

NHICS

Nursing Home

INCIDENT COMMAND SYSTEM



WORKSHOP TRAINING MATERIALS

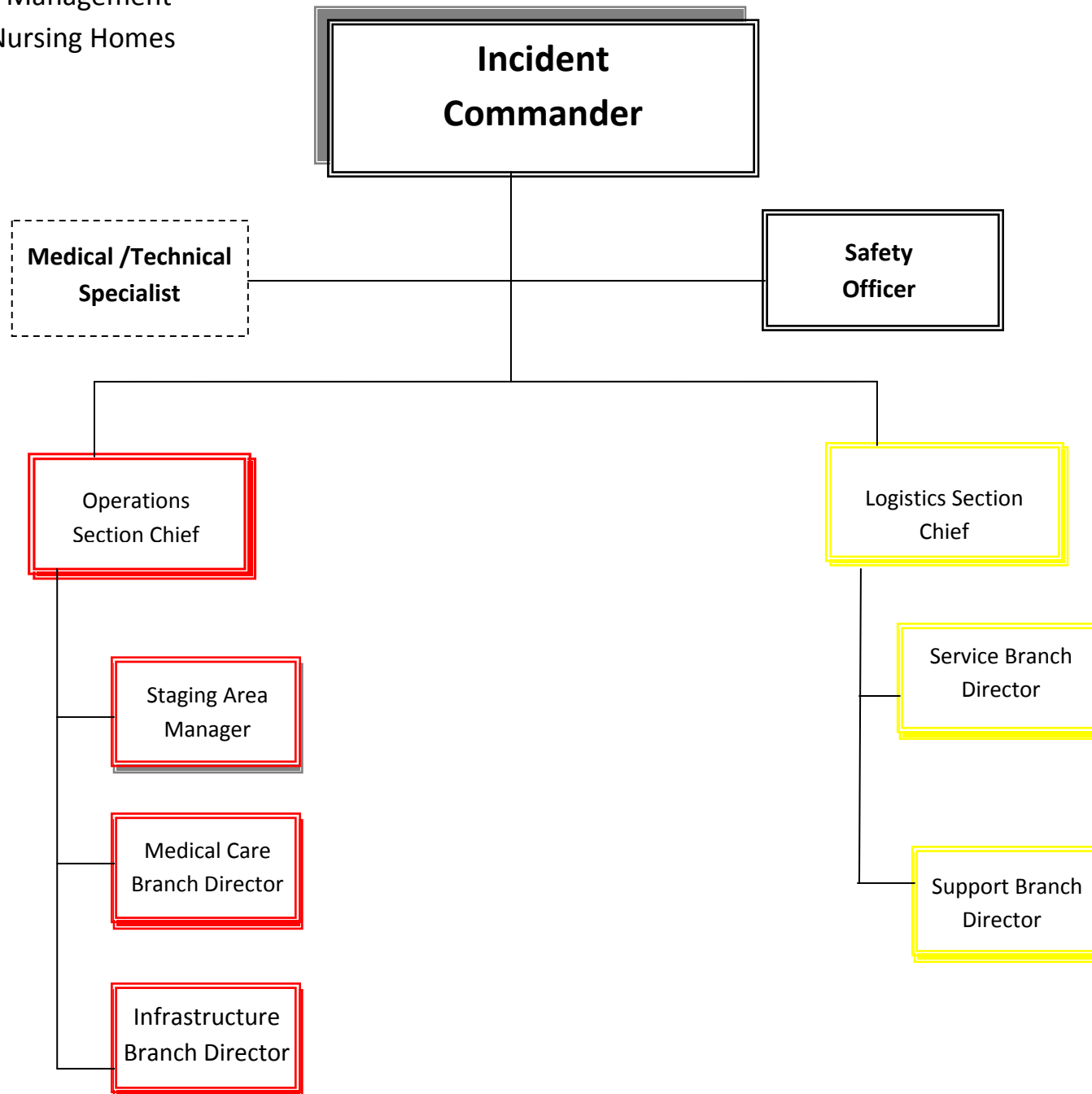
WEDNESDAY, SEPTEMBER 30TH, 2009



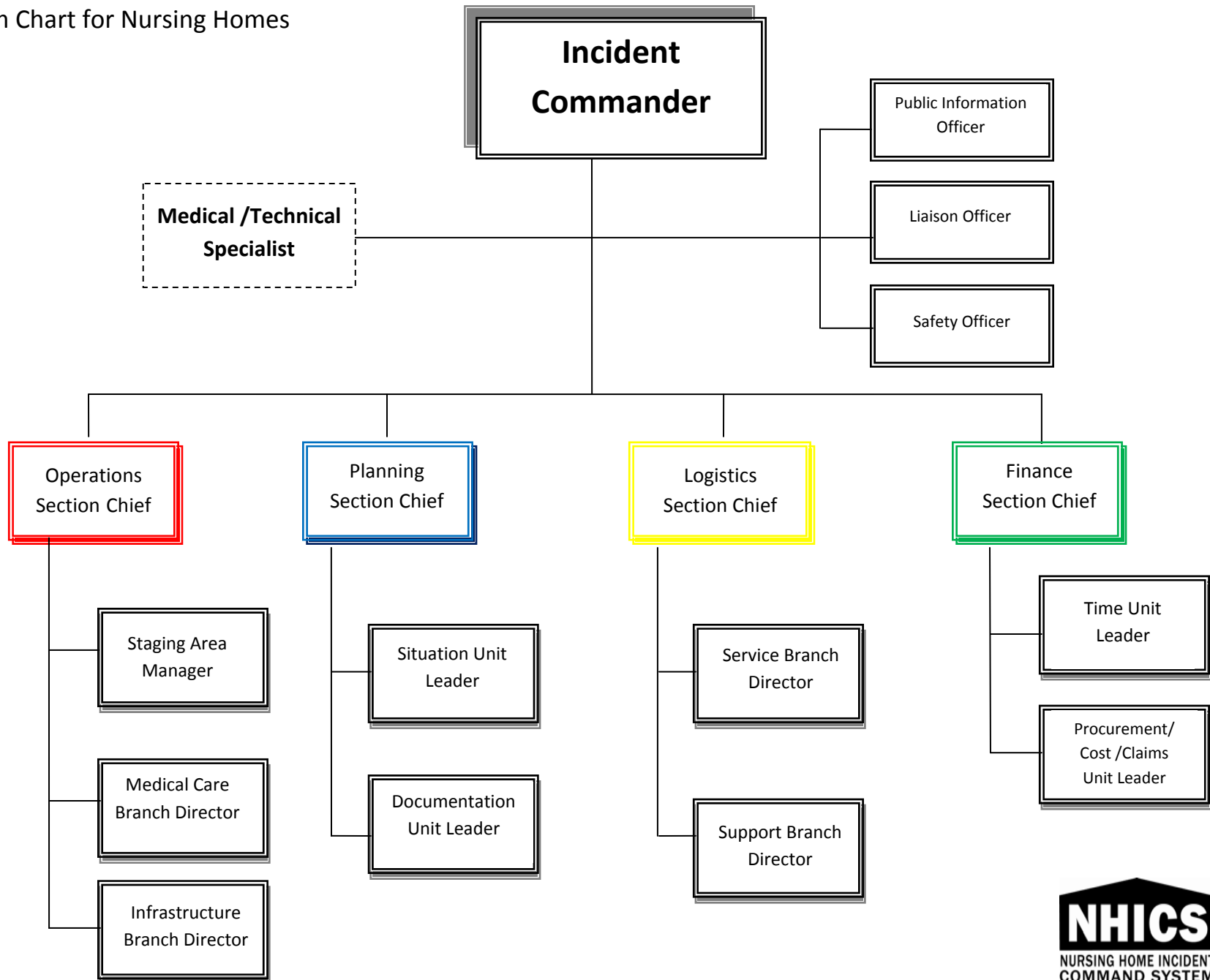
REALLY READY TOO!

DISASTER PREPAREDNESS CONFERENCE FOR LONG-TERM CARE

(Minimal) Incident Management
Team Chart for Nursing Homes



(Optimal) Incident Management
Team Chart for Nursing Homes





INCIDENT COMMANDER

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

Date: _____ Start: _____ End: _____ Position Assigned to: _____	
Signature: _____	Initial: _____
Nursing Home Command Center (NHCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Assume role of Incident Commander and activate the Nursing Home Incident Command System (NHICS).		
Read this entire Job Action Sheet and put on position identification.		
Notify your usual supervisor and the nursing home CEO, or designee, of the incident, activation of NHICS, and your Incident Management Team assignment.		
Initiate the Incident Briefing Form (NHICS Form 201) and include the following information: <ul style="list-style-type: none"> • Nature of the problem (incident type, victim count, injury/illness type, etc.) • Safety of staff, residents, and visitors • Risks to personnel and need for protective equipment • Risks to the facility • Estimated duration of incident • Need for modifying daily operations • IMT required to manage the incident • Need to activate the NHCC • Overall community response actions being taken • Status of local, county, and state Emergency Operations Centers (EOC) 		
Contact nursing home operator/switchboard and initiate the emergency operations plan.		
Determine need for and appropriately appoint Command Staff and Section Chiefs, or Branch Directors, Unit Leaders and Medical/Technical Specialists as needed; distribute corresponding Job Action Sheets and position identification. Assign or complete the Branch Assignment List (NHICS Form 204), as appropriate.		
Brief all appointed staff on the nature of the problem, immediate critical issues, and initial plan of action. Designate time for next briefing.		
Assign one of more clerical personnel from current staffing or make a request for staff to the Logistics Section, if activated, to function as the NHCC recorder(s).		
Distribute the Section Personnel Time Sheet (NHICS Form 252) to Command Staff and Medical/Technical Specialist assigned to Command, and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section's Time Unit Leader at the completion of a shift or at the end of each operational period.		
Receive status reports from and develop an Incident Action Plan with Section Chiefs and Command Staff to determine appropriate response and recovery levels. During initial briefing/status reports, discover the following: <ul style="list-style-type: none"> • If applicable, receive initial facility damage survey report from Operations Section Infrastructure Branch and evaluate the need for evacuation. 		

