

Nursing Home Incident Command System (NHICS)

2017

GUIDEBOOK



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Acknowledgements

In partnership with the California Association of Health Facilities (CAHF), the California Department of Public Health directed federal grant-funded resources to revise the Nursing Home Incident Command System (NHICS) initially published in 2009. The 2017 NHICS revision parallels relevant changes contained in the 2014 Hospital Incident Command System (HICS) update. Most significantly, the 2017 NHICS represents a “streamlining” of the prior NHICS and HICS versions with a goal of making the system easier to use for nursing homes and other long-term care facilities.

The 2017 NHICS relies upon many sources of information, including previous versions of NHICS and HICS that specifically focus on healthcare facilities; the National Incident Management System (NIMS), and other documents in the public domain relevant to emergency management.

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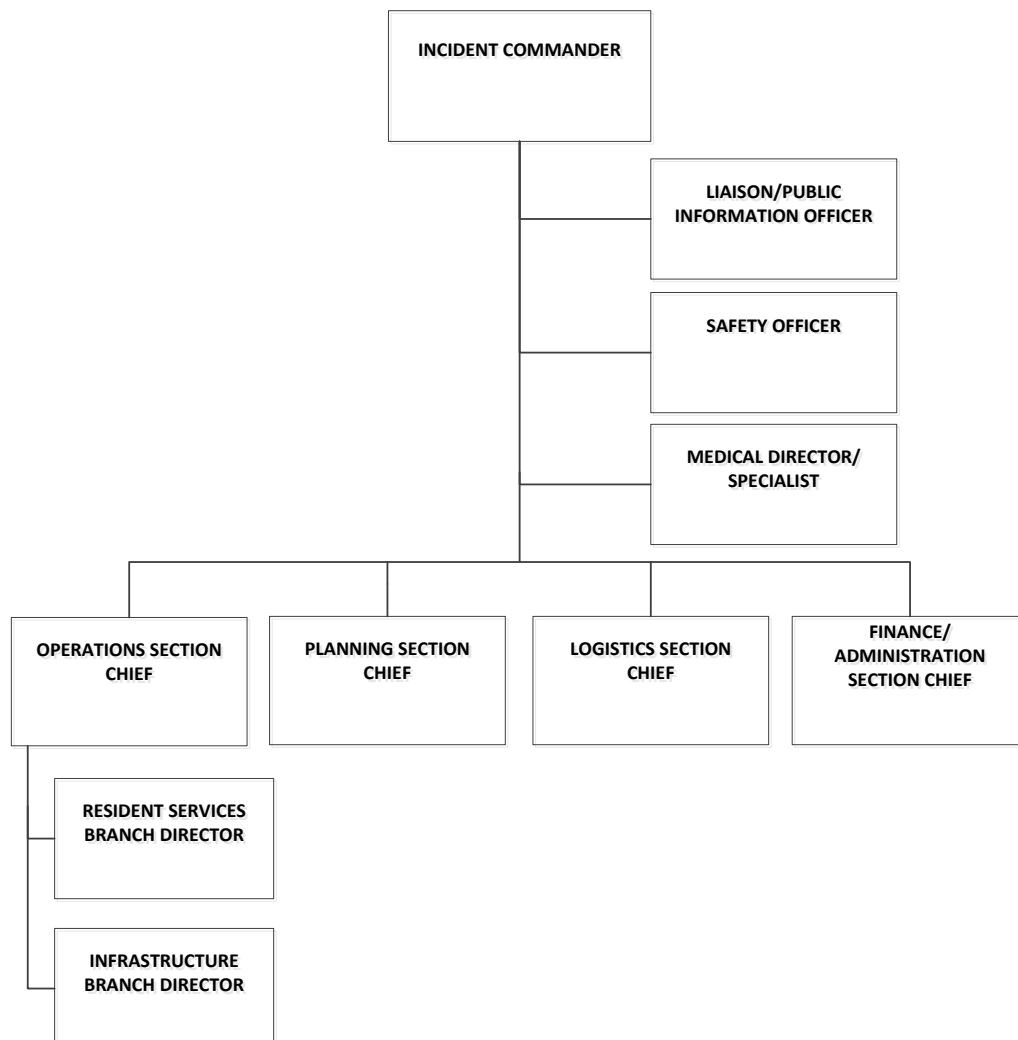
Major Changes in NHICS 2017

- Streamlined the Guidebook and Toolkit materials to make the system easier to use.

Incident Management Team (IMT)

- Streamlined the Incident Management Team (IMT) to better reflect the needs of nursing homes and long-term care facilities. In NHICS 2017, there are 11 IMT positions that are described (vs. 28 in the previous 2009 version). In addition to the 10 IMT positions shown below, there is also provision for a Scribe/Runner, who may be assigned to any section but is most commonly assigned to the Planning/Intelligence section. In the Operations Section, two branches are provided (Resident Services and Infrastructure Services). Because of staffing limitations and the need to prioritize resident care, the more expansive organizational structures seen in ICS and HICS have been “rolled up” in NHICS.
- The Liaison Officer and Public Information Officer have been combined into one position.

NEW IMT CHART IN NHICS 2017



Job Action Sheets (JASs)

- Rolled up position-level tasks from eliminated Branches and Units
- Job Actions Sheets have been streamlined from 20 to 11, one for each IMT position
- Added an optional “Scribe/Runner”

Incident Response Guides (IRGs)

- Added five new Incident Response Guides (IRGs):

| IRGs in NHICS 2017 | Previous IRGs |
|-------------------------------|--------------------|
| Earthquake | Earthquake |
| Fire - External | Internal Fire |
| Infectious Disease | Infectious Disease |
| Flood | Internal Flooding |
| Utility Failure | Loss of Power |
| Severe Weather – Cold or Heat | Severe Weather |
| Hazardous Material/Waste | |
| Missing Resident | |
| Evacuation | |
| Shelter-in-Place | |
| Active Shooter | |

- A “Rapid Response Checklist” has been inserted into the IRGs before the “Immediate Response (0-2 hours) period.
- The tasks identified in the IRGs are now directly assigned to IMT positions.
- The Security tasks that previously fell under the Operations Section’s Physical Plant/Security Unit Leader are now assigned to the Safety Officer
- Mental/behavioral health falls under the Resident Services Branch Director (Intermediate and Extended response) and Operations Section Chief (Demobilization).

