

### **OPERATIONS SECTION CHIEF**

Mission:

Develop and implement strategy and operations to carry out the objectives established in the Incident Action Plan (IAP). Oversee the direct implementation of nursing home's resident care and services, and infrastructure operations.

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

Immediate Response (0-2 hours)	Time	Initial
Receive appointment		
Receive appointment from the Incident Commander		
Put on position identification (e.g., vest, cap, etc.)		
Read this entire Job Action Sheet		
<ul> <li>Notify your usual supervisor that you have been assigned to the Incident Management Team (IMT)</li> </ul>		
Report to the Incident Commander until demobilized		
Assess the operational situation		
<ul> <li>Obtain information and status from Operations Branch Directors, if assigned</li> </ul>		
<ul> <li>Provide initial information to the Incident Commander on the operational situation including capabilities and limitations</li> </ul>		
Activities		
<ul> <li>Establish an Operations Section area (preferably in close proximity to IC) to support section briefings, meetings and the updating of assignments</li> </ul>		
<ul> <li>Participate in briefings and Incident Action Plan preparation/meetings with Incident Commander:</li> <li>Gather and share critical incident and resident status information</li> </ul>		
<ul> <li>Discuss section-level objectives, assignments, strategies/tactics, and resources needed.</li> </ul>		
• Identify projected resident care needs with the Medical Director/Specialist and Resident Services Branch Director.		
Serve as primary contact with the Medical Director/Specialist		
<ul> <li>Initiate Activity Log (see NHICS 214). Submit to Planning at end of shift or operational period as determined</li> </ul>		
<ul> <li>Brief the Incident Commander on facility's internal factors that may impact the decision to evacuate or shelter in place (e.g. Resident acuity, physical plant damage, etc.)</li> </ul>		



Immediate Response (0-2 hours)	Time	Initial
<ul> <li>NHICS 214: Document all key activities, actions, communications, and decisions in a Activity Log on a continual basis</li> </ul>		
<ul> <li>NHICS 251: As appropriate, complete a Facility System Status Report and report the results to the Incident Commander</li> <li>NHICS 252: Submit Time Sheet to the Finance/Administration Time Unit Leader at end of shift or operational period as determined</li> </ul>		
Resources		
<ul> <li>Maintain communications with Resident Services Branch Director and Logistics Section Chief to ensure the accurate movement and tracking of residents, personnel and resources to appropriate areas</li> </ul>		
<ul> <li>Maintain communications with the Infrastructure Branch Director to ensure repair and cleanup (plant operations)</li> </ul>		
Communication		
Communicate Branch-level activities and concerns to the Incident Commander		
Safety and Security		
Ensure Operations Section personnel comply with safety policies and procedures		
<ul> <li>Determine if a communicable disease risk exists; implement appropriate response procedures collaborating with the appropriate Medical-Technical Specialist, if activated</li> </ul>		
• Ensure personal protective equipment (PPE) is available and utilized appropriately in coordination with the Safety Officer		

Inte	ermediat	e Response (2-12 hours)	Time	Initial
•	update and Infi	egularly with the Incident Commander; Command Staff, and other Section Chiefs to them the status of the Operations Section and obtain important info to relay to Resident rastructure Branches		
•	=	ent evacuation procedures at the direction of the Incident Commander and with the nce of the Resident Services Branch Director and other Section Chiefs		
•	Ensure	the following are being addressed:		
	0	Section Staff health and safety		
	0	Resident tracking on appropriate NHICS forms (see Documents and Tools)		
	0	Resident care		
	0	Bed availability		
	0	Inter-facility transfers (into and from facility)		
	0	Fatality management (See NHICS 259: Master Facility Casualty/Fatality Report)		
	0	Information sharing with local Emergency Operations Center, local hospitals, public health, and law enforcement in coordination with the Incident Commander and Liaison		
•	Resider	nt-related resource movement through Staging Area Documentation		
•		le planning meetings with Branch Directors to update the Section objectives, strategies, and resources		
•		nate resident care treatment standards and case definitions of infectious diseases with nealth officials, as appropriate		
•	Ensure	that the Operations Section is adequately staffed and supplied		