Immediate (Operational Period 0-2 Hours)	Time	Initial
<ul style="list-style-type: none"> • If applicable, obtain resident census and status from Planning Section Chief, and request a facility-wide projection report for 4, 8, 12, 24, and 48 hours from time of incident onset. Adjust projections as necessary. • Identify the operational period and NHCC shift change. • If additional beds are needed, authorize a resident prioritization assessment for the purposes of designating appropriate transfer or discharge. • Ensure that appropriate contact with outside agencies has been established and facility status and resource information provided through the Liaison Officer. • Seek information from Section Chiefs regarding current “on-hand” resources of medical equipment, supplies, medications, food, and water as indicated by the incident. • Review security and facility surge capacity and capability plans as appropriate. 		
<p>Document all key activities, actions, and decisions in an Operational Log (NHICS Form 214) on a continual basis.</p>		
<p>Document all communications (internal and external) on an Incident Message Form (NHICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.</p>		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
<p>Authorize resources as needed or requested by Command Staff.</p>		
<p>Designate regular briefings with Command Staff/Section Chiefs to identify and plan for:</p> <ul style="list-style-type: none"> • Update of current situation/response and status of other area nursing homes, hospitals, emergency management/local emergency operation centers, and public health officials and other community response agencies • Deploying a Liaison Officer to local Emergency Operations Center to address critical facility and resident care issues • Facility operational support issues • Risk communication and situation updates to staff • Implementation of facility surge capacity and capability plans • Ensuring resident tracking system is established and linked with appropriate outside agencies and/or local Emergency Operations Center • Family Support Center operations • Public information, risk communication, and education needs • Appropriate use and activation of safety practices and procedures • Enhanced staff protection measures as appropriate • Media relations and briefings • Staff and family support • Development, review, and/or revision of the Incident Action Plan 		
<p>Oversee and approve revision of the Incident Action Plan developed by the Planning Section Chief. Ensure that the approved plan is communicated to all Command Staff and Section Chiefs.</p>		
<p>Communicate facility and incident status and the Incident Action Plan to CEO or designee, or to other executives and/or Board of Directors members on a need-to-know basis.</p>		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Ensure staff, resident, and media briefings are being conducted regularly.		
Review and revise the Incident Action Plan Safety Analysis (NHICS Form 261) and implement correction or mitigation strategies..		
Evaluate/re-evaluate need for deploying a Liaison Officer to the local Emergency Operations Center.		
Ensure incident action planning for each operational period and a reporting of the Incident Action Plan at each shift change and briefing		
Evaluate overall operational status, and ensure critical issues are addressed.		
Review /revise the Incident Action Plan with the Planning Section Chief for each operational period and report on plan at shift change/briefings.		
Ensure continued communications with local, regional, and state response coordination centers and other NHCCs through the Liaison Officer and others.		
Ensure your physical readiness, and that of the Command Staff and Section Chiefs, through proper nutrition, water intake, rest periods and relief, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior.		
Upon shift change, brief your replacement on the status of all ongoing operations, critical issues, relevant incident information, and Incident Action Plan for the next operational period.		

Demobilization/System Recovery	Time	Initial
<p>Assess the plan developed by Planning and Operations for the gradual demobilization of the NHCC and emergency operations according to the progression of the incident and facility status. Demobilize positions in the NHCC and return personnel to their normal jobs as appropriate until the incident is resolved and there is a return to normal operations.</p> <ul style="list-style-type: none"> • Brief staff, administration, and Board of Directors • Approve announcement of “ALL CLEAR“ when incident is no longer a critical safety threat or can be managed using normal facility operations • Ensure outside agencies are aware of status change • Declare facility safety 		
<p>Ensure demobilization of the NHCC and restocking of supplies, as appropriate including:</p> <ul style="list-style-type: none"> • Return of borrowed equipment to appropriate location • Replacement of broken or lost items • Cleaning of NHCC and facility • Restock of NHCC supplies and equipment • Environmental clean-up as warranted 		
<p>Ensure that after-action activities are coordinated and completed including:</p> <ul style="list-style-type: none"> • Collection of all NHCC documentation by the Planning Section Chief • Coordination and submission of response and recovery costs, and reimbursement documentation by the Finance/Administration and Planning Section Chiefs • Conducting staff debriefings to identify accomplishments, and response and improvement issues • Identification of needed revisions to the Emergency Operations Plan, Job Action Sheets, operational procedures, records, and/or other related items • Writing the facility After Action Report and Improvement Plan 		

Demobilization/System Recovery	Time	Initial
<ul style="list-style-type: none"> • Participation in external (community and governmental) meetings and other post-incident discussion and after-action activities • Post-incident media briefings and facility status updates • Post-incident education and information for residents, staff, and families • Stress management activities and services for staff 		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • NHICS Form 201 – Incident Briefing Form • NHICS Form 204 – Branch Assignment List • NHICS Form 207 – Incident Management Team Chart • NHICS Form 213 – Incident Message Form • NHICS Form 214 – Operational Log • NHICS Form 252 – Section Personnel Time Sheet • NHICS Form 261 – Incident Action Plan Safety Analysis • Facility emergency operations plan and other plans as cited in the Job Action Sheets • Facility organizational chart • Facility telephone directory • Radio/satellite phone



PUBLIC INFORMATION OFFICER

Mission: Serve as the conduit for information to internal and external stakeholders, including residents, staff, visitors and families, and to the news media, as approved by the Incident Commander.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____	
Position Reports to: Incident Commander Signature: _____	
Nursing Home Command Center (NHCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review Incident Management Team Chart (NHICS Form 207). Put on position identification.		
Notify your usual supervisor of your NHICS assignment		
Activate the facility communications and risk communications plan, policies and procedures.		
Establish a designated media staging and media briefing area located away from the NHCC and resident services activity areas. Inform on-site media of the physical areas to which they have access and those that are restricted. Coordinate designation of such areas with the Safety Officer and the Security Branch Director.		
Contact external Public Information Officers from community and governmental agencies to ascertain and collaborate public information and media messages being developed by those entities to ensure consistent and collaborative messages from all entities.		
Consider need to deploy PIO to local Joint Information Center, if activated.		
Develop public information and media messages to be reviewed and approved by the Incident Commander before release to the news media and the public. Identify appropriate spokespersons to deliver the press briefings and public information announcements.		
Attend all Command briefings and incident action planning meetings to gather and share incident and facility information.		
Conduct or assign personnel to monitor, and report to you, incident and response information from sources such as the internet, radio, television, and newspapers.		
Request one or more recorders and other support staff as needed from the Logistics Section if activated, to perform all necessary activities and documentation.		
Document all key activities, actions, and decisions in an Operational Log (NHICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (NHICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue to attend all Command briefings and incident action planning meetings to gather and share incident and hospital information. Contribute media and public information activities and goals to the Incident Action Plan.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue contact and dialogue with external Public Information Officers, in collaboration with the Liaison Officer, from community and governmental agencies to ascertain public information and media messages being developed by those entities to ensure consistent and collaborative messages from the hospital/facility. Coordinate translation of critical communications into multiple languages.		
Determine whether a local, regional or State Joint Information Center (JIC) is activated, provide support as needed, and coordinate information dissemination.		
Continue to develop and revise public information and media messages to be reviewed and approved by the Incident Commander before release to the news media and the public.		
Ensure that media briefings are done in collaboration with the Joint Information Center, when appropriate.		
Develop regular information and status update messages to keep staff informed of the incident and community and facility status.		
Utilize internal nursing home communications systems (e.g., email, intranet, internal TV, written report postings) to disseminate current information and status update messages to staff.		
Assess the need to activate a staff "hotline" for recorded information concerning the incident and facility status, and establish the "hotline" if needed.		
Issue regular and timely incident information reports to the news media in collaboration with of the Situation Unit Leader and Liaison Officer, to be approved by the Incident Commander. Relay pertinent information received to the Situation Unit Leader and the Liaison Officer.		
Review the need for updates of critical information through directional signage for staff, visitors, and media. Assist in the development and dissemination of signage.		
Continue to document all actions and observations on the Operational Log (NHICS Form 214) on a continual basis.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to receive regular progress reports from the Incident Commander, Section Chiefs and others, as appropriate.		
Coordinate with the Logistics Section Chief to determine requests for assistance to be released to the public via the media.		
With approval from Incident Commander and in collaboration with community and governmental PIOs, conduct ongoing news conferences, providing updates on casualty information and hospital operational status to the news media. Facilitate staff and resident interviews as appropriate.		
Ensure ongoing information coordination with other agencies, hospitals, local Emergency Operations Center and the Joint Information Center.		
Prepare and maintain records and reports as indicated or requested.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As need for Public Information team staff decreases, return staff to their normal jobs and combine or deactivate positions in a phased manner.		
Coordinate release of final media briefings and reports.		
Ensure return/retrieval of equipment and supplies, and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, submit Operational Logs (NHICS Form 214) and all completed documentation to the Planning Section Chief.		
Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report. Topics include: <ul style="list-style-type: none"> • Accomplishments and issues • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • NHICS Form 207 – Incident Management Team Chart • NHICS Form 213 – Incident Message Form • NHICS Form 214 – Operational Log • Facility emergency operations plan • Crisis and emergency risk communication plan (Facility, and if available, community plan) • Facility organizational chart • Facility telephone directory • Radio/satellite phone • Community and governmental PIO and Joint Information Center contact information • Local media contact information



SAFETY OFFICER

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

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____	
Position Reports to: Incident Commander	Signature: _____
Nursing Home Command Center (NHCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review Incident Management Team Chart (NHICS Form 207). Put on position identification.		
Notify your usual supervisor of your NHICS assignment.		
Determine safety risks of the incident to personnel, the hospital facility, and the environment. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.		
Communicate with the Logistics Chief to procure and post non-entry signs around unsafe areas.		
Ensure the following activities are initiated as indicated by the incident/situation: <ul style="list-style-type: none"> • Evaluate building or incident hazards and identify vulnerabilities • Specify type and level of Personal Protective Equipment (PPE) to be utilized by staff to ensure their protection, based upon the incident or hazardous condition • Monitor operational safety of resident services • Ensure that Safety staff identify and report all hazards and unsafe conditions to the Operations Section Chief 		
Assess nursing home operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.		
Initiate the Incident Action Plan Safety Analysis (NHICS Form 261).		
Ensure implementation of all safety practices and procedures in the hospital.		
Initiate environmental monitoring as indicated by the incident or hazardous condition.		
Attend all command briefings and Incident Action Planning meetings to gather and share incident and facility safety requirements.		
Document all key activities, actions, and decisions in an Operational Log (NHICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (NHICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
---	-------------	----------------

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Attend all Command briefings and incident action planning meetings to gather and share incident and hospital/facility information. Contribute safety issues, activities, and goals to the Incident Action Plan.		
Continue to assess safety risks of the incident to personnel, the facility, and the environment. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.		
Ensure proper equipment needs are met and equipment is operational prior to each operational period.		
Continue to document all actions and observations on the Operational Log (NHICS Form 214) on a continual basis.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Reassess the safety risks of the extended incident to personnel, the facility, and the environment, and report appropriately. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.		
Continue to update the Incident Action Plan Safety Analysis (NHICS Form 261) for possible inclusion in the nursing home Incident Action Plan.		
Continue to assess nursing home operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.		
Continue to attend all Command briefings and incident action planning meetings to gather and share incident and nursing home information. Contribute safety issues, activities and goals to the Incident Action Plan.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies, and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, submit Operational Logs (NHICS Form 214) and all completed documentation to the Planning Section Chief.		
Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report. Topics include: <ul style="list-style-type: none"> • Accomplishments and issues • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools

- Incident Action Plan
- NHICS Form 207 – Incident Management Team Chart
- NHICS Form 213 – Incident Message Form
- NHICS Form 214 – Operational Log
- NHICS Form 261 – Incident Action Plan Safety Analysis
- Facility emergency operations plan
- Facility organizational chart
- Facility telephone directory
- Radio/satellite phone
- Material safety data sheets (MSDS) or other information regarding involved chemicals (ATSDR, CHEMTREC, NIOSH handbook)



