ICS for Home Care  
“Who’s in Charge?”

An Incident Command System (ICS) is, simply, a predefinition of roles and responsibilities during an emergency situation and is a required component of your emergency plan.

At first ICS seems difficult to understand, but in reality it is probably not that much different from the way you already do things. It is just a way to have everyone speak and organize things in a common language. Most home care agencies will not need extensive ICS plans, but it is an important part of emergency preparedness and organized response to have predefined roles and responsibilities such as who is the decision maker, who talks to the media, who arranges transportation etc.

ICS is becoming the universal operating structure and language for emergency response. Once in place, its existence enables organizations to be able to seamlessly cooperate with other types of emergency responders.

It is important for you to create an Incident Command System because:

- Regulatory requirements may require it;
- The Incident Management System (IMS) and ICS are the vehicle by which emergencies are tracked and managed during an incident;
- If you have a “parent” company, most likely they have an ICS or HEICS (see glossary on page 17) in place; and
- In the event of a public health emergency, health organizations and their staff may be called to be of assistance and need familiarity with Incident Command. This may be especially true for agencies during a disaster with widespread fatalities when bereavement counseling services are needed.

On the next page is a schematic laying out the basic positions within the ICS system. Depending on the scope of your agency and the emergency, each section may be expanded or left inactive. As you assign your positions within your agency, you can assign by individual, or by organizational role.

You should also:

- Designate alternates for each position;
- Specify a location to serve as a command center;
- Specify a back up location;
- Specify a specific location for managing communications;
- Designate any special contact numbers for emergency use only; and
- Have as many staff as possible complete a basic ICS program online or through a local community group.
Command Centers are simply pre-arranged places for people to meet, find those in charge and make decisions.

**Command Center Chart**

<table>
<thead>
<tr>
<th></th>
<th>Location</th>
<th>Phone (s)</th>
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<tbody>
<tr>
<td>Primary Command Center (EOC)</td>
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<tr>
<td>Secondary Command Center</td>
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<tr>
<td>Communications Center</td>
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<tr>
<td>Back up Communications Center</td>
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</table>
You can assign roles by person or by organizational role.

<table>
<thead>
<tr>
<th>Position</th>
<th>Examples of Organizational Role</th>
<th>Responsibilities</th>
<th>Assigned to</th>
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<tbody>
<tr>
<td>Incident Commander (IC)</td>
<td>Administrator or John Smith</td>
<td>Establish/maintain command</td>
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</tr>
<tr>
<td>Support Staff</td>
<td></td>
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</tr>
<tr>
<td>1. Information Officer</td>
<td>1.</td>
<td>1. Central Point for Information dissemination</td>
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<tr>
<td>2. Liaison Officer</td>
<td>2.</td>
<td>2. Point of Contact for other agencies</td>
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<tr>
<td>3. Safety and Security</td>
<td>3.</td>
<td>3. Anticipates, detects, and corrects unsafe situations</td>
<td></td>
</tr>
<tr>
<td>Operations</td>
<td>VP Operations or David Jones</td>
<td>Directs all incident tactical operations</td>
<td></td>
</tr>
<tr>
<td>Planning &amp; Intelligence</td>
<td>Deputy Administrator or Henry Muse</td>
<td>Collects, analyzes key information Formulates Incident Action Plan; Maintains documents, prepares for demobilization</td>
<td></td>
</tr>
<tr>
<td>Logistics</td>
<td>Human Resources, facilities department or Jane Flowers And Michael Dean</td>
<td>Responsible for acquisition and maintenance of facilities, staff, equipment, materials</td>
<td></td>
</tr>
<tr>
<td>Finance/Administration</td>
<td>Comptroller or James Gonzalez</td>
<td>Monitors costs, contracts, financial and time reporting</td>
<td></td>
</tr>
</tbody>
</table>

**The Incident Commander**

- In the event of an emergency, this individual’s role is activated, along with the rest of the Incident Command staff at the outbreak of an emergency. In preparation for this role, it is important to choose an Incident Commander who is knowledgeable about agency operations, is skilled at quickly prioritizing tasks in an emergency situation, and knows which actions will mitigate its ill effects.

The ICS provides common terms (language) and roles during a disaster, and allows responders to rapidly receive and give instructions based on the organizational make-up of the ICS.
Once integrated, an ICS can reduce confusion during an incident and provide for systematic identification of incident management objectives, responsibility for action, accountability and communications/information.

When multiple organizations or agencies respond to the same emergency event—they must all be able to speak the same language—ICS provides that language (see Community Support Planning Worksheet in Section IV).

