

# Assisted Living Incident Command System (ALICS)



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## I. Introduction

Adverse events and disasters impacting long-term care facilities can occur with little or no warning. The scope, severity and duration of the emergency may not only affect the individual facility but can impact the resources of an entire community or region. Even when advanced warning is provided, as in the case of a forecasted severe weather event, long-term care facilities often find themselves in a situation where the scope and specific impact of the disaster is much more complex than they anticipated. These providers find out too late that the plans, protocols, policies, and procedures they relied upon are not enough to guide them effectively through the event. To ensure the best possible outcomes during and following an adverse event, assisted living facilities need a “culture” of preparedness that includes a comprehensive emergency operation plan, trained staff, equipment and supplies, and an effective system for command and control during the response.

While most long-term care facilities have comprehensive plans and ample supplies, they lack an efficient process to operationalize those plans. The Incident Command System (ICS) outlines a structure and framework for effective command and control. It is an important addition to long term care emergency preparedness that is being adopted by providers all over the country. This guidebook describes the adaptation of the Incident Command System to assisted living facilities.

### The “What” of Assisted Living Incident Command System

The Incident Command System (ICS) is one component of the National Incident Management System or (NIMS). NIMS was created in accordance with Homeland Security Presidential Directive #5 which was signed into law in 2004. NIMS is intended to provide an integrated, comprehensive, national approach to incident management by federal, state, territorial, Tribal and local responders. The Presidential Directive makes NIMS compliance a requirement for any of these entities wishing to receive Federal funds starting with Federal fiscal year 2007. ICS is one component of NIMS that provides a common response framework and standardized terminology. ICS helps to pave the road for collaboration among a variety of agencies, disciplines, and providers within the critical healthcare and public safety infrastructure.

The Assisted Living Incident Command System or “ALICS” is a simplified version of ICS and through its use, long term care providers can become part of this standardized system of efficient response.

### The “Why” of ALICS

ALICS offers long term care providers a flexible framework for command and control that is based on the standardized system of ICS. It improves communication between long term care providers and emergency responders through a shared vocabulary and approach. ALICS provides a template for incident management, regardless of cause, size, location, or complexity that helps long term care providers to manage ever-changing incidents. It offers a scalable approach that can grow and shrink as needed, depending on the complexity of the incident. Finally, ALICS

outlines a management framework that empowers long term care staff to improve the effectiveness and efficiency of their incident response; no matter what shift, or what day of the week the event occurs. It does this through a system that is designed to:

- Manage all emergency, routine, or planned events, of any size or type, by establishing a clear chain of command and a process for communication, decision-making and delegation.
- Allow personnel from different agencies or departments to be integrated into a common structure that can effectively address issues and delegate responsibilities.
- Provide needed logistical and administrative support to operational personnel.
- Ensure key functions are covered and eliminates duplication.

## II. EVOLUTION OF ALICS

### The History of ICS

ICS was developed in the 1970s following a series of catastrophic fires in California's wild land / urban interface. Property damage ran into the millions, and many people died or were injured. The personnel assigned to determine the causes of these outcomes studied the case histories and discovered that response problems could rarely be attributed to lack of resources or failure of tactics. Surprisingly, studies found that response problems were far more likely to result from inadequate management than from any other single reason. ICS was developed as a management system for domestic incidents and through NIMS, it has been adopted for this purpose across disciplines and throughout the nation.

### Variations on the Theme

The use of an Incident Command System (ICS) in emergency response has been well established in military, public, and private sector entities such as hospitals for decades. In 2009, through the leadership of the California Association of Healthcare Facilities (CAHF), ICS was adapted to long term care and called the Nursing Home Incident Command or "NHICS". The NHICS model utilized materials from the Hospital Incident Command System (HICS) project along with nursing home ICS guidance developed by the Florida Health Care Association. In the year following the release of NHICS in California, the American Health Care Association Disaster Preparedness Committee accepted the task of integrating the Florida Health Care Association NHICS and the CAHF's NHICS materials in order to build a model with national applicability. The integrated NHICS Guidebook and tool kit are available for free download at [www.cahfdisasterprep.com](http://www.cahfdisasterprep.com) and the American Health Care Association website. Because of the success of NHICS, which has been adopted by long term care providers all over the country, the American Assisted Living Nurses Association (AALNA) identified the need for a version of ICS that would reflect the lean staffing patterns and other unique characteristics of assisted living facilities. Under the leadership of AALNA, and based upon NHICS, ALICS was developed in 2013.

### ALICS in Long Term Care Residential Facilities

ALICS is intended to be used by long-term care facilities regardless of size or resident care capabilities, but the primary users of ALICS will be facilities that serve large populations, as opposed to the smaller facilities that are licensed as a six-bed residential home. This is a function of the difference in staff resources between the small, mid-size, and large facilities. Simply stated, the larger the facility, the more staff to organize, and the greater the complexity of managing resident care and physical plant issues. However, a basic understanding of ICS; with its shared terminology and incident action planning, is relevant to all long term care facilities whether it is used with a one-person response, or an incident management team of 50.

The guidebook is a brief overview of the key tenets of incident command that have been identified by assisted living experts as those that are most relevant to residential care settings. It is not a definitive text on disaster planning or incident command. Users of this guidebook are encouraged to get further training on the principles and procedures of ICS. Web based

training in ICS is available from FEMA. An introductory course on ICS is available at: <http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=is-100.b>.

Additionally, users of this guidebook are encouraged to collaborate with the emergency management and public health preparedness representatives in their local jurisdiction. Long term care providers should build relationships with emergency responders before they need them, and should be aware of the care and shelter and emergency operations plan for their city and/or county.

### III. CHARACTERISTICS OF ALICS

FEMA training addresses 14 essential features of ICS. ALICS focuses on five (5) of these which have been identified as having the greatest applicability to the assisted living setting. ALICS promotes the use of ICS in this streamlined and simplified manner because it is a realistic reflection of the limited resources available for conducting a response in this care setting. The five (5) essential features are described below.

#### Common Command Structure

ALICS 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 and that the Incident Commander has ultimate authority over the response. A single command exists when a single agency or discipline responds to an event; for example, the missing resident response may be conducted by the facility alone, and if the resident is found quickly there is no need for outside agencies. However, if the incident requires an expanded search, then law enforcement and other agencies may be involved. When multiple agencies or disciplines are working together at a scene, there is a unified command structure that allows for coordination in response actions.

#### 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 organization expands. Only those functions or positions necessary for an incident are activated. This is known as “scalability” because the number of positions activated is determined by the need and the resources available. The Incident Commander is responsible for activating or deactivating positions.