LIAISON OFFICER

Mission: Function as the incident contact person in the Nursing Home Command Center for representatives from other agencies.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Incident Commander Signature: _____
Nursing Home Command Center (NHCC) Location: _____
Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review Incident Management Team Chart (NHICS Form 207). Put on position identification.		
Notify your usual supervisor of your NHICS assignment.		
Establish contact with local, county and/or state emergency organization agencies to ascertain current status, appropriate contacts and message routing.		
Consider need to deploy a Liaison Officer to local Emergency Operations Center; make recommendation to the Incident Commander.		
Communicate information obtained and coordinate with Public Information Officer and Situation Unit Leader.		
Obtain initial status and information from the Planning Section Chief to provide as appropriate to the inter-hospital emergency communication network and local and/or county Emergency Operations Center, upon request: <ul style="list-style-type: none"> • Resident Care Capacity – The number of resident transfers that can be accommodated within the nursing home • Nursing Home’s Overall Status – Current condition of nursing home structure, security, and utilities. • Any current or anticipated shortage critical resources including personnel, equipment, supplies, medications, etc. • Number of residents and mode of transportation for residents requiring transfer to hospitals, if applicable. • Any resources that are requested by other facilities (e.g., personnel, equipment, supplies, medications, etc.). • Media relations efforts being initiated, in conjunction with the Public Information Officer. 		
Establish communication with other facilities, local Emergency Operations Center (EOC), and/or local response agencies (e.g., public health). Report current nursing home status		
Establish contact with liaison counterparts of each assisting and cooperating agency (e.g., local EOC, American Red Cross), keeping governmental Liaison Officers updated on changes in facility/hospital status, initial response to incident, critical issues and resource needs.		
Request one or more recorders as needed from the Logistics Section, if activated, to perform all necessary documentation.		
Document all key activities, actions, and decisions in an Operational Log (NHICS Form 214) on a continual basis.		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Document all communications (internal and external) on an Incident Message Form (NHICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Attend all command briefings and Incident Action Planning meetings to gather and share incident and facility information. Contribute information and community response activities and provide Liaison goals to the Incident Action Plan.		
Request assistance and information as needed through the emergency communication network or from the local and/or regional Emergency Operations Center.		
Consider need to deploy a Liaison Officer to the local Emergency Operations Center; make this recommendation to the Incident Commander.		
Obtain Nursing Home Casualty/Fatality Report (NHICS Form 259) from the Public Information Officer and Planning Section Chief and report to appropriate authorities the following minimum data: <ul style="list-style-type: none"> • Injuries to residents, staff, and visitors. • Current resident capacity (census) • Number of residents transferred to hospitals, discharged home, or transferred to other facilities. • Number dead. • Individual casualty data: name or physical description, sex, age, address, seriousness of injury or condition. 		
Respond to requests and issues from incident management team members regarding inter-organization (e.g., other nursing homes, hospitals, governmental entities, response partners) problems.		
Continue to document all actions and observations on the Operational Log (NHICS Form 214) on a continual basis.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Communicate with Logistics Section Chief on status of supplies, equipment and other resources that could be mobilized to other facilities, if needed or requested.		
Consider need to deploy/maintain a Liaison Officer to local Emergency Operations Center; make the recommendation to the Incident Commander.		
Prepare and maintain records and reports as appropriate.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies, and return all assigned incident command equipment.		

Demobilization/System Recovery	Time	Initial
Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, submit Operational Logs (NHICS Form 214) and all completed documentation to the Planning Section Chief.		
Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report. Topics include: <ul style="list-style-type: none"> • Accomplishments and issues • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • NHICS Form 207 – Incident Management Team Chart • NHICS Form 213 – Incident Message Form • NHICS Form 214 – Operational Log • NHICS Form 259 – Hospital Casualty/Fatality Report • Facility emergency operations plan • Facility organizational chart • Facility telephone directory • Radio/satellite phone • Municipal organization chart and contact numbers • County organization chart and contact numbers



LOGISTICS SECTION CHIEF

Mission: Organize and direct those operations associated with maintenance of the physical environment and adequate levels of personnel, food, and supplies to support the incident activities. Participate in Incident Action Planning.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: Incident Commander			Signature: _____	
Nursing Home Command Center (NHCC) Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander. Obtain packet containing Logistics Section Job Action Sheets.		
Notify your usual supervisor of your NHICS assignment.		
Read this entire Job Action Sheet and review Incident Management Team Chart (NHICS Form 207). Put on position identification.		
Determine need to appoint Branch Directors and Unit Leaders in Logistics Section; distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (NHICS Form 204). If a position is needed and not assigned the Logistics Section Chief keeps the Job Action Sheet and assumes that function.		
Brief Logistics Section Branch Directors on current situation, incident objectives and strategy; outline Section action plan and designate time for next briefing.		
Distribute the Section Personnel Time Sheet (NHICS Form 252) to Logistics Section personnel and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration/Planning Section's as determined.		
Participate in Incident Action Plan preparation, briefings, and meetings as needed; assist in identifying strategies; determine tactics, work assignments, and resource requirements.		
Maintain communications with Operations Section Chief, Staging Manager and Branch Directors to assess critical issues and resource needs.		
Ensure resource ordering procedures are communicated to appropriate Sections and requests are timely and accurately processed.		
Ensure Logistics Section personnel comply with safety policies and procedures.		
Document all key activities, actions, and decisions in an Operational Log (NHICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (NHICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
---	-------------	----------------

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Incident Commander, Command Staff and other Section Chiefs to update status of the response and relay important information to Logistics Section's Staff.		
Ensure the following are being addressed: <ul style="list-style-type: none"> • Communications • Information technology/information services • Provision of food and water for staff • Employee health and well-being • Family care • Provision of supplies • Facility maintenance • Transportation services • Establishment of Labor Pool • Credentialing of staff and volunteers • Documentation 		
Initiate the Resource Accounting Record (NHICS Form 257) to track equipment used during the response.		
Report information gathered to the Incident Commander of any internal factors which may influence the decision to evacuate or shelter in place: <ul style="list-style-type: none"> • Transportation • Status of receiving facilities • Supplies • Staff availability 		
Obtain needed materiel and fulfill resource requests with the assistance of the Finance/Administration Section Chief and Liaison Officer.		
Ensure all resources are tracked: <ul style="list-style-type: none"> • Staff • Resident care supplies • Communication hardware • Food and water 		
Ensure that the Logistics Section is adequately staffed and supplied.		
Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Logistics Section staff's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Continue to conduct regular situation briefings with Logistics Section.		
Continue to document actions and decisions on an Operational Log (NHICS Form 214) and on an Incident Message Form (NHICS Form 213).		
Continue to maintain the Resource Accounting Record (NHICS Form 257) to track equipment used during the response.		
Continue to meet regularly with Logistics Section Branch Directors to update the Section action plan and implement demobilization procedures, in coordination with Planning Section's Demobilization Unit Leader.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs decrease, return Logistics Section staff to their usual jobs and combine or deactivate positions in a phased manner.		
Coordinate return of all assigned equipment to appropriate locations and restock NHCC supplies.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Coordinate replacement of broken or misplaced items.		
Work with Planning and Finance/Administration Sections to complete cost data information.		
Debrief Section staff on lessons learned, procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (NHICS Form 214) are submitted to the Incident Commander.		
Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Planning Section Chief for discussion and possible inclusion in an after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • NHICS Form 204 – Branch Assignment List • NHICS Form 207 – Incident Management Team Chart • NHICS Form 213 – Incident Message Form • NHICS Form 214 – Operational Log • NHICS Form 252 – Section Personnel Time Sheet • NHICS Form 257 – Resource Accounting Record • Facility emergency operations plan • Facility organizational chart • Facility telephone directory • Radio/satellite phone • Master inventory control lists



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, Medical Care, and Infrastructure.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Incident Commander	Signature: _____
Nursing Home Command Center Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander. Obtain packet containing Operations Section Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (NHICS Form 207). Put on position identification.		
Notify your usual supervisor of your NHICS assignment.		
Determine need to appoint Staging Manager and Branch Directors in Operations Section; distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (NHICS Form 204).		
Brief Operations Section Branch Directors and Staging Manager on current situation and incident objectives; develop response strategy and tactics; outline Section action plan and designate time for next briefing.		
Participate in Incident Action Plan preparation, briefings, and meetings as needed; assist in identifying strategies; determine tactics, work assignments, and resource requirements.		
Obtain information and updates regularly from Operations Section Branch Directors and Staging Manager; maintain current status of all areas.		
Maintain communications with Logistics Section Chief and Staging Manager to ensure the accurate movement and tracking of personnel and resources to Staging Area.		
Ensure Operations Section personnel comply with safety policies and procedures.		
Document all key activities, actions, and decisions in an Operational Log (NHICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (NHICS Form 213). Provide a copy of the Incident Message Form to the Planning Section.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Communicate regularly with the Incident Commander; brief regularly on the status of the Operations Section.		
Designate time(s) for briefings and updates with Operations Section leadership to develop or update the Section action plan.		
Ensure the following are being addressed: <ul style="list-style-type: none"> • Section Staff health and safety • Resident tracking 		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
<ul style="list-style-type: none"> • Resident care • Resident family support • Interfacility transfers (into and from facility) • Fatality management • Information sharing with local Emergency Operations Center, local hospitals, public health, and law enforcement in coordination with the Incident Commander • Personnel and resource movement through Staging Area • Documentation 		
Initiate the Resource Accounting Record (NHICS Form 257) to track equipment used during the response.		
Schedule planning meetings with Branch Directors and Staging Manager to update the Section action plan and demobilization procedures.		
Coordinate resident care treatment standards and case definitions with public health officials, as appropriate.		
Ensure that the Operations Section is adequately staffed and supplied.		
Coordinate personnel, supply, and equipment needs with Logistics, projections and needs with the Planning Section, and financial matters with the Finance/Administration Section.		
Ensure coordination with any assisting or cooperating agency.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Operations Section personnel's ability to meet workload demands, staff health and safety, resource needs and documentation practices.		
Continue to maintain the Resource Accounting Record (NHICS Form 257) to track equipment used during the response.		
Conduct regular situation briefings with Operations Section Branch Directors and Staging Manager.		
Address issues related to ongoing resident care: <ul style="list-style-type: none"> • Ongoing resident arrival • Bed availability • Resident transfers • Resident tracking • Resident health and safety • Mental health for residents, families, staff, incident management personnel • Fatality management • Staffing needs • Staff prophylaxis • Medications • Medical equipment and supplies • Personnel and resource movement through Staging Area • Linkages with the medical community, area facilities, and other healthcare facilities • Documentation 		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns and provide for staff rest periods and relief.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs decrease, return Operations Section staff to their usual jobs and combine or deactivate positions in a phased manner, in coordination with the Planning Chief.		
Coordinate resident care restoration to normal services.		
Coordinate final reporting of resident information with external agencies through Incident Commander.		
Work with Planning and Finance/Administration Sections to complete cost data information.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (NHICS Form 214) are submitted to the Documentation Unit.		
Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • NHICS Form 204 – Branch Assignment List • NHICS Form 207 – Incident Management Team Chart • NHICS Form 213 – Incident Message Form • NHICS Form 214 – Operational Log • NHICS Form 257 – Resource Accounting Record • Facility emergency operations plan • Facility organizational chart • Facility telephone directory • Radio/satellite phone



