list-style-type: none"> • Tell/assist the resident to LOCK their wheels in a safe position. • Tell the resident to COVER their head and neck with their arms. <p><u>If a resident is confined to a bed</u> –</p> <ul style="list-style-type: none"> • Tell the resident to HOLD ON and PROTECT their head with a pillow.
<input type="checkbox"/>	Identify the Incident Commander.
<input type="checkbox"/>	Assign staff to roll call and assess residents for any injuries that require immediate attention.

INCIDENT RESPONSE GUIDE

EARTHQUAKE



RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	Activate search and rescue if needed.
<input type="checkbox"/>	<p>Assign staff to assess the facility for damage that requires immediate attention (e.g., gas leaks, fires, broken glass, spills, etc.)</p> <ul style="list-style-type: none"> • If a gas leak is suspected (e.g., you smell gas or hear a blowing or hissing noise), shut off gas and contact the proper utility company for restoration. • Do not allow any flame source until you are certain the gas lines have not been affected. • Inspect the facility for small fires (a common hazard after an earthquake); extinguish as necessary and/or call 9-1-1. • Look for electrical system damage. If you see sparks or broken or frayed wires, or if you smell hot insulation, turn off the electricity at the main fuse box or circuit breaker. If you have to step in water to get to the fuse box or circuit breaker, call an electrician first for advice. • Check for sewage and water lines damage. If you suspect sewage lines are damaged, avoid using the toilets and call a plumber. If water pipes are damaged, contact the water company and avoid using water from the tap. • Heed public health notices/orders regarding water contamination (including the following notices: <i>Boil Water</i>, <i>Do Not Drink Water</i>, and <i>Do Not Use Water</i>). Consider all flood water contaminated. Avoid walking through flood waters and wash hands thoroughly after contact. Do not use pre-packaged food and drink products that come into contact with flood water. When in doubt, throw it out! Report utility problems to appropriate utility company/agency. • Activate your emergency water procedures.
<input type="checkbox"/>	If the facility has suffered structural damage, or if supporting utilities are compromised (e.g., power, water), consider the need for shelter-in-place vs. evacuation.
<input type="checkbox"/>	Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	If facility shelter-in-place or evacuation is required, see SHELTER-IN-PLACE or the EVACUATION IRG .
<input type="checkbox"/>	Add other response actions here consistent with the facility EOP.

Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Incident Commander	Establish operational periods, objectives, and a regular briefing schedule. Consider use of the NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.	
	Activate the EOP and if warranted transfer command to a new Incident Commander.	

INCIDENT RESPONSE GUIDE

EARTHQUAKE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Incident Commander	Appoint a Safety Officer and Section Chiefs, if required.	
	Communicate with local emergency operations center, Local/Regional Medical Coordination, local/regional officials, and state survey agency to determine extent of damage to critical infrastructure and services.	
	Coordinate and communicate with “like” facilities as appropriate.	
	Obtain information from Planning Section to provide situation briefing to facility residents, visitors, and staff.	
	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	Communicate with other health care facilities to determine their situation status, ability to accept residents if transferred.	
Liaison/PIO	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	
	Monitor media outlets for updates on the incident and possible impacts to the nursing home. Communicate the information via regular briefings to Section Chiefs and Incident Commander.	
	Notify community partners in accordance with local policies and procedures (e.g., consider local emergency operations center, other area health care facilities, local emergency medical services, and healthcare coalition coordinator), to determine incident details, community status, estimates of casualties, and establish contacts for requesting supplies, equipment, or personnel not available in the facility.	
Safety Officer	Identify safety hazards and mitigation strategies based on nursing home assessment; complete NHICS 215A – Incident Action Plan (IAP) Safety Analysis for distribution.	
	Activate search teams if needed; integrate efforts with local public safety personnel.	
	Notify the Incident Commander and Operations Section Chief of any internal or external areas that are unsafe for occupancy or use.	
	With the Operations Section Chief, ensure that unsafe areas are restricted by signage or barrier tape, or by posting staff to monitor entry points.	
	Monitor staff for compliance with safety equipment and actions during damage assessment and search procedures.	

INCIDENT RESPONSE GUIDE

EARTHQUAKE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Safety Officer	Assess the status of all alarms, cameras, and security systems internal and external to the nursing home.	
	With the Infrastructure Branch Director, identify areas of nursing home and campus to be secured against access by residents, staff, and visitors and implement limited visitation policy; ensure notification of Command team for dissemination of information.	
Operations Section Chief	Prepare to transfer or stabilize injured residents as appropriate and as resources are available.	
	Ensure continuation of resident care and essential services.	
	Conduct a census of residents, identifying those who are appropriate for discharge.	
	Prepare to implement emergency plans and procedures as needed (e.g., loss of power, cooling, water, HVAC, communications).	
	Consider partial or complete evacuation of the nursing home, or relocation of residents and services within the nursing home.	
	Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy.	
	Designate an area(s) to accommodate resident/staff family members/guardians seeking shelter including those who may be electrically dependent or have medical needs.	
Implement tasks listed below if Branches are not activated.		
Resident Services Branch Director	Initiate response-specific resident care plans: <ul style="list-style-type: none"> <input type="checkbox"/> Activate triage and treatment areas and teams <input type="checkbox"/> Assess and treat injuries to current residents, visitors, and staff <input type="checkbox"/> Conduct a census of residents, identifying those who are appropriate for discharge or who need critical acute care or a lower level of care (e.g. Assisted living or going home) <input type="checkbox"/> Activate the fatality management procedures 	

INCIDENT RESPONSE GUIDE

EARTHQUAKE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Infrastructure Branch Director	Assess damage to facility infrastructure, including: <ul style="list-style-type: none"> <input type="checkbox"/> Status of all utilities <input type="checkbox"/> Ability to sustain operations with current impact on infrastructure and utilities <input type="checkbox"/> Activate utility contingency plans <input type="checkbox"/> Activate Memorandums of Understanding as needed for generator and fuel support, water and sewage services, and medical gas deliveries <input type="checkbox"/> Safety status of external sites including, exterior shelter sites, all buildings on campus, parking structures, fences and gates, external lighting, roadways, and sidewalks 	
	Complete a NHICS 251 - Facility System Status Report.	
	With the Safety Officer and Operations Section Chief, identify areas of facility and campus to be secured against access by residents, staff, and visitors; ensure notification of Command Staff for dissemination of information.	
	Provide situational specific information to Liaison/ PIO for messaging to all staff.	
	Determine the need for subject matter expertise (e.g., structural or seismic engineer) and request personnel.	
Planning Section Chief	Establish operational periods, incident objectives, and the NHICS 200: Incident Action Plan (IAP) Quick Start in collaboration with the Incident Commander.	
	Prepare for potential evacuation by researching available evacuation sites.	
	Gather <u>internal</u> situation status including supply and equipment status, current staff and nursing home census.	
	Initiate the gathering and validation of <u>external</u> situational status (weather, impact to roads, utilities, scope of damage, evacuation routes) and infrastructure status for inclusion in the IAP.	
	Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received.	
Logistics Section Chief	Coordinate the transportation services (ambulance, air medical services, and other transportation) with the Operations Section (Resident Services Branch Director) to ensure safe resident relocation, if necessary.	

INCIDENT RESPONSE GUIDE

EARTHQUAKE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Logistics Section Chief	Inspect all onsite supplies and equipment for inventory and for damage and necessary repairs.	
	Obtain supplies, equipment, medications, food, and water to sustain operations.	
	Assess all onsite communications equipment for operational status; activate contingency plans as needed.	
	Assess the status of information technology systems; initiate repairs and downtime procedures if necessary.	
Finance/ Administration Section Chief	Track all costs including those associated with personnel time, loss of revenue, repairs, acquisition of supplies and equipment, and altered operations.	
All Activated Positions – Refer to Job Action Sheets		

Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Incident Commander	Activate evacuation procedures if needed.	
	Consider alterations in the provision of resident care services.	
Liaison/PIO	Continue briefings to residents, staff, visitors, and media as appropriate.	
	Inform family/guardians of resident status including information on where they will go and how to contact them if evacuated.	
	Continue ongoing communications and information sharing with local response partners, public safety, and emergency management officials and state survey agency.	
	Provide information regarding the nursing home’s operational status to public safety and healthcare partners as approved by Incident Commander.	
	Communicate with local emergency management and utility providers to determine the projected length of outage, if applicable.	
Safety Officer	Monitor ongoing operations to ensure the safety of residents, staff, and visitors as well as response personnel. Monitor, report, follow-up on, and document staff or resident injuries.	
	Ensure staff food, water and rest periods.	
	Ensure that safe work practices, including use of personal protective equipment, are utilized in search and rescue operations and at alternate care sites.	

INCIDENT RESPONSE GUIDE

EARTHQUAKE



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Safety Officer	Assess onsite caches of chemicals and other hazardous materials; initiate measures to render safe any spills or damages. Update NHICS 215A based on the evaluation.	
Medical Director/ Specialist	Assess and make recommendations on resident care procedures.	
Operations Section Chief	Continue to assess residents for change in condition.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Continue assessments and resident care services; expand triage and treatment teams as needed.	
Resident Services Branch Director	<p>If evacuation is required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prioritize areas for evacuation based on the Safety Officer's evaluation of the threat to life <p>For partial (lateral or vertical) evacuation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepare and ensure transfer of resident records, medications, and valuables to transfer location <input type="checkbox"/> Provide resident information as appropriate <input type="checkbox"/> If evacuation is from secondary fire or explosion, evacuation must be to a fire compartment at least two compartments away (horizontally or vertically) from the fire or explosion <input type="checkbox"/> Reassign personnel to ensure adequate staffing in area receiving residents <p>For complete evacuation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepare and ensure the transfer of resident records, medications, and valuables to holding or assembly areas <input type="checkbox"/> Confirm the transfer and timeline with the receiving facility, providing resident information as appropriate <input type="checkbox"/> Establish safe holding or assembly areas to place residents, resident belongings, and staff until transferred <input type="checkbox"/> Reassign staff to accompany residents to alternate locations to ensure adequate staffing for resident care 	
	As needed, activate crisis standards of care guidelines for resident services.	
	Activate fatality management procedures, if appropriate.	
Infrastructure Branch Director	Continue to evaluate and report on-hand equipment, supply, and nutrition/hydration inventories and staff needs	
	Continue to monitor the status of the physical plant.	

INCIDENT RESPONSE GUIDE

EARTHQUAKE



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Infrastructure Branch Director	Ensure physical plant and nursing home cleanliness (as best as possible). Initiate special cleaning as necessary.	
	Consolidate damage reports and initiate repairs.	
Planning Section Chief	Continue to gather nursing home status information as well as external community status information and advise the Command Staff as indicated.	
	Continue to research available evacuation sites, if applicable.	
	Begin a projection of the situational status and impact for a minimum of 96 hours of operations without community support.	
	Track staff and equipment; develop projected usage patterns.	
	Track residents and beds; develop projected usage patterns.	
Logistics Section Chief	Continue to provide staff for resident care and evacuation. Activate the labor pool to obtain personnel resources as needed.	
	Establish sheltering and feeding services for staff, family members/guardians, and if necessary, people seeking shelter.	
	Contact vendors to ensure provision of needed supplies, equipment, medications, and water and food to residents, visitors, and families.	
	Obtain transportation services for internal operations and resident evacuation.	
	Monitor communications equipment and IT system status. Initiate repairs and replacement as needed.	
	Refer to the Job Action Sheet for additional tasks.	
Finance/ Administration Section Chief	Continue to track personnel hours associated with the emergency response.	
	Initiate screening and tracking of incoming volunteers and/or new personnel.	
	Activate the policy and procedures to procure additional supplies and equipment.	
	Activate the documentation of all damages, prepare insurance and other claim reports, and work with state and federal partners on documentation and tracking of all costs.	
	Continue tracking of all costs and project costs for continued operations without community support.	
	Refer to the Job Action Sheet for additional tasks.	
All Activated Positions – Refer to Job Action Sheets		

INCIDENT RESPONSE GUIDE

EARTHQUAKE



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Incident Commander	Review and revise the Incident Action Plan based on the continued assessment of the facility, status of resident care operations, and community impact from the event.	
	Continue to assess the facility status based on information from Operations Section; determine need for increased evacuation or, if possible, repatriation of sites.	
	Update the nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	Activate the Business Continuity Plan.	
Liaison/PIO	Continue media and staff briefings as indicated.	
	Continue communication with family/guardians as indicated.	
	Address social media issues as warranted; use social media for messaging as situation dictates.	
	Communicate with outside response partners, healthcare organizations, mutual aid providers, and local officials on status of community healthcare infrastructure, community status, projected impacts, and availability of mutual aid.	
Safety Officer	Continue monitoring of operations for site safety.	
	Initiate a reassessment of facility and campus if aftershocks occur.	
	Assess the event impact on security systems and the ability to maintain safe and secure operations.	
Medical Director/ Specialist	Continue to assess and make recommendations on resident care procedures.	
Seismic Specialist or Structural Engineer	Assess the entire facility and campus for seismic safety and provide assessment data, safety issues, repair needs and long term impacts to the Incident Commander.	
Operations Section Chief	Assess the need for continued operations based on long-term impacts to the facility and community.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Continue the monitoring of resident care services and the need for alteration of service delivery.	
	Identify additional supply, equipment, and personnel needs to maintain resident care services.	
	Provide behavioral health support for residents, families, and staff as needed.	

INCIDENT RESPONSE GUIDE

EARTHQUAKE



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Infrastructure Branch Director	Continue or reactivate a damage assessment based on nursing home size, occurrence of aftershocks, and impact on infrastructure.	
	Continue repairs as needed to the physical plant, communications systems and utilities.	
Planning Section Chief	Ensure that updated information and intelligence is incorporated into the Incident Action Plan.	
	Finalize and distribute steps for demobilization in the Incident Action Plan.	
	Continue staff, equipment, and materials tracking.	
	Continue resident and bed tracking.	
Planning Section Chief	Maintain and update the situational status boards, Incident Action Plan, and other documentation tools for timeliness and accuracy of information received.	
	Collect and archive all data and paperwork generated during response and recovery actions.	
Logistics Section Chief	Reassess the status of communications and information technology services if aftershocks occur.	
	Assess the status of onsite supplies and equipment and ability to maintain services for up to 96 hours without community support.	
	Refer to the Job Action Sheet for additional tasks.	
Finance/ Administration Section Chief	Coordinate with Risk Management for additional insurance and documentation needs, including photographs of damages, etc.	
	Continue tracking of expenses and expenditures (e.g., personnel, equipment, and supplies).	
All Activated Positions – Refer to Job Action Sheets		

Demobilization/System Recovery		
IMT Position	Action	Initials
Incident Commander	Initiate the repatriation of all evacuated residents, staff, and services.	
	Determine the ability to resume pre-incident services and direct activation of recovery plans for clinical operations.	
	Continue to implement the Business Continuity Plan and initiate system recovery.	
	Determine the ability to resume normal operations based on input from all sections, community providers, and state survey agency.	

INCIDENT RESPONSE GUIDE

EARTHQUAKE



Demobilization/System Recovery		
IMT Position	Action	Initials
Liaison/PIO	Provide a closing briefing to the media.	
	Notify residents, staff, visitors, and families/guardians of the return to normal operations.	
	Notify external partners and stakeholders of the operational status, including the repatriation of residents and the return to normal operations.	
Safety Officer	Provide a final safety briefing to Command Staff.	
	Determine the need for continued alterations in operations to ensure a safe workplace.	
	Assess if all areas used in expansion of services are safe for the return to normal operations.	
	Report staff injury and illness for follow up by Finance/ Administration Section Chief.	
	Prepare final NHICS 215A for inclusion in the final IAP.	
Operations Section Chief	Ensure that all documentation, including damage assessments, repair costs, and tracking materials, are submitted to the Planning Section.	
	If record keeping included use of paper based records, ensure all clinical information is entered into electronic medical records	
	Ensure notification of status to all family members.	
	Ensure residents, staff, and visitors have access to behavioral health support as needed.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Ensure all residents have been repatriated, discharged, or transferred.	
	Deactivate all sites used to support clinical operations and return them to pre event status, including cleaning and repairs as needed.	
	Deactivate the triage and treatment areas for return to normal services.	
	Repatriate transferred residents, if applicable.	
Infrastructure Branch Director	Coordinate internal repair activities, as appropriate.	

INCIDENT RESPONSE GUIDE

EARTHQUAKE



Demobilization/System Recovery		
IMT Position	Action	Initials
Planning Section Chief	Conduct debriefings and a hotwash with: <ul style="list-style-type: none"> <input type="checkbox"/> Command Staff and section personnel <input type="checkbox"/> Administrative personnel <input type="checkbox"/> All staff <input type="checkbox"/> All volunteers 	
	Write an After Action Report and Corrective Action and Improvement Plan for submission to the Incident Commander, including: <ul style="list-style-type: none"> <input type="checkbox"/> Summary of the incident <input type="checkbox"/> Summary of actions taken <input type="checkbox"/> Actions that went well <input type="checkbox"/> Actions that could be improved <input type="checkbox"/> Recommendations for future response actions 	
	Ensure all electronic and paper documents created in event response are collected and archived.	
	Prepare a summary of the status and location of all residents, staff, and equipment. After approval by the Incident Commander, distribute it to appropriate external agencies.	
Logistics Section Chief	Inventory the Command Center and facility supplies and replenish as necessary, appropriate, and available.	
	Deactivate nontraditional areas used for sheltering and feeding and return to normal use.	
	Assess all deployed supplies and equipment for necessary repairs, cleaning, and restocking.	
	Release temporary staff and other personnel to normal positions.	
	Restock supplies, equipment, medications, food, and water to pre event inventories.	
	Release temporary staff and other personnel to normal positions.	
Finance/ Administration Section Chief	Submit all section documentation to Planning Section for compilation in After Action Report.	
	Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.	
Finance/ Administration Section Chief	Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event.	

INCIDENT RESPONSE GUIDE

EARTHQUAKE



Demobilization/System Recovery		
IMT Position	Action	Initials
Finance/ Administration Section Chief	Contact the insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures.	
All Activated Positions – Refer to Job Action Sheets		

Documents and Tools
<p>Nursing Home Emergency Operations Plan, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evacuation procedures <input type="checkbox"/> Shelter-in-place procedures <input type="checkbox"/> Utility failure procedures <input type="checkbox"/> Business Continuity Pan <input type="checkbox"/> Damage assessment procedures <input type="checkbox"/> Discharge policy <input type="checkbox"/> Emergency procurement policy <input type="checkbox"/> Earthquake procedures <input type="checkbox"/> Resident, staff, and equipment tracking procedures <input type="checkbox"/> Behavioral health support procedures <input type="checkbox"/> Search and rescue policy and procedure <input type="checkbox"/> Security procedures <input type="checkbox"/> Fatality management procedures <input type="checkbox"/> Volunteer utilization procedures <input type="checkbox"/> Communication plan

INCIDENT RESPONSE GUIDE

EARTHQUAKE



Documents and Tools
<p>Forms, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NHICS 200: Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 205 – Communications List <input type="checkbox"/> NHICS 214 – Activity Log <input type="checkbox"/> NHICS 215A - Incident Action Plan (IAP) Safety Analysis <input type="checkbox"/> NHICS 251 – Facility System Status Report <input type="checkbox"/> NHICS 253 – Volunteer Registration <input type="checkbox"/> NHICS 254 – Emergency Admit Tracking <input type="checkbox"/> NHICS 255 – Master Resident Evacuation Tracking
Job Action Sheets
Paper forms for down-time documentation, data entry, etc.
Access to nursing home organization chart
Campus floor plans, maps, and evacuation routes
Television/radio/internet to monitor news
Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

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SEVERE WEATHER - COLD or HEAT

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, or heat emergency, etc.

DIRECTIONS

Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.

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

OBJECTIVES

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



SEVERE WEATHER – COLD¹ OR HEAT²

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, or heat emergency, etc.	
DIRECTIONS	
Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility. <i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i>	
OBJECTIVES	
<input type="checkbox"/>	Account for all residents, visitors, and staff.
<input type="checkbox"/>	Maintain resident care management and safety.
<input type="checkbox"/>	Minimize impact on nursing home operations.
<input type="checkbox"/>	Communicate situation to staff, residents, media, community officials, and state survey agency.
<input type="checkbox"/>	Restore normal operations as soon as feasible.

RAPID RESPONSE CHECKLIST - COLD	
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Assess residents for signs of distress and/or discomfort.
<input type="checkbox"/>	Initiate actions to safely increase resident comfort, e.g., utilize heating pads and electric blankets (be sure to carefully monitor the temperature of residents); offer warm liquids (keeping in mind relevant dietary modifications/restrictions), etc. Contact vendors for additional heating units if appropriate.
<input type="checkbox"/>	Do not leave residents unattended near a heat source.

¹ The determination of what constitutes *excessive cold* should be tailored to the impact of the temperature and its duration on the health and well-being of the facility's residents. An informed decision should be made by responsible facility administrators. A suggested guideline to consider is a facility temperature of 65 degrees Fahrenheit or lower for a period of four hours.

² The determination of what constitutes *excessive heat* should be tailored to the impact of the temperature and its duration on the health and well-being of the facility's residents. An informed decision should be made by responsible facility administrators. A suggested guideline to consider is a facility temperature of 85 degrees Fahrenheit or higher for a period of four hours.

INCIDENT RESPONSE GUIDE

SEVERE WEATHER – COLD or HEAT



RAPID RESPONSE CHECKLIST - COLD	
<input type="checkbox"/>	If the internal temperature of the facility remains low and potentially jeopardizes the safety and health of residents, consider re-location to a warmer part of the facility or evacuation to another facility.
<input type="checkbox"/>	If the considering the decision to evacuate the facility, see SHELTER-IN-PLACE or the EVACUATION IRG .
<input type="checkbox"/>	Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	<i>Add other response actions here consistent with the facility EOP.</i>

RAPID RESPONSE CHECKLIST – HEAT	
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Assess residents for signs of distress and/or discomfort.
<input type="checkbox"/>	Call 9-1-1 if any resident appears to be suffering from heat-related illness such as heat cramps, heat exhaustion or heat stroke.
<input type="checkbox"/>	Consider re-locating residents to a cooler part of the facility.
<input type="checkbox"/>	If the outdoor temperature is cooler than the internal facility temperature, consider opening windows and using fans to bring cooler air into the building. If the outdoor temperature is not cooler, keep the windows closed and shades drawn. (Note: it may be necessary to increase security to accommodate open windows, etc.)
<input type="checkbox"/>	If the internal temperature of the facility remains high and potentially jeopardizes the safety and health of residents, consider evacuation to another facility.
<input type="checkbox"/>	Provide cool washcloths and cooling fans for air circulation.
<input type="checkbox"/>	Encourage residents to drink fluids to maintain hydration.
<input type="checkbox"/>	If considering the decision to evacuate the facility, see SHELTER-IN-PLACE or the EVACUATION IRG .
<input type="checkbox"/>	Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	<i>Add other response actions here consistent with the facility EOP.</i> <i>NOTE: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i>

INCIDENT RESPONSE GUIDE

SEVERE WEATHER – COLD or HEAT



Immediate Response (0 - 2 hours)		
IMT Position	Action	Initials
Incident Commander	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	Activate Command Staff and Section Chiefs, as appropriate.	
	Establish operational periods, objectives, and regular briefing schedule. Consider the use of the NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.	
	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, ability to accept residents if transfer, nursing home abandonment, or evacuation is ordered.	
	Monitor and obtain updates on weather conditions, structural integrity, and nursing home security.	
Liaison/PIO	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	
	Communicate with local emergency management and state survey agency regarding nursing home situation status, critical issues, and resource requests.	
	Conduct regular media briefings in collaboration with local emergency management, as appropriate.	
	Inform staff, residents, and families of situation status and provide regular updates.	
Safety Officer	Evaluate safety of residents, family/guardians, and staff. Recommend protective and corrective actions to minimize the hazard and risk.	
	In coordination with Operations Section Chief, secure the nursing home and implement limited visitation policy.	
Operations Section Chief	Prepare to implement emergency plans and procedures as needed (e.g., loss of power, cooling, water, HVAC, communications) including severe weather staffing procedures.	
	Ensure continuation of resident care and essential services.	
	Consider partial or complete evacuation of the nursing home, or relocation of residents and services within the nursing home.	

INCIDENT RESPONSE GUIDE

SEVERE WEATHER – COLD or HEAT



Immediate Response (0 - 2 hours)		
IMT Position	Action	Initials
Operations Section Chief	Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy.	
	Designate an area(s) to accommodate resident/staff family members/guardians seeking shelter in severe weather including those who may be electrically dependent or have medical needs.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Assess residents for risk, and prioritize care and resources, as appropriate.	
	Distribute appropriate equipment throughout the nursing home (e.g., portable lights, fans and blankets), as needed.	
	Conduct a nursing home census and identify which residents may require transfers.	
Infrastructure Branch Director	Assess any damage to facility infrastructure, including: <ul style="list-style-type: none"> <input type="checkbox"/> Status of all utilities <input type="checkbox"/> Ability to sustain operations with current impact on infrastructure and utilities <input type="checkbox"/> Activate utility contingency plans <input type="checkbox"/> Activate Memorandums of Understanding as needed for generator and fuel support, water and sewage services, and medical gas deliveries 	
	Complete a NHICS 251 - Facility System Status Report.	
Planning Section Chief	Establish operational periods, incident objectives, and the NHICS 200: Incident Action Plan (IAP) Quick Start in collaboration with the Incident Commander.	
	Prepare for potential evacuation by researching available evacuation sites.	
	Gather <u>internal</u> situation status including supply and equipment status, current staff and nursing home census.	
	Initiate the gathering and validation of <u>external</u> situational status (weather, impact to roads, utilities, scope of damage, evacuation routes) and infrastructure status for inclusion in the IAP.	
	Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received.	

INCIDENT RESPONSE GUIDE

SEVERE WEATHER – COLD or HEAT



Immediate Response (0 - 2 hours)		
IMT Position	Action	Initials
Logistics Section Chief	In coordination with the Operations Section’s Infrastructure Branch Director, maintain communications systems and other utilities and activate redundant (back-up) systems, as appropriate.	
	Obtain supplies, equipment, medications, food, and water to sustain operations.	
	Obtain supplemental staffing, as needed.	
	Prepare for transportation of evacuated residents, if activated.	
All Activated Positions – Refer to Job Action Sheets		

Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Incident Commander	Continue to update external partners, authorities, and state survey agency regarding situation status.	
	Update and revise the Incident Action Plan.	
	Monitor nursing home evacuation, if activated.	
	Continue to obtain updates on weather conditions, structural integrity, and nursing home security.	
	Continue with briefings and situation updates with staff, residents, and families.	
	Continue communications with area nursing homes and facilitate resident transfers, if activated.	
Liaison/PIO	Assist with notification of residents’ families about situation and evacuation, if activated.	
	Continue to communicate with local EOC and state survey agency regarding situation status and critical issues, and request assistance as needed.	
Safety Officer	Continue to evaluate nursing home operations for safety and hazards, and take immediate corrective actions.	
	In coordination with the Infrastructure Branch Director, regularly perform nursing home damage assessments.	
	Ensure staff food, water and rest periods.	
	Monitor, report, follow-up on, and document staff or resident injuries.	

INCIDENT RESPONSE GUIDE

SEVERE WEATHER – COLD or HEAT



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Safety Officer	Maintain nursing home security and restricted visitation.	
Operations Section Chief	Prepare the staging area for resident transfer/evacuation, if warranted.	
	In consultation with the Logistics Section Chief, ensure provision of water and food to residents, visitors, and families.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Continue evaluation of residents and maintain resident care.	
	Assess residents for risk and prioritize care and resources, as appropriate.	
	Monitor residents for adverse effects of psychological stress on resident health.	
Infrastructure Branch Director	In coordination with the Safety Officer, regularly perform nursing home damage assessments and initiate appropriate repairs. Complete a NHICS 251 - Facility System Status Report	
	Ensure nursing home cleanliness (as best as possible). Initiate special cleaning as necessary.	
	Continue to monitor the status of the physical plant and ensure the integrity of and/or restoration of utilities and communications, if impacted.	
	Ensure the function of emergency generators and alternative power/light resources, if needed.	
Planning Section Chief	Continue resident, bed, material, and personnel tracking.	
	Continue to gather and validate situation information.	
	Continue to gather nursing home status information as well as external community status information and advise the Command Staff as indicated.	
	Continue to research available evacuation sites, if applicable.	
	Begin a projection of the situational status and impact for a minimum of 96 hours of operations without community support.	
	Track staff and equipment; develop projected usage patterns.	
	Begin to prepare the demobilization and system recovery plans.	
	Plan for repatriation of residents.	
Ensure documentation of actions, decisions, and activities		
Logistics Section Chief	Contact vendors to ensure provision of needed supplies, equipment, medications, and water and food to residents, visitors, and families.	

INCIDENT RESPONSE GUIDE

SEVERE WEATHER – COLD or HEAT



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Logistics Section Chief	Continue to provide staff for resident care and evacuation. Activate the labor pool to obtain personnel resources as needed.	
	Continue to provide transportation services for internal operations and resident evacuation.	
Finance/ Administration Section Chief	Track cost expenditures and estimate cost of nursing home damage and lost revenue.	
	Initiate screening and tracking of incoming volunteers and/or new personnel.	
	Initiate documentation of any injuries or nursing home damage.	
	Facilitate the procurement of supplies, equipment, medications, and contracting for nursing home clean up or repair.	
All Activated Positions – Refer to Job Action Sheets		

Demobilization/System Recovery		
IMT Position	Action	Initials
Incident Commander	Determine nursing home status, and declare restoration of normal services and termination of the incident.	
	Notify state survey agency of sentinel event.	
	Communicate final nursing home status and termination of the incident to local EOC, area nursing homes, officials, and state survey agency.	
Liaison/PIO	Conduct final media briefing and assist with updating staff, residents, families/guardians, and others of the termination of the event.	
Safety Officer	Ensure nursing home safety and restoration of normal operations.	
	Report staff injury and illness for follow up by Finance/ Administration Section Chief.	
	Discontinue visitor limitations.	
Operations Section Chief	Assist with repatriation of residents transferred.	
	Restore normal resident care operations	
	Ensure business continuity of operations and return to normal services.	
	Ensure residents, staff, and visitors have access to behavioral health support as needed.	
	Implement tasks listed below if Branches are not activated.	

INCIDENT RESPONSE GUIDE

SEVERE WEATHER – COLD or HEAT



Demobilization/System Recovery		
IMT Position	Action	Initials
Resident Services Branch Director	Repatriate evacuated residents, if applicable.	
	Restore normal resident care operations.	
Infrastructure Branch Director	Ensure integrity of and/or restoration of utilities and communications.	
	Ensure nursing home repairs and clean up.	
Planning Section Chief	Conduct debriefings and a hotwash with: <ul style="list-style-type: none"> <input type="checkbox"/> Command Staff and section personnel <input type="checkbox"/> Administrative personnel <input type="checkbox"/> All staff <input type="checkbox"/> All volunteers 	
	Write an After Action Report and Corrective Action and Improvement Plan for submission to the Incident Commander, including: <ul style="list-style-type: none"> <input type="checkbox"/> Summary of the incident <input type="checkbox"/> Summary of actions taken <input type="checkbox"/> Actions that went well <input type="checkbox"/> Actions that could be improved <input type="checkbox"/> Recommendations for future response actions 	
	Ensure all electronic and paper documents created in event response are collected and archived.	
Logistics Section Chief	Inventory the Command Center and facility supplies and replenish as necessary, appropriate, and available. Restock supplies, equipment, medications, food, and water to pre event inventories.	
	Deactivate nontraditional areas used for sheltering and feeding and return to normal use.	
	Release temporary staff and other personnel to normal positions.	
	Submit all section documentation to Planning Section for compilation in After Action Report.	
Finance/ Administration Section Chief	Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.	
	Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event.	

INCIDENT RESPONSE GUIDE

SEVERE WEATHER – COLD or HEAT



Demobilization/System Recovery		
IMT Position	Action	Initials
Finance/ Administration Section Chief	Contact the insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures.	
All Activated Positions – Refer to Job Action Sheets		

Documents and Tools
<p>Nursing Home Emergency Operations Plan, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shelter-in-place procedures <input type="checkbox"/> Evacuation procedures <input type="checkbox"/> Business Continuity Plan <input type="checkbox"/> Emergency power procedures <input type="checkbox"/> Communication plan <input type="checkbox"/> Behavioral health support procedures <input type="checkbox"/> Emergency procurement policy
<p>Forms, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NHICS 200 – Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 205 – Communications List <input type="checkbox"/> NHICS 214 – Activity Log <input type="checkbox"/> NHICS 21A – Incident Action Plan (IAP) Safety Analysis <input type="checkbox"/> NHICS 251 – Facility System Status Report
Job Action Sheets
Paper forms for down-time documentation, data entry, etc.
Access to nursing home organization chart
Campus floor plans, maps, and evacuation routes
Television/radio/internet to monitor news
Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication



INFECTIOUS DISEASE

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/guardians, and media.

DIRECTIONS

Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.

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

OBJECTIVES

- Identify, triage, isolate, and treat infectious residents.
- Protect residents and staff from exposure and injury.
- Assure safety and security for residents, staff, visitors and the nursing home.
- Accurately track residents throughout the nursing home.

INFECTIOUS DISEASE

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/guardians, and media.	
DIRECTIONS	
Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility. <i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i>	
OBJECTIVES	
<input type="checkbox"/>	Identify, triage, isolate, and treat infectious residents.
<input type="checkbox"/>	Protect residents and staff from exposure and injury.
<input type="checkbox"/>	Assure safety and security for residents, staff, visitors and the nursing home.
<input type="checkbox"/>	Accurately track residents throughout the nursing home.

RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	If either the volume or severity of an infectious disease significantly threatens or impacts day-to-day operations, activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	Obtain guidance from the local health department and the U.S. Centers for Disease Control and Prevention (CDC).
<input type="checkbox"/>	Implement appropriate infection control policies and procedures.
<input type="checkbox"/>	Clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Consider providing hand sanitizer and face/nose masks if practical.
<input type="checkbox"/>	Consider advising visitors to delay visits if needed to reduce exposure risk to residents.
<input type="checkbox"/>	Advise staff to check for signs and symptoms of illness and to not work if sick. Activate emergency staffing strategies as needed.
<input type="checkbox"/>	Limit exposure between infected and non-infected persons; consider isolation of ill persons.

INCIDENT RESPONSE GUIDE

INFECTIOUS DISEASE



RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	Conduct recommended cleaning/decontamination in response to the infectious disease.
<input type="checkbox"/>	Add other response actions here consistent with the facility EOP.

Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Incident Commander	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	Activate the infectious disease procedures, Incident Management Team, and Nursing Home Command Center.	
	Establish operational periods, objectives, and regular briefing schedule. Consider the use of NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.	
	Appoint Command Staff, Section Chiefs, and a Medical Director/Specialist for Infectious Disease.	
Liaison/PIO	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	
	In conjunction with Joint Information Center (if activated), develop resident, staff, and community response messages to convey nursing home preparations, services, and response.	
	Monitor media outlets for updates on the incident and possible impacts on the facility. Communicate information via regular briefings to Section Chiefs and Incident Commander.	
	Establish contact with local emergency operations center, local emergency medical services, healthcare coalition coordinator, and area health care facilities to determine incident details, community status, estimates of casualties, request needed supplies, equipment, and personnel, and to identify the infectious agent.	
Safety Officer	Communicate regularly with Incident Commander and Section Chiefs regarding operational needs and the integration of nursing home functions with local response.	
	Conduct ongoing analysis of existing response practices for health and safety issues related to residents, staff, and nursing home using NHICS 215A and implement corrective actions to address.	
	In coordination with Operations Section Chief, secure the nursing home and implement limited visitation policy.	

INCIDENT RESPONSE GUIDE

INFECTIOUS DISEASE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Safety Officer	Monitor safe and consistent use of appropriate personal protective equipment by staff.	
	Activate security procedures to: <ul style="list-style-type: none"> <input type="checkbox"/> Secure the nursing home to prevent infectious individuals from entering the nursing home except through designated route <input type="checkbox"/> Establish ingress and egress routes <input type="checkbox"/> Implement traffic control protocols 	
Medical Director/Specialist	Verify from the attending physician, in collaboration with local emergency medical services, the following information and report to the Incident Commander: <ul style="list-style-type: none"> <input type="checkbox"/> Number and condition of residents affected, including asymptomatic people presenting <input type="checkbox"/> Type of biological or infectious disease involved (case definition) <input type="checkbox"/> Medical problems present in addition to the biological or infectious disease involved <input type="checkbox"/> Measures taken (e.g., cultures, supportive treatment) <input type="checkbox"/> Potential for, and scope of, communicability 	
	Provide guidance on appropriate personal protective equipment and isolation precautions.	
	Provide expert input in the Incident Action Planning process.	
Operations Section Chief	Provide just-in-time training for both clinical and nonclinical staff regarding the status of the event, precautions they should take, and rumor control.	
	Ensure continuation of resident care and essential services.	
	Implement infectious disease procedures, including: <ul style="list-style-type: none"> <input type="checkbox"/> Location for offsite triage, as appropriate <input type="checkbox"/> Proper rapid triage of people presenting requesting evaluation, coordinated with security, if necessary <input type="checkbox"/> Staff implementation of infection precautions, and higher level precautions for high risk procedures. (e.g., suctioning, bronchoscopy, etc.), as per current local department of public health and Centers for Disease Control and Prevention (CDC) guidelines <input type="checkbox"/> Proper monitoring of isolation rooms and isolation procedures <input type="checkbox"/> Limitation of resident transportation within nursing home for essential purposes only 	
	Restrict number of clinicians and ancillary staff providing care to infectious residents	

INCIDENT RESPONSE GUIDE

INFECTIOUS DISEASE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Operations Section Chief	Prepare to implement emergency plans and procedures if needed (e.g., loss of power, cooling, water, HVAC, communications).	
	Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy.	
	Designate an area(s) to accommodate resident/staff family members/guardians including those who may be electrically dependent or have medical needs.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Evaluate and determine health status of all persons prior to nursing home entry.	
	Identify evacuation priorities and transfer requirements.	
	Conduct a nursing home census and identify which residents may require transfers	
	Provide personal protective equipment to personnel with immediate risk of exposure (e.g., conducting outside duties, conducting screening and triage, interacting with infectious residents).	
	Prepare for fatalities, if necessary.	
Infrastructure Branch Director	Monitor the status of the physical plant and ensure the integrity of and/or restoration of utilities and communications. If applicable.	
Planning Section Chief	Establish operational periods, incident objectives, and the Incident Action Plan in coordination with the Incident Commander.	
	Gather <u>internal</u> situation status including supply and equipment status, current staff and nursing home census.	
	Initiate the gathering and validation of <u>external</u> situational status (if impacted) for inclusion in the IAP.	
	Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received.	
	Initiate personnel and materials tracking.	
	Initiate resident and bed tracking (see NHICS 254 - Emergency Admit Tracking).	
Logistics Section Chief	Distribute prophylaxis and immunizations for employees, their families, and others.	

INCIDENT RESPONSE GUIDE

INFECTIOUS DISEASE



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Logistics Section Chief	Anticipate an increased need for medical supplies; antivirals, IV fluids, and pharmaceuticals; oxygen, ventilators, suction equipment, and respiratory protection; and for respiratory therapists, transporters, and other personnel.	
	With Planning Section, determine staff supplementation needs.	
	Refer to Job Action Sheet for additional tasks.	
All Activated Positions – Refer to Job Action Sheets		

Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Incident Commander	Review the overall impact of the ongoing incident on the facility with Command and General staff.	
	Monitor that communications and decision making processes are coordinated with local emergency operations center and area nursing homes, as appropriate.	
	Direct implementation of any and all additional response plans required to address the incident.	
Liaison/PIO	Conduct briefings to residents, staff, people seeking shelter, and media to update them on incident and facility status.	
	Coordinate risk communication messages with the Joint Information Center, if activated.	
	Assist with notification of residents’ families about the incident and inform them of the likelihood of transfer, if required.	
	Maintain contact with local emergency operations center, local emergency medical services, local health department, regional medical health coordinator, and area health care facilities to relay status and critical needs and to receive community updates.	
	Keep local emergency medical services advised of any health problems and trends identified, in cooperation with Infection Control.	
Safety Officer	Continue to implement and maintain safety and personal protective measures to protect staff, residents, visitors, and the facility.	
	Monitor, report, follow up on, and document resident or staff injuries.	
	Ensure staff food, water and rest periods.	

INCIDENT RESPONSE GUIDE

INFECTIOUS DISEASE



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Safety Officer	Continue to monitor proper use of personal protective equipment and isolation procedures.	
Medical Director/Specialist: Infectious Disease	Support Incident Management Team as needed; consult appropriately with other internal and external experts.	
	Support Operations Section as needed by coordinating information regarding specific disease identification and treatment procedures and staff prophylaxis procedures.	
Operations Section Chief	Ensure continuation of resident care and essential services.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Monitor continuation of medical mission activities. Conduct disease surveillance, including number of affected residents and personnel.	
	Continue resident, staff, and nursing home monitoring for infectious exposure, and provide appropriate follow up care as required.	
	Continue resident management activities, including resident cohorting, isolation, and personal protective equipment practices.	
	Consult with Infection Control for disinfection requirements for equipment and facility.	
	Implement fatality management procedures and assess capacity for refrigeration and security of decedents, if necessary.	
Infrastructure Branch Director	Ensure nursing home cleanliness (as best as possible). Initiate special cleaning as necessary.	
	Continue to monitor the status of the physical plant and ensure the integrity of and/or restoration of utilities and communications.	
Planning Section Chief	Update and revise the incident objectives and the Incident Action Plan for the upcoming operational period in cooperation with Command Staff and Section Chiefs.	
	Continue staff, materials, and equipment tracking.	
	Continue resident and bed tracking.	
Logistics Section Chief	Coordinate staff vaccination or prophylaxis with Operations Section.	
	Consider temporarily reassigning staff recovering from flu to appropriate duties; reassign staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (no infectious resident care or administrative duties only).	

INCIDENT RESPONSE GUIDE

INFECTIOUS DISEASE



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Logistics Section Chief	Continue to assess surge capacity and need for supplies (equipment, blood products, medications, supplies) in cooperation with Operations Section. Obtain supplies as required and available or continue supply rationing.	
	Continue staff call in (if safe and as needed) and provide additional staff to impacted areas.	
	Facilitate procurement of supplies, equipment, and medications for response and resident care.	
	Establish sheltering and feeding services for staff and family/guardians.	
	Refer to Job Action Sheet for additional tasks.	
Finance/ Administration Section Chief	Track hours associated with the incident response.	
	Initiate screening and tracking of incoming volunteers and/or new personnel.	
	Facilitate procurement of needed supplies, equipment, and contractors.	
	Track and follow up with employee illnesses and absenteeism issues.	
	Implement risk management and claims procedures for reported staff and resident exposures or injuries.	
	Track response expenses and expenditures.	
	Refer to Job Action Sheet for additional tasks.	
All Activated Positions – Refer to Job Action Sheets		

Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Incident Commander	Reassess incident objectives and Incident Action Plan and revise as indicated by the response priorities and overall mission.	
	Plan for return to normal services in coordination with Command Staff and Section Chiefs; consider consulting with emergency medical services and other community health care facilities regarding their status and plans.	
	Update the nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	

INCIDENT RESPONSE GUIDE

INFECTIOUS DISEASE



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Incident Commander	Reevaluate the nursing home’s ability to continue its medical mission.	
Liaison/PIO	Continue regularly scheduled briefings to media, residents, staff, families, and people seeking shelter.	
	Communicate regularly with the Joint Information Center (if activated) to update nursing home status and coordinate public information messages.	
	Address social media issues as warranted; use social media for messaging as situation dictates.	
	Maintain established contacts with outside agencies to relay status and critical needs.	
	Keep local emergency medical services advised of any health problems and trends identified.	
Safety Officer	Continue to oversee safety measures and use of personal protective equipment for residents, staff, and visitors.	
	Assess the crowd control procedures and any other safety issues with appropriate staff.	
	Monitor the health status of staff that participated, supported, or assisted in disinfection activities, and provide appropriate medical care and follow up.	
Medical Director/Specialist	Continue to support Incident Management Team with current information and projected impact.	
	Continue to support Operations Section as needed by coordinating information regarding specific infectious agent identification and treatment procedures.	
	Continue to provide expert input into Incident Action Planning process.	
Operations Section Chief	Ensure continuation of resident care and essential services.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Monitor continuation of medical mission activities, including resident care and isolation activities.	
	Continue resident monitoring for infectious exposure and provide appropriate follow up care as required.	
	Provide behavioral health support for residents, families, and staff as needed.	
Infrastructure Branch Director	Ensure proper disposal of infectious waste, including disposable supplies and equipment.	

INCIDENT RESPONSE GUIDE

INFECTIOUS DISEASE



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Infrastructure Branch Director	Continue infrastructure maintenance and support, including continuing to monitor nursing home air quality.	
Planning Section Chief	Update and revise the Incident Action Plan in collaboration with Command Staff and Section Chiefs.	
	Monitor supply and equipment levels and notify Logistics and Operations Section of identified needs.	
	Finalize and distribute steps for demobilization in the Incident Action Plan.	
Logistics Section Chief	Continue to facilitate procurement of supplies, equipment, and medications for response and resident care.	
	Refer to Job Action Sheet for additional tasks.	
Finance/ Administration Section Chief	Coordinate with Risk Management for additional insurance and documentation needs, consider taking photographs where applicable.	
	Continue to track response costs and expenditures, and prepare regular reports for the Incident Commander.	
All Activated Positions – Refer to Job Action Sheets		

Demobilization/System Recovery		
IMT Position	Action	Initials
Incident Commander	Determine termination of event and ability to return to normal operations.	
	Oversee and direct demobilization operations with restoration of normal services.	
	Ensure that process is mobilized to complete response documentation for submission for reimbursement.	
Liaison/PIO	Conduct final media briefing and assist with updating staff, residents, families/guardians, and others of termination of incident and restoration of normal services.	
	Communicate final nursing home status and termination of the incident to local emergency medical services and any established outside agency contacts.	
Safety Officer	Monitor and maintain a safe environment during return to normal operations.	
	Return traffic flow and security forces to normal services.	

INCIDENT RESPONSE GUIDE

INFECTIOUS DISEASE



Demobilization/System Recovery		
IMT Position	Action	Initials
Safety Officer	Report staff injury and illness for follow up by Finance/ Administration Section Chief.	
Operations Section Chief	Submit all section documentation to Planning Section for compilation in After Action Report.	
	Ensure residents, staff, and visitors have access to behavioral health support as needed.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Return resident care and services to normal operations.	
	Repatriate transferred residents, if applicable.	
Infrastructure Branch Director	Ensure that deployable isolation equipment or alterations in air pressure flow are returned to pre-incident status.	
Planning Section Chief	Conduct debriefings or hotwash with: <ul style="list-style-type: none"> <input type="checkbox"/> Command Staff and section personnel <input type="checkbox"/> Administrative personnel <input type="checkbox"/> All staff <input type="checkbox"/> All volunteers 	
	Write an After Action Report, Corrective Action, and Improvement Plans for submission to the Incident Commander, and include: <ul style="list-style-type: none"> <input type="checkbox"/> Summary of the incident <input type="checkbox"/> Summary of actions taken <input type="checkbox"/> Actions that went well <input type="checkbox"/> Actions that could be improved <input type="checkbox"/> Recommendations for future response actions 	
	Prepare summary of the status and location of all incident residents, staff, and equipment. After approval by the Incident Commander, distribute as appropriate.	
Logistics Section Chief	Inventory the Command Center and facility supplies and replenish as necessary, appropriate, and available. Restock supplies, equipment, medications, food, and water to pre event inventories.	
	Inventory levels of personal protective equipment and work with Finance Section to replenish necessary supplies.	
	Release temporary staff and other personnel to normal positions.	
	Submit all section documentation to Planning Section for compilation in After Action Report.	

INCIDENT RESPONSE GUIDE

INFECTIOUS DISEASE



Demobilization/System Recovery		
IMT Position	Action	Initials
Finance/ Administration Section Chief	Contact insurance carriers to identify requirements for documentation of any damage or losses, and initiate reimbursement and claims procedures.	
	Finalize all expense and time reports and summarize the costs of the response and recovery operations to submit to Planning Section for inclusion in the After Action Report.	
	Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event.	
All Activated Positions – Refer to Job Action Sheets		

Documents and Tools
<p>Nursing Home Emergency Operations Plan, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infectious disease procedures <input type="checkbox"/> Surge procedures <input type="checkbox"/> Infectious resident transport procedures <input type="checkbox"/> Vaccination and prophylaxis procedures <input type="checkbox"/> Communication plan <input type="checkbox"/> Fatality management procedures <input type="checkbox"/> Resident, staff, and equipment tracking procedures <input type="checkbox"/> Employee health monitoring and treatment procedures <input type="checkbox"/> Behavioral health support procedures <input type="checkbox"/> Centers for Disease Control and Prevention Guidelines for specific agent identification and treatment <input type="checkbox"/> Infection control and isolation protocols <input type="checkbox"/> Security procedures <input type="checkbox"/> Business Continuity Plan
<p>Forms, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NHICS 200 – Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 205 – Communications List <input type="checkbox"/> NHICS 214 – Activity Log <input type="checkbox"/> NHICS 215A – Incident Action Plan (IAP) Safety Analysis

INCIDENT RESPONSE GUIDE

INFECTIOUS DISEASE



Documents and Tools
<input type="checkbox"/> NHICS 251 – Facility System Status Report
<input type="checkbox"/> NHICS 254 – Emergency Admit Tracking
<input type="checkbox"/> NHICS 259 – Facility Casualty/Fatality Report
Job Action Sheets
Paper forms for down-time documentation, data entry, etc.
Access to nursing home organization chart
Campus floor plans, maps, and evacuation routes
Television/radio/internet to monitor news
Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

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FLOOD

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 use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.

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

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 state survey agency.
- Evacuate the nursing home (partial or complete) as required.

INCIDENT RESPONSE GUIDE

FLOOD



FLOOD

MISSION	
To safely manage the operations of the nursing home during response to internal flooding and system restoration.	
DIRECTIONS	
<p>Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.</p> <p><i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i></p>	
OBJECTIVES	
<input type="checkbox"/>	Prevent or minimize impact of nursing home flooding.
<input type="checkbox"/>	Ensure safe resident care and medical management.
<input type="checkbox"/>	Communicate situation to staff, residents, media, community officials, and state survey agency.
<input type="checkbox"/>	Evacuate the nursing home (partial or complete) as required.

RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	Rescue anyone in immediate danger while protecting the safety of rescuing staff member(s).
<input type="checkbox"/>	If the flood poses danger to residents, staff or visitors, call 9-1-1 immediately and include the following information: <ul style="list-style-type: none"> • Name of facility • Address and nearest cross street • Describe flood situation (basement, room #'s, etc.)
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Alert residents, staff and visitors.
<input type="checkbox"/>	Unplug non-essential appliances, equipment and computers.
<input type="checkbox"/>	Check for gas leaks, water line ruptures, sewage contamination, etc. If you smell gas, and it is safe to do so, shut off the gas. Do not do so unless the need is certain as only the gas company can turn it back on. Report utility problems to appropriate utility company/agency.

INCIDENT RESPONSE GUIDE

FLOOD



RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	If water lines are disrupted, consider the water supply to be contaminated and follow the facility procedures for emergency water. Heed public health notices regarding water contamination (including the following notices: Boil Water, Do Not Drink Water, and Do Not Use Water). Consider all flood water contaminated. Avoid walking through flood waters and wash hands thoroughly after contact. Do not use pre-packaged food and drink products that come into contact with flood water. When in doubt, throw it out! Report utility problems to appropriate utility company/agency.
<input type="checkbox"/>	If needed, activate your emergency water procedures.
<input type="checkbox"/>	Gather critical supplies to take to higher ground/evacuation (e.g., medications, drinking water, health records, important personal items, communication devices, blankets, etc.)
<input type="checkbox"/>	Do not allow electrical devices to come into contact with water.
<input type="checkbox"/>	If the decision is considered to evacuate the facility, see SHELTER-IN-PLACE or EVACUATION IRG.
<input type="checkbox"/>	Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	<i>Add other response actions here consistent with the facility EOP.</i>

Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Incident commander	Activate Command Staff and Section Chiefs, as appropriate.	
	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	Establish operational periods, objectives, and regular briefing schedule. Consider the use of NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.	
	Notify local emergency management and state survey agency of situation and immediate actions.	
	Communicate with other health care facilities to determine: <ul style="list-style-type: none"> • Situation Status • Surge Capacity • Resident transfer/bed availability • Ability to loan needed equipment, supplies, medications, personnel, etc. 	
Safety Officer	Conduct safety assessment of low-lying flooded areas and assess risks and impacts to residents, staff, and families.	
	Secure the nursing home and limit access and egress.	

INCIDENT RESPONSE GUIDE

FLOOD



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Liaison/PIO	Inform staff, residents, and families of situation and actions underway to prevent/limit flooding.	
	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	
	Conduct regular media briefings; in collaboration with the local emergency operations center/Joint Information Center.	
Operations Section Chief	Activate the nursing home’s internal (or external) flood procedures.	
	Ensure continuation of resident care and essential services.	
	Consider partial or complete evacuation of the nursing home or relocation of residents and services into safe areas of the nursing home.	
	Implement business continuity planning and protection of resident records.	
	Prepare to transfer or stabilize injured residents as appropriate and as resources are available.	
	Conduct a census of residents, identifying those who are appropriate for discharge.	
	Prepare to implement emergency plans and procedures as needed (e.g., loss of power, cooling, water, HVAC, communications).	
	Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy.	
	Designate an area(s) to accommodate resident/staff family members/guardians seeking shelter including those who may be electrically dependent or have medical needs.	
Implement tasks listed below if Branches are not activated.		
Resident Services Branch Director	Ensure continuation of resident care and essential services.	
	If evacuation is required prioritize areas for evacuation based on the Safety Officer’s evaluation of the threat to life	
Infrastructure Branch Director	Ensure the operations of alternate power supplies (i.e., back-up generators).	
	Assess nursing home damage and projected impact of rising flood waters on the nursing home.	
	Institute measures to prevent flooding and protect nursing home resources, as appropriate.	
	In coordination with the Safety Officer participate in the assessment of the incident’s impact on the facility and its structural integrity. Complete a NHICS 251 – Facility System Status Report.	

INCIDENT RESPONSE GUIDE

FLOOD



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Planning Section Chief	Establish operational periods, incident objectives, and the NHICS 200: Incident Action Plan (IAP) Quick Start in collaboration with the Incident Commander.	
	Prepare for potential evacuation by researching available evacuation sites.	
	Gather <u>internal</u> situation status including supply and equipment status, current staff and nursing home census.	
	Initiate the gathering and validation of <u>external</u> situational status (weather, impact to roads, utilities, scope of damage, evacuation routes) and infrastructure status for inclusion in the IAP.	
	Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received.	
	Implement resident and staff tracking, as appropriate.	
Logistics Section Chief	Maintain utilities and activate alternate systems as needed.	
	Investigate and provide recommendations for auxiliary power (battery powered lights, etc.).	
	Obtain supplies, equipment, medications, food, and water to sustain operations.	
	Obtain supplies to maintain function of emergency generators (fuel, parts, etc.).	
	Obtain supplemental staffing as needed.	
	Prepare for transportation of evacuated residents.	
	Maintain communications systems; activate alternate/redundant communications systems as needed.	
All Activated Positions – Refer to Job Action Sheets		

Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Incident Commander	Continue to assess the facility status based on information from Operations Section; determine need for evacuation.	
	Active the Business Continuity Plan, if necessary.	
Safety Officer	Continue to secure the nursing home, including unsafe areas.	
	Ensure staff food, water and rest periods.	

INCIDENT RESPONSE GUIDE

FLOOD



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Safety Officer	Monitor, report, follow-up on, and document staff or resident injuries.	
Liaison/PIO	Notify local emergency management, emergency operations center, and state survey agency of situation status, critical needs, and procedures for evacuation, if appropriate.	
Operations Section Chief	Reassess need for, or prepare for, evacuation.	
	If requested by Incident Commander, activate business continuity plan, including protection of records and possible relocation of business functions.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Continue essential resident care management.	
	Continue to assess residents for change in condition.	
	Provide behavioral health support to residents and families as needed.	
Infrastructure Branch Director	With the Safety Officer and Operations Section Chief, identify areas of facility and campus to be secured against access by residents, staff, and visitors; ensure notification of Command Staff for dissemination of information.	
	Provide situational specific information to Liaison/ PIO for messaging to all staff.	
	Determine the need for subject matter expertise (e.g., structural or seismic engineer) and request personnel.	
	Initiate clean-up operations, as appropriate.	
	Continue to monitor the status of the physical plant and ensure the integrity of and/or restoration of utilities and communications.	
Planning Section Chief	Continue resident, bed, material, and personnel tracking as needed.	
	Continue to research potential evacuation sites, if applicable.	
	Update and revise the Incident Action Plan and distribute to Command Staff and Section Chiefs.	
Logistics Section Chief	Provide additional staffing and resources as required. Activate the labor pool to obtain personnel resources as needed.	
	Establish sheltering and feeding services for staff, family/guardians, and if necessary, people seeking shelter.	
	Contact vendors to ensure provision of needed supplies, equipment, medications, water and food.	
	Continue to provide staff for resident care and evacuation.	

INCIDENT RESPONSE GUIDE

FLOOD



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Finance Administration Section Chief	Track cost expenditures and estimate cost of nursing home damage and lost revenue.	
	Initiate screening and tracking of incoming volunteers and/or new personnel.	
	Initiate documentation of any injuries or nursing home damage.	
	Facilitate the procurement of supplies, equipment, medications, and contracting for nursing home clean up or repair.	
All Activated Positions – Refer to Job Action Sheets		

Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Incident Commander	Continue with briefings and situation updates with staff, residents and families.	
	Continue to assess the facility status based on information from Operations Section; determine need for evacuation or, if possible, repatriation of sites.	
	Update the nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	Prepare for demobilization.	
Safety Officer	Continue to evaluate flooded areas and nursing home integrity for safety, and take immediate corrective actions.	
	Continue to secure the nursing home, including unsafe areas.	
Liaison/PIO	Continue to notify local emergency operations center and state survey agency of situation status.	
Operations Section Chief	Assess the need for continued operations based on long-term impacts to the facility and community.	
	Prepare for demobilization and system recovery.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Continue essential resident care management and services.	
	Continue evacuation of the nursing home, if implemented. Ensure the transfer of residents' belongings, medications, and records, when evacuated.	

INCIDENT RESPONSE GUIDE

FLOOD



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Resident Services Branch Director	Provide behavioral health support for residents, families, and staff as needed.	
Infrastructure Branch Director	Continue to evaluate nursing home damage/integrity and initiate clean-up/repair activities.	
	Continue to maintain utilities.	
	Continue business continuity activities and relocation of business services, if appropriate.	
Planning Section Chief	Update and revise the Incident Action Plan in collaboration with Command Staff and Section Chiefs.	
	Ensure that updated information and intelligence is incorporated into Incident Action Plan.	
	Monitor supply and equipment levels and notify Logistics and Operations Section of identified needs.	
	Initiate demobilization and system recovery procedures.	
Logistics Section Chief	Provide supplemental staffing as needed.	
Finance Administration Section Chief	Continue to track cost expenditures	
	Continue to facilitate contracting for nursing home repair and clean up.	
All Activated Positions – Refer to Job Action Sheets		

Demobilization/System Recovery		
IMT Position	Action	Initials
Incident Commander	Determine nursing home status and declare termination of the incident	
	Conduct final briefing and assist with updating staff, residents, families, and others of the termination of the event.	
Safety Officer	Assist with repatriation of any transferred residents.	
	Ensure nursing home safety and restoration of normal activities.	
	Report staff injury and illness for follow up by Finance/Administration Section Chief.	
	Ensure nursing home repairs are completed in conjunction with the Operations and Logistics Section Chiefs.	

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Demobilization/System Recovery		
IMT Position	Action	Initials
Liaison/PIO	Communicate final nursing home status and termination of the incident to local emergency operations center, area facilities, officials, and state survey agency	
	Notify residents, staff, visitors, and families/guardians of the return to normal operations.	
Operations Section Chief	Complete a nursing home damage report, progress of repairs, and estimated timelines for restoration of nursing home to pre-event condition.	
	Ensure residents, staff, and visitors have access to behavioral health services.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Repatriate evacuated residents, if applicable.	
	Restore normal resident care operations.	
Infrastructure Branch Director	Ensure restoration of utilities and communications.	
Planning Section Chief	Conduct debriefings and a hotwash with: <ul style="list-style-type: none"> <input type="checkbox"/> Command Staff and section personnel <input type="checkbox"/> Administrative personnel <input type="checkbox"/> All staff <input type="checkbox"/> All volunteers 	
	Write an After Action Report and Corrective Action and Improvement Plan for submission to the Incident Commander, including: <ul style="list-style-type: none"> <input type="checkbox"/> Summary of the incident <input type="checkbox"/> Summary of actions taken <input type="checkbox"/> Actions that went well <input type="checkbox"/> Actions that could be improved <input type="checkbox"/> Recommendations for future response actions 	
	Ensure all electronic and paper documents created in event response are collected and archived.	
Logistics Section Chief	Restock supplies, equipment, medications, food, and water.	
	Ensure communication and IT/IS operations return to normal.	
	Submit all section documentation to Planning Section for compilation in After Action Report.	

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FLOOD



Demobilization/System Recovery		
IMT Position	Action	Initials
Finance Administration Section Chief	Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.	
	Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event.	
	Contact the insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures.	
All Activated Positions – Refer to Job Action Sheets		

Documents and Tools
<p>Nursing Home Emergency Operations Plan, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evacuation procedures <input type="checkbox"/> Flood response procedures <input type="checkbox"/> Utility failure procedures <input type="checkbox"/> Business Continuity Plan <input type="checkbox"/> Damage assessment procedures <input type="checkbox"/> Communication plan <input type="checkbox"/> Behavioral health support procedures <input type="checkbox"/> Emergency procurement policy
<p>Forms, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NHICS 200 – Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 205 – Communications List <input type="checkbox"/> NHICS 214 – Activity Log <input type="checkbox"/> NHICS 215A – Incident Action Plan (IAP) Safety Analysis <input type="checkbox"/> NHICS 251 – Facility System Status Report
Job Action Sheets
Paper forms for down-time documentation, data entry, etc.
Access to nursing home organization chart
Campus floor plans, maps, and evacuation routes

INCIDENT RESPONSE GUIDE

FLOOD



Documents and Tools
Television/radio/internet to monitor news
Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

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ACTIVE SHOOTER

MISSION

To protect residents, staff, and visitors during an active shooter incident.

DIRECTIONS

Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.

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

OBJECTIVES

- Ensure the safety of residents, staff, and visitors.
- Notify law enforcement, staff, residents, and visitors of the threat.
- Contain the scene and minimize the number of potential victims.
- Coordinate the nursing home response with law enforcement.
- Return to normal operations as quickly as possible.

INCIDENT RESPONSE GUIDE

ACTIVE SHOOTER



ACTIVE SHOOTER

MISSION	
To protect residents, staff, and visitors during an active shooter incident.	
DIRECTIONS	
<p>Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.</p> <p><i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i></p>	
OBJECTIVES	
<input type="checkbox"/>	Ensure the safety of residents, staff, and visitors.
<input type="checkbox"/>	Notify law enforcement, staff, residents, and visitors of the threat.
<input type="checkbox"/>	Contain the scene and minimize the number of potential victims.
<input type="checkbox"/>	Coordinate the nursing home response with law enforcement.
<input type="checkbox"/>	Return to normal operations as quickly as possible.

RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	<p>If an active shooter is in the facility RUN, HIDE, and as a <u>last resort</u> FIGHT.</p> <ul style="list-style-type: none"> • If your life is in imminent danger and you need to fight, be as aggressive as possible. <ul style="list-style-type: none"> ○ If time permits, arm yourself with a fire extinguisher or other heavy objective to use as a weapon
<input type="checkbox"/>	Announce the facility code to warn staff of situation, e.g., Code Silver.
<input type="checkbox"/>	<p>Assist residents and visitors to take cover behind doors, heavy furniture, or on floor.</p> <ul style="list-style-type: none"> • Take refuge behind locked doors. If possible, cover windows by drawing blinds or taping paper in the window • Lock or secure doors by any means available (i.e., barricade doors with heavy furniture) • Turn off lights • Turn off any source of noise (radio, television) • Put cell phone on silent • Remain quiet
<input type="checkbox"/>	When safe to do so, dial 9-1-1 and maintain contact with the dispatcher to provide and receive information.
<input type="checkbox"/>	Do not attempt to move wounded victims. Notify law enforcement of their location as soon as it is safe to do so.

INCIDENT RESPONSE GUIDE

ACTIVE SHOOTER



RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	Initiate lockdown procedures only if appropriate to control facility access.
<input type="checkbox"/>	When law enforcement arrives follow their directions. <ul style="list-style-type: none"> • Put down items in your hands • Keep your hands up and visible at all times • Do not make sudden movements toward officers • Avoid screaming and yelling
<input type="checkbox"/>	<i>Add other response actions here consistent with the facility EOP.</i>

Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Incident Commander	As long as threat exists maintain Rapid Response acts.	
	Ensure notification of all staff, residents, and visitors of the threat using mass notification, overhead page, radios, and phones, as appropriate.	
	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency and other appropriate internal and external officials of situation status.	
	Establish a liaison with law enforcement upon their arrival. Provide details of the event including: <ul style="list-style-type: none"> • Shooter(s) physical description, • Number and type of weapon, • Number of potential victims, and • last known location 	
	Once <u>threat is contained</u> , activate the Nursing Home Command Center and the applicable Incident Management Team positions.	
	Establish operational periods, objectives, and a regular briefing schedule. Consider the use of the NHICS 200: Incident Action Plan (IAP) Quick Start for documentation of the incident.	
Liaison/PIO	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	
	Monitor media outlets for updates on the incident and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and Incident Commander as directed.	

INCIDENT RESPONSE GUIDE

ACTIVE SHOOTER



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Liaison/PIO	Notify community partners in accordance with local policies and procedures (e.g., consider local emergency operations center, other area health care facilities, local emergency medical services, and healthcare coalition coordinator), to determine incident details, community status, estimates of casualties, and establish contacts for requesting supplies, equipment, or personnel not available in the nursing home.	
	Assist with updating residents, staff, and families/guardians.	
Safety Officer	Coordinate movement as a potential crime scene within the facility and campus with law enforcement and Incident Commander.	
	During the aftermath of the incident ensure the safety of residents, families/guardians, visitors, and staff.	
Operations Section Chief	Ensure continuation of resident care and essential services.	
	Consider partial or complete evacuation of the nursing home, or relocation of residents and services within the nursing home.	
	Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy.	
	Designate an area(s) to accommodate resident/staff family members/guardians seeking shelter including those who may be electrically dependent or have medical needs.	
	Activate Business Continuity Plan and procedures.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Treat or transfer in response to assessment and findings.	
	Provide critical resident services and maintain a sense of normalcy.	
	Assess residents, staff and visitors for signs of psychological distress and/or trauma.	
	Assist in the safe movement of residents, staff, and visitors, as directed.	
Infrastructure Branch Director	Provide law enforcement with surveillance camera footage, nursing home maps, blueprints, master keys, card access, search grids, and other data as requested.	
	Restore and maintain care services by preserving routine as much as possible (housekeeping, dietary, laundry). Do not clean up or repair impacted areas until cleared by law enforcement.	

INCIDENT RESPONSE GUIDE

ACTIVE SHOOTER



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Planning Section Chief	Consolidate all reports regarding the location and description of the shooter. Ensure the real time dissemination of this critical information to all parties as directed.	
All Activated Positions – Refer to Job Action Sheets		

Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Incident Commander	Suspend all nonessential services.	
	Inform agency executives, Board of Directors, corporate headquarters and others as appropriate, of ongoing operations and incident status.	
Liaison/PIO	Establish contact with media and provide briefings as directed.	
	Provide approved messages to residents/guardians, visitors, and staff as directed.	
	Notify appropriate state survey agency of the incident.	
Safety Officer	Monitor, report, follow-up on, and document staff or resident injuries.	
	Maintain the external lockdown of the nursing home.	
	Complete NHICS 215A to assign, direct, and ensure safety actions are adhered to and completed.	
Operations Section Chief	Ensure continuation of resident care and essential services.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Continue to monitor residents for change in condition and personnel as directed and as needed, including psychological and mental impact.	
	Treat and evacuate wounded victims as directed and only when deemed safe to do so.	
	Document fatalities using the NHICS 259 – Facility Casualty/Fatality Report.	
Infrastructure Branch Director	Assess critical systems such as medical gases, water, electricity and others as appropriate for potential disruption caused by stray gunfire penetrations.	
	Ensure nursing home cleanliness. Do not clean up crime scenes until cleared with law enforcement.	

INCIDENT RESPONSE GUIDE

ACTIVE SHOOTER



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Planning Section Chief	Begin planning for alternate care sites for evacuated resident care areas that may not be immediately available.	
	Gather <u>internal</u> situation status including supply and equipment status, current staff and nursing home census.	
	If time and safety permit, maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received.	
	Initiate staff and equipment tracking.	
	Document victim information, witness information, resident movement and physical plant impact.	
	Continue to provide situation reports to all parties as requested and as needed.	
	Initiate resident and bed tracking using NHICS 254 - Emergency Admit Tracking.	
Logistics Section Chief	Establish feeding services for staff, family members or guardians, and if necessary, people seeking shelter.	
	Contact vendors to ensure provision of needed supplies, equipment, medications, water and food.	
	Refer to the Job Action Sheet for additional tasks.	
Finance/ Administration Section Chief	Track hours associated with the emergency response.	
	Refer to the Job Action Sheet for additional tasks.	
All Activated Positions – Refer to Job Action Sheets		

Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Incident Commander	With the Liaison/PIO, prepare to speak with the media, stakeholders, staff, residents, and visitors as coordinated with the field-level Incident Command Post or jurisdictional authority.	
	Update the nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
Liaison/PIO	Continue media briefings and updates as directed; work within the Joint Information Center, if available. Continue to provide approved messaging to media, residents, visitors, and staff.	

