



Nursing Home Incident Command System

Introduction to the Nursing Home Incident Command System

Really Ready, Too!
Disaster Preparedness Conference
for Long Term Care
September 29 & 30, 2009

California Association of Health Facilities

Nursing Home Incident Command System

*This program has been produced by the
Center for HICS Education and Training with
funding from the California Association of
Health Facilities. The materials contained
within are provided for Nursing Homes and
other Long Term Care Facilities in
development of emergency preparedness and
response programs.*




Nursing Home Incident Command System



Faculty

Craig DeAtley PA-c
Director, Institute for Public Health Emergency Readiness
Co-Executive Director, Center for HICS Education and Training

Ann Potter RN CEM
Project Specialist, ER-1 Institute

Mary Massey RN MS
California Hospital Association

Melinda Stibal RN MS
Administrative Director
Memorial Regional Hospital

Nursing Home Incident Command System

Objectives

At the end of this session, the learner will:

- Discuss the importance of all hazards emergency response and planning for Nursing Homes
- Understand the fundamental concepts of the Incident Command System and its application to Nursing Homes
- Discuss the NHICS toolkit applications for emergency preparedness and response

The slide features a vertical title bar on the left with the text "Nursing Home Incident Command System". The main content area has a blue background with white and yellow text. At the bottom, there are two logos: CAHF (California Association of Health Facilities) on the left and NHICS (Nursing Home Incident Command System) on the right.

Nursing Home Incident Command System

Objectives

- Discuss the roles and responsibilities within the Nursing Home Incident Management team Chart
- Apply the NHICS tools in a tabletop exercise

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Nursing Home Incident Command System

Refresher: Who....

- Recognized leaders in Long Term Care
- Recognized leaders in Hospital Incident Command System

California Association of Health Facilities + Center for HICS Education and Training = Nursing Home Incident Command System



The slide features a vertical title bar on the left with the text "Nursing Home Incident Command System". The main content area has a blue background with white and yellow text. Below the list, there is a diagram with three circles: a blue circle on the left containing "California Association of Health Facilities", a white circle in the middle containing "Center for HICS Education and Training", and a white circle on the right containing "Nursing Home Incident Command System". A plus sign is between the first two circles, and an equals sign is between the second and third circles. At the bottom, there are two logos: CAHF (California Association of Health Facilities) on the left and NHICS (Nursing Home Incident Command System) on the right.

Nursing Home Incident Command System

Who ...

- CAHF Leadership
 - Jocelyn Montgomery*
 - Tom Medley*
- The Center for HICS Education and Training


<i>Craig DeAtley</i>	<i>Wendy Clark</i>
<i>Mary Massey</i>	<i>Dean Morris</i>
<i>Ann Potter</i>	<i>Melinda Stibal</i>
<i>Sheri Waldron</i>	






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Who ...

- Secondary review group
 - California based subject matter experts in nursing home and long term care
 - Provided project input at inception
 - Ongoing review of materials as developed
 - Input into guidance documents and toolkit









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Why ...

- Unforeseen changes in plans, policies and agreements
- Priorities among responders and leadership may shift
- Disaster impact cannot be predicted
- Disasters strike at every level... no facility or agency is outside the strike zone
- Because no one agency, facility or person can respond alone
- Disasters may last for longer than anticipated



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What ...


- Customization of Incident Command System to the unique needs and capabilities of Nursing Homes
- Guidance document: NHICS Guidebook
- Planning and Response Tools
- Educational Materials

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What is the Nursing Home Goal?

- Preparedness
 - Develop effective Emergency Management and Operations Plans
- Response
 - Ensure safety of residents, personnel and the facility
 - Ensure continuity of operations
- Recovery
 - Operational/Business Recovery
 - Financial recovery
 - Restoration of “normal” operations



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Incident Command System

- Standardized approach to all hazards response and recovery
- Used across all disciplines
- Promotes compliance with regulatory requirements

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History of ICS



- ICS developed in response to California wildfires in the 1970s
- Major response problems were identified
 - Lack of an effective management structure
 - Lack of accountability and clear chain of command
 - Poor communications
 - Lack of systematic planning
 - No integration of agencies into management structure and planning

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History of ICS

- ICS is built on best practices
 - Successful use in military and business practices
 - Lessons learned in response to incidents
 - Use in all levels of government and private sector
 - Demonstrated effectiveness in planned events and recovery operations

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Purpose of ICS

- An interdisciplinary and flexible tool
- Adaptable to incident of any kind or size
 - Scalable activation
- Standardized to integrate other agencies and organizations into the management structure
- Provide a logistical and administrative support to operational staff
- Be cost effective by avoiding duplication
- For use in planned events and incidents

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ICS Features


- Common terminology/clear text
- Modular organization
- Management by objectives
- Incident Action Planning
- Manageable span of control
- Pre-designated incident locations/facilities
- Resource management
- Integrated communications
- Common command structure

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Common Terminology

- Use clear text – plain English
 - No radio codes
 - No organization specific codes
 - Use of Hospital Codes (i.e., Code Blue) are ok even though they do not comply with ICS
 - No jargon



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Common Terminology

- Helps to define:
 - Organizational functions
 - Major functions and units named and defined
 - Example: Command, Operations, Planning, etc.
 - Resource descriptions
 - Major personnel, facilities and equipment/supplies are named or “typed” by capability
 - Incident facilities
 - Common names for designated incident facilities (i.e., EOC)
 - Position titles: Officer, Chief, Director, etc.