STAGING AREA MANAGER

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

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Operations Section Chief	Signature: _____
Nursing Home Command Center Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Operations Section Chief. Obtain Staging Unit Job Action Sheets.		
Read this entire Job Action Sheet and review Incident Management Team Chart (NHICS Form 207). Put on position identification.		
Notify your usual supervisor of your NHICS assignment.		
Determine need for and appropriately appoint Staging Team.		
Document all key activities, actions, and decisions in an Operational Log (NHICS Form 214) on a continual basis.		
Brief the Staging Team on current situation; outline branch action plan and designate time for next briefing.		
Identify an appropriate area to serve as Staging Area for the receipt and distribution of personnel and equipment resources.		
Coordinate delivery of needed resources to requesting area: <ul style="list-style-type: none"> • Personnel • Vehicles • Equipment and supplies • Medications 		
Regularly report Staging Area status to Operation Section Chief.		
Assess problems and needs; coordinate resource management.		
Instruct all Staging Team to evaluate on-hand equipment, supply, and medication inventories and staff needs in collaboration with Logistics; report status to Operations Section Chief.		
Meet with the Operations Section Chief and Logistics Section Chief, as appropriate, to discuss plan of action and staffing in all activities.		
Document all communications (internal and external) on an Incident Message Form (NHICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Operations Section Chief for status reports, and relay important information to Staging Team.		
Continue coordinating delivery of needed personnel, equipment/supplies, medications,		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
and facility support services, working with the Logistics Section and Operations Section, as needed.		
Ensure prioritization of problems when multiple issues are presented.		
Coordinate use of external resources.		
Develop and submit a Staging Area action plan to the Operations Section Chief when requested.		
Ensure documentation is completed correctly and collected.		
Advise the Operations Section Chief immediately of any operational issue you are not able to correct or resolve. Make notification of resource problems encountered to the Logistics Section Chief, as appropriate.		
Ensure staff health and safety issues being addressed; resolve with the Safety Officer.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Staging Team's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Coordinate assignment and orientation of external personnel sent to assist.		
Work with the Operations Section Chief and Logistics Section Chief, as appropriate, on the assignment of external resources.		
Rotate staff on a regular basis.		
Document actions and decisions on a continual basis.		
Continue to provide the Operations Section Chief with periodic situation updates.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns and provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Staging Area decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner, in coordination with the Planning Section.		
Assist the Operations Section Chief and Branch Directors with restoring facility resources to normal operating condition.		
Ensure the return/retrieval of equipment/supplies/personnel.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Staging Unit Operational Logs (NHICS Form 214) are submitted to the Operations Section Chief.		
Submit comments to the Operations Section Chief for discussion and possible inclusion		

Demobilization/System Recovery	Time	Initial
in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • NHICS Form 204 – Branch Assignment List • NHICS Form 207 – Incident Management Team Chart • NHICS Form 213 – Incident Message Form • NHICS Form 214 – Operational Log • Facility emergency operations plan • Facility organizational chart • Facility telephone directory • Radio/satellite phone



MEDICAL CARE BRANCH DIRECTOR

Mission: Organize and manage the delivery of resident care and support services.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Operations Section Chief Signature: _____	
Nursing Home Command Center Location: _____ Telephone: _____	
Fax: _____ Other Contact Info: _____ Radio Title: _____	

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Operations Section Chief. Obtain packet containing Medical Care Branch Job Action Sheets.		
Read this entire Job Action Sheet and review Incident Management Team Chart (NHICS Form 207). Put on position identification.		
Notify your usual supervisor of your NHICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (NHICS Form 214).		
Collaborate with Medical/Technical Specialist(s) concerning medical care guidance.		
Evaluate Medical Care Branch capacity to perform: <ul style="list-style-type: none"> • Resident • Mental Health • Support Services 		
Ensure residents receive needed care and reassurance.		
Assess problems and needs in Branch areas; coordinate resource management.		
Ensure Branch personnel comply with safety policies and procedures.		
Instruct all Unit Leaders to evaluate on-hand equipment, supply, and medication inventories and staff needs in collaboration with Logistics; report status to the Operations Section Chief.		
Determine need for surge capacity plan implementation and/or modification of existing plan.		
Prioritize resident transfer needs.		
Determine if communicable disease risk exists; implement appropriate response procedure(s). Collaborate with the appropriate Medical/Technical Specialist, if activated.		
Regularly meet with the Operations Section Chief to discuss plan of action and staffing in all service areas.		
Document all communications (internal and external) on an Incident Message Form (NHICS Form 213). Provide a copy of the Incident Message Form to the Planning Section.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue to meet regularly with Operations Section Chief for status reports, and relay important information to Branch staff.		
Continue coordinating resident care, disposition of residents, and clinical services		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
support.		
Ensure resident transfer coordination and tracking is being done according to the Emergency Operations Plan and facility procedures.		
Ensure resident records are being done correctly and collected.		
Ensure resident care needs are being met and policy decisions to institute austere care (altered level of care) practices are determined and communicated effectively.		
Advise the Operations Section Chief immediately of any operational issue you are not able to correct or resolve.		
Assess environmental services (housekeeping) needs in all clinical care and clinical support areas; contact the Infrastructure Branch, as appropriate, with identified needs.		
Review personnel protection practices; revise as needed.		
Ensure resident safety issues are identified and addressed.		
Report equipment and supply needs to Operations and Logistics Section Chiefs.		
Continue to provide updated clinical information and situation reports to Unit Leaders and staff.		
Ensure resident data is collected and shared with appropriate internal and external officials, in collaboration with the Incident Commander.		
Ensure staff health and safety issues are being addressed; resolve with the Safety Officer as appropriate.		
Develop and submit a Branch action plan to the Operations Section Chief when requested.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Medical Care Branch's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Continue to ensure resident transfer coordination and tracking; mitigate identified issues.		
Rotate staff on a regular basis.		
Continue to document actions and decisions on an Operational Log (NHICS Form 214) and submit to the Operations Section Chief at assigned intervals and as needed.		
Continue to provide the Operations Section Chief with regular situation updates.		
Provide Branch Unit Leaders with situation update information and revised resident care practice standards.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
---------------------------------------	-------------	----------------

Demobilization/System Recovery	Time	Initial
As needs for Medical Care Branch decrease, return staff to their usual jobs, and combine or deactivate positions in a phased manner.		
Assist Operations Section Chief and Unit Leaders with restoring resident care and clinical support areas to normal operations. Notify the Operations Section Chief when restoration is complete.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and Operational Logs (NHICS Form 214) are submitted to the Operations Section Chief.		
Submit comments to the Operations Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • NHICS Form 204 – Branch Assignment List • NHICS Form 207 – Incident Management Team Chart • NHICS Form 213 – Incident Message Form • NHICS Form 214 – Operational Log • Facility emergency operations plan • Facility organizational chart • Facility telephone directory • Radio/satellite phone



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.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: Incident Commander			Signature: _____	
Nursing home Command Center (NHCC) Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander. Obtain packet containing Planning Section Job Action Sheets.		
Read this entire Job Action Sheet and review Incident Management Team Chart (NHICS Form 207). Put on position identification.		
Notify your usual supervisor of your NHICS assignment.		
Determine need for and appropriately appoint Unit Leaders, distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (NHICS Form 204).		
Brief Planning Section Unit Leaders and Managers on current situation and incident objectives; develop response strategy and tactics; outline Section action plan and designate time for next briefing.		
Distribute the Section Personnel Time Sheet (NHICS Form 252) to Planning Section personnel and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section's Time Unit Leader at the completion of a shift or at the end of each operational period.		
In consultation with the Incident Commander, establish the incident objectives and operational period. Initiate the Incident Objectives Form (NHICS Form 202) and distribute to all activated NHCC positions.		
Document all key activities, actions, and decisions in an Operational Log (NHICS Form 214) on a continual basis.		
Establish and maintain communications with Logistics Section Chief and Staging Manager to ensure the accurate tracking of personnel and resources by the Personal Tracking and Materiel Tracking Managers.		
Facilitate and conduct incident action planning meetings with Command Staff, Section Chiefs and other key positions to plan for the next operational period. Coordinate preparation and documentation of the Incident Action Plan and distribute copies to the Incident Commander and all Section Chiefs.		
Ensure the Situation Unit Leader and staff regularly update and document status reports from all Section Chiefs and Unit Leaders.		
Ensure Planning Section personnel comply with safety policies and procedures.		
Document all communications (internal and external) on an Incident Message Form (NHICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Incident Commander to brief on the status of the Planning Section and the Incident Action Plan.		
Initiate the Resource Accounting Record (NHICS Form 257) to track equipment used during the response.		
Attend command briefings and meetings.		
Continue to conduct regular planning meetings with Planning Section Unit Leaders, Section Chiefs, Command Staff, and the Incident Commander for continued update and development of the Incident Action Plan.		
Ensure that the Planning Section is adequately staffed and supplied.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Planning Section personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Conduct regular situation briefings with Planning Section.		
Continue to receive projected activity reports from Section Chiefs and Planning Section Unit Leaders at designated intervals to prepare NHCC status reports and update the Incident Action Plan.		
Continue to maintain the Resource Accounting Record (NHICS Form 257) to track equipment used during the response.		
Ensure the Demobilization Unit Leader assesses ability to deactivate positions, as appropriate, in collaboration with Section Chiefs and develops and implements a demobilization plan.		
Ensure the Documentation Unit Leader is receiving and organizing all NHCC documentation, including Operational Logs (NHICS Form 214) and Incident Message Forms (NHICS Form 213).		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs decrease, return Planning Section staff to their usual jobs and combine or deactivate positions in a phased manner.		
Continue to meet with Command Staff, Section Chiefs and Planning Section Unit Leaders to evaluate facility and personnel, review the demobilization plan and update the Incident Action Plan.		
Ensure collection of all NHCC documentation and Operational logs from Command and Sections as positions are deactivated and sections demobilized.		
Assist Section Chiefs in restoring Nursing home to normal operations.		
Work with Planning and Finance/Administration Sections to complete cost data information.		
Begin development of the Incident After-Action Report and Improvement Plan and assign staff to complete portions/sections of the report.		

Demobilization/System Recovery	Time	Initial
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (NHICS Form 214) are submitted to the Documentation Unit.		
Upon deactivation, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • NHICS Form 202 – Incident Objectives Form • NHICS Form 204 – Branch Assignment List • NHICS Form 207 – Incident Management Team Chart • NHICS Form 213 – Incident Message Form • NHICS Form 214 – Operational Log • NHICS Form 252 – Section Personnel Time Sheet • NHICS Form 254 – Disaster Victim/Resident Tracking Form • NHICS Form 257 – Resource Accounting Record • Facility Emergency Operations Plan • Facility organizational chart • Facility telephone directory • Radio/satellite phone





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).