The Command Center

- In the event of an emergency, each home care agency should be able to set up a pre-designated area called the Command Center, or Emergency Operating Center (EOC), in which all decisions and communications are made and transmitted. Special radios, phones and computers should be set up in this area. Back-up communication systems could be made available in the event of phone line disruptions. In the event of a complete communication failure, staff should know to report to the EOC for instructions. All staff should know their roles prior to any event and follow the agency's procedure for calling in or reporting to work.

- Staff should be oriented to the emergency plan upon hiring and know their roles and responsibilities. The plan and their role in it should be updated on an annual basis. A best practice would be to review it with them and have them initial two copies—one for their employee file, one for them to keep. Their copy should contain agency emergency contact information as well.

Once ICS is activated:

- All external communication should be handled through the Emergency Operations Center;
- End all non-emergency-related phone calls;
- Make sure everyone has their agency identification badges;
- Reassure patients and family members; and
- Staff should follow agency policy for calling in or reporting to the agency office if staff is with a patient (in the home). Disasters may have an impact on the agency for several days, and new, rested staff will be required to take over.

GLOSSARY

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
<th>Explanation</th>
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<tbody>
<tr>
<td>NIMS</td>
<td>National Incident Management System</td>
<td>NIMS is a comprehensive management system that establishes standard protocols and procedures for incident managers and responders to work together to prepare for and respond to incidents of all kinds, including natural disasters and acts of terrorism. Beginning in FY 2006, federal funding for state, local and tribal preparedness grants will be tied to compliance with the NIMS. The NIMS standardizes incident management for all hazards and across all levels of government. The NIMS-standard incident command structures are based on three key constructs: Incident Command System, Multi-agency Coordination Systems, and Public Information Systems.</td>
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</table>
NIMS was created as a comprehensive tool to maximize resources and efficiency in interagency response to a disaster system. Most incidents are local, but when we're faced with the worst-case scenario, such as Sept.11, 2001, all responding agencies must be able to interface and work together. The NIMS, and in particular, the ICS component, allow that to happen, but only if the foundation has been laid at the local level across all disciplines and agencies who potentially might be involved with disaster response. For additional information on NIMS, please visit [http://www.fema.gov/nims/](http://www.fema.gov/nims/).

<table>
<thead>
<tr>
<th>ICS</th>
<th>Incident Command System</th>
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<tr>
<td></td>
<td>During an emergency, an Incident Command System (ICS) assists in the command, control and coordination of all efforts aimed at protecting life, preserving property, supporting the emergency response and stabilizing the operations of a health care site. A basic introductory course is available at <a href="http://www.nysemo.state.ny.us/TRAINING/I-100.asp">http://www.nysemo.state.ny.us/TRAINING/I-100.asp</a> and additional resources are available at <a href="http://www.nysemo.state.ny.us/TRAINING/ICS/ICSexplain.asp#directive5">http://www.nysemo.state.ny.us/TRAINING/ICS/ICSexplain.asp#directive5</a>.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEICS</th>
<th>Hospital Emergency Incident Command System</th>
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<tr>
<td></td>
<td>HEICS is an ICS-based crisis management plan for hospitals to use to coordinate their own response to emergencies or disasters.</td>
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<table>
<thead>
<tr>
<th>IMS</th>
<th>Incident Management System</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>IMS is a generic term for the design of emergency management teams that coordinate the efforts of more than one agency under a unified command.</td>
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</table>

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<thead>
<tr>
<th>EOC</th>
<th>Emergency Operations Center</th>
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<tbody>
<tr>
<td></td>
<td>The command center for emergency operations</td>
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</tbody>
</table>

### Additional Resources

- NIMS online: [http://www.nimsonline.com/](http://www.nimsonline.com/)
- Basic Incident Command for Medical and Public Health Professionals: [http://www.mcph.org/BT/BT%202.19.03/ICS%20for%20Maine%20PH.ppt#1](http://www.mcph.org/BT/BT%202.19.03/ICS%20for%20Maine%20PH.ppt#1)
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All-Hazard Emergency Preparedness Policy

This plan uses the term “all hazard” to address all types of incidents. An incident is an occurrence, either caused by humans or a natural phenomenon, which requires or may require action by home care and emergency service personnel to prevent or minimize loss of life or damage to property and/or the environment.