#### Management by Objectives

The Incident Commander initiates the response and sets the 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 organization’s policy and direction. This includes an assessment of the incident beginning with the current situation and including projected impacts and predicted conditions. To meet the overall mission, there will be overall command objectives, but individual sections will establish incident objectives as well as the strategies to achieve these broad objectives. Because emergency response is not “business as usual,” clearly defined objectives will allow staff to focus on their roles in the response and the clear priorities identified by command, avoiding duplication of efforts or the 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**. The operational period refers to the amount of time it is projected to take to meet the strategies and tactics identified in the response. The operational period does not need to correspond to shift hours. It can be revised to shorter or longer based on how things are going. It is the role of the Incident Commander to set the operational period.

### Common Terminology/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 nomenclature that may not be clearly understood by all planning and response partners. A common terminology helps to define the common organizational 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 develop memorandums or agreements to share personnel is enhanced.



## IV. INCIDENT MANAGEMENT TEAM FOR ASSISTED LIVING FACILITIES

### Incident Management Functions

It is important to understand that ALICS is a management system-not an organizational chart. It is based on some key principles:

- Every incident or event requires that certain management functions be performed. The problem encountered is evaluated, a plan to remedy the problem is identified and implemented, and the necessary resources assigned. To accomplish this efficiently, several functions must be addressed. The standardized positions of ALICS reflect the management system for the functions of command, operations, logistics, planning, and finance/administration. These functions are described below.
- The ICS organization frequently does not correlate to the daily administrative structure of the agency or nursing home. This means that the role a staff person performs during the usual business day may not be the role they perform during an emergency activation. This practice is purposeful and done to reduce role and title confusion. Those positions activated in the response come together to serve as the *Incident Management Team (IMT)*, whose purpose is to respond to and recover from the event through coordinated objectives and tactics.
- Position titles within the IMT reflect standardized ICS terminology and should remain unchanged; this promotes interoperability between response partners, allowing for sharing of personnel resources among organizations.
- The IMT structure consists of functional groups that reflect the hierarchy of the command structure. These include the command, general, and branch staff with sections clearly identified by the roles and responsibilities they carry out.
  - The **Incident Commander** is the only position always activated in an incident regardless of its nature. In addition to Command, which sets the objectives, devises strategies and priorities, and maintains overall responsibility for managing the incident, there are four other management functions.
  - **Operations** conducts the tactical operations (e.g., resident services, clean-up) to carry out the plan using defined objectives and directing all needed resources.
  - **Planning** collects and evaluates information for decision support, maintains resource status information, prepares documents such as the Incident Action Plan, and maintains documentation for incident reports.
  - **Logistics** provides support, resources, and other essential services to meet the operational objectives set by Incident Commander.
  - **Finance/Admin** monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses. They also handle claims and screen volunteers.

On small-scale incidents, **the Incident Commander may be able to accomplish all five (5) management functions alone**, but on larger incidents effective management may require that the Incident Commander establish one or more of the four (4) other functions and appoint Section Chiefs.

Because the role of the Incident Commander is quite vast, “helper” positions have been identified to assist the Incident Commander if needed. The **Command Officers** may be activated to perform specific functions related to command and they report directly to the Incident

Commander. In ALICS, these command positions include **the Public Information Officer (PIO)**, and the **Medical Specialist**. The specific role of these “helpers” will be described in the next section.

### Building the IMT

The development of the IMT is based on the essential elements of ALICS. The system is scalable and flexible, and uses a modular organization to respond to the event. As previously stated, **the Incident Commander is the only position that is always activated**. Activating additional positions is considered when the event duration increases, when situational information provides insight on the possible impact to the facility and when the span of control is exceeded. Management tools have been developed to help determine the need for activating additional positions. These tools (**Job Action Sheets, Forms, and Incident Response Guides**) should be customized by individual facilities based on their staffing and possible response actions.

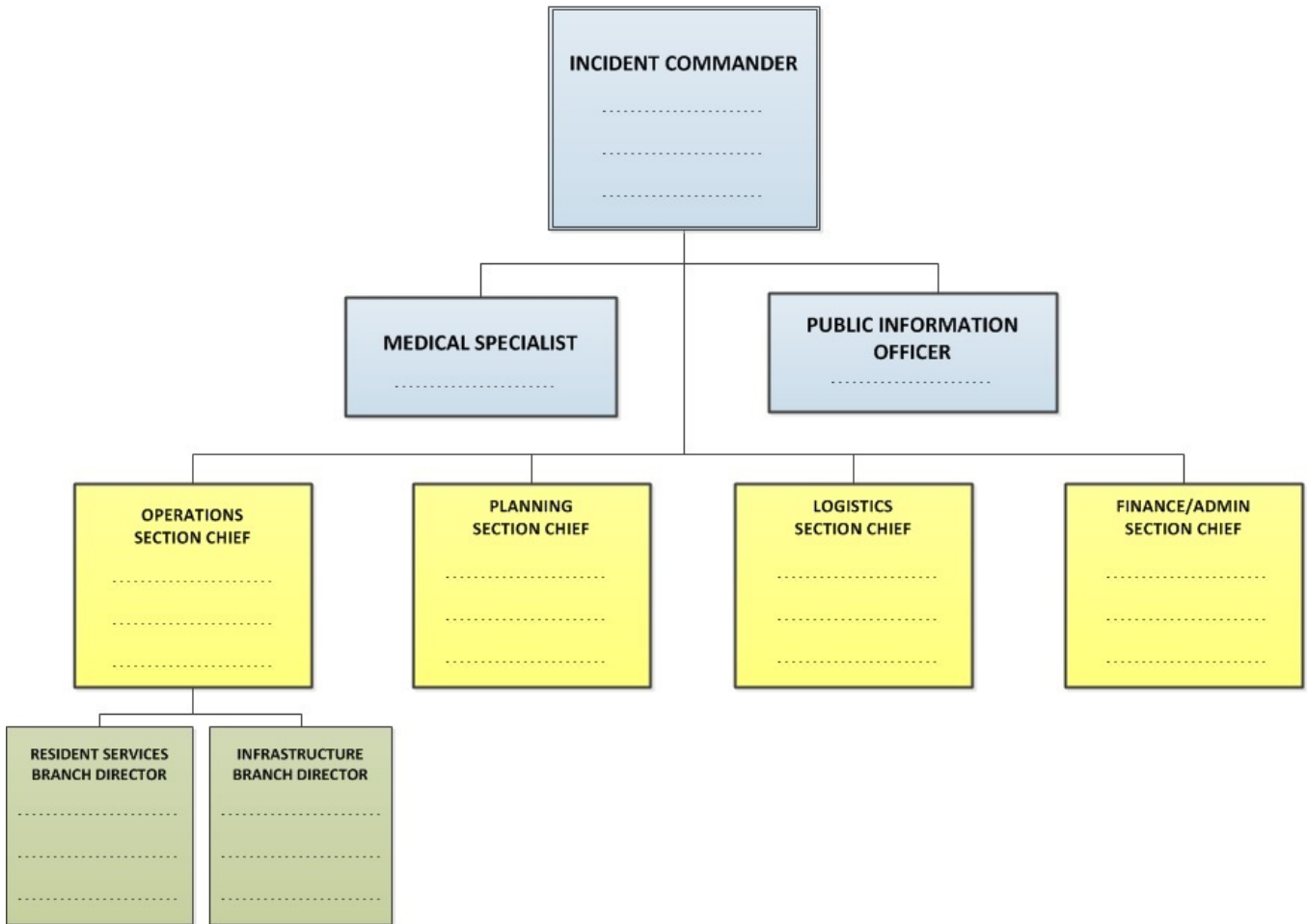
Position titles within the IMT define the role and the tasks assigned to that role. Titles identify the hierarchy within the chain of command. These titles include:

- **Commander:** there is only one **commander position** during the incident response, this being the Incident Commander.
- **Officers:** officers are part of the **command section**. In ALICS, the officer roles are the **Public Information Officer**, and **Medical Specialist**. These positions report directly to the Incident Commander.
- **Chiefs:** oversight for the section is provided by a **Section Chief (Operations, Planning, Logistics, and Finance/Administration)**.
- **Directors: Branches** may be activated under the **Operations section** to maintain the chain of command and provide specific duties and actions as identified by the position title. Within the Operations Section, there is a **Resident Services Branch** and an **Infrastructure Branch**, with oversight provided by Directors, as it understood that this is where the bulk of the staff will be assigned.

The ALICS incident management team chart illustrates how authority and responsibility is laid out during an activation of the emergency plan. In traditional Incident Command, there are five (5) sections: Command, Operations, Planning, Logistics, and Finance. As stated earlier, the Incident Commander position is the only one that is always activated in an emergency or a small scale incident. The Incident Commander may be able to accomplish all five management functions without the activation of additional positions. For large incidents additional positions may be activated, with the overall goal to maintain the span of control and meet the needs of the facility based on the available resources. ALICS positions are assigned to personnel as indicated by the situation, and may be activated or deactivated as the incident unfolds and the needs change or become more clearly defined.

Within the Incident Management Team chart, positions are demonstrated for optimal staffing. When positions cannot be activated due to staffing, the roles and responsibilities are rolled into the highest position activated. For example, if the position of Public Information Officer cannot be activated, the tasks for that position become the responsibility of the Incident Commander.

### ASSISTED LIVING INCIDENT COMMAND SYSTEM (ALICS)



## ALICS Incident Management Team - Positions Defined

### Command

- The **Incident Commander** is the only position that is always activated. The Incident Commander activates and directs the response through the development of command objectives to direct the response. In many cases, the Incident Commander may be the only position that is activated. A critical responsibility of the Incident Commander is the decision to evacuate the facility. Based on the incident hazard that causes evacuation, this can be a difficult decision and is based on overall situational information, the projected impact, the threat to life and property, and the capability for safe evacuation.
- The **Medical Specialist** is the person with specific expertise in clinical areas such as infectious disease, trauma management, and medical ethics who may be asked to provide the Incident Command staff with needed advice and coordination assistance. This role may be filled by persons outside of the facility but ideally will be filled by the facility's Medical Director or consultant who has familiarity with the resident population, and the disaster plan for the facility. In the IMT illustrated in the beginning of this chapter, the Medical Specialist reports to the Incident Commander; however, in actual event, this specialist may work directly with operations personnel providing advice or guidance in the response activities.
- The **Public Information Officer (PIO)** is the person who has been identified as the spokesperson for the facility. Ideally, they will be someone who has had training in effective communication. The PIO provides communications to all applicable parties (residents, families, staff, media, etc. under the direct authority and at the direction of the Incident Commander. Additionally the PIO is the position that manages media inquiries and public relations matters.

### Operations

- Many incidents that occur involve altered conditions of care for the residents. There could be environmental changes such as loss of power and/or poor air quality that will require emergency measures to protect residents from harm. There also could be injured or ill residents and staff who will require first aid and/or an environment that needs immediate cleaning or repair. These critical actions become the responsibility of the **Operations Section** who will be responsible for managing the tactical objectives outlined by the Incident Commander.
- The **Operations Section** is considered the "doers" and consists of three (3) positions. Oversight of the Section is by a Chief. Additional positions include a **Resident Services Branch Director**, and an **Infrastructure Branch Director**. Under these two branches, staff will carry out needed tasks related to resident care, and physical plant. These tasks could include Nursing, Psychosocial, Admit/Transfer & Discharge, Dietary, Environmental, and Physical Plant/Security depending on the situation.

- The **Operations Section Chief** oversees all tactical operations carried out within the response. He/she will activate the additional positions based on the needs of the event, as well as the availability of qualified personnel to fill the positions. Remember that if a position is needed but there is insufficient staffing to fill that position, the functions of that position are assumed by the highest position activated in that section.
- The **Resident Services Branch Director** is responsible for the continuation of resident services as well as the provision of care to residents, staff and visitors who are injured or become ill due to the incident. The **Resident Services Branch Director** may assign staff to ensure continuation of resident services, as provided by the facility. The Resident Services Branch Director must also ensure that residents are accounted for and tracked, and that services needed to sustain operations are identified and provided.
- The **Infrastructure Branch Director** is responsible for the continuation of those services that support the care in the facility including dietary, housekeeping, power, lighting, water, sewage, and other essential services. The **Infrastructure Branch Director** may also be required to assess the structural soundness of the facility in the event of an assault on the building such as from an earthquake, tornado, or fire, and then advise the Operations Section Chief on the capacity of the structure to sustain occupancy.

In ALICS, **security** is handled under the **Infrastructure Branch**. This branch is responsible for ensuring that the facility and the surrounding grounds are secure during the response. This may include traffic control as well as lock-down of the facility due to security threats, structural damage or infectious disease outbreaks. Planning should address the use of facility personnel to perform this role but also the integration of local law enforcement and/or private security firms if needed.