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Planning Section Chief Signature: _____	
Nursing home Command Center (NHCC) Location: _____	Telephone: _____
Fax: _____ Other Contact Info: _____	Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Planning Section Chief. Obtain packet containing Situation Unit Job Action Sheets.		
Read this entire Job Action Sheet and review Incident Management Team Chart (NHICS Form 207). Put on position identification.		
Notify your usual supervisor of your NHICS assignment.		
Obtain status report on Information Technology/Information Systems.		
Establish a Planning information center in the NHCC with a status/condition board and post information as it is received. Assign a recorder/documentation aide to keep the board updated with current information.		
Receive and record status reports as they are received.		
Assure the status updates and information provided to Command Staff and Section Chiefs is accurate, complete, and current.		
Document all key activities, actions, and decisions in an Operational Log (NHICS Form 214).		
Document all communications (internal and external) on an Incident Message Form (NHICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Planning Section Chief, Section Chiefs and Branch Directors to obtain situation and status reports, and relay important information to team Members.		
Ensure that an adequate number of recorders are assigned to perform Situation Unit activities. Coordinate personnel requests with Logistics Section.		
Ensure backup and protection of existing data for main and support computer systems, in coordination with Logistics Section's IT/IS Unit and Business Continuity Branch's Information Technology Unit.		
Publish an internal incident situation status report for employee information at least every 4 hours as indicated. Collaborate with the Public Information Officer and Support Branch Director to develop and distribute the internal incident situation report.		
Ensure the security and prevent the loss of written and electronic NHCC response documentation. Collaborate with the Security Officer and IT/IS Unit Leader as appropriate.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Ensure development of a demobilization plan, in collaboration with Section Chiefs and Command Staff.		
Assist the Planning Section Chief to develop the Incident Action Plan at designated intervals.		
Advise the Planning Section Chief immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Situation Unit staff’s ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Situation Unit staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner.		
Continue to revise and implement demobilization plan for all Sections.		
Compile incident summary data and reports, organize all NHCC documentation and submit to Planning Section Chief.		
Assist with development of the incident after-action report and improvement plan.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (NHICS Form 214) are submitted to the Planning Section Chief.		
Submit comments to the Planning Section Chief for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • NHICS Form 204 – Branch Assignment List • NHICS Form 207 – Incident Management Team Chart • NHICS Form 213 – Incident Message Form • NHICS Form 214 – Operational Log • Facility emergency operations plan

Documents/Tools
<ul style="list-style-type: none">• Facility organizational chart• Facility telephone directory• Radio/satellite phone• Access to IT systems (e-mail, internet, telecommunications, printers)• Chart-size facility plans and local area maps



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.

Date: _____	Start: _____	End: _____	Position Assigned to: _____	Initial: _____
Position Reports to: Incident Commander		Signature: _____		
Nursing Home Command Center (NHCC) Location: _____			Telephone: _____	
Fax: _____		Other Contact Info: _____		Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander. Obtain packet containing Finance/Administration Section Job Action Sheets.		
Notify your usual supervisor of your NHICS assignment.		
Read this entire Job Action Sheet and review Incident Management Team Chart (NHICS Form 207). Put on position identification.		
Determine need for and appropriately appoint Finance/Administration Unit Leaders, distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (NHICS Form 204).		
Brief Finance/Administration Section Unit Leaders on current situation, incident objectives, and strategy; outline Section action plan; and designate time for next briefing.		
Participate in Incident Action Plan preparation, briefings, and meetings as needed and, <ul style="list-style-type: none"> • Provide cost implications of incident objectives • Ensure that the Incident Action Plan is within financial limits established by the Incident Commander • Determine if any special contractual arrangements/agreements are needed. 		
Obtain information and updates regularly from Finance/Administration Section Unit Leaders; maintain knowledge of current status of all Units; inform Situation Unit Leader of status information.		
Distribute the Section Personnel Time Sheet (NHICS Form 252) to Finance/Administration Section staff and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section's Time Unit Leader at the completion of a shift or at the end of each operational period.		
Ensure Finance/Administration Section personnel comply with safety policies and procedures.		
Document all key activities, actions, and decisions on an Operational Log (NHICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (NHICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Communicate frequently with the Incident Commander; brief routinely on the status of the Finance/Administration Section.		
Initiate the Resource Accounting Record (NHICS Form 257) to track equipment used during the response.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Designate times for briefings and updates with Finance/Administration Section Unit Leaders to develop or update the Section action plan.		
Approve a "cost-to-date" incident financial status report submitted by the Cost Unit Leader every 8 hours summarizing financial data relative to personnel, supplies and other expenditures and expenses.		
Work with the Incident Commander and other Section Chiefs to identify short- and long-term issues with financial implications; establish needed policies and procedures		
Ensure that the Finance/Administration Section is adequately staffed and supplied.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Finance/Administration Section staff's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Conduct regular situation update briefings with Finance/Administration Section.		
Continue to maintain the Resource Accounting Record (NHICS Form 257) to track equipment used during the response.		
Schedule planning meetings with Finance/Administration Section staff to update the Section action plan and demobilization procedures.		
Ensure that required financial and administrative documentation is properly prepared. Collate and process invoices received.		
Present financial updates to the Incident Commander and Command Staff every 8 hours and as requested.		
Ensure that routine, non-incident related administrative oversight of nursing home financial operations is maintained.		
Continue to document actions and decisions on an Operational Log (NHICS Form 214).		
Coordinate emergency procurement requests with Logistics Section.		
Maintain cash reserves on hand.		
Ensure automated teller machines (ATMs) located in the facility (whether nursing home- or other-owned) are maintained and available to staff.		
Consult with local, state, and federal officials regarding reimbursement regulations and requirements; ensure required documentation is prepared according to guidance received.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs in the Finance/Administration Section decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner.		
Collect and analyze all financial related data from Finance/Administration Section Units.		
Ensure processing and payment of invoiced costs.		
Submit required reimbursement paperwork and track payments.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (NHICS Form 214) are submitted to the Planning Section Chief.		
Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include: <ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • NHICS Form 204 – Branch Assignment List • NHICS Form 207 – Incident Management Team Chart • NHICS Form 213 – Incident Message Form • NHICS Form 214 – Operational Log • NHICS Form 252 – Section Personnel Time Sheet • NHICS Form 257 – Resource Accounting Record • Facility emergency operations plan • Facility organizational chart • Facility telephone directory • Radio/satellite phone • Facility inventory • Facility financial data forms • State and federal/FEMA reimbursement forms

INFECTIOUS DISEASE OUTBREAK BIOLOGIC/PANDEMIC INFLUENZA INCIDENT PLANNING & RESPONSE GUIDE



INCIDENT PLANNING GUIDE	
Does your Emergency Operations Plan address the following issues?	
Mitigation & Preparedness	
<input type="checkbox"/>	Does your nursing home provide information and education to staff on infection control precautions, personal protective equipment, exposure prophylaxis and family/dependent care options?
<input type="checkbox"/>	Does your nursing home have a procedure to provide personal protective equipment (PPE), including respirators, to designated work locations?
<input type="checkbox"/>	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: <ul style="list-style-type: none"> <input type="checkbox"/> Monitoring residents for signs of illness? <input type="checkbox"/> 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? <input type="checkbox"/> Rapid identification, triage, and isolation practices? <input type="checkbox"/> Expanding isolation capability (cohorting, portable HEPA filtration, etc.)? <input type="checkbox"/> Integration with local hospitals, clinics, public health and emergency management?
<input type="checkbox"/>	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)?
<input type="checkbox"/>	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)?
<input type="checkbox"/>	Does your nursing home have a procedure to monitor staff and volunteers for symptoms and a policy for “fitness for duty” procedures?
<input type="checkbox"/>	Does your nursing home plan for ensuring safe transportation routes and infection control procedures (e.g., residents wearing masks) when transferring residents though the nursing home?
<input type="checkbox"/>	Does your nursing home have a policy to determine appropriate amounts of PPE and hand hygiene/washing supplies available and to supplement those supplies as required?
<input type="checkbox"/>	Does your nursing home have a plan to include just-in-time fit testing and training on PPE use?
<input type="checkbox"/>	Does your nursing home have a policy to determine appropriate numbers of essential personnel (e.g., medical, nursing, environmental services, facilities, nutrition and food services, administrative, ancillary clinical staff respiratory therapy, rehabilitation staff, activities staff, medical records) that would be priority for receiving prophylaxis, vaccine and PPE to protect those staff most at risk and to ensure the continuation of essential services in the event of a pandemic event?
<input type="checkbox"/>	Does your nursing home maintain stockpiles or have Memorandums of Understanding (MOUs) established with pharmaceutical vendors for antiviral medications and antibiotics to treat bacterial complications to treat or provide prophylaxis to staff, residents and volunteers?
<input type="checkbox"/>	Does your nursing home have a plan for increasing capability to perform specific screening tests for designated pathogens?

INFECTIOUS DISEASE OUTBREAK BIOLOGIC/PANDEMIC INFLUENZA INCIDENT PLANNING & RESPONSE GUIDE

<input type="checkbox"/>	Does your nursing home have a plan for safely packaging, identifying, and transferring lab specimens to external testing sites, including local, state, and federal labs?
<input type="checkbox"/>	Does your nursing home have the capability of handling the need for increased specimen collection, documentation, and transportation of specimens to the testing facility?
<input type="checkbox"/>	Does your nursing home have a plan for relaying laboratory results to external partners (public health, acute care facilities, other)?
<input type="checkbox"/>	Does your Emergency Operations Plan include triggers or criteria for activation of the Emergency Operations Plan, Incident Command, and the Command Center?
<input type="checkbox"/>	Does your nursing home have a process for regularly assessing the status of the nursing home supplies and staffing, and adjusting the Incident Action Plan and operations accordingly? Does the process include regularly updating the Incident Action Plan and reviewing decisions made/actions taken to accomplish the mission?
<input type="checkbox"/>	Does your nursing home have procedures and forms to track cost expenditures and provide reports?
<input type="checkbox"/>	Does your nursing home have procedures with clear routes of communication to gather and confirm situation reports and status updates from local emergency management? Is there a plan to communicate with the local Emergency Operations Center (emergency management, public health, regulatory agencies) about the situation status, critical issues, and resident health status, and to request assistance?
<input type="checkbox"/>	Does your nursing home have a plan to notify and maintain communications (primary and back-up systems) and exchange appropriate information with: <ul style="list-style-type: none"> <input type="checkbox"/> Internal experts, including infection control, engineering/facilities, physician(s)? <input type="checkbox"/> External experts, including local, regional and state public health, EOC/emergency management, fire, police, regulatory agencies? <input type="checkbox"/> Other local facilities and hospitals?
<input type="checkbox"/>	Does your nursing home have procedures to provide accurate and timely situation and safety information (in cooperation with local Joint Information Center) to staff, residents and families,, regulatory agencies and a backup system if primary communication systems fail?
<input type="checkbox"/>	Does your nursing home have procedures to determine the status of communication systems outside of the nursing home in order to communicate with local emergency management, police, & fire within the city, county and operational area?
<input type="checkbox"/>	Does your nursing home have a plan for posting illness outbreak and instruction signs in public places in the facility.
<input type="checkbox"/>	Does your nursing home have a plan to conduct regular media briefings, in collaboration with local emergency management, local EOC and the local Joint Information Center?
Response & Recovery	
<input type="checkbox"/>	Does your nursing home have a policy to monitor the health status and absenteeism of staff during the disease outbreak/pandemic?