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Modular Organization

- ICS structure develops from the top down
- Positions 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**

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Steps to Incident Action Planning

- The Incident Commander initiates the response and response objectives
- Incident action planning steps
 - Understand organization policy and direction
 - Assess the incident situation
 - Establish incident objectives
 - Select strategies to achieve objectives
 - Perform tactical direction
 - Provide necessary follow up

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Operational Periods



- An operational period is:
 - The period of time scheduled for execution of a given set of tactical actions in the IAP
 - Set by the Incident Commander, based on the incident
- The operational period is usually set in hours
 - Does not have to conform to shift times
 - Can be long or short, depending on the intensity of the incident

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Incident Action Plan



- Purpose of the IAP
 - Provide personnel with direction for taking actions based on the objectives identified in the IAP
 - Reflects the overall strategy for incident management
 - Provides measurable strategic operations for the operational period
- Can be oral or written
 - Written plans are more effective and provide a written record of expectations and actions taken



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Incident Action Plan



- Incident Action Planning: Management by Objectives
 - Setting the operational period
 - Determining overall priorities
 - Establishing specific measurable and attainable objectives
 - Setting strategies and tactics for the objectives
 - Identifying needed resources
 - Issuing assignments
 - Monitoring and evaluating efforts
 - Documenting results



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Span of Control

- Defined:
 - The number of individuals or resources one supervisor can manage effectively
 - Is accomplished by organizing resources into Sections, Branches and Units
- Recommended span is 1:5 reports/supervisor
 - Ratios may vary from 3 to 7 reports/supervisor
 - If the number falls outside these ratios
 - Expand or consolidate the organization
 - Exceptions in low risk assignments or resources in close proximity



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Incident Facilities

- Incident Command Post (ICP)
 - Site of field operations for direct response to the event
- Facility Operations Center (FCC)
 - Site of Incident Management Team coordination within the nursing home
- Hospital Command Center (HCC)
 - Site of Incident Management Team coordination within the hospital
- Emergency Operations Center (EOC)
 - A multi-agency coordination center
 - Provides support and coordination for on-scene facilities

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Resource Management

- Tactical resources
 - Personnel and major equipment available or potentially available to Operations
 - Assigned: working under a supervisor
 - Available: assembled and ready for assignment
 - Out-of-service: not ready or available
- Support resources
 - All other resources to support the incident
 - Food, communications, equipment, supplies, vehicles, etc.

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Resource Management

- Includes processes for:
 - Establishing the resource needs
 - What kind?
 - What type?
 - How many?
 - Ordering resources
 - Dispatching, utilizing and evaluating resources
 - Tracking resources
 - Resource demobilization and recovery
 - Reimbursement for resources, as appropriate



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Integrated Communications



- Three elements
 - Modes:
 - The hardware systems that transfer information
 - Can include radios, cell phones, pagers, email etc.
 - Planning:
 - Plans for use of all available communications resources
 - Development of a communications plan
 - Networks:
 - The procedures and processes for transferring information internally and externally



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Command



- Chain of command
 - An orderly line of authority within the management structure
- Unity of command
 - Every individual is accountable and reports to only one supervisor
- Single command
 - The Incident Commander has complete responsibility for the management
- Unified command
 - Shared incident management among responding agencies or organizations



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Information Management


- A process must be established for:
 - Gathering information
 - Sharing information
 - Managing incident-related information and intelligence
- Information may come from multiple sources
 - Some information may be sensitive and cannot be shared
 - Some information may be shared on a limited basis (i.e., demographic info only)



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ICS Structure


- The ICS organizational structure should include **ONLY the functions and positions needed** to achieve the incident objectives
- Five management functions
 - Incident command
 - Operations
 - Planning
 - Logistics
 - Finance/Administration



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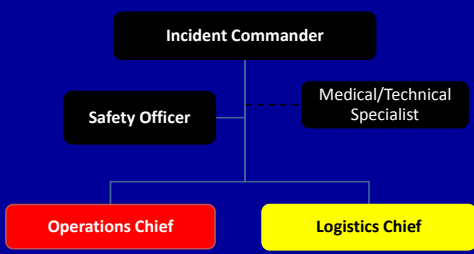
IMTs for Nursing Homes

