

INCIDENT RESPONSE GUIDE

EARTHQUAKE



EARTHQUAKE

MISSION	
To maintain facility operations for a minimum of 96-hours following a major earthquake that may impact the structural integrity of the facility, and to ensure the continuum of care for residents, visitors, and casualties of the event.	
DIRECTIONS	
Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility. <i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i>	
OBJECTIVES	
<input type="checkbox"/>	Account for all residents, visitors, and staff; assess for injuries and need for transfer to acute care facility.
<input type="checkbox"/>	Initiate damage assessment of facility; determine need for shelter-in-place or facility evacuation (full or partial).
<input type="checkbox"/>	Initiate resident tracking if evacuation is required.
<input type="checkbox"/>	Assess ability for facility self-sustainment for a minimum of 96-hours.

RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	<p><u>If you are physically able</u> – DROP, COVER and HOLD ON</p> <ul style="list-style-type: none"> • DROP to the ground. • Take COVER by getting under a sturdy desk or chair (cover your head and neck with your arms and hands). Keep away from glass, windows or anything that could fall near you. • HOLD ON to your shelter until the shaking stops. • Be prepared for aftershocks. <p><u>If a resident is in a wheelchair</u> –</p> <ul style="list-style-type: none"> • Tell/assist the resident to LOCK their wheels in a safe position. • Tell the resident to COVER their head and neck with their arms. <p><u>If a resident is confined to a bed</u> –</p> <ul style="list-style-type: none"> • Tell the resident to HOLD ON and PROTECT their head with a pillow.
<input type="checkbox"/>	Identify the Incident Commander.
<input type="checkbox"/>	Assign staff to roll call and assess residents for any injuries that require immediate attention.

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RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	Activate search and rescue if needed.
<input type="checkbox"/>	<p>Assign staff to assess the facility for damage that requires immediate attention (e.g., gas leaks, fires, broken glass, spills, etc.)</p> <ul style="list-style-type: none"> • If a gas leak is suspected (e.g., you smell gas or hear a blowing or hissing noise), shut off gas and contact the proper utility company for restoration. • Do not allow any flame source until you are certain the gas lines have not been affected. • Inspect the facility for small fires (a common hazard after an earthquake); extinguish as necessary and/or call 9-1-1. • Look for electrical system damage. If you see sparks or broken or frayed wires, or if you smell hot insulation, turn off the electricity at the main fuse box or circuit breaker. If you have to step in water to get to the fuse box or circuit breaker, call an electrician first for advice. • Check for sewage and water lines damage. If you suspect sewage lines are damaged, avoid using the toilets and call a plumber. If water pipes are damaged, contact the water company and avoid using water from the tap. • Heed public health notices/orders regarding water contamination (including the following notices: <i>Boil Water</i>, <i>Do Not Drink Water</i>, and <i>Do Not Use Water</i>). Consider all flood water contaminated. Avoid walking through flood waters and wash hands thoroughly after contact. Do not use pre-packaged food and drink products that come into contact with flood water. When in doubt, throw it out! Report utility problems to appropriate utility company/agency. • Activate your emergency water procedures.
<input type="checkbox"/>	If the facility has suffered structural damage, or if supporting utilities are compromised (e.g., power, water), consider the need for shelter-in-place vs. evacuation.
<input type="checkbox"/>	Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	If facility shelter-in-place or evacuation is required, see SHELTER-IN-PLACE or the EVACUATION IRG .
<input type="checkbox"/>	Add other response actions here consistent with the facility EOP.

Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Incident Commander	Establish operational periods, objectives, and a regular briefing schedule. Consider use of the NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.	
	Activate the EOP and if warranted transfer command to a new Incident Commander.	