INFECTIOUS DISEASE OUTBREAK BIOLOGIC/PANDEMIC INFLUENZA INCIDENT PLANNING & RESPONSE GUIDE

<input type="checkbox"/>	<p>Does your nursing home have a plan to track resident census and symptoms?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stop new admissions? <input type="checkbox"/> Communicate with family/legal representatives re: nature of disease outbreak, restrictions on visitations, and estimated potential duration of response activities?
<input type="checkbox"/>	<p>Does your nursing home have triggers to implement the infectious patient surge capacity plan?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Expansion of isolation capabilities? <input type="checkbox"/> Cohabitation of infected residents?
<input type="checkbox"/>	<p>Does your nursing home have a plan to manage mass fatalities and address fatality issues in conjunction with law enforcement/medical examiner/coroner/local EOC?</p>
<input type="checkbox"/>	<p>Does your nursing home monitor medical care issues for residents and exposed or ill staff?</p>
<input type="checkbox"/>	<p>Does your nursing home monitor safe and consistent use of PPE?</p>
<input type="checkbox"/>	<p>Does your nursing home have a plan to maintain nursing home security?</p>
<input type="checkbox"/>	<p>Does your nursing home have a plan to adjust staff schedules to meet the needs of the response including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reassigning staff who have recovered from flu to care for flu residents (pandemic event)? <input type="checkbox"/> Reassigning staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (e.g., no flu patient care or administrative duties only)?
<input type="checkbox"/>	<p>Does your nursing home have a process to determine the need for canceling nonessential services (social gatherings, meetings, etc.)?</p>
<input type="checkbox"/>	<p>Does your nursing home have procedures to evaluate need for additional staff, augment staffing levels, or manage with staff available? Is there a plan to modify contingency staff utilization and provide staff support (alternate shifts and staffing, childcare contingency plan for staff, staff transportation needs, etc.)?</p>
<input type="checkbox"/>	<p>Does your nursing home have a plan to provide rest/sleep, nutrition, and hydration to staff?</p>
<input type="checkbox"/>	<p>Does your nursing home have a process to assess residents for early discharge to decrease occupancy?</p>
<input type="checkbox"/>	<p>Does your nursing home have a process to determine the need to limit resident visitation?</p>
<input type="checkbox"/>	<p>Does your nursing home have a plan to secure the nursing home, including adequate personnel to assure security?</p>
<input type="checkbox"/>	<p>Does your nursing home have protocols to manage, treat (or refer for treatment), and report injuries to residents, staff, families, and visitors? Is there a process to prepare a report of all residents, staff, families, and visitors evaluated, treated, and discharged from the facility?</p>

INFECTIOUS DISEASE OUTBREAK BIOLOGIC/PANDEMIC INFLUENZA INCIDENT PLANNING & RESPONSE GUIDE

<input type="checkbox"/>	Does your nursing home have a process to inventory available supplies, medications, equipment, and personnel for both short- and long-term operations? Does this include a process for obtaining supply and equipment supplementation?
<input type="checkbox"/>	Does your nursing home have a process for determining food and water needs for residents, visitors, families and staff for 96 hours and a plan for obtaining needed supplies?
<input type="checkbox"/>	Does your nursing home have a plan to maintain continuity of operations including delivery of essential supplies, trash, food, linen, laundry, etc.?
<input type="checkbox"/>	Does your nursing home have a plan to access outside resources through a medical mutual aid system?
<input type="checkbox"/>	Does your nursing home have a plan to keep resident/staff families notified of current situation, location, condition, and safety measures taken to protect them?
<input type="checkbox"/>	Does your nursing home have a plan to establish alternate care sites and relocate services provided if transfer is not feasible?
<input type="checkbox"/>	Does your nursing home have a plan for demobilization and system recovery that is activated during emergency response? Does this include a procedure for prioritizing service restoration activities, including restoring medical care operations, visitation, and nonessential operations (social activities, meetings, etc.)?
<input type="checkbox"/>	Does your nursing home have a process for reporting all injuries, system failures, and long-term damage to state licensing and certification authorities as required?
<input type="checkbox"/>	Does your nursing home have a plan for providing mental health support and stress management services to staff, residents, and families?
<input type="checkbox"/>	Does your nursing home have procedures for reordering, restocking, and returning borrowed supplies, equipment, and medications and returning personnel on loan during the incident?
<input type="checkbox"/>	Does your nursing home have procedures for after-action reporting and developing an improvement plan based on lessons learned? Is there a plan to participate in after-action review with local emergency management and community partners?
<input type="checkbox"/>	Does your nursing home have criteria to confirm restoration of the facility to normal function?
<input type="checkbox"/>	Does your nursing home have a process for submitting cost for disaster reimbursement from insurance carriers, local, state and federal disaster relief?

INFECTIOUS DISEASE OUTBREAK BIOLOGIC/PANDEMIC INFLUENZA INCIDENT PLANNING & RESPONSE GUIDE



INCIDENT RESPONSE GUIDE	
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	
<input type="checkbox"/>	Read this entire incident response guide and Incident Management Team Chart.
<input type="checkbox"/>	Use this Incident Response Guide as a checklist to ensure all tasks are addressed and completed.
Objectives	
<input type="checkbox"/>	Identify, triage, isolate, and treat infectious residents.
<input type="checkbox"/>	Accurately track residents throughout the nursing home.
<input type="checkbox"/>	Assure safety and security of the staff, residents, visitors, and nursing home.
<input type="checkbox"/>	Address issues related to infectious patient surge capacity.
Immediate (Operational Period 0-2 Hours)	
	<p>COMMAND (Incident Commander):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activate the appropriate Medical/Technical Specialists to assess the incident <input type="checkbox"/> Activate Command staff and Section Chiefs <input type="checkbox"/> Implement regular briefing schedule for Command staff and Section Chiefs <input type="checkbox"/> Implement the infectious residents surge plan and other Emergency Operations Plans, as indicated <input type="checkbox"/> 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. <p><input type="checkbox"/> Communicate with Public Health to determine the potential number of infectious residents?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communicate regularly with Section Chiefs regarding operational needs and integration of nursing home functions with local EOC <input type="checkbox"/> 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 <p>(Safety Officer):</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <p>NOTE: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</p>

INFECTIOUS DISEASE OUTBREAK BIOLOGIC/PANDEMIC INFLUENZA INCIDENT PLANNING & RESPONSE GUIDE

	<p>COMMAND</p> <p>(Medical Technical Specialist/Medical Director – Biological/disease outbreak/pandemic):</p> <ul style="list-style-type: none"> □ Verify and collaborate with Public Health officials, and report the following information to the Incident Commander: <ul style="list-style-type: none"> • Number and condition of residents affected, including the worried well • Type of biological/infectious disease involved (case definition) • Medical problems present in addition to biological/infectious disease involved • Measures taken (e.g., cultures, supportive treatment) □ <ul style="list-style-type: none"> • Potential for and scope of communicability • Implement appropriate PPE and isolation precautions □ Coordinate with the Operations Section Chief to verify from the Medical Director, in collaboration with regional officials, and report the following information to the Incident Commander and Section Chiefs: <ul style="list-style-type: none"> • Number and condition of residents affected, including the asymptomatic • Medical problems present besides infectious disease involved • Measures taken (e.g., cultures, supportive treatment) • Potential for and scope of communicability
	<p>OPERATIONS:</p> <ul style="list-style-type: none"> □ Provide just-in-time training for both clinical and non-clinical staff regarding the status of the event, precautions they should take, and rumor control. □ Monitor residents for signs of illness □ Ensure proper implementation of infectious residents surge plan, including: <ul style="list-style-type: none"> • Staff implementation of infection precautions, and higher level precautions for high risk procedures • Proper monitoring of isolation procedures • Limit resident movement within nursing home for essential purposes only • Restrict number of clinicians and ancillary staff providing care to infectious residents □ Evaluate and determine health status of all persons prior to nursing home entry □ Ensure safe collection, transport, and processing of laboratory specimens □ Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule □ Conduct nursing home census and determine if discharges and appointment cancellations are required <p>(Security):</p> <ul style="list-style-type: none"> □ Consider nursing home lockdown to prevent infectious residents from entering the nursing home except through designated route. Report regularly to Operations Section Chief

INFECTIOUS DISEASE OUTBREAK BIOLOGIC/PANDEMIC INFLUENZA INCIDENT PLANNING & RESPONSE GUIDE

□	<p>PLANNING</p> <ul style="list-style-type: none"> □ Establish operational periods and develop Incident Action Plan: <ul style="list-style-type: none"> • Engage all necessary departments • Share Incident Action Plan through Incident Commander with these areas • Provide instructions on needed documentation including completion detail and deadlines □ Implement resident/staff/equipment tracking protocols □ Report actions/information to Incident Commander, Command Staff, Section Chiefs regularly
□	<p>LOGISTICS</p> <ul style="list-style-type: none"> □ Implement distribution of plans for mass prophylaxis/immunizations for employees, their families, and others as recommended from public health and emergency preparedness officials (pandemic event) □ Anticipate an increased need for medical supplies (i.e., antivirals, pharmaceuticals, oxygen, ventilators, suction equipment, respiratory protection/PPE), and respiratory therapists, transporters and other personnel □ Implement distribution of PPE to high risk employees as recommended by public health and emergency preparedness officials □ Prepare for receipt of external pharmaceutical cache(s) □ Determine staff supplementation needs and communicate to Liaison Officer □ Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule
Intermediate (Operational Period 2-12 Hours)	
□	<p>COMMAND (Incident Commander)</p> <ul style="list-style-type: none"> □ Activate and implement Emergency Operations Plans, as indicated, including mass fatality plan if needed □ Continue regular briefing of Command staff/Section Chiefs and regulatory agencies □ Establish a resident information center; coordinate with local emergency management/public health/EMS. Regularly brief local EOC, nursing home staff, residents, and media □ Ensure integrated response with local EOC, JIC □ Communicate to local EOC personnel/equipment/supply needs identified by Operations □ Keep Public Health advised of any health problems/trends identified, in cooperation with infection control □ Integrate outside personnel assistance into Command Center and hospital operations □ Discuss operational status with other area facilities/hospitals □ Brief Command staff/Section Chiefs regularly with information from outside sources