- Minimal
 - Core positions to respond to events of all sizes
- Standard
 - Additional positions added to manage and respond to the event
 - As complexity grows, positions are added
- Optimal
 - Greatest number of positions
 - Used for larger facilities when response roles are greater in number and scope




IMT

NHICS Minimal IMT



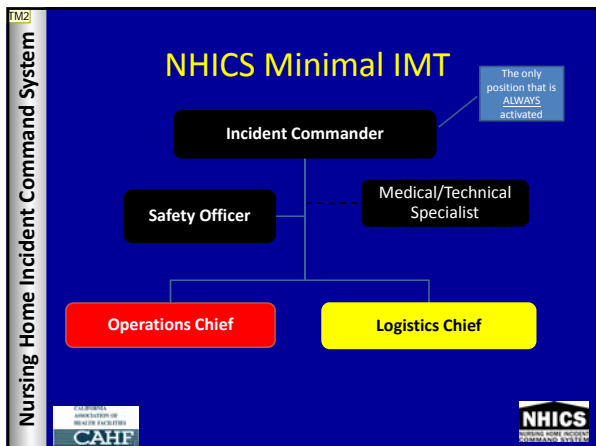
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graph TD; IC[Incident Commander] --- SO[Safety Officer]; IC --- MTS[Medical/Technical Specialist]; SO --- OC[Operations Chief]; MTS --- LC[Logistics Chief];
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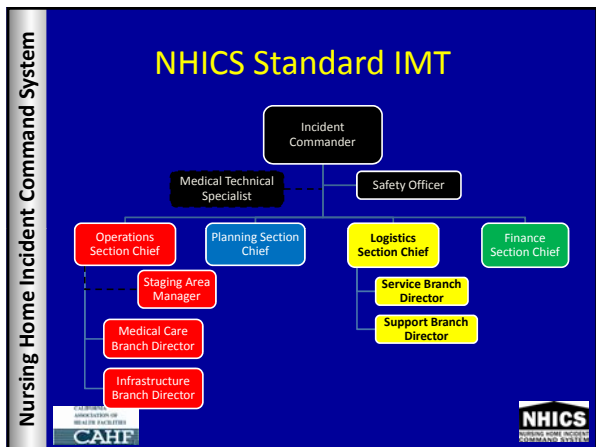


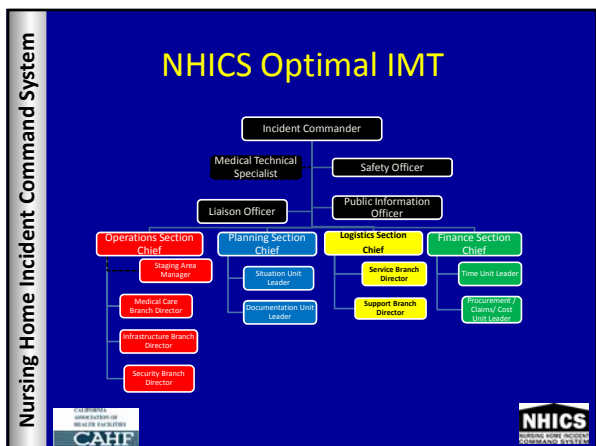
Slide 33

TM1 to improve the flow and reinforce learning it is suggested to put the optimal IMT first, standard second and minimal last.

, 8/3/2009







Slide 34

TM2 to improve the flow and reinforce learning it is suggested to put the optimal IMT first, standard second and minimal last.

, 8/3/2009

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Summary

- ICS is a well-established response structure based on best practices
- ICS has been customized to meet the unique requirements of Nursing Homes
- ICS provides the tools needed to prepare for, respond to and recover from disasters

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Questions?



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Building the Incident Management Team

- Command
- Operations
- Logistics
- Planning
- Finance



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graph TD; IC[Incident Commander] --- OSC[Operations Section Chief]; IC --- PSC[Planning Section Chief]; IC --- LSC[Logistics Section Chief]; IC --- FSC[Finance Section Chief];
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Command Section

- Incident Commander
- Safety Officer
- Medical / Technical Specialists

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Command

- Command functions
 - Maintain overall management of the incident
 - Set the incident objectives and priorities
 - Devise and approve strategies
 - Ensure mission completion
- Incident Commander in charge

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Incident Commander

Mission:

- Organize and direct the Facility Command Center (FCC). Give overall strategic direction for hospital incident management and support activities, response and recovery. Authorize total facility evacuation if warranted
- The only position that is always activated



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Incident Commander



- Duties:
 - Ensure incident safety
 - Determine scope and magnitude of event and potential impacts on the facility
 - Determine and activate appropriate IMT positions
 - Initiate and approve the IAP
 - Providing information services to internal and external stakeholders
 - Liaison with Governing Board and other organizations