Within these established positions in the IMT, staff in day-to-day positions may continue their tasks and actions, reporting their status to the applicable branches. For example: the facility housekeeper(s) may report observed damages after an earthquake to the Infrastructure Branch Director. Those personnel who provide resident services, such as activities director, physical or occupational therapy, may report their status to the Resident Services Branch Director.

### Logistics

- The **Logistics Section** is considered the “getters” for the response. Logistics provides the necessary services and support to sustain operations during the emergency response. This section identifies and inventories current resources including supplies, equipment, and personnel, and obtains those additional items needed to support operations.

The **Logistics Section Chief** oversees the provision of services and support to sustain current operations and the operational response to the incident. This section’s responsibilities

include personnel/manpower, supplies, equipment, pharmaceuticals, and vehicles. The Logistics Section works closely with the Operations Section, responding to supply requests and their acquisition based on the needs of the response. During pre-event planning, a staging area (or areas) should be established and identified in the Emergency Operations Plan (EOP). The staging area will be a central location, large enough to allow for the collection of personnel, vehicles, and equipment/supplies needed in the response. The Logistics Section Chief provides oversight and direction at the staging area(s), maintaining an inventory of those supplies. During a response, needed items that are not “in-house” may be obtained from off the shelf stores or through standard ordering procedures, emergency procurement contracts, mutual aid agreements between facilities, corporate support, and/or requests to the local Emergency Operations Center.

### Planning

- When sufficient staff are available, and when the impact of the event is sustained, the **Planning Section** or “thinkers” may be activated. The role of the Planning Section within the ALICS Incident Management Team is to gather and validate information from both internal and external sources. The Planning Section must also gather, analyze, and track situational response data, providing up-to-date and accurate information regarding residents, staff, supplies, equipment and other resources, and projecting the ability to sustain operations based on the current and future status.

As outlined in NIMS, the Planning Section will “collect, evaluate, and disseminate incident situation information and intelligence to Incident Commander.” They will also be responsible for preparing status reports, displaying various types of information, and developing the **Incident Action Plan** (IAP). The effectiveness of the Planning Section has a direct impact on the availability of information needed for the critical, strategic decision-making done by the Incident Commander and the other General Staff positions.

### Finance/Administration

- The **Finance/Administration Section Chief** oversees the costs and expenditures incurred by the response actions, including the purchasing of supplies and equipment. The Finance/Administration Section must also account for lost revenue associated with the response and recovery and ensure thorough investigation and documentation of incident-related claims. Additionally, the Finance/Administration Section Chief must process resident/visitor injury and workman compensation claims and assist in the screening of volunteers who will be assigned to duties during the response. The costs of items procured in the response will be documented, with projections for ongoing costs that may be incurred in the response and recovery phases. The position is also responsible for coordinating all claims and compensations related to response and recovery efforts. These may include insurance and government claims related to the response as well as compensation claims related to employee, visitor, or resident injury or illness.

## Position Crosswalk

To further explain the roles within the IMT, suggested assisted living positions that may fill the IMT roles have been identified. The identification of traditional positions to fill the IMT roles provides a source of discussion in the planning stage. A key step in this process is to review the roles and responsibilities of the position as identified in the Job Action Sheet, and identify the most skilled person to fill the role.

The following chart is a list of suggested persons to fill the IMT roles.

ALICS POSITION	ASSISTED LIVING FACILITY POSITION
INCIDENT COMMANDER	EXECUTIVE DIRECTOR/CAMPUS ADMINISTRATOR
ALTERNATE INCIDENT COMMANDER	CLINICAL SERVICES DIRECTOR
MEDICAL SPECIALIST	HEALTH CARE CONSULTANT, ATTENDING MD, PUBLIC HEALTH
PUBLIC INFORMATION OFFICER	EXECUTIVE STAFF/MARKETING DIRECTOR
OPERATIONS CHIEF	CLINICAL SERVICES DIRECTOR OR MAINTENANCE DIRECTOR
ALTERNATE OPERATIONS CHIEF	ASSISTANT DIRECTORS TO THE POSITIONS ABOVE
RESIDENT SERVICES BRANCH DIRECTOR	STAFF WITH MEDICAL TRAINING
INFRASTRUCTURE BRANCH DIRECTOR	STAFF WITH KNOWLEDGE OF PHYSICAL PLANT
PLANNING SECTION CHIEF	ASSISTANT EXECUTIVE DIRECTOR/ASSISTANT CAMPUS ADMIN
ALTERNATE PLANNING SECTION CHIEF	STAFF WITH CLERICAL/RECORD-KEEPING TRAINING
LOGISTICS SECTION CHIEF	ASSISTANT DIRECTOR/DIRECTOR DIETARY SERVICES
ALTERNATE LOGISTICS SECTION CHIEF	STAFF WITH CLERICAL/PROCUREMENT EXPERIENCE
FINANCE/ADMIN SECTION CHIEF	BUSINESS/FINANCE DIRECTOR
ALTERNATE FINANCE/ADMIN CHIEF	STAFF WITH ADMINISTRATION/FINANCIAL EXPERIENCE

## V. Incident Action Planning and Management By Objectives

### Incident Action Planning

In developing the response to the event, certain steps should be taken to guide the response. These steps are part of the Incident Action Planning. The incident planning process is a core concept of ICS and takes place regardless of the incident size or complexity. This planning involves six essential steps:

#### 1. Understanding the facility's emergency operations program

The command and general staff, in developing the response actions to undertake, must be trained in and guided by the facility's emergency operations program and policies and procedures as they apply. Ideally, the response procedures from the facility's "all hazards" plan will provide the foundation for the actions of the IMT.

#### 2. Assessing the situation

Situational intelligence is critical in developing the response actions, providing insight to the impact, and projecting the span of the event. Assisted living facilities should have access to established mechanisms and systems within the community (city, county, regional, or state) that will provide and verify situational information in a timely manner. Another component in assessing the situation is determining the actual and potential impact on the facility itself, based on current resident and employee status, the status of the building(s) and grounds, and the ability to maintain resident services.

#### 3. Establishing incident objectives

The Incident Commander sets the overall command objectives for the response. He/she sets the direction for the response actions, setting the mission of the facility in the emergency response. For example, in an incident involving power failure, ensuring the safety of the residents and employees is the highest priority. The Incident Response Guides provide examples of objectives that apply to the response based on the cause. These may be used in the Incident Action Planning process.