Examples of incidents include:

- Fire, both structural and wildfire
- Weather related emergencies including snow, ice storms, heat and flooding
- Hazardous materials accidents
- Power outages
- Transit and worker strikes
- Natural disasters
- Terrorist/WMD events.
- Incidents of naturally occurring disease outbreak
- Planned Public Events, such as political conventions, sports events

Plan Activation/Deactivation

The Director, who serves as the Incident Commander, has the authority to activate and deactivate this Emergency Preparedness Plan based on information known to her/him at the time which indicates such need. If the Director is not available, the Assistant Director, and then the Chief Clinical Officer will have the authority to activate the response plan.

Goal: Allow smooth transition of patient services and ensure continuity of care for all patients served by this agency.

Objectives

- To identify the chain of command /Incident Command System
- To identify primary and alternative command centers
- To allow for the timely identification of the patients who are affected in the case of an emergency.
- To provide those patients with the care and assistance that they need in the event of an emergency.
- To be readily available to assist emergency responder personnel in first aid care for those in the community.
- To assess patient’s home environment for safety and assist them to a safe environment if needed.
- To coordinate Agency staff members in patient care and evaluation, as well as any Agency personnel assistance with care of those in the community who are affected by the emergency.
- To identify staff roles and responsibilities
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Incident Command System & Disaster Response Team

Incident Command Center

Unless the emergency renders the agency office unusable, the Incident Command Center will be located at the main office…xxx Main Office St., Empire City, NY. The alternative site will be at the branch office (address) in Branch Office, NY.

Both offices will maintain data backup through e-vaulting, hard wired phones, emergency generators.

Planning

Administration

1. Each office will keep and maintain a current list of contact information for staff, staff family members, vendors, emergency services, hospitals and other appropriate community resources.

2. The Director will ensure the existence of an incident command system and team to respond to an emergency situation.

3. The Director will appoint a coordinator (HPNC) for the Health Provider Network (HPN) whose duty it is to:
   - Maintain a current and up to date HPN account;
   - Ensure enough HPN users are available to serve as points of contact for the NYSDOH;
   - Maintain the Communications Directory on no less than a monthly basis; and
   - Monitor the Health Alert Network as necessary.

4. All staff shall receive emergency preparedness training appropriate for their position on a yearly basis, including the Incident Command System and response to CBRNE events.

Patient Care & Planning

- On admission, the admitting nurse will assign each patient a priority code, dictating that patient’s emergency rating. The admitting nurse will obtain a list of contact numbers, and discuss emergency planning options with the patient and family. All information will be kept in the patient’s chart and shall be kept in paper as well as electronic format.
  At that time, each patient will be given a list of items to have prepared and available for use in the event of an emergency.
- Any patients requiring power for life support equipment will be registered with the local utility companies and with local emergency offices. Each patient and family will receive
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Education that will assist them in managing emergencies.

- A list of vendors who supply each patient’s medical supplies will be obtained and kept in the patient’s chart.

Plan Activation—Emergency Call Down Procedure (refer to Calling List)

Once the emergency response plan is activated, the Director will notify the Assistant Director and Office Manager to initiate the staff call down procedure. (Director will be referred to as the Incident Commander).

Office Manager will notify Secretary, and then each will notify persons listed below them on the calling list. If they are unable to reach an employee on the telephone, they will proceed to the next listed person on the list. The Office Manager and Secretary will call the office and list the employees available for assistance then come to the office. Upon arrival, every five (5) minutes, Office Manager and Secretary will try those employees not found with the first call attempt and notify the Disaster Supervisor(s) of any other employees found to be available to be on standby. They will also manage calls upon arrival at the office. If Office Manager is not able to reach the Secretary, Office Manager will notify all persons under Secretary on the calling list.

If phones are not available, the information officer will contact two (2) prearranged radio stations (xxxx; xxxx) with an announcement for staff and patients.

After Receiving Notification of an Emergency - Direct Care Staff

- Do not leave your home until you receive your assignment.
- Do not ask questions when you are called. This will only slow down the rate of calling and response time to the emergency.
- When you receive a call with your assignment, you will receive all of the necessary information about the emergency and those affected.
- Please wear your nametag and Agency shirt so you can be easily recognized by other cooperating agencies.
- Stay off of the phone so your second call can come through uninterrupted.
- If phone lines are down, listen to radio stations (xxxx; xxxx) for instructions.
- If there is no power, or phone lines, open the emergency kit provided to you by the agency which includes a battery operated radio, and bus/subway tokens which will enable you to go to your prearranged meeting area if you do not have your own transportation.

