

NHICS

Nursing Home

INCIDENT COMMAND SYSTEM



CALIFORNIA
ASSOCIATION OF
HEALTH FACILITIES



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DEVELOPED BY THE CENTER FOR
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I PREFACE

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

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

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

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

practices and lessons learned identified by the Center for HICS Education and Training were used in the research and development of these materials.

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

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

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

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

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

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

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

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

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

It is recognized that nursing homes, whether the distinction is long term, residential care, skilled nursing facility, or others, come in a variety of sizes and delivery services. Therefore the NHICS guidance is developed from a minimal, standard, and optimal approach, acknowledging the limited resources sometimes available for response. There also exist those large facilities that care for hundreds of residents and patients. In some cases, the use of the established Hospital Incident Command System may be more appropriate, with customization of the Incident Management Team to identify those positions applicable to larger facilities.

II ICS in Healthcare

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

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

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

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

To meet those challenges, ICS is designed to:

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

The fundamental features of ICS include:

1. Common terminology/clear text

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

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

2. Modular organization

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

3. Management by objectives

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

4. Incident Action Planning

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

5. Manageable span of control

A key concept in ICS is maintaining a span of control that is both effective and manageable. Because emergency events are not business as usual situations, the span of control for operations that are not routine should be kept at an effective number. Within ICS, the optimum span of control is 1 supervisor to 5 reporting personnel. If the

number falls outside these ratios, the incident management team should be expanded or consolidated.

6. Pre-designated incident locations/facilities

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

7. Resource management

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

8. Integrated communications

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

9. Common command structure

The ICS provides for a common command structure that identifies core principles for an efficient chain of command. *Unity of Command* dictates that each person within the response structure reports to only one supervisor. A *single command* exists when a single agency or discipline responds to an event; for example, the fire service at a

warehouse fire is commanded by a fire captain or chief. When multiple agencies or disciplines are working together at a scene, there is a *unified command* structure that allows for coordination in response actions. For nursing homes, this may occur when the facility is the scene of the incident, such as a fire. The nursing home administration and the fire command work together in a unified command structure.

III Incident Management Team for Nursing Homes

Incident Management Functions

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

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

- **Finance** monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses.

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

Building the IMT

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

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

Commander: there is only one commander position during the incident response, this being the Incident Commander

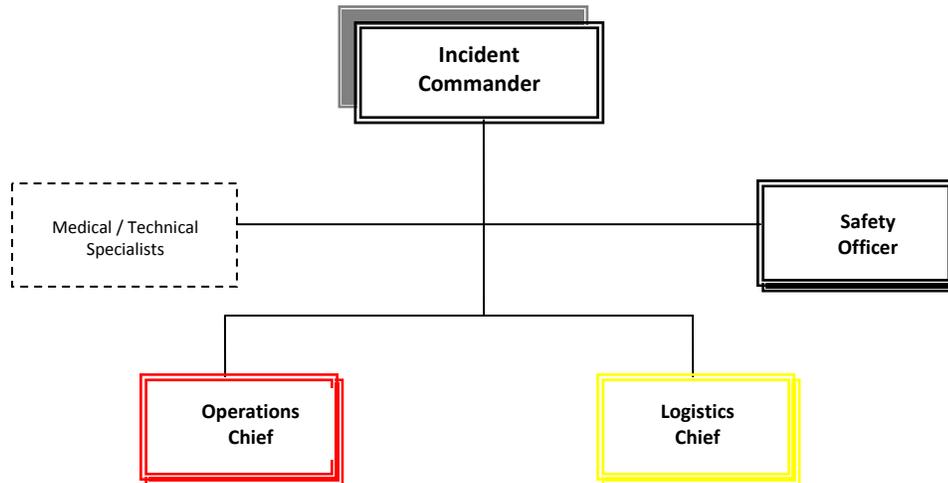
Officers: officers are part of the command section. In NHICS, the officer roles are the Liaison Officer, Public Information Officer, and Safety Officer. Each of these positions report directly to the Incident Commander.

