

**Long Term Care Mutual Aid Plan  
“Quick Reference Guide”**

**Facility Incident Command Center**

It is important to designate an area within the nursing home to serve as the Facility or Nursing Home Incident 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 Incident Management Team (IMT) positions who will operate from this area.

Primary Location:

Phone #:

Fax #:

Wi-Fi Access:

Password:

Secondary / Backup Location:

Phone #:

Fax #:

Wi-Fi Access:

Password:

LTC-MAP User Name: \_\_\_\_\_ Password: \_\_\_\_\_

**Incident Command Center Supply Checklist**

- Phones (4-6 desktop phones with rollover capability)
- Computers (4-6 desktops or laptops)
- Internet capability (hardwired and/or Wi-Fi)
- Printer / Copier / Fax machine (in or near room) connected to computers
- General Supplies (paper, pens, white board markers, tape, staplers, etc.)
- Whiteboard (fixed or wheeled) or flip charts / easels
- LCD projector (fixed or portable)
- ICS Color-coded vests with Job Action Sheets (JAS) for each Command and General Staff position

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.

## The First 15 Minutes in the Command Center

1. **If yours is the Disaster Struck Facility:** Call 911. Contact the Center for Emergency Preparedness and Response on-call personnel (401-222-6911) to activate the Long-Term Care Mutual Aid Plan.
2. **Incident Commander (IC):** Activate your facility's Command Center.
3. **IC:** Gather basic intelligence/information. **Clearly define the problem.**
4. **IC:** Establish key positions (usually Operations and Logistics Section Chiefs first). Direct them to don vests (if available). Brief them on the nature of the problem.
5. **IC:** In collaboration with Section Chiefs, establish Incident Priorities.
  - A) **Life Safety (immediate threats to healthcare patients / staff / visitors)**
  - B) **Incident Stabilization**
  - C) **Property Preservation**
6. **IC:** Develop Incident Objectives to address **immediate** strategies. Consider what actions must be accomplished in the short term and long term. These will be refined by the Section Chiefs in the "Section" Objectives. **POST** and **COMMUNICATE** the immediate objectives.
7. **Command Staff and Section Chiefs:** Focus on "Section" objectives and assigning key positions.
8. **IC:** Direct staff to address Communications:
  - A) **Internal Communications:** *Ensure all systems are functional for inbound and outbound communications*
  - B) **External Communications:** *Establish direct communications with appropriate agencies and other LTC-MAP members.*
9. **IC:** Ensure the mechanisms for gathering priority data are established and posted where applicable (document recorders, forms, tracking tools).
10. **IC:** Prepare a *short notification* to be distributed to all staff and healthcare facilities for consistency on the situation status and be prepared to distribute when approved through appropriate channels (delegate as necessary – Public Information Officer, or PIO).
11. **IC: Operating Procedures / Job Action Sheets / Forms:** Ensure the specific tools for Command Staff and Section Chiefs are distributed.
12. **Prepare an Incident Action Plan (compilation of the above):** 1) Establish Incident Goals. 2) Establish Operational Period Objectives. 3) Establish Response Strategies. 4) Establish and post the Command Center Organizational Chart. 5) Establish an assignment list with specific tasks.