INCIDENT RESPONSE GUIDE

ACTIVE SHOOTER



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Liaison/PIO	Ensure continued updates of appropriate information to community partners, local authorities, and others as directed.	
Safety Officer	Update the Incident Action Plan Safety Analysis (NHICS 215A) for extended operations based on modifications in entry and exit points, visiting hours, entry onto campus, etc. for inclusion in the IAP.	
	Modify the external lockdown of the nursing home, as directed, to maintain the integrity of the crime scene, yet allow limited access.	
Operations Section Chief	Ensure continuation of resident care and essential services.	
	Determine the need to cancel or postpone visiting hours based on the projected length and impact of the incident.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Where approved, return evacuated residents to their respective resident care areas.	
	Arrange for the transfer of residents from displaced resident care areas to approved alternate care sites.	
	Watch for signs of delayed emotional distress. Provide behavioral health support for residents, families, and staff.	
Infrastructure Branch Director	Continue to ensure nursing home cleanliness. Do not clean up crime scenes until cleared with law enforcement.	
	Refer to the Job Action Sheet for additional tasks.	
Planning Section Chief	Plan for the next operational period and nursing home shift change, if any; nursing home and campus entry and exit relative to lockdown; Work with law enforcement to ensure continued security of nursing home and ongoing operations.	
	Ensure that updated information and intelligence is incorporated into the Incident Action Plan.	
	Finalize and distribute steps for demobilization in the Incident Action Plan.	
	Continue tracking the movement and disposition of residents, staff, and visitors.	
	Continue documenting the victim, witness, and resident information.	
Logistics Section Chief	Coordinate victim support services and establish those services in a safe zone as approved by the Incident Commander.	
All Activated Positions – Refer to Job Action Sheets		

INCIDENT RESPONSE GUIDE

ACTIVE SHOOTER



Demobilization/System Recovery		
IMT Position	Action	Initials
Incident Commander	With the Liaison/PIO and Joint Information System, prepare to speak with media.	
Liaison/PIO	Develop an information release for media; work with law enforcement on details to be released; ensure the family/guardians of any wounded or deceased person is made aware prior to the media release of information.	
	Ensure that all impacted persons and community partners are notified of incident resolution in accordance with local policies and procedures.	
Safety Officer	Demobilize the nursing home lockdown as directed.	
	Report staff injury and illness for follow up by Finance/Administration Section Chief.	
	Provide incident documentation to the Planning Section Chief.	
Operations Section Chief	Oversee the restoration of normal operations.	
	Plan for the safe and confidential reunification of incident victims with family members/guardians.	
	Ensure residents, staff, and visitors have access to behavioral health support as needed.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Repatriate transferred residents, if applicable.	
	Arrange for the transfer of residents from alternate care sites back to reopened resident care areas.	
	Ensure the debriefing of, and support for, families of affected residents.	
Infrastructure Branch Director	Repair or replace any systems damaged by stray gunfire penetrations.	
	Initiate cleaning and repair of impacted areas when approved by law enforcement (crime scene).	
Planning Section Chief	Conduct debriefings or hotwash with: <ul style="list-style-type: none"> <input type="checkbox"/> Command Staff and section personnel <input type="checkbox"/> Administrative personnel <input type="checkbox"/> All staff <input type="checkbox"/> All volunteers 	

INCIDENT RESPONSE GUIDE

ACTIVE SHOOTER



Demobilization/System Recovery		
IMT Position	Action	Initials
Planning Section Chief	Write an After Action Report, Corrective Action, and Improvement Plans for submission to the Incident Commander, and include: <ul style="list-style-type: none"> <input type="checkbox"/> Summary of the incident <input type="checkbox"/> Summary of actions taken <input type="checkbox"/> Actions that went well <input type="checkbox"/> Actions that could be improved <input type="checkbox"/> Recommendations for future response actions 	
	Prepare summary of the status and location of all incident residents, staff, and equipment. After approval by the Incident Commander, distribute as appropriate.	
Logistics Section Chief	Inventory all Nursing Home Command Center and nursing home supplies and replenish as necessary, appropriate, and available. Restock supplies, equipment, medications, food, and water to pre event inventories.	
	Deactivate nontraditional areas used for sheltering and feeding and return to normal use.	
	Submit all section documentation to Planning Section Chief for compilation in After Action Report.	
Finance/ Administration Section Chief	Compile final response and recovery costs and expenditure summary and submit to the Incident Commander.	
All Activated Positions – Refer to Job Action Sheets		

Documents and Tools
<p>Nursing Home Emergency Operations Plan, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communication plan <input type="checkbox"/> Security procedures <input type="checkbox"/> Lockdown procedures <input type="checkbox"/> Behavioral health support procedures <input type="checkbox"/> Employee health monitoring and treatment procedures <input type="checkbox"/> Resident, staff, and equipment tracking procedures <input type="checkbox"/> Business Continuity Plan <input type="checkbox"/> Fatality management procedures

INCIDENT RESPONSE GUIDE

ACTIVE SHOOTER



Documents and Tools
Forms, including: <ul style="list-style-type: none"><input type="checkbox"/> NHICS 200 – Incident Action Plan (IAP) Quick Start<input type="checkbox"/> NHICS 205 – Communications List<input type="checkbox"/> NHICS 214 – Activity Log<input type="checkbox"/> NHICS 215A – Incident Action Plan (IAP) Safety Analysis<input type="checkbox"/> NHICS 259 – Facility Casualty/Fatality Report
Job Action Sheets
Paper forms for down-time documentation, data entry, etc.
Access to nursing home organization chart
Campus floor plans, maps, and evacuation routes
Television/radio/internet to monitor news
Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication



MISSING RESIDENT

MISSION

To manage the process of locating and recovering a lost or abducted person, from the nursing home.

DIRECTIONS

Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.

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

OBJECTIVES

- Ensure the safety of residents, staff, and visitors while initiating search procedures.
- Coordinate with law enforcement in the response to and recovery of a missing person.
- Provide behavioral health support to residents, staff, and families.

MISSING RESIDENT

MISSION	
To manage the process of locating and recovering a lost or abducted person, from the nursing home.	
DIRECTIONS	
<p>Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.</p> <p><i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i></p>	
OBJECTIVES	
<input type="checkbox"/>	Ensure the safety of residents, staff, and visitors while initiating search procedures.
<input type="checkbox"/>	Coordinate with law enforcement in the response to and recovery of a missing person.
<input type="checkbox"/>	Provide behavioral health support to residents, staff, and families.

RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	Record the time that the resident was discovered missing and when and where he/she was last seen.
<input type="checkbox"/>	Verify that the resident has not signed out. If resident family members are onsite, ask them.
<input type="checkbox"/>	Activate the facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	<p>Search the facility's grounds for the resident. If necessary, distribute copies of the resident's photograph to the staff searching the grounds. Keep a record of the areas searched. Be sure to check:</p> <ul style="list-style-type: none"> • Closets • Walk-In Refrigerators/Freezers • Storage Rooms • Under Beds and Behind Furniture
<input type="checkbox"/>	<p>If the missing resident is not found following an expedient search (approximately 30 minutes), call 9-1-1 and provide:</p> <ul style="list-style-type: none"> • Name and description of missing resident • Description of clothing, ambulation method, cognitive status • Photo if available

INCIDENT RESPONSE GUIDE

MISSING RESIDENT



RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	Notify: <ul style="list-style-type: none"> Responsible party / next of kin that resident is missing and search is underway Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	Coordinate with public safety agencies in searching for the missing resident.
<input type="checkbox"/>	Once the resident is found, notify the responsible party/next of kin, facility staff and public safety agency representative.
<input type="checkbox"/>	<i>Add other response actions here consistent with the facility EOP.</i>

Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Incident Commander	Confirm that a missing resident incident has occurred.	
	Activate lockdown procedures, Incident Management Team, and Nursing Home Command Center.	
	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	Notify law enforcement and provide details of the incident.	
	Establish operational periods, objectives, and regular briefing schedule. Consider using the NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.	
Liaison/PIO	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	
	Develop information for release to the media with law enforcement. Ensure the family/guardian of the lost or abducted person is aware prior to the release of any information.	
	Coordinate with law enforcement to issue a "Silver Alert."	
	Monitor media outlets for updates on the incident and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and Incident Commander.	
	Notify community partners in accordance with local policies and procedures (e.g., consider local emergency operations center, other area nursing homes, local emergency medical services, public safety officials, and healthcare coalition coordinator), to determine incident details, community status, and establish contacts for requesting supplies, equipment, or personnel not available in the nursing home.	

INCIDENT RESPONSE GUIDE

MISSING RESIDENT



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Safety Officer	Ensure the safety of residents, staff and visitors during nursing home and campus search procedures.	
	Secure the nursing home and campus: <ul style="list-style-type: none"> <input type="checkbox"/> Deny entry or exit to all but known responders <input type="checkbox"/> Direct all persons trying to leave the building or campus to a holding site <input type="checkbox"/> Coordinate movement with law enforcement 	
	In coordination with the Operations Section Chief, ensure activation of search procedure: <ul style="list-style-type: none"> <input type="checkbox"/> Assign staff to conduct a floor-to-floor and room-by-room search <input type="checkbox"/> Coordinate all search results and provide information to law enforcement on arrival <input type="checkbox"/> Provide all staff involved in search with basic information about missing or abducted resident 	
	Provide law enforcement with missing resident information including: <ul style="list-style-type: none"> <input type="checkbox"/> Height, weight, hair color, etc. <input type="checkbox"/> Any available photos <input type="checkbox"/> Distinguishing features <input type="checkbox"/> Clothing worn, articles carried <input type="checkbox"/> Medical equipment in use, etc. 	
	Provide law enforcement with surveillance camera footage, facility maps, blueprints, master keys, card access, search grids, and other data as requested.	
	Conduct staff and family/guardian interviews to gather information and evidence in conjunction with law enforcement.	
	Complete NHICS 215A to assign, direct, and ensure safety actions are adhered to and completed.	
Operations Section Chief	Ensure continuation of resident care and essential services.	
	Support the search procedure in coordination with the Safety Officer.	
	Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Monitor resident care activities.	
Infrastructure Branch Director	Refer to the Job Action Sheet for the appropriate tasks.	

INCIDENT RESPONSE GUIDE

MISSING RESIDENT



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Planning Section Chief	Establish operational periods, incident objectives, and the NHICS 200: Incident Action Plan (IAP) Quick Start in collaboration with Command and General staff.	
	Gather critical information, policies activated, blueprints, search grids, and other critical data for inclusion in the Incident Action Plan.	
	Gather internal situation status including supply and equipment status, current staff and visitor census.	
	Initiate the tracking of residents, staff, and visitors. Provide tracking data to law enforcement in coordination with the Safety Officer.	
Logistics Section Chief	Provide the logistics needs of nursing home staff and law enforcement personnel.	
	Gather information on planned or expected deliveries or pickups for the day; provide this information to the Safety Officer.	
	Notify operators of planned deliveries or pickups of the need to postpone or reschedule.	
All Activated Positions – Refer to Job Action Sheets		

Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Incident Commander	Determine the need to cancel or postpone visiting hours based on the projected length of the incident.	
	Activate Medical Director/Specialist if needed (e.g., Risk Management, Legal).	
	Ensure residents, staff, visitors, and senior leadership are briefed on the incident and any alterations in services.	
Liaison/PIO	Continue media briefings and updates; work within the Joint Information Center if activated.	
	Update social media sites if in use for incident.	
	Continue to update key stakeholders and local officials of the incident and the status of response.	
Safety Officer	Conduct an ongoing analysis of executed response actions for safety issues; implement corrective actions and update NHICS 215A.	
	Ensure the safety of residents, staff, and visitors during the closure of entry and exit points; coordinate with law enforcement as needed.	

INCIDENT RESPONSE GUIDE

MISSING RESIDENT



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Safety Officer	In consultation with law enforcement, determine the need to continue the search and the use of nursing home staff at entry points. If staff are released, ensure briefing of personnel.	
	Work with law enforcement to ensure continued security of nursing home and ongoing operations.	
Operations Section Chief	Ensure continuation of resident care and essential services.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Consider moving the family/guardian away from the missing resident room to a secure location.	
	Plan for the safe and confidential reunification of the lost or missing resident with family/guardian.	
	Assign a staff member to check in with family/guardians and provide a safe location for the resident's family/guardian to ensure confidentiality while providing access to information and services.	
	Continue to assess residents for change in condition.	
	Provide behavioral health support to the impacted families/guardians of residents as needed.	
Infrastructure Branch Director	Ensure nursing home cleanliness. Initiate special cleaning as necessary.	
	Continue to monitor the status of the physical plant and ensure the integrity of and/or restoration of utilities and communications.	
Planning Section Chief	Plan for the next operational period and shift change, including staff patterns, location of labor pool if activated, nursing home campus entry and exit in view of lockdown.	
	Continue resident and bed tracking.	
	Initiate staff and equipment tracking.	
Logistics Section Chief	If the campus lockdown continues, consider the impact on scheduled deliveries and pickups.	
	Contact vendors to ensure provision of needed supplies, equipment, medications, and water and food to residents, visitors, and families.	
Finance/ Administration Section Chief	Track costs and expenditures of the response; include estimates of lost revenue.	
	Initiate screening and tracking of incoming volunteers and/or new personnel.	
	Begin to track hours associated with the emergency response.	
All Activated Positions – Refer to Job Action Sheets		

INCIDENT RESPONSE GUIDE

MISSING RESIDENT



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Incident Commander	Continue to monitor operations, consider the length of onsite operations, and determine the need for demobilization.	
	With the Liaison/PIO, prepare to speak with residents, staff, visitors, and stakeholders.	
	Update the nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
Liaison/PIO	Continue to hold regularly scheduled media briefings in conjunction with Joint Information Center (if activated).	
	Address social media issues as warranted; use social media for messaging as situation dictates.	
	Ensure continued updates of appropriate information to partner organizations, local authorities, and others as determined by Incident Commander.	
Safety Officer	Update the Incident Action Plan Safety Analysis (NHICS 215A) for extended operations based on modifications in entry and exit points, visiting hours, entry onto campus, etc. for inclusion in the IAP.	
	In coordination with the Operations Section Chief, continue to assess impact on clinical operations of modifications to entry and exit points.	
	Modify security procedures as needed and in conjunction with law enforcement.	
Operations Section Chief	Observe and communicate the impact of modifications to entry and exit points on clinical operations.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Assess impact on clinical operations of restricted movement, delayed vendor deliveries and pickups.	
	Provide behavioral health support for residents, families/guardians, and staff as needed.	
Planning Section Chief	Ensure that updated information and intelligence is incorporated into the Incident Action Plan. Prepare for demobilization.	
Logistics Section Chief	With Operations Section, assess impact on clinical operations of delayed vendor deliveries and pickups.	
	When approved by Incident Commander, reschedule all delayed deliveries and pickups.	
Finance/Administration Section Chief	Continue to record the ongoing and projected costs from modifications in normal operations.	

INCIDENT RESPONSE GUIDE

MISSING RESIDENT



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
All Activated Positions – Refer to Job Action Sheets		

Demobilization/System Recovery		
IMT Position	Action	Initials
Incident Commander	Ensure notification to all impacted persons of the missing person incident resolution.	
	Approve the procedures for demobilization.	
	Oversee the nursing home’s return to normal operations.	
	With the Liaison/PIO prepare to speak with media.	
Liaison/PIO	Conduct media briefing to provide incident resolution.	
	Ensure that all stakeholders, response partners and state survey agency are notified of incident resolution.	
Safety Officer	Oversee the resolution of response actions that impacted operations; ensure entry and exit points are open and functioning. Ensure that fire doors and alarms are in working order.	
	Schedule and oversee a test of the nursing home alarm systems.	
	Restore normal security operations and demobilize non security personnel staffing, if activated.	
	Report staff injury and illness for follow up by Finance/ Administration Section Chief.	
Operations Section Chief	Initiate activities to restore normal operations; work with the Planning Section to identify activities that were altered for restoration to normal.	
	Restore visiting hours if suspended; determine the need to expand normal hours and ensure behavioral health support for residents and visitors as needed.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Ensure that impacted resident care areas that may have been out of service due to evidence collection are returned to service.	
Planning Section Chief	Finalize and distribute steps for demobilization in the Incident Action Plan.	

INCIDENT RESPONSE GUIDE

MISSING RESIDENT



Demobilization/System Recovery		
IMT Position	Action	Initials
Planning Section Chief	Conduct debriefings or hotwash with: <ul style="list-style-type: none"> <input type="checkbox"/> Command Staff and section personnel <input type="checkbox"/> Administrative personnel <input type="checkbox"/> All staff <input type="checkbox"/> All volunteers 	
	Write an After Action Report, Corrective Action, and Improvement Plans for submission to the Incident Commander, and include: <ul style="list-style-type: none"> <input type="checkbox"/> Summary of the incident <input type="checkbox"/> Summary of actions taken <input type="checkbox"/> Actions that went well <input type="checkbox"/> Actions that could be improved <input type="checkbox"/> Recommendations for future response actions 	
	Prepare summary of the status and location of all incident residents, staff, and equipment. After approval by the Incident Commander, distribute as appropriate.	
Logistics Section Chief	Oversee the resumption of scheduled deliveries and pickups. Communicate delays in deliveries with the Operations and Planning Section.	
	Provide a cost summary due to delays in deliveries, additional charges, rescheduled pickups, etc., with the Finance/ Administration Section Chief.	
	Inventory all Nursing Home Command Center and nursing home supplies and replenish them as necessary, appropriate, and available.	
	Submit all section documentation to Planning Section for compilation in After Action Report.	
Finance/ Administration Section Chief	Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.	
	Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event.	
	Contact the insurance carriers to initiate reimbursement and claims procedures, if necessary.	
All Activated Positions – Refer to Job Action Sheets		

INCIDENT RESPONSE GUIDE

MISSING RESIDENT



Documents and Tools
<p>Nursing Home Emergency Operations Plan, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communication plan <input type="checkbox"/> Security procedures <input type="checkbox"/> Behavioral health support procedures <input type="checkbox"/> Lockdown procedures
<p>Forms, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NHICS 200 – Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 205 – Communications List <input type="checkbox"/> NHICS 214 – Activity Log <input type="checkbox"/> NHICS 215A – Incident Action Plan (IAP) Safety Analysis
Job Action Sheets
Paper forms for down-time documentation, data entry, etc.
Access to nursing home organization chart
Campus floor plans, maps, and evacuation routes
Television/radio/internet to monitor news
Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

NHICS 200: INCIDENT ACTION PLAN (IAP) QUICK START



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INCIDENT ACTION PLAN (IAP) QUICK START

COMBINES NHICS FORMS 201+202+203+204+215A



1. INCIDENT NAME		2. OPERATIONAL PERIOD		
		DATE:	FROM:	TO:
		TIME:	FROM:	TO:
3. SITUATION SUMMARY				-- NHICS 201 --
4. WEATHER/ENVIRONMENTAL IMPLICATIONS FOR PERIOD (INCLUDES AS APPROPRIATE: FORECAST, DAYLIGHT)				
1.				
2.				
3.				
4.				

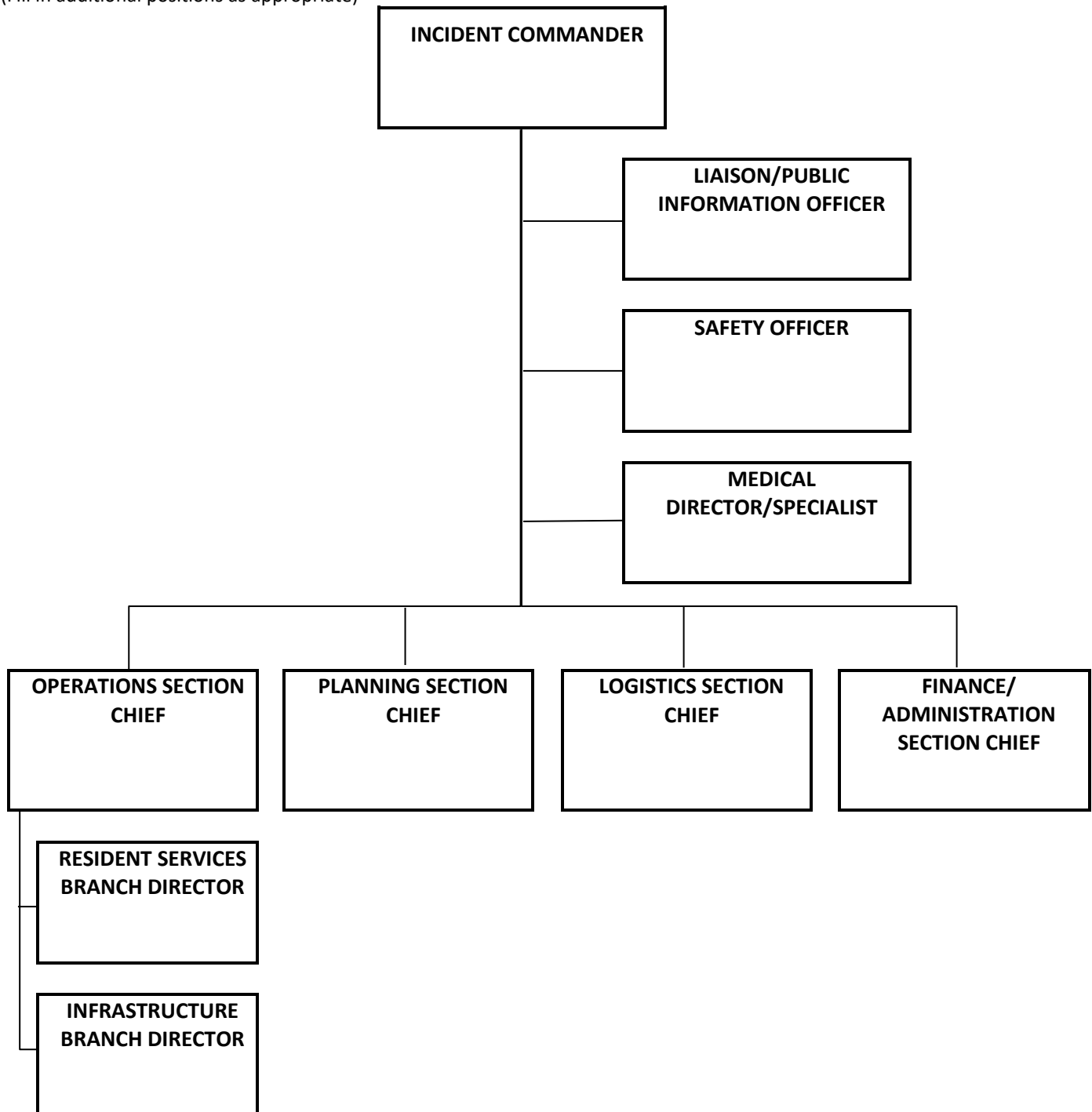
INCIDENT ACTION PLAN (IAP) QUICK START

COMBINES NHICS FORMS 201+202+203+204+215A



5. CURRENT ORGANIZATION

(Fill in additional positions as appropriate)



INCIDENT ACTION PLAN (IAP) QUICK START

COMBINES NHICS FORMS 201+202+203+204+215A



6. INCIDENT OBJECTIVES -- NHICS 202, 204--

6a. OBJECTIVES	6b. STRATEGIES/ TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO

7. HEALTH AND SAFETY BRIEFING IDENTIFY POTENTIAL INCIDENT HEALTH AND SAFETY HAZARDS AND DEVELOP NECESSARY MEASURES (REMOVE HAZARD, PROVIDE PERSONAL PROTECTIVE EQUIPMENT, WARN PEOPLE OF THE HAZARD) -- NHICS 202, 215A-- TO PROTECT RESPONDERS FROM THOSE HAZARDS

- 1.
- 2.
- 3.
- 4.

8. ATTACHMENTS (MARK IF EXTRA DOCUMENTATION IS ATTACHED)

<input type="checkbox"/> NHICS 251: FACILITY SYSTEM STATUS REPORT <input type="checkbox"/> NHICS 254: EMERGENCY ADMIT TRACKING <input type="checkbox"/> NHICS 255: MASTER RESIDENT EVACUATION TRACKING <input type="checkbox"/> NHICS 215A: INCIDENT ACTION PLAN (IAP) SAFETY ANALYSIS <input type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> INCIDENT MAP <input type="checkbox"/> OTHER: _____ _____
--	---

9. PREPARED BY	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____

INCIDENT ACTION PLAN (IAP) QUICK START

COMBINES NHICS FORMS 201+202+203+204+215A



INSTRUCTIONS

PURPOSE: Provides a faster approach to developing the IAP by combining NHICS Forms 201, 202, 203, 204 and 215A. You may use the IAP Quick Start during the early stage of an incident or if it is expected to be a short duration incident or it meets the needs of the incident at any time. If the full complement of NHICS Forms are needed, transition to their individual use.

ORIGINATION: Incident Commander or Planning Section Chief

COPIES TO: All IMT staff

NOTES: If additional pages are needed for any form page, use a blank NHICS IAP Quick Start and repaginate as needed. Additions may be made to the form to meet the organization's needs.

* Three versions of the IMT Chart are available in NHICS 2016. Formats are Adobe Acrobat fillable PDF, Visio and Microsoft Word.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Situation Summary	Enter brief situation summary.
4	Weather/Environmental Implications for period	Enter forecast information.
5	Current Organization	Enter the names of the individuals assigned to each position on the Incident Management Team chart. Modify the chart as necessary.
6	Incident Objectives	
	6.a Objectives	Enter each objective separately. Adjust objectives for each operational period as needed.
	6.b Strategies/Tactics	For each objective, document the strategy/tactic to accomplish that objective.
	6.c Resources Required	For each strategy/tactic, document the resources required to accomplish that objective.
	6.d Assigned to	For each strategy/tactic, document the Section or Branch assigned to that objective.
7	Health and Safety Briefing	Summary of health and safety issues and instructions.
8	Attachments	Attach additional NHICS forms and supporting documents as needed.
9	Prepared By	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

JOB ACTION SHEETS

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INCIDENT COMMANDER

Mission: Organize and direct the Nursing Home Command Center (NHCC). Give overall strategic direction for incident management and support activities, including emergency response and recovery. Authorize total facility evacuation if warranted.

Date: _____	Start: _____	End: _____	Name of Person Assigned to Position: _____
Phone: _____	Signature: _____	Initial: _____	
NHCC Location: _____		Email: _____	

Immediate Response (0-2 hours)	Time	Initial
<p>Receive appointment <i>(role may be filled by the Nursing Home Administrator or designee)</i></p> <ul style="list-style-type: none"> • Assume the position of Incident Commander • Put on position identification (e.g., vest, cap, etc.) • Read this entire Job Action Sheet • Notify your usual supervisor that you have been assigned to the Incident Management Team (IMT) • Report to the Incident Commander until demobilized 		
<p>Assess the operational situation</p> <ul style="list-style-type: none"> • Activate the emergency operations plan and initiate internal notifications as appropriate • Determine need for and appropriately appoint Command Staff and Section Chiefs, or Branch Directors, and Medical/Technical Specialists as needed • Initiate the Incident Briefing Form (see NHICS 201) and brief all appointed staff. Include the following: <ul style="list-style-type: none"> ○ Nature of the problem (incident type, victim count, injury/illness type, etc.) ○ Safety of staff, residents, and visitors ○ Risks to personnel and need for protective equipment ○ Risks to the physical plant ○ Estimated duration of incident ○ Need for modifying daily operations ○ Probability of need for shelter-in-place, partial or total evacuation ○ Verification of transportation plans ○ IMT positions required to manage the incident ○ Need to notify state licensing agency ○ Overall community response actions being taken ○ Status of local, county, and state Emergency Operations Centers (EOC) 		



**Command Section | Job Action Sheet
INCIDENT COMMANDER**

Immediate Response (0-2 hours)	Time	Initial
<ul style="list-style-type: none"> • Distribute corresponding Job Action Sheets and position identification (see NHICS 207) • Provide guidance on completing and submitting the following forms: <ul style="list-style-type: none"> ○ NHICS 200: IAP Quick Start (delegate to the Planning Section Chief) ○ NHICS 214: Activity Log (All NHCC Positions) ○ NHICS 215A: IAP Safety Analysis (Safety Officer) ○ NHICS 251: Facility System Status Report (Infrastructure Branch Director) • Designate time for the next Briefing or Incident Action Planning meeting 		
<p>Determine the incident objectives, tactics, and assignments</p> <ul style="list-style-type: none"> • Receive verbal status reports from Command Staff to determine response and recovery levels and incident objectives • Identify the operational period and NHCC shift change (e.g. every 12 hours) • Develop the NHICS 200. • Receive initial facility damage survey report from Infrastructure Branch Chief and evaluate the need for evacuation • Obtain resident census and status from Planning Section Chief, and request a facility-wide projection report for 4, 8, 12, 24, and 48 hours from time of incident onset. Adjust projections as necessary 		
<p>Activities</p> <ul style="list-style-type: none"> • Consider the use of an alternative staff time tracking method (see NHICS 252). Delegate to Finance Administration Section Chief if activated: <ul style="list-style-type: none"> ○ Distribute time sheets to staff and Medical Director/Specialist assigned to Command, and ensure time is recorded appropriately ○ Determine the frequency that staff should submit these time sheets to the Finance/Administration Section Chief (e.g. at the completion of a shift or at the end of each operational period) • Seek information from Section Chiefs regarding current “on-hand” resources of medical equipment, supplies, medications, food, and water as indicated by the incident and authorize as needed. Delegate to Logistics Section Chief if activated • Ensure that appropriate contact with outside agencies has been established and that facility status/resource information is provided to appropriate agencies through the Liaison/Public Information Officer (PIO) • Work with Liaison/PIO to draft initial message for notification to family members, responsible parties, and/or other “need to know” parties regarding the resident and facility status • As appropriate to the incident, authorize a resident prioritization assessment for the purposes of designating appropriate transfer or discharge (e.g. ventilator and /or dialysis residents may need to be discharged to higher level of care or ambulatory residents may need to go first) • Assess current or projected generator load and fuel supply 		



Command Section | Job Action Sheet
INCIDENT COMMANDER

Immediate Response (0-2 hours)	Time	Initial
<p>Documentation</p> <ul style="list-style-type: none"> NHICS 200: For ease of use throughout an emergency or to get you started at the onset of an activation NHICS 201: Initiate the Incident Briefing Form NHICS 207: Assign or complete the IMT Chart for assigned positions NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log NHICS 215A: Complete or obtain (from the Safety Officer) the IAP Safety Analysis NHICS 251: Obtain and review the Facility System Status Report from the Infrastructure Branch Director, if available NHICS 252: Ensure Section Personnel Time Sheets (or other method of tracking staff time) is communicated 		
<p>Resources</p> <ul style="list-style-type: none"> Assign one or more clerical personnel from current staffing to function as the NHCC Scribe/Runner at IMT Briefings or other meetings as appropriate Delegate tasks as the demand and workload increase 		
<p>Communication</p> <ul style="list-style-type: none"> Utilize available communications technology or a runner to alert staff regarding the incident Initiate emergency notification to residents, families and external partners Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status 		
<p>Safety and security</p> <ul style="list-style-type: none"> Review security and facility surge capacity and capability plans as appropriate NHICS 215A: Ensure that the IAP Safety Analysis is completed and distributed NHICS 251: Ensure that a Facility System Status Report is completed if the incident warrants 		

Intermediate Response (2-12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> Continue to authorize resources as needed or requested by Command Staff/Section Chiefs Designate regular briefings with Command Staff/Section Chiefs to identify and plan for: <ul style="list-style-type: none"> Update of current situation/response and status of other area long-term care facilities, hospitals, emergency management/local emergency operation centers, and public health officials and other community response agencies Facility operational support issues Risk communication and situation updates to staff and families Implementation of facility surge capacity procedures Ensuring resident tracking system is established and linked with appropriate outside agencies and/or local Emergency Operations Center Appropriate use and activation of safety practices and procedures Enhanced staff protection measures as appropriate Media relations and briefings 		



**Command Section | Job Action Sheet
INCIDENT COMMANDER**

Intermediate Response (2-12 hours)	Time	Initial
<ul style="list-style-type: none"> ○ Staff and family support • As needed, conduct Incident Action Planning meetings or collect information from Section Chiefs and Command Staff to determine appropriate response to changing conditions and recovery levels • Oversee and approve revision of the IAP developed by the Planning Section Chief • Update overall objectives, tactics, and assignments • Initiate planning for transfer of command as appropriate • Approve media releases submitted by the Liaison/PIO • Ensure that the approved IAP is communicated to all Command Staff and Section Chiefs • Communicate facility and incident status and the IAP to CEO or designee, or to other executives on a need-to-know basis 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log 		
<p>Resources</p> <ul style="list-style-type: none"> • Authorize resources as needed or requested by Command Staff and Section Chiefs 		
<p>Communication</p> <ul style="list-style-type: none"> • Communicate with other health care facilities to determine their ability to accept residents if transferred • Continue coordination with the Liaison/PIO for internal and external messaging and briefings 		
<p>Safety and security</p> <ul style="list-style-type: none"> • Ensure that resident and personnel safety measures and risk reduction actions are followed 		

Extended Response (greater than 12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Ensure that briefings of staff, residents and the medical community are regularly conducted • Review and revise the IAP Safety Analysis (see NHICS 215A) and implement correction or mitigation strategies • Evaluate overall operational status, and ensure critical issues are addressed • Review /revise the IAP with the Planning Section Chief for each operational period and report on plan at shift change/briefings • Upon transfer of command, brief your replacement on the status of all ongoing operations, critical issues, relevant incident information, and IAP for the next operational period • Ensure continued communications with local, regional, and state response coordination centers, families, and other Nursing Home Incident Command Centers (NHCCs) through the Liaison/PIO and others 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log 		



**Command Section | Job Action Sheet
INCIDENT COMMANDER**

Extended Response (greater than 12 hours)	Time	Initial
Resources <ul style="list-style-type: none"> Authorize resources as needed or requested by Command Staff and Section Chiefs 		
Communication <ul style="list-style-type: none"> Continue to update for staff, residents, families and external partners Continue coordination with the Liaison/PIO for internal and external messaging and briefings Update the nursing home CEO, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status 		
Safety and security <ul style="list-style-type: none"> Ensure your physical readiness, and that of all Staff and volunteers, through proper nutrition, water intake, rest periods and relief, and stress management techniques 		