Chiefs: oversight for the section is provided by a Section Chief.

Directors: branches may be activated under the sections to maintain the chain of command and provide specific duties and actions as identified by the position title. For example, within the Operations Section, there is a Medical Care Branch and an Infrastructure Branch, with oversight provided by Directors.

In customizing the IMT chart for nursing homes, minimal, standard, and optimal charts have been developed. This allows positions and their duties to

be consolidated to meet the limited staffing in smaller facilities. The core positions in the minimal chart are demonstrated in the chart below:

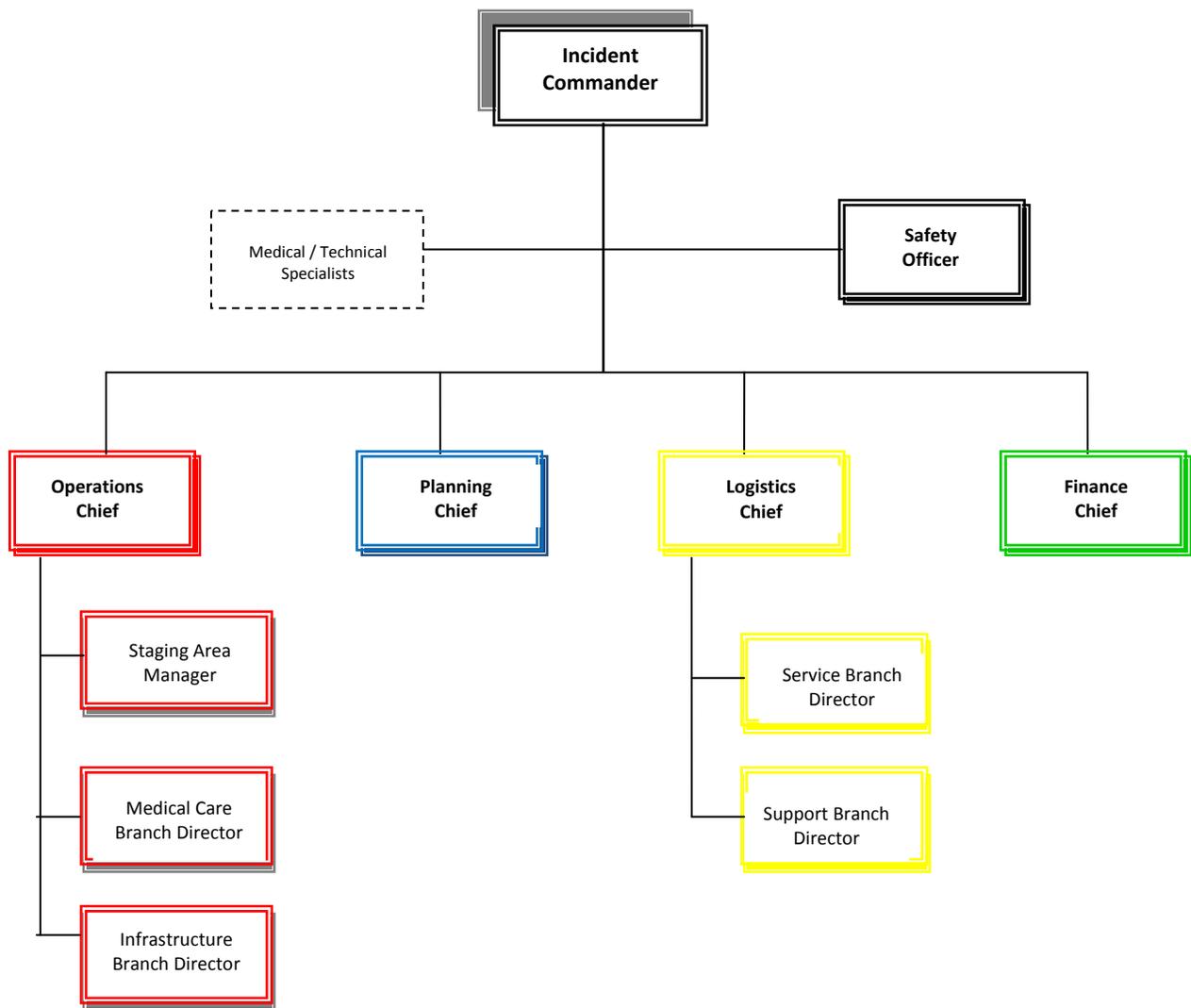


NHICS Minimal IMT