Incident Planning Guides (IPGs)

- Three new Incident Planning Guides have been added to NHICS 2017.
- A narrative “Scenario” has been added to the IPGs which are now subdivided into sections based on Mitigation, Preparedness, Immediate and Intermediate Response, and Extended Response and System Recovery.

| IPGs in NHICS 2017 | Previous IPGs |
|--------------------|--------------------|
| Earthquake | Earthquake |
| Fire - External | Internal Fire |
| Infectious Disease | Infectious Disease |
| Flood | Internal Flooding |
| Utility Failure | Loss of Power |

| IPGs in NHICS 2017 | Previous IPGs |
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| Severe Weather – Cold or Heat | Severe Weather |
| Hazardous Material/Waste | |
| Missing Resident | |
| Evacuation | |
| Shelter-in-Place | |
| Active Shooter | |

NHICS Forms

- New! Created an Incident Action Plan (IAP) Quick Start.
- New! Added a NHICS 204 Assignment List for the Planning Section Chief (use is optional).
- Added a one-page instruction sheet at the end of each NHICS form that describes the purpose, who completes the form, and additional information.
- Created a customizable IMT chart in Microsoft Visio.
- Eliminated NHICS 213 - Incident Message Form and NHICS 256 - Procurement Summary.
- Forms are available in fillable Microsoft Word and Adobe PDF format. The Word-based forms may be customized by turning off document protection. To turn off document protection in Word: 1) Select the “Developer” tab, 2) Find the “Protect” group and Select “Restrict Editing”, and 3) Click the button for “Stop Protection”

The table below summarizes the new NHICS 2017 Forms compared to the previous NHICS Forms.

| NHICS 2017 | 2011 NHICS |
|--|--|
| 200 Incident Action Plan (IAP) Quick Start | (Previous IAP required a combination of completed NHICS forms) |
| 201 Incident Briefing | 201 Incident Briefing & Operational Log |
| 202 Incident Objectives | 202 Incident Objectives |
| 203 Organization Assignment List | 203 Organization Assignment List |
| 204 Assignment List | n/a |
| 205 Communications List | 205 Incident Communications Plan |
| 206 Staff Medical Plan | 206 Staff Injury Plan |
| 207 Incident Management Team Chart | 207 Organization Chart |
| Eliminated | 213 Incident Message Form |
| 214 Activity Log | 214 Unit Log |
| 251 Facility System Status Report | 251 Facility System Status Report |
| 252 Section Personnel Time Sheet | 252 Section Personnel Time Sheet |
| 253 Volunteer Registration | 253 Volunteer Staff Registration |
| 254 Emergency Admit Tracking | 254 Master Emergency Admit Tracking Form |
| 255 Master Resident Evacuation Tracking | 255 Master Resident Evacuation Tracking Form |

| NHICS 2017 | 2011 NHICS |
|---|--|
| Eliminated | 256 Procurement Summary Report |
| 257 Resource Accounting Record | 257 Resource Accounting Record |
| 258 Facility Resource Directory | 258 Facility Resource Directory |
| 259 Facility Casualty Fatality Report | 259 Master Facility Casualty Fatality Report |
| 260 Resident Evacuation Tracking | 260 Resident Evacuation Tracking Form |
| 215A Incident Action Plan (IAP) Safety Analysis | 261 Incident Action Plan Safety Analysis |

The table below summarizes the IMT personnel assigned to complete each NHICS Form and whether the form is Recommended or Optional. A total of 10 forms are recommended.

| NHICS 2017 | Completed by | Recommended or Optional |
|---|--|---|
| Incident Action Plan (IAP) Quick Start | Incident Commander or Planning Section Chief | Recommended |
| 201 Incident Briefing | Incident Commander or designee | Optional |
| 202 Incident Objectives | Planning Section Chief | Optional |
| 203 Organization Assignment List | Planning Section Chief | Optional. Has IMT contact information. If not maintained somewhere else, use this form. |
| 204 Assignment List | Planning Section Chief | Optional full form. Abbreviated in IAP Quick Start |
| 205 Communications List | Logistics Section Chief | Optional full form. Abbreviated in IAP Quick Start |
| 206 Staff Medical Plan | Safety Officer | Optional full form. Abbreviated in IAP Quick Start |
| 207 Incident Management Team Chart | Incident Commander or designee | Optional. Included in Quick Start IAP |
| 214 Activity Log | All IMT Personnel | Recommended |
| 215a Incident Action Plan (IAP) Safety Analysis | Safety Officer | Recommended full form. Abbreviated in IAP Quick Start |
| 251 Facility System Status Report | Infrastructure Branch Director | Recommended |
| 252 Section Personnel Time Sheet | All IMT Personnel | Recommended |
| 253 Volunteer Registration | Logistics Section Chief | Optional, may use own tracking system |
| 254 Emergency Admit Tracking | Resident Services Branch Director | Recommended |
| 255 Master Resident Evacuation Tracking | Resident Services Branch Director | Recommended |

| NHICS 2017 | Completed by | Recommended or Optional |
|---------------------------------------|---|---------------------------------------|
| 257 Resource Accounting Record | All IMT Personnel; included under Logistics Section Chief JAS | Optional, may use own tracking system |
| 258 Facility Resource Directory | Planning Section Chief | Recommended |
| 259 Facility Casualty Fatality Report | Resident Services Branch Director | Recommended |
| 260 Resident Evacuation Tracking | Resident Services Branch Director | Recommended |

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NHICS GUIDEBOOK

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I. INTRODUCTION

Nursing homes provide essential services that must be protected at all times, including those extraordinary occasions we call *emergencies* or *disasters*. Yet it is difficult to predict when an incident may occur that threatens the ability of a nursing home to safely care for its residents, staff and visitors; or conduct normal operations that maintain the facility's business viability (continuity of operations).

In 2016, the Centers for Medicare and Medicaid Services (CMS) expanded the emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers.¹ In so doing, CMS defines an emergency or disaster as:

“An event affecting the overall target population or the community at large that precipitates the declaration of a state of emergency at a local, state, regional or national level by an authorized public official such as a Governor, the Secretary of HHS, or the President of the United States. It also includes events that can affect the facility internally.”

In addition, the President is authorized to issue “emergency” or “major disaster” declarations before or after catastrophes occur. In general, a major disaster declaration triggers broader authority for federal agencies to provide supplemental assistance to state and local governments, families and individuals, and certain nonprofit organizations recovering from the incident.