If You Are Away From Home When an Emergency Happens - Direct Care Staff

- Call the Agency office to let the Emergency Supervisors know that you are available to help. You will receive an assignment at that time.
- If there are no working telephones, either come to the triage site or to the Agency office (whichever is closest) for assignment. In the event that the telephones are not working, the Emergency Supervisors will be at the triage site and all assignments will be made from there.

If a Emergency Occurs During Working Hours - Direct Care Staff

- When you report for assignment of emergency patients, give a list of those patients you have yet to see to the Emergency Supervisor. A decision will be made by one of the Emergency
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Supervisors as to whether you will be pulled to help with the emergency assessments, or be assigned to continue with your regular assignments or to assume some patients left from those nurses who are assigned to work on the emergency assessments. Those staff members who have had first aid training will be high priority to be assigned to emergency assessments.

Assignments

- The Chief Clinical Officer will have power to assign staff to specific tasks, and with the coordinator will work with appointed Team Leaders to assist in pinpointing patients affected by the emergency and assigning clinical staff members to check on those patients by utilizing the pre-arranged priority coding system.

- After Office Manager and Secretary have called and put a staff member on alert, that staff member will wait for an Emergency Supervisor to call back with their assignment and where to meet their partner or security escort, if assigned.

Security

- The Security Officer will make assessments regarding the security of the command center, the safety and travel conditions for staff and make arrangements for relocation of the command center, transportation and/or safety escorts as needed.
- The Security Officer will also ensure all staff have needed identifying badges and/or uniforms which will allow them access to their agency.

Public Information

- The Public Information Officer will confer with the Incident Command Officer and other members of the Disaster Response Team to reach a joint decision regarding the information, if any, to be released to the media. The PIO will also be in charge of determining alternate means of contacting staff.

Regional Resource Center

- The Director will obtain and maintain a list of contacts for the local Regional Resource Center as well as a list of possible resources and supplies available through that center.

Emergency Assessments

- Each nurse or aide making home visits to patients must check in with the Agency office with an update at least every hour if possible. Any new assignments will be made at that time. When the nurse has completed the list of patients assigned to them, they will be assigned to a community assistance first aid site to help with triage if needed, or will be assigned to specific patients from the regular case load to complete that day’s schedule. At least one (1) Emergency Supervisor will be present at the designated check in site to further assign Agency employees as they arrive and coordinate the staff members. If a patient needs to be moved to another site, the following procedure will be followed:
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1. If the patient is unharmed but the home is damaged or unsafe and the telephone system is working, contact family or friends that the patient may request and make arrangements for the patient’s transportation. Keep track of where the patient is going and all necessary telephone numbers, or contact the Emergency Supervisor for arrangements to be made through the Empire County Civil Defense Director for transportation to an ICF if other arrangements cannot be made.

2. If the patient is injured and needs transport, contact an Emergency Supervisor for arrangements to be made through the Empire County Civil Defense Director for transport to a hospital/emergency room/triage site, depending on the need as determined by the Civil Defense Director. Be sure to have a complete list of the patient’s needs when notifying the Emergency Supervisor.

Remember-The official personnel who are at the site (police, ambulance personnel, etc.) have had training in handling emergencies, as well as potentially hazardous situations. If they tell you not to go to a certain area, don’t go. In the event of damaged, blocked or impassable roads, staff members will take alternate routes or notify an Emergency Supervisor of inability to reach an area.

Unsafe Home Situation

- Before entering a patient’s home, determine if there is a safety issue (possible gas leak, exposed electric wire, etc.). Assess the situation and report to an Emergency Supervisor, who will report to the Empire County Civil Defense Director for proper emergency personnel to secure that site.

Emergency Supply Storage Area

- An emergency supplies storage area will be maintained at the Agency office for employees during the time period that they are working in the event of an emergency, and will be updated and maintained by the Assistant Director.

Emergency Supervisor Tasks

Each month, all Emergency Supervisors will get an updated copy of the emergency list and keep it at home for reference if a emergency occurs after hours, or if the Agency office is damaged or destroyed. When Director gets a call asking for assistance with an emergency, she will call Assistant Director and Office Manager. Both will then go to the Agency office immediately. Immediate tasks for the Emergency Supervisors will be:

- Determine the area struck and those patients of the Agency’s affected by the emergency.
- The emergency code for each of these patients.
- An assignment list, for 3-4 teams at minimum, with no more than one patient who is rated with an emergency code of red.
- While this is being determined, calls will be made to nursing homes and RCF’s to determine the number of rooms which will be available for temporary placement of displaced patients and to local authorities to determine shelter options and locations. The Emergency
Supervisors will also maintain a list of employees who have been notified and are available to assist in the emergency assessments. The patients who need assessments will be reassigned among the staff available and an Emergency Supervisor will then call each employee with assignments for who their team member is as well as the patient assignments.

