



MEDICAL DIRECTOR/SPECIALIST

Mission: Consult with the Incident Commander and/or Operations Section Chief on the medical, biological/infectious, and/or hazmat implications related to the event as indicated by incident needs and scope of practice. Oversee medical services and assist with diagnosis, treatment and medical management of residents and injured staff.

Date: _____	Start: _____	End: _____	Name of Person Assigned to Position: _____
Phone: _____	Signature: _____	Initial: _____	
NHCC Location: _____		Email: _____	

Immediate Response (0-2 hours)	Time	Initial
<p>Receive appointment</p> <ul style="list-style-type: none"> • Receive appointment from the Incident Commander • Put on position identification (e.g., vest, cap, etc.) • Read this entire Job Action Sheet • Notify your usual supervisor that you have been assigned to the Incident Management Team (IMT) • Report to the Incident Commander until demobilized 		
<p>Assess the operational situation</p> <ul style="list-style-type: none"> • Obtain initial status briefing and information from the Incident Commander, Operations and/or Planning Section Chiefs and identify priority actions which could include: <ul style="list-style-type: none"> ○ Triage of injured residents, employees and non-employees on the premises ○ Resident acuity determinations related to admissions, transfers and/or evacuation ○ Types of biological, environmental, radiological, chemical and/or infectious hazards involved ○ Current guidance on the prevention, precautions and treatment of medical problems associated with the identified hazards 		
<p>Activities</p> <ul style="list-style-type: none"> • Participate in Incident Action Plan (IAP) preparation, briefings, and meetings with the Incident Commander as needed • Assist in the identification of medically-related resource requirements as appropriate • Maintain communications with the Operations Section Chief to identify critical resident issues and resource needs • Work with the Safety Officer, the Infrastructure Branch Director and others to determine safety risks of the incident to personnel, the physical plant, and the environment. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations • Consult with Resident Services Branch Director on issues related to resident acuity which may impact evacuation and admission, transfer, and discharge determinations and monitor the 		



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<p>delivery and quality of nursing care in resident areas</p> <ul style="list-style-type: none"> • If the incident involves biological or infectious disease recommend and maintain appropriate isolation precautions and staff protection • If the incident is involves chemicals verify with the Safety Officer and the Operations Section Chief that all access to the emergency department as well as contamination sites, has been secured to prevent media or other non-authorized people from entering the area during treatment or the decontamination process • In conjunction with the Liaison/PIO, maintain communication with the Public Health Department to obtain current information on status, precautions, and treatment of illness and injuries related to the incident and provide required reports 		
<p>Documentation</p> <ul style="list-style-type: none"> • NHICS 214: Document all key activities, actions, communications, and decisions in a Activity Log on a continual basis. • NHICS 215A: If requested, provide input for the IAP Safety Analysis including potential/actual hazards, mitigation strategies, and assignments 		
<p>Communication</p> <ul style="list-style-type: none"> • Communicate with the Operations Section Chief information regarding specific decontamination and treatment procedures • Reach out to the local health department and emergency management to advise the Incident Commander if the external area is safe for discontinuation of shelter-in-place (i.e. plume incident) • In conjunction with the Incident Commander determine the threat (if any) to the nursing home and the need for shelter-in-place or facility evacuation (i.e., hazardous materials incident) 		
Intermediate Response (2-12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Continue to attend briefings and Incident Action Planning meetings as needed to gather and share critical incident and resident status information. Contribute information as needed for incorporation into the goals to the IAP • Continue to consult with Resident Services Branch Director on issues related to resident care and monitor the delivery and quality of nursing care in resident areas as needed • Evaluate and consult on key ethical issues related to the incident such as standards of care and use of limited resources. Develop recommendations for addressing these issues • Respond to requests and issues from Incident Management Team (IMT) members regarding medical issues • Attend command briefings and Incident Action Planning meetings as needed to gather and share critical incident and resident status information. Contribute information as needed for incorporation • Oversee the communication with attending, receiving, and/or referring physicians, and emergency medical personnel and intervene as needed to facilitate the coordination of resident care 		



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Intermediate Response (2-12 hours)	Time	Initial
<ul style="list-style-type: none"> Maintain communication with the Public Health Department to obtain current information on status, precautions, and treatment of illness and injuries related to the incident and provide required reports 		
<p>Documentation</p> <ul style="list-style-type: none"> NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log NHICS 215A: If requested, provide input for the IAP safety Analysis including potential/actual hazards, mitigation strategies, and assignments 		
<p>Communication</p> <ul style="list-style-type: none"> Maintain communications with the Operations Section Chief information regarding specific decontamination and treatment procedures Continue reaching out to the local health department and emergency management to advise the Incident Commander if the external area is safe for discontinuation of shelter-in-place 		

Extended Response (greater than 12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> Continue to attend briefings and Incident Action Planning meetings as needed to gather and share critical medical advice and resident status information Continue to consult with Resident Services Branch Director on issues related to resident care and monitor the quality of medical and nursing services to residents Continue to oversee communication with attending physicians and the Public Health Department as needed related to the incident and to provide required reports 		
<p>Documentation</p> <ul style="list-style-type: none"> NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log NHICS 215A: If requested, provide input for the IAP Safety Analysis including potential/actual hazards, mitigation strategies, and assignments Upon deactivation of your position, submit all documentation to the Planning Section Chief 		
<p>Communication</p> <ul style="list-style-type: none"> Maintain communications with the Operations Section Chief information regarding specific decontamination and treatment procedures Continue reaching out to the local health department and emergency management to advise the Incident Commander if the external area is safe for discontinuation of shelter-in-place (i.e. plume incident) 		



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Documents and Tools

- NHICS 200: Incident Action Plan (IAP) Quick Start
- NHICS 207: Incident Management Team (IMT) Chart
- NHICS 214: Activity Log
- NHICS 215A: Incident Action Plan (IAP) Safety Analysis
- Facility emergency operations plan
- Facility organizational chart
- Facility telephone directory

Nursing Home Incident Command System (NHICS) Job Action Sheets have been adapted from the Hospital Incident Command System 5th Edition (2014) Guidebook by the American Health Care Association (AHCA) Disaster Preparedness Committee