

Appendix D.1: Incident Command System (ICS) Organization Chart

Long Term Care Organization Chart:



Depending on the size of the facility/agency, one person may fill multiple ICS positions within a section. You do not need to activate all positions – only activate what you need to manage the incident. This is for facility-level Incident Command. If the facility/agency is part of a larger system, there is a need to know where your ICS fits within the bigger organizations structure

These titles are universal and should not be changed.

Benefits of Utilizing Incident Command in Health Care

Common terminology and clear text

The use of common terminology provides for a clear message and sharing of information. It avoids the use of codes, slang, or discipline specific verbiage that may not be clearly understood by all planning and response partners. Common terminology helps to define the facility/agency structure: as an example, the identification of sections, section chiefs, and branch directors. Another key benefit of common terminology is the ability to share resources in the response, such as personnel to oversee incident management or operations. By using consistent terminology, the opportunity to share personnel is enhanced.

Modular organization

The ICS structure begins from the top and expands as needed by the event. Positions within the structure are activated as dictated by the incident size or complexity. As complexity increases, the ICS facility/agency expands. Only those functions or positions necessary for an incident are activated.

Management by objectives

The Incident Commander initiates the response and sets overall command and control objectives. The mission of the response is defined for all members of the response team through a clear understanding of the facilities/agency's policy and direction. This includes an assessment of the incident from the current situation to projected impacts. To meet the overall mission, or command objectives, individual sections will establish incident objectives as well as the strategies to achieve these objectives through clear tactics. Because emergency response is not "business as usual," clearly defined objectives will allow staff to focus on the roles in the response, avoiding duplication of efforts or omission of critical actions.

Incident action planning

The development of objectives is documented in the Incident Action Plan (IAP). A written plan provides personnel with direction for taking actions based on the objectives identified in the IAP and reflects the overall strategy for incident management while providing measurable strategic operations for the operational period. To facilitate this process, ICS forms are designed and developed for nursing homes and are contained within the California Nursing Home ICS Guidebook (<https://www.cahfdisasterprep.com/nhics>).

Manageable span of control

A key concept in ICS is maintaining a span of control that is both effective and manageable. Because emergency events are not business as usual situations, the optimal span of control is one supervisor to five to seven reporting personnel. If the number falls outside these ratios, the incident management team should be expanded or consolidated.

Pre-designated incident locations and facilities

In the planning stages, planners should determine the location of their response and coordination sites, including the coordination and command sites. Planners within the long-term care facility/agency should identify sites for ICS management, staging areas for receipt of supplies and equipment, evacuation sites if the infrastructure is unsafe, and so on.

Resource management

Resources are assets that are used in the response, examples include personnel, equipment, food, communications, supplies, and vehicles. If assistance is needed from other LTC facilities/agency's, local emergency management, regional health care coalitions or other state partners have a list of needed resources. This level of awareness allows those providing the support to clearly understand of current capability.

Integrated communications

There are three elements within integrated communications: modes, plans and networks. The modes include the hardware systems that transfer information, such as radios, cell phones, and pagers. Plans are developed in advance and outline how to best use the available modes through a clear and concise communication policy and procedure (for example, determining who can use radios and what information should be communicated). Networks are identified within the jurisdiction and will determine the procedures and processes for transferring information internally and externally.

Common command structure

ICS provides for a common command structure that identifies core principles for an efficient chain of command. Unity of Command dictates that each person within the response structure reports to only one supervisor. A single command exists when a single agency or discipline responds to an event; for example, the fire service at a warehouse fire is commanded by a fire captain or chief. When multiple agencies or disciplines are working together at a scene, there is a unified command structure that allows for coordination in response actions. For nursing homes, this may occur when the facility is the scene of the incident, such as a fire. The nursing home administration and the fire command work together in a unified command structure.

For additional resources: [NHICS Nursing Home Incident Command System | Technical Resources | ASPR TRACIE](https://asprtracie.hhs.gov/technical-resources/resource/2733/nhics-nursing-home-incident-command-system) (<https://asprtracie.hhs.gov/technical-resources/resource/2733/nhics-nursing-home-incident-command-system>)

See templates for individual job action sheets as needed

***There are separate ICS Guides for specific incidents to help guide command structures if needed (active shooter, evacuation, severe weather, shelter in place, etc.) ***