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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
- Duties:
 - Determine safety risks of the incident to personnel, the facility, and the environment
 - Initiate corrective/protective actions for safety issues
- Reports to: Incident Commander



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Medical/Technical Specialists


- The Specialist Position is new and unique to NHICS
 - A category of personnel w/specialized expertise
 - Activated based on situational need
 - Primarily are consultants but can have delegated authority
 - Can have more than one in activated at a time



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Medical/Technical Specialists


- Mission:
 - Advise the Incident Commander and/or assigned Section on issues related to emergency response in their area of expertise
- Duties:
 - May be assigned as technical advisor in the FCC
 - Example: Infectious Disease, Legal Affairs, Risk Management



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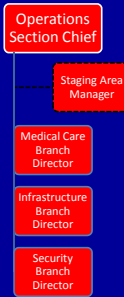
IMT Sections

- Sections are:
 - Operations
 - Planning
 - Logistics
 - Finance
- Sections are led by a Chief




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The Operations Section



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graph TD; A[Operations Section Chief] --- B[Staging Area Manager]; A --- C[Medical Care Branch Director]; A --- D[Infrastructure Branch Director]; A --- E[Security Branch Director];
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Operations Section

- Section Mission:
 - Manage tactical operations
 - Direct all tactical resources
 - Carry out the mission and Incident Action Plan
- Lead by a Section Chief

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Operations Section

- The Section includes:
 - Staging Area
 - Medical Care Branch
 - Infrastructure Branch
 - Security Branch

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Operations Section Chief

- Mission:
 - Develop and implement strategy and tactics to carry out the objectives established by the Incident Commander. Organize, assign, and supervise Staging Area, Medical Care, Infrastructure and Security Branches
- Duties:
 - Appoint personnel as indicated by event
 - Conduct briefings, update staff
 - Maintain current status of all areas in the Section
 - Communicate with and advise the IC on Section issues/needs

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Staging Manager

- Mission:
 - Organize and manage the deployment of supplementary resources, including personnel, vehicles, equipment, supplies, and medications



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Staging Manager

- Duties:
 - Coordinate delivery of needed resources to requesting area
 - Once resources are acquired by Logistics, they are then staged with the Staging Manager
 - Establish a staging area in a central location
 - Area must be large enough to “stage” resources
 - Works closely with the Logistics Section

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Medical Care Branch Director



- Mission:
 - Organize and manage the continuation of resident services
- Duties:
 - Addresses provision of acute AND continuous care
 - Works closely with Logistics Section to ensure resource acquisition
 - Works closely with Staging Manager for delivery of resources to areas

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Infrastructure Branch Director

- Mission:
 - Organize and manage the services required to sustain and repair the hospital's infrastructure operations
- Duties:
 - Maintains overall facility operations and normal operating capacity
 - Identify and fix utility service-delivery failures
 - Coordinate the acquisition of parts or contractors with the Logistics Section

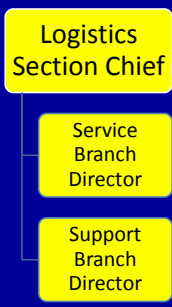
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Security Branch Director



- Mission:
 - Coordinate all of the activities related to internal and external personnel and facility security
- Duties:
 - Implement facility security measures
 - Ensure security and access control of the FCC
 - Liaison with responding law enforcement personnel
 - Oversee search and rescue operations for the facility




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The Logistics Section

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Logistics


- Provides support to other sections
- Acquires resources from internal and external sources
 - Activate existing MOUs, contracts and vendor agreements
 - Employs standard and emergency procurement and contracting procedures
- With Incident Commander, links to local EOC and/or Regional Coordination Center for resource requests

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Logistics and Operations

- Logistics and Operations are closely linked and must work collaboratively together
 - Logistics Section is the “getters”
 - Operations Section is the “doers”



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Logistics Section Chief



- Mission:
 - Organize and direct those operations associated with maintenance of the physical environment and with the provision of human resources, materiel, and services to support the incident activities. Participate in Incident Action Planning
- Duties:
 - Oversee the acquisition of resources
 - Maintain current status of all areas in the section

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Logistics Section Chief

- Supervises:
 - Service Branch Director
 - Support Branch Director
- Reports to the Incident Commander



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Service Branch Director

- Mission:
 - Organize and manage the services required to maintain the hospital's communication system, food and water supply for staff, and information technology and systems
 - Communications
 - IT/IS
 - Food and Water



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Support Branch Director

- Mission:
 - Organize and manage the services required to maintain the hospital's supplies, facilities, transportation, and labor pool. Ensure the provision of logistical, psychological, and medical support of hospital staff and their dependents.
 - Employee Health and Well-Being
 - Family Care
 - Supplies
 - Facilities
 - Transportation
 - Labor Pool





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Planning Section

- Section Mission:
 - Collect, evaluate, and disseminate incident action information and intelligence to Incident Commander
 - Prepare status report and display various information
 - Develop the Incident Action Plan (IAP)
- Lead by a Section Chief