#### 4. Determining appropriate strategies to achieve the command objectives

After the Incident Commander has set the command objectives, the section chiefs then determine the appropriate strategies to undertake in the response. This provides a plan of action for each section, clearly identifying actions and duties while ensuring that there is no duplication of efforts. Objectives should be developed that provide clear direction and clearly define what is to be done. For example, assessing the building for structural damage after an earthquake is a clear objective to be carried out.

#### 5. Giving direction and ensuring that it is followed

Directions from Command provide the responders with the actions to be taken, and identifies the resources needed to complete the task. For example, assessing the facility after an earthquake will require the necessary tools such as protective equipment, checklists



to document the assessment, etc. Actions undertaken should be assessed for their effectiveness, with the objectives and directions adapted if they are unsuccessful.

## 6. Monitoring progress and providing necessary back-up

When direction is initiated, support is needed to meet the objectives. Progress towards objectives is reported through briefings, both at the general and Command levels. These briefings allow for a review of the progress towards objectives and possibly the revision of the plan. This may include revision of the actions taken in the response, the assignment of additional resources (personnel, supplies and equipment) as well as the revision of tactical objectives.

## Management by Objectives

The foundation of healthcare incident action planning is Management by Objectives (MBO). The Incident Commander sets the overall command objectives for the response and recovery. Through this process, staff within operations, logistics, and planning are given a clear direction to follow and are then able to develop strategies for their respective sections. Consider the following example that demonstrates the application of command objectives and strategies. A community-wide power outage impacts the assisted living facility through loss of services. The situation must be contained and the incident managed to avoid negative impacts on the residents. At the assisted living facility, the emergency operations plan has been activated. The Incident Commander identifies the command objectives for this response as:

1. Ensure the safety of residents, visitors, and staff
2. Maintain emergency power systems
3. Minimize impact on the assisted living facility operations

For the Operations Section (those who provide care to residents and maintain the facility infrastructure) the strategies and tactics that meet the command objectives include:

4. Command Objective: Ensure the safety of residents, visitors, and staff
  - a. Strategy: Assess residents for risk and prioritize care and resources as indicated
    - i. Tactic: Assign staff to resident care areas for status checks
    - ii. Tactic: Move “at risk” residents to central area for continuous care and supervision
    - iii. Tactic: Consolidate all entry into facility to one portal to control visitors

For the Logistics Section, whose role is to provide the necessary supplies and equipment to support Operations, the strategies and tactics may include:

5. Command Objective: Maintain emergency power systems
  - a. Strategy: Maintain generator function and emergency lighting
    - i. Tactic: Inventory fuel supplies
    - ii. Tactic: Issue flashlights to key staff
    - iii. Work with Operations to prioritize emergency power supplies for high need areas

## Documenting the Objectives, Strategies and Tactics:

### The Incident Action Plan (IAP)

ALICS forms provide guidance and serve as documentation tools that direct the response and archive the objectives, strategies, and tactics. They are also used as a method for documenting the personnel, supplies, and equipment used in response and recovery phases.

## VI. ALICS FORMS and RESOURCES

### Job Action Sheets

Job Action Sheets are generic forms used in all response and recovery efforts that describe the duties of each position. Each Job Action Sheet (JAS) identifies the position by title followed by a mission statement that reinforces the roles and responsibilities assigned to that position. An information box is found at the top of each JAS, allowing for documentation of the position assignment and key response information, including location and contact data.

The JAS provides a chronological list of tasks to consider in the response. This serves not only as a response guide but also as a documentation tool. The design allows for recording what action was taken, by whom, the time, and other pertinent details.

On the JAS for Command and General (Section Chiefs) staff, actions are grouped into four (4) time periods:

<b>Immediate</b>	<b>0-2 hours</b>
<b>Intermediate</b>	2-12 hours
<b>Extended</b>	Beyond 12 hours
<b>Demobilization/System Recovery</b>	

On the JAS for Branch staff, the actions are grouped into two time periods:

<b>Immediate</b>	<b>0-2 hours</b>
<b>On-Going</b>	Ongoing until told to resume normal duties

The JAS also includes a list of job tools: those additional items that will facilitate the response. These may include copies of specific forms, communication tools such as radios, and response-generated paperwork. As with other sections of the JAS, this area may be revised to include those response tools that will aid the person assigned to the position.

The JASs should be customized to the individual facility. This can be done in the planning stage, allowing qualified persons who are identified to fill the positions to review the tasks, recommend changes to better explain the actions and incorporate additional tasks specific to the facility. In the after-action phase, the JASs should be reviewed, noting if tasks were completed, the time of completion, and any additional actions undertaken not currently on the JAS. This will allow for revision of the JASs with the resulting enhancement and customization of the guide. JASs have been developed for all positions identified on the IMT. The Job Action Sheets are contained in Attachment D.

### Incident Planning and Incident Response Guides

Additional tools that can be used in all phases of the assisted living's emergency management program are the Incident Planning and Response Guides. Each Incident Planning Guide (IPG) is a

checklist that begins in the planning phase, identifying those actions that may be considered to lessen the impact of the event (mitigation) as well as those actions that may be undertaken in the planning stage, including the development of policies and procedures that will be used in the response. IPGs also include consideration of activities for the response and recovery phase. The IPG is intended to provide guidance in evaluating a plan that may be already written for a particular situation or may be used to write a plan for that situation.

Incident Response Guides (IRGs) detail those actions to be addressed in the response and demobilization (recovery) phases. As with the Job Action Sheets, the actions are organized into the four time periods of Immediate, Intermediate, Extended, and Demobilization. The IRG should be reviewed and customized by the assisted living facility, incorporating facility-specific information such as contact information, policies and reporting structures.

Incident Planning and Response Guides have been developed for events most likely to impact an assisted living facility. These are: Biologic-Pandemic Influenza, Fire, Major Earthquake, Internal Flooding, Severe Weather, and Man Made Disaster: Loss of Power.

#### **Differentiating Job Action Sheets and Incident Response Guides**

The Job Action Sheets are developed as guidance and documentation tools for the actions assigned to the position and the person filling the position. The Job Action Sheets are “generic,” meaning that the actions and tasks are applicable for all events, regardless of size or cause. The Incident Response Guides are a complementary tool, identifying actions to be considered based on the event that triggers the activation. As an example, the Operations Section Chief will first review then carry out the actions listed on the Job Action Sheet. The Incident Response Guide (IRG) will then list actions to undertake specific to the incident, such as implementing the fire response plan.

The Incident Planning and Response Guides are contained in [Attachment F](#).