All nursing homes should be prepared for and exhibit resiliency when faced with any type of incident, ranging from an internal emergency that affects only one facility to a large, regional disaster that simultaneously affects many healthcare facilities and the community. The **Incident Command System (ICS)** provides a practical, proven approach to disaster management that is an integral part of the National Incident Management System (NIMS). ICS is utilized for incident management throughout the public and private sectors.

ICS can be used by anyone who understands the basic functional requirements necessary for establishing goals and objectives to meet the operational needs of an incident.

A note about terminology: The Incident Command System originated with the fire service in the 1970's and is used throughout the U.S. in both the public and private sectors. Why has ICS become so universally adopted? The answer is because it is the most successful approach to managing emergencies/disasters (incidents) that require a coordinated response beyond typical day-to-day challenges. For some public safety agencies, ICS is routinely used on a daily basis.

In the healthcare environment, hospitals and nursing homes have adapted ICS to fit their specific needs, leading to the Hospital Incident Command System (HICS) and the Nursing Home Incident Command System (NHICS). The adoption of these systems allows healthcare facilities to effectively integrate into the emergency management structure, and by so doing, maximize positive outcomes.

¹ Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers; Final Rule; U.S. Department of Health and Human Services; Centers for Medicare & Medicaid Services; 81 Federal Register 180 (16 September 2016); p 63865.

To simplify for a moment, let's consider a "disaster" to be a really big problem that you didn't expect. Examples: your facility lost power and the backup generators failed; a tornado ripped away part of your building; there is an active shooter in your facility. With all of these situations, a number of problems are created and response priorities must be identified (as an example, it would be a priority to safely evacuate residents from a structurally damaged building). ICS enables you to create an organizational structure and road map to optimally manage the incident relative to the situational circumstances.

Why isn't the normal, day-to-day organizational system used by each nursing home sufficient to manage a disaster? The answer is that disasters are not "business as usual"; they are, by definition, extraordinary events that place highly unusual stresses on the facility, including the management team and staff that work at the facility. **Effectively responding to a disaster requires additional skills that must be acquired before the disaster occurs.** If this document conveys only one important point, it is that each facility should commit to preparing in advance for such an event.

ICS, like all well established and tested systems, utilizes a standardized organizational structure and terminology (we recommend sticking with the structure and terminology for reasons we'll discuss in more detail later). While ICS's fundamental principles are carved in stone, there is great flexibility in how ICS is applied in a specific setting, including nursing homes, for any given incident. The streamlined approach presented in this Guidebook and Toolkit reflects the need to prioritize resident care and acknowledges the staffing limitations faced by many facilities. However, it is important to recognize that there are certain unalterable tasks that must occur when responding to any emergency; these NHICS documents provide a road map for accomplishing those essential tasks. NHICS provides standardization that can markedly improve the ability of an organization to successfully respond to a disaster.

The purpose of this document is to provide the information necessary for nursing home administrators and staff to understand the principles of NHICS and embrace its implementation before it's needed.

The Nursing Home Incident Command System (NHICS) is both functional and flexible. Whenever an emergency/disaster (incident) occurs, ICS provides a structure and organizational approach to support incident goals and objectives (we'll talk more about "incident goals and objectives" later).

NHICS recognizes that the following essential responsibilities must be met to successfully manage an incident:

- People that **LEAD/MANAGE** all of the activities necessary to support incident goals and objectives;
- People that **DO** stuff to support incident goals and objectives;
- People that **GET** stuff to support incident goals and objectives;
- People that **COLLECT RELEVANT INFORMATION, ANALYZE and PLAN** to support incident goals and objectives; and
- People that take care of **FINANCE/ADMINISTRATIVE/CLERICAL SUPPORT** to support incident goals and objectives.

These essential responsibilities relate to NHICS functions as follows:

| ESSENTIAL RESPONSIBILITIES | NHICS FUNCTIONS |
|--|----------------------------|
| Lead/Manage | Incident Command |
| Do Stuff | Operations |
| Get Stuff | Logistics |
| Collect Information, Analyze and Plan | Planning |
| Finance, Administration and Clerical Support | Finance and Administration |

This simple table illustrates how the responsibilities necessary to successfully manage an incident are reflected in the five NHICS functions. All five functions within NHICS – Command, Operations, Planning, Logistics, and Finance and Administration – must be covered for each incident.

For a small incident, the activities of all NHICS sections may be managed effectively by one person, the Incident Commander. For larger incidents, more people are almost certainly needed. NHICS is very specific on how the NHICS organizational structure grows as incidents become larger and more complex.

Note: Let’s pause for a moment to discuss what is meant when we say NHICS is “flexible”. It does not mean that the five functional roles in NHICS change; it means that the number of people required to fulfill those roles may range from one person (the “Incident Commander”) to many people in a large disaster. If ONE PERSON can effectively lead/manage the incident; do what is necessary; get the resources needed; plan, collect and analyze relevant information; and provide the necessary finance, administrative and clerical support to manage the incident, then NHICS has been successfully applied!

II. NHICS FUNCTIONS

Each of the five NHICS functions -- Command, Operations, Planning, Logistics, and Finance and Administration – are responsible for the following activities:

A) INCIDENT COMMAND (“Leader”)

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

The Incident Commander is responsible for the following:

- Establishes the use of NHICS to manage the incident

- Establishes the initial objectives for managing the incident
- Identifies the supporting NHICS staff necessary to respond to the incident (also known as incident “size up”²)
- Recruits assistance as needed
- Keeps senior administration informed
- Coordinates with other response partners as necessary, e.g., EMS, fire, law enforcement, public health

There are three additional members of the Command Staff that report to the Incident Commander. These functions must always be addressed; although in a small incident, the Incident Commander may be able to handle these responsibilities.

The **Safety Officer** is responsible for the overall safety of the response actions, including modifying or suspending operations if conditions are unsafe to continue. For example, a nursing home may be forced to evacuate all or part of the facility due to an earthquake. The Safety Officer should evaluate the site to which residents are relocated to ensure the location is free of hazards or risk.

The **Liaison/Public Information Officer** serves as the communication link between the nursing home and external partners. This position provides information to external response agencies such as public health authorities, emergency management officials, law enforcement and other agencies that have been identified by the facility as key community partners that may be involved in response. This position also communicates with the media.

The **Medical Director/Specialist** is the person with specific expertise in clinical areas such as infectious disease, trauma management, and medical ethics who may be asked to provide the Command staff with needed advice and coordination assistance. This role may be filled by persons outside of the facility but ideally will be filled by the facility’s Medical Director/Specialist who has familiarity with the resident population and the disaster plan for the facility. The **Medical Director/Specialist** reports to the Incident Commander; however, in actual event, this specialist may work directly with operations personnel providing advice or guidance in the response activities.