In traditional Incident Command, there are 5 sections: Command, Operations, Planning, Logistics, and Finance. For the immediate response when personnel as well as responsibilities may be limited, the tasks associated with Planning and Finance are included in the functions of the Incident Commander.

The roles and functions within these core positions will be discussed in the following section.

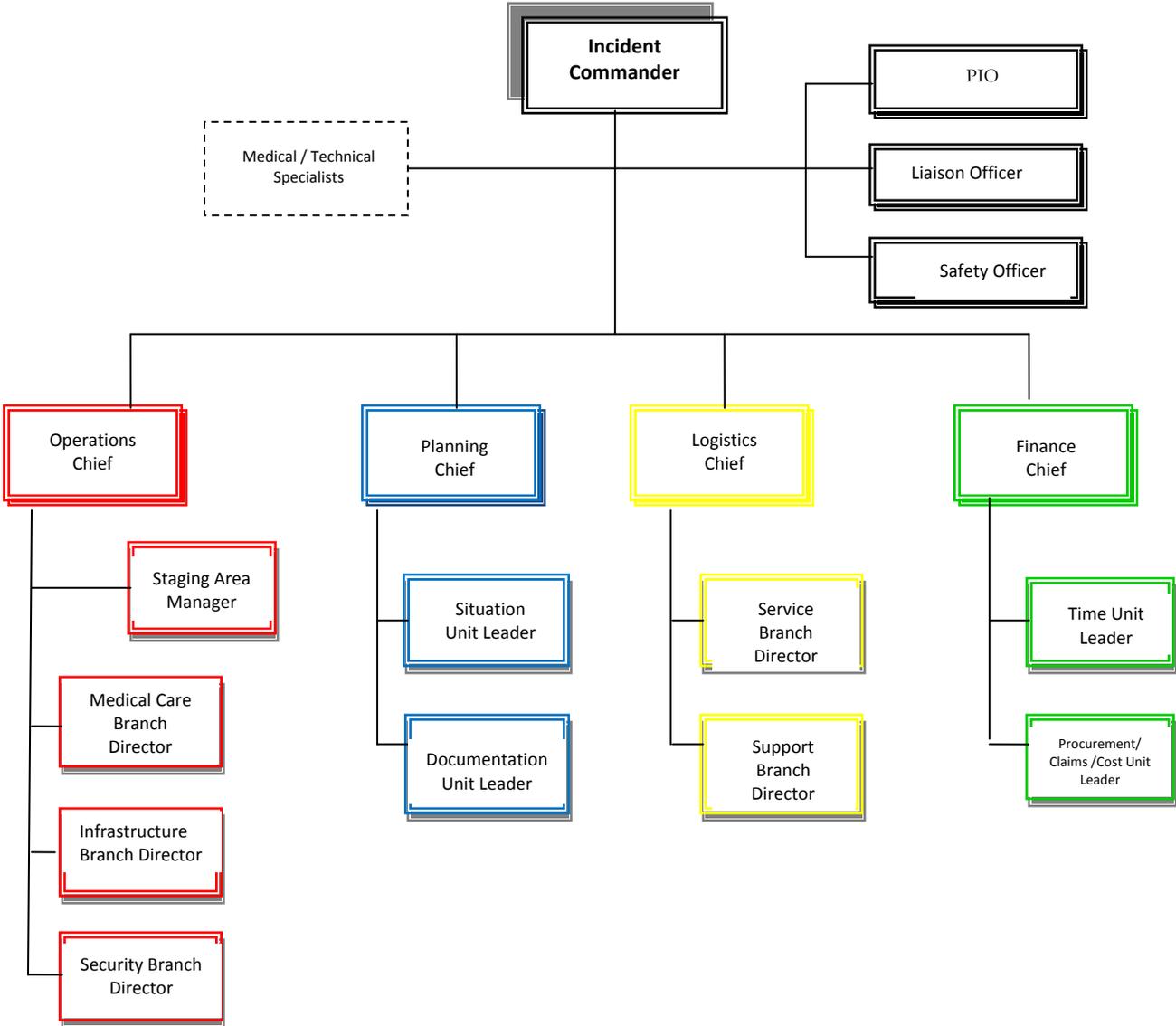
For larger facilities, additional positions may be activated, with the overall goal to maintain the span of control and meet the needs of the facility based on the available resources. In the standard IMT chart, the functions and responsibilities assigned to the Planning and Finance Sections are demonstrated and position responsibilities identified in accompanying materials.