## Key information on the ALICS forms

**Incident Name:** The event that triggers the activation of the emergency operations plan and the incident management team structure is given a specific name that is then recorded on all ICS forms. If the event affects only the assisted living facility, the Incident Commander will identify the name. For example, a fire at the facility may be named Assisted Living Facility Fire. If the incident occurs outside of the facility, the lead agency or local emergency management will name the incident. This incident name should be used on all ICS forms produced by the facility, providing clear documentation in response to the external event.

**Operational Period:** This refers to the amount of time it is projected to take to meet the strategies and tactics identified in the response. The operational period does not need to correspond to shift hours. The operational period may be revised to a longer or shorter period based on the incident, the response actions, and the evaluation of efforts undertaken. There is one Incident Commander for the operational period. Turnover of incident management team positions and new strategies and tactics signals a new operational period. It is the role of the Incident Commander to set the operational period.

**Recording of time and date:** The time used on all forms is based on a 24-hour clock. For Example, 10 o'clock in the morning is documented at 1000 while 10 o'clock at night is documented at 2200. Standardizing everyone's watches and clocks at the outset of an operational period will help to insure reporting time accuracy.

Dates are expressed in a year/month/day format. For example, June 18, 2013 is written as 2013-06-18.

**Names and Titles:** Position titles have been identified for ALICS that are consistent with standard incident command system terminology. These include Commander, Section Chiefs, and Branch Directors. This allows for positions to be shared with other organizations, and also enhance communication among response partners through the use of common terminology.<sup>1</sup> In documenting the response on the ALICS forms, the names of persons filling the IMT positions should include the full name.

**Prepared by:** Each form identifies the position within the Incident Management Team responsible for completing the form. This task is also reflected on the Job Action Sheet for each position.

**Facility Name:** The name of the long-term care facility that is utilizing the form is documented. This allows for information to be shared with other response partners or with other facilities that may be part of a larger consortium.

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<sup>1</sup> The use of common terminology is one of the foundational characteristics of the Incident Command System, as defined within the National Incident Management System (NIMS).

**Approved by:** On some forms, the completion of the form for accuracy and applicability may be reviewed by another position within the IMT. This will be noted on each form, with space provided for signatory approval.

**Purpose and Copies:** In the footer section of each form there is guidance provided on the purpose of each form and the routing or distribution of each form. Assisted living facilities may elect in the planning stage to review the routing of forms, providing customization in the distribution.

**Legibility:** As with all documentation in healthcare, writing should be legible. Beyond guiding the response, ICS forms may be used in recovery, review of the response, and financial reimbursement. The documentation should be legible, providing a clear message for all response partners internal and external of the nursing home.

## ALICS INCIDENT ACTION PLANNING FORMS

For use in Incident Action Planning by assisted living facilities, 15 forms have been adapted. Each form has a specific purpose in both directing and documenting the response.

### ALICS FORM 201: INCIDENT BRIEFING AND OPERATIONAL LOG

The Incident Briefing and Operational Log contains the initial overview of the event, including the cause, initial impact, actions taken, and other critical information. This form is completed by the Incident Commander and should provide a clear and succinct overview of the situation to incident management team members. Then, this form can be used for the Command and General staff as their Operational Log to document assignments and key actions taken in their section/branch during the event. Each person with a Command or General staff assignment should complete an operational log, documenting their assignment, actions taken, critical information received, and other key information and decisions as determined by the individual. This critical chronology of information serves multiple functions: as a record of the work performed during the operational period; as a personnel log to assist with reimbursement; as a guide for the after-action review; and as a resource tool for personnel assuming the same position in follow-up operational periods.

### ALICS FORM 202: INCIDENT OBJECTIVES

As previously noted, the Incident Commander sets the overall command objectives for the response. These are documented on ALICS form 202. The incident name and operational period, as first identified on ALICS form 201, are repeated on ALICS form 202. Weather conditions are documented on this form, in consideration of any operations that may be impacted by inclement weather, such as heat, rain, extreme cold, etc. As an example of the importance of weather conditions, consider a facility evacuation due to power failure. If there is extremely hot weather predicted for the next 12-hours, it may not be safe to move residents to an external location to await transportation. The Logistics Section may be required to provide shelter from the heat if residents must wait outside for prolonged periods.

General safety information is also reflected on ALICS form 202. In the example above, safety information may include use of tents or overhead shelters for staging of residents, directions to drink water and watch for signs of heat exposure to residents and staff. A separate section is available to indicate any attachments to the form; some examples are contained but there is opportunity here for customization. For example, if a local health alert is issued in response to an infectious disease outbreak, the guidance from the health officer may be attached here. This is a key reference document in the development of strategies and tactics identified for the event response.

The Incident Commander will approve all information contained on ALICS form 202. The Planning Chief has the responsibility for completing the form; if this role has not been activated or cannot be filled, the Incident Commander assumes the responsibility.

### ALICS FORM 203: ORGANIZATION ASSIGNMENT LIST

This form provides a documentation tool that reflects those positions on the Incident Management Team chart that are activated in the response, and the personnel currently assigned to the position.

### ALICS FORM 205: INCIDENT COMMUNICATIONS PLAN

Communications are an integral element of the response, and are most often cited as a failure in the response. This form allows for clear assignment of available technology, including radios, telephones, pagers, and other devices. Facilities may elect in the planning stage to complete this form with the systems and technology currently available. Decisions may also be made in the planning stage concerning the assignment of response specific to technology and tools. For example, if the facility has four (4) two-way radios available for use in the response, these may be indicated on the form along with the IMT position to which each radio is assigned.

### ALICS FORM 206: STAFF INJURY PLAN

In some cases, the care of ill or injured employees must be considered. If there is infrastructure damage to the facility that causes injuries to staff or if there is an infectious disease outbreak that requires assessment and prophylaxis of employees, the assisted living center may need to care for its staff. ALICS form 206 documents these actions, providing clear direction as to the location of occupational health services and accountability for protection of employees.

### ALICS FORM 213: INCIDENT MESSAGE FORM

Clear documentation of messages received and sent in activation is important both for ensuring critical information flow and follow-up actions taken. The person sending the message should document legibly the request being made, including the need for follow-up of actions taken. Persons receiving messages should use the form to document actions taken as requested and provide answers to messages. This form may also be used for documentation of telephone or radio messages received, again serving as a tool to record requests and actions. The ALICS form 213 may be produced on NCR (non-carbon) paper, allowing for multiple copies of the messages to be routed accordingly. When used effectively, this allows for message archive without the use of a copy machine.