B) OPERATIONS (“Doers”)

The Operations Section coordinates all tactical activities. Under the direction of an Operations Section Chief, these people implement actions that are consistent with the objectives initially identified by the Incident Commander and further identified in the Incident Action Plan (IAP).

The oversight of the Operations Section is provided by an **Operations Section Chief**. Additional positions, if necessary, may include a **Resident Services Branch Director** and an **Infrastructure Branch Director**.

The **Operations Section Chief** oversees all tactical operations carried out within the response. He/she will activate the additional positions based on the needs of the event, as well as the availability of

² “Size up” is the ability to assess the current emergency management needs imposed by the incident in addition to the anticipated needs expected in the near term. Proper “size up” leads to correct IMT staffing.

qualified personnel to fill the positions. Remember that if a position is needed but there is insufficient staffing to fill that position, the functions of that position are assumed by the highest position activated in that section.

The **Resident Services Branch Director** is responsible for the continuation of resident services as well as the provision of care to residents, staff and visitors who are injured or become ill due to the incident. Responsibilities include ensuring the continuation of resident services, e.g., rehabilitation and vocational services as provided by the facility; ensuring that residents are accounted for and tracked; medical records; and that services needed to sustain operations are identified and provided.

The following functions are managed within the Resident Service Branch:

- Admit/Transfer and Discharge
- Nursing
- Medical Records
- Psychosocial

The following functions are managed within Infrastructure Branch:

- Dietary
- Physical Plant/Security
- Environmental

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

C) LOGISTICS (“Getters”)

The **Logistics Section** is considered the “getters” for the response. Logistics provides the necessary services and support to sustain operations during the emergency response. This section identifies and inventories current resources including supplies, equipment, and personnel, and obtains any additional items needed to support operations. Logistics basically obtains “**staff, stuff and space**” to support the ability of the IMT to perform its duties and operationally respond to the incident.

This section’s responsibilities include personnel/manpower, supplies, equipment, pharmaceuticals, and vehicles. The Logistics Section works closely with the Operations Section, responding to supply requests and their acquisition based on the needs of the response. During pre-event planning, a staging area (or areas) should be established and identified in the Emergency Operations Plan (EOP). The staging area will be a central location, large enough to allow for the collection of personnel, vehicles, and equipment/supplies that may be needed for the response. The Logistics Section Chief provides oversight and direction at the staging area(s), maintaining an inventory of those supplies.

Logistics ensures the preservation of essential services including communications and information technology. Logistics organizes and maintains the facility's supplies, equipment, transportation and labor pool in support of the residents, staff, and staff dependents in accordance with facility policy. It must account for those resources used and requested for operations.

Pre-incident planning should identify critical items that may be needed for various responses based on annual completion of a **Hazard Vulnerability Analysis**. The on-hand inventory documentation should be kept current and readily available for use when needed.

During a response, needed items that are not "in-house" may be obtained from off the shelf stores or through standard ordering procedures, emergency procurement contracts, mutual aid agreements between facilities, corporate support, and/or requests to the local Emergency Operations Center – Emergency Support Function #8-Health and Medical Services.

The type of support Logistics provides may include the following:

- Food and Water
- Shelter
- Medical Supplies
- Transportation
- Communications and IT
- Specialized Personnel Resources

D) PLANNING (“Planners”)

The **Planning Section** (also known as **Planning and Intelligence**) is overseen by the Planning Section Chief and is responsible for collecting and analyzing relevant situational information, creating plans that support the success of the NHICS process, and maintaining documents or displays that show the current status of relevant resources (e.g., what resources such as staff, heaters, generators, etc.) are assigned where. The Planning Section provides up-to-date and accurate information regarding residents, staff, supplies and equipment and projects the ability to sustain operations. An important duty assigned to the Planning Section is the development of the **Incident Action Plan (IAP)**; the Planning Section also keeps careful track of personnel who report to the IMT (this process is called “Check In”).

The Planning Section will take the lead in coordinating documentation efforts by working with other members of the IMT to document the incident, typically using NHICS Forms. This section is also responsible for archiving the documents created during the response.

E) FINANCE AND ADMINISTRATION (“Supporters”)

The **Finance and Administrative Section** may lack glamour but it is vital important to incident response. It is responsible for all purchasing related to the management of the incident; in addition to tracking and reporting all financial and administrative information, including records management, payroll, and the overall incident budget. Long after the Operations, Planning and Logistics Sections have demobilized, the Finance and Administration Section is still sorting out paperwork, bills due, payroll issues, and tallying response costs. In some cases, it may be possible for private entities to recoup some of their disaster-

related response costs, although detailed record keeping is an absolute requirement.

The **Finance and Administration Section Chief** oversees the costs and expenditures incurred by the response actions, including the purchasing of supplies and equipment. The Finance and Administration Section must also account for lost revenue associated with the response and recovery and ensure thorough investigation and documentation of incident-related claims.

Note: Most disciplines, including emergency management, like to use memory tricks to keep track of the essentials. One way to remember the essential NHICS Sections is to use the acronym “FLOP” – Finance & Aadmin, Logistics, Operations and Planning. Of course, don’t forget the Command Function in addition to FLOP. The FLOP Section Chiefs report to the Incident Commander. If you are ever the Incident Commander, or any FLOP Section Chief, be sure to add this to your qualifications!

III. NHICS FLEXIBILITY

Regarding flexibility, emergencies/disasters come in all shapes and sizes. Consider the need to fully evacuate your facility. A critical factor is whether the evacuation must occur as quickly as possible (*emergent* evacuation) or could be planned and executed over a more extended time period, e.g., 2-3 days (*planned* evacuation). Either situation is highly unusual and could be considered an emergency (under the assumption that your facility is the only one impacted) or even a larger, community disaster (under the assumption that a number of healthcare facilities in an affected area must evacuate simultaneously, placing considerable stress on the EMS transport system).

The type of incident, magnitude of impact to your facility or the larger community and many other factors will dictate the size of your Incident Management Team (IMT). A determining factor is called “span-of-control”, i.e., the number of people that can effectively manage the incident is determined by the size and complexity of the incident; no person should manage more people than he or she can do so effectively. In NHICS, the range for span-of-control is 3 to 7 people, but typically no more than 5. If activities cannot easily be managed by the existing IMT, it’s time to expand the IMT. Remember that the entire IMT may be a single person – the Incident Commander, assuming this person can successfully complete all of the required activities to manage the incident.