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Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Incident Commander	Appoint a Safety Officer and Section Chiefs, if required.	
	Communicate with local emergency operations center, Local/Regional Medical Coordination, local/regional officials, and state survey agency to determine extent of damage to critical infrastructure and services.	
	Coordinate and communicate with “like” facilities as appropriate.	
	Obtain information from Planning Section to provide situation briefing to facility residents, visitors, and staff.	
	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	Communicate with other health care facilities to determine their situation status, ability to accept residents if transferred.	
Liaison/PIO	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	
	Monitor media outlets for updates on the incident and possible impacts to the nursing home. Communicate the information via regular briefings to Section Chiefs and Incident Commander.	
	Notify community partners in accordance with local policies and procedures (e.g., consider local emergency operations center, other area health care facilities, local emergency medical services, and healthcare coalition coordinator), to determine incident details, community status, estimates of casualties, and establish contacts for requesting supplies, equipment, or personnel not available in the facility.	
Safety Officer	Identify safety hazards and mitigation strategies based on nursing home assessment; complete NHICS 215A – Incident Action Plan (IAP) Safety Analysis for distribution.	
	Activate search teams if needed; integrate efforts with local public safety personnel.	
	Notify the Incident Commander and Operations Section Chief of any internal or external areas that are unsafe for occupancy or use.	
	With the Operations Section Chief, ensure that unsafe areas are restricted by signage or barrier tape, or by posting staff to monitor entry points.	
	Monitor staff for compliance with safety equipment and actions during damage assessment and search procedures.	

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Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Safety Officer	Assess the status of all alarms, cameras, and security systems internal and external to the nursing home.	
	With the Infrastructure Branch Director, identify areas of nursing home and campus to be secured against access by residents, staff, and visitors and implement limited visitation policy; ensure notification of Command team for dissemination of information.	
Operations Section Chief	Prepare to transfer or stabilize injured residents as appropriate and as resources are available.	
	Ensure continuation of resident care and essential services.	
	Conduct a census of residents, identifying those who are appropriate for discharge.	
	Prepare to implement emergency plans and procedures as needed (e.g., loss of power, cooling, water, HVAC, communications).	
	Consider partial or complete evacuation of the nursing home, or relocation of residents and services within the nursing home.	
	Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy.	
	Designate an area(s) to accommodate resident/staff family members/guardians seeking shelter including those who may be electrically dependent or have medical needs.	
Implement tasks listed below if Branches are not activated.		
Resident Services Branch Director	Initiate response-specific resident care plans: <ul style="list-style-type: none"> <input type="checkbox"/> Activate triage and treatment areas and teams <input type="checkbox"/> Assess and treat injuries to current residents, visitors, and staff <input type="checkbox"/> Conduct a census of residents, identifying those who are appropriate for discharge or who need critical acute care or a lower level of care (e.g. Assisted living or going home) <input type="checkbox"/> Activate the fatality management procedures 	

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Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Infrastructure Branch Director	Assess damage to facility infrastructure, including: <ul style="list-style-type: none"> <input type="checkbox"/> Status of all utilities <input type="checkbox"/> Ability to sustain operations with current impact on infrastructure and utilities <input type="checkbox"/> Activate utility contingency plans <input type="checkbox"/> Activate Memorandums of Understanding as needed for generator and fuel support, water and sewage services, and medical gas deliveries <input type="checkbox"/> Safety status of external sites including, exterior shelter sites, all buildings on campus, parking structures, fences and gates, external lighting, roadways, and sidewalks 	
	Complete a NHICS 251 - Facility System Status Report.	
	With the Safety Officer and Operations Section Chief, identify areas of facility and campus to be secured against access by residents, staff, and visitors; ensure notification of Command Staff for dissemination of information.	
	Provide situational specific information to Liaison/ PIO for messaging to all staff.	
	Determine the need for subject matter expertise (e.g., structural or seismic engineer) and request personnel.	
Planning Section Chief	Establish operational periods, incident objectives, and the NHICS 200: Incident Action Plan (IAP) Quick Start in collaboration with the Incident Commander.	
	Prepare for potential evacuation by researching available evacuation sites.	
	Gather <u>internal</u> situation status including supply and equipment status, current staff and nursing home census.	
	Initiate the gathering and validation of <u>external</u> situational status (weather, impact to roads, utilities, scope of damage, evacuation routes) and infrastructure status for inclusion in the IAP.	
	Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received.	
Logistics Section Chief	Coordinate the transportation services (ambulance, air medical services, and other transportation) with the Operations Section (Resident Services Branch Director) to ensure safe resident relocation, if necessary.	