Intermediate Response (2-12 hours)	Time	Initial
Coordinate personnel, supply, and equipment needs with Logistics, projections and needs with the Planning Section, and financial matters with the Finance/Administration Section		
<ul> <li>Documentation</li> <li>NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log</li> <li>NHICS 251: As appropriate, update the Facility System Status Report and report the results to the Incident Commander</li> <li>Ensure emergency admission, evacuation and tracking documentation is captured using NHICS resident tracking forms:         <ul> <li>254: Emergency Admit Tracking</li> <li>255: Master Resident Evacuation Tracking</li> <li>260: Resident Evacuation Tracking</li> </ul> </li> <li>NHICS 259: Document incident victims using the Facility Casualty/Fatality Report</li> </ul>		
<ul> <li>Resources</li> <li>Maintain communications with Resident Services Branch Director and Logistics Section Chief to ensure the accurate movement and tracking of residents, personnel and resources to appropriate areas</li> <li>Maintain communications with the Infrastructure Branch Director to ensure repair and cleanup (plant operations)</li> </ul>		
Communication     Continue communicating Branch-level activities and concerns to the Incident Commander		

Ext	ended Re	esponse (greater than 12 hours)	Time	Initial
•		e to monitor Operations Section personnel's ability to meet workload demands, staff and safety, resource needs and documentation practices		
•	Conduc	t regular situation briefings with Operations Section Branch Directors		
Res	sident Ca	<u>re</u>		
•	Address	the following issues:		
	0	Ongoing resident arrivals and discharges		
	0	Bed availability		
	0	Resident transfers		
	0	Resident tracking		
	0	Resident health and safety		
	0	Mental/Behavioral health for residents, staff, and dependents sheltering at the facility		
	0	Fatality management		
	0	Staffing needs		
	0	Staff prophylaxis		
	0	Medications		
	0	Medical equipment and supplies		
	0	Resident-related resource movement through Staging Area		
	0	Linkages with the medical community, area facilities, and other healthcare facilities		



Exte	ended Response (greater than 12 hours)	Time	Initial
<u>Infra</u>	<u>astructure</u>		
•	Assess capacity to deliver:		
	<ul> <li>Nutrition/hydration Facility heating and air conditioning</li> <li>Power</li> <li>Telecommunications</li> <li>Potable and non-potable water</li> <li>Medical gas delivery</li> <li>Sanitation</li> <li>Road clearance</li> <li>Damage assessment and repair</li> <li>Facility cleanliness</li> <li>Vertical transport/airlift</li> <li>Facility access</li> </ul>		
•	Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information		
•	NHICS 214: Continue documentation of key activities, actions, communications, and decisions on a Activity Log  NHICS 251: As appropriate, update the Facility System Status Report and report the results to the Incident Commander  Continue to ensure resident tracking and documentation using NHICS resident tracking forms  NHICS 259: Continue to document incident victims using the Facility Casualty/Fatality Report		
•	Continue to maintain communications with:  O Resident Services Branch Director and Logistics Section Chief to ensure the accurate movement and tracking of residents, personnel and resources to appropriate areas O Infrastructure Branch Director to ensure repair and cleanup (plant operations)		
•	Continue communicating Branch-level activities and concerns to the Incident Commander		

De	mobilization/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		
•	Submit comments to the Incident Commander for discussion and possible inclusion in an afteraction report; topics include:		



Demobiliz	ation/System Recovery	Time	Initial
• Partic	Recommendations for procedure changes		
• Provid	le behavioral health support to staff if needed or requested		
	ation 214: Upon deactivation of your position, submit Activity Logs and all completed nentation		
	252: Submit Time Sheet to the Finance/Administration Section Chief at end of shift or tional period as determined		
• Conti	nue to ensure documentation is captured using all NHICS resident tracking forms		

Documents and Tools
NHICS 200: Incident Action Plan (IAP) Quick Start
NHICS 207: Incident Management Team (IMT) Chart
NHICS 214: Activity Log
NHICS 252: Section Personnel Time Sheet
NHICS 254: Emergency Admit Tracking
NHICS 255: Master Resident Evacuation Tracking
NHICS 259: Facility Casualty/Fatality Report
NHICS 260: Resident Evacuation Tracking
Facility emergency operations plan
Communication 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 5<sup>th</sup> Edition (2014) Guidebook by the American Health Care Association (AHCA) Disaster Preparedness Committee