NHICS Standard IMT

Position titles clearly define the roles and responsibilities assigned to that role(s). For example, the Safety Officer is responsible for the overall safety of the facility and the actions taken during the response. Position titles within the Nursing Home IMT should remain consistent with those used by other emergency response partners (Fire/EMS, Police, Health Department etc). This allows for cooperation and coordination of the response actions. When assigning personnel to fill ICS positions, it is critical to appoint the most qualified person for the role, not necessarily the most senior person.

The NHICS Optimal IMT is based on the principle ICS structure, as well as those materials developed by the HEICS IV Revision Project and the Florida Health Care Association. The Optimal Chart may be used by those facilities with a large-scale emergency response as well as sufficient qualified staff to fill the positions. As with the minimal and standard charts, the roles and responsibilities for each position are defined in Section III, Incident Management Team for Nursing Homes.



NHICS Optimal IMT

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

NHICS Incident Management Team: Command

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

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

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

Medical/Technical Specialists are persons with specialized expertise in areas such as infectious disease, legal affairs, risk management, and medical ethics who may be asked to provide the Incident Command staff with needed advice and coordination assistance. This role may be filled by persons outside of the facility. In the IMT listed in Figure III.3 the **Medical Technical Specialists** report to the Incident Commander; however in actual events, Specialists may work directly with operations personnel providing advice or guidance in the response activities.

NHICS Incident Management Team: Operations

Many incidents that likely will occur involve injured or ill patients. The Operations Section will be responsible for managing the tactical objectives outlined by the Incident Commander.

The **Operations Section** is considered the “doers” and consists of 5 positions. Oversight of the Section is by a Chief. Additional positions include a Staging Area Manager, Medical Care Branch Director, Infrastructure Branch Director, and Security 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 qualified personnel to fill the positions.

During pre-event planning, a staging area (or areas) should be established and identified in the Emergency Operations Plan (EOP). The staging area will be a central location, large enough to allow for the collection of personnel, vehicles, and equipment/supplies needed in the response. A **Staging Area Manager** provides oversight and direction, maintaining an inventory of those supplies.

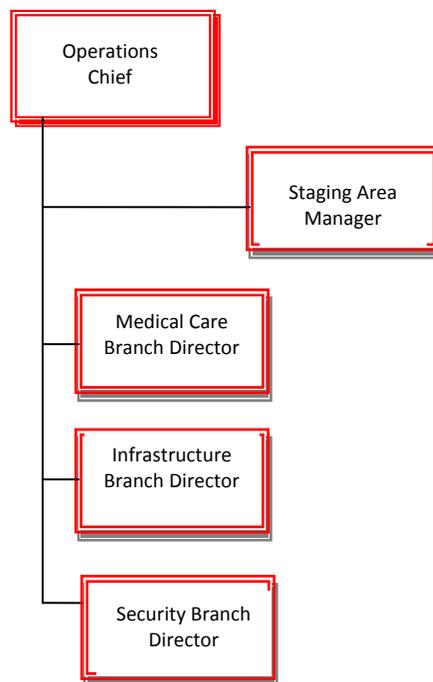
The **Medical Care Branch** is responsible for the continuation of resident services as well as the provision of care to those who are injured or become ill due to the incident. The **Medical Care Branch Director** may assign staff to ensure continuation of resident services, including rehabilitation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

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

The **Security Branch** is responsible for ensuring that the nursing home and the surrounding grounds are secure during the response. This may include traffic control as well as lock-down of the facility due to security threats, structural

damage or infectious disease outbreaks. Planning should address the use of facility personnel to perform this role but also the integration of local law enforcement and/or private security firms if needed.