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Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Logistics Section Chief	Inspect all onsite supplies and equipment for inventory and for damage and necessary repairs.	
	Obtain supplies, equipment, medications, food, and water to sustain operations.	
	Assess all onsite communications equipment for operational status; activate contingency plans as needed.	
	Assess the status of information technology systems; initiate repairs and downtime procedures if necessary.	
Finance/ Administration Section Chief	Track all costs including those associated with personnel time, loss of revenue, repairs, acquisition of supplies and equipment, and altered operations.	
All Activated Positions – Refer to Job Action Sheets		

Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Incident Commander	Activate evacuation procedures if needed.	
	Consider alterations in the provision of resident care services.	
Liaison/PIO	Continue briefings to residents, staff, visitors, and media as appropriate.	
	Inform family/guardians of resident status including information on where they will go and how to contact them if evacuated.	
	Continue ongoing communications and information sharing with local response partners, public safety, and emergency management officials and state survey agency.	
	Provide information regarding the nursing home’s operational status to public safety and healthcare partners as approved by Incident Commander.	
	Communicate with local emergency management and utility providers to determine the projected length of outage, if applicable.	
Safety Officer	Monitor ongoing operations to ensure the safety of residents, staff, and visitors as well as response personnel. Monitor, report, follow-up on, and document staff or resident injuries.	
	Ensure staff food, water and rest periods.	
	Ensure that safe work practices, including use of personal protective equipment, are utilized in search and rescue operations and at alternate care sites.	

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Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Safety Officer	Assess onsite caches of chemicals and other hazardous materials; initiate measures to render safe any spills or damages. Update NHICS 215A based on the evaluation.	
Medical Director/ Specialist	Assess and make recommendations on resident care procedures.	
Operations Section Chief	Continue to assess residents for change in condition.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Continue assessments and resident care services; expand triage and treatment teams as needed.	
Resident Services Branch Director	<p>If evacuation is required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prioritize areas for evacuation based on the Safety Officer’s evaluation of the threat to life <p>For partial (lateral or vertical) evacuation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepare and ensure transfer of resident records, medications, and valuables to transfer location <input type="checkbox"/> Provide resident information as appropriate <input type="checkbox"/> If evacuation is from secondary fire or explosion, evacuation must be to a fire compartment at least two compartments away (horizontally or vertically) from the fire or explosion <input type="checkbox"/> Reassign personnel to ensure adequate staffing in area receiving residents <p>For complete evacuation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepare and ensure the transfer of resident records, medications, and valuables to holding or assembly areas <input type="checkbox"/> Confirm the transfer and timeline with the receiving facility, providing resident information as appropriate <input type="checkbox"/> Establish safe holding or assembly areas to place residents, resident belongings, and staff until transferred <input type="checkbox"/> Reassign staff to accompany residents to alternate locations to ensure adequate staffing for resident care 	
	As needed, activate crisis standards of care guidelines for resident services.	
	Activate fatality management procedures, if appropriate.	
Infrastructure Branch Director	Continue to evaluate and report on-hand equipment, supply, and nutrition/hydration inventories and staff needs	
	Continue to monitor the status of the physical plant.	

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Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Infrastructure Branch Director	Ensure physical plant and nursing home cleanliness (as best as possible). Initiate special cleaning as necessary.	
	Consolidate damage reports and initiate repairs.	
Planning Section Chief	Continue to gather nursing home status information as well as external community status information and advise the Command Staff as indicated.	
	Continue to research available evacuation sites, if applicable.	
	Begin a projection of the situational status and impact for a minimum of 96 hours of operations without community support.	
	Track staff and equipment; develop projected usage patterns.	
	Track residents and beds; develop projected usage patterns.	
Logistics Section Chief	Continue to provide staff for resident care and evacuation. Activate the labor pool to obtain personnel resources as needed.	
	Establish sheltering and feeding services for staff, family members/guardians, and if necessary, people seeking shelter.	
	Contact vendors to ensure provision of needed supplies, equipment, medications, and water and food to residents, visitors, and families.	
	Obtain transportation services for internal operations and resident evacuation.	
	Monitor communications equipment and IT system status. Initiate repairs and replacement as needed.	
	Refer to the Job Action Sheet for additional tasks.	
Finance/ Administration Section Chief	Continue to track personnel hours associated with the emergency response.	
	Initiate screening and tracking of incoming volunteers and/or new personnel.	
	Activate the policy and procedures to procure additional supplies and equipment.	
	Activate the documentation of all damages, prepare insurance and other claim reports, and work with state and federal partners on documentation and tracking of all costs.	
	Continue tracking of all costs and project costs for continued operations without community support.	
	Refer to the Job Action Sheet for additional tasks.	
All Activated Positions – Refer to Job Action Sheets		

