NHICS COMMAND

Today’s Presentors

Scott Aronson
Principal
Russell Phillips &
Associates

Jocelyn Montgomery, RN PHN
Consultant
Disaster Preparedness
Traditional SNF Disaster Plan

- In the event of an emergency, the shift charge nurse shall immediately contact the Administrator, Maintenance Director, and DON
- Then call 9-1-1 to report the situation
- Once the Administrator, DON, or Maintenance Director arrives and determines that the situation requires plan activation, the facility call tree shall be put into effect in order to obtain available persons.
- Once Business Office and Medical Records personnel arrive, they shall contact the Board of Directors and others......

What’s Wrong with this Plan?

- Disasters hit on week-ends, at nights and when administrators are in Hawaii
- Time and circumstances won’t wait
- Being ready for anything means having a dynamic process for decision making
- Staff in the building need to be empowered to step in and step up
And can you be sure there always be time and a means of communication?

Leadership is critical to:
• Set the tone of calm
• Assess the situation
• Guide the response

The first phase of a sudden emergency event is CHAOS

Decisions need to be made about what to DO: NOW!....NEXT and LATER
The second phase of the emergency event is MANAGEMENT

Events DRAG ON
- Hours
- Days
- Weeks
- Need to budget resources

Events go SIDEWAYS
- Have to have a dynamic planning process
- Need to monitor events and adjust the plan accordingly

A System for Command and Control
What is NHICS?

NHICS IS A FRAMEWORK
Not A Plan

Healthcare Fire Safety
There are fosse essential steps to take if you discover a fire:

**R**escue anyone in the room who is in immediate danger.

**A**ctions ofﬁcers should follow the procedures outlined in the fire evacuation plan.

**C**ontain the fire by closing any doors that might be on the ﬂoor.

**E**xtinguish the ﬁre using a ﬁre extinguisher.

**P**ull the pin. Silence the alarm.

**A**im at the base of the ﬂame.

**S**weep the base of the ﬂame horizontally.

**S**tone or sand can also be used to smother the ﬂame.
Key Features NHICS

Command Structure

Scalable

Incident Action Planning/ Objectives

Common Terminology

Command Structure

INCIDENT COMMANDER

LIAISON OFFICER

MEDICAL DIRECTOR SPECIALIST

OPERATIONS SECTION

SAFETY OFFICER

PUBLIC INFORMATION OFFICER

PLANNING SECTION

LOGISTICS SECTION

FINANCE/ADMIN. SECTION
INCIDENT MANAGEMENT TEAM

The Leader

- Someone identified - Everyday - Every shift
- Ultimate authority to make decisions
- The only position that is always activated
- Duties:
  - Assess the situation,
  - Establish priorities, prepare assignments
  - Determine objectives and decide strategy
- NHICS calls this the "Incident Commander"
The Incident Command position is the only position that is ALWAYS activated and the authority and responsibility for the incident management belongs to them.

Key Concept

The Helpers

- May or may not be needed, depending on incident
- Assist and answer to the Incident Commander:
  - Safety Officer
  - Public Information Officer
  - Liaison Officer
  - Medical Director/Specialist

- NHICS calls this the “Command Staff”
SAFETY OFFICER

- Prevents an emergency within the emergency due to unsafe conditions
- Monitors for unsafe actions and situations
- Develops measures/strategies for ensuring personal safety of residents, and visitors
### Public Information Officer/Liaison

<table>
<thead>
<tr>
<th>PIO</th>
<th>Liaison</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provides concise and coordinated info to residents, families, staff</td>
<td>• Coordinates with representatives from cooperating and assisting entities</td>
</tr>
<tr>
<td>• Interfaces with media</td>
<td>• Acts as contact person for outside agencies</td>
</tr>
<tr>
<td>• Develops key messages for the public</td>
<td></td>
</tr>
</tbody>
</table>

### Medical Director/Specialist

- **Consults with Incident Commander and/or Operations chief on medical, biological, infectious, and/or haz mat implications of the incident**
- **Oversees medical care for the injured**
When a function is needed and the position is not activated, the duties are fulfilled by the next highest activated position or as assigned by the IC.

**Key Concept:**

- ICS structure develops from the top down
- Positions activated as dictated by the incident size or complexity
- As complexity increases, the ICS organization expands
- As complexity decreases, the positions that are no longer needed are deactivated

**Scalable**
Incident Action Planning
*Management by Objective*

**Incident Action Planning**

**First Things First**

1. Rescue
2. Establish Command
3. Assess Situation
4. Activate IMT
5. Set Objective and Operational Period
6. Implement Strategies
7. Report, reassess, revise

**NHICS Functions**

- Operational Period
- STOP

**IAP**
Establish incident objectives and strategies.

COMMAND OBJECTIVE #1
ENSURE THE SAFETY OF RESIDENTS VISITORS AND STAFF

SAFETY OFFICER – COMPLETE FACILITY STATUS EVALUATION

MED DIRECTOR/SPECIALIST – IDENTIFY APPROPRIATE PROTECTIVE EQUIPMENT FOR STAFF

OPERATIONS – COMPLETE ASSESSMENT OF ALL RESIDENTS FOR CHANGE OF CONDITION AND INCREASED STRESS

Operational Period

- REFERS TO THE AMOUNT OF TIME NEEDED TO COMPLETE THE STRATEGIES IDENTIFIED IN THE RESPONSE.
- MAY BE REVISED TO BE LONG OR SHORT
- IT IS THE ROLE OF THE INCIDENT COMMANDER TO SET THE OPERATIONAL PERIOD
INCIDENT RESPONSE GUIDE