- Calls will be made for prearranged transportation of patients in need of evacuation.

Emergency During Working Hours

- When the Director gets a call asking for assistance with a disaster, she will notify Assistant Director, as well as the Office Manager and Secretary to begin the calling chain. Director and Assistant Director will determine the patient and staff assignments and keep a list of those staff members the callers have been able to contact, as well as a list of those patients each nurse has yet to see, so than any necessary redistribution of the patient assignments can be made.
- Office Staff will report in writing to an Emergency Supervisor at least every 5 minutes on those staff members that they have been able to contact, as well as which patients each of those nurses has yet to see. The Emergency Supervisors will in turn determine the assignments for those patients affected by the disaster. The teams will be notified of their assignments and the current patient caseload will also be assigned to the staff. Teams will need to meet their partner(s) at one of the three sites listed below:
  1. If the phone system is working and the disaster is local meet at the Agency and receive your disaster supplies packet from one of the Emergency Supervisors.
  2. If there is no phone system and the disaster is local, meet at the triage site and receive your disaster supplies packet from one of the Emergency Supervisors.
  3. If the disaster is at another town, meet at the triage site and receive your disaster supplies packet from one of the Emergency Supervisors or at an assigned location.
- The emergency supply packet will consist of dressing supplies that may be needed, as well as emergency worksheets.
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- An Emergency Supervisor will then go to the triage site to coordinate any patient needs that may exist, for problem solving and coordination of our efforts with the Emergency Response personnel and the Empire County Civil Defense Director. If the phone system is working, Director or Assistant Director will remain at the office to manage information and coordinate calls from staff, family members, etc. If the phone system is not working, Director will also go to the triage site and Assistant Director will remain at the office to sign out other emergency supply packets and assist any staff members who may arrive.

- Each emergency assessment team will fill out the emergency worksheet and turn them in to the Emergency Supervisors at least hourly with a report on the condition of patients that they have assessed during that time frame. This emergency worksheet will be filled out on each person seen, even those people who are not currently receiving care from Empire County Home Health and Hospice, in order for the Emergency Supervisors to maintain a tracking list for identification of those patients assessed, their status and what location they were moved to, if necessary.

- If assistance is requested by the Empire County Defense Director, those Emergency Supervisors who are at the triage site will coordinate Agency staff assignments for this. If our assistance is not requested, we will meet at the Agency office for a debriefing, allowing all involved to express their feelings, as well as ideas to improve for the next emergency plan implementation.

Drills

Agency staff members will participate in an annual desktop drill to determine the effectiveness and efficiency of the current policy and any forms developed for use in a disaster.

Staff Phone Tree:

<table>
<thead>
<tr>
<th>Role/Title</th>
<th>Name</th>
<th>Home</th>
<th>Cell</th>
<th>Email</th>
<th>Other Numbers</th>
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</thead>
<tbody>
<tr>
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## Emergency Contacts:

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Name</th>
<th>Phone</th>
<th>Cell</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire</td>
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<tr>
<td>EMS</td>
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<td>Emergency Office</td>
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<tr>
<td>Hazmat</td>
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<tr>
<td>Department of Health</td>
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<tr>
<td>Terrorism Tip Line</td>
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<td>Hospital:</td>
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<tr>
<td>RRC:</td>
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<td>County Highway Dept</td>
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### Vendors

<table>
<thead>
<tr>
<th>Name</th>
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# JOB ACTION SHEETS
## Home Care ICS

**MISSION**

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logistic Section</td>
<td>Provide a hospitable environment and materials for the overall medical objective</td>
</tr>
<tr>
<td>Planning Section</td>
<td>Determine and provide for the continuance of each medical objective; Planning Section personnel prompt and drive all HEICS officers to develop long range action plans, as well as short range plans.</td>
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<tr>
<td>Finance Section</td>
<td>Provide funding for present medical objective and stress facility wide documentation to maximize financial recovery and reduction of liability</td>
</tr>
<tr>
<td>Operations Section</td>
<td>Carry out the medical objective to the best of staff’s ability</td>
</tr>
<tr>
<td>Incident Commander</td>
<td>To <strong>define</strong> the mission and ensure its completion</td>
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<tr>
<td>and Staff</td>
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</tbody>
</table>
The Job Action Sheets, or job descriptions, are the essence of the HEICS program. This is the component that tells your responding personnel "what they are going to do; when they are going to do it; and, who they will report it to after they have done it."