### ALICS FORM 251: FACILITY SYSTEM STATUS REPORT

This form can and should be customized to the individual assisted living facility. Used when there is structural damage (power failure, earthquake, severe weather, and fire) key information is gathered on the infrastructure of the facility. This will aid in determining the capability of the facility to sustain operations, as well as provide clues to system recovery for engineers.



### ALICS FORM 252: SECTION PERSONNEL TIME SHEET

This form is used when an alternative staff time tracking system is needed due to power failure or other incident related conditions. This form can also be used to document the persons assigned to IMT positions, facilitating cost projections and financial reimbursement when possible.

### ALICS FORM 253: VOLUNTEER STAFF REGISTRATION

This form is used to document those non-assisted living personnel who respond and are assigned to the facility in support of operations. This form is used to document the screening of volunteers through reference or criminal background checks and/or credentialing if feasible, and then is used to track these persons to facilitate financial reimbursement when possible.

### ALICS FORM 254: MASTER EMERGENCY ADMIT TRACKING FORM

In the event the assisted living facility receives residents or other individuals from the response or as transfers from another facility or the community, this form is used to document those persons received.

### ALICS Form 255: MASTER RESIDENT EVACUATION TRACKING FORM

This form provides documentation for tracking of assisted living residents who are evacuated from the facility in response to a disaster. This form may be customized during the planning stage to provide greater specificity to the resident requirements and special considerations of the individual assisted living facility.

### ALICS FORM 256: PROCUREMENT SUMMARY REPORT

This form is used by the Finance/Administration Section to track all supplies and equipment procured in the response and recovery phase, providing an ongoing cost assessment tool for current and projected operations.

### ALICS FORM 258: FACILITY RESOURCE DIRECTORY

The resource directory can be customized in the planning stage to identify those current resource partners, such as transportation services and supply vendors, as well as those resources that may only be used in an emergency such as emergency management officials, health officials, and repair services. It is critical during the response to have accurate contact information, with redundancies of information. This data can be collected well in advance of an event, and may serve to identify those response partners within the jurisdiction of the assisted living facility that can be engaged in planning.

### ALICS FORM 259: MASTER FACILITY CASUALTY AND FATALITY REPORT

In the event of resident injury or death, this form may be used to report to local health and emergency management officials, as defined within the jurisdiction. In planning, the release of

information should be discussed, identifying those agencies or individuals to whom potentially confidential information will and will not be released.

#### ALICS FORM 260: INDIVIDUAL RESIDENT EVACUATION TRACKING FORM

This form is used for individual resident evacuation, providing a clear and concise overview of individual needs that will be communicated to the receiving assisted living facility, nursing home, hospital, or shelter site. ALICS form 260 may be produced on NCR (non-carbon) paper, allowing for copy to keep and a copy to send to the receiving facility without the use of a copy machine.

#### ALICS FORM 261: INCIDENT ACTION SAFETY ANALYSIS

This form is used to record potential or actual safety hazards that are identified during the management of an incident. Information necessary to complete this form includes a description of the potential or actual hazard, identification of the section of incident management and specific location of the hazard, type(s) of mitigation performed and a record (sign-off) of when mitigation has been completed.

## VII. OTHER CONSIDERATIONS

### Facility Command Center (FCC)

It is important that an area be designated within the assisted living facility to serve as the FCC. 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 IMT positions who will operate from this area. Access to phones, computers with internet capability, printers, fax machine, and general supplies (paper, pencils, etc.) will be important. Having a large whiteboard for documentation and projection capability may be helpful. Convenient access to bathrooms and food will also be important. Space should be organized so each command position has an area and access to available technology. Persons assuming a command role should be easily identified by use of vests or other suitable clothing item (i.e. hat, armband).

### Utilizing ALICS on Multi-level Campuses

Many assisted living facilities are part of a multiple level campus that includes a SNF and independent retirement housing. In this situation, the executive leaders and key management staff from each program should decide how best to structure the IMT for their unique situation. For most campuses, this will involve having one IMT and one FCC that oversees response for the entire campus and supervises the staff of all facilities, departments and care levels. This approach will maximize resources and support a unity of command where staff from all various programs on campus will be incorporated into one command structure. Some exceptionally large campuses or those that are geographically spread out over a great distance such as some county or state institution may choose to appoint an Incident Commander and IMT for each level of care, with a plan for unified communication and oversight by the executive staff. In this situation, each facility or program will establish its own objectives and incident action plan and will operate out of its own FCC.

The principles of ICS that are embodied in NHICS and ALICS are the same. The position names and forms are standardized and designed to be interoperable. When a center has both a SNF and an assisted living facility, they can decide to utilize the NHICS forms, the ALICS forms, or some from each, and the system will still work well.

### Incorporating ALICS into Drills and Exercises

Like anything else, utilizing ALICS becomes easier with practice. For this reason, it is important that assisted living facility staff is given the opportunity to practice ALICS on regular basis so they will be able to use it when the incident hits. Assisted living providers are encouraged to incorporate the ALICS principles, positions, and forms in all their disaster trainings and drills, and to use it to manage planned events like a campus-wide celebration. Utilizing ALICS will be especially helpful when assisted living facilities participate in community-based exercises. ICS is the standardized language of response utilized by response partners all over the country. When long term care providers demonstrate an understanding of ICS they are able to interact much more effectively with their response partners.

## VIII. ACRONYMS

ALICS.....	Assisted Living Incident Command System
EMP .....	Emergency Management Program
EOC .....	Emergency Operations Center
EOP .....	Emergency Operations Plan
FCC .....	Facility Command Center
HICS .....	Hospital Incident Command System
IAP .....	Incident Action Plan
ICS.....	Incident Command System
IMT .....	Incident Management Team
IPG.....	Incident Planning Guide
IRG .....	Incident Response Guides
JAS .....	Job Action Sheet
LTC .....	Long-Term Care
MBO .....	Management by Objective
NH .....	Nursing Home
NHICS .....	Nursing Home Incident Command System
NIMS.....	National Incident Management System
SNF .....	Skilled Nursing Facility