Demobilization/System Recovery	Time	Initial
Activities <ul style="list-style-type: none"> Assess the plan developed by Planning and Operations for the gradual demobilization of the NHCC and emergency operations according to the progression of the incident and facility status Demobilize positions in the NHCC and return personnel to their normal jobs as appropriate until the incident is resolved and there is a return to normal operations Brief staff, administration, and other executives Approve announcement of "ALL CLEAR" when the incident no longer poses a critical safety threat or can be managed using normal facility operations Ensure outside agencies and families are aware of status change Ensure demobilization of the facility and restocking of supplies, as appropriate including: <ul style="list-style-type: none"> Return of borrowed equipment to appropriate location Replacement of broken or lost items Clean up facility, command center and environment, as warranted. Restock of NHCC supplies and equipment Ensure that after-action activities are coordinated and completed including: <ul style="list-style-type: none"> Collection of all NHCC documentation by the Planning Section Chief Coordination and submission of response and recovery costs, and reimbursement documentation by the Finance/Administration and Planning Section Chiefs Conducting staff debriefings to identify accomplishments, and response and improvement issues Identification of needed revisions to the emergency operations plan, Job Action Sheets, operational procedures, records, and/or other related items Writing the facility After Action Report and Improvement Plan Participation in external (community and governmental) meetings and other post-incident discussion and after-action activities Post-incident media briefings and facility status updates Post-incident education and information for residents, staff, and families 		



**Command Section | Job Action Sheet
INCIDENT COMMANDER**

Demobilization/System Recovery	Time	Initial
<ul style="list-style-type: none"> ○ Behavioral health support for staff if needed or requested 		
Documentation <ul style="list-style-type: none"> • NHICS 214: Upon deactivation of your position, submit Activity Logs and all completed documentation to the Planning Section Chief • NHICS 252: Submit Time Sheet to the Finance/Administration Time Unit Leader at end of shift or operational period as determined 		
Communication <ul style="list-style-type: none"> • Communicate final nursing home status and termination of the incident to local EOC, area nursing homes, officials, and state survey agency 		

Documents and Tools
<input type="checkbox"/> NHICS 200: IAP Quick Start which includes a combined and abbreviated: <ul style="list-style-type: none"> • NHICS 201: Incident Briefing Form • NHICS 202: Incident Objectives • NHICS 203: Organization Assignment List • NHICS 204: Assignment List • NHICS 215A: Incident Action Plan (IAP) Safety Analysis <input type="checkbox"/> NHICS 207: Incident Management Team (IMT) Chart <input type="checkbox"/> NHICS 214: Activity Log <input type="checkbox"/> NHICS 251: Facility System Status Report <input type="checkbox"/> NHICS 252: Section Personnel Time Sheet <input type="checkbox"/> Communication plan <input type="checkbox"/> Business Continuity Plan <input type="checkbox"/> Facility emergency operations plan and other plans as cited in the Job Action Sheets <input type="checkbox"/> Facility organizational chart <input type="checkbox"/> Facility telephone directory

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



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 and 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: _____	Signature: _____	Initial: _____	
NHCC Location: _____		Email: _____	

Immediate Response (0-2 hours)	Time	Initial
<p>Receive appointment</p> <ul style="list-style-type: none"> • Receive appointment from the Incident Commander • Put on position identification (e.g., vest, cap, etc.) • Read this entire Job Action Sheet • Notify your usual supervisor that you have been assigned to the Incident Management Team (IMT) • Report to the Incident Commander until demobilized 		
<p>Activities</p> <ul style="list-style-type: none"> • Activate the facility communication plan • 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, upon request: <ul style="list-style-type: none"> ○ Resident Care Capacity: Current census and the number of residents that can be accommodated within the nursing home ○ Nursing Home’s Overall Status: Current condition of nursing home structure, security, staffing 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, medications, etc.) • Report current nursing home status; communicate changes, critical issues and unmet resource needs to assisting and cooperating organizations (e.g., other facilities, local EOCs, public health and/or regulatory agencies) • Establish a designated media staging and briefing area located away from the Nursing Home Command Center (NHCC) and resident services activity areas. Inform on-site media of the physical areas to which they have access and those that are restricted. Coordinate designation of 		



**Command | Job Action Sheet
LIAISON/PUBLIC INFORMATION OFFICER (PIO)**

Immediate Response (0-2 hours)	Time	Initial
<p>such areas with the Infrastructure Branch Director</p> <ul style="list-style-type: none"> • Contact external PIOs from community and governmental agencies to collaborate on public information and media messages being developed by those entities. Ensure consistent and collaborative messages from all entities • Assess the need to activate a staff and/or family member “hotline” for live or recorded information concerning the incident and the facility status. Establish if needed • Develop public information and media messages to be reviewed and approved by the Incident Commander before release to families, the news media and the public. • Attend all Command briefings and incident action planning meetings to gather and share incident and facility information 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 214: Document all key activities, actions, communications, and decisions in a Activity Log on a continual basis 		
<p>Resources</p> <ul style="list-style-type: none"> • Conduct or assign personnel to monitor, and report to you, incident and response information from sources such as the internet, radio, television, and newspapers 		
<p>Communication</p> <ul style="list-style-type: none"> • Use available communications technology or a runner to alert staff regarding the incident, as directed by the Incident Commander • Initiate emergency notification to residents, family/guardians and external partners 		

Intermediate Response (2-12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Continue to attend all Command briefings and incident action planning meetings to gather and share incident and facility information. Contribute media and public information activities and goals to the Incident Action Plan (IAP) • Request and offer assistance and information as needed through the emergency communication network or from the local and/or regional Emergency Operations Center • Respond to requests and issues from IMT members regarding inter-organization (e.g., other nursing homes, hospitals, governmental entities, response partners) problems • Review the facility’s emergency admit/resident tracking status (see NHICS 254 and 255). Report to appropriate authorities the following minimum data: <ul style="list-style-type: none"> ○ Casualty Data; type, number and seriousness of injuries to residents, staff, and visitors ○ Fatalities (see NHICS 259 - Facility Casualty Fatality Report) ○ Current resident census ○ Number of new residents admitted and level of care needs ○ Number of residents transferred to hospitals, discharged home, or transferred to other facilities • Continue contact and dialogue with external PIOs, from community and governmental agencies to ascertain public information and media messages being developed by those entities. Coordinate translation of critical communications into multiple languages as needed for resident and families 		



**Command | Job Action Sheet
LIAISON/PUBLIC INFORMATION OFFICER (PIO)**

Intermediate Response (2-12 hours)	Time	Initial
<ul style="list-style-type: none"> 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 		
<p>Documentation</p> <ul style="list-style-type: none"> 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 		
<p>Communication</p> <ul style="list-style-type: none"> 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
<p>Activities</p> <ul style="list-style-type: none"> Continue to receive regular progress reports from the Incident Commander, Section Chiefs and others, as appropriate Coordinate with the Logistics Section Chief to determine requests for assistance to be released to the public via the media Communicate with Logistics Section Chief on status of supplies, equipment and other resources that could be mobilized to other facilities, if needed or requested With approval from Incident Commander conduct ongoing news conferences, providing updates on resident information and operational status. Facilitate staff and resident interviews as appropriate Ensure ongoing information coordination with other agencies, hospitals, local Emergency Operations Center and the Joint Information Center Prepare and maintain records and reports as indicated or requested Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information 		
<p>Documentation</p> <ul style="list-style-type: none"> NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log NHICS 254: Continue to update authorities using minimum data from the Emergency Admit Tracking Form 		



**Command | Job Action Sheet
LIAISON/PUBLIC INFORMATION OFFICER (PIO)**

Extended Response (greater than 12 hours)	Time	Initial
<ul style="list-style-type: none"> NHICS 255: Continue to update authorities using minimum data from the Master Resident Evacuation Tracking Form 		
Communication <ul style="list-style-type: none"> Continue updates for staff, residents, families and external partners, including return to normal operations Continue coordination with the Incident Commander for internal and external messaging and briefings 		

Demobilization/System Recovery	Time	Initial
Activities <ul style="list-style-type: none"> Coordinate release of final media briefings and reports 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 style="list-style-type: none"> Accomplishments and issues Review of pertinent position descriptions and operational checklists Recommendations for procedure changes Participate in after-action meetings and debriefings as required 		
Documentation <ul style="list-style-type: none"> NHICS 214: Upon deactivation of your position, submit Activity Logs and all completed documentation to the Planning Section Chief 		

Documents and Tools
<input type="checkbox"/> NHICS 200: Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 207: Incident Management Team (IMT) Chart <input type="checkbox"/> NHICS 214: Activity Log <input type="checkbox"/> NHICS 254: Emergency Admit Tracking <input type="checkbox"/> NHICS 255: Master Resident Evacuation Tracking <input type="checkbox"/> NHICS 259: Facility Casualty Fatality Report <input type="checkbox"/> Communication plan <input type="checkbox"/> Facility emergency operations plan <input type="checkbox"/> Facility organizational chart <input type="checkbox"/> Facility telephone directory <input type="checkbox"/> Radio/satellite phone



**Command | Job Action Sheet
LIAISON/PUBLIC INFORMATION OFFICER (PIO)**

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 5th Edition (2014) Guidebook by the American Health Care Association (AHCA) Disaster Preparedness Committee

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MEDICAL DIRECTOR/SPECIALIST

Mission: Consult with the Incident Commander and/or Operations Section Chief on the medical, biological/infectious, and/or hazmat implications related to the event as indicated by incident needs and scope of practice. Oversee medical services and assist with diagnosis, treatment and medical management of residents and injured staff.

Date: _____	Start: _____	End: _____	Name of Person Assigned to Position: _____
Phone: _____		Signature: _____ Initial: _____	
NHCC Location: _____		Email: _____	

Immediate Response (0-2 hours)	Time	Initial
<p>Receive appointment</p> <ul style="list-style-type: none"> • Receive appointment from the Incident Commander • Put on position identification (e.g., vest, cap, etc.) • Read this entire Job Action Sheet • Notify your usual supervisor that you have been assigned to the Incident Management Team (IMT) • Report to the Incident Commander until demobilized 		
<p>Assess the operational situation</p> <ul style="list-style-type: none"> • Obtain initial status briefing and information from the Incident Commander, Operations and/or Planning Section Chiefs and identify priority actions which could include: <ul style="list-style-type: none"> ○ Triage of injured residents, employees and non-employees on the premises ○ Resident acuity determinations related to admissions, transfers and/or evacuation ○ Types of biological, environmental, radiological, chemical and/or infectious hazards involved ○ Current guidance on the prevention, precautions and treatment of medical problems associated with the identified hazards 		
<p>Activities</p> <ul style="list-style-type: none"> • Participate in Incident Action Plan (IAP) preparation, briefings, and meetings with the Incident Commander as needed • Assist in the identification of medically-related resource requirements as appropriate • Maintain communications with the Operations Section Chief to identify critical resident issues and resource needs • Work with the Safety Officer, the Infrastructure Branch Director and others to 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 • Consult with Resident Services Branch Director on issues related to resident acuity which may impact evacuation and admission, transfer, and discharge determinations and monitor the 		



Command | Job Action Sheet
 MEDICAL DIRECTOR/SPECIALIST

Immediate Response (0-2 hours)	Time	Initial
<p>delivery and quality of nursing care in resident areas</p> <ul style="list-style-type: none"> If the incident involves biological or infectious disease recommend and maintain appropriate isolation precautions and staff protection If the incident is involves chemicals verify with the Safety Officer and the Operations Section Chief that all access to the emergency department as well as contamination sites, has been secured to prevent media or other non-authorized people from entering the area during treatment or the decontamination process In conjunction with the Liaison/PIO, maintain communication with the Public Health Department to obtain current information on status, precautions, and treatment of illness and injuries related to the incident and provide required reports 		
<p>Documentation</p> <ul style="list-style-type: none"> NHICS 214: Document all key activities, actions, communications, and decisions in a Activity Log on a continual basis. NHICS 215A: If requested, provide input for the IAP Safety Analysis including potential/actual hazards, mitigation strategies, and assignments 		
<p>Communication</p> <ul style="list-style-type: none"> Communicate with the Operations Section Chief information regarding specific decontamination and treatment procedures Reach out to the local health department and emergency management to advise the Incident Commander if the external area is safe for discontinuation of shelter-in-place (i.e. plume incident) In conjunction with the Incident Commander determine the threat (if any) to the nursing home and the need for shelter-in-place or facility evacuation (i.e., hazardous materials incident) 		
Intermediate Response (2-12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> Continue to attend briefings and Incident Action Planning meetings as needed to gather and share critical incident and resident status information. Contribute information as needed for incorporation into the goals to the IAP Continue to consult with Resident Services Branch Director on issues related to resident care and monitor the delivery and quality of nursing care in resident areas as needed Evaluate and consult on key ethical issues related to the incident such as standards of care and use of limited resources. Develop recommendations for addressing these issues Respond to requests and issues from Incident Management Team (IMT) members regarding medical issues Attend command briefings and Incident Action Planning meetings as needed to gather and share critical incident and resident status information. Contribute information as needed for incorporation Oversee the communication with attending, receiving, and/or referring physicians, and emergency medical personnel and intervene as needed to facilitate the coordination of resident care 		



Command | Job Action Sheet
MEDICAL DIRECTOR/SPECIALIST

Intermediate Response (2-12 hours)	Time	Initial
<ul style="list-style-type: none"> Maintain communication with the Public Health Department to obtain current information on status, precautions, and treatment of illness and injuries related to the incident and provide required reports 		
<p>Documentation</p> <ul style="list-style-type: none"> NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log NHICS 215A: If requested, provide input for the IAP safety Analysis including potential/actual hazards, mitigation strategies, and assignments 		
<p>Communication</p> <ul style="list-style-type: none"> Maintain communications with the Operations Section Chief information regarding specific decontamination and treatment procedures Continue reaching out to the local health department and emergency management to advise the Incident Commander if the external area is safe for discontinuation of shelter-in-place 		

Extended Response (greater than 12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> Continue to attend briefings and Incident Action Planning meetings as needed to gather and share critical medical advice and resident status information Continue to consult with Resident Services Branch Director on issues related to resident care and monitor the quality of medical and nursing services to residents Continue to oversee communication with attending physicians and the Public Health Department as needed related to the incident and to provide required reports 		
<p>Documentation</p> <ul style="list-style-type: none"> NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log NHICS 215A: If requested, provide input for the IAP Safety Analysis including potential/actual hazards, mitigation strategies, and assignments Upon deactivation of your position, submit all documentation to the Planning Section Chief 		
<p>Communication</p> <ul style="list-style-type: none"> Maintain communications with the Operations Section Chief information regarding specific decontamination and treatment procedures Continue reaching out to the local health department and emergency management to advise the Incident Commander if the external area is safe for discontinuation of shelter-in-place (i.e. plume incident) 		



Command | Job Action Sheet
MEDICAL DIRECTOR/SPECIALIST

Documents and Tools

- NHICS 200: Incident Action Plan (IAP) Quick Start
- NHICS 207: Incident Management Team (IMT) Chart
- NHICS 214: Activity Log
- NHICS 215A: Incident Action Plan (IAP) Safety Analysis
- Facility emergency operations plan
- Facility organizational chart
- Facility telephone directory

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



SAFETY OFFICER

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

Date: _____	Start: _____	End: _____	Name of Person Assigned to Position: _____
Phone: _____		Signature: _____	
NHCC Location: _____		Initial: _____	
Email: _____			

Immediate Response (0-2 hours)	Time	Initial
Receive appointment <ul style="list-style-type: none"> Receive appointment from the Incident Commander Put on position identification (e.g., vest, cap, etc.) Read this entire Job Action Sheet Notify your usual supervisor that you have been assigned to the Incident Management Team (IMT) Report to the Incident Commander until demobilized 		
Assess the operational situation <ul style="list-style-type: none"> Identify risks to the facility Assess safety of staff, residents and visitors Initiate environmental monitoring as indicated by the incident or hazardous condition 		
Determine the incident objectives, tactics, and assignments <ul style="list-style-type: none"> Establish contact with local public safety agencies as well as other facilities, as appropriate to access any pertinent safety information Provide information to the Incident Commander including safety-related capabilities and limitations 		
Activities <ul style="list-style-type: none"> Attend all briefings and Planning meetings to gather and share incident and facility safety requirements. Contribute safety issues, activities, and goals to the Incident Action Plan (IAP) Work with the Medical Director/Specialist, the Infrastructure Branch Director and others to 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 Work with Incident Command staff in designating restricted access areas and providing signage. <ul style="list-style-type: none"> Identify and secure all facility pedestrian and traffic points of entry, as appropriate Coordinate all of the activities related to facility security such as access control, crowd and traffic control, and law enforcement interface Evaluate building and/or incident hazards and identify vulnerabilities using the Facility System Status Report (see NHICS 251) 		



Command | Job Action Sheet
SAFETY OFFICER

Immediate Response (0-2 hours)	Time	Initial
<ul style="list-style-type: none"> • Consider need for the following, and report findings to the Operations Section Chief: <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 for safety ○ Security posts in any operational decontamination area ○ Patrol of parking and shipping areas for suspicious activity ○ Traffic school • Specify type and level of Personal Protective Equipment (PPE) to be utilized by staff to ensure their protection, based upon the incident or hazardous condition (with medical consultation if possible) • Monitor operational safety of resident services and/or decontamination operations if applicable • Identify and report all hazards and unsafe conditions to the Incident Commander • Initiate environmental monitoring as indicated by the incident or hazardous condition • 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 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 206: Fill out and update the Staff Medical Plan which addresses the treatment plan for injured or ill staff members and / or volunteers. (optional) • NHICS 214: Document all key activities, actions, communications, and decisions in a Activity Log on a continual basis • NHICS 215A: Complete the IAP Safety Analysis; document identified safety issues, mitigation strategies and assignments • NHICS 251: Contribute to the security section of the Facility System Status Report (completed by the Infrastructure Branch Director) 		
<p>Resources</p> <ul style="list-style-type: none"> • Obtain non-entry signage around unsafe or restricted areas, as needed • Request a Scribe/Runner as needed from the Logistics Section Chief, if activated, to perform documentation and tracking 		
<p>Communication</p> <ul style="list-style-type: none"> • Immediately notify the Incident Commander and Operations Section Chief of any internal or external areas that are unsafe for occupancy or use • Work with Liaison/PIO to obtain contact information for police with local jurisdiction. Depending on the nature of the event, make initial contact to open communication channels 		
<p>Safety and security</p> <ul style="list-style-type: none"> • Address immediate security personnel needs using current staff, surrounding resources (police, sheriff, or other security forces), and communicate need for additional external resources through Operations Section 		



Command | Job Action Sheet
SAFETY OFFICER

Intermediate Response (2-12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> 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 IAP Coordinate translation of critical communications into languages for residents and/or staff as necessary to safety In conjunction with the Infrastructure Branch Director, 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 conditions and corrective recommendations Ensure proper equipment needs are met and equipment is operational prior to each operational period Communicate the need and take actions to secure unsafe areas; post non-entry signs Ensure associated staff identify and report all hazards and unsafe conditions Ensure vehicular and pedestrian traffic control measures are working effectively Continue to observe all staff and volunteers for signs of stress and at risk behavior 		
<p>Documentation</p> <ul style="list-style-type: none"> NHICS 206: Update the Staff Medical Plan which addresses the treatment plan for injured or ill staff members and / or volunteers. <i>(optional)</i> NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log NHICS 215A: Continue to update the IAP Safety Analysis NHICS 251: In coordination with the Infrastructure Branch Director, continue to provide updates to the Facility System Status Report as needed 		
<p>Communication</p> <ul style="list-style-type: none"> Coordinate activities with local, state, and federal law enforcement, as appropriate with the Liaison/PIO Report staff injury and illness for follow up by Finance/ Administration Section Chief 		
<p>Safety and security</p> <ul style="list-style-type: none"> Ensure continued implementation of all safety practices and procedures in the facility 		

Extended Response (greater than 12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> Continue to reassess the safety risks of the extended incident to personnel, the facility, and the environment, and report appropriately; advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations Continue to update the IAP Safety Analysis (see NHICS 215A) for possible inclusion in the IAP Continue to attend Command briefings and incident action planning meetings to share incident and nursing home information. Contribute safety issues, activities and goals to the IAP Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques Continue to observe all staff and volunteers for signs of stress and at risk behavior Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information 		



Command | Job Action Sheet
SAFETY OFFICER

Extended Response (greater than 12 hours)	Time	Initial
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 206: Update the Staff Medical Plan which addresses the treatment plan for injured or ill staff members and / or volunteers. <i>(optional)</i> • NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log • NHICS 215A: Continue to update the IAP Safety Analysis • NHICS 251: Continue providing updates for the Facility System Status Report as needed 		
<p>Communication</p> <ul style="list-style-type: none"> • Continue coordination activities with local, state, and federal law enforcement, as appropriate with the Liaison/PIO • Follow up on and continuing reporting staff injury and illness for follow up by Finance/ Administration Section Chief 		
<p>Safety and security</p> <ul style="list-style-type: none"> • Ensure continued implementation of all safety practices and procedures in the facility 		

Demobilization/System Recovery	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Ensure facility and any impacted areas are ready for safe return of residents and staff • 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 style="list-style-type: none"> ○ Accomplishments and issues ○ Review of pertinent position descriptions and operational checklists ○ Recommendations for procedure changes • Participate in after-action meetings and debriefings as required • Complete documentation and follow up for personnel injuries as appropriate 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 214: Upon deactivation of your position, submit Activity Logs and all completed documentation to the Planning Section Chief • NHICS 252: Submit Time Sheet to the Finance/Administration Time Unit Leader at end of shift or operational period as determined 		



Command | Job Action Sheet
SAFETY OFFICER

Documents and Tools

- NHICS 200: Incident Action Plan (IAP) Quick Start
- NHICS 206: Staff Medical Plan (*optional*)
- NHICS 207: Incident Management Team (IMT) Chart
- NHICS 215A: Incident Action Plan (IAP) Safety Analysis
- NHICS 251: Facility System Status Report
- Facility emergency operations plan
- Communication plan
- Facility organizational chart
- Facility telephone directory
- Safety Data Sheets (SDS) or other information regarding involved chemicals (ATSDR, CHEMTREC, NIOSH handbook)

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OPERATIONS SECTION CHIEF

Mission: Develop and implement strategy and operations to carry out the objectives established in the Incident Action Plan (IAP). Oversee the direct implementation of nursing home’s resident care and services, and infrastructure operations.

Date: _____	Start: _____	End: _____	Name of Person Assigned to Position: _____
Phone: _____	Signature: _____	Initial: _____	
NHCC Location: _____	Email: _____		

Immediate Response (0-2 hours)	Time	Initial
<p>Receive appointment</p> <ul style="list-style-type: none"> • Receive appointment from the Incident Commander • Put on position identification (e.g., vest, cap, etc.) • Read this entire Job Action Sheet • Notify your usual supervisor that you have been assigned to the Incident Management Team (IMT) • Report to the Incident Commander until demobilized 		
<p>Assess the operational situation</p> <ul style="list-style-type: none"> • Obtain information and status from Operations Branch Directors, if assigned • Provide initial information to the Incident Commander on the operational situation including capabilities and limitations 		
<p>Activities</p> <ul style="list-style-type: none"> • Establish an Operations Section area (preferably in close proximity to IC) to support section briefings, meetings and the updating of assignments • Participate in briefings and Incident Action Plan preparation/meetings with Incident Commander: <ul style="list-style-type: none"> ○ Gather and share critical incident and resident status information ○ Discuss section-level objectives, assignments, strategies/tactics, and resources needed. • Identify projected resident care needs with the Medical Director/Specialist and Resident Services Branch Director. • Serve as primary contact with the Medical Director/Specialist • Initiate Activity Log (see NHICS 214). Submit to Planning at end of shift or operational period as determined • Brief the Incident Commander on facility’s internal factors that may impact the decision to evacuate or shelter in place (e.g. Resident acuity, physical plant damage, etc.) 		



Operations Section | Job Action Sheet
OPERATIONS SECTION CHIEF

Immediate Response (0-2 hours)	Time	Initial
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 214: Document all key activities, actions, communications, and decisions in a Activity Log on a continual basis • NHICS 251: As appropriate, complete a Facility System Status Report and report the results to the Incident Commander • NHICS 252: Submit Time Sheet to the Finance/Administration Time Unit Leader at end of shift or operational period as determined 		
<p>Resources</p> <ul style="list-style-type: none"> • Maintain communications with Resident Services Branch Director and Logistics Section Chief to ensure the accurate movement and tracking of residents, personnel and resources to appropriate areas • Maintain communications with the Infrastructure Branch Director to ensure repair and cleanup (plant operations) 		
<p>Communication</p> <ul style="list-style-type: none"> • Communicate Branch-level activities and concerns to the Incident Commander 		
<p>Safety and Security</p> <ul style="list-style-type: none"> • Ensure Operations Section personnel comply with safety policies and procedures • Determine if a communicable disease risk exists; implement appropriate response procedures collaborating with the appropriate Medical-Technical Specialist, if activated • Ensure personal protective equipment (PPE) is available and utilized appropriately in coordination with the Safety Officer 		

Intermediate Response (2-12 hours)	Time	Initial
<ul style="list-style-type: none"> • Meet regularly with the Incident Commander; Command Staff, and other Section Chiefs to update them the status of the Operations Section and obtain important info to relay to Resident and Infrastructure Branches • Implement evacuation procedures at the direction of the Incident Commander and with the assistance of the Resident Services Branch Director and other Section Chiefs • Ensure the following are being addressed: <ul style="list-style-type: none"> ○ Section Staff health and safety ○ Resident tracking on appropriate NHICS forms (<i>see Documents and Tools</i>) ○ Resident care ○ Bed availability ○ Inter-facility transfers (into and from facility) ○ Fatality management (<i>See NHICS 259: Master Facility Casualty/Fatality Report</i>) ○ Information sharing with local Emergency Operations Center, local hospitals, public health, and law enforcement in coordination with the Incident Commander and Liaison • Resident-related resource movement through Staging Area Documentation • Schedule planning meetings with Branch Directors to update the Section objectives, strategies, tactics and resources • Coordinate resident care treatment standards and case definitions of infectious diseases with public health officials, as appropriate • Ensure that the Operations Section is adequately staffed and supplied 		



Operations Section | Job Action Sheet
OPERATIONS SECTION CHIEF

Intermediate Response (2-12 hours)	Time	Initial
<ul style="list-style-type: none"> Coordinate personnel, supply, and equipment needs with Logistics, projections and needs with the Planning Section, and financial matters with the Finance/Administration Section 		
<p>Documentation</p> <ul style="list-style-type: none"> NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log NHICS 251: As appropriate, update the Facility System Status Report and report the results to the Incident Commander Ensure emergency admission, evacuation and tracking documentation is captured using NHICS resident tracking forms: <ul style="list-style-type: none"> 254: Emergency Admit Tracking 255: Master Resident Evacuation Tracking 260: Resident Evacuation Tracking NHICS 259: Document incident victims using the Facility Casualty/Fatality Report 		
<p>Resources</p> <ul style="list-style-type: none"> Maintain communications with Resident Services Branch Director and Logistics Section Chief to ensure the accurate movement and tracking of residents, personnel and resources to appropriate areas Maintain communications with the Infrastructure Branch Director to ensure repair and cleanup (plant operations) 		
<p>Communication</p> <ul style="list-style-type: none"> Continue communicating Branch-level activities and concerns to the Incident Commander 		

Extended Response (greater than 12 hours)	Time	Initial
<ul style="list-style-type: none"> Continue to monitor Operations Section personnel’s ability to meet workload demands, staff health and safety, resource needs and documentation practices Conduct regular situation briefings with Operations Section Branch Directors <p><u>Resident Care</u></p> <ul style="list-style-type: none"> Address the following issues: <ul style="list-style-type: none"> Ongoing resident arrivals and discharges Bed availability Resident transfers Resident tracking Resident health and safety Mental/Behavioral health for residents, staff, and dependents sheltering at the facility Fatality management Staffing needs Staff prophylaxis Medications Medical equipment and supplies Resident-related resource movement through Staging Area Linkages with the medical community, area facilities, and other healthcare facilities 		



Operations Section | Job Action Sheet
OPERATIONS SECTION CHIEF

Extended Response (greater than 12 hours)	Time	Initial
<p><u>Infrastructure</u></p> <ul style="list-style-type: none"> • Assess capacity to deliver: <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 ○ Facility cleanliness ○ Vertical transport/airlift ○ Facility access • Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log • NHICS 251: As appropriate, update the Facility System Status Report and report the results to the Incident Commander • Continue to ensure resident tracking and documentation using NHICS resident tracking forms • NHICS 259: Continue to document incident victims using the Facility Casualty/Fatality Report 		
<p>Resources</p> <ul style="list-style-type: none"> • Continue to maintain communications with: <ul style="list-style-type: none"> ○ Resident Services Branch Director and Logistics Section Chief to ensure the accurate movement and tracking of residents, personnel and resources to appropriate areas ○ Infrastructure Branch Director to ensure repair and cleanup (plant operations) 		
<p>Communication</p> <ul style="list-style-type: none"> • Continue communicating Branch-level activities and concerns to the Incident Commander 		
Demobilization/System Recovery	Time	Initial
<ul style="list-style-type: none"> • As needs decrease, return Operations Section staff to their usual jobs and combine or deactivate positions in a phased manner, in coordination with the Planning Chief • Coordinate resident care restoration to normal services • Coordinate final reporting of resident information with external agencies through Incident Commander • Work with Planning and Finance/Administration Sections to complete cost data information • Debrief staff on lessons learned and procedural/equipment changes needed • Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements • Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include: 		



Operations Section | Job Action Sheet
OPERATIONS SECTION CHIEF

Demobilization/System Recovery	Time	Initial
<ul style="list-style-type: none"> ○ Review of pertinent position descriptions and operational checklists ○ Recommendations for procedure changes ○ Section accomplishments and issues ● Participate in after-action meetings and debriefings as required ● Provide behavioral health support to staff if needed or requested 		
<p>Documentation</p> <ul style="list-style-type: none"> ● NHICS 214: Upon deactivation of your position, submit Activity Logs and all completed documentation ● NHICS 252: Submit Time Sheet to the Finance/Administration Section Chief at end of shift or operational period as determined ● Continue to ensure documentation is captured using all NHICS resident tracking forms 		

Documents and Tools
<ul style="list-style-type: none"> <input type="checkbox"/> NHICS 200: Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 207: Incident Management Team (IMT) Chart <input type="checkbox"/> NHICS 214: Activity Log <input type="checkbox"/> NHICS 252: Section Personnel Time Sheet <input type="checkbox"/> NHICS 254: Emergency Admit Tracking <input type="checkbox"/> NHICS 255: Master Resident Evacuation Tracking <input type="checkbox"/> NHICS 259: Facility Casualty/Fatality Report <input type="checkbox"/> NHICS 260: Resident Evacuation Tracking <input type="checkbox"/> Facility emergency operations plan <input type="checkbox"/> Communication plan <input type="checkbox"/> Facility organizational chart <input type="checkbox"/> Facility telephone directory

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PLANNING SECTION CHIEF

Mission: Oversee all incident-related data gathering, situational information and analysis regarding incident operations and assigned resources. Collect, process and maintain accurate and complete incident files, including a record of the Nursing Home’s response and recovery activities, decisions and key communications. Develop projections to inform long range planning, prepare situation summaries and maps, conduct planning meetings, and prepare the Incident Action Plan (IAP). Disseminate the new IAP to all assigned NHCC staff at the beginning of each Operational Period.

Date: _____	Start: _____	End: _____	Name of Person Assigned to Position: _____
Phone: _____	Signature: _____	Initial: _____	
NHCC Location: _____	Email: _____		

Immediate Response (0-2 hours)	Time	Initial
<p>Receive appointment</p> <ul style="list-style-type: none"> • Receive appointment from the Incident Commander • Put on position identification (e.g., vest, cap, etc.) • Read this entire Job Action Sheet • Notify your usual supervisor that you have been assigned to the Incident Management Team (IMT) • Report to the Incident Commander until demobilized 		
<p>Assess the operational situation</p> <ul style="list-style-type: none"> • Obtain information and status from the Operations and Logistics Section Chiefs to ensure the accurate tracking of personnel and resources • Provide information to the Incident Commander on the operational situation including capabilities and limitations 		
<p>Activities</p> <ul style="list-style-type: none"> • In conjunction with the Liaison/PIO collect situational awareness information (i.e., weather, roads, evacuation routes/sites) • In consultation with the Incident Commander, establish the incident objectives and operational period. Initiate the Incident Briefing Form (see NHICS 201) so that the Incident Commander has the Form to brief incoming IMT staff • Coordinate preparation and documentation of the NHICS 200: IAP Quick Start and distribute copies to the Incident Commander and all Section Chiefs • Facilitate and conduct IAP preparation/meetings with Command Staff, Section Chiefs and other key positions to plan for the next operational period: <ul style="list-style-type: none"> ○ Gather and share critical incident and resident status information ○ Discuss section-level objectives, assignments, strategies/tactics, and resources needed (<i>optionally document on a NHICS 204: Assignments List</i>) 		



Planning | Job Action Sheet
PLANNING SECTION CHIEF

Immediate Response (0-2 hours)	Time	Initial
<ul style="list-style-type: none"> • Prepare a system to receive documentation and completed forms from all Sections over the course of the NHCC activation. Include the following: <ul style="list-style-type: none"> ○ Duplicates of forms and reports to authorized NHCC requestors if copy service available, otherwise note request and provide summary of key information ○ File, maintain, and store incident files for legal, analytical, and historical purposes • Coordinate with Logistics Section Chief to ensure access to IT systems with e-mail/intranet communication to increase communication and document sharing with all sections (if available) • Call for status and resource projections from Section Chiefs for scenarios 4, 8, 24, and 48 hours from time of incident onset. Adjust time for receiving these reports as necessary 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 200: Support the Incident Commander in preparing the IAP Quick Start • NHICS 201: Support the Incident Commander in preparing for the initial briefing of incoming IMT staff using the Incident Briefing Form • NHICS 214: Document all key activities, actions, communications, and decisions in a Activity Log on a continual basis • NHICS 215A: Obtain completed IAP Safety Analysis from the Safety Officer for inclusion in the IAP • NHICS 258: Update and maintain the Facility Resource Directory 		
<p>Resources</p> <ul style="list-style-type: none"> • Maintain communications with Logistics Section Chief and Infrastructure Branch Director to ensure the accurate tracking of personnel and resources • Request a scribe/runner to support documentation activities, if needed • Make requests for external assistance, as needed, in coordination with the Liaison/PIO 		
<p>Communication</p> <ul style="list-style-type: none"> • Communicate with Command Staff and Section Chiefs (informally and formally - via planning meetings) to obtain and document overall status 		

Intermediate Response (2-12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Participate in all briefings and meetings in support of the IC as requested • Meet regularly with the Incident Commander to brief on the section status and the IAP • Continue to monitor changing incident conditions • Continue to conduct regular Incident Action Planning meetings with Command Staff, Section Chiefs, and the Incident Commander for continued update and development of the IAP • Ensure that personnel and equipment are being tracked and reported • Check the accuracy and completeness of documentation, forms, and records submitted. Correct errors or omissions by contacting the appropriate NHCC Section staff • Ensure backup and protection of existing data for main and support computer systems, in coordination with the Logistics Section Chief 		



Planning | Job Action Sheet
PLANNING SECTION CHIEF

Intermediate Response (2-12 hours)	Time	Initial
Documentation <ul style="list-style-type: none"> IAP: Continue revising the IAP to reflect changing conditions and resources NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log NHICS 258: Update the Facility Resource Directory as needed. All NHICS Forms: Prepare and receive all documentation from Command and General Staff positions 		
Resources <ul style="list-style-type: none"> As work load increases request a scribe/runner to support documentation activities, if needed 		
Communication <ul style="list-style-type: none"> Continue communications with Command Staff and Section Chiefs (informally and formally - via planning meetings) to obtain and document overall status 		
Extended Response (greater than 12 hours)	Time	Initial
<ul style="list-style-type: none"> Continue to receive projected activity reports from Section Chiefs at designated intervals to prepare NHCC status reports and update the IAP Assess ability to deactivate positions, as appropriate, in collaboration with Section Chiefs and demobilization of activated Sections Receive and organize all NHCC documentation, including Activity Logs (see NHICS 214) Continue checking the accuracy and completeness of records submitted. Correct errors or omissions by contacting the appropriate NHCC Section staff Continue to ensure backup and protection of existing data for main and support computer systems, in coordination with the Logistics Section Chief Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information 		
Documentation <ul style="list-style-type: none"> IAP: Continue revising the IAP to reflect changing conditions and resources NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log NHICS 258: Update the Facility Resource Directory as needed. All NHICS Forms: Prepare and receive all documentation from Command and General Staff positions as they are deactivated Finalize and distribute steps for demobilization in the Incident Action Plan. 		
Communication <ul style="list-style-type: none"> Continue discussions (formal and informal) with Command Staff and Section Chiefs to obtain and document overall status 		



Demobilization/System Recovery	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Continue to meet with Command Staff, Section Chiefs and Branch Directors to evaluate facility and personnel, review the plan for demobilization and update the IAP • Assist Section Chiefs in restoring Nursing home to normal operations • Work with Finance/Administration Sections to complete cost data information • Begin development of the Incident After-Action Report and Improvement Plan and assign staff to complete portions/sections of the report • Debrief staff on lessons learned and procedural/equipment changes need • Upon deactivation, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements • Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include: <ul style="list-style-type: none"> ○ Review of pertinent position descriptions and operational checklists ○ Recommendations for procedure changes ○ Section accomplishments and issues • Participate in after-action meetings and debriefings as required • Coordinate the final reporting of resident information with external agencies through the Liaison/PIO 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 214: Upon deactivation of your position, submit Activity Logs and all completed documentation • NHICS 252: Submit Time Sheet to the Finance/Administration Section Chief at end of shift or operational period as determined • All NHICS Forms: Prepare and receive all additional documentation from Command and General Staff positions as they are deactivated and sections demobilized. Finalize documentation from activation 		

Documents and Tools
<ul style="list-style-type: none"> <input type="checkbox"/> NHICS 200: IAP Quick Start which includes a combined and abbreviated: <ul style="list-style-type: none"> • NHICS 201: Incident Briefing Form • NHICS 202: Incident Objectives • NHICS 203: Organization Assignment List • NHICS 204: Assignment List (<i>optional full form also available</i>) • NHICS 215A: Incident Action Plan (IAP) Safety Analysis <input type="checkbox"/> NHICS 207: Incident Management Team (IMT) Chart <input type="checkbox"/> NHICS 214: Activity Log <input type="checkbox"/> NHICS 252: Section Personnel Time Sheet



Planning | Job Action Sheet
PLANNING SECTION CHIEF

Documents and Tools

- NHICS 258: Facility Resource Directory
- Facility Emergency Operations Plan
- Facility organizational chart
- Facility telephone directory

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

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LOGISTICS SECTION CHIEF

Mission: Organize and direct those operations associated with maintenance of the physical environment of the facility and the NHCC. This includes adequate levels of personnel, food, equipment, information technology/systems and all supplies to support incident activities. Arrange and coordinate transportation and transport needs for all ambulatory and non-ambulatory residents, personnel and material resources.