Each position does not necessarily represent a person and each position must be filled as soon as possible. Each crisis is unique. Those positions, which will be immediately needed to manage the emergency will be the first assignments made. One person may hold more than one position. There are some positions or roles, which are not needed for hours or days after the onset of the emergency. Some may not be needed at all.

Each agency is encouraged to create a "Crosswalk". The crosswalk is a listing of day-to-day positions as they may relate to the ICS positions as found in the Job Action Sheets. For example, the CFO may crosswalk to the Finance Section Chief. While it is not recommended that these be the only people trained for each position, it is reasonable to visualize how these individuals may be a logical first choice for filling a particular role. It must be remembered that the Incident Commander will assign Officers and Chiefs and they in turn will assign the positions under them.

Job Action Sheets

The Job Action Sheets were the basis for the first HEICS manual, written in the spring of 1991. These sheets should be altered to meet the needs of the facility. There are two components of the Job Action Sheets, which should not be changed: job titles and the mission statement.

The universal titles and mission statements, found in HEICS, allow emergency responders from a variety of organizations to communicate quickly and clearly with other users of ICS. Changing job titles and mission statements will go against the very purpose of having common terminology and structure.

The National Incident Management System (NIMS) now formalizes ICS as the structure to be used by all agencies, involved in a response.
INCIDENT COMMANDER

Immediate Responsibilities
Initiate the Agency Emergency Incident Command System by assuming role of Emergency Incident Commander.
Read this entire Job Action Sheet.
Put on position identification vest.
Appoint all Section Chiefs and the Medical Staff Director positions; distribute the four section packets which contain:
  - Job Action Sheets for each position
  - Identification vest for each position
  - Forms pertinent to Section & positions
  - Appoint Public Information Officer, Liaison Officer, and Safety and Security Officer; distribute Job Action Sheets (May be pre-established.)
  - Announce a status/action plan meeting of all Section Chiefs and Medical Staff Director to be held within 5 to 10 minutes.
  - Assign someone as Documentation Recorder/Aide.
  - Receive status report and discuss an initial action plan with Section Chiefs and Medical Staff Director. Determine appropriate level of service during immediate aftermath.
  - Receive initial facility damage survey report from Logistics Chief, and, if applicable, evaluate the need for evacuation.
  - Obtain patient census and status from Planning Section Chief. Emphasize proactive actions within the Planning Section. Call for a agency-wide projection report for 4, 8, 24 & 48 hours from time of incident onset. Adjust projections as necessary.
  - Authorize a patient prioritization assessment for the purposes of designating appropriate early discharge, if additional beds needed.
  - Assure that contact and resource information has been established with outside agencies through the Liaison Officer.

Intermediate Responsibilities
  - Authorize resources as needed or requested by Section Chiefs.
  - Designate routine briefings with Section Chiefs to receive status reports and update the action plan regarding the continuance and termination of the action plan.
  - Communicate status to chairperson of the Agency Board of Directors or the designee.
  - Consult with Section Chiefs on needs for staff, physician, and volunteer responder food and shelter. Consider needs for dependents. Authorize plan of action.

Extended Responsibilities
  - Approve media releases submitted by P.I.O.
  - Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
PUBLIC INFORMATION OFFICER (P.I.O.)

Mission: Provide information to the news media.

Immediate Responsibilities
. Receive appointment from Incident Commander.
. Read this entire Job Action sheet and review organizational chart on back.
. Put on position identification vest.
. Identify restrictions in contents of news release information from Incident Commander.
. Establish a Public Information area away from E.O.C. and patient care activity.

Intermediate Responsibilities
. Ensure that all news releases have the approval of the Incident Commander.
. Issue an initial incident information report to the news media with the cooperation of the Situation-Status Unit Leader. Relay any pertinent data back to Situation-Status Unit Leader.
. Inform on-site media of the physical areas which they have access to, and those which are restricted. Coordinate with Safety and Security Officer.
. Contact other at-scene agencies to coordinate released information, with respective P.I.O.s. Inform Liaison Officer of action.