IV. BUILDING THE INCIDENT MANAGEMENT TEAM (IMT)

Once an emergency has occurred (or is eminent), how do you decide who, and how many personnel, should become involved in managing the incident? The people assigned to managing the incident are called the “Incident Management Team” or IMT.

There are a number of factors that will determine the size and composition of your IMT, including who is available; the demands created by the incident; etc.

If an incident occurs without notice, the senior person on site should assume the role of Incident Commander unless your facility’s disaster plan has pre-established who the immediate on-site Incident Commander should be. This person should continue in the role of Incident Commander until relieved by another person designated by your facility’s disaster plan or appointed by the senior facility executive. To

account for staff turnover and unavailability, the disaster plan should list a sequence of Incident Commanders in case the initial choice(s) are unavailable or delayed. If NHICS is activated for a planned event, the Incident Commander should be specified in the facility's disaster plan.

As previously stated, the one IMT position always activated is the Incident Commander. If this person can handle all five of the essential functions of incident response – Command, Operations, Planning, Logistics, and Finance and Administration – then the IMT may be exactly one person. As soon as the Incident Commander recognizes that there is a need to expand the IMT to successfully manage these five essential functions, then the IMT should expand at that point as necessary.

The person in the role of Incident Commander should be a knowledgeable and steady hand, not easily prone to being rattled by a pressured and possibly chaotic situation, and trusted by management. The ability of an Incident Commander to “size up” the incident and plan to add the appropriate IMT members is essential to effective leadership. Proper “size up” of an incident requires a quick understanding of current needs coupled with the ability to project needs in the near term. It is very difficult to manage an emergency if the response organization is constantly playing “catch up”.

As soon as the Incident Commander recognizes the need for additional IMT members to successfully manage the five NHICS functions throughout the duration of the incident, he or she should expand the organization in a standardized fashion. This means that it is built from the “top down”, i.e., the Incident Commander may recognize the need to activate other members of the Command Staff (Liaison/Public Information Officer, Safety Officer or Medical Director/Specialist) and/or one or more Section Chief(s), as needed for the incident. This expansion continues until all five functions are successfully managed; similarly, positions may be de-activated as the incident needs diminish. Every decision to expand or contract the size of the IMT should reflect the basic needs of the incident, keeping in mind the concept of “span-of-control”, i.e., no individual should manage more than 3 to 5 individuals.

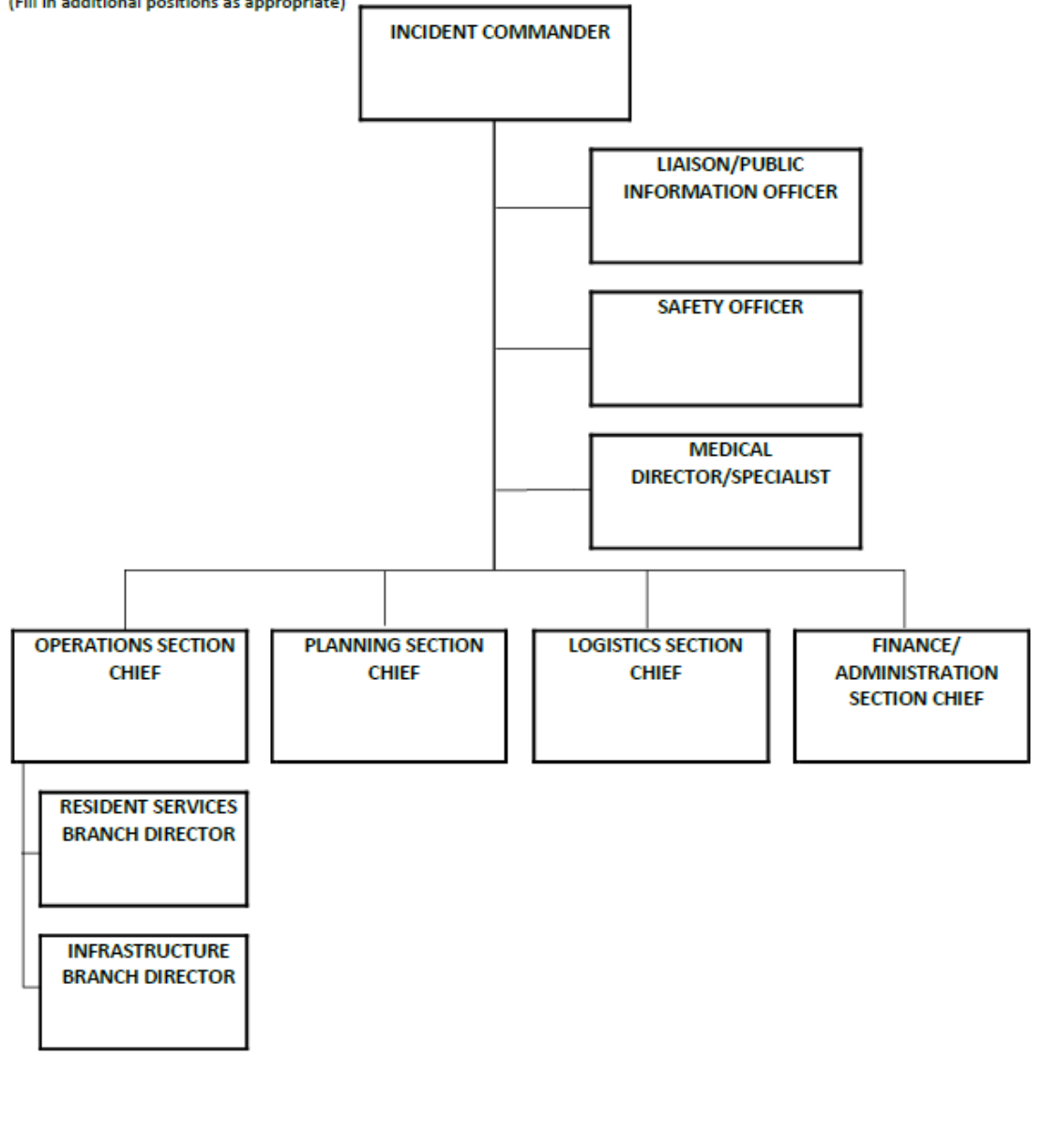
See the next page for a component of the important documentation necessary for managing incident response, the structure of the IMT. This is provided as part of the NHICS Forms package included in the NHICS Response Toolkit. It can be found in the Incident Action Plan (IAP) Quick Start (NHICS 200) or the Incident Briefing (NHICS 201).