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Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Incident Commander	Review and revise the Incident Action Plan based on the continued assessment of the facility, status of resident care operations, and community impact from the event.	
	Continue to assess the facility status based on information from Operations Section; determine need for increased evacuation or, if possible, repatriation of sites.	
	Update the nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	Activate the Business Continuity Plan.	
Liaison/PIO	Continue media and staff briefings as indicated.	
	Continue communication with family/guardians as indicated.	
	Address social media issues as warranted; use social media for messaging as situation dictates.	
	Communicate with outside response partners, healthcare organizations, mutual aid providers, and local officials on status of community healthcare infrastructure, community status, projected impacts, and availability of mutual aid.	
Safety Officer	Continue monitoring of operations for site safety.	
	Initiate a reassessment of facility and campus if aftershocks occur.	
	Assess the event impact on security systems and the ability to maintain safe and secure operations.	
Medical Director/ Specialist	Continue to assess and make recommendations on resident care procedures.	
Seismic Specialist or Structural Engineer	Assess the entire facility and campus for seismic safety and provide assessment data, safety issues, repair needs and long term impacts to the Incident Commander.	
Operations Section Chief	Assess the need for continued operations based on long-term impacts to the facility and community.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Continue the monitoring of resident care services and the need for alteration of service delivery.	
	Identify additional supply, equipment, and personnel needs to maintain resident care services.	
	Provide behavioral health support for residents, families, and staff as needed.	

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Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Infrastructure Branch Director	Continue or reactivate a damage assessment based on nursing home size, occurrence of aftershocks, and impact on infrastructure.	
	Continue repairs as needed to the physical plant, communications systems and utilities.	
Planning Section Chief	Ensure that updated information and intelligence is incorporated into the Incident Action Plan.	
	Finalize and distribute steps for demobilization in the Incident Action Plan.	
	Continue staff, equipment, and materials tracking.	
	Continue resident and bed tracking.	
Planning Section Chief	Maintain and update the situational status boards, Incident Action Plan, and other documentation tools for timeliness and accuracy of information received.	
	Collect and archive all data and paperwork generated during response and recovery actions.	
Logistics Section Chief	Reassess the status of communications and information technology services if aftershocks occur.	
	Assess the status of onsite supplies and equipment and ability to maintain services for up to 96 hours without community support.	
	Refer to the Job Action Sheet for additional tasks.	
Finance/ Administration Section Chief	Coordinate with Risk Management for additional insurance and documentation needs, including photographs of damages, etc.	
	Continue tracking of expenses and expenditures (e.g., personnel, equipment, and supplies).	
All Activated Positions – Refer to Job Action Sheets		

Demobilization/System Recovery		
IMT Position	Action	Initials
Incident Commander	Initiate the repatriation of all evacuated residents, staff, and services.	
	Determine the ability to resume pre-incident services and direct activation of recovery plans for clinical operations.	
	Continue to implement the Business Continuity Plan and initiate system recovery.	
	Determine the ability to resume normal operations based on input from all sections, community providers, and state survey agency.	

