

**Calaveras County  
ACS Activation Checklist**

**Health Officer**

- \_\_\_\_\_ Schedule Medical/Health Technical Advisory Meeting (Section I. E. 1.)
- \_\_\_\_\_ Determine number, type, and location of ACSs required.
- \_\_\_\_\_ Determine triage criteria for receipt of patients at ACS.
- \_\_\_\_\_ Identify ACS Management Team (Section I. E. 2.)
- \_\_\_\_\_ Activate ACS Management Team
- \_\_\_\_\_ Provide Incident Briefing at Planning Session (Section I. E. 3.)

**ACS Management Team**

- \_\_\_\_\_ Schedule Planning Session (Section I. E. 3.) within 24 hours.
- \_\_\_\_\_ Develop Incident Action Plan (HICS Form 204 for each unit/section)
  - Staffing
  - Equipment / Supply
  - Security
  - Patient Movement
- \_\_\_\_\_ Schedule Facility Assessment of target ACS (Section I. E. 4.- HICS Form 251)
- \_\_\_\_\_ Submit Incident Action Plan to MHOAC (Section I. E. 3. b)
- \_\_\_\_\_ Assign Personnel for First Operational Period
- \_\_\_\_\_ Implement Equipment / Supply Tracking (Section III. C. 3.)
- \_\_\_\_\_ Implement Personnel / Volunteer Registration (Section II. C. 3.)
- \_\_\_\_\_ Implement Patient Record / Patient Billing Process (Section I. D. 6.)

**MHOAC**

- \_\_\_\_\_ Procure Personnel, Equipment, Supplies as needed
- \_\_\_\_\_ Schedule / Conduct ongoing Planning Sessions as needed