NHICS 201 | INCIDENT BRIEFING

6. CURRENT ORGANIZATION

(Fill in additional positions as appropriate)



PURPOSE: BASIC INFORMATION REGARDING THE INCIDENT SITUATION AND RESOURCES ALLOCATED
 ORIGINATION: INCIDENT COMMANDER OR DESIGNEE
 COPIES TO: ALL IMT STAFF

NHICS 201
 PAGE ___ of ___
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If expansion of the IMT is needed, it expands in a standardized fashion. Position titles within the IMT define the role and tasks assigned to that role. Titles identify the hierarchy within the chain of command, which is an important component of the NHICS management system. These titles include, in order of hierarchy:

- Incident Commander:** There is only one Incident Commander at any time during the incident response.
- Officers:** Officers are part of the Command Section. In NHICS, the Officer roles are the Liaison/Public Information Officer, Medical Director/Specialist and Safety Officer. Each of these positions reports directly to the Incident Commander.
- Chiefs:** Oversight for a section is provided by a Section Chief.
- Directors:** Branches may be activated under the Sections to maintain the chain-of-command and conduct specific duties identified by the position title. For example, within the Operations Section, there may be a Resident Services Branch and an Infrastructure Branch, with oversight provided by Branch Directors.

Adapting the IMT to Rural or Small Facilities

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

For smaller facilities or during off hours for any facility, it may be necessary for administrators/managers who are working and still on-site to initially assume multiple roles until additional personnel arrive. Job Action Sheets (JASs) for each position that an individual completes should be reviewed and used separately or combined into a blended JAS – this should be done as part of the planning process and not during the response.

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

Integrating response planning and training with other local response entities (hospitals, public safety, public health, EMS, etc.) can pay remarkable dividends during an actual emergency.

V. INCIDENT ACTION PLANNING

Incident Action Planning is a core concept of all ICS systems, including NHICS, and must occur regardless of incident size or complexity.

Incident Action Planning involves six essential steps:

1. Understanding the nursing home's policy and direction

The Command and General staff must first understand the facility's purpose and policies in order to develop appropriate response actions. For example, the nursing home may be active in community medical disaster planning and have developed plans to provide first aid services during the emergency. This policy should be established in written policy and be clearly understood by the IMT as a component of an established response action.

2. Assessing the situation

Situational understanding is critical for developing effective response actions and projecting the likely duration of the incident. Nursing homes should have access to established mechanisms and systems within the community (city, county, regional, or state) that can provide and/or verify situational information. Another component of assessing the situation is determining the potential impact on the facility itself, based on current resident and employee status, the status of the building(s) and grounds, and the ability to maintain resident services.

3. Establishing incident objectives

The Incident Commander sets the overall objectives for the response. For example, during an emergency power failure, ensuring the safety of the residents, staff and visitors should be considered the highest priority. The Incident Response Guides (IRGs) provide examples of objectives that apply to the response based on the specific hazard. These IRGs may be helpful to the Incident Action Planning process.

4. Determining appropriate strategies to achieve the objectives

After the Incident Commander has established the overall objectives for the response, the Section Chiefs determine the appropriate strategies and actions to effectuate the response. This provides an action plan for each section that clearly identifies actions and duties. Section objectives should be developed that provide clear direction in terms of what is to be done. For example, assessing the building for structural damage after an earthquake is a clear and easily understood objective.

5. Giving tactical direction and ensuring that it is followed

Tactical directions provide the responders with the actions to be taken and identify the resources needed to complete the task. For example, assessing the facility after an

earthquake will require the necessary tools such as protective equipment, checklists to document the assessment, etc. Actions undertaken should be assessed for their effectiveness, with the objectives and directions adapted if they are unsuccessful.

6. Providing necessary back-up

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

Management by Objectives (MBO)

The foundation of healthcare incident action planning is Management by Objectives (MBO). The Incident Commander sets the overall objectives for response and recovery. By so doing, staff within operations, logistics, and planning are given clear direction to follow and will subsequently develop strategies for their respective sections.

Consider the following example that demonstrates the application of overall response objectives and strategies. A community-wide infectious disease outbreak impacts the nursing home through illness of residents and staff. The outbreak must be contained, and local health authorities advise restrictions on visitations to nursing homes, hospitals, long-term care, and residential facilities.

At the nursing home, the emergency operations plan has been activated as over 50% of the residents and almost 35% of the facility staff are ill. The Incident Commander identifies the objectives for this response as:

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

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

1. Objective: Ensure the safety of residents, visitors, and staff
Strategy: Restrict entry of external visitors
Tactic 1: Notify residents and family members of restricted visitation to prevent possible spread of infectious disease
Tactic 2: Post signage of restricted visitation
Tactic 3: Consolidate all entry points into facility to a single ingress/egress portal
2. Objective: Continue essential resident services and the provision of care
Strategy: Cancel non-essential services in order to utilize available staff for essential resident services
Tactic: Identify non-essential services that can be cancelled or postponed;

reassign staff to essential services or to an on-site labor pool

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

1. Objective: Ensure the safety of residents, visitors, and staff
 Strategy: Provide infection control supplies as needed and directed
 Tactic: Inventory all available infection control supplies, including gloves and masks that are currently available. If the amount is inadequate, investigate alternate sources of supply and acquire amount needed.

Documenting the Incident Action Plan (IAP)

The Federal Emergency Management Agency (FEMA) has developed ICS forms that can be utilized in Incident Action Planning. These forms are a documentation tool that directs the response and archives the objectives, strategies, and tactics. It is also used as a method for documenting the personnel, supplies, and equipment used in response and recovery phases.

For ease of use, the standard ICS forms have been modified for use by healthcare facilities including nursing homes and long-term care facilities (NHICS Forms) and hospitals (HICS Forms).

Since Incident Action Planning is so important, an **Incident Action Plan (IAP) – Quick Start** version has been developed for NHICS. This Quick Start IAP consolidates the information contained in five separate forms:

| | |
|------------|--------------------------------------|
| NHICS 201 | Incident Briefing |
| NHICS 202 | Incident Objectives |
| NHICS 203 | Organization Assignment List |
| NHICS 204 | Assignment List (for Sections) |
| NHICS 215A | Incident Action Plan Safety Analysis |

The completed IAP should be copied and shared with all IMT staff so that all team members clearly understand the information most relevant to incident response.

