

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:	

Imr	nediate F	Response (0-2 hours)	Time	Initial
Rec	eive app	ointment		
•	Receive	appointment from the Incident Commander		
•	-	position identification (e.g., vest, cap, etc.)		
•		is entire Job Action Sheet		
•	Notify y (IMT)	our usual supervisor that you have been assigned to the Incident Management Team		
•	Report	o the Incident Commander until demobilized		
Ass	ess the o	perational situation		
•		the Operations Section Chief in the initial assessment of the situation and overall status g any identified capabilities and limitations		
Act	ivities			
•		ate in briefings and Incident Action Plan preparation/meetings as requested: and share critical incident and resident status information		
•	Operati	nction with the Medical Director/Specialist if available, Safety Officer and the ons Section Chief assess the initial status of the residents, staff and visitors in the g areas:		
	0	Causalities and/or deaths related to incident (see NHICS 259: Master Facility Casualty/Fatality Report)		
	0	Resident census and condition		
	0	Resident acuity which may impact treatment, evacuation, admission, discharge and/or transfer		
	0	Immediate health hazards requiring mitigation (e.g. infectious agents)		
	0	Immediate staffing needs to ensure care needs are met (number of personnel needed and categories, e.g. Licensed nurse, CNA)		
•	Assess p	problems and resource needs in Branch areas; coordinate resource management with		



Imr	Immediate Response (0-2 hours)					
	Infrastructure Branch Director and report all resource needs to Operations Section Chief:					
	0	Arrange for provision of critical medical services if needed (e.g. dialysis, oxygen)				
	0	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				
	0	Ensure staffing level and skill needs for triage and treatment of acute conditions and continuation of routine care and restorative services for residents				
•	status a	ith and brief direct care staff on their assignments. Update direct care staff on incident nd facility plans. Instruct them as to the message they are to share with residents. e next briefing with direct care staff.				
•	Schedu	e a review of individual residents as needed for consideration of:				
	0	Special needs and possible early transfer to a higher level of care setting where critical services can be maintained (e.g. dialysis, respiratory support)				
	0	Potential evacuation order				
	0	Potential emergency admits, discharges, and activation of surge capacity procedures				
	0	assist in resident priority assessment to designate residents for early discharge and/or to obtain status of vacant beds for admits				
•		e resident transfer needs and identify transportation needed (e.g. ambulance, nair van, bus)				
•	-	ent a system for contacting resident family/guardians regarding transfer and discharge options, and plans				
•	procedu	ine if communicable disease risk exists; implement appropriate response ure(s). Collaborate with the appropriate Medical Director/Specialist and Logistics Chief to ensure appropriate personal protective equipment is available				
•	-	ly meet with the Operations Section Chief to discuss plan of action, resource needs ffing in all service areas				
Adı	mission,	Transfer and Discharge				
•	Review	facility's resident identification and tracking system for transfer/discharge:				
	0	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				
	0	Prepare resident identification tools				
	0	Provide resident identification in accordance with facility procedures				
•	Prepare	tracking system tools if new residents are being admitted or coming to shelter-in-place				
•		ate the receipt of or transfer out of medical records and medications in accordance with procedures				
<u>Psy</u>	chosocia	I-related				
•	Assess t therapi	the capabilities, human resource requirements, and needs for ancillary services (e.g. es):				
	0	Psychological				
	0	Spiritual				



 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 Documentation NHICS 214: Document key activities, actions, communications, and decisions on an Activity Log NHICS 255: 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 	Initial
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Resources	
Family/Guardian contact information	
Communication	
• 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	
Safety and Security	
Ensure resident safety issues are identified and addressed	

Intermediate Response (2-12 hours)	Time	Initial
 Activities 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 		



 Monitor the implementation of the Resident LD. & 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 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 Mursing-related Manage the provision of routine nursing services Monitor direct care staff work performance Ensure the provision of routine nursing services Monitor direct care staff work performance Ensure the provision of routine nursing services immediately Psychoscial-related Assist with updating families on individual resident's status as directed by Operations Section Chief Meet regularly with Operations Section Chief to assess need for psychosocial support of staff or dependents sheltering at the facility Documentation NHIGS 214: Continue documentation of key activities, actions, communications, and decisions on an Activity Log NHIGS 255: Continue accurate tracking of residents using the M	Inte	ermediate Response (2-12 hours)	Time	Initial
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Resources	•	NHICS 259: Update victim information on a Facility Casualty/Fatality Report		
	•	NHICS 260: Provide resident details on the Resident Evacuation Tracking form		
	Reg	sources		
	•	Family member/guardian contact information		



Intermediate Response (2-12 hours)		Initial
 Communication Continue to provide family/guardian notifications of evacuation, shelter-in-place, transfer, c early discharge 	or	
 Continue reaching out to the Logistics Section Chief to order needed supplies for resident can needs 	are	
 Safety and Security Ensure resident safety issues are identified and addressed 		

Ext	Extended Response (greater than 12 hours)		
Ac	tivities		
٠	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		
Do	cumentation		
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Re	sources		
•	Family member/guardian contact information		
Со	mmunication		
•	Follow up with the Logistics Section Chief on supplies ordered for resident care needs		
•	Provide behavioral health support to residents and families, as needed		
Sa	fety and Security		
٠	Continue to ensure resident safety issues are identified and addressed		



Demobilization/System Recovery	Time	Initial
Activities		
 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: 		
 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		
Documentation		
 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

- NHICS 200: Incident Action Plan (IAP) Quick Start
- NHICS 207: Incident Management Team (IMT) Chart
- NHICS 214: Activity Log
- NHICS 252: Section Personnel Time Sheet
- NHICS 254: Emergency Admit Tracking
- NHICS 255: Master Resident Evacuation Tracking
- NHICS 259: Facility Casualty/Fatality Report
- NHICS 260: Resident Evacuation Tracking
- Facility emergency operations plan
- Communication 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