Date: _____	Start: _____	End: _____	Name of Person Assigned to Position: _____
Phone: _____	Signature: _____	Initial: _____	
NHCC Location: _____	Email: _____		

Immediate Response (0-2 hours)	Time	Initial
<p>Receive appointment</p> <ul style="list-style-type: none"> • Receive appointment from the Incident Commander • Put on position identification (e.g., vest, cap, etc.) • Read this entire Job Action Sheet • Notify your usual supervisor that you have been assigned to the Incident Management Team (IMT) • Report to the Incident Commander until demobilized 		
<p>Assess the operational situation</p> <ul style="list-style-type: none"> • Obtain information from the Operations Section Chief and Branch Directors to assess critical issues and resource needs • Provide information to the Incident Commander on the Logistics Section operational situation including capabilities and limitations 		
<p>Activities</p> <ul style="list-style-type: none"> • Participate in briefings and Incident Action Plan (IAP) preparation/meetings with Incident Commander: <ul style="list-style-type: none"> ○ Gather and share critical incident logistics information ○ Discuss section-level objectives, assignments, strategies/tactics, and resources needed. • Assist in damage assessment, strategic planning, work assignments, and the identification of resource requirements • Identify, mobilize, dispatch and track all resources used during the incident • Maintain communications with Operations Section Chief and Branch Directors to identify critical issues and resource needs. Including: <ul style="list-style-type: none"> ○ Identification of the number of non-staff (e.g. staff dependents, visitors) requiring shelter in the facility, ○ Type of supply needs and project duration of need for non-staff, ○ On-hand inventory of general equipment and supplies needed for the next 6 days, based on the type of event, 		



Immediate Response (0-2 hours)	Time	Initial
<ul style="list-style-type: none"> ○ Transportation requirements and needs for residents, personnel, and materials ● Determine location of Staging Area and prepare for the receipt and distribution of personnel, supplies, equipment, pharmaceuticals and/or the movement of residents and vehicles in event that emergency admits, or evacuation is required ● Coordinate with the Resident Services Branch Director to set up staging area for resident evacuation, if needed ● For movement of residents within the facility or to a staging area, use staff from across departments to assist in the gathering and placement of transport equipment. Work with Resident Services Branch Director to monitor status of resident movement ● Ensure resource ordering procedures are communicated to appropriate Sections and requests are timely and accurately processed ● Inventory available in house and out of facility transportation resources: <ul style="list-style-type: none"> ○ Available facility transportation resources (vans, buses, staff cars) ○ Available outside of facility transportation resources (vans, buses, shuttles, ambulances) ○ Coordinate with Operations Chief, Resident Care Services to identify the total number of residents requiring transport, and what kind of transport they can utilize (e.g. car, van, bus, and ambulance) and transport equipment (e.g. gurneys, litters, wheelchairs and stretchers) ○ Coordinate requests for private sector transportation with vendor(s) per existing response plans and agreements, or, as a last resort, with the Liaison Officer through the local Emergency Operations Center (EOC) for public sector support <p><u>Facility-specific</u></p> <ul style="list-style-type: none"> ● Contribute to the Facility System Status Report (NHICS 251) and obtain completed form from the Infrastructure Branch Director 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 ● For Facility support coordinate with the Infrastructure Branch Director (Operations Section) to 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 		



Immediate Response (0-2 hours)	Time	Initial
<ul style="list-style-type: none"> ○ Garbage bags ○ Duct and masking tape ● For Resident and Staff Support, determine on hand inventory of the following, based on the type of event but not limited to: <ul style="list-style-type: none"> ○ Medications ○ Medical Supplies: <ul style="list-style-type: none"> ▪ Biohazard management ▪ Medication cups and straws ▪ Disposable briefs and washcloths ▪ 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 ○ Linens ○ Plastic bags ● Ensure proper cleaning and disinfection of the nursing home environment ● Acquire, inventory, and provide medical and non-medical care equipment and supplies <p><u>Information Technology</u></p> <ul style="list-style-type: none"> ● Inventory and assess status of other on-site communications equipment, including two-way pagers, internal and external telephone/fax, satellite phones, public address systems, data message boards; initiate repairs per standard operating procedures ● Set up and maintain communication equipment and provide ongoing support for the facility's Incident Command Center location ● Activate recorded emergency message on facility phone if indicated, informing callers of alternative number or website to check for status information ● Inventory and assess IT systems, hardware and software ● As time and the emergency event allows, take immediate steps to protect the facility's hard drives, monitors, cords, etc. from damage ● Identify potential needs and obtain equipment, supplies, and outside vendors as needed to assist in the recovery, preservation, and/relocation of critical data ● Acquire access to all essential business records (resident records, purchasing contracts, billing and insurance data) <p><u>Staffing</u></p> <ul style="list-style-type: none"> ● Inventory the number and classify staff presently available (see NHICS 253: Volunteer Registration) 		



Logistics Section | Job Action Sheet
LOGISTICS SECTION CHIEF

Immediate Response (0-2 hours)	Time	Initial
<ul style="list-style-type: none"> • In an evacuation scenario, work with Resident Services Branch Director, and Section Chiefs as needed to assign and verify personnel going to all receiving facilities • Determine from all sections levels of personnel and additional resources needed for next operational period and place emergency orders as needed 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 205: Maintain the Communications List with Internal and External Contacts (and alternate devices). Provide copies to Command and General Staff. • NHICS 214: Document all key activities, actions, communications, and decisions in a Activity Log on a continual basis • NHICS 251: Contribute to the Facility System Status Report as requested • NHICS 253: Document volunteer staff time on the Volunteer Registration form 		
<p>Resources</p> <ul style="list-style-type: none"> • Work with the Finance/Administration Chief on the preparation of additional service and equipment contracts and record any expenses related to the emergency event • Keep Planning Section Chief updated with status and utilization of resources 		
<p>Communication</p> <ul style="list-style-type: none"> • Reach out to the Resident Services Branch Director and Infrastructure Branch Director to ensure staff, resident and facility supply needs are being met • Establish and maintain contact with vendors • Work closely with the Finance/Administration Section Chief to verify the screening process and/or credentialing of newly recruited and/or volunteer staff (See NHICS 252 and 253) 		
Intermediate Response (2-12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Meet regularly with the Incident Commander, Command Staff and other Section Chiefs to update status of the response • Continue to report information gathered to the Incident Commander of any internal factors which may influence the decision to evacuate or shelter in place including: <ul style="list-style-type: none"> ○ Transportation ○ Status of receiving facilities ○ Supplies ○ Staff availability • Obtain needed material and fulfill resource requests with the assistance of the Finance/Administration Section Chief and Liaison Officer • Initiate the Resource Accounting Record (see NHICS 257) to track resources include staff, resident care supplies, communication hardware and food/water • Continue to ensure the following are being addressed: <ul style="list-style-type: none"> ○ Maintenance and resupply of critical inventories (e.g. food, water, medical supplies) ○ Staff dependent care 		



Intermediate Response (2-12 hours)	Time	Initial
<ul style="list-style-type: none"> ○ Provision of supplies ○ Transportation services and equipment ● Provide mechanisms to alert the Operations Section Chief and Safety Officer to respond to internal resident and/or physical emergencies (e.g., cardiac arrest, fire, etc), if primary communications systems fail ● Coordinate the use of external resources to assist with service delivery and utilize staging areas ● Communicate with Infrastructure Branch Director in organizing and providing food and hydration ● In coordination with Safety Officer, monitor the area continuously for safety and dependent needs (e.g., medical needs, including medications, medical care and nutrition) ● Continue coordination of transportation resources/shipments into and out of the facility with the vendor by phone or local EOC <p><u>Facility-specific</u></p> <ul style="list-style-type: none"> ● Closely monitor building system status, equipment and supply usage ● Re-stock facility management and support areas, supply closets, and carts per request and at least every 8 hours <p><u>Information Technology</u></p> <ul style="list-style-type: none"> ● Assess immediate and future impact of the incident on IT systems and establish priorities for use of available IT/IS systems, including computer hardware, software and infrastructure support to staff ● Maintain communications systems (both internal and external connectivity) and network capability ● Ensure maintenance, restoration and back up of critical clinical and business data including resident medical records, billing, and business/financial records 		
<p>Documentation</p> <ul style="list-style-type: none"> ● NHICS 205: Update the Communications List. Provide copies to Command and General Staff. ● NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log ● NHICS 251: Review and update the Facility System Status Report as requested ● NHICS 253: Continue documentation of volunteer staff time on the Volunteer Registration form ● NHICS 257: Track resources and equipment used during the incident on a Resource Accounting Record 		
<p>Resources</p> <ul style="list-style-type: none"> ● Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed, coordinating with Operations Section Chief 		
<p>Communication</p> <ul style="list-style-type: none"> ● Continue to reach out to the Resident Services Branch Director and Infrastructure Branch Director to ensure staff, resident and facility supply needs are being met ● Continue to work closely with the Finance/Administration Section Chief to verify the screening process and/or credentialing of newly recruited and/or volunteer staff (See NHICS 		



Logistics Section | Job Action Sheet
LOGISTICS SECTION CHIEF

Intermediate Response (2-12 hours)	Time	Initial
252 and 253). Resolve any issues that arise		

Extended Response (greater than 12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> Continue to attend regular briefings and meetings Maintain the Resource Accounting Record (see NHICS 257) to track equipment used during the response Receive and archive all documentation related to internal and external facility communication systems Report unexpected problems and unresolved issues immediately <p>Staffing</p> <ul style="list-style-type: none"> Anticipate increased staff needs created by increased numbers of residents, longer working hours, and concerns about family welfare Coordinate referrals to in-house Resident Services Branch to treat staff needing psychological support Expand dependent-care capacity as situation warrants and resources allow Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information 		
<p>Documentation</p> <ul style="list-style-type: none"> NHICS 205: Update the Communications List. Provide copies to Command and General Staff. NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log NHICS 251: Update the Facility System Status Report as needed NHICS 253: Continue documentation of volunteer staff time on the Volunteer Registration form NHICS 257: Continue to track resources and equipment used during the incident on a Resource Accounting Record 		
<p>Resources</p> <ul style="list-style-type: none"> Monitor levels of all supplies and equipment, and collaborate as needed 		
<p>Communication</p> <ul style="list-style-type: none"> Continue to reach out to the Resident Services Branch Director and Infrastructure Branch Director to ensure staff, resident and facility supply needs are being met 		

Demobilization/System Recovery	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> Coordinate return of all assigned equipment to appropriate locations and restock NHCC supplies Ensure return/retrieval of equipment and supplies and return of all assigned incident command equipment. Coordinate replacement of broken or misplaced items 		



Logistics Section | Job Action Sheet
LOGISTICS SECTION CHIEF

Demobilization/System Recovery	Time	Initial
<ul style="list-style-type: none"> • Work with Planning and Finance/Administration Section Chief to complete cost data information • Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements • Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include: <ul style="list-style-type: none"> ○ Review of pertinent position descriptions and operational checklists ○ Recommendations for procedure changes ○ Section accomplishments and issues • Participate in after-action meetings and debriefings as required 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 214: Upon deactivation of your position, submit Activity Logs and all completed documentation to the Planning Section Chief • NHICS 252: Submit Time Sheet to the Finance/Administration Section Chief at end of shift or operational period as determined 		

Documents and Tools
<ul style="list-style-type: none"> <input type="checkbox"/> NHICS 200: Incident Action Plan (IAP) Quick start <input type="checkbox"/> NHICS 205: Communications List <input type="checkbox"/> NHICS 207: Incident Management Team (IMT) Chart <input type="checkbox"/> NHICS 214: Activity Log <input type="checkbox"/> NHICS 251: Facility System Status Report <input type="checkbox"/> NHICS 252: Section Personnel Time Sheet <input type="checkbox"/> NHICS 253: Volunteer Registration <input type="checkbox"/> NHICS 257: Resource Accounting Record <input type="checkbox"/> Facility emergency operations plan <input type="checkbox"/> Facility organizational chart <input type="checkbox"/> Facility telephone directory <input type="checkbox"/> Facility maps and ancillary services schematics <input type="checkbox"/> Vendor support and repair directory <input type="checkbox"/> Master inventory control lists

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FINANCE/ADMINISTRATION SECTION CHIEF

Mission: Monitor the utilization of financial assets and the accounting for financial expenditures. Supervise the documentation of expenditures and cost reimbursement activities. Ensure thorough investigation and documentation of incident-related claims, and the screening of volunteers. Contribute to the Incident Action Plan (IAP).

Date: _____	Start: _____	End: _____	Name of Person Assigned to Position: _____
Phone: _____	Signature: _____	Initial: _____	
NHCC Location: _____		Email: _____	

Immediate Response (0-2 hours)	Time	Initial
<p>Receive appointment</p> <ul style="list-style-type: none"> • Receive appointment from the Incident Commander • Put on position identification (e.g., vest, cap, etc.) • Read this entire Job Action Sheet • Notify your usual supervisor that you have been assigned to the Incident Management Team (IMT) • Report to the Incident Commander until demobilized 		
<p>Activities</p> <ul style="list-style-type: none"> • Participate in briefings and Incident Action Plan (IAP) preparation/meetings with the Incident Commander: <ul style="list-style-type: none"> ○ Gather and share critical incident and resident status information ○ Discuss section-level objectives, assignments, strategies/tactics, and resources needed • Brief Command and General staff on use of alternative staff time tracking method if used • Document facility-wide personnel hours worked as related to the emergency. If alternative staff time tracking method is utilized, distribute the Time Sheet (see NHICS 252) to IMT personnel and ensure time is recorded • Ensure there are adequate forms for documentation of personnel hours worked and volunteer hours worked in all areas for 14-day run if needed • Collect Time Sheets at the completion of a shift or at the end of each operational period as determined by Incident Commander • Determine if any special contractual arrangements/agreements are needed. Interpret and initiate contracts/agreements to minimize costs (when possible) and resolve disputes • Maintain communications with Operations and Logistics Section Chiefs to ensure that procurement, costs, and business continuity actions are identified and tracked appropriately • Maintain communications with Safety Officer to immediately identify employee and non-employee claims issued against the facility. Initiate investigation and documentation of claims as possible 		



Finance/Administration Section | Job Action Sheet
FINANCE/ADMINISTRATION SECTION CHIEF

Immediate Response (0-2 hours)	Time	Initial
<ul style="list-style-type: none"> Establish cost reporting procedures, including proper coding Implement third-party billing procedures Implement procedures for receiving and depositing funds Establish and document emergency agreements for the sharing, transfer of materials, equipment, and supplies, etc., to other entities Assess the need to obtain cash reserves due to the emergency Provide cost implications of incident objectives Assist the Logistics Section Chief in accounting for facility staff and in the screening and/or credentialing of newly recruited and/or volunteer staff (See NHICS 252 and 253) 		
<p>Documentation</p> <ul style="list-style-type: none"> NHICS 214: Document all key activities, actions, communications, and decisions in a Activity Log on a continual basis NHICS 252: Receive and process incoming Section Personnel Time Sheets NHICS 253: Assist the Logistics Section Chief with the processing of volunteers using the Volunteer Registration form 		
<p>Resources</p> <ul style="list-style-type: none"> Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed, coordinating with Operations and Logistics Section Chiefs 		
<p>Communication</p> <ul style="list-style-type: none"> Communicate with Command and General staff regarding procurement and time sheet recording and submission as necessary Initiate the process for screening and tracking of incoming volunteers and/or new personnel. Communicate the process to volunteer assigned to in-take personnel 		

Intermediate Response (2-12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> Meet regularly with the Incident Commander; Command staff, other Section Chiefs on the status of the response Initiate documentation for purchases made during the response Identify and document insurance company requirements for submitting damage/claim reports. Take photos and videos as appropriate Document claims on facility risk/loss forms. Coordinate with facility Risk Manager Ensure that records required by insurers, government and other agencies for loss recovery are accurately compiled, maintained and available Create a "cost-to-date" incident financial status report as directed by the IC summarizing financial data relative to personnel, supplies and other expenditures and expenses Work with the Logistics Section Chief to assist with preservation/recovery of business and financial records Work with the Incident Commander and other Section Chiefs to identify short-term and long- 		



Finance/Administration Section | Job Action Sheet
FINANCE/ADMINISTRATION SECTION CHIEF

Intermediate Response (2-12 hours)	Time	Initial
<ul style="list-style-type: none"> term issues with financial implications; establish needed policies and procedures Collect all Section Personnel Time Sheets (see NHICS Form 252) from each work area for recording and tabulation 		
<p>Documentation</p> <ul style="list-style-type: none"> NHICS 214: Continue documentation of key activities, actions, communications, and decisions on an Activity Log NHICS 252: Receive and process incoming Section Personnel Time Sheets NHICS 253: Continue to assist the Logistics Section Chief with the processing of volunteers using the Volunteer Registration form 		
<p>Resources</p> <ul style="list-style-type: none"> Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed, coordinating with Operations and Logistics Section Chiefs 		
<p>Communication</p> <ul style="list-style-type: none"> Check in routinely with Section Chiefs to discuss procurement issues In close coordination with the Safety Officer, handle any claims that arise from the incident 		

Extended Response (greater than 12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> Continue to attend regular briefings and meetings Ensure that required financial and administrative documentation are properly prepared. Collate and process invoices received Continue to track all costs and collect invoices and other records as needed to reconcile financial records and document reimbursement claims Present financial updates to the Incident Commander and Command Staff as requested by the IC Ensure that routine, non-incident related administrative oversight of nursing home financial operations is maintained Coordinate emergency procurement requests with Logistics Section Maintain cash reserves on hand Consult with local, state, and federal officials regarding reimbursement regulations and requirements; ensure required documentation is prepared according to guidance received Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information 		
<p>Documentation</p> <ul style="list-style-type: none"> NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log NHICS 252: Continue to receive and process incoming Section Personnel Time Sheets 		
<p>Resources</p> <ul style="list-style-type: none"> Monitor levels of all supplies and equipment, and collaborate on needs with the Logistics 		



Finance/Administration Section | Job Action Sheet
FINANCE/ADMINISTRATION SECTION CHIEF

Extended Response (greater than 12 hours)	Time	Initial
Section Chief		
Communication <ul style="list-style-type: none"> Contact insurance carriers to initiate reimbursement and claims procedures Coordinate with Risk Management for additional insurance and documentation needs, including photographs of damage, etc 		

Demobilization/System Recovery	Time	Initial
Activities <ul style="list-style-type: none"> Collect and analyze all financial related data Ensure processing and payment of invoiced costs Submit required reimbursement paperwork and track payments Work with Planning Section to ensure cost data information is documented Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include: <ul style="list-style-type: none"> Review of pertinent position descriptions and operational checklists Recommendations for procedure changes Section accomplishments and issues Participate in after-action meetings and debriefings as required 		
Documentation <ul style="list-style-type: none"> NHICS 214: Upon deactivation of your position, submit Activity Logs and all completed documentation to the Planning Section Chief NHICS 252: Submit Time Sheet at end of shift or operational period as determined 		

Documents and Tools
<input type="checkbox"/> NHICS 200: Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 207: Incident Management Team (IMT) Chart <input type="checkbox"/> NHICS 214: Activity Log <input type="checkbox"/> NHICS 252: Section Personnel Time Sheet <input type="checkbox"/> NHICS 253: Volunteer Registration <input type="checkbox"/> NHICS 257: Resource Accounting Record (optional) <input type="checkbox"/> Facility emergency operations plan <input type="checkbox"/> Facility organizational chart <input type="checkbox"/> Facility telephone directory <input type="checkbox"/> Facility inventory <input type="checkbox"/> Facility financial data forms <input type="checkbox"/> State and federal/FEMA reimbursement forms



Finance/Administration Section | Job Action Sheet
FINANCE/ADMINISTRATION SECTION CHIEF

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RESIDENT SERVICES BRANCH DIRECTOR

Mission: Coordinate and supervise all aspects of resident care and services including: nursing services (including management of incident-related trauma and special needs as well as routine care), psychosocial care (residents, staff, and dependents), and movement into and out of the facility. Implement and monitor the facility's resident identification and tracking system for both incoming residents or for facility residents evacuating to an offsite destination.

Date: _____	Start: _____	End: _____	Name of Person Assigned to Position: _____
Phone: _____	Signature: _____	Initial: _____	
NHCC Location: _____	Email: _____		

Immediate Response (0-2 hours)	Time	Initial
<p>Receive appointment</p> <ul style="list-style-type: none"> • Receive appointment from the Incident Commander • Put on position identification (e.g., vest, cap, etc.) • Read this entire Job Action Sheet • Notify your usual supervisor that you have been assigned to the Incident Management Team (IMT) • Report to the Incident Commander until demobilized 		
<p>Assess the operational situation</p> <ul style="list-style-type: none"> • Support the Operations Section Chief in the initial assessment of the situation and overall status including any identified capabilities and limitations 		
<p>Activities</p> <ul style="list-style-type: none"> • Participate in briefings and Incident Action Plan preparation/meetings as requested: • Gather and share critical incident and resident status information • In conjunction with the Medical Director/Specialist if available, Safety Officer and the Operations Section Chief assess the initial status of the residents, staff and visitors in the following areas: <ul style="list-style-type: none"> ○ Casualties and/or deaths related to incident (see NHICS 259: Master Facility Casualty/Fatality Report) ○ Resident census and condition ○ Resident acuity which may impact treatment, evacuation, admission, discharge and/or transfer ○ Immediate health hazards requiring mitigation (e.g. infectious agents) ○ Immediate staffing needs to ensure care needs are met (number of personnel needed and categories, e.g. Licensed nurse, CNA) • Assess problems and resource needs in Branch areas; coordinate resource management with 		



Operations | Job Action Sheet
RESIDENT SERVICES BRANCH DIRECTOR

Immediate Response (0-2 hours)	Time	Initial
<p>Infrastructure Branch Director and report all resource needs to Operations Section Chief:</p> <ul style="list-style-type: none"> ○ Arrange for provision of critical medical services if needed (e.g. dialysis, oxygen) ○ Ensure that staff are assigned to assess stock of medications for resident support and medical supplies on hand and project resources needed for the next 7-10 days . Communicate pharmaceutical needs to the dispensing pharmacy immediately ○ Ensure staffing level and skill needs for triage and treatment of acute conditions and continuation of routine care and restorative services for residents <ul style="list-style-type: none"> ● 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 briefing with direct care staff. ● Schedule a review of individual residents as needed for consideration of: <ul style="list-style-type: none"> ○ Special needs and possible early transfer to a higher level of care setting where critical services can be maintained (e.g. dialysis, respiratory support) ○ Potential evacuation order ○ Potential emergency admits, discharges, and activation of surge capacity procedures ○ assist in resident priority assessment to designate residents for early discharge and/or to obtain status of vacant beds for admits ● Prioritize resident transfer needs and identify transportation needed (e.g. ambulance, wheelchair van, bus) ● Implement a system for contacting resident family/guardians regarding transfer and discharge status, options, and plans ● Determine if communicable disease risk exists; implement appropriate response procedure(s). Collaborate with the appropriate Medical Director/Specialist and Logistics Section Chief to ensure appropriate personal protective equipment is available ● Regularly meet with the Operations Section Chief to discuss plan of action, resource needs and staffing in all service areas <p><u>Admission, Transfer and Discharge</u></p> <ul style="list-style-type: none"> ● Review facility's resident identification and tracking system for transfer/discharge: <ul style="list-style-type: none"> ○ Evaluate supplies needed to implement the resident I.D. and tracking system (see NHICS 260: Individual Resident Evacuation Tracking) and communicate any shortfalls to the Operations Section Chief ○ Prepare resident identification tools ○ Provide resident identification in accordance with facility procedures ● Prepare tracking system tools if new residents are being admitted or coming to shelter-in-place ● Coordinate the receipt of or transfer out of medical records and medications in accordance with facility procedures <p><u>Psychosocial-related</u></p> <ul style="list-style-type: none"> ● Assess the capabilities, human resource requirements, and needs for ancillary services (e.g. therapies): <ul style="list-style-type: none"> ○ Psychological ○ Spiritual 		



**Operations | Job Action Sheet
RESIDENT SERVICES BRANCH DIRECTOR**

Immediate Response (0-2 hours)	Time	Initial
<ul style="list-style-type: none"> ○ Activities ○ Social Services ● Establish and coordinate team of mental health personnel and clergy to support the psychosocial needs of staff, residents, and dependents ● Coordinate activities performed by non-clinical volunteers. Communicate volunteer needs or issues with Logistics Section Chief ● Verify residents have all needed adaptive equipment based on their clinical assessment, including glasses and hearing aids ● 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 		
<p>Documentation</p> <ul style="list-style-type: none"> ● NHICS 214: Document key activities, actions, communications, and decisions on an Activity Log ● NHICS 254: Ensure the accurate admission of residents using the Emergency Admit Tracking form ● NHICS 255: Ensure accurate tracking of residents using the Master Resident Evacuation Tracking form ● NHICS 259: Document victim information on a Facility Casualty/Fatality Report ● NHICS 260: Provide resident details on the individual Resident Evacuation Tracking form 		
<p>Resources</p> <ul style="list-style-type: none"> ● Family/Guardian contact information 		
<p>Communication</p> <ul style="list-style-type: none"> ● Provide family/guardian notifications of evacuation, shelter-in-place, transfer, or early discharge, if applicable ● Reach out to the Logistics Section Chief to order needed supplies for resident care needs 		
<p>Safety and Security</p> <ul style="list-style-type: none"> ● Ensure resident safety issues are identified and addressed 		

Intermediate Response (2-12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> ● Meet regularly with the Operations Section Chief and others as needed to update status of the response ● Ensure that each resident's physician is contacted as needed to update orders ● Report unexpected problems and unresolved issues immediately ● Continue coordinating resident care, disposition of residents, and clinical services support ● Ensure resident transfer coordination and tracking is being done according to the emergency operations plan and facility procedures 		



**Operations | Job Action Sheet
RESIDENT SERVICES BRANCH DIRECTOR**

Intermediate Response (2-12 hours)	Time	Initial
<ul style="list-style-type: none"> • Monitor the implementation of the Resident I.D. & Tracking system • Ensure resident records are being done correctly and data is shared with appropriate internal and external officials, in collaboration with the Operations Section Chief and Liaison/PIO • Continue contacting resident family members/guardians regarding transfer and discharge status, options, and plans • Assess environmental services (housekeeping) needs in all clinical care and clinical support areas; contact the Infrastructure Branch Director, as appropriate, with identified needs • Continue to provide updated clinical information and situation reports to staff • Ensure resident data is collected and shared with appropriate internal and external officials, in collaboration with the Incident Commander • Continue to ensure that residents receive needed care and reassurance • Continue to ensure resident admission, transfer and discharge coordination and tracking according to facility policies and procedures; mitigate identified issues <p><u>Nursing-related</u></p> <ul style="list-style-type: none"> • 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 the Operations Section Chief to evaluate status, project needs, and report actions • Establish a staff rest and nutritional area in cooperation with Logistics Section Chief • Report unexpected problems and unresolved issues immediately <p><u>Psychosocial-related</u></p> <ul style="list-style-type: none"> • Assist with updating families on individual resident’s status as directed by Operations Section Chief • Meet regularly with Operations Section Chief to report status and needs • Ensure coordination with the Logistics Section Chief to assess need for psychosocial support of staff or dependents sheltering at the facility 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 214: Continue documentation of key activities, actions, communications, and decisions on an Activity Log • NHICS 254: Continue accurate tracking of admission of residents using the Emergency Admit Tracking form • NHICS 255: Continue accurate tracking of residents using the Master Resident Evacuation Tracking form • NHICS 259: Update victim information on a Facility Casualty/Fatality Report • NHICS 260: Provide resident details on the Resident Evacuation Tracking form 		
<p>Resources</p> <ul style="list-style-type: none"> • Family member/guardian contact information 		



**Operations | Job Action Sheet
RESIDENT SERVICES BRANCH DIRECTOR**

Intermediate Response (2-12 hours)	Time	Initial
Communication <ul style="list-style-type: none"> Continue to provide family/guardian notifications of evacuation, shelter-in-place, transfer, or early discharge Continue reaching out to the Logistics Section Chief to order needed supplies for resident care needs 		
Safety and Security <ul style="list-style-type: none"> Ensure resident safety issues are identified and addressed 		

Extended Response (greater than 12 hours)	Time	Initial
Activities <ul style="list-style-type: none"> Continue ongoing nursing, psychosocial and resident admit/transfer, and discharge activities Meet regularly with the Operations Section Chief and others as needed to update status of the response and relay important to branch staff Ensure resident care needs are being met and policy decisions to institute an altered level of care practices are determined and communicated effectively Ensure resident safety issues are identified and addressed Continue to monitor Resident Care Branch's ability to meet workload demands, staff health and safety, resource needs, and documentation practices 		
Documentation <ul style="list-style-type: none"> NHICS 214: Continue documentation of key activities, actions, communications, and decisions on an Activity Log NHICS 254: Continue accurate tracking of admission of residents using the Emergency Admit Tracking form NHICS 255: Continue accurate tracking of residents using the Master Resident Evacuation Tracking form NHICS 259: Update victim information on a Facility Casualty/Fatality Report NHICS 260: Provide resident details on the Resident Evacuation Tracking form 		
Resources <ul style="list-style-type: none"> Family member/guardian contact information 		
Communication <ul style="list-style-type: none"> Follow up with the Logistics Section Chief on supplies ordered for resident care needs Provide behavioral health support to residents and families, as needed 		
Safety and Security <ul style="list-style-type: none"> Continue to ensure resident safety issues are identified and addressed 		



**Operations | Job Action Sheet
RESIDENT SERVICES BRANCH DIRECTOR**

Demobilization/System Recovery	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements • Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include: <ul style="list-style-type: none"> ○ Review of pertinent position descriptions and operational checklists ○ Recommendations for procedure changes ○ Section accomplishments and issues • Participate in after-action meetings and debriefings as required • Provide behavioral health support to staff if needed or requested 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 214: Upon deactivation of your position, submit Activity Logs and all completed documentation • NHICS 252: Submit Time Sheet to the Finance/Administration Section Chief at end of shift or operational period as determined 		

Documents and Tools
<ul style="list-style-type: none"> <input type="checkbox"/> NHICS 200: Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 207: Incident Management Team (IMT) Chart <input type="checkbox"/> NHICS 214: Activity Log <input type="checkbox"/> NHICS 252: Section Personnel Time Sheet <input type="checkbox"/> NHICS 254: Emergency Admit Tracking <input type="checkbox"/> NHICS 255: Master Resident Evacuation Tracking <input type="checkbox"/> NHICS 259: Facility Casualty/Fatality Report <input type="checkbox"/> NHICS 260: Resident Evacuation Tracking <input type="checkbox"/> Facility emergency operations plan <input type="checkbox"/> Communication plan <input type="checkbox"/> Facility organizational chart <input type="checkbox"/> Facility telephone directory

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



INFRASTRUCTURE BRANCH DIRECTOR

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 (cleaning, disinfection, housekeeping, and laundry), and food services.