Facility Command Center

It is important to designate an area within the nursing home to serve as the Facility or Nursing Home Command Center. This should happen as part of the planning process, not at the time the incident occurs. Conference rooms are often used for this purpose. The room ideally should be in a secure location and suitable in size to accommodate the anticipated number of personnel filling IMT positions who will operate from this area. It is important that there be ready access to phones, computers with internet capability, printers, fax machine, and general

supplies (paper, pencils, etc.). It is often helpful to have a whiteboard on hand for communicating important information (e.g., meeting times) in addition to projection capabilities. Convenient access to bathrooms and food is also important.

Space should be organized so that each Command position has a desk area and access to available technology. Persons assuming a Command or General Staff role should be easily identified through the use of color-coded vests or other suitable clothing item (i.e. hat, armband).

It is often productive to assign staff to serve as assistants to those in charge; they can assist by answering phones and documenting key pieces of information.

GLOSSARY

Activate: To begin the process of mobilizing a response team, or to set in motion an emergency operations (response) or recovery plan, process, or procedure in response to incident or exercise. An activation may be partial (stipulating the components of the EOP to activate, or some indication of the level of commitment to be made by the notified entity) or full (stipulating activation of the notified entity's entire EOP).¹

After Action Report (AAR): The AAR summarizes key exercise-related evaluation information, including the exercise overview and analysis of objectives and core capabilities. The AAR is usually developed in conjunction with an Improvement Plan (IP).²

All-Hazards: Describing an incident, natural or manmade, that warrants action to protect life, property, environment, public health or safety, and minimize disruptions of government, social, or economic activities.³

California Governor's Office of Emergency Services (Cal OES) Warning Center: The Cal OES Warning Center monitors events occurring in California and is the official point-of-contact for emergency notifications received from the National Warning System. It also serves as the receiving point for emergency notifications of hazardous material spills and releases from facilities which use, store, or process hazardous materials. A release or spill could potentially impact area nursing homes by occurring onsite (via a spill) or at a neighboring users facility (i.e., industrial site, railroad accident, etc.).

Chain of Command: The orderly line of authority within the ranks of the incident management organization.³

Chief: The Nursing Home Incident Command System title for individuals responsible for management of functional Sections: Operations, Planning, Logistics, Finance/Administration, and Planning.

Code Silver: The emergency code used to warn nursing home staff of an active shooter on-site at the facility.

Command: The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, delegated authority.³

Command Staff: The staff that report directly to the Incident Commander, including the Liaison/Public Information Officer, Safety Officer, and other positions as required. They may have an assistant or assistants, as needed.³

Communication Plan: New CMS Rule. Facilities are required to have contact information for emergency officials and who they should contact in emergency events; maintain an emergency preparedness communication plan that complies with both federal and state law; and be able to demonstrate collaboration through the full-scale exercises. Official "sign-off" from local emergency management officials is not required; however, if the state requires this action, we would expect that facilities comply with their state laws.⁴

Coordinate: To advance an analysis and exchange of information systematically among

principals who have or may have a need to know certain information to carry out specific incident management responsibilities.³

Demobilization: The orderly, safe and efficient return of an incident resource to its original location and status.³

Department Operations Center (DOC): An emergency operations center specific to a single department or agency. The focus is on internal agency incident management and response. DOCs are usually linked to, and in most cases are physically represented within, a combined agency EOC through authorized representatives for the department or agency.³

Director: The NHICS title for individuals responsible for supervision of a Branch (see Operations Section)

Emergency or Disaster: An event affecting the overall target population or the community at large that precipitates the declaration of a state of emergency at a local, state, regional or national level by an authorized public official such as a Governor, the Secretary of HHS, or the President of the United States. It also includes events that can affect the facility internally.⁵

Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, medical services), by jurisdiction (e.g., Federal, State, regional, tribal, city, county), or some combination thereof.³

Emergency Operations Plan (EOP): An ongoing plan for responding to a wide variety of potential hazards.³

Emergency Support Function (ESF) #8: Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement State, tribal and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential public health and medical emergency.⁶

Evacuation: The organized, phased, and supervised withdrawal, or removal of residents from dangerous or potentially dangerous areas, and their reception and care in safe areas. Evacuation may be partial or full facility evacuation depending on the nature of the emergency.

Finance/Administration Section: The NHICS Section responsible for all administrative and financial considerations surrounding an incident.

First Responders: Refers to individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in Section 2 of the Homeland Security Act of 2002 (6 U.S.C. 101). It includes emergency management, public health, clinical care,

public works, and other skilled support personnel (e.g., equipment operators) who provide immediate support services during prevention, response, and recovery operations.²

Function: One of the five major activities in ICS: Command, Operations, Planning, Logistics, and Finance/Administration. The term function is also used when describing the activity involved (e.g., the planning function).³

General Staff: A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.³

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.³

Hazard Vulnerability Analysis (HVA): A systematic approach to identifying all hazards that may affect an organization and/or its community, assessing the risk (probability of hazard occurrence and the consequence for the organization) associated with each hazard and analyzing the findings to create a prioritized comparison of hazard vulnerabilities. The consequence, or “vulnerability,” is related to both the impact on organizational function and the likely service demands created by the hazard impact.²

Healthcare Facility: Any asset where point-of-service medical care is regularly provided or provided during an incident. It includes hospitals, integrated healthcare systems, private physician offices, outpatient clinics, long-term care facilities and other medical care configurations. During an incident response, alternative medical care facilities and sites where definitive medical care is provided by EMS and other field personnel would be included in this definition.²

Hospital Incident Command System (HICS): An incident management system that provides an organizational structure for incident management that can be used by any hospital to manage threats, planned events, or emergency incidents.⁷

Incident Action Plan (IAP): An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.³

Incident Action Planning: A core concept for successful response and recovery from any incident. Involves development and use of the Incident Action Plan (IAP) which provides the goals, strategies and tactics to facilitate the Management by Objectives (MBO) and ensure understanding of strategic direction.⁷

Incident Command System (ICS): A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational

structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.³

Incident Commander (IC): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.³

Incident Management: The broad spectrum of activities and organizations providing effective and efficient operations, coordination, and support applied at all levels of government, utilizing both governmental and nongovernmental resources to plan for, respond to, and recover from an incident, regardless of cause, size, or complexity.³

Incident Management Team (IMT): An Incident Commander and the appropriate Command and General Staff personnel assigned to an incident.³

Incident Objectives: Statements of guidance and direction needed to select appropriate strategy(s) and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow strategic and tactical alternatives.³

Incident Planning Guides (IPGs) and Incident Response Guides (IRGs): Guidance documents whose purpose is to prompt the healthcare facility to review their own plans relative to incident planning and response. The scenarios and planning/response considerations provided are not meant to be exhaustive; each facility should build and/or modify IPG/IRGs based on their HVA.⁷

Infrastructure Branch: The Nursing Home Incident Command System (NHICS) Branch under the Operations Section responsible for the following functions: Dietary, Physical Plant/Security and Environmental.