Extended Responsibilities
. Obtain progress reports from Section Chiefs as appropriate.
. Notify media about casualty status.
. Direct calls from those who wish to volunteer to Labor Pool. Contact Labor Pool to determine requests to be made to the public via the media.
. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
**LIAISON OFFICER**

**Mission:** Function as incident contact person for representatives from other agencies.

**Immediate Responsibilities**
- Receive appointment from Incident Commander.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Obtain briefing from Incident Commander.
- Establish contact with Communications Unit Leader in E.O.C. Obtain one or more aides as necessary from Labor Pool.
- Review county and municipal emergency organizational charts to determine appropriate contacts and message routing. Coordinate with Public Information Officer.
- Obtain information to provide the interagency emergency communication network, municipal E.O.C. and/or county E.O.C as appropriate, upon request.
- Establish communication with the assistance of the Communication Unit Leader with the interagency emergency communication network, municipal E.O.C. or with county E.O.C./County Health Officer. Relay current agency status.
- Establish contact with liaison counterparts of each assisting and cooperating agency (i.e., municipal E.O.C.). Keeping governmental Liaison Officers updated on changes and development of agency's response to incident.

**Intermediate Responsibilities**
- Request assistance and information as needed through the interagency emergency communication network or municipal/county E.O.C.
- Respond to requests and complaints from incident personnel regarding interorganization problems.
- Prepare to assist Labor Pool Unit Leader with problems encountered in the volunteer credentialing process.
- Relay any special information obtained to appropriate personnel in the receiving facility (i.e., information regarding toxic decontamination or any special emergency conditions).

**Extended Responsibilities**
- Assist the Medical Staff Director and Labor Pool Unit Leader in soliciting physicians and other agency personnel willing to volunteer as Disaster Service Workers outside of the agency, when appropriate.
- Inventory any material resources, which may be sent upon official request and method of transportation, if appropriate.
- Prepare the following minimum data: Number of existing patients, number discharged, and surge capacity.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
SAFETY AND SECURITY OFFICER

You Report To: Incident Commander

**Mission:** Monitor and have authority over the safety of rescue operations and hazardous conditions. Organize and enforce scene/facility protection and traffic security.

**Immediate Responsibilities**
- Receive appointment from Incident Commander.
- Read this entire Job Action sheet and review organizational chart on back.
- Put on position identification vest.
- Obtain a briefing from Incident Commander.
- Implement the facility's disaster plan emergency lockdown policy and personnel identification policy.
- Establish Security Command Post.
- Remove unauthorized persons from restricted areas.
- Establish ambulance entry and exit routes in cooperation with Transportation Unit Leader.
- Secure the E.O.C., triage, patient care, morgue and other sensitive or strategic areas from unauthorized access.

**Intermediate Responsibilities**
- Keep Safety and Security staff alert to identify and report all hazards and unsafe conditions to the Damage Assessment and Control Officer.
- Secure areas evacuated to and from, to limit unauthorized personnel access.
- Initiate contact with fire, police agencies through the Liaison Officer, when necessary.
- Advise the Incident Commander and Section Chiefs immediately of any unsafe, hazardous or security related conditions.
- Assist Labor Pool and Medical Staff Unit Leaders with credentialing/screening process of volunteers. Prepare to manage large numbers of potential volunteers.
- Confer with Public Information Officer to establish areas for media personnel.
- Establish routine briefings with Incident Commander.
- Provide vehicular and pedestrian traffic control.
- Secure resources.
- Inform Safety & Security staff to document all actions and observations.
- Establish routine briefings with Safety & Security staff.
- Observe all staff and volunteer for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
LOGISTICS SECTION CHIEF

**Mission:** Organize and direct those operations associated with maintenance of the physical environment, and adequate levels of food, shelter and supplies to support the medical objectives.

**Immediate Responsibilities**
Receive appointment from the Incident Commander.
Obtain packet containing Section's Job Action Sheets, identification vests and forms.
Read this entire Job Action Sheet and review organizational chart on back.
Put on position identification vest.
Obtain briefing from Incident Commander.
   - Appoint Logistics Section Unit Leaders: Facilities Unit Leader, Communications Unit Leader, Transportation Unit Leader, Material's Supply Unit Leader, Nutritional Supply Unit Leader; distribute Job Action Sheets and vests. (May be pre-established.) Brief unit leaders on current situation; outline action plan and designate time for next briefing. Establish Logistics Section Center in proximity to E.O.C. Attend damage assessment meeting with Incident Commander, Facility Unit Leader and Damage Assessment and Control Officer.

**Intermediate Responsibilities**
   - Obtain information and updates regularly from unit leaders and officers; maintain current status of all areas; pass status info to Situation-Status Unit Leader. Communicate frequently with Incident Commander. Obtain needed supplies with assistance of the Finance Section Chief, Communications Unit Leader and Liaison Unit Leader.