Date: _____	Start: _____	End: _____	Name of Person Assigned to Position: _____
Phone: _____	Signature: _____	Initial: _____	
NHCC Location: _____	Email: _____		

Immediate Response (0-2 hours)	Time	Initial
Receive appointment <ul style="list-style-type: none"> • Receive appointment from the Incident Commander • Put on position identification (e.g., vest, cap, etc.) • Read this entire Job Action Sheet • Notify your usual supervisor that you have been assigned to the Incident Management Team (IMT) • Report to the Incident Commander until demobilized 		
Assess the operational situation <ul style="list-style-type: none"> • Support the Operations Section Chief in the initial assessment of the situation and overall status including any identified capabilities and limitations 		
Activities <ul style="list-style-type: none"> • Participate in briefings and Incident Action Plan preparation/meetings as requested: • Gather and share critical incident and resident status information • In coordination with the Safety Officer participate in the assessment of the incident’s impact on the facility (see NHICS 251) and its structural integrity • Assess Infrastructure Branch capacity to deliver needed: <ul style="list-style-type: none"> ○ Nutrition/Hydration – determine if/when to implement facility’s emergency menu ○ Facility heating and air conditioning (HVAC) ○ Power and lighting ○ Telecommunications ○ Potable and non-potable water ○ Medical gas delivery ○ Sanitation ○ Road clearance ○ Damage assessment and repair ○ Facility cleanliness ○ Vertical transport/Airlift 		



Operations | Job Action Sheet
 INFRASTRUCTURE BRANCH DIRECTOR

Immediate Response (0-2 hours)	Time	Initial
<ul style="list-style-type: none"> ○ Facility access ○ Security systems ● Initiate repairs to facility, if needed. Activate contingency plans. ● Anticipate immediate and short-term events and subsequent impacts to facility status (e.g., storm surge, earthquake aftershocks). Make recommendations regarding partial or complete evacuation to Operations Section Chief ● Ensure prioritization of problems when multiple issues are presented <p><u>Dietary</u></p> <ul style="list-style-type: none"> ● Organize, provide, and safeguard food and water stores to allow for the facility’s self-sufficiency for at least one week ● Maintain communications with the Operations Section Chief to update overall status, identify critical issues, inventory levels and resource needs including: <ul style="list-style-type: none"> ○ Number of meals which can be served utilizing existing food stores ○ Current emergency drinking water supply (estimate time when re-supply will be necessary) ○ Additional nutritional supplies needed ○ Alternative cooking equipment if indicated (e.g. barbeques, battery operated blenders, etc) ○ Recommendations for conservation/rationing strategy if indicated ● In an evacuation scenario: <ul style="list-style-type: none"> ○ Supervise the movement and separation of food and water stores to staging area as directed by Logistics Section ○ 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 <p><u>Environmental</u></p> <ul style="list-style-type: none"> ● Ensure the safety and health of environmental services personnel by providing personal protective equipment (PPE) to appropriate staff and review their response to exposures ● Ensure disinfection of surfaces and reusable equipment, according to the appropriate method of equipment disinfection, per its intended use, manufacturer’s recommendations, and existing facility policies ● If indicated, activate water conservation measures identified in emergency plan ● Inventory supply of laundry/linen and report on adequacy to meet the needs of the residents ● In an evacuation scenario, ensure clean linen is prepared and organized for transport to meet the needs of the residents <p><u>Physical Plant</u></p> <ul style="list-style-type: none"> ● Evaluate, organize and manage the critical services required to sustain and repair the facility’s buildings and grounds including power, lighting, water, and waste disposal ● Ensure operations and security of the generator in conjunction with the Safety Officer ● 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.) 		
Documentation		



**Operations | Job Action Sheet
INFRASTRUCTURE BRANCH DIRECTOR**

Immediate Response (0-2 hours)	Time	Initial
<ul style="list-style-type: none"> NHICS 214: Document all key activities, actions, communications, and decisions in a Activity Log on a continual basis NHICS 251: Complete an assessment of the incident’s impact on the facility using Facility System Status Report NHICS 252: Submit Time Sheet to the Finance/Administration Time Unit Leader at end of shift or operational period as determined 		
<p>Resources</p> <ul style="list-style-type: none"> Evaluate and report on-hand equipment, supply, and nutrition/hydration inventories and staff needs Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed, coordinating with Logistics Section Chief 		
<p>Communication</p> <ul style="list-style-type: none"> Routinely touch bases with Logistics Section Chief to order supplies and request personnel (i.e., physical plant repair, structural or seismic engineer) Communicate with the Finance/Administration Section Chief to activate Memorandums of Understanding as needed for generator and fuel support, water and sewage services, and medical gas deliveries 		

Intermediate Response (2-12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> Continue to implement the Operations Section action plan items related to infrastructure (i.e. dietary, environmental, and physical plant) and report resource needs to Section Chief Meet regularly with the Operations Section Chief and others as needed to update status of the response Report unexpected problems and unresolved issues immediately Maintain knowledge of the current number of persons being maintained in the facility, including residents, staff, and dependents. Communicate number to Logistics Section Chief Continue to coordinate with Logistics Section Chief to provide service support as needed to residents, employees, and dependents as appropriate as well as physical plant or equipment needs <p><u>Dietary</u></p> <ul style="list-style-type: none"> Provide quality nutritional services on a daily basis Maintain a clean, safe, and sanitary dietary department Determine location of personnel refreshment and nutritional break areas for staff dependents Secure nutritional and water inventories with the assistance of the Safety Officer Monitor food and water supplies. Update rationing recommendations as indicated <p><u>Environmental</u></p> <ul style="list-style-type: none"> 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 the Operations Section Chief to evaluate environmental services status and 		



Operations | Job Action Sheet
INFRASTRUCTURE BRANCH DIRECTOR

Intermediate Response (2-12 hours)	Time	Initial
<p>project needs</p> <p><u>Physical Plant</u></p> <ul style="list-style-type: none"> • In consultation with the Safety Officer 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 ○ Resident Valuables ○ Pharmaceutical resources ○ Fuel ○ Personnel and visitors • Anticipate and 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, and inform all departments • Position portable toilets in accessible areas; away from resident care and food preparation • 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). • Confer with Liaison/PIO to establish areas for the media 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 214: Continue documentation of key activities, actions, communications, and decisions on an Activity Log • NHICS 251: Update the Facility System Status Report as conditions change, or more frequently as indicated by the situation 		
<p>Resources</p> <ul style="list-style-type: none"> • Continue to evaluate and report on-hand equipment, supply, and nutrition/hydration inventories and staff needs 		
<p>Communication</p> <ul style="list-style-type: none"> • Continue touching bases with the Logistics and Finance Section Chiefs to place orders for additional supplies, physical plant repairs, and follow up on Memorandums of Understanding (MOUs) 		

Extended Response (greater than 12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Continue to implement the Operations Section action plan items related to infrastructure (i.e. dietary, environmental, and physical plant) and report resource needs to Section Chief • Continue to consult with the Safety Officer on issues related to safety and security • Meet regularly with the Operations Section Chief and others as needed to update status of the response 		



**Operations | Job Action Sheet
INFRASTRUCTURE BRANCH DIRECTOR**

Extended Response (greater than 12 hours)	Time	Initial
<ul style="list-style-type: none"> Report unexpected problems and unresolved issues immediately Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information 		
Documentation <ul style="list-style-type: none"> NHICS 214: Continue documentation of key activities, actions, communications, and decisions on an Activity Log NHICS 251: Update the Facility System Status Report as conditions change, or more frequently as indicated by the situation 		
Resources <ul style="list-style-type: none"> Continue to evaluate and report on-hand equipment, supply, and nutrition/hydration inventories and staff needs 		

Demobilization/System Recovery	Time	Initial
Activities <ul style="list-style-type: none"> Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include: <ul style="list-style-type: none"> Review of pertinent position descriptions and operational checklists Recommendations for procedure changes Section accomplishments and issues Participate in after-action meetings and debriefings as required 		
Documentation <ul style="list-style-type: none"> NHICS 214: Upon deactivation of your position, submit Activity Logs and all completed documentation NHICS 251: Submit a final Facility System Status Report NHICS 252: Submit Time Sheet to the Finance/Administration Section Chief at end of shift or operational period as determined 		

Documents and Tools
<input type="checkbox"/> NHICS 200: Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 207: Incident Management Team (IMT) Chart <input type="checkbox"/> NHICS 214: Activity Log <input type="checkbox"/> NHICS 251: Facility System Status Report <input type="checkbox"/> NHICS 252: Section Personnel Time Sheet <input type="checkbox"/> Facility emergency operations plan <input type="checkbox"/> Facility organizational chart <input type="checkbox"/> Facility telephone directory



**Operations | Job Action Sheet
INFRASTRUCTURE BRANCH DIRECTOR**

Documents and Tools

- Master inventory control lists
- Utility contingency plans
- Business Continuity Plan
- Memorandums of Understanding

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



Any Section and/or Command I Job Action Sheet
SCRIBE/RUNNER

SCRIBE/RUNNER

Mission: Maintain accurate and complete documentation for the assigned section or branch. In addition to a wide range of clerical tasks, this position maintains flexibility of duties. For example, during facility evacuation or intake of emergency orders, they may move supplies and equipment or assist with basic data entry.

Date: _____	Start: _____	End: _____	Name of Person Assigned to Position: _____
Phone: _____		Signature: _____	
NHCC Location: _____		Initial: _____	
Email: _____			

Immediate Response (0-2 hours)	Time	Initial
<p>Receive appointment</p> <ul style="list-style-type: none"> • Receive appointment from the Incident Commander • Put on position identification (e.g., vest, cap, etc.) • Read this entire Job Action Sheet • Notify your usual supervisor that you have been assigned to the Incident Management Team (IMT) • Report to the Incident Commander until demobilized 		
<p>Activities</p> <ul style="list-style-type: none"> • Receive just-in-time training if needed • Coordinate with the Logistics Section Chief to ensure access to IT systems with email and intranet communication to increase communication and document sharing with all sections • If assigned role by Planning Section Chief, prepare a system to receive documentation and completed forms from all sections over the course of the activation • Other activities may include: <ul style="list-style-type: none"> ○ routing and collecting forms, ○ updating status boards, and ○ monitoring, documenting and organizing communications sent via external communication • If assigned role by Logistics Section Chief, assist with the intake and movement of supplies and equipment at the facility (or other related duties) • Provide duplicates of forms and reports to designated personnel as directed • Participate in briefings and meetings as requested, assist with notetaking as requested • Advise designated personnel immediately of any operational issue you are not able to correct or resolve 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 214: Document all key activities, actions, communications, and decisions in an Activity Log on a continual basis 		



Any Section and/or Command I Job Action Sheet
SCRIBE/RUNNER

Immediate Response (0-2 hours)	Time	Initial
<p>Communication</p> <ul style="list-style-type: none"> If requested, assist with general resident and staff notifications. Communicate regularly with Planning Section Chief (and others as assigned) in establishing and updating a staff information/status boards 		

Intermediate Response (2-12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> Advise designated personnel immediately of any operational issue you are not able to correct or resolve Continue to accept and organize all documentation and forms submitted to the assigned section Check for accuracy and completeness of records submitted; correct omissions or errors by contacting appropriate personnel If applicable, continue to assist with the intake and movement of supplies and equipment at the facility and other activities as requested Maintain all historical information (i.e., Incident Action Plans (IAPs), NHICS 214, etc) 		
<p>Documentation</p> <ul style="list-style-type: none"> NHICS 214: Continue documentation of key activities, actions, communications, and decisions on an Activity Log 		
<p>Communication</p> <ul style="list-style-type: none"> Continue updates to information/status boards, as requested 		

Extended Response (greater than 12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> Advise designated personnel immediately of any operational issue you are not able to correct or resolve Continue to accept and organize all documentation and forms submitted to assigned section Check the accuracy and completeness of records submitted; correct errors or omissions by contacting appropriate personnel Continue to maintain all historical information If appropriate/applicable, brief your replacement on the documentation to complete and incident status 		
<p>Documentation</p> <ul style="list-style-type: none"> NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log 		
<p>Communication</p> <ul style="list-style-type: none"> Continue updates to information/status boards, as requested 		



Any Section and/or Command I Job Action Sheet
SCRIBE/RUNNER

Demobilization/System Recovery	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Ensure return/retrieval of equipment and supplies, and return all assigned incident command equipment • Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report. Topics include: <ul style="list-style-type: none"> ○ Accomplishments and issues ○ Review of pertinent position descriptions and operational checklists ○ Recommendations for procedure changes 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 214: Upon deactivation of your position, submit Activity Logs and all completed documentation to the Planning Section Chief 		

Documents and Tools
<ul style="list-style-type: none"> <input type="checkbox"/> NHICS 200: Incident Action Plan (IAP) Quick Start <input type="checkbox"/> NHICS 207: Incident Management Team (IMT) Chart <input type="checkbox"/> Facility emergency operations plan <input type="checkbox"/> Facility organizational chart <input type="checkbox"/> Facility telephone directory

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NHICS FORMS

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NHICS 201 | INCIDENT BRIEFING

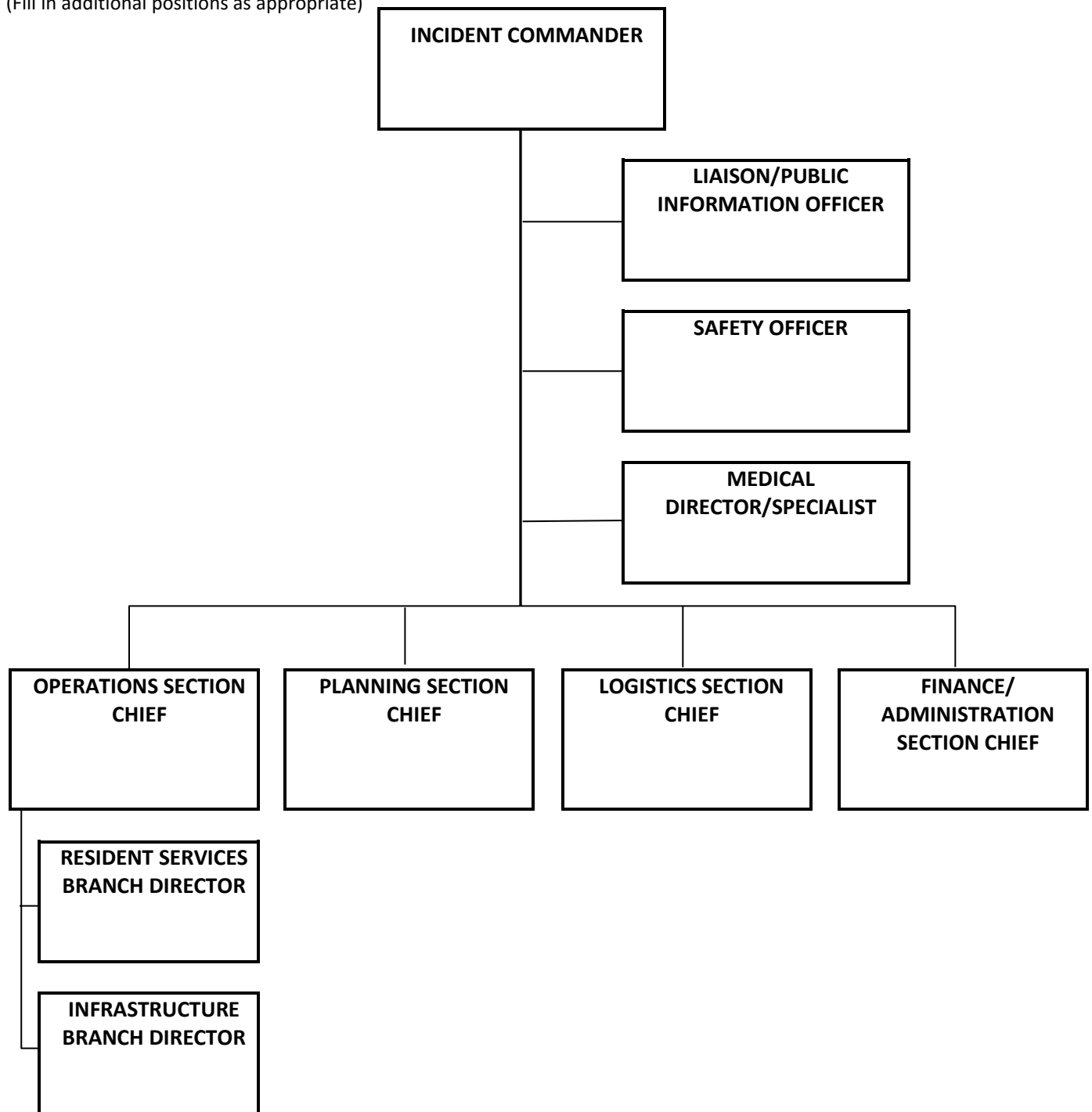
1. INCIDENT NAME		2. OPERATIONAL PERIOD		
		DATE:	FROM:	TO:
		TIME:	FROM:	TO:
3. SITUATION SUMMARY (for briefings or transfer of command)				
4. HEALTH AND SAFETY BRIEFING Identify potential incident health and safety hazards and implement necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. (Summary of NHICS 215a)				
1.				
2.				
3.				
4.				
5. MAP/ SKETCH (Attach sketch showing the total area of operations, the incident site/area/ impacted and threatened areas, and/or other graphics depicting situational status and resource assignment, as needed.)				
<input type="checkbox"/> See Attached				

NHICS 201 | INCIDENT BRIEFING



6. CURRENT ORGANIZATION

(Fill in additional positions as appropriate)



NHICS 201 | INCIDENT BRIEFING



7. INCIDENT OBJECTIVES

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8. SUMMARY OF CURRENT AND PLANNED ACTIONS

TIME	ACTIONS

NHICS 201 | INCIDENT BRIEFING



INSTRUCTIONS

- PURPOSE:** Provides the Incident Management Team (IMT) with basic information regarding the incident, current situation, and the resources allocated to the response.
- ORIGINATION:** Incident Commander (or designee) for presentation to the staff or later to the incoming Incident Commander along with a detailed oral briefing.
- COPIES TO:** All IMT staff
- NOTES:** If additional pages are needed for any form page, use a blank NHICS 201 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.
- * Three versions of the IMT Chart are available in NHICS 2016. Formats are Adobe Acrobat fillable PDF, Visio and Microsoft Word.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Situation Summary	Concise statement of the status and information regarding the current situation.
4	Health and Safety Briefing	Enter the summary of health and safety issues and instructions.
5	Map / Sketch	Attach as necessary: floor plans, maps, sketches of impacted area, or response diagrams. North should be at the top of the page unless noted otherwise.
6	Current Organization	Enter the names of the individuals assigned to each position directly onto the Incident Management Team (IMT) chart.
7	Incident Objectives	Enter the objectives used for the incident.
8	Summary of Current and Planned Actions	Enter the current and planned actions and time (24-hour clock) they may or did occur. If additional pages are needed, use a blank sheet or another NHICS 201, and adjust page numbers accordingly.
9	Summary of Resources Requested and Assigned	Enter information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another NHICS 201 (page 4), and adjust page numbers accordingly.

NHICS 201 | INCIDENT BRIEFING



NUMBER	TITLE	INSTRUCTIONS
	Resource	Enter the number and category, kind, or type of resource ordered.
	Date / Time Ordered	Enter the date (m/d/y) and time (24-hour clock) the resource was ordered.
	ETA	Enter the estimated time of arrival (ETA) to the incident (24-hour clock).
	Date / Time Arrived	Enter the date (m/d/y) and time (24-hour clock) the resource arrived.
	Notes	Enter notes such as the assigned location of the resource and/or the actual assignment and status.
10	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

NHICS 202 | INCIDENT OBJECTIVES



1. INCIDENT NAME	2. OPERATIONAL PERIOD		
	DATE:	FROM:	TO:
	TIME:	FROM:	TO:
3. INCIDENT OBJECTIVES			
4. FACTORS TO CONSIDER Considerations in relationship to the objectives and priorities, including weather and situational awareness.			
5. NHICS 215A – INCIDENT ACTION PLAN (IAP) SAFETY ANALYSIS and/ or SITE SAFETY PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Approved Site Safety Plan Locations:			
6. PREPARED BY	PRINT NAME: _____	SIGNATURE: _____	
	DATE/TIME: _____	FACILITY: _____	
7. APPROVED BY	PRINT NAME: _____	SIGNATURE: _____	
	DATE/TIME: _____	FACILITY: _____	

NHICS 202 | INCIDENT OBJECTIVES



INSTRUCTIONS

- PURPOSE:** Describes the basic incident strategy, incident objectives, command priorities, and safety considerations for use during the next operational period.
- ORIGINATION:** Planning Section Chief for each operational period as part of the Incident Action Plan (IAP).
- COPIES TO:** May be reproduced with the IAP and given to Command Staff, Section Chiefs, and all supervisory personnel at the Section and Branch level.
- NOTES:** If additional pages are needed, use a blank NHICS 202 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Incident Objectives	Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.
4	Factors to Consider	Enter considerations for the operational period, which may include tactical priorities or a general situational awareness for the operational period. It may be a sequence of events or order of events to address. General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be provided by the Safety Officer.
5	NHICS 215A or Site Safety Plan Required	Safety Officer should check whether or not a Site Safety Plan is required for this incident.
	Approved Site Safety Plan Locations	Enter the locations of the approved Site Safety Plan.
6	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.
7	Approved by	If additional Incident Commander signatures are required, attach a blank page. Enter date (m/d/y), time prepared (24-hour clock), and facility.

NHICS 203 | ORGANIZATION ASSIGNMENT LIST



1. INCIDENT NAME			2. OPERATIONAL PERIOD		
			DATE:	FROM:	TO:
			TIME:	FROM:	TO:
POSITION		NAME / AGENCY		CONTACT INFO (PHONE, CELL)	
3. INCIDENT COMMANDER AND STAFF					
INCIDENT COMMANDER					
LIAISON/PUBLIC INFORMATION OFFICER					
SAFETY OFFICER					
MEDICAL DIRECTOR/SPECIALIST					
4. OPERATIONS SECTION					
CHIEF					
RESIDENT SERVICES BRANCH					
INFRASTRUCTURE BRANCH					
5. PLANNING SECTION					
CHIEF					
6. LOGISTICS SECTION					
CHIEF					
7. FINANCE/ADMINISTRATION SECTION					
CHIEF					
8. AGENCY REPRESENTATIVE (IN NURSING HOME COMMAND CENTER)					
AGENCY		NAME		CONTACT INFO (PHONE, CELL)	
9. EXTERNAL AGENCY REPRESENTATIVE (IN NURSING HOME COMMAND CENTER)					
EXTERNAL LOCATION		NAME		CONTACT INFO (PHONE, CELL)	
10. PREPARED BY	PRINT NAME: _____		SIGNATURE: _____		
	DATE/TIME: _____		FACILITY: _____		

NHICS 203 | ORGANIZATION ASSIGNMENT LIST



INSTRUCTIONS

- PURPOSE:** Provides the Incident Management Team (IMT) personnel with information on the positions currently activated and the names of personnel staffing each position.
- ORIGINATION:** Planning Section Chief
- COPIES TO:** All IMT staff
- NOTES:** If assigned, document Assistants / Deputies to Command Staff as needed or resources allow. If additional pages are needed for any form page, use a blank NHICS 203 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Incident Commander and Command Staff	Enter the names and contact information.
4	Operations Section	Enter the names and contact information.
5	Planning Section	Enter the names and contact information.
6	Logistics Section	Enter the names and contact information.
7	Finance / Administration Section	Enter the names and contact information.
8	Agency Executive	Enter the name and contact information of the executive (e.g., Chief Executive Officer) with whom the Incident Commander interfaces.
9	External Agency Representative	Enter the external agency/organization names present in the Nursing Home Command Center and the names of their representatives.
10	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

NHICS 204 | ASSIGNMENT LIST



1. INCIDENT NAME			2. OPERATIONAL PERIOD		
			DATE:	FROM:	TO:
			TIME:	FROM:	TO:
3. SECTION			4. BRANCH (if applicable)		
SECTION CHIEF			BRANCH DIRECTOR		
5a. SECTION / BRANCH OBJECTIVES		5b. STRATEGIES / TACTICS	5c. RESOURCES REQUIRED	5d. SECTION / BRANCH ASSIGNED TO	

PURPOSE: DOCUMENTS STRATEGIES/TACTICS OF EACH SECTION OR BRANCH, RESOURCES TO ACCOMPLISH THEM AND THE COMPOSITION OF THE SECTION/BRANCH ASSIGNED
ORIGINATION: PLANNING SECTION CHIEF
COPIES TO: ALL IMT STAFF



NHICS 204 | ASSIGNMENT LIST

6. ASSIGNED TO THIS OPERATIONAL PERIOD		
NAME	SECTION / BRANCH TITLE	SECTION / BRANCH LOCATION
7. SPECIAL INFORMATION / CONSIDERATIONS		
8. PREPARED BY PLANNING SECTION CHIEF	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____

NHICS 204 | ASSIGNMENT LIST



INSTRUCTIONS

PURPOSE: Documents the strategies and tactics of each (activated) Section or Branch, resources required, and the composition of the Section or Branch assigned.

ORIGINATION: Planning Section Chief

COPIES TO: All IMT staff. Duplicate and attach as part of the IAP if not using the IAP Quick Start.

NOTES: An abbreviated NHICS 204 is included in the IAP Quick Start. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Section	Enter the name of the Section and Section Chief.
4	Branch (if applicable)	Enter the name of the Branch and Branch Director, if the form is for a specific Branch.
5	5a. Section/Branch Objectives	Utilizing the Incident Objectives (NHICS 202), develop objectives as they relate to the Section/Branch. Enter objectives to focus on for the designated operational period.
	5b. Strategies / Tactics	For each objective, document the strategies/tactics to accomplish that objective.
	5c. Resources Required	For each strategy/tactic, document the resources required to accomplish that objective.
	5d. Section/Branch Assigned to	For each strategy/tactic, document the Section/Branch assigned to that strategy/tactic.
6	Assigned this Operational Period	Enter the names, titles of staff activated and location of the Section/Branch
7	Special Information /Considerations	Enter a statement noting any safety problems, specific precautions to be exercised, drop-off or pick-up points, or other information.
8	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

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NHICS 205 | COMMUNICATIONS LIST

3. INTERNAL CONTACTS (CONTINUED...)						
NAME	NHICS ASSIGNMENT	PHONE (PRIMARY & ALTERNATE)	FAX	E-MAIL	ALTERNATE COMMUNICATION DEVICE	COMMENTS
4. EXTERNAL CONTACTS						
NAME	NHICS ASSIGNMENT	PHONE (PRIMARY & ALTERNATE)	FAX	E-MAIL	ALTERNATE COMMUNICATION DEVICE	COMMENTS
5. SPECIAL INSTRUCTIONS						
6. PREPARED BY LOGISTICS SECTION CHIEF		PRINT NAME: _____			SIGNATURE: _____	
		DATE/TIME: _____			FACILITY: _____	

PURPOSE: PROVIDES INFORMATION ON ALL COMMUNICATION DEVICES ASSIGNED
ORIGINATION: LOGISTICS SECTION CHIEF
COPIES TO: ALL IMT STAFF
NOTE: CAN BE PREFILLED BEFORE INCIDENT AND UPDATED AS NEEDED

NHICS 205 | COMMUNICATIONS LIST



INSTRUCTIONS

- PURPOSE:** Provides information on all telephone and other communication assignments for each operational period.
- ORIGINATION:** Logistics Section Chief and given to the Planning Section Chief for inclusion in the Incident Action Plan (IAP).
- COPIES TO:** All IMT staff.
- NOTES:** If additional pages are needed, use a blank NHICS 205 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Internal Contacts	Enter the appropriate contact information for internal contacts, hospital personnel, those in an activated Incident Management Team (IMT) position, and other key staff.
4	External Contacts	Enter the appropriate contact information for external agencies, organizations, key contacts.
5	Special Instructions	Enter any special instructions (e.g., using repeaters, secure-voice, private line [PL] tones, etc.) or other emergency communications. If needed, also include any special instructions for alternate communication plans.
6	Prepared by Logistics Section Chief	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

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NHICS 206 | STAFF MEDICAL PLAN



1. INCIDENT NAME	2. OPERATIONAL PERIOD		
	DATE:	FROM:	TO:
	TIME:	FROM:	TO:
3. TREATMENT AREAS			
AREA NAME	LOCATION	TEAM LEADER & ALTERNATE CONTACT NUMBER	
4. RESOURCES ON HAND (numbers)			
STAFF	TRANSPORTATION DEVICES	MEDICATION	SUPPLIES
MD/DO	LITTERS		
PA/NP	PORTABLE BEDS		
RN/LPN	GURNEYS		
TECHNICIANS	WHEELCHAIRS		
ANCILLARY/OTHER	EVAC. ASSIST DEVICES		
5. TREATMENT RESOURCES (EXTERNAL)			
NAME	PHONE	ADDRESS	
MD/DO			
NEAREST HOSPITAL/EMERGENCY ROOM			

PURPOSE: PROVIDES INFORMATION ON STAFF TREATMENT AREAS
ORIGINATION: SAFETY OFFICER
COPIES TO: ALL IMT STAFF

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NHICS 206 | STAFF MEDICAL PLAN



TREATMENT RESOURCES (EXTERNAL) continued...			
NAME	PHONE	ADDRESS	
ALTERNATE HOSPITAL/EMERGENCY ROOM			
OCCUPATIONAL HEALTH CLINIC			
6. TRANSPORTATION			
AMBULANCE, BUS, VAN, PRIVATE VEHICLE, AIR	LOCATION	CONTACT NUMBER	LEVEL OF SERVICE
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
7. ALTERNATE CARE SITE(S)			
FACILITY NAME	ADDRESS	CONTACT NUMBER	SPECIALTY CARE (SPECIFY)
8. SPECIAL INSTRUCTIONS			
9. PREPARED BY SAFETY OFFICER	PRINT NAME: _____		SIGNATURE: _____
	DATE/TIME: _____		FACILITY: _____
10. APPROVED BY			
	PRINT NAME: _____		SIGNATURE: _____
	DATE/TIME: _____		FACILITY: _____

NHICS 206 | STAFF MEDICAL PLAN



INSTRUCTIONS

PURPOSE: Addresses the treatment plan for injured or ill staff members and / or volunteers. The NHICS 206 provides information on staff treatment areas, resources (external), transportation services, and special instructions.

ORIGINATION: Safety Officer

COPIES TO: All IMT staff

NOTES: If additional pages are needed, use a blank NHICS 206 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Treatment Areas	Enter the name of the treatment area, the location, and the contact numbers.
4	Resources On Hand	Enter the number of listed resources that are available and assigned to the treatment areas.
5	Treatment Resources (External)	Enter the contact information for external treatment resources.
6	Transportation	Enter the information for transportation services available to the incident.
7	Alternate Care Site(s)	Enter the information for alternate care sites that could serve this incident.
8	Special Instructions	Note any special emergency instructions for use by incident personnel, including who should be contacted, how should they be contacted; and who manages an incident within an incident due to a rescue, accident, etc.
9	Prepared by Safety Officer	Enter the name and signature of the person preparing the form, typically the Safety Officer. Enter date (m/d/y), time prepared (24-hour clock), and facility.
10	Approved by	Enter the name of the person who approved the plan. Enter date (m/d/y), time reviewed (24-hour clock), and facility.

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NHICS 207 | INCIDENT MANGEMENT TEAM CHART



1. INCIDENT NAME		2. OPERATIONAL PERIOD
		DATE: FROM: TO: TIME: FROM: TO:
3. CURRENT ORGANIZATION		
(Fill in additional positions as appropriate) <div style="text-align: center; margin-top: 20px;"> <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto 20px auto;">INCIDENT COMMANDER</div> <div style="display: flex; justify-content: center; gap: 20px;"> <div style="border: 1px solid black; padding: 10px; width: 150px; text-align: center;">LIAISON/PUBLIC INFORMATION OFFICER</div> </div> <div style="display: flex; justify-content: center; gap: 20px; margin-top: 20px;"> <div style="border: 1px solid black; padding: 10px; width: 150px; text-align: center;">SAFETY OFFICER</div> </div> <div style="display: flex; justify-content: center; gap: 20px; margin-top: 20px;"> <div style="border: 1px solid black; padding: 10px; width: 150px; text-align: center;">MEDICAL DIRECTOR/SPECIALIST</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 40px;"> <div style="border: 1px solid black; padding: 10px; width: 150px; text-align: center;">OPERATIONS SECTION CHIEF</div> <div style="border: 1px solid black; padding: 10px; width: 150px; text-align: center;">PLANNING SECTION CHIEF</div> <div style="border: 1px solid black; padding: 10px; width: 150px; text-align: center;">LOGISTICS SECTION CHIEF</div> <div style="border: 1px solid black; padding: 10px; width: 150px; text-align: center;">FINANCE/ ADMINISTRATION SECTION CHIEF</div> </div> <div style="margin-top: 20px;"> <div style="border: 1px solid black; padding: 10px; width: 150px; text-align: center; margin-bottom: 10px;">RESIDENT SERVICES BRANCH DIRECTOR</div> <div style="border: 1px solid black; padding: 10px; width: 150px; text-align: center;">INFRASTRUCTURE BRANCH DIRECTOR</div> </div> </div>		

PURPOSE: DISPLAY POSITIONS ASSIGNED TO THE INCIDENT MANAGEMENT TEAM
ORIGINATION: INCIDENT COMMANDER OR DESIGNEE
COPIES TO: ALL IMT STAFF AND POSTED IN THE NURSING HOME COMMAND CENTER

NHICS 207 | INCIDENT MANGEMENT TEAM CHART



INSTRUCTIONS

- PURPOSE:** Provides a visual display of personnel assigned to the IMT positions.
- ORIGINATION:** Incident Commander or designee at the incident onset and continually updated throughout an incident.
- COPIES TO:** All IMT staff.
- NOTES:** Additions may be made to the form to meet the organization’s needs. Two versions of the IMT Chart are available in NHICS 2016. Formats are Adobe Acrobat fillable PDF and Visio for customization.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Current Organization	Enter the names of the individuals assigned to each position on the Incident Management Team (IMT) chart. Modify the chart as necessary, and add any lines/spaces needed for Command Staff assistants, agency representatives, and the organization of each of the General Staff sections.