Job Action Sheet (JAS): Guidance documents for each NHICS Command and General staff position to assist with describing the position's responsibilities, reporting relationship, needed forms, and potential action steps based on time period.

Joint Information Center (JIC): A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media. Public information officials from all participating agencies should co-locate at the JIC.³

Liaison/Public Information Officer: A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies or organizations and interfacing with the public and media and/or with other agencies with incident-related information requirements.

Logistics Section: The NHICS Section responsible for providing facilities, services, and material support for the incident.

Management by Objectives (MBO): A management approach that involves a five-step

process for achieving the incident goal. The Management by Objectives approach includes the following: establishing overarching incidents objectives; developing strategies based on overarching incidents objectives; developing and issuing assignments, plans, procedures, and protocols; establishing specific, measurable tactics or tasks for various incident management, functional activities, and directing efforts to attain them, in support of defined strategies; and documenting results to measure performance and facilitate corrective action.³

Medical Director/Specialist: A member of the Command staff with specialized expertise in areas such as medical, biological/infectious, and hazmat implications related to an event, who oversees medical services and assists with diagnosis, treatment and medical management of residents and injured staff.

Memorandum of Understanding (MOU): Agreement for providing assistance in the form of personnel, equipment, materials and other associated services. Examples include generator and fuel support, water and sewage services, and medical gas deliveries.

Mitigation: Activities providing a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities. Mitigation seeks to fix the cycle of disaster damage, reconstruction, and repeated damage. These activities or actions, in most cases, will have a long-term sustained effect.³

National Incident Management System (NIMS): Provides a systematic, proactive approach guiding government agencies at all levels, the private sector, and nongovernmental organizations to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.³

Nursing Home Command Center: A designated location in nursing homes and long term care facilities prepared to convene and coordinate response activities, resources, and information during an emergency or disaster.

Nursing Home Incident Command System (NHICS): A management system used by nursing homes and long term care facilities to assist with emergency planning and response efforts for all hazards.

Operational Period: The time scheduled for executing a given set of operation actions, as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually they last 12-24 hours.³

Operations Section: The NHICS Section responsible for all tactical incident operations and implementation of the Incident Action Plan.³ In NHICS, the Operations Section includes two subordinate Branches: Infrastructure and Resident Services.

Planning Meeting: A meeting held as needed throughout the duration of an incident to select specific strategies and tactics for incident control operations and for service and support planning. For larger incidents, the Planning Meeting is a major element in the development of the Incident Action Plan.³

Planning Section: The NHICS Section responsible for the collection, evaluation, and dissemination of operational information related to the incident, and for the preparation and documentation of the Incident Action Plan. This Section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident.

Preparedness: A continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response. Within NIMS, preparedness focuses on the following elements: planning; procedures and protocols; training and exercises; personnel qualification and certification; and equipment certification.³

Public Information: Processes, procedures, and systems for communicating timely, accurate, accessible information on the incident's cause, size, and current situation; resources committed; and other matters of general interest to the public, responders, and additional stakeholders (both directly affected and indirectly affected).³

Recovery: The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and development of initiatives to mitigate the effects of future incidents.³

Reimbursement: A mechanism used to recoup funds expended for incident-specific activities.³

R.A.C.E. – Rescue, Alarm, Confine, Extinguish or Evacuate. Technique for rescuing anyone in immediate danger while protecting the safety of rescuing staff during an internal fire.

Resident Services Branch: A Branch under the Operations Section responsible for the following functions: admit/transfer and discharge, nursing, medical records and psychosocial.

Resource Management: A system for identifying available resources at all jurisdictional levels to enable timely, efficient, and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the National Incident Management System includes mutual aid agreements and assistance agreements; the use of special Federal, State, tribal, and local teams; and resource mobilization protocols.³

Resource Tracking: A standardized, integrated process conducted prior to, during, and after an incident by all emergency management/response personnel and their associated organizations.³

Response: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes.³

Run, Hide, Fight – Technique for responding to an active shooter situation at the facility. If your life is in imminent danger and you need to fight, be as aggressive as possible.

Safety Officer: A member of the Command Staff responsible for monitoring incident operations and advising the Incident Commander on all matters relating to operational safety, including the health and safety of emergency responder personnel.³

Scribe/Runner: A member of the IMT that may be assigned to any section in NHICS but is most commonly assigned to the Planning Section.

Section: The NHICS organizational level having responsibility for a major functional area of incident management (e.g., Operations, Planning, Logistics, and Finance/Administration).

Situational Awareness: Is the ability to identify, process, and comprehend the essential information about an incident to inform the decision making process in a continuous and timely cycle and includes the ability to interpret and act upon this information.⁷

Span of Control: The number of resources for which a supervisor is responsible, usually expressed as the ratio of supervisors to individuals. (Under NIMS, an appropriate span of control is between 1:3 and 1:7, with optimal being 1:5.)³

Size-up: The information collected at the beginning of a response to an incident to help determine immediate objectives and inform management decisions. Size-up includes the nature and magnitude of the incident, hazards and safety concerns, and initial priorities and immediate resource needs.⁸

State Survey Agency: The Agency with regulatory responsibility for all the nursing homes in the state. In California, the State Survey Agency is California Department of Public Health's Center for Health Quality (CDPH-CHCQ) Licensing & Certification Program.

Shelter-in-Place: A protective action strategy taken to maintain resident care in the facility and to limit the movement of residents, staff and visitors in order to protect people and property from a hazard.⁹

Threat: Natural or manmade occurrence, individual, entity, or action that has or indicates the potential to harm life, information, operations, the environment, and/or property.³

Warning: Dissemination of notification message signaling imminent hazard that may include advice on protective measures. For example, a warning is issued by the National Weather Service to let people know that a severe weather event is already occurring or is imminent, and usually provides direction on protective actions. A "warning" notification for individuals is equivalent to an "activation" notification for response systems.²

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