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



NHICS Optimal IMT: Operations Section

NHICS Incident Management Team: Logistics

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

The **Logistics Section Chief** oversees the provision of services and support to sustain current operations and the operational response to the incident. This

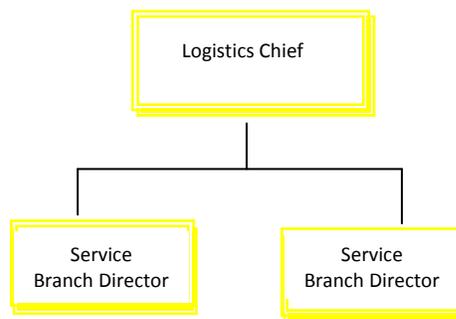
includes personnel/manpower, supplies, equipment, pharmaceuticals, and vehicles. The Logistics Section works closely with the Operations Section, responding to supply requests and their acquisition based on the needs of the response.

There are 2 branches within the **Logistics Section**: Service and Support. The **Service Branch** will ensure the preservation of those essential services including food service (for residents and when needed, staff and visitors), communications, and information services. As an example, the Medical Care Branch (within the Operations Section) identifies the need to provide additional food services to the residents. The request is made to the **Service Branch Director** to provide this service.

The Logistics Section **Support Branch** provides those support systems that allow staff to continue their duties. These include the provision of medical care to staff who may be ill or injured, feeding and housing of employees, transportation of employees to the facility, and the provision of supplies and equipment to sustain operations. The Support Branch must also 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 may be obtained from off the shelf or through standard ordering procedures, emergency procurement contracts, mutual aid agreements between facilities, corporate support, and/or requests to the local Emergency Operations Center – Emergency Support Function #8- Health and Medical Services.



NHICS Optimal IMT: Logistics

NHICS Incident Management Team: Planning

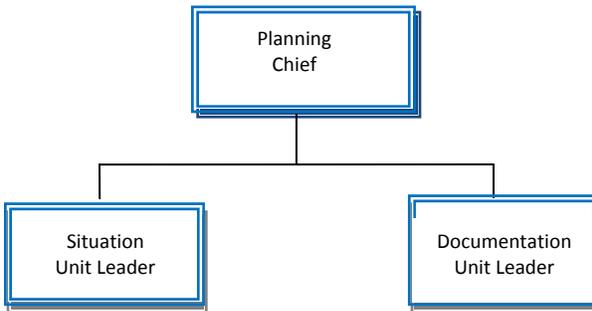
When sufficient staff are available, and when the impact of the event is sustained, the **Planning Section** or “thinkers” may be activated under the Optimal IMT Chart. The role of the Planning Section within the NHICS Incident Management Team is to gather and validate information from both internal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

The **Planning Chief** oversees the section and determines the need for activation of the **Situation Unit** and **Documentation Unit**. As outlined in NIMS, the Planning Section will “collect, evaluate, and disseminate incident situation information and intelligence to Incident Command.” They will also be responsible for preparing status reports, displaying various types of information, and developing the Incident Action Plan (IAP). The effectiveness of the Planning Section has a direct impact on the availability of information needed for the critical, strategic decision-making done by the Incident Commander and the other General Staff positions.