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Planning Section Chief



- Mission:
 - Oversee all incident-related data gathering and analysis regarding incident operations and assigned resources, develop alternatives for tactical operations, conduct planning meetings, and prepare the Incident Action Plan (IAP) for each operational period
- Duties:
 - Ensure distribution of critical information/data
 - Compile scenario projections from all Section Chiefs and effect long range planning
 - Document and distribute the facility action plan
 - Conduct Section briefings, update IMT
 - Maintain current status of all Sections

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Planning Section Chief



- Supervises:
 - Situation Unit Leader
 - Documentation Unit Leader



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Situation Unit Leader



- Mission:
 - Collect, process, and organize ongoing situation information; prepare situation summaries; and develop projections and forecasts of future events related to the incident. Prepare maps and gather and disseminate information and intelligence for use in the Incident Action Plan (IAP)
- Focus is on current and future situation management
- Writes and maintains situation updates and IAPs
- Maintains the FCC Status Boards

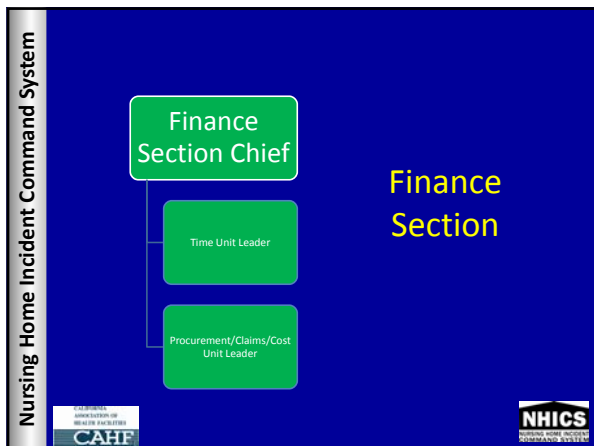


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Documentation Unit

- Mission:
 - Maintain accurate and complete incident files, including a record of the hospital's/HCC response and recovery actions and decisions; provide duplication services to incident personnel; and file, maintain, and store incident files for legal, analytical, and historical purposes
- Duties:
 - Collects, organizes and archives all response and recovery documentation and paperwork (forms)
 - Assists in writing the Incident Action Plan (IAP)
 - Assists in preparing the After-Action Report and Corrective/Improvement Plan based on lessons learned**
 - Works closely with the Situation Unit Leader





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Finance/Administration Section

- Section Mission:
 - Account for costs and losses incurred from the outset of the response
 - Account for expenses from multiple cost centers
 - Monitor, track and report personnel, time, repair, purchase, and replacement expenses and lost revenue
 - Modify or expand daily (usual) accounting practices to meet the needs of the incident and outlined in the EOP
- Section led by a Chief

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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
- Duties:
 - Oversee the acquisition of supplies and services to carry out the medical mission
 - Supervise the documentation of expenditures relevant to the emergency incident
 - Directs financial RECOVERY



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Finance/Administration Section Chief



- Supervises:
 - Time Unit Leader
 - Procurement / Claims / Cost Unit Leader



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Incident Response Guides



- Provides a direction (mission) for the response
- Critical actions to be taken when the emergency or disaster strikes
- Customize to your facility!
- Sectioned by IMT role
- Grouped in chronological order
 - Immediate 0-2 hrs
 - Intermediate 2-12 hrs
 - Extended ≥ 12 hrs



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Time Unit Leader



- Mission:
 - Responsible for the documentation of personnel time records. Monitor and report on regular and overtime hours worked/volunteered
- Adjusts reports and tracking to meet the needs of the incident
 - Tracking of altered or expanded work periods/shifts
 - Developing specialized tracking forms to capture response and recovery time



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Procurement / Cost /Claims Unit Leader



- Initiates emergency contracts
- Manages purchase orders
- Track and pay response and recovery costs
- Projects lost revenue
- Prepares documents for state/federal reimbursement when applicable
- Tracks payments
- Manages claims and worker's compensation issues
 - Injury/illness to staff, volunteers and visitors
 - Follow up coverage/compensation/benefits clearly outlined and shared with staff member



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Activating and Customizing the IMT



- Only activate the positions you need when you need them
- Positions may be combined to facilitate tasks, conserve limited manpower, and streamline the response



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Summary

- NH Incident Management Team will facilitate the response and promote integration with community partners
- Positions are defined to carry out tasks for the emergency response, not day to day operations
- Only activate the positions that are needed for effective and safe response



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Questions?