MAN-MADE DISASTER: LOSS of POWER INCIDENT RESPONSE GUIDE

Objectives

- Maintain emergency power supply
- Maintain resident care management and safety
- Minimize impact on nursing home operations
- Evacuate residents to other facilities, if appropriate
- Communicate situations to staff, residents, and regulatory agencies

Immediate (Operational Period 0-2 Hours)

COMMAND (Incident Commander)
- Activate the Nursing Home Emergency Operations Plan
- Activate Command Staff and Section Chiefs, as appropriate
- North (local emergency management and emergency operations center regulatory agency of nursing home)
- Notify local EMS and ambulance providers about the situation and possible needs to evacuate
- Communicate with the Local Regional Medical Director to determine
  - Situation status, impact on healthcare facilities
  - Patient transferability
  - Ability to care for patient, staff, supplies, medications, personnel, etc.
  - Inform staff, residents, and families of the situation and measures to provide care and protect life

KEY FEATURES OF ICS

- COMMAND STRUCTURE
- SCALABLE ORGANIZATION
- INCIDENT ACTION PLANNING/OBJECTIVES
- COMMON TERMINOLOGY
Common Terminology

PROVIDES FOR CLEAR MESSAGE
AVOIDS SLANG OR CODES
DEFINES AN ORGANIZATIONAL STRUCTURE
THAT IS COMMON AND STANDARDIZED

Different Language and Priorities

EMERGENCY MANAGEMENT SYSTEM
Priority: Immediate Safety From Danger

LONG-TERM CARE COMMUNITY
Priority: Immediate and Long-Term Well-being
READY TO WORK TOGETHER WITH RESPONSE PARTNERS

Response Levels

Incident

Field Local Govt Op Area Region State

Flow of Information

Coordination & Control
MassMAP Tiers - Reporting

STATE EMERGENCY OPERATIONS CENTER
EMERGENCY SUPPORT FUNCTION (ESF) II
HEALTH AND MEDICAL
(DEPARTMENT OF PUBLIC HEALTH)

Corporate Entity

MassMAP Central Reporting/Duty Officer

Region 4c Boston Medical Intelligence Center (MIC)

MassMAP Region 1
LTC Coordinating Center

MassMAP Region 4
LTC Coordinating Center

Facility #1
Facility #2
Facility #3
Facility #4
Facility #5

INDIVIDUAL NURSING HOME AND ASSISTED LIVING COMMAND CENTERS

Local Emergency Management Director

LTC Coordinating Center / Region Medical Coordinating Center (RMCC)

- Region 1 – Jewish Geriatric Services, Longmeadow
- Region 2 – (RMCC) – CMED, Holden
- Region 3 – Aviv Centers for Living, Peabody
- Region 4 – Hebrew Rehabilitation, Roslindale
- Region 4 – Stephen Lawler Medical Intelligence Center (MIC)
- Region 5 – Sarah Brayton, Fall River
**Role – “Air Traffic Control”**

- Staffed by MassMAP Volunteers (the members)
- Assist with Resident Placement
- Support Resident Tracking – “Close the Loop”
- Assist with Staff, Supplies and Equipment Needs
- Assist with Transportation
- Support Interaction with Local and State Agencies

Ensure ALL members are accounted for

**How?**

Emergency Reporting and Status Updates
**Step 5: Operational Issues**

**INSTRUCTIONS:** Please describe any Operational issues you are experiencing at your facility. If you do not have any Operational issues, please click "Save & Next >>" at the bottom of the page.

**Operational Impact to your Facility:**
- Yes (on-site power)
- No (on-site power)

We have had some intermittent failures. Everything appears to be working OK right now, but there is concern by our critical team that we should relocate our higher acuity residents.

Current generator fuel level & next scheduled delivery:

**Operational Impact to your Facility:**

Do you have issues with any of the following?
- Building Damage
- Medical Gas
- HVAC
- Heating
- Water (potable)
- Water (WT protection)
- Plumbing

Choose Impact:

Please describe each of the issues selected above:

Do you have issues with any of the following?
- Bed Issue / Outbreak
- Telephone
- Internet
- Clinical Staff (e.g. staff reporting to work, getting to facility)
- Support Staff

**Step 6: LTC Open Beds**

**INSTRUCTIONS:** Please enter the information about Long Term Care Beds at your Facility.

### Long Term Care Beds

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Licensed Beds</th>
<th>Total Open Beds</th>
<th>Male</th>
<th>Female</th>
<th>Either</th>
<th>Dementia Secured</th>
<th>Vent Dependent</th>
<th>Beds Specifications</th>
<th>Additional Beds 2.4 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Independent Living</td>
<td>265</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Home</td>
<td>59</td>
<td></td>
<td>9</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted Living</td>
<td>40</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Can provide Assisted Living services to any resident in IL apartments.
MassMAP Tiers - Reporting

STATE EMERGENCY OPERATIONS CENTER
EMERGENCY SUPPORT FUNCTION (ESF) #8
HEALTH AND MEDICAL
(DEPARTMENT OF PUBLIC HEALTH)

Corporate Entity

MassMAP
Central Reporting/Duty Officer

MassMAP Region 1
LTC Coordinating Center

Facility #1
Facility #2
Facility #3

MassMAP Region 4
LTC Coordinating Center

Facility #4
Facility #5

Region 4c Boston Medical Intelligence Center (MIC)

Individual Nursing Home and Assisted Living Command Centers

UNIFIED COMMAND

Gilbert CV-251
August 2009 - Image by Alex
THANK YOU

Jocelyn Montgomery