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

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

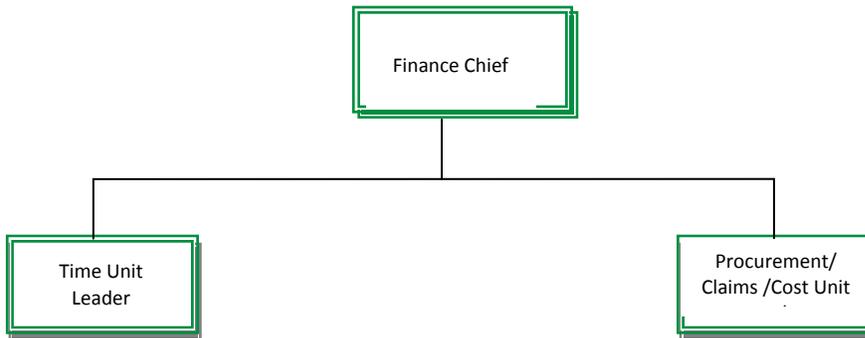
Multiple methods of documentation will likely be used during an incident. Written documentation will be the primary method of information recording. Each Incident Management Team position is tasked with maintaining their own log of issues, actions, and outcomes (See Attachment E: NHICS Forms).



NIMCS Optimal IMT: Planning

NHICS Incident Management Team: Finance

The **Finance Section Chief** oversees the costs and expenditures incurred by the response actions, including the purchasing of supplies and equipment. The Finance Section must also account for lost revenue associated with the response and recovery.



NHICS Optimal IMT: Finance

The **Time Unit Leader** ensures that all staff and volunteers who are utilized in the response efforts account for their hours.

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

Position Crosswalk

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

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

| NHICS POSITION | NH POSITION |
|--|--|
| Incident Commander | Administrator |
| Medical/Tech Specialist | Medical Director |
| Public Information Officer | Media Relations/Administrator |
| Liaison Officer | Director of Nursing |
| Safety Officer | Maintenance |
| Operations Section Chief | Director of Nursing |
| Staging Area Manager | Director of Dietary Services |
| Medical Care Branch Director | Director of Staff Development |
| Infrastructure Branch Director | Maintenance |
| Planning Section Chief | Assistant/Associate Administrator |
| Situation Unit Leader | Director of Admitting |
| Documentation Unit Leader | Director Medical Records |
| Logistics Chief | Assistant/Associate Administrator/ <u>Director of Dietary Services</u> |
| Service Branch Director | Director/Manager Rehabilitation |
| Support Branch Director | Activities Director |
| Finance Chief | Business/Finance Director |
| Time Unit Leader | Payroll |
| Procurement /Cost / Claims Unit Leader | Risk Manager / Quality Management |

Adapting the IMT to Large and Small Facilities

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

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

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

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

IV Job Action Sheets

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

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

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

On the JAS, actions are grouped into four time periods:

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

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

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

Job Action Sheets for all positions identified on the Optimal IMT have been developed.

V Incident Planning and Response Guides

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

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

Incident Planning and Response Guides have been developed for events most likely to impact a nursing home. These are: Fire, Earthquake, Power Failure, Flooding, Severe Weather, and Disease Outbreak.

Differentiating Job Action Sheets and Incident Response Guides

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

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

VI Incident Action Planning and Incident Command System Forms

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

1. Understanding the nursing home's policy and direction

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

2. Assessing the situation

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

3. Establishing incident objectives

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

4. Determining appropriate strategies to achieve the objectives

After the Incident Commander has set the command objectives, the sections then determine the appropriate strategies to undertake in the

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

5. Giving tactical direction and ensuring that it is followed

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

6. Providing necessary back-up

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

Management by Objectives

The foundation of healthcare incident action planning is Management by Objectives (MBO). The Incident Commander sets the overall command objectives for the response and recovery. Through this process, staff within operations, logistics, and planning are given a clear direction to follow and will then develop the strategies for their respective sections. Consider the following example that demonstrates the application of command objectives and strategies. A community-wide infectious disease outbreak impacts the nursing home through direct illness to 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 are ill and almost 35% of the facility staff. The Incident Commander identifies the command objectives for this response as:

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

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

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

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

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

Documenting the Objectives, Strategies and Tactics: The incident Action Plan (IAP)

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

Key information on the NHICS forms

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

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

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

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

Names and Titles: Position titles have been identified for NHICS that are consistent with standard incident command system terminology. These include Commander, Chief, Directors, and Leaders. This allows for positions

to be shared with other organizations, and also enhances communication among response partners through the use of common terminology.¹ In documenting the response on the NHICS forms, the names of persons filling the IMT positions should include the full name.