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NHICS Toolkit

- Job Action Sheets
- Incident Planning and Response Guides
- NHICS Forms



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Job Action Sheets

- Generic forms used in all response and recovery efforts
- Identifies the position by title followed by a mission statement that reinforces the roles and responsibilities assigned to the position
- Tasks to complete during the response

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JAS Key Information Box

Date: _____ Start: _____ End: _____ Position Assigned to: _____
 Initial: _____

Position Reports to: **Incident Commander** Signature: _____

Facility Command Center (FCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____



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Job Action Sheets

Chronological list of tasks to consider in the response:

Four time periods:

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



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JAS: Tools

- Additional items that will facilitate the response. These may include copies of specific forms, communication tools such as radios, and response-generated paperwork

Documents/Tools



- Incident Action Plan
- HICS Form 204 – Branch Assignment Sheet
- HICS Form 207 – Organization Chart (Incident Management Team Chart)
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- HICS Form 257 – Resource Accounting Record
- Emergency operations plan
- Facility telephone directory
- Radio/satellite phone

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Planning and Response Guides



- Incident Planning Guides
 - Identify actions to consider in the planning for hazards most commonly faced by Nursing Homes
 - Severe Weather
 - Fire
 - Earthquake
 - Power Failure
 - Flood
 - Disease Outbreak
 - Sectioned by phases of emergency management: mitigation, preparedness, response and recovery

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Example IPG: Severe Weather

INCIDENT PLANNING GUIDE
Does your Emergency Operations Plan Address the following issues?
Mitigation & Preparedness
Does your nursing home regularly monitor pre-event weather forecasts and projections?
Does your nursing home participate in pre-event local severe storm response planning with emergency management officials?
Does your nursing home have a plan to initiate severe storm nursing home hardening actions (i.e., protect windows, secure outside loose items, test backup generators, obtain supplemental supplies of essential items (food, water, medications, lighting), protect basement high risk areas, relocate at risk items to higher levels, activate ammonia radio operators, tag-off fuel tanks, etc.)?
Does your nursing home have plans for loss of power or loss of other utilities and services?
Does your nursing home have a surge capacity plan that includes triggers and criteria for activation?
Does your nursing home have MOUs with fuel suppliers to ensure a supply of fuel for emergency generators and vehicles, if needed?
Does your nursing home identify and/or have MOUs with contractors that can perform repairs after the storm?
Does your nursing home consider relocating hazardous materials/chemical agents to prevent contamination in case of flooding?
Does your Emergency Operations Plan include triggers or criteria for activation of the Emergency Operations Plan, incident command and the command center?






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Planning and Response Guides

- Incident Response Guides
- Defines the mission and objectives for the response
- Identify actions to consider in the response and recovery to emergency incidents
 - Sectioned by time periods:

Immediate	0-2 hours
Intermediate	2-12 hours
Extended	Beyond 12 hours
Demobilization/ System Recovery	
- Includes tools specific to the event

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Example IRG: Severe Weather



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, etc.

Directions

- Read this entire response guide and review incident management team chart.
- Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

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






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Immediate (Operational Period 0-2 Hours) COMMAND

(Incident Command):

- Activate the nursing home Emergency Operations Plan
- Activate Command Staff and Section Chiefs, as appropriate
- Communicate with local emergency management of nursing home situation status, critical issues and resource requests
- Communicate with local EMS and ambulance providers about the situation and possible need to evacuate or relocate residents
- Communicate with other health care facilities to determine:
 - Situation status
 - Surge capacity
 - resident transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.



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IRG: Tools for the Response

Documents and Tools

- Nursing Home Emergency Operations Plan
- Severe Weather Emergency Procedure
- Business Continuity Plan
- Emergency communications plans
- Emergency power plans



Key Concept: Customize the IRG, from the actions to the tools, to your facility

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Job Action Sheets vs. Incident Response Guides



- The Job Action Sheets
 - Developed as guidance and documentation tools for the actions assigned to the position
 - Generic :actions and tasks are applicable for all events, regardless of size or cause
- Incident Response Guides
 - Complement the JAS
 - Actions to be considered based on the event that triggers the activation



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Planning and Response Tools: NHICS Forms



- Incident Action Planning
 - Guide to the response
 - Identifies command objectives : the mission
 - Identifies strategies and tactics
 - Assigns and documents roles and responsibilities
 - Assigns resources
 - Provides a reference



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NHICS Forms



- 20 forms developed
- Consistent with forms used by healthcare, fire/EMS/law and emergency management
- Used throughout the activation: mitigation, response and recovery



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NHICS Forms



Number	Name	Purpose
NHICS 201	Incident Briefing	Document initial response and actions
NHICS 202	Incident Objectives	Defines the command objectives and key messages
NHICS 203	Org. Assignment List	Documents the IMT positions
NHICS 204	Branch Assignment List	Assigns branch positions and its duties
NHICS 205	Communications Plan	Documents communication technology and contacts
NHICS 206	Staff Medical Plan	Identifies the care for employees
NHICS 207	Organizational Chart	Illustrative chart of IMT
NHICS 213	Message Form	Documents critical messages and response
NHICS 214	Operational Log	Documents duties performed in the position
NHICS 251	Facility Status Report	Assessment of the facility infrastructure