INFECTIOUS DISEASE OUTBREAK BIOLOGIC/PANDEMIC INFLUENZA INCIDENT PLANNING & RESPONSE GUIDE

□	<p>OPERATIONS</p> <ul style="list-style-type: none"> □ Conduct disease surveillance, including number of affected residents/personnel □ Continue isolation activities as needed □ Consult with infection control for disinfection requirements for equipment and nursing home □ Continue patient management activities, including patient cohorting and resident/staff/visitor medical care issues □ With Logistics, coordinate the implementation of mass vaccination/mass prophylaxis plan □ Determine scope and volume of supplies/equipment/personnel required and report to Logistics □ Implement local mass fatality plan (including temporary morgue sites) in cooperation with local/state public health, emergency management, and medical examiners. Assess capacity for refrigeration/security of deceased residents
□	<p>PLANNING</p> <ul style="list-style-type: none"> □ Continue resident tracking □ Document Incident Action Plan as developed by IC and Section Chiefs, and distribute appropriately □ Collect information regarding situation status and report to IC/Command staff/Section Chiefs regularly □ Plan for termination of incident □ Revise security plan and family visitation policy, as needed
□	<p>LOGISTICS</p> <ul style="list-style-type: none"> □ Coordinate activation of staff vaccination/prophylaxis plan with Operations (pandemic event) □ Monitor the health status of staff who are exposed to infectious residents □ Consider reassigning staff recovering from flu to care for flu residents; reassign staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (i.e., no flu patient care or administrative duties only)
□	<p>FINANCE</p> <ul style="list-style-type: none"> □ Track response expenses and report regularly to Command staff and Section Chiefs □ Track and follow up with employee illnesses and absenteeism issues

INFECTIOUS DISEASE OUTBREAK BIOLOGIC/PANDEMIC INFLUENZA INCIDENT PLANNING & RESPONSE GUIDE

Extended (Operational Period Beyond 12 Hours)	
<input type="checkbox"/>	<p>COMMAND (Incident Commander):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue regular briefing of Command staff/Section Chiefs. Address issues identified <input type="checkbox"/> Continue resident information center, as necessary. Coordinate efforts with local/state public health resources/JIC <input type="checkbox"/> Continue to ensure integrated response with local EOC/JIC <input type="checkbox"/> Continue to communicate personnel/equipment/supply needs to local EOC <input type="checkbox"/> Continue to keep public health advised of any health problems/trends identified <input type="checkbox"/> Keep regulatory agencies apprised of nursing home status
<input type="checkbox"/>	<p>OPERATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue patient management and nursing home monitoring activities. Communicate personnel/equipment/supply needs to local EOC <input type="checkbox"/> Ensure proper disposal of infectious waste, including disposable supplies/equipment
<input type="checkbox"/>	<p>PLANNING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Revise and update the IAP and distribute to IC, Command Staff and Section Chiefs
<input type="checkbox"/>	<p>LOGISTICS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue monitoring the health status of staff exposed to infectious residents <input type="checkbox"/> Continue addressing behavioral health support needs for residents/visitors/staff <input type="checkbox"/> Continue providing equipment/supply/personnel needs
<input type="checkbox"/>	<p>FINANCE</p> <p>Continue to track response expenses and employee injury/illness and absenteeism</p>
Demobilization/System Recovery	
<input type="checkbox"/>	<p>COMMAND (Incident Commander):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide briefings as needed to residents/visitors/staff/media, in cooperation with JIC <input type="checkbox"/> Prepare a summary of the status and location of infectious residents. Disseminate to Command staff/Section Chiefs and to public health/EOC, regulatory agencies as appropriate
<input type="checkbox"/>	<p>OPERATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Restore normal nursing home operations and resident visitation

INFECTIOUS DISEASE OUTBREAK BIOLOGIC/PANDEMIC INFLUENZA INCIDENT PLANNING & RESPONSE GUIDE

<input type="checkbox"/>	<p>LOGISTICS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conduct stress management and after-action debriefings and meetings as necessary <input type="checkbox"/> Monitor health status of staff <input type="checkbox"/> Inventory all EOC and nursing home supplies and replenish as necessary <input type="checkbox"/> Restore/repair/replace broken equipment <input type="checkbox"/> Return borrowed equipment after proper cleaning/disinfection <input type="checkbox"/> Restore normal nonessential services
<input type="checkbox"/>	<p>PLANNING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conduct after-action review with LTC Command staff and Section Chiefs and general staff immediately upon demobilization or deactivation of positions <input type="checkbox"/> Conduct after-action debriefing with all staff, physicians, and volunteers <input type="checkbox"/> Prepare the after-action report and improvement plan for review and approval <input type="checkbox"/> Write after-action report and corrective action plan to include the following: <ul style="list-style-type: none"> • Summary of actions taken • Summary of the incident • Actions that went well • Area for improvement • Recommendations for corrective actions and future response actions
<input type="checkbox"/>	<p>FINANCE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Compile time, expense, and claims reports and submit to IC for approval <input type="checkbox"/> Distribute approved reports to appropriate authorities for reimbursement
Documents and Tools	
<input type="checkbox"/>	<p>Nursing Home Emergency Operations Plan, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infectious patient surge plan <input type="checkbox"/> Mass vaccination/mass prophylaxis plan (pandemic event) <input type="checkbox"/> Risk communication plan <input type="checkbox"/> Nursing home security plan <input type="checkbox"/> Patient/staff/equipment tracking procedure <input type="checkbox"/> Behavioral health support for staff/residents plan <input type="checkbox"/> Mass fatalities plan (pandemic event)
<input type="checkbox"/>	Infection control plan
<input type="checkbox"/>	Employee health monitoring/treatment plan
<input type="checkbox"/>	All other relevant protocols/guidelines relating to biological/infectious disease/mass casualty incidents
<input type="checkbox"/>	Nursing Home Incident Command Forms

INFECTIOUS DISEASE OUTBREAK BIOLOGIC/PANDEMIC INFLUENZA INCIDENT PLANNING & RESPONSE GUIDE

<input type="checkbox"/>	Nursing Home Job Action Sheets
<input type="checkbox"/>	Nursing Home Incident Management Team Chart
<input type="checkbox"/>	Television/radio/internet to monitor news
<input type="checkbox"/>	Telephone/cell phone/radio/satellite phone/internet for communication

NHICS 201 – INCIDENT BRIEFING

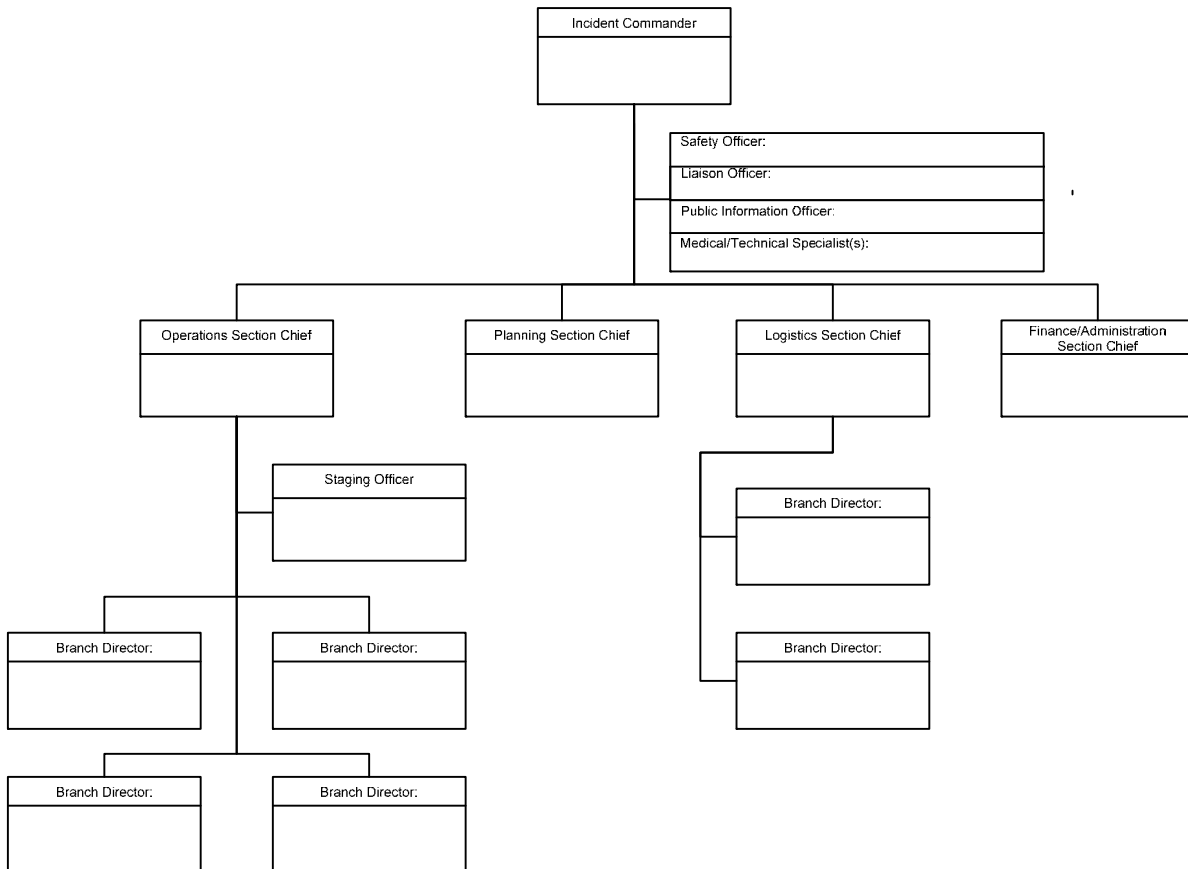
1. INCIDENT NAME

2. DATE OF BRIEFING

3. TIME OF BRIEFING

4. EVENT HISTORY AND CURRENT ACTIONS SUMMARY

5. CURRENT ORGANIZATION



6. NOTES (including accomplishments, issues, warnings/directives)

--	--

7. PREPARED BY (NAME AND POSITION)

--

8. FACILITY NAME

--

NHICS 202 – INCIDENT OBJECTIVES		
1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. OPERATIONAL PERIOD DATE/TIME		
5. GENERAL COMMAND AND CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES)		
6. WEATHER / ENVIRONMENTAL IMPLICATIONS FOR PERIOD (include as appropriate: forecast, wind speed/direction, daylight)		
7. GENERAL SAFETY / STAFF MESSAGES TO BE GIVEN (Examples: Personal Protective Equipment (PPE), Precautions, Case Definitions (refer to NHICS 261 Incident Action Plan Safety Analysis))		
8. ATTACHMENTS (mark if attached)		
<input type="checkbox"/> Organization Assignment List - NHICS 203 <input type="checkbox"/> Medical Plan - NHICS 206 <input type="checkbox"/> Traffic Plan <input type="checkbox"/> Branch Assignment List - NHICS 204 <input type="checkbox"/> Facility System Status Report – NHICS 251 <input type="checkbox"/> Incident Map <input type="checkbox"/> Incident Communications Plan - NHICS 205 <input type="checkbox"/> Incident Action Plan Safety Analysis – NHICS 261 <input type="checkbox"/> Other _____		
9. PREPARED BY (PLANNING SECTION CHIEF):	10. APPROVED BY (INCIDENT COMMANDER):	
11. FACILITY NAME		