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

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

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

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

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

NHICS Incident Action Planning Forms

For use in Incident Action Planning by nursing homes, 20 forms have been adapted. Each form has a specific purpose in both directing and documenting the response.

NHICS Form 201: Incident Briefing

The Incident Briefing contains the initial overview of the event, including the cause, the initial impact, the actions taken, and other critical information. This form is completed by the Incident Commander and should provide a clear and succinct overview of the situation to incident management team members.

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

NHICS Form 202: Incident Objectives

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

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

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

The Incident Commander will approve all information contained on the NHICS 201. The Planning Chief has the responsibility for completing the form; if this role has not been activated or cannot be filled, the Incident Commander assumes the responsibility.

NHICS Form 203: Organization Assignment List

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

NHICS Form 204: Branch Assignment List

This form documents the branches and/or units under the sections that have been activated in the response, and identifying the persons assigned to each position. It also provides for documentation of the strategic and tactical objectives for the branches and/or units. The use of this form clearly provides

direction for persons filling branch and unit roles, identifying the tasks assigned and providing a documented line of authority.

NHICS Form 205: Incident Communications Plan

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

The second page in this form contains the communication information for external partners. Sections of this form may also be completed during planning, providing key contact information for external partners including other nursing homes, hospitals, public health, and emergency management officials.

NHICS Form 206: Staff Medical Plan

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

NHICS Form 207: Organization Chart

Similar to the information contained on the NHICS Form 203, position assignments are documented in a visual organization chart / incident management team format.

NHICS Form 213: Incident Message Form

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

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

NHICS Form 214: Operational Log

Each person within the IMT should complete an operational log, documenting their assignment, actions taken, critical information received, and other key information and decisions as determined by the individual. This critical chronology of information serves multiple functions: as a record of the work performed during the operational period; as a personnel log to assist with reimbursement; as a guide for the after-action review; and as a resource tool for personnel assuming the same position in follow-on operational periods.

NHICS Form 251: Facility System Status Report

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

NHICS Form 252: Section Personnel Time Sheet

This form is used to document the persons assigned to IMT positions, facilitating cost projections and financial reimbursement when possible.

NHICS Form 253: Volunteer Staff Registration

This form is used to document those non-Nursing Home personnel who respond or assigned to the nursing home in support of operations. This form is used to document and track these persons, and to facilitate financial reimbursement when possible.

NHICS Form 254: Disaster Patient Tracking Form

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

NHICS Form 255: Master Resident Evacuation Tracking Form

Form 255 provides documentation for tracking of nursing home patients who are evacuated from the facility in response to a disaster. This form may be customized during the planning stage to provide greater specificity to the resident requirements and special considerations of the individual nursing home.

NHICS Form 256: Procurement Summary Report

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

NHICS Form 257: Resource Accounting Record

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

NHICS Form 258: Nursing Home Resource Directory

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

NHICS Form 259: Casualty and Fatality Report

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

NHICS Form 260: Patient Evacuation Form

This form is used for individual resident or patient evacuation, providing a clear and concise overview of individual needs that will be communicated to the receiving nursing home, hospital, or shelter site.

NHICS Form 261: Incident Action Safety Analysis

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

VII. Facility Command Center

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

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

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

VIII Overview of Educational Materials

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

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

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

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

Module summary: A summary slide will close each module.

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

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

Educational Modules

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

Module I: Personal Preparedness

- The importance of personal preparedness for employees and their families is critical to a successful response. In this module, the following objectives will be addressed:
- Understand the importance of personal emergency planning
- Create a family emergency plan
- Prepare an emergency kit

Module II: Introduction to the Incident Command System

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

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

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

Module III: Applying ICS to Nursing Homes

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

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

Module IV: NHICS Toolkit

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

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

Module V: Implementing NHICS Into Your Facility

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

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

IX Acronyms

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