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NHICS Forms



Number	Name	Purpose
NHICS 252	Personnel Time Sheet	Tracks hours worked during the response
NHICS 254	Patient Tracking Form	Identifies patients received at the NH
NHICS 255	Resident Evacuation Tracking Form	Tracks all residents evacuated
NHICS 256	Procurement Summary Report	Documents supplies / equipment procured for the response
NHICS 257	Resource Accounting Record	Tracks the expenditures
NHICS 258	NH Resource Directory	Critical contact information
NHICS 259	Casualty & Fatality Report	Documents injury or death of residents
NHICS 260	Pt Evacuation Form	Documents individual evacuated patient
NHICS 261	IAP Safety Analysis	Directs a safe response

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NHICS Forms



- Only use the forms you need
- Despite the number, the “basic” or foundational forms can be completed rapidly
 - Advantage: clear documentation of times, actions, responsibilities
 - Advantage: a quality assurance tool
 - Advantage: can assist in reviewing the response
 - Advantage: can assist in financial recovery

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NHICS Forms



- Consistency on forms
 - Name
 - Number
 - Operational Period
 - Date / Time
 - Year/month/day format
 - 24 hour clock
 - Instructions for completion
 - Person Responsible



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NHICS Forms

- Customizable but consistent....
 - Do not change the name or number of the form
 - Do place individual facility logos on forms
 - Do complete some forms (ex.: NHICS 258 Resource Directory) during the planning stage
 - Do place NH specific guidance on the forms
 - Routing for forms
 - Use of internet for documentation



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Questions



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Applying the Tools in an Exercise

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Exercise Purpose and Ground Rules

- Goal is to apply principles learned and use the NHICS tools in response to an emergency situation
- Don't fight the scenario
- Use the tools available to assist in decision making
- Complete the appropriate documents

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Our Facility

- Shady Brook Nursing Home
 - 35 residents
 - Staffing on the day shift:
 - Facility Administrator
 - 1 Environmental Services
 - 2 Kitchen staff
 - 1 Director of Nursing
 - 1 Rehabilitation Specialist
 - 1 Charge Nurse
 - 2 LVNs
 - 2 Nursing Assistants
 - 1 Clerk / receptionist



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Scenario



- Within our community of St. Olaf, there are large numbers of persons with an influenza like illness
- Local health department is convening a seminar for all health care partners to discuss current facility specific plans to respond to an infectious disease

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Assessing the Plans

- What are our mitigation efforts for an infectious disease outbreak?
- What can we do to prepare?
- How will we respond?
- Can we recover from an infectious disease outbreak?

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INCIDENT PLANNING GUIDE : Infectious Disease Outbreak
 Does your Emergency Operations Plan address the following issues?
 Mitigation & Preparedness



- Does your nursing home provide information and education to staff on infection control precautions, personal protective equipment, exposure prophylaxis and family/dependent care options?
- Does your nursing home have a procedure to provide personal protective equipment (PPE), including respirators, to designated work locations?
- Does your nursing home have a plan to implement control measures in the face of a rapid spread/surge of infectious residents? Does the plan include:
 - Monitoring residents for signs of illness?
 - Policies regarding self-screening and denying access to ill persons, respiratory etiquette and the use of hand sanitizer and masks for visitors entering the facility?
 - Rapid identification, triage, and isolation practices?
 - Expanding isolation capability (cohorting, portable HEPA filtration, etc.)?
 - Integration with local hospitals, clinics, public health and emergency management?
- Does your nursing home have a plan to manage dispensing antiviral medications to staff (mass vaccination/mass prophylaxis plan) and in administering vaccines (when available)?
- Does your nursing home have a procedure to limit nursing home access to a small number of monitored entrances so that residents and visitors entering the nursing home can be screened for illness (e.g., temperature checks)?
- Does your nursing home have a procedure to monitor staff and volunteers for symptoms and a policy for "fit-testing for duty" procedures?




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Questions

- Should we activate our plan?
- Are there advantages to activating an emergency plan?
- Is there any guidance to refer to?
- If we activate, what positions do we need?

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Incident Response Guide: Infectious Disease Outbreak



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 members, and the media.

Directions

- Read this entire incident response guide and Incident Management Team Chart.
- Use this Incident Response Guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- Identify, triage, isolate, and treat infectious residents.
- Accurately track residents throughout the nursing home.
- Assure safety and security of the staff, residents, visitors, and nursing home.
- Address issues related to infectious patient surge capacity.