## IX. ATTACHMENTS

Attachment A: Incident Management Team (IMT) Chart

Attachment B: A Quick Guide to Job Responsibilities and Authorities

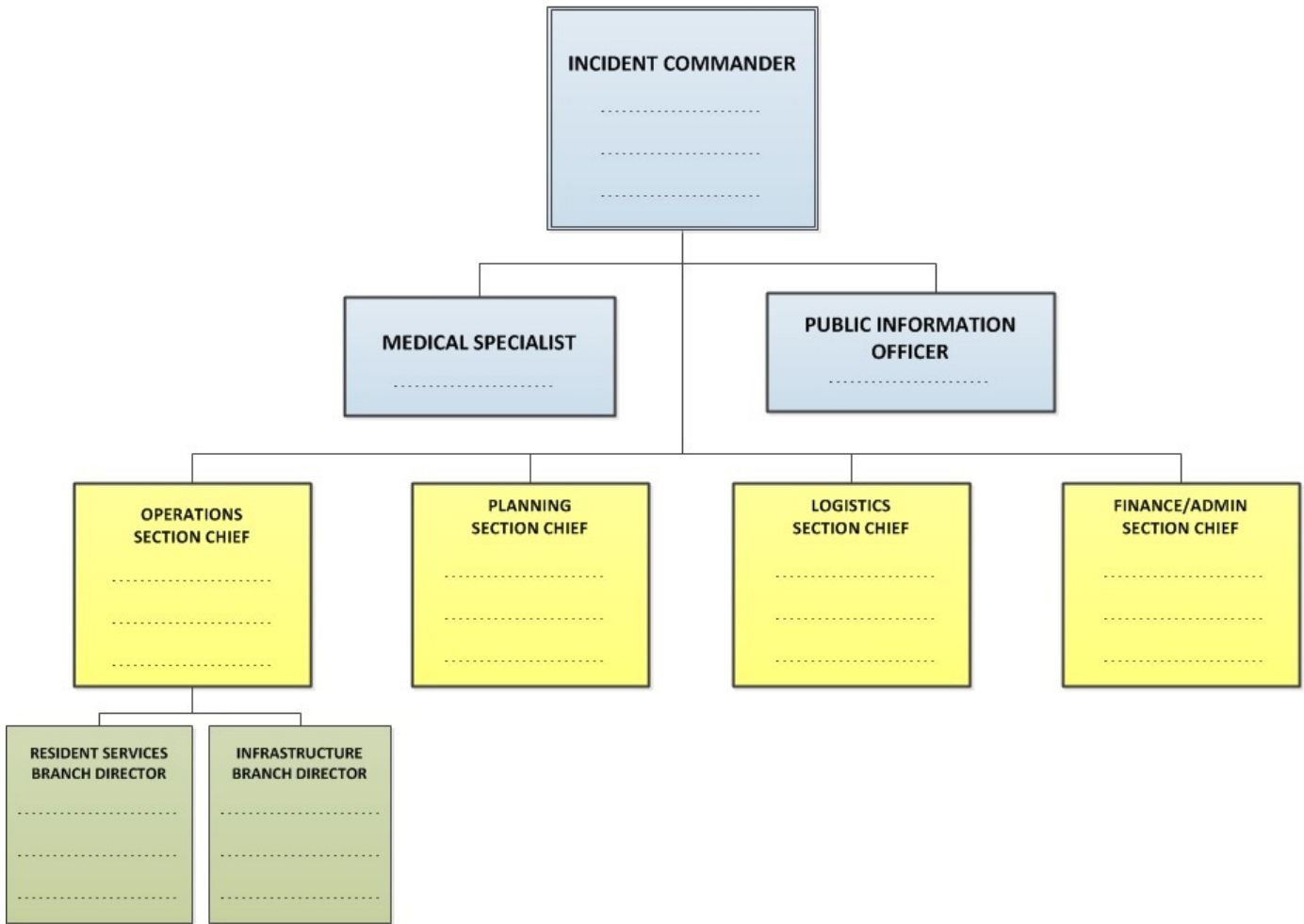
Attachment C: Job Action Sheets

Attachment D: ALICS Forms

Attachment E: Incident Planning Guides (IPGs)/Incident Response Guides (IRGs)

Attachment A: Incident Management Team (IMT) Chart

**ASSISTED LIVING INCIDENT COMMAND SYSTEM (ALICS)**



## Attachment B: A Quick Guide to Job Responsibilities and Authorities

<b>ASSISTED LIVING INCIDENT COMMAND SYSTEM (ALICS) A QUICK GUIDE TO JOB RESPONSIBILITIES &amp; AUTHORITIES</b>	
POSITION	JOB RESPONSIBILITIES
<b>INCIDENT COMMANDER</b> <i>(CONDUCTOR)</i>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Responsible for all incident activities including development of incident objectives, strategies, and tactics, and release of resources.</li> <li><input checked="" type="checkbox"/> Overall authority and responsibility.</li> <li><input checked="" type="checkbox"/> Makes assignments for IMT, authorizes evacuation.</li> </ul>
<b>MEDICAL SPECIALIST</b> <i>(INCIDENT COMMANDER HELPER)</i>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Consults with incident commander and/or operations section chief on medical, biological, infections and/or hazmat implications.</li> <li><input checked="" type="checkbox"/> Oversees medical care for injured.</li> </ul>
<b>PUBLIC INFORMATION OFFICER</b> <i>(INCIDENT COMMANDER HELPER)</i>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Part of the Command Staff and reports directly to the Incident Commander.</li> <li><input checked="" type="checkbox"/> Responsible for the release of information as approved by the Incident Commander to the media, residents, family members, responsible parties, staff and other parties involved during an incident.</li> </ul>
<b>OPERATIONS CHIEF</b> <i>(DOERS)</i>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Manages all incident tactical activities and implements the Incident Action Plan (IAP).</li> <li><input checked="" type="checkbox"/> Oversees implementation of resident care, dietary and environmental services.</li> <li><input checked="" type="checkbox"/> Supervisory control over Branch Directors (Resident Services / Infrastructure).</li> </ul>
<b>LOGISTICS CHIEF</b> <i>(GETTERS)</i>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Provides resources and services to support the incident/operations.</li> <li><input checked="" type="checkbox"/> Oversees maintenance of physical environment, and levels of staffing, supplies and equipment including communication systems.</li> </ul>
<b>PLANNING CHIEF</b> <i>(THINKERS)</i>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Collects, evaluates and documents operational information as it relates to the incident.</li> <li><input checked="" type="checkbox"/> Develops the projections that inform long range planning.</li> </ul>
<b>FINANCE/ADMINISTRATION CHIEF</b> <i>(PAYERS)</i>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Monitors costs related to the incident, provides accounting procurement, time recording, and cost analysis.</li> <li><input checked="" type="checkbox"/> Manages incident claims and screens volunteers.</li> </ul>

Attachment C: Job Action Sheets



Attachment D: ALICS Forms

Attachment E: Incident Planning Guides (IPGs) / Incident Response Guides (IRGs)