**Extended Responsibilities**
Assure that all communications are copied to the Communications Unit Leader.
Document actions and decisions on a continual basis.
Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
PLANNING SECTION CHIEF

You Report To: Incident Commander


Immediate Responsibilities
- Receive appointment from Incident Commander.
- Obtain packet containing Section's Job Action Sheets.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Obtain briefing from Incident Commander.
- Recruit a documentation aide from the Labor Pool.
- Appoint Planning unit leaders: Situation - Status Unit Leader, Labor Pool Unit Leader, Medical Staff Unit Leader, Nursing Unit Leader; distribute the corresponding Job Action Sheets and vests. (May be pre-established.)
- Brief unit leaders after meeting with Incident Commander.
- Provide for a Planning/Information Center.
- Ensure the formulation and documentation of an incident-specific, facility Action Plan.
- Distribute copies to Incident Commander and all section chiefs.
- Call for projection reports (Action Plan) from all Planning Section unit leaders and section chiefs for scenarios 4, 8, 24 & 48 hours from time of incident onset. Adjust time for receiving projection reports as necessary.
- Instruct Situation - Status Unit Leader and staff to document/update status reports from all disaster section chiefs and unit leaders for use in decision making and for reference in post-disaster evaluation and recovery assistance applications.

Intermediate Responsibilities
- Obtain briefings and updates as appropriate. Continue to update and distribute the facility Action Plan.
- Schedule planning meetings to include Planning Section unit leaders, section chiefs and the Incident Commander for continued update of the facility Action Plan.

Extended Responsibilities
- Continue to receive projected activity reports from section chiefs and Planning Section unit leaders at appropriate intervals.
- Assure that all requests are routed/documented through the Communications Unit Leader.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
FINANCE SECTION CHIEF

Mission: Monitor the utilization of financial assets. Oversee the acquisition of supplies and services necessary to carry out the agency's medical mission. Supervise the documentation of expenditures relevant to the emergency incident.

Immediate Responsibilities
- Receive appointment from Incident Commander.
- Obtain packet containing Section's Job Action Sheets.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Obtain briefing from Incident Commander.
- Appoint Time Unit Leader, Procurement Unit Leader, Claims Unit Leader and Cost Unit Leader; distribute the corresponding Job Action Sheets and vests. (May be preestablished.)
- Confer with Unit Leaders after meeting with Emergency Incident Commander; develop a section action plan.
- Establish a Financial Section Operations Center. Ensure adequate documentation/recording personnel.

Intermediate Responsibilities
- Approve a "cost-to-date" incident financial status report submitted by the Cost Unit Leader every eight hours summarizing financial data relative to personnel, supplies and miscellaneous expenses.
- Obtain briefings and updates from Emergency Incident Commander as appropriate.
- Relate pertinent financial status reports to appropriate chiefs and unit leaders.
- Schedule planning meetings to include Finance Section unit leaders to discuss updating the section's incident action plan and termination procedures.

Extended Responsibilities
- Assure that all requests for personnel or supplies are copied to the Communications Unit Leader in a timely manner.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
OPERATIONS SECTION CHIEF

**Mission:** Organize and direct aspects relating to the Operations Section. Carry out directives of the Incident Commander. Coordinate and supervise the Medical Services Subsection, Ancillary Services Subsection and Human Services Subsection of the Operations Section.

**Immediate Responsibilities**
- Receive appointment from Incident Commander.
- Obtain packet containing Section's Job Action Sheets.
- Read this entire Job Action Sheet and review organizational chart on back.
- Put on position identification vest.
- Obtain briefing from Incident Commander.
- Appoint Medical Staff Director, Medical Care Director, Ancillary Services Director and Human Services Director and transfer the corresponding Job Action Sheets. (May be pre-established.)
- Brief all Operations Section directors on current situation and develop the section's initial action plan. Designate time for next briefing.
- Establish Operations Section Center in proximity to E.O.C.
- Meet with the Medical Staff Director, Medical Care Director and Nursing Unit Leader to plan and project patient care needs.

**Intermediate Responsibilities**
- Designate times for briefings and updates with all Operations Section directors to develop/update section's action plan.
- Ensure that the Medical Services Subsection, Ancillary Services Subsection and Human Services Subsection are adequately staffed and supplied.
- Brief the Emergency Incident Commander routinely on the status of the Operations Section.

**Extended Responsibilities**
- Assure that all communications are copied to the Communications Unit Leader; document all actions and decisions.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.