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COMMAND
(Incident Commander):

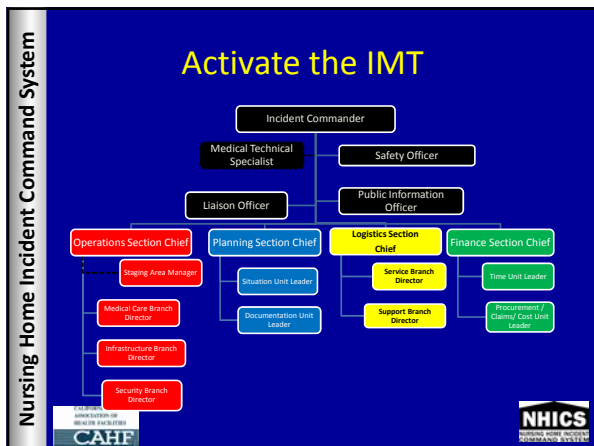
- Activate the appropriate Medical/Technical Specialists to assess the incident
- Activate Command staff and Section Chiefs
- Implement regular briefing schedule for Command staff and Section Chiefs
- Implement the infectious residents surge plan and other Emergency Operations Plans, as indicated
- Communicate with public health officials, local emergency management, and other external agencies (e.g., health department, regulatory agencies) to identify infectious agent and communicate situation status and projected needs.
- Communicate with Public Health to determine the potential number of infectious residents?
- Communicate regularly with Section Chiefs regarding operational needs and integration of nursing home functions with local EOC
- Monitor media outlets for updates on the pandemic and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and Incident Commander

(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 to address.

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



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- ### IMT Positions
- Which position is always activated?
 - Which positions are currently needed?
 - Do we need any medical / technical specialists?
 - Who will fill the IMT positions?
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- ### IMT Positions
- What are the first steps in your role?
 - How do you document your actions?
 - Who do you need to collaborate with?
 - What tools do you need to do the job?
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How do we document our response?


- What are our command objectives?
- Incident Action Planning
 - 201: Incident Briefing
 - 202: Incident Objectives
 - 261: Incident Action Plan Safety Analysis



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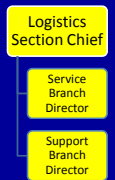
Determine the response

- Tactical Objectives
 - Operations
 - Planning
 - Logistics
 - Finance




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Resources





- What is needed?
 - ✓ Supplies?
 - ✓ Equipment?
 - ✓ Personnel?
- Who needs it?



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Scenario Update



- The ILI has been isolated and is found to be a rare strain of flu; it has been identified as Unicorn Influenza.. A public health emergency is declared.
 - How will you receive this information?
 - How will this be shared with the IMT? With employees? With residents and their families?
 - How will this impact your service to the residents of Shady Brook?

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Unicorn flu is highly contagious. It is recommended to limit transfer and visits to the Nursing Home.



- What IMT positions are needed?
- What additional NHICS forms should be used?
- How do we communicate our needs to the local health department?

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Scenario Update



- It is 8 days since the public health emergency was declared
- Shady Brook experienced the loss of 3 residents
- Visitors remain restricted; no transfers to the facility have been accepted

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Update the response

- Are all IMT positions still needed?
- What tasks are necessary at this time?
- Do we have enough information?
 - If not, who do we need updates from?

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Demobilization/System Recovery

COMMAND

(Incident Commander):

- Provide briefings as needed to residents/visitors/staff/media, in cooperation with JIC
- Prepare a summary of the status and location of infectious residents. Disseminate to Command staff/Section Chiefs and to public health/EDC, regulatory agencies as appropriate.

OPERATIONS

- Restore normal nursing home operations and resident visitation

LOGISTICS

- Conduct stress management and after-action debriefings and meetings as necessary
- Monitor health status of staff
- Inventory all EDC and nursing home supplies and replenish as necessary
- Restore/repair/replace broken equipment
- Return borrowed equipment after proper cleaning/disinfection

PLANNING

- Restore normal nonessential services
- Conduct after-action review with LTC Command staff and Section Chiefs and general staff immediately upon demobilization or deactivation of positions.
- Conduct after-action debriefing with all staff, physicians, and volunteers
- Prepare the after-action report and improvement plan for review and approval
- Write after-action report and corrective action plan to include the following:
 - Recommendations for corrective actions and future response actions

FINANCE



- Compile time, expense, and claims reports and submit to IC for approval
- Distribute approved reports to appropriate authorities for reimbursement




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Summary Discussion

- How do these tools assist in the response?
- Recovery?
- Can the forms and Job Action Sheets be used to facilitate your response and recovery?
 - How?

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Conclusion: reconvene in main classroom

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Exercise and Course Wrap-up

- Did the exercise help you to understand the NHICS IMT, Job Action Sheets, IRG and NHICS forms?

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Summary

- ICS for Nursing Homes will promote community partnerships in preparedness, response and recovery
- Use of the NHICS tools will facilitate your response actions by providing guidance and direction
- Tools should be customized to your nursing home: Make it applicable!

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On behalf of the Center for HICS Education and Training...

Thank you for your participation!

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