

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:	Initial:
Phone		Signature:		
NHCC Location:			Email:	

Immediate Response (0-2 hours)	Time	Initial
Receive appointment		
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		
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		
• 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		
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.		
 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)		



Im	mediate Response (0-2 hours)	Time	Initial
•	Consider need for the following, and report findings to the Operations Section Chief: • 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		
٠	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		
Do •	cumentation 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)		
Re	sources		
•	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		
Co •	mmunication 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		
Sat	ety and security		
•	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		
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Int	ermediate Response (2-12 hours)	Time	Initial
Ac	tivities		
•	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 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		
Do •	cumentation 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		
Со	mmunication		
•	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		

Extended Response (greater than 12 hours)		Initial
 Activities 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 		



Extended Response (greater than 12 hours)		Initial
Documentation		
• 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		
Communication		
• 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 		
Safety and security		
Ensure continued implementation of all safety practices and procedures in the facility		

emobilization/System Recovery		Initial
Activities		
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:		
 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		
Documentation		
• 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 		



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)

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