NHICS 203 – ORGANIZATION ASSIGNMENT LIST

1. INCIDENT NAME		2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD DATE/TIME
POSITION		NAME / AGENCY		
5. Incident Commander and Staff				
Incident Commander				
Public Information Officer				
Liaison Officer				
Safety Officer				
Medical/Technical Specialist (Type)				
Medical/Technical Specialist (Type)				
Medical/Technical Specialist (Type)				
Medical/Technical Specialist (Type)				
Medical/Technical Specialist (Type)				
Medical/Technical Specialist (Type)				
6. Operations Section				
Chief				
Staging Manager				
Medical Care Branch				
Infrastructure Branch				
Security Branch				
Business Continuity Branch				
HazMat Branch				
Other Branch:				
7. Planning Section				
Chief				
Resources Unit				
Situation Unit				
Documentation Unit				
Demobilization Unit				
Other Branch:				
8. Logistics Section				
Chief				
Service Branch				
Support Branch				
Other Branch:				
9. Finance/Administration Section				
Chief				
Time Unit				
Procurement Unit				
Compensation/Claims Unit				
Cost Unit				
Other Branch:				
10. Agency Representative (in Hospital Command Center)				
Agency				
11. Hospital Representative (in External EOC)				
External Location				
12. PREPARED BY (RESOURCES UNIT LEADER)				
13. FACILITY NAME				

NHICS 213 – INCIDENT MESSAGE FORM

1. FROM (Sender):			2. TO (Receiver):	
3. DATE RECEIVED	4. TIME RECEIVED	5. RECEIVED VIA	6. REPLY REQUESTED:	
		<input type="checkbox"/> Phone <input type="checkbox"/> Radio	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Other	If Yes, REPLY TO (if different from Sender):	

7. PRIORITY

Urgent - **High** Non Urgent – **Medium** Informational - **Low**

8. MESSAGE (KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC):

9. ACTION TAKEN (if any):

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME

--

NHICS 251 – FACILITY SYSTEM STATUS REPORT

1. Operational Period Date/Time	2. Date Prepared	3. Time Prepared	4. Building Name:
--	-------------------------	-------------------------	--------------------------

5. SYSTEM STATUS CHECKLIST

COMMUNICATION SYSTEM	OPERATIONAL STATUS	COMMENTS <i>(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)</i>
Fax	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Information Technology System (email/registration/patient records/time card system/intranet, etc.)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Nurse Call System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Paging - Public Address	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Radio Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Satellite System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Telephone System, External	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Telephone System, Proprietary	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Video-Television-Internet-Cable	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS <i>(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)</i>
Campus Roadways	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Fire Detection/Suppression System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Food Preparation Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Ice Machines	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Laundry/Linen Service Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Structural Components (building integrity)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

Purpose: Record facility status for operational period for incident

Origination: Infrastructure Branch Director

NHICS 251

Original to: Situation Unit Leader

Page 1 of 3

Copies to: Safety Officer, Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, and Documentation Unit Leader

PATIENT CARE SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Decontamination System (including containment)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Digital Radiography System (e.g., PACS)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Ethylene Oxide (EtO)/Sterilizers	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Isolation Rooms (positive/negative air)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
SECURITY SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Door Lockdown Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Surveillance Cameras	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
UTILITIES, EXTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Electrical Power-Primary Service	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sanitation Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Natural Gas	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Air Compressor	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Electrical Power, Backup Generator	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Fuel status)
Elevators/Escalators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Hazardous Waste Containment System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Heating, Ventilation, and Air Conditioning (HVAC)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

Medical Gases, Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Oxygen	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Pneumatic Tube	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Steam Boiler	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sump Pump	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Well Water System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Vacuum (for patient use)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water Heater and Circulators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

6. CERTIFYING OFFICER

7. FACILITY NAME

NHICS 255 - MASTER RESIDENT EVACUATION TRACKING FORM

1. INCIDENT NAME	2. DATE/TIME PREPARED	3. RESIDENT TRACKING MANAGER
-------------------------	------------------------------	-------------------------------------

4. RESIDENT EVACUATION INFORMATION

Resident Name	Medical Record#	Disposition Home or Transfer	Evacuation Triage Category Immed Delayed Minor Expired		Accepting Facility	Time Facility Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Arrival Confirmed Yes No	Admit Location	Expired (time)
Resident Name	Medical Record#	Disposition Home or Transfer	Evacuation Triage Category Immed Delayed Minor Expired		Accepting Facility	Time Facility Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Arrival Confirmed Yes No	Admit Location	Expired (time)
Resident Name	Medical Record#	Disposition Home or Transfer	Evacuation Triage Category Immed Delayed Minor Expired		Accepting Facility	Time Facility Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Arrival Confirmed Yes No	Admit Location Floor ICU ER	Expired (time)
Resident Name	Medical Record#	Disposition Home or Transfer	Evacuation Triage Category Immed Delayed Minor Expired		Accepting Facility	Time Facility Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Arrival Confirmed Yes No	Admit Location Floor ICU ER	Expired (time)
Resident Name	Medical Record#	Disposition Home or Transfer	Evacuation Triage Category Immed Delayed Minor Expired		Accepting Facility	Time Facility Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Arrival Confirmed Yes No	Admit Location Floor ICU ER	Expired (time)
Resident Name	Medical Record#	Disposition Home or Transfer	Evacuation Triage Category Immed Delayed Minor Expired		Accepting Facility	Time Facility Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Arrival Confirmed Yes No	Admit Location Floor ICU ER	Expired (time)

5. SUBMITTED BY	6. AREA ASSIGNED TO	7. DATE/TIME SUBMITTED
------------------------	----------------------------	-------------------------------

8. FACILITY NAME

Purpose: Record information concerning resident disposition during a facility evacuation **Origination:** Operations
Copies to: Planning Section Chief and Documentation Unit Leader

NHICS 258 – FACILITY RESOURCE DIRECTORY

	Personal Contact (Company/Agency/Name)	Phone Number - Primary	Phone Number - Secondary	E-Mail	Fax	Radio
Agency for Toxic Substances and Disease Registry (ATSDR)						
Ambulance/EMS						
Ambulance, Hospital-Based						
Ambulance, Private						
Ambulance, Public Safety						
American Red Cross						
Automated Teller Machine (ATM)						
Biohazard Waste Company						
Buses						
Cab, City						
CDC						
Clinics						
Coroner/Medical Examiner						
Dispatcher, 911						
Emergency Management Agency						
Emergency Operations Center (EOC), Local						
Emergency Operations Center (EOC), State						
Engineers						
HVAC						
Mechanical						
Structural						
Environmental Protection Agency (EPA)						
Epidemiologist						
Federal Bureau of Investigation (FBI)						
Fire Department						
Food Service						
Fuel						

Purpose: List resources to contact as needed and maintain contact information
Copies to: Command Staff and General Staff
Origination: Logistics

Funeral Homes/Mortuary Services						
Generators						
HazMat Team						
Health Department, Local						
Heavy Equipment (e.g., Backhoes, etc.)						
Helicopters						
Home Repair/Construction Supplies						
1.						
2.						
Hospitals						
1.						
2.						
3.						
4.						
Hotel						
Housing, Temporary						
Ice, Commercial						
Laboratory Response Network						
Laundry/Linen Service						
Law Enforcement						
Long Term Care Facilities						
1.						
2.						
3.						
Media						
Print:						
Print:						
Radio:						
Radio:						
TV:						
TV:						

TV:						
TV:						
Medical Gases						
Medical Supply						
1.						
2.						
3.						
4.						
Medication, Distributor						
1.						
2.						
3.						
4.						
Moving Company						
Pharmacy, Commercial						
1.						
2.						
3.						
Poison Control Center						
Portable Toilets						
Public Health						
Radios						
Amateur Radio Group						
Satellite						
Service Provider (e.g., Nextel)						
Walkie-Talkie						
Regional Healthcare Coordinating Center/REDDINET						
Repair Services						
Beds						
Biomedical Devices						
Elevators						

Medical Devices						
Oxygen Devices						
Radios						
Restoration Services (e.g., ServiceMaster)						
Salvation Army						
Shelter Sites						
Surge Facilities						
Toxicologist						
Traffic Control						
Trucks						
Refrigeration						
Towing						
Utilities						
Gas						
Power						
Sewage						
Telephone						
Water						
Vending Machines						
Ventilators						
Water - Nonpotable						
Water Vendor - Potable						
Other						

NHICS 260 – RESIDENT EVACUATION TRACKING FORM			
1. DATE		2. UNIT	
3. RESIDENT NAME	4. AGE	5. MR #	
6. SIGNIFICANT MEDICAL HISTORY		7. ATTENDING PHYSICIAN	
8. FAMILY NOTIFIED			
<input type="checkbox"/> YES <input type="checkbox"/> NO CONTACT INFORMATION:			
9. ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY)			
<input type="checkbox"/> Hospital Bed	<input type="checkbox"/> IV Pumps	<input type="checkbox"/> Service Animal	<input type="checkbox"/> Foley Catheter
<input type="checkbox"/> Gurney	<input type="checkbox"/> Oxygen	<input type="checkbox"/> G Tube Pump	<input type="checkbox"/> Other
<input type="checkbox"/> Wheel Chair	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Monitor	<input type="checkbox"/> Other
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Blood Glucose Monitor	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Special Mattress	<input type="checkbox"/> Respiratory Equipment	<input type="checkbox"/> Other	<input type="checkbox"/> Other
ISOLATION <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE	
REASON			
10. DEPARTING LOCATION		11. ARRIVING LOCATION	
ROOM#	TIME	ROOM #	TIME
ID Band Confirmed <input type="checkbox"/> YES <input type="checkbox"/> NO	By:	ID Band Confirmed <input type="checkbox"/> YES <input type="checkbox"/> NO	By:
Medical Record Sent <input type="checkbox"/> YES <input type="checkbox"/> NO		Medical Record Sent <input type="checkbox"/> YES <input type="checkbox"/> NO	
Addressograph Sent <input type="checkbox"/> YES <input type="checkbox"/> NO		Addressograph <input type="checkbox"/> YES <input type="checkbox"/> NO	
Belongings <input type="checkbox"/> with Patient <input type="checkbox"/> Left in Room <input type="checkbox"/> None		Belongings Received <input type="checkbox"/> YES <input type="checkbox"/> NO	
Valuables <input type="checkbox"/> with Patient <input type="checkbox"/> Left in Safe <input type="checkbox"/> None		Valuables <input type="checkbox"/> YES <input type="checkbox"/> NO	
Medications <input type="checkbox"/> with Patient <input type="checkbox"/> Left on Unit <input type="checkbox"/> to Pharmacy		Medications Received <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. SPECIAL CONSIDERATIONS			
Elopement Risk <input type="checkbox"/> YES <input type="checkbox"/> NO		NPO <input type="checkbox"/> YES <input type="checkbox"/> NO	
Thickener Products Used <input type="checkbox"/> YES <input type="checkbox"/> NO		Fall Risk <input type="checkbox"/> YES <input type="checkbox"/> NO	
Other (Specify):		Other (Specify):	
13. TRANSFERRING TO ANOTHER FACILITY			
TIME TO STAGING AREA		TIME DEPARTING TO RECEIVING FACILITY	
DESTINATION			
TRANSPORTATION <input type="checkbox"/> Ambulance Unit <input type="checkbox"/> Helicopter <input type="checkbox"/> Bus <input type="checkbox"/> Other:			
ID BAND CONFIRMED <input type="checkbox"/> YES <input type="checkbox"/> NO BY: (please print)			
DEPARTURE TIME			
14. FACILITY NAME			