NHICS 214 | ACTIVITY LOG



1. INCIDENT NAME		2. OPERATIONAL PERIOD	
		DATE:	FROM: TO:
		TIME:	FROM: TO:
3. NAME			4. IMT POSITION
5. ACTIVITY LOG			
DATE/TIME	MAJOR EVENTS, DECISIONS MADE AND NOTIFICATIONS		
6. PREPARED BY	PRINT NAME: _____	SIGNATURE: _____	
	DATE/TIME: _____	FACILITY: _____	

PURPOSE: DOCUMENT INCIDENT ISSUES, DECISIONS MADE, AND NOTIFICATIONS.
ORIGINATION: ALL IMT STAFF
COPIES TO: PLANNING SECTION CHIEF

NHICS 214 | ACTIVITY LOG



INSTRUCTIONS

- PURPOSE:** Records details of notable activities for any Incident Management Team (IMT) position. Provide basic documentation of incident activity, and a reference for any After Action Report (AAR). Personnel should document how relevant incident activities are occurring and progressing, actions taken and decisions made.
- ORIGINATION:** All IMT staff
- COPIES TO:** Planning Section Chief. Individuals may retain a copy for their own records.
- NOTES:** Multiple pages can be used if needed. If additional pages are needed, use a blank NHICS 214 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Name	Print the name of the person for whom the activities are being documented.
4	IMT Position	Enter the Incident Management Team (IMT) position for which the activities are being documented.
5	Activity Log	Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date (m/d/y), as well as if the operational period covers more than one day. Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, information received, etc.
6	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

NHICS 215A | INCIDENT ACTION PLAN SAFETY ANALYSIS



1. INCIDENT NAME		2. OPERATIONAL PERIOD	
		DATE: FROM: TO:	
		TIME: FROM: TO:	
3. HAZARD MITIGATION			
3a. POTENTIAL/ACTUAL HAZARDS (BIOHAZARDS, STRUCTURAL, UTILITY, ETC.)	3b. AFFECTED SECTION OR BRANCH & LOCATION	3c. MITIGATIONS (E.G., PPE, BUDDY SYSTEM, ESCAPE ROUTES)	3d. MITIGATION COMPLETED (INITIALS/DATE/TIME)
4. PREPARED BY SAFETY OFFICER	PRINT NAME: _____ DATE/TIME: _____	SIGNATURE: _____ FACILITY: _____	
5. APPROVED BY INCIDENT COMMANDER	PRINT NAME: _____ DATE/TIME: _____	SIGNATURE: _____ FACILITY: _____	

PURPOSE: OPERATIONAL RISK ASSESSMENT TO PRIORITIZE HAZARDS, SAFETY AND HEALTH ISSUES, AND TO ASSIGN MITIGATION ACTIONS
ORIGINATION: SAFETY OFFICER
COPIES TO: PLANNING SECTION CHIEF FOR INCIDENT ACTION PLAN (IAP)

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NHICS 215A | INCIDENT ACTION PLAN SAFETY ANALYSIS



INSTRUCTIONS

- PURPOSE:** Records the findings of the Safety Officer after completing an operational risk assessment and to identify and resolve hazard, safety, and health issues. When the safety analysis is completed, the form is used to prepare the Operations Briefing.
- ORIGINATION:** Safety Officer during the IAP cycle.
- COPIES TO:** Planning Section Chief. Duplicate and attach as part of the IAP.
- NOTES:** Issues identified should be reviewed and updated each operational period. If additional pages are needed, use a blank NHICS 215A and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Hazard Mitigation	
	3a. Potential / Actual Hazards	List the types of hazards and/or risks likely to be encountered by personnel or resources at the incident area relevant to the work assignment.
	3b. Affected Section / Branch and Location	Reference the affected sections, branches, and the location of the hazards.
	3c. Mitigations	List actions taken to reduce risk for each hazard indicated (e.g., restricting access, proper PPE for identified risk).
	3d. Mitigation Completed	Enter the initials, date, and time when the mitigation is implemented or the hazard no longer exists.
4	Prepared by Safety Officer	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.
5	Approved by Incident Commander	Enter the name and signature of the person approving the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

NHICS 251 | FACILITY SYSTEM STATUS REPORT



1. INCIDENT NAME	2. OPERATIONAL PERIOD	
3. SYSTEM	4. STATUS	5. COMMENTS (If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
COMMUNICATIONS		
FAX	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
INFORMATION TECHNOLOGY SYSTEM (EMAIL/REGISTRATION/PATIENT RECORDS/TIME CARD SYSTEM)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
NURSE CALL SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
PAGING – PUBLIC ADDRESS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
TELEPHONE SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
TELEPHONE SYSTEM – CELL	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
VIDEO-TELEVISION-INTERNET-CABLE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER (SATELLITE PHONES, RADIO EQUIPMENT, ETC)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

PURPOSE: DETERMINE FACILITY OPERATING STATUS

ORIGINATION: INFRASTRUCTURE BRANCH DIRECTOR

COPIES TO: SAFETY OFFICER, OPERATIONS SECTION CHIEF, PLANNING SECTION CHIEF & LIAISON/PIO

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NHICS 251 | FACILITY SYSTEM STATUS REPORT



INFRASTRUCTURE		
SYSTEM	STATUS	COMMENTS
CAMPUS ACCESS (ROADWAYS, BRIDGES, SIDEWALKS)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
FIRE DETECTION SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
FIRE SUPPRESSION SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
FOOD PREPARATION EQUIPMENT	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
ICE MACHINES	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
LAUNDRY/LINEN SERVICE EQUIPMENT	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
STRUCTURAL COMPONENTS (BUILDING INTEGRITY)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

NHICS 251 | FACILITY SYSTEM STATUS REPORT



RESIDENT CARE		
SYSTEM	STATUS	COMMENTS
PHARMACY SERVICES	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
DIETARY SERVICES	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
ISOLATION ROOMS (POSITIVE/NEGATIVE AIR)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SECURITY SYSTEM		
SYSTEM	STATUS	COMMENTS
DOOR LOCKDOWN SYSTEMS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SURVEILLANCE CAMERAS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
CAMPUS SECURITY (LIGHTING, TRAFFIC CONTROLS)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

NHICS 251 | FACILITY SYSTEM STATUS REPORT



UTILITIES, EXTERNAL SYSTEM		
SYSTEM	STATUS	COMMENTS
ELECTRICAL POWER- PRIMARY SERVICE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SANITATION SYSTEMS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WATER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
NATURAL GAS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
UTILITIES, INTERNAL SYSTEM		
SYSTEM	STATUS	COMMENTS
AIR COMPRESSOR	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
ELECTRICAL POWER, BACKUP GENERATOR	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
FUEL STORAGE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

NHICS 251 | FACILITY SYSTEM STATUS REPORT



UTILITIES, INTERNAL SYSTEM (CONTINUED....)		
SYSTEM	STATUS	COMMENTS
ELEVATORS/ESCALATORS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
HAZARDOUS WASTE CONTAINMENT SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OXYGEN	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	(NOTE BULK, H-TANKS, RESERVE SUPPLY STATUS)
PNEUMATIC TUBE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
STEAM BOILER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SUMP PUMP	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WELL WATER SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
VACCUM (FOR PATIENT USE)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

NHICS 251 | FACILITY SYSTEM STATUS REPORT



UTILITIES, INTERNAL SYSTEM (CONTINUED...)		
SYSTEM	STATUS	COMMENTS
WATER HEATER AND CIRCULATORS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
EXTERNAL LIGHTING	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
EXTERNAL STORAGE (EQUIPMENT)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
EXTERNAL STORAGE (VEHICLES)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
PARKING LOTS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	(POWER, PANIC ALARMS, ACCESS, EGRESS, LIGHTING)
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
6. REMARKS (CRACKED WALLS, BROKEN GLASS, FALLING LIGHT FIXTURES, ETC.)		
7. PREPARED BY	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____

NHICS 251 | FACILITY SYSTEM STATUS REPORT



INSTRUCTIONS

- PURPOSE:** Records the status of various critical facility systems and infrastructure. Provides the Planning and Operations Sections with information about current and potential system failures or limitations that may affect incident response and recovery.
- ORIGINATION:** Infrastructure Branch Director with input from facility personnel.
- COPIES TO:** Planning Section Chief, Operations Section Chief, Safety Officer, and Liaison/Public Information Officer
- NOTES:** The Infrastructure Branch conducts the survey and correlates results. Individual department managers may also be tasked to complete an assessment of their areas and provide the information to the Infrastructure Branch. If additional pages are needed, use a blank NHICS 251 and repaginate as needed. Additions and deletions may be made to the form to meet the organization’s needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	System	System type listed in form.
4	Status	<p>Fully functional: 100% operable with no limitations</p> <p>Partially functional: Operable or somewhat operable with limitations</p> <p>Nonfunctional: Out of commission</p> <p>N/A: Not applicable, do not have</p>
5	Comments	Comment on location, reason, and estimates for necessary repair of any system that is not fully operational. If inspection is completed by someone other than as defined by policy or procedure, identify that person in the comments.
6	Remarks	Note any overall facility-wide assessments or future potential issues such as skilled staffing issues, fuel duration, plans for repairs, etc.
7	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

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NHICS 252 | SECTION PERSONNEL TIME SHEET



1. INCIDENT NAME	2. OPERATIONAL PERIOD	
	DATE: _____	FROM: _____ TO: _____
	TIME: _____	FROM: _____ TO: _____

3. TIME RECORD

#	EMPLOYEE (E)/ VOLUNTEER (V) NAME (PRINT)	E/V	EMPLOYEE NUMBER	NHICS ASSIGNMENT	DATE/TIME <u>IN</u>	DATE/TIME <u>OUT</u>	TOTAL HOURS	SIGNATURE (TO VERIFY TIMES)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

* MAY BE USUAL NURSING HOME VOLUNTEERS OR APPROVED VOLUNTEERS FROM COMMUNITY

4. PREPARED BY	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____

PURPOSE: RECORD EACH SECTION'S PERSONNEL TIME AND ACTIVITY
ORIGINATION: INCIDENT MANAGEMENT TEAM PERSONNEL AS DIRECTED BY THE INCIDENT COMMANDER
ORIGINAL TO: FINANCE/ADMINISTRATION SECTION CHIEF
COPIES TO: PLANNING SECTION CHIEF

NHICS 252 | SECTION PERSONNEL TIME SHEET



INSTRUCTIONS

- PURPOSE:** Records each section’s personnel time and activities.
- ORIGINATION:** Section Chiefs are responsible for ensuring that personnel complete the form.
- COPIES TO:** Finance/Administration Section Chief every 12 hours or every operational period.
- NOTES:** If additional pages are needed, use a blank NHICS 252 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Time Record	
	Employee (E) / Volunteer (V) Name (Print)	Print the full name of the personnel assigned.
	E / V	Enter employee (E) or volunteer (V).
	Employee Number	If employee of the organization, fill in employee
	NHICS Assignment	Enter assignment being assumed.
	Date / Time In	Enter time started in assignment.
	Date / Time Out	Enter time ended in assignment.
	Total Hours	Enter total number of hours in assignment.
	Signature	Employee/volunteer signature verifying that times are correct.
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



NHICS 253 | VOLUNTEER REGISTRATION

1. INCIDENT NAME						2. OPERATIONAL PERIOD
						DATE: FROM: TO: TIME: FROM: TO:
3. REGISTRATION INFORMATION						
NAME (LAST NAME, FIRST NAME)	CERTIFICATION/ LICENSURE & NUMBER	ID NUMBER (DRIVERS LICENSE OR SSN)	ADDRESS (CITY, STATE, ZIP)	CONTACT INFO (PHONE, CELL)	REFERENCE CHECK	SIGNATURE
4. PREPARED BY	PRINT NAME: _____		SIGNATURE: _____			
	DATE/TIME: _____		FACILITY: _____			

PURPOSE: TO DOCUMENT VOLUNTEER INFORMATION FOR EACH OPERATIONAL PERIOD
ORIGINATION: LOGISTICS SECTION CHIEF OR DESIGNEE
COPIES TO: FINANCE/ADMINISTRATION SECTION CHIEF AND PLANNING SECTION CHIEF

NHICS 253 | VOLUNTEER REGISTRATION



INSTRUCTIONS

- PURPOSE:** Documents volunteer sign in and sign out for each Operational Period.
- ORIGINATION:** Logistics Section Chief or designee
- COPIES TO:** Planning Section Chief and Finance/Administration Section Chief
- NOTES:** If additional pages are needed, use a blank NHICS 253 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Registration Information	
	Name	Enter the full name of volunteer.
	Certification / License and Number	If volunteer holds a certification or license, enter type and number.
	ID Number	Enter a Driver’s License number or Social Security Number.
	Address	Enter address.
	Contact Info	Enter phone number.
	Reference Check	References contacted, yes or no.
	Signature	Signature of volunteer verifying that information is correct.
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

NHICS 254 | EMERGENCY ADMIT TRACKING



1. INCIDENT NAME					2. OPERATIONAL PERIOD	
	DATE: FROM:		TO:			
	TIME: FROM:		TO:			
3. AREA						
TRIAGE TAG OR MEDICAL RECORD #	NAME (LAST, FIRST)	SEX	DOB/AGE	ADMITTED FROM	ADMITTED TO	TIME
4. PREPARED BY	PRINT NAME: _____		SIGNATURE: _____			
	DATE/TIME: _____		FACILITY: _____			

PURPOSE: ACCOUNT FOR EMERGENCY ADMITS OR OTHERS SEEKING TEMPORARY SHELTER
ORIGINATION: RESIDENT SERVICES BRANCH DIRECTOR
COPIES TO: PLANNING AND OPERATIONS SECTION CHIEF

NHICS 254 | EMERGENCY ADMIT TRACKING



INSTRUCTIONS

- PURPOSE:** Records the triage, treatment, and disposition of emergency admits seeking medical attention or transfer from an impacted facility.
- ORIGINATION:** Resident Services Branch Director or team members
- COPIES TO:** Planning Section Chief and Operations Section Chief
- NOTES:** Completed upon arrival of the first emergency admission and updated periodically. Copies are sent to the Planning Section Chief each hour and at the end of each operational period until disposition of the last victim(s) are known. If additional pages are needed, use a blank NHICS 254 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Area	Enter the triage or specific treatment area (e.g., Triage, Immediate Treatment Area).
	Triage Tag or Medical Record Number	Enter triage tag number or medical record number if available.
	Name	Enter the full name of victim.
	Sex	Enter sex: M for male/F for female.
	DOB / Age	Enter date of birth and age.
	Admitted from	Enter the name of the sending facility/location
	Admitted to	Enter the name of the facility accepting the admit
	Time	Enter the time of admission
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

NHICS 255 | MASTER RESIDENT EVACUATION TRACKING



1. INCIDENT NAME						2. OPERATIONAL PERIOD			
						DATE: FROM:		TO:	
						TIME: FROM:		TO:	
3. RESIDENT EVACUATION INFORMATION									
RESIDENT NAME				MEDICAL RECORD #			MED RECORD SENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DISPOSITION	MODE OF TRANSPORT	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/ TRANSPORT CO.)	MEDICATION SENT		<input type="checkbox"/> YES <input type="checkbox"/> NO		
					MD/FAMILY NOTIFIED		<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> HOME <input type="checkbox"/> FACILITY TRANSFER <input type="checkbox"/> TEMP. SHELTER					ARRIVAL CONFIRMED		<input type="checkbox"/> YES <input type="checkbox"/> NO		
RESIDENT NAME				MEDICAL RECORD #			MED RECORD SENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DISPOSITION	MODE OF TRANSPORT	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/ TRANSPORT CO.)	MEDICATION SENT		<input type="checkbox"/> YES <input type="checkbox"/> NO		
					MD/FAMILY NOTIFIED		<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> HOME <input type="checkbox"/> FACILITY TRANSFER <input type="checkbox"/> TEMP. SHELTER					ARRIVAL CONFIRMED		<input type="checkbox"/> YES <input type="checkbox"/> NO		
RESIDENT NAME				MEDICAL RECORD #			MED RECORD SENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DISPOSITION	MODE OF TRANSPORT	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/ TRANSPORT CO.)	MEDICATION SENT		<input type="checkbox"/> YES <input type="checkbox"/> NO		
					MD/FAMILY NOTIFIED		<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> HOME <input type="checkbox"/> FACILITY TRANSFER <input type="checkbox"/> TEMP. SHELTER					ARRIVAL CONFIRMED		<input type="checkbox"/> YES <input type="checkbox"/> NO		
4. PREPARED BY	PRINT NAME: _____			SIGNATURE: _____					
	DATE/TIME: _____			FACILITY: _____					

PURPOSE: RECORD INFORMATION CONCERNING RESIDENT DISPOSITION DURING A FACILITY EVACUATION
ORIGINATION: RESIDENT SERVICES BRANCH DIRECTOR
COPIES TO: OPERATIONS AND PLANNING SECTION CHIEF

NHICS 255 | MASTER RESIDENT EVACUATION TRACKING



INSTRUCTIONS

- PURPOSE:** Records the disposition of residents during a facility evacuation.
- ORIGINATION:** Resident Services Branch Director
- COPIES TO:** Operations Section Chief and Planning Section Chief
- NOTES:** Completed with information taken from each NHICS 260 - Resident Evacuation Tracking form. If additional pages are needed, use a blank NHICS 255 and repaginate as needed

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Resident Evacuation Information	
	Resident Name	Enter the full name of the resident.
	Medical Record #	Enter medical record number.
	Medical Record Sent	Indicate yes or no.
	Disposition	Indicate the resident's disposition.
	Mode of Transport	Indicate the mode of transport (CCT, ALS, BLS, Van, Bus, Car)
	Accepting Facility Name and Contact Info	Enter accepting (receiving) facility name and contact information
	Time Facility contacted & report given	Enter time prepared (24-hour clock).
	Transfer Initiated (Time/Transport Co.)	Enter time, vehicle company, and identification number.
	Medication Sent	Indicate yes or no.
	MD/Family Notified	Indicate yes or no.
Arrival Confirmed	Indicate yes or no.	
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

NHICS 257 | RESOURCE ACCOUNTING RECORD



1. INCIDENT NAME		2. OPERATIONAL PERIOD					
		DATE: FROM:		TO:			
		TIME: FROM:		TO:			
3. RESOURCE RECORD							
TIME	ITEM/FACILITY TRACKING ID#	CONDITION	RECEIVED FROM	DISPENSED (TO/TIME)	RETURNED (DATE/TIME)	CONDITION (OR INDICATED IF NON-RECOVERABLE)	INITIALS
4. PREPARED BY		PRINT NAME: _____			SIGNATURE: _____		
		DATE/TIME: _____			FACILITY: _____		

PURPOSE: RECORDS THE REQUEST, DISTRIBUTION, RETURN AND CONDITION OF EQUIPMENT AND RESOURCES
ORIGINATION: IMT PERSONNEL AS DIRECTED BY SECTION CHIEFS
COPIES TO: FINANCE/ADMINISTRATION SECTION CHIEF, LOGISTICS SECTION CHIEF, ORIGINATOR AND PLANNING SECTION CHIEF

NHICS 257 | RESOURCE ACCOUNTING RECORD



INSTRUCTIONS

- PURPOSE:** Documents the request, distribution for use, return, and condition of equipment and resources used to respond to the incident.
- ORIGINATION:** Logistics Section Chief and/or by Incident Management Team (IMT) staff
- COPIES TO:** Finance/Administration Section Chief, the Logistics Section Chief, the original requester of the resource, and the Planning Section Chief
- NOTES:** If additional pages are needed, use a blank NHICS 257 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Resource Record	
	Time	Enter the time (24-hour clock) and the request received.
	Item / Facility Tracking Identification Number	Enter the item and the facility tracking identification number.
	Condition	Enter the condition of the item when it was received.
	Received From	Enter whom the item was received from.
	Dispensed	Enter whom the item was dispensed to and the time (24-hour
	Returned	Enter the date (m/d/y) and time (24-hour clock) the item was
	Condition	Enter the condition the item was in when returned or indicate if non- recoverable.
	Initials	Enter initials of person processing item.
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

NHICS 258 | FACILITY RESOURCE DIRECTORY



1. INCIDENT NAME	2. OPERATIONAL PERIOD				
	DATE:		FROM:	TO:	
	TIME:		FROM:	TO:	
3. CONTACT INFORMATION					
COMPANY/AGENCY	COMPANY/AGENCY/ NAME (24/7 contact)	TELEPHONE	ALTERNATE TELEPHONE	E-MAIL	FAX / WEBSITE
Agency for Toxic Substances and Disease Registry (ATSDR)					
Ambulance/EMS					
American Red Cross					
Biohazard Waste Company					
Buses					
Cab, City					
Emergency Management Agency					
CDC					
Clinics					
Coroner/Medical Examiner					
Dispatcher - 911					
Emergency Operations Center (EOC), Local					
Emergency Operations Center (EOC), State					
Engineers:					
HVAC					
Mechanical					

PURPOSE: LIST RESOURCES TO CONTACT DURING AN INCIDENT
ORIGINATOR: PLANNING SECTION CHIEF
COPIES TO: ALL IMT STAFF
NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

NHICS 258 | FACILITY RESOURCE DIRECTORY



COMPANY/AGENCY	COMPANY/AGENCY/ NAME (24/7 contact)	TELEPHONE	ALTERNATE TELEPHONE	E-MAIL	FAX / WEBSITE
Seismic					
Structural					
Environmental Protection Agency (EPA)					
Epidemiologist					
Family/Guardian	<i>SEE FAMILY/GUARDIAN CONTACT LIST</i>				
Fire Department					
Food Service					
Fuel distributor					
Fuel trucks					
Funeral Homes/Mortuary Services					
Generators					
HazMat Team					
Health Department, Local					
Heavy Equipment (e.g., Backhoes, etc.)					
Home Repair/Construction Supplies:					
Hospitals:					

PURPOSE: LIST RESOURCES TO CONTACT DURING AN INCIDENT
ORIGINATOR: PLANNING SECTION CHIEF
COPIES TO: ALL IMT STAFF
NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

NHICS 258 | FACILITY RESOURCE DIRECTORY



COMPANY/AGENCY	COMPANY/AGENCY/ NAME (24/7 contact)	TELEPHONE	ALTERNATE TELEPHONE	E-MAIL	FAX / WEBSITE
Hotel/motel					
Housing, Temporary					
Ice, Commercial					
Laboratory Response Network					
Laundry/Linen Service					
Law Enforcement:					
City Police					
County Sherriff					
Highway Patrol					
Licensing & Certification District Office					
Licensing & Certification After-Hour Line					
Local Office of Emergency Services					
Long-Term Care Facilities:					
Media:					
Print					

PURPOSE: LIST RESOURCES TO CONTACT DURING AN INCIDENT
ORIGINATION: PLANNING SECTION CHIEF
COPIES TO: ALL IMT STAFF
NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

NHICS 258 | FACILITY RESOURCE DIRECTORY



COMPANY/AGENCY	COMPANY/AGENCY/ NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	E-MAIL	FAX / WEBSITE
Radio					
Radio					
TV					
TV					
TV					
Medical Gases:					
Medical Supply:					
Medication, Distributor:					
Moving Company:					
Pharmacy, Commercial:					
Poison Control Center					
Portable Toilets					

PURPOSE: LIST RESOURCES TO CONTACT DURING AN INCIDENT
ORIGINATION: PLANNING SECTION CHIEF
COPIES TO: ALL IMT STAFF
NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

NHICS 258 | FACILITY RESOURCE DIRECTORY



COMPANY/AGENCY	COMPANY/AGENCY/ NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	E-MAIL	FAX / WEBSITE
Radios:					
Amateur Radio Group					
Service Provider (e.g., Nextel)					
Walkie-Talkie					
Repair Services:					
Beds					
Biomedical Devices					
Gardeners/landscapers					
Glass					
Medical Equipment					
Oxygen Devices					
Radios					
Roadways/sidewalks					
Restoration Services (e.g., Service Master)					
Road Conditions	CALTRANS	1-800-427-7623			
Salvation Army					
Shelter Sites					
Staff	SEE STAFF CONTACT LIST				
Surge Facilities					

PURPOSE: LIST RESOURCES TO CONTACT DURING AN INCIDENT
ORIGINATOR: PLANNING SECTION CHIEF
COPIES TO: ALL IMT STAFF
NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

NHICS 258 | FACILITY RESOURCE DIRECTORY



COMPANY/AGENCY	COMPANY/AGENCY/ NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	E-MAIL	FAX / WEBSITE
Traffic Control/Department of Transportation					
Trucks:					
Refrigeration					
Towing					
Utilities:					
Gas/Electricity					
Power					
Sewage					
Telephone					
Water, municipal					
Ventilators					
Water Vendor - Potable					
Water; non-potable					
Other:					
Other:					
Other:					
4. DATE LAST UPDATED					
5. PREPARED BY PLANNING SECTION CHIEF	PRINT NAME: _____		SIGNATURE: _____		
	DATE/TIME: _____		FACILITY: _____		

PURPOSE: LIST RESOURCES TO CONTACT DURING AN INCIDENT
ORIGINATOR: PLANNING SECTION CHIEF
COPIES TO: ALL IMT STAFF
NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

NHICS 258 | FACILITY RESOURCE DIRECTORY



INSTRUCTIONS

- PURPOSE:** Lists all methods of contact for nursing home resources for an incident.
- ORIGINATION:** Planning Section Chief
- COPIES TO:** All IMT staff, and posted as necessary.
- NOTES:** If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release. If additional pages are needed, use a blank NHICS 258 and repaginate as needed.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Contact Information	
	Company / Agency	Type of company or agency.
	Company / Agency / Name	List the name of the company/agency. List the name of the point of contact if available.
	Telephone	Enter the telephone number.
	Alternate Telephone	Enter the alternate telephone number.
	Email	Enter the email, if available.
	Fax / Website	Enter the fax number and/or website.
4	Date Last Updated	If the document is completed prior to an incident, the last update should be entered (m/d/y). The directory should be updated at least annually.
5	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

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NHICS 259 | FACILITY CASUALTY/FATALITY REPORT



1. INCIDENT NAME				2. OPERATIONAL PERIOD
	DATE:		FROM:	TO:
	TIME:		FROM:	TO:
3. REPORTED CASUALTY/FATALITY				
RESIDENT NAME				MEDICAL RECORD #
INJURY	TRANSFER DATE / TIME	RECEIVING FACILITY		EXPIRED DATE / TIME
RESIDENT NAME				MEDICAL RECORD #
INJURY	TRANSFER DATE / TIME	RECEIVING FACILITY		EXPIRED DATE / TIME
RESIDENT NAME				MEDICAL RECORD #
INJURY	TRANSFER DATE / TIME	RECEIVING FACILITY		EXPIRED DATE / TIME
RESIDENT NAME				MEDICAL RECORD #
INJURY	TRANSFER DATE / TIME	RECEIVING FACILITY		EXPIRED DATE / TIME
4. PREPARED BY	PRINT NAME: _____		SIGNATURE: _____	
	DATE/TIME: _____		FACILITY: _____	

PURPOSE: DOCUMENT THE NUMBER OF INJURIES AND FATALITIES
ORIGINATION: RESIDENT SERVICES BRANCH DIRECTOR
COPIES TO: COMMAND STAFF AND GENERAL STAFF

NHICS 259 | FACILITY CASUALTY/FATALITY REPORT



INSTRUCTIONS

- PURPOSE:** Records the number of residents injured and expired for each operational period.
- ORIGINATION:** Resident Services Branch Director or team
- COPIES TO:** Command Staff and General Staff
- NOTES:** If additional pages are needed, use a blank NHICS 259 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Reported Casualty/Fatality	
	Resident Name	Enter the full name of the casualty/fatality.
	Medical Record #	Enter the medical record number.
	Injury	Describe the injury.
	Transfer Date/Time	Enter the transfer date and time.
	Receiving Facility	Enter the name of the facility accepting the casualty/fatality.
	Expired Date/Time	Enter the expiration date and time of the fatality.
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

NHICS 260 | RESIDENT EVACUATION TRACKING FORM



1. DATE				2. FACILITY NAME		
3. RESIDENT NAME			4. AGE		5. MEDICAL RECORD #	
6. SIGNIFICANT MEDICAL HISTORY				7. ATTENDING PHYSICIAN		
8. FAMILY/GUARDIAN NOTIFIED	<input type="checkbox"/> YES <input type="checkbox"/> NO		NAME/CONTACT INFORMATION			
9. TRANSPORTATION EQUIPMENT		10. ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY):				
<input type="checkbox"/> HOSPITAL BED <input type="checkbox"/> GURNEY <input type="checkbox"/> WHEEL CHAIR <input type="checkbox"/> AMBULATORY <input type="checkbox"/> SPECIAL MATTRESS		<input type="checkbox"/> IV PUMPS <input type="checkbox"/> OXYGEN <input type="checkbox"/> VENTILATOR <input type="checkbox"/> BLOOD GLUCOSE MONITOR <input type="checkbox"/> RESPIRATORY EQUIPMENT		<input type="checkbox"/> SERVICE ANIMAL <input type="checkbox"/> G TUBE PUMP <input type="checkbox"/> MONITOR <input type="checkbox"/> FOLEY CATHETER <input type="checkbox"/> OTHER		List "OTHER" below: _____ _____
11. SPECIAL NEEDS						
12. ISOLATION	<input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE:			REASON:

13. EVACUATING LOCATION	
ROOM#	TIME
ID BAND CONFIRMED	<input type="checkbox"/> YES <input type="checkbox"/> NO
BY	
MEDICAL RECORD SENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
FACE SHEET/TRANSFER TAG SENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
BELONGINGS	<input type="checkbox"/> WITH RESIDENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE
VALUABLES	<input type="checkbox"/> WITH RESIDENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE
MEDICATIONS	<input type="checkbox"/> WITH RESIDENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE

14. ARRIVING LOCATION	
ROOM#	TIME
ID BAND CONFIRMED	<input type="checkbox"/> YES <input type="checkbox"/> NO
BY	
MEDICAL RECORD RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
FACE SHEET/TRANSFER TAG RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
BELONGINGS RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUABLES RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICATIONS RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO

15. TRANSFERRING TO ANOTHER FACILITY/ LOCATION	
TIME TO STAGING AREA	TIME DEPARTING TO RECEIVING FACILITY
DESTINATION	DEPARTURE TIME:
MODE OF TRANSPORT	<input type="checkbox"/> AMBULANCE UNIT <input type="checkbox"/> HELICOPTER <input type="checkbox"/> BUS <input type="checkbox"/> OTHER: _____
ID BAND CONFIRMED	<input type="checkbox"/> YES <input type="checkbox"/> NO ID BAND CONFIRMED BY _____
16. PREPARED BY	PRINT NAME: _____ SIGNATURE: _____
	DATE/TIME: _____ FACILITY: _____

PURPOSE: DOCUMENT DETAILS AND ACCOUNT FOR EACH RESIDENT TRANSFERRED TO ANOTHER FACILITY
ORIGINATION: RESIDENT SERVICES BRANCH DIRECTOR
ORIGINAL TO: RECEIVING FACILITY
COPIES TO: PLANNING

NHICS 260 | RESIDENT EVACUATION TRACKING FORM



INSTRUCTIONS

- PURPOSE:** Documents and accounts for residents transferred to another facility.
- ORIGINATION:** Resident Services Branch Director, Operations Section Chief and/or IMT staff as appropriate
- COPIES TO:** Planning Section Chief and the evacuating clinical location. Original is kept with the resident.
- NOTES:** The information on this form may be used to complete NHICS 255, Master Resident Evacuation Tracking Form. Additions or deletions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Date	Enter the date of the evacuation.
2	Facility Name	Enter the Facility Name the resident is leaving from.
3	Resident Name	Enter the resident's full name.
4	Age	Enter the resident's age.
5	Medical Record #	Enter the resident's medical record number.
6	Significant Medical History	Enter significant medical history.
7	Attending Physician	Enter the name of the resident's attending physician.
8	Family/Guardian Notified	Check yes or no; enter family/guardian contact information.
9	Transportation Equipment	Identify type of transportation equipment (e.g., wheelchair, gurney) needed.
10	Accompanying Equipment	Check appropriate boxes for any equipment being transferred with the resident.
11	Special Needs	Indicate if the resident has special needs, assistance, or requirements.
12	Isolation	Indicate if isolation is required, the type, and the reason.
13	Evacuating Location	Fill in information and check boxes to indicate originating room and what was sent with the resident (records, medications, and belongings).
14	Arriving Location	Fill in information and check boxes to indicate resident's arrival at new location and whether materials sent with the resident were received.
15	Transferring to another Facility/ Location	Document arrival and departure from the staging area, confirmation of ID band, and mode of transportation used.
16	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

Nursing Home Incident Command System (NHICS)

2017



Planning Toolkit

ALL HAZARDS INCIDENT PLANNING GUIDE (IPG)

GLOSSARY



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ALL HAZARDS INCIDENT PLANNING GUIDE





ALL HAZARDS

Purpose

The purpose of this Incident Planning Guide (IPG) is to identify issues that should be considered when planning for emergencies and unforeseen situations that may impact your nursing home. This IPG identifies planning considerations to assist the nursing home in 4 important areas:

- Mitigation
- Preparedness
- Immediate and Intermediate Response
- Extended Response and System Recovery

This is an “all hazards” IPG and the issues presented will apply to many different types of emergencies. It is not uncommon for one emergency to lead to another, e.g., a fire may trigger evacuation procedures, or an extended utility failure may warrant a response to cold or heat exposure.

Nursing homes are encouraged to customize this IPG to meet their specific requirements which should take into account the vulnerabilities and risks identified in your nursing home’s Hazard Vulnerability Analysis (HVA). It is also advised to consult with local emergency management officials to understand the hazards specific to the community.

INCIDENT PLANNING GUIDE

ALL HAZARDS



Does your nursing home...	
MITIGATION	
1.	Address local threats and the impact of those threats in the annual Hazard Vulnerability Analysis, including the identification of mitigation strategies and tactics?
2.	Participate in pre-incident local response planning with public safety officials (e.g., emergency medical services, fire, and law enforcement), local emergency management officials, other area nursing homes, regional healthcare coalition coordinators, and other appropriate public and private organizations, including meetings and conference calls to plan and share status?
3.	Have a cache of basic <u>emergency supplies</u> , including flashlights, headlamps, batteries, protective gear (work gloves, safety goggles, masks, and helmets), first aid supplies, sealing tape, food and water, and emergency lighting? Is this cache maintained in working condition and routinely inspected? Is the location of the cache known and is it easily deployable to assigned personnel?
4.	Have a plan for reminding staff about personal and home emergency preparedness and the importance of exercising it annually?
5.	Maintain a fire defensible space that includes all buildings on site?
6.	Ensure all fire detection systems are routinely tested, reviewed by the local fire service, and procedures are in compliance with regulatory and accreditation standards?
7.	Update and maintain accessible maps which note the location of all on-site fire hydrants, stand pipes, sprinkler systems, dry suppression systems, hose bibs, and other fire suppression systems? Are maps readily available in the Nursing Home Command Center?
8.	Have systems to connect to <u>alternate water sources</u> to support fire suppression, wastewater, and cooling systems if needed?
9.	Have a procedure for <u>rationing</u> water and other utilities, if necessary?
10.	Have a plan to address flooding on the grounds and measures to prevent water from flowing into the facility (sandbags, pumps, etc.)?
11.	Conduct utility inspections, testing, and maintenance for: <ul style="list-style-type: none"> <input type="checkbox"/> Generator (fixed, emergency, and deployable)? <input type="checkbox"/> Power system? <input type="checkbox"/> Water? <input type="checkbox"/> Sewage? <input type="checkbox"/> Natural gas? <input type="checkbox"/> Medical gas?
12.	Have a plan to initiate pre-incident nursing home hardening actions (e.g., test backup generators, protect high risk areas, top off fuel tanks, etc.)?

INCIDENT PLANNING GUIDE

ALL HAZARDS



Does your nursing home...	
13.	Have utility contractors or service vendors for emergency repairs and immediate response?
14.	Agreements or contracts for provision of potable water, generator fuel, and repairs?
15.	Procedures to rapidly replace utility system components such as air filters (e.g., high-efficiency particulate absorption [HEPA]) within the heating, ventilation, and air conditioning systems?
16.	Clearly identified valve controls to the main and area supply valves and area shutoff valves for piped utilities such as medical gases and vacuum systems accessible?
17.	Maintain a cache of spare phones and a communication directory? Is the Communication plan updated annually?
18.	Maintain pre-incident standardized messages for communicating risks and recommendations to the public and media?
19.	Undergo building evaluations to identify mitigation activities that would prevent or reduce damage when an earthquake occurs?
20.	Utilize earthquake shelving or other means to prevent objects from falling during an earthquake? This may include securing of cabinets, bolting large storage carts and shelving, moving objects off of high shelves, etc.
21.	Routinely ensure that all entry and exit points in both clinical and nonclinical areas are kept free of obstruction? Are potential entry and exit points for the nursing home contained in a single document or file for rapid access?
22.	Have panic and automated door intrusion alarms installed in all buildings? Are the alarms routinely tested?
23.	Enforce a staff photo identification badge policy and procedure?
24.	Have a visitor policy that provides visible identification and tracking of all visitors, vendors, and others who may be on site?
25.	Maintain hazardous materials in a safe and secure area of the nursing home? Is the inventory routinely checked?
26.	Maintain potentially explosive and combustible materials (e.g., oxygen, propane, acetylene) in a safe and secure environment? Are the sites routinely observed? Is there a policy or procedure in place if materials are tampered with or missing?
27.	Have a security system to ensure residents with altered mental capacity (e.g., dementia) cannot wander from assigned areas or units?

INCIDENT PLANNING GUIDE

ALL HAZARDS



Does your nursing home...	
28.	Have security technology (closed circuit television [CCT] or video cameras and surveillance recording capabilities [digital or tape] in the nursing home and campus) to assist law enforcement in collecting information and controlling building access?
29.	Have deployable equipment to restrict access to pedestrian and vehicle traffic?
30.	Provide information and education to staff on infection control precautions, personal protective equipment, and exposure prophylaxis?
31.	Have a plan to limit access to the nursing home to prevent exposure of residents, staff, and facilities?
32.	Use expert information sources (e.g., Infectious Disease Society, in-house infectious disease clinician, Centers for Disease Control and Prevention website, city or county health departments) when planning for infectious disease incidents, evaluation, and treatment?
33.	Identify and train staff to continually monitor: <ul style="list-style-type: none"> <input type="checkbox"/> Pre-incident weather forecasts and projections? <input type="checkbox"/> Directions from public safety officials? <input type="checkbox"/> Other intelligence sources to maintain current situational awareness of an event?
PREPAREDNESS	
1.	Have an Emergency Operations Plan (EOP) that designates who has the authority to activate the: <ul style="list-style-type: none"> <input type="checkbox"/> EOP? <input type="checkbox"/> Nursing Home Command Center? <input type="checkbox"/> Emergency response procedures (i.e., Evacuation, Shelter-in-place, Fire, Missing Resident, Infectious Disease, etc.)? <input type="checkbox"/> What are the criteria/triggers for activation?
2.	Have on hand the supplies needed for daily operations as well as a surge in occupancy for up to 96 hours of self-sustainment?
3.	Identify and train sufficient depth in personnel for staffing the Incident Management Team (IMT) positions if there are absences due to staff injury or illness?
4.	Exercise its emergency procedures annually and revise it as needed?
5.	Use standardized emergency codes? Are staff trained on their responsibilities when codes are activated?
6.	Conduct annual fire safety training and education, including fire response and evacuation procedures, in conjunction with local fire service?

INCIDENT PLANNING GUIDE

ALL HAZARDS



Does your nursing home...	
7.	Train staff on the evacuation policy and procedures, including the use of evacuation assist devices, safety considerations, primary and secondary evacuation routes, and prioritization of residents?
8.	Participate in community evacuation exercises?
9.	Have the technology (e.g., TV, internet, radio) and policies in place to monitor events?
10.	Have established search procedures for a missing resident, including the following: <ul style="list-style-type: none"> <input type="checkbox"/> Tracking systems to ensure all areas have been searched? <input type="checkbox"/> Nursing home and campus floor plans, maps, and evacuation routes? <input type="checkbox"/> Search grids and restriction of movement? <input type="checkbox"/> Communication equipment to relay results to the Incident Management Team (IMT) and law enforcement?
11.	Tailor training to specific units, resident populations, or job functions?
12.	Maintain <u>shelter-in-place</u> and <u>evacuation procedures</u> with escape procedures and route assignments (e.g., floor plans, safe areas, reunification sites)?
13.	Have <u>evacuation procedures</u> that detail: <ul style="list-style-type: none"> <input type="checkbox"/> Criteria to evacuate all or sections of the nursing home based on damage assessments? <input type="checkbox"/> Evacuation routes, tracking tools, necessary supplies and equipment, and a secondary site? <input type="checkbox"/> Protocols that define: <ul style="list-style-type: none"> o Planned versus immediate evacuation? o Immediate versus delayed evacuation? o Vertical versus lateral evacuation? o Partial versus complete evacuation? <input type="checkbox"/> Equipment for bariatric residents, residents with access and functional needs, and residents with disabilities? <input type="checkbox"/> The process to facilitate the transfer of individual resident information, medications, and valuables with the resident? <input type="checkbox"/> Personnel roles in the evacuation including training for nonclinical staff to assist? <input type="checkbox"/> The process to reassign staff to alternate sites and staging areas, and other nursing homes? <input type="checkbox"/> Identify routes of egress? <input type="checkbox"/> Coordination with ambulances and other transportation providers, including: <ul style="list-style-type: none"> o Additional out of area medical transportation? o Nonmedical transportation providers (school buses, other types of buses, etc.)?
14.	Have Business Continuity Plans that include use of computerized resident and billing records from another adequately secured location?

INCIDENT PLANNING GUIDE

ALL HAZARDS



Does your nursing home...	
15.	<p>Have a plan to expand resident care capabilities in the face of a rapid outbreak of infectious residents that includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rapid identification, triage, and isolation practices in the facility? <input type="checkbox"/> Expanding isolation capability (cohorting, portable HEPA filtration, etc.)? <input type="checkbox"/> Staff PPE and use of fit-tested personnel? <input type="checkbox"/> Integration with other local nursing homes, clinics, public health, and emergency management?
16.	Have a plan for alternate care sites including set up, equipment, staffing, and signage?
17.	Have a plan to manage dispensing prophylactic medications to staff and for administering vaccines when available?
18.	Have a process in place to determine appropriate amounts of personal protective equipment and hand hygiene supplies required for incident response? Is there a process in place to procure additional supplies?
19.	Have a plan to increase the capability to perform specific screening tests for designated pathogens and safely package, identify, and transfer laboratory specimens to external testing sites, including local, state, and federal labs? Relay laboratory results to internal clinical sites and external partners?
20.	Have a procedure to regularly inventory antiviral and medication supplies, personal protective equipment, and other required supplies?
21.	Have a plan to monitor the health status of staff who participate in triage and treatment activities and to provide appropriate medical follow-up?
22.	<p>Have a <u>staffing plan</u> that includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Procedures to evaluate the need for additional staff including contingency staff utilization and support? <input type="checkbox"/> An established list of backup or relief staff that need to be in the nursing home or relocation site before or after the incident to continue resident care, if applicable? <input type="checkbox"/> A list of nonessential staff that may be used in alternate roles? <input type="checkbox"/> A plan to modify staffing and work hours?
23.	Have a plan for contacting personnel (i.e., staff call back lists) and a backup system if primary systems fail?
24.	Have a plan to send a representative to the local emergency operations center (EOC)?

INCIDENT PLANNING GUIDE

ALL HAZARDS



Does your nursing home...	
25.	<p>Assess the need and plan for sheltering staff and families including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provisions for dependent elders, children, and pets? <input type="checkbox"/> Location of rest and hygiene facilities for staff, visitors, and families? <input type="checkbox"/> Sufficient supplies for hygiene, food and water, sleeping, and recreation? <input type="checkbox"/> Policy for pet sheltering that addresses identification, vaccines, medicines, bedding, and litter? <input type="checkbox"/> Orientation to the site including safety and security, hours of operations, and feeding options?
26.	<p>Maintain a <u>communication plan</u> that includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-incident standardized messages for communicating the risks associated with different types of incidents? <input type="checkbox"/> Distribution of radios, auxiliary phones, and flashlights to appropriate people and areas? <input type="checkbox"/> Rapid communication of weather status (watch, warning)? <input type="checkbox"/> A protocol to notify local emergency management, the public health department, emergency medical services, ambulance providers, and other area nursing homes of the situation and possible need to evacuate? <input type="checkbox"/> Procedures for establishing a media staging area and for providing regular media briefings regarding nursing home status? <input type="checkbox"/> Procedures to communicate situations and safety information to residents, staff, and family/guardians, including relocation if evacuation ordered? <input type="checkbox"/> Procedures for establishing redundant communications with public safety and local emergency management officials if normal communications are damaged?
27.	<p>Maintain <u>utility failure procedures</u> which address:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Damage to the nursing home structure and infrastructure, including damaged water and sewer lines, electrical and information systems, fuel sources, communications, medical gases, alarm systems, waste and hazardous materials? <input type="checkbox"/> Loss of heating, ventilation, or air conditioning systems? <input type="checkbox"/> Alternative sources and systems if any utility fails? (e.g., battery powered lights, flashlights, etc. for loss of lighting)? <input type="checkbox"/> Communication to staff that only essential equipment is plugged into emergency power outlets throughout the nursing home and other utility conservation measures as needed? <input type="checkbox"/> Communication with the utility company's operations center to ascertain scope and length of service interruption? <input type="checkbox"/> Verification that emergency generators are assuming the power load as designed? <input type="checkbox"/> Verification that exhaust fans and air handlers supplied by emergency power are operational? <input type="checkbox"/> Acquisition of generator fuel and repairs to maintain emergency power? <input type="checkbox"/> Evaluation of the power system for load shedding potential?
28.	<p>Have criteria to initiate, and the capability to, shut down air intakes to prevent smoke from entering the nursing home?</p>

INCIDENT PLANNING GUIDE

ALL HAZARDS



Does your nursing home...	
29.	Identify, document, and test redundant contact information for vendors, suppliers, response partners, and key stakeholders?
30.	Have a protocol to assess resident conditions and prioritize those most at risk for exposure to heat and cold?
31.	Maintain <u>lockdown procedures</u> (full and zoned lockdown capabilities)? Have all staff been trained in the nursing home and campus lockdown procedures and the impact on operations?
32.	Have emergency call boxes within parking lots, garages, and other remote locations?
33.	Provide training and reporting procedures that differentiate between an armed suspect, a barricaded suspect, a hostage situation, and an active shooter?
34.	Have a process for staff or residents to alert the nursing home of any <u>restraining orders</u> or other restrictive court orders?
35.	Have procedures to maintain sanitation systems throughout the nursing home, including providing personal hygiene and sanitation supplies (e.g., hand wipes, portable toilets, potable water)?
36.	Have procedures and forms to track cost expenditures and provide reports?
37.	Have plans to protect or recover lost data or wet/damaged documents?
38.	Have mutual aid agreements with emergency medical services and with other nursing homes when your nursing home has to be evacuated or abandoned?
IMMEDIATE AND INTERMEDIATE RESPONSE	
1.	Have a plan to secure and <u>maintain security</u> at the nursing home including a policy to secure the immediate area and to restrict entrance or exit of non-essential personnel?
2.	Have sufficient staff to enforce perimeter security and safety? Can this staff be rapidly augmented?
3.	Maintain contact information for all potential daily vehicle traffic (e.g., vendors, deliveries, transport vans, etc.) in the Nursing Home Command Center/
4.	Have protocols to assess, treat and document resident, visitor, and staff <u>injuries</u> ?
5.	Have a plan to provide rest and sleep areas, nutrition, and hydration to staff?
6.	Have a procedure to quickly deploy equipment, supplies, and medications?
7.	Have a plan to maintain continuity of operations including trash, food, linen, laundry, etc.?

INCIDENT PLANNING GUIDE

ALL HAZARDS



Does your nursing home...	
8.	Have procedures to monitor environmental issues and biohazardous waste disposal during and after the incident for an extended period?
9.	Have criteria and a process to determine the need for complete or partial <u>evacuation</u> of the nursing home?
10.	<p>Have a plan to rapidly initiate <u>shelter-in-place</u>, including procedures to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shutdown heating, ventilation, and air-conditioning systems? <input type="checkbox"/> Secure and limit access to the nursing home to designated secure screening points for staff and visitors entering the facility? <input type="checkbox"/> Regularly re-evaluate shelter-in-place vs. evacuation and coordinate decision making with local officials? <input type="checkbox"/> Establish priorities for the nursing home? <input type="checkbox"/> Initiate assembly area and holding area operations, including the provision of adequate staff and equipment? <input type="checkbox"/> Facilitate the transfer and tracking of individual resident information, medications, and valuables with the resident? <input type="checkbox"/> Transport critical residents, coordinate with ambulances and other transportation providers, including: <ul style="list-style-type: none"> ○ Additional out of area medical transportation? ○ Nonmedical transportation providers (school buses, other types of buses, etc.)?
11.	Have multiple methods and equipment for evacuating residents (e.g., chairs, stretchers, backboards, sled type devices, blanket drag, single person carry, multiple person carry)?
12.	<p>Maintain a <u>communication plan</u> that includes procedures to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Obtain situation reports and utility status updates from the local emergency management agency and utility providers? <input type="checkbox"/> Notify the family members of residents regarding the situation? <input type="checkbox"/> Provide accurate and timely briefings to staff, residents, family members/guardians, and area nursing homes during extended operations? <input type="checkbox"/> Collect and maintain current contact numbers for all external authorities in the Nursing Home Command Center and at the switchboard?
13.	<p>Use social media to disseminate information during and after the event?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are all messages approved through the incident's Liaison/Public Information Officer (Liaison/PIO) and the Incident Commander prior to release? <input type="checkbox"/> Is information coordinated within the Joint Information Center in cooperation with local, regional, and state emergency management partners?

INCIDENT PLANNING GUIDE

ALL HAZARDS



Does your nursing home...	
14.	<p>Have <u>fatality management procedures</u> that address:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Integration with local or state medical examiner or coroner? <input type="checkbox"/> Preservation of evidence and chain of custody? <input type="checkbox"/> Religious and cultural concerns? <input type="checkbox"/> Management of contaminated decedents? <input type="checkbox"/> Family/Guardian notification procedures? <input type="checkbox"/> Behavioral health support for family and staff? <input type="checkbox"/> Documentation?
15.	<p>Have a process to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reassess the status of the nursing home, resident care, and staffing and adjust the Incident Action Plan and operations accordingly? <input type="checkbox"/> Assess current nursing home surge capacity and initiate discharge procedures?
16.	<p>Have procedures to notify and engage appropriate internal and external experts including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Security? <input type="checkbox"/> Safety? <input type="checkbox"/> Decontamination teams? <input type="checkbox"/> Respiratory? <input type="checkbox"/> Infection control? <input type="checkbox"/> Engineering, facilities, and plant operations? <input type="checkbox"/> Toxicologist or chemical expert
17.	<p>Have a policy and procedure to access the status of the community to ensure the safety of discharged residents?</p>
18.	<p>Have a mechanism to regularly evaluate the performance of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Electrical systems? <input type="checkbox"/> Phones? <input type="checkbox"/> Water? <input type="checkbox"/> Natural gas? <input type="checkbox"/> Medical gas? <input type="checkbox"/> Alarms? <input type="checkbox"/> Fire sprinkler systems?
19.	<p>Have a plan for prioritizing emergency power allocation to critical infrastructure (e.g., heating, ventilation, and air conditioning units, morgue, elevators, ventilators, information technology, and other systems) during an extended activation?</p>
20.	<p>Have a process for safe <u>shutdown</u> of the nursing home, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Computers -and other electrical equipment? <input type="checkbox"/> Heating, ventilation, and air conditioning?

INCIDENT PLANNING GUIDE

ALL HAZARDS



Does your nursing home...	
	<input type="checkbox"/> Power, water, gas, and medical gases? <input type="checkbox"/> Methods to protect paper records not being evacuated? <input type="checkbox"/> Maintaining nursing home security in all areas during and after closure? <input type="checkbox"/> Securing or movement of hazardous materials?
21.	Maintain a plan to conduct regular media briefings, in collaboration with the local emergency management agency, local emergency operations center, and the Joint Information Center?
22.	Have a plan to supplement staffing through call backs or requesting resources from local emergency management, local emergency operations center, emergency medical services, fire, law enforcement, and regional medical resources?
23.	Have a process to provide accurate and continuous incident documentation, computerized or manual, including: <ul style="list-style-type: none"> <input type="checkbox"/> Resident care? <input type="checkbox"/> Incident management (Incident Action Plan, NHICS forms, etc.)? <input type="checkbox"/> Actions, decisions, and activities and to track response expenses
24.	Maintain supplies and plans to address <u>extreme heat</u> , including: <ul style="list-style-type: none"> <input type="checkbox"/> Cooling measures (fans, ice, cold packs)? <input type="checkbox"/> Cold water and fluids for hydration? <input type="checkbox"/> Medications for sunburn, heat exhaustion, and heat stroke?
25.	Maintain supplies and plans to address <u>extreme cold</u> , including: <ul style="list-style-type: none"> <input type="checkbox"/> Warm blankets? <input type="checkbox"/> Warm IV fluids? <input type="checkbox"/> Warm liquids for hydration? <input type="checkbox"/> Medications for hypothermia and frostbite?
26.	Identify criteria and procedures to modify the resident visitation policy during an incident?
27.	Have a plan to protect or recover lost data or damaged documents?
28.	Have procedures for decontamination and clean-up of the nursing home including bacteriological surveillance and potable water supply sanitation?
29.	Have <u>hazardous material response procedures</u> that include: <ul style="list-style-type: none"> <input type="checkbox"/> Initial actions: Recognize, Avoid, Isolate, Notify (RAIN)? <input type="checkbox"/> Search procedures for personnel? <input type="checkbox"/> Internal notification procedures for staff, residents and visitors? <input type="checkbox"/> External notification procedures including addressing the use of the Liaison/PIO role to coordinate response and recovery with law enforcement <input type="checkbox"/> Hazardous and explosive materials inventory?

INCIDENT PLANNING GUIDE

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Does your nursing home...	
	<input type="checkbox"/> Search grids? <input type="checkbox"/> Nursing home and campus floor plans, maps, and evacuation routes? <input type="checkbox"/> Alternate communications technology? <input type="checkbox"/> Procedures for immediate and planned evacuation or shelter-in-place of the nursing home? <input type="checkbox"/> Restriction of movement? <input type="checkbox"/> Restriction of pedestrian and vehicle movement on campus? <input type="checkbox"/> Evidence preservation measures in cooperation with law enforcement?
EXTENDED RESPONSE AND SYSTEM RECOVERY	
1.	Maintain a Business Continuity Plan for longer term events?
2.	Have position depth to support extended operations of the Incident Management Team?
3.	Have procedures for <u>repatriation</u> of residents and staff, including: <ul style="list-style-type: none"> <input type="checkbox"/> Managing resident repatriation? <input type="checkbox"/> Resident transportation coordination with sending nursing homes? <input type="checkbox"/> Medical records management? <input type="checkbox"/> Room assignments?
4.	Have a policy and procedure to assess damage post incident and initiate repairs and report this to the Nursing Home Command Center?
5.	Have a process to: <ul style="list-style-type: none"> <input type="checkbox"/> Salvage equipment remaining onsite? <input type="checkbox"/> Secure kitchen and laundry areas? <input type="checkbox"/> Secure diagnostic areas and medications? <input type="checkbox"/> Maintain traffic control on campus, as needed? <input type="checkbox"/> Determine nursing home cleaning needs, including the use of contract service assistance? <input type="checkbox"/> Ensure equipment, medications, and supplies are reordered to replace stock supplies? <input type="checkbox"/> Ensure all necessary equipment is usable and safety checked, and equipment and supplies are reordered, repaired, and replaced as warranted? <input type="checkbox"/> Prioritize service restoration activities? <input type="checkbox"/> Monitor contractor services (work quality, costs, etc.)? <input type="checkbox"/> Return borrowed equipment after proper cleaning and replenishment of supplies?
6.	Maintain procedures for restoring normal nursing home visitation and non-essential service operations?
7.	Have a policy and procedure to return non-traditional areas used in operational support (resident care, rest areas, pet shelters) to pre-incident status?
8.	Have a plan to provide behavioral health support to residents, staff, and families, including obtaining services of local or regional resources?

INCIDENT PLANNING GUIDE

ALL HAZARDS



Does your nursing home...	
9.	Have a policy and the technology in place to notify all residents, staff, and stakeholders of the conclusion of the incident?
10.	Have a dedicated space for long term operations of outside response agencies, including law enforcement?
11.	Maintain demobilization procedures that include criteria for deactivation of positions, reactivation of services, and the return to normal operations?
12.	Have a continuing process to capture all costs and expenditures related to operations? Does it include addressing insurance reporting requirements?
13.	Have a process for documenting and submitting costs for disaster reimbursement from insurance carriers, as well as local, state, and Federal Emergency Management Agency (FEMA) disaster relief?
15.	Have a policy and procedure to address line-of-duty death?
16.	Have procedures to debrief residents, staff, and community partners on the activation?
17.	Have procedures to collect and collate incident documentation and formulate an After Action Report and Corrective Action and Improvement Plan?

NHICS GLOSSARY



Glossary

Activate: To begin the process of mobilizing a response team, or to set in motion an emergency operations (response) or recovery plan, process, or procedure in response to incident or exercise. An activation may be partial (stipulating the components of the EOP to activate, or some indication of the level of commitment to be made by the notified entity) or full (stipulating activation of the notified entity's entire EOP).¹

After Action Report (AAR): The AAR summarizes key exercise-related evaluation information, including the exercise overview and analysis of objectives and core capabilities. The AAR is usually developed in conjunction with an Improvement Plan (IP).²

All-Hazards: Describing an incident, natural or manmade, that warrants action to protect life, property, environment, public health or safety, and minimize disruptions of government, social, or economic activities.³

California Governor's Office of Emergency Services (Cal OES) Warning Center: The Cal OES Warning Center monitors events occurring in California and is the official point-of-contact for emergency notifications received from the National Warning System. It also serves as the receiving point for emergency notifications of hazardous material spills and releases from facilities which use, store, or process hazardous materials. A release or spill could potentially impact area nursing homes by occurring onsite (via a spill) or at a neighboring users facility (i.e., industrial site, railroad accident, etc.).

Chain of Command: The orderly line of authority within the ranks of the incident management organization.³

Chief: The Nursing Home Incident Command System title for individuals responsible for management of functional Sections: Operations, Planning, Logistics, Finance/Administration, and Planning.

Code Silver: The emergency code used to warn nursing home staff of an active shooter on-site at the facility.

Command: The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, delegated authority.³

Command Staff: The staff that report directly to the Incident Commander, including the Liaison/Public Information Officer, Safety Officer, and other positions as required. They may have an assistant or assistants, as needed.³

Communication Plan: New CMS Rule. Facilities are required to have contact information for emergency officials and who they should contact in emergency events; maintain an emergency preparedness communication plan that complies with both federal and state law; and be able to demonstrate collaboration through the full-scale exercises. Official "sign-off" from local emergency management officials is not required; however, if the state requires this action, we would expect that facilities comply with their state laws.⁴

Coordinate: To advance an analysis and exchange of information systematically among principals

who have or may have a need to know certain information to carry out specific incident management responsibilities.³

Demobilization: The orderly, safe and efficient return of an incident resource to its original location and status.³

Department Operations Center (DOC): An emergency operations center specific to a single department or agency. The focus is on internal agency incident management and response. DOCs are usually linked to, and in most cases are physically represented within, a combined agency EOC through authorized representatives for the department or agency.³

Director: The NHICS title for individuals responsible for supervision of a Branch (see Operations Section)

Emergency or Disaster: An event affecting the overall target population or the community at large that precipitates the declaration of a state of emergency at a local, state, regional or national level by an authorized public official such as a Governor, the Secretary of HHS, or the President of the United States. It also includes events that can affect the facility internally.⁵

Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, medical services), by jurisdiction (e.g., Federal, State, regional, tribal, city, county), or some combination thereof.³

Emergency Operations Plan (EOP): An ongoing plan for responding to a wide variety of potential hazards.³

Emergency Support Function (ESF) #8: Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement State, tribal and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential public health and medical emergency.⁶

Evacuation: The organized, phased, and supervised withdrawal, or removal of residents from dangerous or potentially dangerous areas, and their reception and care in safe areas. Evacuation may be partial or full facility evacuation depending on the nature of the emergency.

Finance/Administration Section: The NHICS Section responsible for all administrative and financial considerations surrounding an incident.

First Responders: Refers to individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in Section 2 of the Homeland Security Act of 2002 (6 U.S.C. 101). It includes emergency management, public health, clinical care, public works, and other skilled support personnel (e.g., equipment operators) who provide immediate support services during prevention, response, and recovery operations.²

Function: One of the five major activities in ICS: Command, Operations, Planning, Logistics, and Finance/Administration. The term function is also used when describing the activity involved (e.g., the planning function).³

General Staff: A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.³

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.³

Hazard Vulnerability Analysis (HVA): A systematic approach to identifying all hazards that may affect an organization and/or its community, assessing the risk (probability of hazard occurrence and the consequence for the organization) associated with each hazard and analyzing the findings to create a prioritized comparison of hazard vulnerabilities. The consequence, or “vulnerability,” is related to both the impact on organizational function and the likely service demands created by the hazard impact.²

Healthcare Facility: Any asset where point-of-service medical care is regularly provided or provided during an incident. It includes hospitals, integrated healthcare systems, private physician offices, outpatient clinics, long-term care facilities and other medical care configurations. During an incident response, alternative medical care facilities and sites where definitive medical care is provided by EMS and other field personnel would be included in this definition.²

Hospital Incident Command System (HICS): An incident management system that provides an organizational structure for incident management that can be used by any hospital to manage threats, planned events, or emergency incidents.⁷

Incident Action Plan (IAP): An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.³

Incident Action Planning: A core concept for successful response and recovery from any incident. Involves development and use of the Incident Action Plan (IAP) which provides the goals, strategies and tactics to facilitate the Management by Objectives (MBO) and ensure understanding of strategic direction.⁷

Incident Command System (ICS): A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.³

Incident Commander (IC): The individual responsible for all incident activities, including the

development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.³

Incident Management: The broad spectrum of activities and organizations providing effective and efficient operations, coordination, and support applied at all levels of government, utilizing both governmental and nongovernmental resources to plan for, respond to, and recover from an incident, regardless of cause, size, or complexity.³

Incident Management Team (IMT): An Incident Commander and the appropriate Command and General Staff personnel assigned to an incident.³

Incident Objectives: Statements of guidance and direction needed to select appropriate strategy(s) and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow strategic and tactical alternatives.³

Incident Planning Guides (IPGs) and Incident Response Guides (IRGs): Guidance documents whose purpose is to prompt the healthcare facility to review their own plans relative to incident planning and response. The scenarios and planning/response considerations provided are not meant to be exhaustive; each facility should build and/or modify IPG/IRGs based on their HVA.⁷

Infrastructure Branch: The Nursing Home Incident Command System (NHICS) Branch under the Operations Section responsible for the following functions: Dietary, Physical Plant/Security and Environmental.

Job Action Sheet (JAS): Guidance documents for each NHICS Command and General staff position to assist with describing the position's responsibilities, reporting relationship, needed forms, and potential action steps based on time period.

Joint Information Center (JIC): A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media. Public information officials from all participating agencies should co-locate at the JIC.³

Liaison/Public Information Officer: A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies or organizations and interfacing with the public and media and/or with other agencies with incident-related information requirements.

Logistics Section: The NHICS Section responsible for providing facilities, services, and material support for the incident.

Management by Objectives (MBO): A management approach that involves a five-step process for achieving the incident goal. The Management by Objectives approach includes the following: establishing overarching incidents objectives; developing strategies based on overarching incidents objectives; developing and issuing assignments, plans, procedures, and protocols; establishing specific, measurable tactics or tasks for various incident management, functional activities, and directing efforts to attain them, in support of defined strategies; and documenting results to

measure performance and facilitate corrective action.³

Medical Director/Specialist: A member of the Command staff with specialized expertise in areas such as medical, biological/infectious, and hazmat implications related to an event, who oversees medical services and assists with diagnosis, treatment and medical management of residents and injured staff.

Memorandum of Understanding (MOU): Agreement for providing assistance in the form of personnel, equipment, materials and other associated services. Examples include generator and fuel support, water and sewage services, and medical gas deliveries.

Mitigation: Activities providing a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities. Mitigation seeks to fix the cycle of disaster damage, reconstruction, and repeated damage. These activities or actions, in most cases, will have a long-term sustained effect.³

National Incident Management System (NIMS): Provides a systematic, proactive approach guiding government agencies at all levels, the private sector, and nongovernmental organizations to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.³

Nursing Home Command Center: A designated location in nursing homes and long term care facilities prepared to convene and coordinate response activities, resources, and information during an emergency or disaster.

Nursing Home Incident Command System (NHICS): A management system used by nursing homes and long term care facilities to assist with emergency planning and response efforts for all hazards.

Operational Period: The time scheduled for executing a given set of operation actions, as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually they last 12-24 hours.³

Operations Section: The NHICS Section responsible for all tactical incident operations and implementation of the Incident Action Plan.³ In NHICS, the Operations Section includes two subordinate Branches: Infrastructure and Resident Services.

Planning Meeting: A meeting held as needed throughout the duration of an incident to select specific strategies and tactics for incident control operations and for service and support planning. For larger incidents, the Planning Meeting is a major element in the development of the Incident Action Plan.³

Planning Section: The NHICS Section responsible for the collection, evaluation, and dissemination of operational information related to the incident, and for the preparation and documentation of the Incident Action Plan. This Section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident.

Preparedness: A continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response. Within NIMS, preparedness focuses on the following elements: planning; procedures and protocols; training and exercises; personnel qualification and certification; and equipment certification.³

Public Information: Processes, procedures, and systems for communicating timely, accurate, accessible information on the incident's cause, size, and current situation; resources committed; and other matters of general interest to the public, responders, and additional stakeholders (both directly affected and indirectly affected).³

Recovery: The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and development of initiatives to mitigate the effects of future incidents.³

Reimbursement: A mechanism used to recoup funds expended for incident-specific activities.³

R.A.C.E. – Rescue, Alarm, Confine, Extinguish or Evacuate. Technique for rescuing anyone in immediate danger while protecting the safety of rescuing staff during an internal fire.

Resident Services Branch: A Branch under the Operations Section responsible for the following functions: admit/transfer and discharge, nursing, medical records and psychosocial.

Resource Management: A system for identifying available resources at all jurisdictional levels to enable timely, efficient, and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the National Incident Management System includes mutual aid agreements and assistance agreements; the use of special Federal, State, tribal, and local teams; and resource mobilization protocols.³

Resource Tracking: A standardized, integrated process conducted prior to, during, and after an incident by all emergency management/response personnel and their associated organizations.³

Response: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes.³

Run, Hide, Fight – Technique for responding to an active shooter situation at the facility. If your life is in imminent danger and you need to fight, be as aggressive as possible.

Safety Officer: A member of the Command Staff responsible for monitoring incident operations and advising the Incident Commander on all matters relating to operational safety, including the health and safety of emergency responder personnel.³

Scribe/Runner: A member of the IMT that may be assigned to any section in NHICS but is most commonly assigned to the Planning Section.

Section: The NHICS organizational level having responsibility for a major functional area of incident management (e.g., Operations, Planning, Logistics, and Finance/Administration).

Situational Awareness: Is the ability to identify, process, and comprehend the essential information about an incident to inform the decision making process in a continuous and timely cycle and includes the ability to interpret and act upon this information.⁷

Span of Control: The number of resources for which a supervisor is responsible, usually expressed as the ratio of supervisors to individuals. (Under NIMS, an appropriate span of control is between 1:3 and 1:7, with optimal being 1:5.)³

Size-up: The information collected at the beginning of a response to an incident to help determine immediate objectives and inform management decisions. Size-up includes the nature and magnitude of the incident, hazards and safety concerns, and initial priorities and immediate resource needs.⁸

State Survey Agency: The Agency with regulatory responsibility for all the nursing homes in the state. In California, the State Survey Agency is California Department of Public Health's Center for Health Quality (CDPH-CHCQ) Licensing & Certification Program.

Shelter-in-Place: A protective action strategy taken to maintain resident care in the facility and to limit the movement of residents, staff and visitors in order to protect people and property from a hazard.⁹

Threat: Natural or manmade occurrence, individual, entity, or action that has or indicates the potential to harm life, information, operations, the environment, and/or property.³

Warning: Dissemination of notification message signaling imminent hazard that may include advice on protective measures. For example, a warning is issued by the National Weather Service to let people know that a severe weather event is already occurring or is imminent, and usually provides direction on protective actions. A "warning" notification for individuals is equivalent to an "activation" notification for response systems.²

Glossary Reference Sources:

1. The Institute for Crisis, Disaster, and Risk Management at the George Washington University. ICDRM/GWU Emergency Management Glossary of Terms. Washington, DC: The George Washington University; 2010. <https://www2.gwu.edu/~icdrm/publications/PDF/GLOSSARY%20-%20Emergency%20Management%20ICDRM%2030%20JUNE%2010.pdf> (June 2010) Accessed December 4, 2016.
2. U.S. Department of Homeland Security. Homeland Security Exercise and Evaluation Program Policy and Guidance. https://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf (April 2013) Accessed December 4, 2016
3. US Department of Homeland Security, Federal Emergency Management Agency. National Incident Management System. http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf (December 2008) Accessed December 4, 2016.

4. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). Survey & Certification Group. Frequently Asked Questions (FAQs) Emergency Preparedness Regulation <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Frequently-Asked-Questions-FAQs.pdf> (October 2016) Accessed December 4, 2016
5. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). 42 CFR Parts 403, 416, 418, et al. Medicare and Medicaid Participating Providers and Suppliers; Finale Rule. <https://www.gpo.gov/fdsys/pkg/FR-2016-09-16/pdf/2016-21404.pdf> (September 2016) Accessed December 4, 2016.
6. US Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. 2017-2022 Healthcare Preparedness and Response Capabilities. Glossary. http://bparati.com/Portals/0/PDF_Files/FederalDocs/HHS/ASPR/2016-11-HHS-ASPR-2017-2022-healthcare-prepaedness-and-response-capabilities.pdf (November 2016) Accessed December 4, 2016.
7. Hospital Incident Command System Guidebook. http://www.emsa.ca.gov/media/default/HICS/HICS_Guidebook_2014_11.pdf (May 2014) Accessed December 4, 2016.
8. Federal Emergency Management Agency (FEMA). IS-200.HCa – Applying ICS to Healthcare Organizations. Course Summary. <https://emilms.fema.gov/IS200HCA/ICS01summary.htm> Accessed December 4, 2016.
9. American Healthcare Association and National Center for Assisted Living (AHCA/NCAL). Shelter In Place: Planning Resource Guide for Nursing Homes. https://www.ahcanca.org/facility_operations/disaster_planning/Documents/SIP_Guidebook_Final.pdf (2015) Accessed December 4, 2016.