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Demobilization/System Recovery		
IMT Position	Action	Initials
Liaison/PIO	Provide a closing briefing to the media.	
	Notify residents, staff, visitors, and families/guardians of the return to normal operations.	
	Notify external partners and stakeholders of the operational status, including the repatriation of residents and the return to normal operations.	
Safety Officer	Provide a final safety briefing to Command Staff.	
	Determine the need for continued alterations in operations to ensure a safe workplace.	
	Assess if all areas used in expansion of services are safe for the return to normal operations.	
	Report staff injury and illness for follow up by Finance/ Administration Section Chief.	
	Prepare final NHICS 215A for inclusion in the final IAP.	
Operations Section Chief	Ensure that all documentation, including damage assessments, repair costs, and tracking materials, are submitted to the Planning Section.	
	If record keeping included use of paper based records, ensure all clinical information is entered into electronic medical records	
	Ensure notification of status to all family members.	
	Ensure residents, staff, and visitors have access to behavioral health support as needed.	
	Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Ensure all residents have been repatriated, discharged, or transferred.	
	Deactivate all sites used to support clinical operations and return them to pre event status, including cleaning and repairs as needed.	
	Deactivate the triage and treatment areas for return to normal services.	
	Repatriate transferred residents, if applicable.	
Infrastructure Branch Director	Coordinate internal repair activities, as appropriate.	

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Demobilization/System Recovery		
IMT Position	Action	Initials
Planning Section Chief	Conduct debriefings and a hotwash with: <ul style="list-style-type: none"> <input type="checkbox"/> Command Staff and section personnel <input type="checkbox"/> Administrative personnel <input type="checkbox"/> All staff <input type="checkbox"/> All volunteers 	
	Write an After Action Report and Corrective Action and Improvement Plan for submission to the Incident Commander, including: <ul style="list-style-type: none"> <input type="checkbox"/> Summary of the incident <input type="checkbox"/> Summary of actions taken <input type="checkbox"/> Actions that went well <input type="checkbox"/> Actions that could be improved <input type="checkbox"/> Recommendations for future response actions 	
	Ensure all electronic and paper documents created in event response are collected and archived.	
	Prepare a summary of the status and location of all residents, staff, and equipment. After approval by the Incident Commander, distribute it to appropriate external agencies.	
Logistics Section Chief	Inventory the Command Center and facility supplies and replenish as necessary, appropriate, and available.	
	Deactivate nontraditional areas used for sheltering and feeding and return to normal use.	
	Assess all deployed supplies and equipment for necessary repairs, cleaning, and restocking.	
	Release temporary staff and other personnel to normal positions.	
	Restock supplies, equipment, medications, food, and water to pre event inventories.	
	Release temporary staff and other personnel to normal positions.	
Finance/ Administration Section Chief	Submit all section documentation to Planning Section for compilation in After Action Report.	
	Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.	
Finance/ Administration Section Chief	Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event.	

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Demobilization/System Recovery		
IMT Position	Action	Initials
Finance/ Administration Section Chief	Contact the insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures.	
All Activated Positions – Refer to Job Action Sheets		

Documents and Tools
<p>Nursing Home Emergency Operations Plan, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evacuation procedures <input type="checkbox"/> Shelter-in-place procedures <input type="checkbox"/> Utility failure procedures <input type="checkbox"/> Business Continuity Pan <input type="checkbox"/> Damage assessment procedures <input type="checkbox"/> Discharge policy <input type="checkbox"/> Emergency procurement policy <input type="checkbox"/> Earthquake procedures <input type="checkbox"/> Resident, staff, and equipment tracking procedures <input type="checkbox"/> Behavioral health support procedures <input type="checkbox"/> Search and rescue policy and procedure <input type="checkbox"/> Security procedures <input type="checkbox"/> Fatality management procedures <input type="checkbox"/> Volunteer utilization procedures <input type="checkbox"/> Communication plan

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Documents and Tools
Forms, including: <ul style="list-style-type: none"><input type="checkbox"/> NHICS 200: Incident Action Plan (IAP) Quick Start<input type="checkbox"/> NHICS 205 – Communications List<input type="checkbox"/> NHICS 214 – Activity Log<input type="checkbox"/> NHICS 215A - Incident Action Plan (IAP) Safety Analysis<input type="checkbox"/> NHICS 251 – Facility System Status Report<input type="checkbox"/> NHICS 253 – Volunteer Registration<input type="checkbox"/> NHICS 254 – Emergency Admit Tracking<input type="checkbox"/> NHICS 255 – Master Resident Evacuation Tracking
Job Action Sheets
Paper forms for down-time documentation, data entry, etc.
Access to nursing home organization chart
Campus floor plans, maps, and evacuation routes
Television/radio/internet to monitor news
Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication