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SECTION 1: INTRODUCTION

The Calaveras County Public Health Departmental Operations Center (DOC) Manual is designed to provide direction and guidance, within the SEMS and NIMS response framework, to the on-call Duty Officer and staff. The Health Department’s DOC may be called upon to support the MHOAC function of the county, based upon agreements in place, or simply to support the overall health and medical systems in the county.

This document contains protocols and procedures for activation of the Public Health Department’s DOC, based upon the current standards and guidelines available during its development, including:

- HSC 1797.153 Medical/Health Operational Area Coordinator
- California Health and Medical Emergency Operations Manual

Since California is currently developing its Emergency Function #8 (EF8) for Health and Medical, a component of the overall state Emergency Response Plan, existing state guidelines may change. Additionally, the procedures in this manual may have to be amended from time to time to maintain consistency with all local, regional, state, and federal emergency response plans.
A. DEFINITIONS

California Health and Medical Emergency Operations Manual (EOM)
The California Health and Medical EOM provides operational guidance for response during unusual events and emergencies that have public health or medical impact. The EOM describes basic roles and activities within the Public Health and Medical System and coordination with the emergency management structure at all levels of California’s Standardized Emergency Management System (SEMS).

Department Operations Center (DOC)
A facility used as an EOC by a distinct discipline or agency. The term DOC is used to distinguish a government-level operations center (see EOC) from a discipline-specific operations center, such as law, fire, EMS, Public Health, etc. DOCs can be used at all SEMS levels above the field response level, depending on the impacts of the emergency.

Emergency Operations Center (EOC)
The physical location at which civil jurisdictions coordinate information and resources to support incident management (on-scene operations). An EOC may be a temporary facility or permanently established in a fixed facility.

Medical Health Operational Area Coordinator (MHOAC)
An individual designated by the Local Health Officer and EMS Agency Administrator who facilitates development of OA medical/health disaster response plans. It has long been recognized that the MHOAC function is accomplished by numerous persons, at various locations and possibly by varying organizations. The MHOAC program accomplishes the activities of medical and public health mutual-aid coordination and is the local point-of-contact for the RDMHC/S program.

Operational Area (OA)
An intermediate level of the State emergency services organization, consisting of a county and all political subdivisions within the county.

Regional Disaster Medical Health Coordinator and Specialist (RDMHC/S)
The EMS Authority and CDPH jointly appoint the RDMHC in each mutual-aid region. The RDMHC coordinates disaster information and medical/health mutual-aid and assistance between the MHOACs within that mutual-aid region and response to other mutual-aid regions in the state. The RDMHS provides the day-to-day planning and coordination of medical and health disaster response within the mutual-aid region. During disaster response, the combined RDMHC/S Program is the point-of-contact for MHOAC Programs within the mutual-aid region, as well as for the CDPH and EMSA.

Response Information Management System (RIMS)
An internet-based information management system developed by California Emergency Management Agency (Cal EMA) for collecting information on the disaster situation, communicating action plans, tracking resource and mission requests. Use of RIMS is limited to OAs, regional and state government agencies.
# B. ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACS</td>
<td>Alternate Care Site</td>
</tr>
<tr>
<td>CAHAN</td>
<td>California Health Alert Network</td>
</tr>
<tr>
<td>CDPH</td>
<td>California Department of Public Health</td>
</tr>
<tr>
<td>CF (DCF)</td>
<td>Control Facility (Disaster Control Facility)(see PDC)</td>
</tr>
<tr>
<td>DOC</td>
<td>Department Operations Center</td>
</tr>
<tr>
<td>EOC</td>
<td>Emergency Operations Center</td>
</tr>
<tr>
<td>EOM</td>
<td>Emergency Operations Manual</td>
</tr>
<tr>
<td>FTS</td>
<td>Field Treatment Site</td>
</tr>
<tr>
<td>JEOC</td>
<td>Joint Emergency Operations Center</td>
</tr>
<tr>
<td>MCI</td>
<td>Multi/Mass Casualty Incident</td>
</tr>
<tr>
<td>MFH</td>
<td>Mobile Field Hospital</td>
</tr>
<tr>
<td>MHOAC</td>
<td>Medical Health Operational Area Coordinator</td>
</tr>
<tr>
<td>NIMS</td>
<td>National Incident Management System</td>
</tr>
<tr>
<td>OA</td>
<td>Operational Area</td>
</tr>
<tr>
<td>OES</td>
<td>Office of Emergency Services</td>
</tr>
<tr>
<td>RDMHC/S</td>
<td>Regional Disaster Medical Health Coordinator/ Specialist</td>
</tr>
<tr>
<td>REOC</td>
<td>Regional Emergency Operations Center</td>
</tr>
<tr>
<td>RIMS</td>
<td>Response Information Management System</td>
</tr>
<tr>
<td>SEMS</td>
<td>Standardized Emergency Management System</td>
</tr>
<tr>
<td>SITREP</td>
<td>Situation Report (Medical/Health Situation Report)</td>
</tr>
<tr>
<td>SOC</td>
<td>State Operations Center</td>
</tr>
<tr>
<td>SWC</td>
<td>State Warning Center</td>
</tr>
</tbody>
</table>
SECTION 2: DOC ACTIVATION
A. Triggers

The decision to activate the Public Health Departmental Operations Center (DOC) should be based on intelligence related to an incident or anticipated event, requiring coordination or support at the Operational Area level.

Information leading to a decision for DOC activation may be received by the on-call Duty Officer from a variety of sources, including:

- **Sheriff's Office Dispatch Center** in response to a significant incident.
- **Local OA Request:** (OES Coordinator, EOC Director, MHOAC, Public Health Officer, EMS Agency Director, or Fire/Law Coordinator) to support or coordinate the health or medical response to a local incident or event.
- **Local hospital or provider** requesting acquisition of additional medical resources through the MHOAC or Public Health Officer within the OA.
- **RDMHC/S** requesting acquisition of medical resources to support an out-of-area incident.
- **Other information sources** requiring additional coordination of health or medical services at the operational area level.

B. DOC Levels of Activation

1. **SURVEILLANCE**

   The incident or event can be effectively managed at the field level. However, due to the size, complexity, or potential need for further support, the Public Health Duty Officer elects to continue to monitor information sources (field, local hospital, EOC, RDMHC/S) regarding the incident or event.

2. **PARTIAL ACTIVATION**

   Incident management complexity is increased and the Public Health Duty Officer determines that partial staffing of the DOC is warranted to provide adequate support for field operations, local healthcare provider operations, local/OA EOC operations, or RDMHC/S resource requests.

3. **FULL ACTIVATION**

   Incidents are of such magnitude that coordination of the response(s) at the scene or another location is not possible, e.g. major earthquake; HAZMAT incident requiring large evacuation and sheltering; major fire; commercial passenger aircraft, rail, or other mass casualty incident; etc.

   Public Health Duty Officer determines that full staffing of the DOC is necessary to provide the necessary support for health and medical operations.
C. Duty Officer Responsibilities

1. Receiving a Request

A request for the Public Health Duty Officer or MHOAC will normally be received from the 24-hour designated dispatch center.

2. Confirming a Request

If a notification or request is received via pager, text message, or email, the Public Health Duty Officer will attempt to confirm the request by telephone with the requesting party or dispatch center within 5 minutes of receiving the notification. If unable to respond within 5 minutes, confirmation should be made at the first opportunity.

3. Threat Assessment

The Public Health Duty Officer will determine the significance of a threat or request for medical or health resources. The Duty Officer may enlist the assistance of the Dispatch Center or hospital to obtain statuses of local resources. (See Section 3. D. 4. Damage Assessment & Situation Reporting)

4. Activating the DOC

Depending on the nature and size of the request, activation of the Public Health Agency’s Departmental Operations Center (DOC) may be necessary. If DOC activation is indicated, determine the level of activation (Surveillance/ Partial/ Full), and implement callback of staff as needed. (See Section 3: Start-up & Operations).

5. Notifications

Complete the DOC Activation / Primary Point of Contact Form (see Appendix ?). Submit the DOC Activation Form to all appropriate agencies, requesting that they submit their Point of Contact information at their earliest convenience. Agencies notified of the DOC Activation should include:

a) the 24-hour designated dispatch center,
b) the local OES Coordinator,
c) Mark Twain St. Joseph’s Hospital,
d) Mountain-Valley EMS Agency,
e) the RDMHC/S
D. Location / Schematic Layout

1. **Primary DOC Location**
   The Public Health Departmental Operations Center shall be the Public Health Annex at:
   
   373-B W. St. Charles in San Andreas

2. **Schematic Layout** *(Conference Room)*

   ![Diagram of DOC Layout]

   Station assignments shall be made by the DOC Director, based upon position assignments and need. Stations should be clearly labeled to communicate to all DOC staff.

<table>
<thead>
<tr>
<th>Station 1</th>
<th>Station 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Station 2</td>
<td>Station 10</td>
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<td>Station 3</td>
<td>Station 11</td>
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<td>Station 12</td>
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<td>Station 13</td>
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<td>Station 6</td>
<td>Station 14</td>
</tr>
<tr>
<td>Station 7</td>
<td>Station 15</td>
</tr>
<tr>
<td>Station 8</td>
<td>Other:</td>
</tr>
</tbody>
</table>

E. **Alternate DOC Location**

In the event that the Public Health Annex is not available to be used for DOC activities, the alternate location shall be:

Conference room in the Behavioral Health Department located at the Government Center, 891 Mountain Ranch Road in San Andreas.
F. Supplies and Equipment

1. Equipment
   The following equipment should be maintained for activation of the DOC:

   Tables and chairs in adequate numbers of arranged by functional area to facilitate DOC operations (e.g. Command, Operations, Planning, Logistics, Finance).

   Desktop or Laptop Computer(s) to facilitate internet access for DOC operations including:
   - Monitoring websites, such as CAHAN, EMSystem etc.
   - Processing email and messages as needed
   - Documentation of DOC operations (ICS forms, status reports, etc.)

   Data Projector: used for computer or website displays such as Situation/Status boards, Resource Requests.

   White Boards or other display boards may be used for sharing important pieces of information during DOC operations such as Incident Status or Resource Statuses.

   Television to monitor the news media

   Radios: (Health-Net, NOAA Alert) for monitoring/coordinating health and medical operations should be available, this should include redundancies when indicated.

   Telephones for those positions assigned to monitor resources /incident statuses, and coordinate/support incident operations. At least one station should accommodate conference phone capability.

   Fax Machine for incoming messages, resource requests, status reports, etc.

2. Supplies
   The following supplies should be maintained in a supply bin(s) for activation of the DOC:

   Pens, pencils, markers in adequate numbers for all staff

   Baskets/Organizers for collection/organization of documents such as Message Forms, Resource Requests, ICS Forms, etc.

   DOC Manual & Forms in adequate numbers for all DOC staff, including:
   - Sign-in Sheet,
   - Medical/Health Situation Report (SitRep),
   - Resource Request Form,
   - Resource Tracking Form,
   - Message Forms,
   - ICS Forms, etc.

   Position Identification including name plates/signs for activated posts within the DOC, as well as vests/name tags for all DOC positions.

3. Additional Logistics Considerations
   Consideration should be given to other logistical needs of staff such as food, water, rest area, etc.
G. Organization & Activation

The Public Health DOC must coordinate operations with the Medical/Health Branch of the OA EOC if activated.
1. The Public Health DOC shall use the Standardized Emergency Management System (SEMS) and ICS as the basis for its organization structure.

   The DOC Director shall determine which positions to fill, based upon the incident priorities and available staff. Staff shall be assigned to report to the OA EOC as requested, based upon availability. Consider recruitment of management-level provider representatives or mutual-aid to augment DOC staff.

   ![Organization Diagram]

2. In order to ensure proper tracking and communication of position responsibilities, this form or one the following forms should be completed for each shift in which the DOC is activated:

   - CCPHD203- Organization Assignments
   - CCPHD207D- Organization Chart
3. Sign-in
All staff assigned to the DOC shall sign-in upon arrival and sign-out prior to leaving (Form: CCPHD 211). Upon sign-in, each staff shall:

a. Receive a position assignment,
b. Receive a Job Action Sheet, and supporting forms for documentation.
c. Don a position vest or name badge with the appropriate position title.
d. Receive briefing regarding current situation.

4. Communications
a. The DOC Director shall ensure that an assessment is completed of all available communications systems, and an CCPHD205d-Communication Plan is completed, to include assessment of:
   • the landline telephone system. Additional office extensions may be re-located to provide additional landline telephones for DOC.
   • the Public Health Department fax machine.
   • internet connection
   • email availability and DOC email accounts
   • other communications system options, such as portable radios, cell phones, satellite phone, etc.

b. The DOC Communications plan shall be shared with the 24-hour Dispatch Center, OES Coordinator, Mark Twain St. Joseph’s Hospital, Mountain-Valley EMS Agency, the RDMHC/S, and provider agencies as appropriate.
A. Planning Section

Situation Status Information

The first step in the Planning Process is to obtain accurate and verified information regarding the current situation. System assessment during a significant event should include obtaining information from all available sources, including:

- County OES or local EOCs
- Sheriff’s Office Dispatch;
- Local Healthcare Facilities;
- MVEMSA;
- News media;
- County government
- Public Health/ Environmental Health field staff;
- Residents; and
- Other sources as available

1. Hospital Situation Status Report

A Situation Status Report should be obtained from Mark Twain St. Joseph's Hospital whenever a significant incident occurs or is suspected that could impact the ability of the hospital to continue providing for the needs of patients. The Situation Status Unit Leader, or other person assigned to obtain facility status information should:

i. Contact the facility, and request to speak to...

ii. Explain that you are calling to complete the Hospital Situation Status Report, comprised of 13 or 14 questions.

iii. Using the Hospital Situation Status Report, obtain the hospital response to each of the blocks of questions.

iv. Transfer applicable information to the OA Medical and Health Report (paper version), until all status reports have been received from all sources.

2. Other Healthcare Situation Reports

Depending on the nature of the incident, Situation Status Reports may be requested from:

i. Clinics
ii. Convalescent Hospital
iii. Other Medical or Health providers as needed.
3. Calaveras OA Medical and Health Situation Report

The MHOAC is the principal point-of-contact within the Operational Area for information related to the medical and public health impact of an emergency. Therefore, an unusual event should also trigger the provision of situational information to relevant partners representing the public health and medical system, including the MHOAC, EMS Agency, Public Health Department, RDMHC/S, and CDPH and/or EMSA Duty Officer (or JEOC, if activated).

A. Preparing the Medical and Health Situation Report (SitRep)

1) The MHOAC will prepare a Medical and Health Situation Report containing the minimum data elements within two hours of emergency system activation. The SitRep may be completed using the electronic tool developed for this form, or on hardcopy. To use the electronic version of the SitRep, download the application posted on CAHAN. To download the electronic Medical and Health Situation Report and the User Guide, go to the CAHAN Document Library: Documents: 2-State and Local Health: #CDPH: EPO: RDMHS1 folder.

2) After completing the Medical and Health SitRep, it should be simultaneously forwarded to the Public Health Department, the EMS Agency, the RDMHC/S and the CDPH/EMSA duty officers, as appropriate.

3) Share the Medical and Health SitRep with the local OES Coordinator as appropriate.

4) Disseminate the Medical and Health SitRep horizontally to local providers as warranted by incident conditions.

5) Contact the RDMHC/S and alert them to the submission of the Medical and Health SitRep.

6) Be prepared to participate in conference calls scheduled by the RDMHC/S or CDPH/EMSA.

B. Subsequent SitRep Reporting

a) Provide subsequent Medical and Health SitReps under the following circumstances:
   i. Once during each subsequent operational period at agreed upon times.
   ii. Changes in Status, Prognosis, or Major Events or Actions Taken.
   iii. Region/State Agency request as communicated by the RDMHC/S program.
4. Developing the Incident Action Plan

1. The Public Health DOC Director should establish a good planning process to maximize the use of resources, ensure safety, effectiveness of strategies and tactics, and lower incident costs. Frequently, the initial plan must be developed very quickly and with incomplete situation information. As the incident management efforts evolve, additional staff, information systems, and technologies will enable more detailed planning and cataloging of events and “lessons learned.”

2. Action Planning involves:
   - Evaluating the situation.
   - Developing incident objectives.
   - Selecting a strategy.
   - Deciding which resources should be used to achieve the objectives in the safest, most efficient and cost-effective manner.

![Diagram of Incident Command System](http://training.fema.gov/EMIWeb/IS/ICSRResource/assets/PlanningP.pdf)

   The diagram shows that while other positions within the organization assist with elements of the Action Plan, the Incident Commander (DOC Director) develops the overall objectives and strategy, approves resource orders and demobilization, and approves the Action Plan by signature.

3. The Planning “P”

   The Planning “P” is a guide to the process and steps involved in planning for an incident. The leg of the “P” describes the initial response period. Once the incident/event begins, the steps are: Notifications, Initial Response & Assessment, Incident Briefing, and Initial Command Meeting. At the top of the leg of the “P” is the beginning of the first operational planning period cycle.
i. **Assessment / Initial Briefing (ICS 201)**
   Planning begins with a thorough size-up that provides information needed to make initial management decisions. The ICS 201 provides Command Staff with information about the incident situation and the resources allocated to the incident. This form serves as a permanent record of the initial response to the incident and can be used for transfer of command.

ii. **Command/Control Objectives Meeting**
    The DOC Director (IC) establishes Command/Control objectives that cover the entire course of the incident. For complex incidents, it may take more than one operational period to accomplish the Command/Control objectives. The cyclical planning process is designed to take the Command/Control objectives and break them down into tactical assignments for each operational period.

iii. **Command and General Staff Meeting**
    The Public Health DOC Director may meet with the Command and General Staff to gather input or to provide immediate direction that cannot wait until the planning process is completed. This meeting occurs as needed and should be as brief as possible.

iv. **Tactics Meeting**
    The purpose of the Tactics Meeting is to review the tactics developed by the Operations Section in cooperation with the MHOAC/OA EOC. This includes the following:
    1. Determine how the selected strategy will be accomplished in order to achieve the incident objectives.
2. Assign resources to implement the tactics.
3. Identify methods for monitoring tactics and resources to determine if adjustments are required (e.g., different tactics, different resources, or new strategy).

*ICS Form 215G: Planning Worksheet, and Form 215A: Safety Analysis* are used to document the Tactics Meeting. Resource assignments will be made for each of the specific work tasks.

v. **Planning Meeting**

The Planning Meeting provides the opportunity for the Command and General Staff to review and validate the operational plan as proposed by the Operations Section. Attendance is required for all Command and General Staff. Additional personnel may attend at the request of the Planning Section Chief or the DOC Director. The Planning Section Chief conducts the Planning Meeting following a fixed agenda, including review of the amounts and types of resources needed to accomplish the plan. At the conclusion of the meeting, the Planning Section Staff will indicate when all elements of the plan and support documents are required to be submitted so the plan can be made ready for the Operational Period Briefing.

vi. **Operations Period Briefing**

The Operations Period Briefing may be referred to as the Operational Briefing or the Shift Briefing. This briefing is conducted at the beginning of each Operational Period and presents the Action Plan to supervisors of tactical resources. Following the Operations Period Briefing supervisors will meet with their assigned resources for a detailed briefing on their respective assignments.

vii. **Execute Plan and Assess Progress**

The Operations Section directs the implementation of the plan. The supervisory personnel within the Operations Section are responsible for implementation of the plan for the specific Operational Period. The plan is evaluated at various stages in its development and implementation. The Operations Section Chief may make the appropriate adjustments during the Operational Period to ensure that the objectives are met and effectiveness is assured.
5. Documentation

1. A filing system should be established for tracking and reference of all documents produced during DOC activation. The filing system may include both electronic files (saved to a folder on the server) and hardcopy files (saved in a folder or binder). All files and folders should be clearly labeled with the Incident Name and Date.

2. Documents to be maintained should include:
   - CCPHD 211 Sign-In Worksheets
   - CCPHD 213 Message Form
   - CCPHD 214 Unit Logs
   - Action Planning documents, including:
     - CCPHD 201 Briefing
     - CCPHD 202 Objectives
     - CCPHD 203 Organization Assignments
     - CCPHD 204 Group/Unit Assignments
     - CCPHD 205 Communications Plan
     - CCPHD 207 Organization Chart
     - CCPHD 208 Safety Message
     - CCPHD 215 Planning Worksheet
   - Medical/Health Situation Report documents (SitReps)
   - Resource Request and Tracking documents
   - Resource Damage Reports / Tracking documents
B. Logistics

Resource management involves coordinating and overseeing the application of tools, processes, and system that provide incident managers with timely and appropriate resources during an incident. Resources include personnel, teams, facilities, equipment, and supplies. Generally, resource management activities take place within EOCs. When they are established, multiagency coordination entities may prioritize and coordinate resource allocation and distribution during incidents.[NIMS-90-web.pdf]

1. Ongoing Resource Assessments

Resource managers identify, refine, and validate resource requirements throughout the incident lifecycle. Prior to submitting resource requests, it is incumbent upon the MHOAC Program to confirm the following:

- Is the resource available through mutual assistance agreements?
- Is the resource available from the internal, corporate supply chain?
- Is the resource need immediate and significant?
- Has the supply of the requested resource been exhausted, or is exhaustion imminent?
- Is the resource or an acceptable alternative of the resource available from other vendors?
- Have payment/reimbursement issues been addressed?

2. Medical/Health Resource Requests

a. In County

   When a request for resources is received from a local provider or government representative for medical or health resources, the following process shall be used:

   i. Immediately notify the RDMHC/S Program that the resource is needed and work with the RCMHC/S Program to refine the resource request before formal submittal of the request to the emergency management system. **The refinement and formal submittal process into RIMS or other resource tracking system must not delay the resource request from moving forward.**

   ii. Ensure that the Medical and Health Resource Request Form is completed on behalf of the Requestor (see Appendix B, Medical and Health Resource Request Form).

   iii. Submit the formal request to the Operational Area emergency management Duty Officer/Operational Area EOC.

   iv. Provide a copy of the resource request to the RDMHC/S Program.

   v. Contact the Operational Area emergency management Duty Officer/Operational Area EOC to confirm receipt of request and submission into RIMS or other resource tracking system.
vi. Contact the RDMHC/S Program to confirm receipt of request.

b. **Out-of-County**
   When a request for medical or health resources is received from the RDMHC/S program, the following process shall be used:
   
   i. Assess local medical/health providers for the needed resource(s).
   
   ii. Collaborate with the MHOAC and local OA EOC to ensure proper tracking and fulfillment of the resource request.
   
   iii. Ensure resources are prepared for mobilization (see Mobilization of Resources below).
   
   iv. Notify the requestor, and RDMHC/S of the outcome of the request and delivery details if request is filled with local resources.

3. **Mobilization of Resources**

   Incident personnel begin mobilizing when notified through established channels. At the time of notification, they are given the:
   
   - date, time, and place of departure;
   - mode of transportation to the incident;
   - estimated date and time of arrival;
   - reporting location (address, contact name, and phone number);
   - anticipated incident assignment;
   - anticipated duration of deployment;
   - resource order number;
   - indent number; and
   - applicable cost and funding codes.

   The resource tracking and mobilization processes are directly linked. For resource managers, the mobilization process may include equipping, training, and inoculating personnel; designating assembly points that have facilities suitable for logistical support; and obtaining transportation to deliver resources to the incident most quickly, in line with priorities and budgets. EOCs and Incident Management Teams (IMTs) take direction from standard interagency mobilization guidelines at the national, regional, state, and local levels.

4. **Resource Tracking (MACS 420)**

   a. Resource tracking is a standardized, integrated process conducted throughout the life cycle of an incident by all agencies at all levels. This process provides incident managers with a clear picture of where resources are located, helps staff prepared to receive resources, protects the safety of personnel and security of supplies and equipment, and enables the coordination of movement of personnel, equipment, and supplies.

   b. The EMS Agency DOC staff should coordinate with the OA EOC to clarify systems and processes used to track the medical/health resources deployed to an incident.
c. The MACS 420 is a common form for tracking resources. see Appendix B: MACS 420 for instructions on using this form.

5. Damage Reporting/Tracking

a. Personnel Injury

Ensure that injuries are reported through the proper chain of command within the SEMS/NIMS/ICS structure, and documented. Documentation of personal injury should include (see ICS Form 226: Injury Log):

- Date/ Time Name / Agency Nature of Injury
- Notification to Agency Reps Notification of the Medical Unit Investigation Started
- Injury Report Initiated
- Injury Report Completed

b. Equipment Damage

Ensure that equipment damage is reported through the proper chain of command within the SEMS/NIMS/ICS structure, and documented. Documentation of equipment damage should include (see ICS Form 227: Claims Log):

- Date/ Time
- Claim
- Property Owner
- Location on Incident Claims Form Initiated
- Agency Reps Advised
- Property Owner Contacted
- Investigation Started
- Claims Form Completed

C. Operations
SECTION 4: DEACTIVATION/ DEMOBILIZATION
### A. Deactivation/De-escalation/Demobilization

Procedures for deactivation/de-escalation/demobilization of the Departmental Operations Center should include the following actions:

<table>
<thead>
<tr>
<th>ACTION</th>
<th>ASSIGNED RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Determine when to deactivede-escalate the DOC and which sections will be closed down first.</td>
<td>DOC Director Section Chiefs</td>
</tr>
<tr>
<td>2. Ensure required reports and forms are completed.</td>
<td>DOC Director Section Chiefs</td>
</tr>
<tr>
<td>3. Ensure that any open actions are completed or transferred to other appropriate response organization.</td>
<td>DOC Director Section Chiefs</td>
</tr>
<tr>
<td>4. Return phones, radios, and other equipment to place of storage. Send any malfunctioning equipment for repairs.</td>
<td>Using Units</td>
</tr>
<tr>
<td>5. Inform MHOAC, neighboring jurisdictions, and cooperating agencies that DOC is shutting down.</td>
<td>Liaison Officer</td>
</tr>
<tr>
<td>6. Inform appropriate support services when space will be clear.</td>
<td>Logistics Chief</td>
</tr>
<tr>
<td>7. Inventory supplies and reorder.</td>
<td>All Units</td>
</tr>
<tr>
<td>8. Conduct debriefing on how DOC operation could be improved and assign responsibility for corrective actions.</td>
<td>DOC Director Section Chiefs</td>
</tr>
<tr>
<td>9. Provide Critical Incident Stress Debriefing services to staff.</td>
<td>DOC Director Section Chiefs</td>
</tr>
<tr>
<td>10. Prepare after-action report for Section Chiefs and MHOAC</td>
<td>All Units</td>
</tr>
</tbody>
</table>
Training and Exercises

1. Training

Public Health personnel with emergency or disaster responsibilities shall:

a. Receive training in the following areas:
   - NIMS / SEMS
   - The principles and concepts of this plan
   - Operations of the Medical/Health Branch of the County EOC
   - Operations of the Departmental Operations Center
   - Policies and procedures for the acquisition and management of resources
   - Essential record keeping and information reporting

b. Receive refresher training in the above areas at least annually.

2. Exercises

a. Exercise the Public Health DOC plan at least annually.

b. Encourage health and medical agencies and organizations to participate in multi-agency exercises at least annually and in multi-agency field exercises at least every two years.

c. Conduct periodic alerts of key personnel to exercise staff response and ensure contact information remains current.
3. Homeland Security Exercise/Evaluation Program (HSEEP)

The Homeland Security Exercise and Evaluation Program (HSEEP) is a capabilities and performance-based exercise program that provides a standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning. ([https://hseep.dhs.gov](https://hseep.dhs.gov))

a. Determine the Mission (Prevent, Protect, Respond, and Recover).
b. Determine what capabilities are needed to achieve the mission (from Target Capabilities List (TLC) [https://hseep.dhs.gov/pages/1002_EEGLi.aspx](https://hseep.dhs.gov/pages/1002_EEGLi.aspx)).
c. Determine what activities and tasks are necessary to achieve the capability.
d. Then, create a scenario, to evaluate the identified capabilities, activities, and tasks.

A. Five Phases of the HSEEP Exercise Cycle

1. **Develop Strategy and Plan:** the following activities provide the foundation for an effective exercise: 1) create a base of support (i.e. establish buy-in from the appropriate entities and/or senior officials); 2) develop a project management timeline; 3) identify an exercise planning team; and 4) schedule planning conferences.

   a. **Threat:** What are the hazards or vulnerabilities?
   b. **Targets:** What is your critical infrastructure?
   c. **Mission:** What is your mission?
   d. **Capabilities:** What do you need to perform your mission?
      i. Capabilities Based Planning
         1. Identify capabilities and gaps in capabilities.
         2. Decide what capabilities are needed to fill gaps.
         3. Determine which tasks are needed to achieve capabilities.
         4. Design exercises that improve ability to complete tasks.
            a. Discussion-Based Exercises: Seminars, Workshops, Tabletop Exercises, and Games.
      5. Integrate priorities from Improvement Plans.
6. Prioritize improvements, based on National Priorities and local priorities.

e. **Training:** What training is needed to perform your mission?
   i. Training and Exercise Plan Scheduling
      1. What: Multi-Agency Annual Workshop to discuss HSEEP accomplishments and future needs.
      2. Who: Officials from participating agencies.
      3. Why: Agencies review their progress since last T&EPW and identify training needs for next year.

2. **Design Exercise:** The design and development process focuses on: 1) identifying objectives, 2) designing the scenario, 3) creating documentation, 4) coordinating logistics, 5) planning exercise conduct, and 6) selecting an evaluation and improvement methodology.

   a. Exercise Design
      i. Does your training and equipment meet your mission?
      ii. Select capabilities from the Target Capabilities List (TCL) based on type, scope, and participant agencies.
      iii. Based on capability chosen, identify subordinate activities and tasks for evaluation.
      iv. Design an exercise scenario to facilitate he evaluation of the identified capability.
         1. Discussion-Based Exercises
         2. Operations-Based Exercises

   b. Developing an Exercise Scenario
      i. The exercise scenario drives the exercise play. The scenario should be risk-based, realistic, challenging, and include conditions that allow players to demonstrate proficiency and competency.
      ii. Involve local agencies and facilities. iii. Determine threat/hazard to be used.
      iv. Select an appropriate venue for the hazard.
      v. Consider previous real-world incidents and exercises
3. **Conduct Exercise**: After the design and development steps are complete, the exercise takes place.
   Exercise conduct steps include: 1) setup, 2) briefings, 3) facilitation/control/evaluation, and 4) wrap-up activities.

4. **Evaluate Exercise**: The evaluation phase for all exercises includes: 1) a formal exercise evaluation, 2) an integrated analysis, and 3) an After Action Report/Improvement Plan (AAR/IP) that identifies strengths and areas for improvement in an entity's preparedness, as observed during the exercise.
   
   a. **After Action Reporting**: Critique and document the exercise.
      
      i. Evaluation Process
         1. Plan and organize the evaluation.
         2. Observe the exercise and collect data.
         3. Analyze data.
         4. Develop the draft After Action Report (AAR)
            a. AAR is a record of exercise actions, used to implement changes and improve capabilities.
               i. Executive Summary ii. Exercise Overview iii. Exercise Design Summary iv. Analysis of Capabilities
               v. Conclusion
               vi. Improvement Plan

5. **Improvement Planning**: During improvement planning, the corrective actions identified in the evaluation phase are assigned, with due dates, to responsible parties; tracked to implementation; and then validated during subsequent exercises.
   
   a. **Corrective Improvement Plan**: Actions to improve the systems and your capabilities.
      i. Improvement Process
         1. Conduct an After Action Conference
            a. Purpose to agree on exercise findings and components of the Improvement Plan.
            b. Held no later than 4 weeks after exercise.
         2. Identify improvements for implementation
         3. Finalize the AAR/IP (Improvement Plan)
            a. The AAR/IP details corrective actions and the agency(s) responsible for the correction.
            b. The AAR/IP should be distributed to all participating agencies no
more than 60 days after the exercise.

4. Track implementation of the IP

B. HSEEP Toolkit
The HSEEP Toolkit is the US Department of Homeland Security's interactive, on-line system for exercise scheduling, design, development, conduct, evaluation, and improvement planning. The HSSEP Program and HSEEP Toolkit can be found at: https:hseep.dhs.gov. The HSEEP toolkit includes the following:
   - National Exercise Schedule System
   - Design and Development System
   - Exercise Evaluation Guide (EEG) Builder
   - Master Scenario Events List (MSEL)
   - Builder Corrective Action Program (CAP)
   - System
**IMPROVEMENT PLAN**

This IP has been developed specifically for [identify the State, county, jurisdiction, etc., as applicable] as a result of [full exercise name] conducted on [date of exercise]. These recommendations draw on both the After Action Report and the After Action Conference. [The IP should include the key recommendations and corrective actions identified in Chapter 3: Analysis of Capabilities, the After Action Conference, and the EEGs. The IP has been formatted to align with the Corrective Action Program System.]

Table A.1 *Improvement Plan Matrix*

<table>
<thead>
<tr>
<th>Capability</th>
<th>Observation Title</th>
<th>Recommendation</th>
<th>Corrective Action Description</th>
<th>Capability Element</th>
<th>Primary Responsible Agency</th>
<th>Agency POC</th>
<th>Start Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Capability 1; Capability Name]</td>
<td>1. Observation 1</td>
<td>Insert Recommendation 1</td>
<td>1.1.1 Insert Corrective Action 1</td>
<td>Planning</td>
<td>State X EMA</td>
<td>EMA Director</td>
<td>Dec 1, 2006</td>
<td>Sep 1, 2007</td>
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<tr>
<td></td>
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<td></td>
<td>1.1.2 Insert Corrective Action 2</td>
<td>Planning</td>
<td>State X EMS System</td>
<td>EMS System Director</td>
<td>Dec 1, 2006</td>
<td>Feb 1, 2007</td>
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<tr>
<td></td>
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<td>Insert Recommendation 2</td>
<td>1.2.1 Insert Corrective Action 1</td>
<td>Training</td>
<td>State X EMA</td>
<td>EMA Director</td>
<td>Dec 1, 2006</td>
<td>Jan 1, 2007</td>
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<td></td>
<td>1.2.2 Insert Corrective Action 2</td>
<td>Systems/ Equipment</td>
<td>State X EMA</td>
<td>EMA Director</td>
<td>Dec 1, 2006</td>
<td>Mar 15, 2007</td>
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<tr>
<td></td>
<td>2. Observation 2</td>
<td>Insert Recommendation 1</td>
<td>2.1.1 Insert Corrective Action 1</td>
<td>Planning</td>
<td>State X EMS System</td>
<td>EMS System Director</td>
<td>Dec 1, 2006</td>
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<td>Dec 1, 2006</td>
<td>Jan 1, 2007</td>
</tr>
</tbody>
</table>
SECTION 6: APPENDICES
Appendix A: Job Action Sheets

1. Public Health Duty Officer
2. DOC Director
3. Operations Coordinator
4. Planning Coordinator
5. Logistics Coordinator
6. Finance Coordinator
7. Situation Unit Leader
Public Health Duty Officer

1. **RECEIVE REQUEST**
   Request for the Duty Officer or MHOAC will normally be received via digital pager from the 24-hour designated dispatch center. This request can be initiated by either a local Dispatch Center, OES Coordinator, Public Health Officer, Fire/Law Coordinator, Provider Agency, hospital, DCF, or the RDMHC/S.

2. **CONFIRM REQUEST**
   The Public Health Duty Officer will attempt to confirm the request with the 24-hour designated dispatch center by telephone within 5 minutes of receiving the pager message. A *Medical and Health Resource Request Form* (RR-MH) and *Situation Report* (SITREP) shall be completed as indicated. MUTUAL AID REQUESTS ARE UNDERSTOOD TO BE FOR NON-REIMBURSED VOLUNTARY RESOURCES UNLESS OTHERWISE INDICATED.

3. **RELAY REQUEST**
   Requests for medical/health resources to the affected county will be approved by the OA EOC (or OES Coordinator) and entered into RIMS for tracking. Approved requests shall be relayed to the RDMHC/S. If possible, the Resource Request Form will be faxed/emailed to the RDMHC/S, otherwise; the information shall be relayed by telephone or radio to the RDMHC/S.

4. **ACTIVATE DOC/EOC**
   Depending on the nature and size of the request, activation of the Public Health Departmental Operations Center (DOC) may be necessary. If this activation is indicated, determine the level of activation (Surveillance/Partial/Full), proceed to the DOC, and:
   A. Implement Callback of staff as needed.
   B. Notify the 24-hour designated dispatch center, the RDMHC/S, and affected counties’ local OES Coordinator, MHOAC, local Public Health Department, and providers of such activation.
   C. Enter DOC status in EMResource.
   D. Assess all available communications devices (i.e. telephone, Fax, radio) and relay Comm. Plan (ICS205) to the RDMHC/S and 24-hour dispatch center.
   E. Provide staff, trained in SEMS EOC operations, as liaison to local EOC, as necessary.

5. **UPDATE OA EOC (LOCAL OES)**
   The medical/health Situation Report (SitRep) and medical/health resources status shall be communicated to the State and/or the OA EOC, as necessary. ANY REQUESTS FOR REIMBURSABLE MUTUAL AID SHALL BE SUBMITTED TO THE OA EOC FOR APPROVAL.

6. **TRACK RESOURCES**
   All resources requested and received shall be documented, utilizing the MACS Form #420.

7. **COMMUNICATE-UP**
   The local Public Health Officer, OA EOC, and RDMHC/S should be kept apprised of any changes to the medical/health disaster action plan or to the status of medical/health resources. Copies of any of the incident related forms or paperwork would be provided to the RDMHC/S, Public Health Department, or OA EOC upon request.
**DOC Director**

**Mission:** Organize and direct the Department Operations Center (DOC). Give overall strategic direction for DOC incident management and support activities, including emergency response and recovery. Authorize total facility evacuation if warranted.

| Date: ______ | Start: ______ | End: ______ | Position Assigned to: ___________________________ |
| Signature: ______________ | Initial: ______ |
| Department Operations Center (DOC) Location: ___________________________ | Telephone: ______ |
| Fax: ______________ | Other Contact Info: ___________________________ | Radio Title: ______ |

### Immediate (Operational Period 0-2 Hours)

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Assume role of DOC Director and activate the Incident Command System (ICS).

Read this entire Job Action Sheet and put on position identification.

Notify your usual supervisor and the DOC CEO, or designee, of the incident, activation of ICS and your ICS assignment.

Initiate the Incident Briefing Form (ICS Form 201) and include the following information:
- Nature of the problem (incident type, victim count, injury/illness type, etc.)
- Risks to personnel and need for protective equipment
- Risks to the facility
- Estimated duration of incident
- Need for modifying daily operations
- ICS team required to manage the incident
- Need to open up the DOC
- Overall community response actions being taken
- Status of local, county, and state Emergency Operations Centers (EOC)

Contact DOC operator and initiate DOC’s emergency operations plan.

Determine need for and appropriately appoint Command Staff and Section Chiefs, or Branch/Unit/Team leaders and Medical/Technical Specialists as needed; distribute corresponding Job Action Sheets and position identification. Assign or complete the Branch Assignment List (ICS Form 204), as appropriate.

Brief all appointed staff of the nature of the problem, immediate critical issues and initial plan of action. Designate time for next briefing.

Assign one of more clerical personnel from current staffing or make a request for staff to the Labor Pool and Credentialing Unit Leader, if activated, to function as the DOC recorder(s).

Distribute the Section Personnel Time Sheet (ICS Form 252) to Command Staff and Medical/Technical Specialist assigned to Command, and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section’s Time Unit Leader at the completion of a shift or at the end of each operational period.

Initiate the Incident Action Plan Safety Analysis (ICS Form 261) to document hazards and define mitigation.

Receive status reports from and develop an Incident Action Plan with Section Chiefs and Command Staff to determine appropriate response and recovery levels. During initial briefing/status reports, discover the following:
## Immediate (Operational Period 0-2 Hours)

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If applicable, receive initial facility damage survey report from Logistics Section Chief and evaluate the need for evacuation.
If applicable, obtain patient census and status from Planning Section Chief, and request a DOC-wide projection report for 4, 8, 12, 24 & 48 hours from time of incident onset. Adjust projections as necessary.
Identify the operational period and DOC shift change.
If additional beds are needed, authorize a patient prioritization assessment for the purposes of designating appropriate early discharge.
Ensure that appropriate contact with outside agencies has been established and facility status and resource information provided through the Liaison Officer.
Seek information from Section Chiefs regarding current “on-hand” resources of medical equipment, supplies, medications, food, and water as indicated by the incident.
Review security and facility surge capacity and capability plans as appropriate.

Document all key activities, actions, and decisions in an Operational Log (ICS Form 214) on a continual basis.

Document all communications (internal and external) on an Incident Message Form (ICS Form 213).
Provide a copy of the Incident Message Form to the Documentation Unit.

## Intermediate (Operational Period 2-12 Hours)

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Authorize resources as needed or requested by Command Staff.

Designate regular briefings with Command Staff/Section Chiefs to identify and plan for:
- Update of current situation/response and status of other area DOCs, emergency management/local emergency operation centers, and public health officials and other community response agencies
- Deploying a Liaison Officer to local EOC
- Deploying a PIO to the local Joint Information Center
- Critical facility and patient care issues
- DOC operational support issues
- Risk communication and situation updates to staff
- Implementation of DOC surge capacity and capability plans
- Ensure patient tracking system established and linked with appropriate outside agencies and/or local EOC
- Family Support Center operations
- Public information, risk communication and education needs
- Appropriate use and activation of safety practices and procedures
- Enhanced staff protection measures as appropriate
- Public information and education needs
- Media relations and briefings
- Staff and family support
- Development, review, and/or revision of the Incident Action Plan, or elements of the Incident Action Plan

Oversee and approve revision of the Incident Action Plan developed by the Planning Section Chief. Ensure that the approved plan is communicated to all Command Staff and Section Chiefs.

Communicate facility and incident status and the Incident Action Plan to CEO or designee, or to other executives and/or Board of Directors members on a need-to-know basis.

## Extended (Operational Period Beyond 12 Hours)

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Ensure staff, patient, and media briefings are being conducted regularly.
## Extended (Operational Period Beyond 12 Hours)

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- Review and revise the Incident Action Plan Safety Analysis (ICS Form 261) and implement correction or mitigation strategies.
- Evaluate/re-evaluate need for deploying a Liaison Officer to the local EOC.
- Evaluate/re-evaluate need for deploying a PIO to the local Joint Information Center.
- Ensure incident action planning for each operational period and a reporting of the Incident Action Plan at each shift change and briefing.
- Evaluate overall DOC operational status, and ensure critical issues are addressed.
- Review/review the Incident Action Plan with the Planning Section Chief for each operational period.
- Ensure continued communications with local, regional, and state response coordination centers and other DOCs through the Liaison Officer and others.
- Ensure your physical readiness, and that of the Command Staff and Section Chiefs, through proper nutrition, water intake, rest periods and relief, and stress management techniques.
- Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit Leader.
- Upon shift change, brief your replacement on the status of all ongoing operations, critical issues, relevant incident information and Incident Action Plan for the next operational period.

## Demobilization/System Recovery

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- Assess the plan developed by the Demobilization Unit Leader and approved by the Planning Section Chief for the gradual demobilization of the DOC and emergency operations according to the progression of the incident and facility/DOC status. Demobilize positions in the DOC and return personnel to their normal jobs as appropriate until the incident is resolved and there is a return to normal operations.
  - Briefing staff, administration, and Board of Directors
  - Approve announcement of “ALL CLEAR“ when incident is no longer a critical safety threat or can be managed using normal DOC operations
  - Ensure outside agencies are aware of status change
  - Declare DOC/facility safety
- Ensure demobilization of the DOC and restocking of supplies, as appropriate including:
  - Return of borrowed equipment to appropriate location
  - Replacement of broken or lost items
  - Cleaning of DOC and facility
  - Restock of DOC supplies and equipment;
  - Environmental clean-up as warranted
- Ensure that after-action activities are coordinated and completed including: Collection of all DOC documentation by the Planning Section Chief Coordination and submission of response and recovery costs, and reimbursement documentation by the Finance/Administration and Planning Section Chiefs
  - Conduct of staff debriefings to identify accomplishments, response and improvement issues
  - Identify needed revisions to the Emergency Management Plan, Emergency Operations Plan, Job Action Sheets, operational procedures, records, and/or other related items
  - Writing the facility/DOC After Action Report and Improvement Plan
  - Participation in external (community and governmental) meetings and other post-incident discussion and after-action activities
  - Post-incident media briefings and facility/DOC status updates
  - Post-incident public education and information
### Demobilization/System Recovery

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<th>Time</th>
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<tbody>
<tr>
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<td>Stress management activities and services for staff</td>
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</table>

#### Documents/Tools

- Incident Action Plan
- ICS Form 201 – Incident Briefing Form
- ICS Form 204 – Branch Assignment List
- ICS Form 207 – Incident Management Team Chart
- ICS Form 213 – Incident Message Form
- ICS Form 214 – Operational Log
- ICS Form 252 – Section Personnel Time Sheet
- ICS Form 261 – Incident Action Plan Safety Analysis
- DOC organization chart
- DOC telephone directory
- DOC Emergency Operations Plan
- Radio/satellite phone
# OPERATIONS SECTION COORDINATOR

**Mission:** Develop and implement strategy and tactics to carry out the objectives established by the DOC Director. Organize, assign, and supervise Staging, Medical Care, Infrastructure, Security, Hazardous Materials, and Business Continuity Branch resources.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Start:</th>
<th>End:</th>
<th>Position Assigned to:</th>
<th>Initial:</th>
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<table>
<thead>
<tr>
<th>Position Reports to: DOC Director</th>
<th>Signature:</th>
<th>Telephone:</th>
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</thead>
<tbody>
<tr>
<td>Department Operations Center (DOC) Location:</td>
<td>Other Contact Info:</td>
<td>Radio Title:</td>
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## Immediate (Operational Period 0-2 Hours)

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- Receive appointment and briefing from the DOC Director. Obtain packet containing Operations Section Job Action Sheets.
- Read this entire Job Action Sheet and review incident management team chart (ICS Form 207). Put on position identification.
- Notify your usual supervisor of your ICS assignment.
- Determine need to appoint Staging Manager, Branch Directors, and Unit Leaders in Operations Section; distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (ICS Form 204).
- Brief Operations Section Branch Directors and Staging Manager on current situation and incident objectives; develop response strategy and tactics; outline Section action plan and designate time for next briefing.
- Participate in Incident Action Plan preparation, briefings, and meetings as needed; assist in identifying strategies; determine tactics, work assignments, and resource requirements.
- Obtain information and updates regularly from Operations Section Branch Directors and Staging Manager; maintain current status of all areas; inform Situation Unit Leader of status information.
- Maintain communications with Logistics Section Coordinator and Staging Manager to ensure the accurate movement and tracking of personnel and resources to Staging Area.
- Ensure Operations Section personnel comply with safety policies and procedures.
- Document all key activities, actions, and decisions in an Operational Log (ICS Form 214) on a continual basis.
- Document all communications (internal and external) on an Incident Message Form (ICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.

## Intermediate (Operational Period 2-12 Hours)

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- Communicate regularly with the DOC Director, Public Information Officer and Liaison Officer; brief regularly on the status of the Operations Section.
- Designate time(s) for briefings and updates with Operations Section leadership to develop or update the Section action plan.
- Ensure the following are being addressed:
  - Section Staff health and safety
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<tr>
<th>Intermediate (Operational Period 2-12 Hours)</th>
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<tr>
<td>Information sharing with local EOC, public health, and law enforcement in coordination with the Liaison Officer</td>
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<tr>
<td>Personnel and resource movement through Staging Area</td>
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<td>Documentation</td>
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Initiate the Resource Accounting Record (ICS Form 257) to track equipment used during the response.

Schedule planning meetings with Branch Directors and Staging Manager to update the Section action plan and demobilization procedures.

Coordinate patient care treatment standards and case definitions with public health officials, as appropriate.

Ensure that the Operations Section is adequately staffed and supplied.

Coordinate personnel needs with Labor Pool & Credentialing Unit Leader, supply and equipment needs with the Supply Unit Leader, projections and needs with the Planning Section, and financial matters with the Finance/Administration Section.

Ensure coordination with any assisting or cooperating agency.

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<th>Extended (Operational Period Beyond 12 Hours)</th>
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<tr>
<td>Continue to monitor Operations Section personnel’s ability to meet workload demands, staff health and safety, resource needs and documentation practices.</td>
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<tr>
<td>Continue to maintain the Resource Accounting Record (ICS Form 257) to track equipment used during the response.</td>
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<td>Conduct regular situation briefings with Operations Section Branch Directors and Staging Manager.</td>
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<tr>
<td>Address issues related to ongoing patient care:</td>
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<tr>
<td>Staff health and safety</td>
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<td>Fatality management</td>
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<td>Staffing</td>
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<td>Staff prophylaxis</td>
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<tr>
<td>Personnel and resource movement through Staging Area</td>
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<tr>
<td>Linkages with the medical community, area DOCs, and other healthcare facilities</td>
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<td>Documentation</td>
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Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.

Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit. Provide for staff rest periods and relief.

Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other
### Extended (Operational Period Beyond 12 Hours)

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relevant incident information.

### Demobilization/System Recovery

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As needs decrease, return Operations Section staff to their usual jobs and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader.

Coordinate patient care restoration to normal services.

Coordinate final reporting of patient information with external agencies through Liaison Officer and Public Information Officer.

Work with Planning and Finance/Administration Sections to complete cost data information.

Debrief staff on lessons learned and procedural/equipment changes needed.

Upon deactivation of your position, brief the DOC Director on current problems, outstanding issues, and follow-up requirements.

Upon deactivation of your position, ensure all documentation and Operational Logs (ICS Form 214) are submitted to the Documentation Unit.

Submit comments to the DOC Director for discussion and possible inclusion in an after-action report; topics include:

- Review of pertinent position descriptions and operational checklists
- Recommendations for procedure changes
- Section accomplishments and issues

Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.

### Documents/Tools

- Incident Action Plan
- ICS Form 204 – Branch Assignment Sheet
- ICS Form 207 – Incident Management Team Chart
- ICS Form 213 – Incident Message Form
- ICS Form 214 – Operational Log
- ICS Form 257 – Resource Accounting Record
- DOC organization chart
- DOC telephone directory
- Radio/satellite phone
# PLANNING COORDINATOR

**Mission:** Oversee all incident-related data gathering and analysis regarding incident operations and assigned resources, develop alternatives for tactical operations, conduct planning meetings, and prepare the Incident Action Plan (IAP) for each operational period.

![Table](https://i.imgur.com/3Gm0QG5.png)

<table>
<thead>
<tr>
<th>Immediate (Operational Period 0-2 Hours)</th>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive appointment and briefing from the DOC Director. Obtain packet containing Planning Section Job Action Sheets.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read this entire Job Action Sheet and review incident management team chart (ICS Form 207). Put on position identification.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify your usual supervisor of your ICS assignment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine need for and appropriately appoint Unit Leaders, distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (ICS Form 204).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief Planning Section Unit Leaders and Managers on current situation and incident objectives; develop response strategy and tactics; outline Section action plan and designate time for next briefing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distribute the Section Personnel Time Sheet (ICS Form 252) to Planning Section personnel and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section’s Time Unit Leader at the completion of a shift or at the end of each operational period.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In consultation with the DOC Director, establish the incident objectives and operational period. Initiate the Incident Objectives Form (ICS Form 202) and distribute to all activated DOC positions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document all key activities, actions, and decisions in an Operational Log (ICS Form 214) on a continual basis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish and maintain communications with Logistics Section Coordinator and Staging Manager to ensure the accurate tracking of personnel and resources by the Personal Tracking and Materiel Tracking Managers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitate and conduct incident action planning meetings with Command Staff, Section Chiefs and other key positions to plan for the next operational period. Coordinate preparation and documentation of the Incident Action Plan and distribute copies to the DOC Director and all Section Chiefs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure the Situation Unit Leader and staff regularly update and document status reports from all Section Coordinators and Unit Leaders.</td>
<td></td>
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</tr>
<tr>
<td>Ensure Planning Section personnel comply with safety policies and procedures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document all communications (internal and external) on an Incident Message Form (ICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intermediate (Operational Period 2-12 Hours)</th>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Intermediate (Operational Period 2-12 Hours)**

<table>
<thead>
<tr>
<th>Task</th>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet regularly with the DOC Director to brief on the status of the Planning Section and the Incident Action Plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiate the Resource Accounting Record (ICS Form 257) to track equipment used during the response.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attend command briefings and meetings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to conduct regular planning meetings with Planning Section Unit Leaders, Section Coordinators, Command Staff, and the DOC Director for continued update and development of the Incident Action Plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure that the Planning Section is adequately staffed and supplied.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Extended (Operational Period Beyond 12 Hours)**

<table>
<thead>
<tr>
<th>Task</th>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to monitor Planning Section personnel’s ability to meet workload demands, staff health and safety, resource needs, and documentation practices.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct regular situation briefings with Planning Section.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to receive projected activity reports from Section Chiefs and Planning Section Unit Leaders at designated intervals to prepare DOC status reports and update the Incident Action Plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to maintain the Resource Accounting Record (ICS Form 257) to track equipment used during the response.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure the Demobilization Unit Leader assesses ability to deactivate positions, as appropriate, in collaboration with Section Chiefs and develops and implements a demobilization plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure the Documentation Unit Leader is receiving and organizing all DOC documentation, including Operational Logs (ICS Form 214) and Incident Message Forms (ICS Form 213).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health &amp; Well-Being Unit. Provide for staff rest periods and relief.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Demobilization/System Recovery**

<table>
<thead>
<tr>
<th>Task</th>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>As needs decrease, return Planning Section staff to their usual jobs and combine or deactivate positions in a phased manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to meet with Command Staff, Section Chiefs and Planning Section Unit Leaders to evaluate facility and personnel, review the demobilization plan and update the Incident Action Plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure collection of all DOC documentation and Operational logs from Command and Sections as positions are deactivated and sections demobilized.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist Section Chiefs in restoring DOC to normal operations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinate final reporting of patient information with external agencies through Liaison Officer and Public Information Officer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work with Planning and Finance/Administration Sections to complete cost data information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begin development of the Incident After-Action Report and Improvement Plan and assign staff to complete portions/sections of the report.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Demobilization/System Recovery

<table>
<thead>
<tr>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
</table>

- Debrief staff on lessons learned and procedural/equipment changes needed.
- Upon deactivation of your position, ensure all documentation and Operational Logs (ICS Form 214) are submitted to the Documentation Unit.
- Upon deactivation, brief the DOC Director on current problems, outstanding issues, and follow-up requirements.
- Submit comments to the DOC Director for discussion and possible inclusion in an after-action report; topics include:
  - Review of pertinent position descriptions and operational checklists
  - Recommendations for procedure changes
  - Section accomplishments and issues
- Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.

### Documents/Tools

- DOC Emergency Operations Plan
- Incident Action Plan
- ICS Form 202 – Incident Objectives Form
- ICS Form 204 – Branch Assignment List
- ICS Form 207 – Incident Management Team Chart
- ICS Form 213 – Incident Message Form
- ICS Form 214 – Operational Log
- ICS Form 257 – Resource Accounting Record
- ICS Form 254 – Disaster Victim/Patient Tracking Form
- ICS Form 252 – Section Personnel Time Sheet
- ICS Form 257 – Resource Accounting Record
- DOC organization chart
- DOC telephone directory
- Radio/satellite phone
LOGISTICS SECTION COORDINATOR

**Mission:** Organize and direct those operations associated with maintenance of the physical environment and with the provision of human resources, materiel, and services to support the incident activities. Participate in Incident Action Planning.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Start:</th>
<th>End:</th>
<th>Position Assigned to:</th>
<th>Initial:</th>
</tr>
</thead>
</table>

**Position Reports to: DOC Director**
Signature: __________

Department Operations Center (DOC) Location: __________
Telephone: __________
Fax: __________
Other Contact Info: __________
Radio Title: __________

### Immediate (Operational Period 0-2 Hours)

<table>
<thead>
<tr>
<th>Time</th>
<th>Initial</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Receive appointment and briefing from the DOC Director. Obtain packet containing Logistics Section Job Action Sheets.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Notify your usual supervisor of your ICS assignment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Read this entire Job Action Sheet and review incident management team chart (ICS Form 207). Put on position identification.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Determine need to appoint Branch Directors and Unit Leaders in Logistics Section; distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (ICS Form 204).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Brief Logistics Section Branch Directors on current situation, incident objectives and strategy; outline Section action plan and designate time for next briefing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Distribute the Section Personnel Time Sheet (ICS Form 252) to Logistic Section personnel and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section’s Time Unit Leader at the completion of a shift or at the end of each operational period.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Participate in Incident Action Plan preparation, briefings, and meetings as needed; assist in identifying strategies; determine tactics, work assignments, and resource requirements.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maintain communications with Operations Section Chief, Staging Manager and Branch Directors to assess critical issues and resource needs.</td>
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<tr>
<td></td>
<td></td>
<td>Ensure resource ordering procedures are communicated to appropriate Sections and requests are timely and accurately processed.</td>
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<tr>
<td></td>
<td></td>
<td>Ensure Logistics Section personnel comply with safety policies and procedures.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Document all key activities, actions, and decisions in an Operational Log (ICS Form 214) on a continual basis.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Document all communications (internal and external) on an Incident Message Form (ICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.</td>
</tr>
</tbody>
</table>

### Intermediate (Operational Period 2-12 Hours)

<table>
<thead>
<tr>
<th>Time</th>
<th>Initial</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Meet regularly with the DOC Director, Command Staff and other Section Chiefs to update status of the response and relay important information to Logistics Section’s Staff.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure the following are being addressed:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communications</td>
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<td></td>
<td></td>
<td>Information technology/information services</td>
</tr>
</tbody>
</table>
### Intermediate (Operational Period 2-12 Hours)

<table>
<thead>
<tr>
<th>Task</th>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of food and water for staff</td>
<td></td>
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<tr>
<td>Employee health and well-being</td>
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<td></td>
</tr>
<tr>
<td>Family care</td>
<td></td>
<td></td>
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<tr>
<td>Provision of supplies</td>
<td></td>
<td></td>
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<tr>
<td>Facility maintenance</td>
<td></td>
<td></td>
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<tr>
<td>Transportation services</td>
<td></td>
<td></td>
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<tr>
<td>Establishment of Labor Pool</td>
<td></td>
<td></td>
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<tr>
<td>Credentialing of staff and volunteers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Initiate the Resource Accounting Record (ICS Form 257) to track equipment used during the response.

Obtain needed materiel and fulfill resource requests with the assistance of the Finance/Administration Section Chief and Liaison Officer.

Ensure that the Logistics Section is adequately staffed and supplied.

### Extended (Operational Period Beyond 12 Hours)

<table>
<thead>
<tr>
<th>Task</th>
<th>Time</th>
<th>Initial</th>
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</thead>
<tbody>
<tr>
<td>Continue to monitor Logistics Section staff’s ability to meet workload demands, staff health and safety, resource needs, and documentation practices.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to conduct regular situation briefings with Logistics Section.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to document actions and decisions on an Operational Log (ICS Form 214) and on an Incident Message Form (ICS Form 213).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to maintain the Resource Accounting Record (ICS Form 257) to track equipment used during the response.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to meet regularly with Logistics Section Branch Directors to update the Section action plan and implement demobilization procedures, in coordination with Planning Section’s Demobilization Unit Leader.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health &amp; Well-Being Unit. Provide for staff rest periods and relief.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Demobilization/System Recovery

<table>
<thead>
<tr>
<th>Task</th>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>As needs decrease, return Logistics Section staff to their usual jobs and combine or deactivate positions in a phased manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinate return of all assigned equipment to appropriate locations and restock DOC supplies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinate replacement of broken or misplaced items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work with Planning and Finance/Administration Sections to complete cost data information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debrief Section staff on lessons learned and procedural/equipment changes needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upon deactivation of your position, ensure all documentation and Operational Logs (ICS Form</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Page 50
<table>
<thead>
<tr>
<th>Demobilization/System Recovery</th>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>214) are submitted to the DOC Director.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upon deactivation of your position, brief the DOC Director on current problems, outstanding issues, and follow-up requirements.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Submit comments to the Planning Section Chief for discussion and possible inclusion in an after-action report; topics include:  
  Review of pertinent position descriptions and operational checklists  
  Recommendations for procedure changes  
  Section accomplishments and issues |      |        |
| Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. |      |        |

<table>
<thead>
<tr>
<th>Documents/Tools</th>
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<tbody>
<tr>
<td>Incident Action Plan</td>
</tr>
<tr>
<td>ICS Form 204 – Branch Assignment Sheet</td>
</tr>
<tr>
<td>ICS Form 207 – Incident Management Team Chart</td>
</tr>
<tr>
<td>ICS Form 213 – Incident Message Form</td>
</tr>
<tr>
<td>ICS Form 214 – Operational Log</td>
</tr>
<tr>
<td>ICS Form 252 – Section Personnel Time Sheet</td>
</tr>
<tr>
<td>ICS Form 257 – Resource Tracking Record</td>
</tr>
<tr>
<td>DOC emergency operations plan</td>
</tr>
<tr>
<td>DOC organization chart</td>
</tr>
<tr>
<td>DOC telephone directory</td>
</tr>
<tr>
<td>Radio/satellite phone</td>
</tr>
<tr>
<td>Master inventory control lists</td>
</tr>
</tbody>
</table>
FINANCE/ADMINISTRATION SECTION COORDINATOR

**Mission:**  Monitor the utilization of financial assets and the accounting for financial expenditures. Supervise the documentation of expenditures and cost reimbursement activities.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Start:</th>
<th>End:</th>
<th>Position Assigned to:</th>
<th>Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Reports to: <strong>DOC Director</strong></td>
<td>Signature:</td>
<td>Telephone:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department Operations Center (DOC) Location:</td>
<td>Other Contact Info:</td>
<td>Radio Title:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
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</tr>
</tbody>
</table>

### Immediate (Operational Period 0-2 Hours)

<table>
<thead>
<tr>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive appointment and briefing from the DOC Director. Obtain packet containing Finance/Administration Section Job Action Sheets.</td>
<td></td>
</tr>
<tr>
<td>Notify your usual supervisor of your ICS assignment.</td>
<td></td>
</tr>
<tr>
<td>Read this entire Job Action Sheet and review incident management team chart (ICS Form 207). Put on position identification.</td>
<td></td>
</tr>
<tr>
<td>Determine need for and appropriately appoint Finance/Administration Unit Leaders, distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (ICS Form 204).</td>
<td></td>
</tr>
<tr>
<td>Brief Finance/Administration Section Unit Leaders on current situation, incident objectives, and strategy; outline Section action plan; and designate time for next briefing.</td>
<td></td>
</tr>
<tr>
<td>Participate in Incident Action Plan preparation, briefings, and meetings as needed and,</td>
<td></td>
</tr>
<tr>
<td>Provide cost implications of incident objectives</td>
<td></td>
</tr>
<tr>
<td>Ensure that the Incident Action Plan is within financial limits established by the DOC Director</td>
<td></td>
</tr>
<tr>
<td>Determine if any special contractual arrangements/agreements are needed.</td>
<td></td>
</tr>
<tr>
<td>Obtain information and updates regularly from Finance/Administration Section Unit Leaders; maintain knowledge of current status of all Units; inform Situation Unit Leader of status information.</td>
<td></td>
</tr>
<tr>
<td>Distribute the Section Personnel Time Sheet (ICS Form 252) to Finance/Administration Section staff and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section’s Time Unit Leader at the completion of a shift or at the end of each operational period.</td>
<td></td>
</tr>
<tr>
<td>Ensure Finance/Administration Section personnel comply with safety policies and procedures.</td>
<td></td>
</tr>
<tr>
<td>Document all key activities, actions, and decisions on an Operational Log (ICS Form 214) on a continual basis.</td>
<td></td>
</tr>
<tr>
<td>Document all communications (internal and external) on an Incident Message Form (ICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.</td>
<td></td>
</tr>
</tbody>
</table>

### Intermediate (Operational Period 2-12 Hours)

<table>
<thead>
<tr>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate frequently with the DOC Director; brief routinely on the status of the Finance/Administration Section.</td>
<td></td>
</tr>
<tr>
<td>Initiate the Resource Accounting Record (ICS Form 257) to track equipment used during the response.</td>
<td></td>
</tr>
<tr>
<td>Designate times for briefings and updates with Finance/Administration Section Unit Leaders to</td>
<td></td>
</tr>
<tr>
<td><strong>Intermediate (Operational Period 2-12 Hours)</strong></td>
<td>Time</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>develop or update the Section action plan.</td>
<td></td>
</tr>
<tr>
<td>Approve a &quot;cost-to-date&quot; incident financial status report submitted by the Cost Unit Leader every eight hours summarizing financial data relative to personnel, supplies and other expenditures and expenses.</td>
<td></td>
</tr>
<tr>
<td>Work with the DOC Director and other Section Chiefs to identify short and long term issues with financial implications; establish needed policies and procedures</td>
<td></td>
</tr>
<tr>
<td>Ensure that the Finance/Administration Section is adequately staffed and supplied.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Extended (Operational Period Beyond 12 Hours)</strong></th>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to monitor Finance/Administration Section staff’s ability to meet workload demands, staff health and safety, resource needs, and documentation practices.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct regular situation update briefings with Finance/Administration Section.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to maintain the Resource Accounting Record (ICS Form 257) to track equipment used during the response.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule planning meetings with Finance/Administration Section staff to update the Section action plan and demobilization procedures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure that required financial and administrative documentation is properly prepared. Collate and process invoices received.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present financial updates to the DOC Director and Command Staff every 8 hours and as requested.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure that routine, non-incident related administrative oversight of DOC financial operations is maintained.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to document actions and decisions on an Operational Log (ICS Form 214).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinate emergency procurement requests with Supply Unit Leader.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain cash reserves on hand.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure automated teller machines (ATMs) located in the DOC (whether DOC- or other-owned are maintained and available to staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consult with local, state, and federal officials regarding reimbursement regulations and requirements; ensure required documentation is prepared according to guidance received.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health &amp; Well-Being Unit. Provide for staff rest periods and relief.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Demobilization/System Recovery</strong></th>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>As needs in the Finance/Administration Section decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collect and analyze all financial related data from Finance/Administration Section Units.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure processing and payment of invoiced costs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submit required reimbursement paperwork and track payments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demobilization/System Recovery</td>
<td>Time</td>
<td>Initial</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------</td>
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<td>---------</td>
</tr>
<tr>
<td>Debrief staff on lessons learned and procedural/equipment changes needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upon deactivation of your position, ensure all documentation and Operational Logs (ICS Form 214) are submitted to the Planning Section Chief.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upon deactivation of your position, brief the DOC Director on current problems, outstanding issues, and follow-up requirements.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submit comments to the DOC Director for discussion and possible inclusion in an after-action report; topics include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of pertinent position descriptions and operational checklists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommendations for procedure changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section accomplishments and issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Documents/Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Action Plan</td>
</tr>
<tr>
<td>ICS Form 204 – Branch Assignment List</td>
</tr>
<tr>
<td>ICS Form 207 – Incident Management Team Chart</td>
</tr>
<tr>
<td>ICS Form 213 – Incident Message Form</td>
</tr>
<tr>
<td>ICS Form 214 – Operational Log</td>
</tr>
<tr>
<td>ICS Form 252 – Section Personnel Time Sheet</td>
</tr>
<tr>
<td>ICS Form 257 – Resource Accounting Record</td>
</tr>
<tr>
<td>DOC emergency operations plan</td>
</tr>
<tr>
<td>DOC organization chart</td>
</tr>
<tr>
<td>DOC telephone directory</td>
</tr>
<tr>
<td>Radio/satellite phone</td>
</tr>
<tr>
<td>DOC inventory</td>
</tr>
<tr>
<td>DOC financial data forms</td>
</tr>
<tr>
<td>State and DHS/FEMA reimbursement forms</td>
</tr>
</tbody>
</table>
## SITUATION UNIT LEADER

**Mission:** Collect, process, and organize ongoing situation information; prepare situation summaries; and develop projections and forecasts of future events related to the incident. Prepare maps and gather and disseminate information and intelligence for use in the Incident Action Plan (IAP).

<table>
<thead>
<tr>
<th>Date:</th>
<th>Start:</th>
<th>End:</th>
<th>Position Assigned to:</th>
<th>Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Reports to: Planning Section Coordinator</td>
<td>Signature:</td>
<td>Telephone:</td>
<td>Fax:</td>
<td>Other Contact Info:</td>
</tr>
<tr>
<td>Department Operations Center (DOC) Location:</td>
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</table>

### Immediate (Operational Period 0-2 Hours)

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<thead>
<tr>
<th>Time</th>
<th>Initial</th>
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</table>

- Receive appointment and briefing from the Planning Section Coordinator. Obtain packet containing Situation Unit Job Action Sheets.
- Read this entire Job Action Sheet and review incident management team chart (ICS Form 207). Put on position identification.
- Notify your usual supervisor of your ICS assignment.
- Appoint Managers as appropriate and complete the Branch Assignment List (ICS Form 204); distribute corresponding Job Action Sheets and identification.
- Obtain status report on Information Technology/Information systems.
- Establish a Planning information center in the DOC with a status/condition board and post information as it is received. Assign a recorder/documentation aide to keep the board updated with current information.
- Receive and record status reports as they are received.
- Assign a recorder to monitor, document and organize all communications sent and received via the inter-DOC emergency communication network or other external communication.
- Assure the status updates and information provided to Command Staff and Section Chiefs is accurate, complete, and current.
- Document all key activities, actions, and decisions in an Operational Log (ICS Form 214).
- Document all communications (internal and external) on an Incident Message Form (ICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.

### Intermediate (Operational Period 2-12 Hours)

<table>
<thead>
<tr>
<th>Time</th>
<th>Initial</th>
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</table>

- Meet regularly with the Planning Section Chief, Section Chiefs and Branch Directors to obtain situation and status reports, and relay important information to team Members.
- Ensure that an adequate number of recorders are assigned to perform Situation Unit activities. Coordinate personnel requests with Labor Pool & Credentialing Unit Leader.
- Ensure backup and protection of existing data for main and support computer systems, in coordination with Logistics Section’s IT/IS Unit and Business Continuity Branch’s Information Technology Unit.
- Publish an internal incident situation status report for employee information at least every 4 hours as indicated. Collaborate with the Public Information Officer, Support Branch Director, and
### Intermediate (Operational Period 2-12 Hours)

<table>
<thead>
<tr>
<th>Time</th>
<th>Initial</th>
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</thead>
<tbody>
<tr>
<td>Labor Pool &amp; Credentialing Unit Leader to develop and distribute the internal incident situation report.</td>
<td></td>
</tr>
<tr>
<td>Ensure the security and prevent the loss of written and electronic DOC response documentation. Collaborate with the Security Officer and IT/IS Unit Leader as appropriate.</td>
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</tr>
<tr>
<td>Ensure development of a demobilization plan by the Demobilization Unit Leader, in collaboration with Section Chiefs and Command Staff.</td>
<td></td>
</tr>
<tr>
<td>Assist the Planning Section Chief to develop the Incident Action Plan at designated intervals.</td>
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<tr>
<td>Advise the Planning Section Chief immediately of any operational issue you are not able to correct or resolve.</td>
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</tbody>
</table>

### Extended (Operational Period Beyond 12 Hours)

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<thead>
<tr>
<th>Time</th>
<th>Initial</th>
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<tbody>
<tr>
<td>Continue to monitor the Situation Unit staff’s ability to meet workload demands, staff health and safety, resource needs, and documentation practices.</td>
<td></td>
</tr>
<tr>
<td>Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.</td>
<td></td>
</tr>
<tr>
<td>Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to appropriate Employee Health &amp; Well Being Unit Leader. Provide for staff rest periods and relief.</td>
<td></td>
</tr>
<tr>
<td>Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.</td>
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</tr>
</tbody>
</table>

### Demobilization/System Recovery

<table>
<thead>
<tr>
<th>Time</th>
<th>Initial</th>
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</thead>
<tbody>
<tr>
<td>As needs for the Situation Unit staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner.</td>
<td></td>
</tr>
<tr>
<td>Continue to revise and implement demobilization plan for all Sections.</td>
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<tr>
<td>Compile incident summary data and reports, organize all DOC documentation and submit to Planning Section Chief.</td>
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</tr>
<tr>
<td>Assist with development of the incident After-Action Report and improvement plan.</td>
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</tr>
<tr>
<td>Debrief staff on lessons learned and procedural/equipment changes needed.</td>
<td></td>
</tr>
<tr>
<td>Upon deactivation of your position, ensure all documentation and Operational Logs (ICS Form 214) are submitted to the Planning Section Chief.</td>
<td></td>
</tr>
<tr>
<td>Upon deactivation of your position, ensure all documentation and Operational Logs (ICS Form 214) are submitted to the Planning Section Chief.</td>
<td></td>
</tr>
</tbody>
</table>
| Submit comments to the Planning Section Chief for discussion and possible inclusion in the after-action report; topics include:  
  - Review of pertinent position descriptions and operational checklists  
  - Recommendations for procedure changes  
  - Section accomplishments and issues  |         |
| Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. |         |

### Documents/Tools
<table>
<thead>
<tr>
<th>Documents/Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Action Plan</td>
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<tr>
<td>ICS Form 207 – Incident Management Team Chart</td>
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<td>ICS Form 213 – Incident Message Form</td>
</tr>
<tr>
<td><strong>ICS Form 214 – Operational Log</strong></td>
</tr>
<tr>
<td>DOC emergency operations plan</td>
</tr>
<tr>
<td>DOC organization chart</td>
</tr>
<tr>
<td>DOC telephone directory</td>
</tr>
<tr>
<td>Radio/satellite phone</td>
</tr>
<tr>
<td>Access to IT systems (e-mail, internet, telecommunications, printers)</td>
</tr>
<tr>
<td>Chart-size facility plans and local area maps</td>
</tr>
</tbody>
</table>
Appendix B: Forms

1. Medical/Health Situation Report (SitRep)
2. Medical/Health Resource Request Form - Field
3. Resource Tracking Form (MACS 420)
4. ICS Forms:
   a. CCPHD202 - Incident Objectives
   b. CCPHD 203 - Organization Assignments
   c. CCPHD 204 - Assignment List
   d. CCPHD 205 - Communication Plan
   e. CCPHD 207 - Organization Chart
   f. CCPHD 211 - Sign-in Log
   g. CCPHD 214 - Unit Log
   h. CCPHD 215G - Operational Planning Worksheet
## Medical and Health Resource Request

|-----------|-----------------|--------|---------|--------------------------------------------------|----------------------------------------------------|--------------------------|-------------------------------|------------------------------------------------|------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|--------------------------|-----------------------------|-----------------------------|

### Logistics

| 14. ORDER FILLED AT (check box): | OA EOC | REGION | STATE | PRE-ALLOCATED |

### Finance

- This is a MULTI-PART form. Use ball point pen and press firmly. Full instructions are on back page. Requestor fills in top portion of form. Logistics completes fulfillment information and tracking data as appropriate. Finance should track and approve expenditures.
## ORDER SHEET

### 5. ORDER

<table>
<thead>
<tr>
<th>Line #</th>
<th>Priority (See Below)</th>
<th>Detailed Specific Item Description: Vital characteristics, brand, specs, diagrams, and other info. (Rx: Drug name, Dosage Form, UNIT OF USE PACKAGE or Volume, etc.)</th>
<th>Kind/Rx Strength</th>
<th>Type/Rx Unit or Conc.</th>
<th>Quantity Requested (See Below)</th>
<th>Expected Duration of Use:</th>
<th>Logistics Section: Fulfillment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>NOTE: To be completed by the level/line that fills the request (OA EOC, Region, State)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Approved</th>
<th>Filled</th>
<th>Back-Ordered</th>
<th>Tracking #</th>
<th>EIA (Date &amp; Time)</th>
<th>COST</th>
</tr>
</thead>
</table>

### 6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):

### 7. Deliver to/Report to POC (Name, Position, Telephone/Email, Radio, etc.)

---

This is a MULTI-PART form. Use ball point pen and press firmly. Full instructions are on back page. Requestor fills in top portion of form. Logistics completes fulfillment information and tracking data as appropriate. Finance should track and approve expenditures.

**PRIORITY:**
- (E)mergent <12 hour (RIMS: FLASH/HIGH),
- (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

**QUANTITY:** Based upon a unit of EACH; Pharmaceuticals are based upon a single regimen of the requested unit.
Sections 1 through 4 to be completed by the Requestor

1. **Incident Name:** The name of the event associated with this request. The Incident Name should be consistent with the name used by operational area emergency management and all situational reporting.

2. a. **Date:** XX/XX/XXXX (e.g., 10/01/2009 for October 1, 2009)
   b. **Time:** Use 24-hour format (e.g., 1700 rather than 5:00 pm)
   c. **Request Number(s):** Initial Number assigned by Requestor for tracking purposes. Secondary Numbers may be assigned by processing and/or filling levels, if necessary.

3. **Requestor Name, Agency, Position, Phone/Email:** Provide specific information for the person submitting the request, including agency/department affiliation, contact information, etc.

4. **Mission/Tasks:** Describe CLEARLY the mission/task and what is being requested to accomplish the mission/task.

Sections 5 through 7, STANDARD ORDER SHEET (page 2), to be completed by the Requestor

**Note:** Use STANDARD ORDER SHEET for non pre-allocated resources. For PRE-ALLOCATED Resources, use PRE-ALLOCATED ORDER SHEET, page 2 and 3.

5. **Order:** CLEARLY identify what is being requested (including alternates if applicable). i.e., pharmaceuticals (Standard or generic name), medical supplies (specific item or nomenclature), personnel (Doctor – General/Specialist, RN, LVN, Paramedic, etc.), ambulance (Type – single resource, Strike Team, etc.), Mobile Field Hospital, etc.

   Col 1: Line #. If more than one of the same kind of resource is required, assign a number to each row.

   Col 2: Priority. How soon is the item(s) needed: less than 12 hours, more than 12 hours, or is it needed to sustain operations; see options at bottom of page

   Col 3: Detailed Specific Item Description: Provide information specific to the resource to ensure quick, efficient processing of request. Provide as much detailed information as possible.

   **Drugs:** Indicate drug name, dosage, form, unit of use, package or volume

   **Staff:** Describe needed experience, licensure, skill set, abilities.

   **Facilities:** Describe specific needs including utility, access times, etc.

   **Supplies/Equipment:** Provide complete description, manufacture, item/model number, etc.
Col 4: Kind/Rx Strength. Identify the kind of item; if pharmaceuticals, indicate the strength and what kind, i.e., generic, etc;

Col 5: Type/Rx. Identify measurement (units, dozens, cases, etc.)

Col 6: Quantity Requested: Indicate how many are needed to fulfill the mission/task.

Col 7: Expected Duration of Use: How long are the resources needed? Not Applicable (N/A) for expendable resources, i.e. medications, gloves, etc.

6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s): Identify potential sources for supply, substitutes and any special delivery instructions.

7. Deliver to/Report to POC: Provide delivery information, including specific delivery address, delivery hours, and delivery POC (telephone and email address).

Sections 5 through 7, PRE-ALLOCATED ORDER SHEET (page 2 & 3), to be completed by the Requestor

8. Order: Items available to the Local Health Department can be found on each County/LHD’s Pre-Allocation Sheets previous provided or that can be found on CAHAN. Orders can only be for those items indicated and for quantities shown as available.

Col 1: Line #. Assign a number to each row for items that are being requested.

Col 2: Priority. How soon is the item(s) needed: less than 12 hours, more than 12 hours, or is it needed to sustain operations; see options at bottom of page

Col 3: Detailed Specific Item Description: Items that are included within the preallocation have been listed.

Col 4: Kind/Rx Strength. Kind and Strengths of items available have been listed.

Col 5: Type/Rx. Type and Number of Courses per case are shown.

Col 6: Quantity Requested: Order by specific level indicated; i.e. Number of cases/Number of Pallets. Only Order up to the LHD’s Pro-Rated and available Pre-Allocation level.

Col 7: Expected Duration of Use: Anticipated time that the resources many be needed? (Ventilators, ACS Cache, etc.) Not Applicable (N/A) for expendable resources, i.e. medications, masks, gloves, etc.

9. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s): N/A for potential sources for supply and substitutes; include any special delivery instructions.

10. Deliver to/Report to POC: Provide delivery information, including specific delivery address, delivery hours, and delivery POC (telephone and email address).

Section 8 through 9 to be completed by the Medical Health Operational Area Coordinator (MHOAC), or Designee
11. **MHOAC Signature**: The MHOAC should review and validate the Resource Request. The MHOAC’s signature verifies that the request meets the standards set forth within SEMS.

12. **Processing Activities**: List the activities, persons contacted, and results related to the fulfilling this request.

**Sections 10 through 13 to be completed by Logistics Function at the level/entity that fills the request**

13. **Additional Order Fulfillment Information**: Provide any additional relevant information, e.g., the order is being fulfilled in stages, more than one vendor is involved, etc.

14. **Supplier Name/Phone/Fax/Email**: Provide the exact name and contact information of vendor or agency supplying the resource.

15. **Resource Tracking**: Use to document expectations and actions related to resource tracking.

16. **Notes**: Additional relevant information not contained elsewhere.

17. **Ordered filled at**: Indicate the highest SEMS level fulfilling the request.

**Sections 15 and 16 to be completed by Finance**

18. **Reply/Comments from Finance**: Provide information for documenting the financial activities related to this request.

19. **Finance Section Signature (Name, Position and Signature) and Date/Time**: Identify the person/position that authorized expenditure of funds to fulfill the resource request; in addition to signature, include position/title and date and time signed.

**Section 17 to be completed by level/entity Logistics Section filling the request i.e., LHD/LEMSA DOC, OA EOC/MHOAC, Region – RDMHC/S or REOC, State – SOC/JEOC, etc.: Fulfillment**

**Quantity**

- **Approved**: Indicate the amount approved. This may be different than amount requested.

- **Filled**: Indicate the amount that can be filled at request processing time.

- **Back Ordered**: Indicate any quantity that has been placed on back-order at the vendor level that once delivered can be used to complete the request. If items not provided will require re-ordering, indicate the number of items and that “Re-Order Required”.

- **Tracking #:** Internal number used to track the resource fulfillment process.

- **ETA (Date and Time)**: Estimated time of arrival of the requested items, if known.

- **Cost**: Used to track event cost.
**Medical / Health Situation Report**

**SITUATION REPORT (SITREP) EF-8**
MEDICAL and PUBLIC HEALTH OA BRANCH REPORT

**SECTION 1** (Corresponds to Electronic SITREP TOOL, PAGE 1)

<table>
<thead>
<tr>
<th>A. Report Type</th>
<th>B. Report Status</th>
<th>C. Report Creation Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ INITIAL</td>
<td>□ UPDATE #</td>
<td>□ 1. Advisory: No Action Required</td>
</tr>
<tr>
<td>□ FINAL</td>
<td>□ 2. Alert: Action Required see &quot;Critical Issues&quot;</td>
<td>1. Report Date:</td>
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<tr>
<td></td>
<td></td>
<td>2. Report Time:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Incident / Event Information</th>
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</thead>
<tbody>
<tr>
<td>1. Mutual Aid Region:</td>
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<tr>
<td>2. Jurisdiction (OA):</td>
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<td>3. Abrv:</td>
</tr>
<tr>
<td>4. Incident / Event Name:</td>
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<td>5. Incident Date:</td>
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<td>6. Incident Time:</td>
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<td>7. Incident Location / Address:</td>
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<td>8. Incident City:</td>
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<td>9. Incident Type:</td>
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<td>10. Estimated Population Affected:</td>
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<td>11. Incident Level:</td>
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<td>□ Level I - Op Area</td>
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<tr>
<td>□ Level II - Region</td>
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<td>□ Level III - State</td>
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<tr>
<th>E. User Information</th>
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<tbody>
<tr>
<td>1. Report Creator:</td>
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<td>2. Position:</td>
</tr>
<tr>
<td>3. Phone:</td>
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<td>( )</td>
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<tr>
<td>4. Cell, Pager, Alt Phone:</td>
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<tr>
<td>5. Email:</td>
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<thead>
<tr>
<th>F. Current Operational Area Medical and Health System Condition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ GREEN – Normal Operations: Situation Resolved</td>
</tr>
<tr>
<td>□ ORANGE – Modified Services: Assistance from within OA</td>
</tr>
<tr>
<td>□ BLACK – Impaired Services: MAJOR Assistance Required</td>
</tr>
<tr>
<td>□ YELLOW – Under Control: NO Assistance Required</td>
</tr>
<tr>
<td>□ RED – Limited Services: SOME Assistance Required</td>
</tr>
<tr>
<td>□ GREY - Unknown</td>
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<thead>
<tr>
<th>G. Prognosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ NO CHANGE</td>
</tr>
<tr>
<td>□ IMPROVING</td>
</tr>
<tr>
<td>□ WORSENING</td>
</tr>
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</table>
### H. Current Situation: (Provide detailed Situational Awareness Information)

<table>
<thead>
<tr>
<th>Information</th>
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### I. Current Priorities: ("NONE" or "Nothing to Report" is acceptable.)

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<th>Information</th>
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### J. Critical Issues or Actions Taken: ("NONE" or "Nothing to Report" is acceptable.)

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<th>Information</th>
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<tr>
<td>Activity Description</td>
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<tr>
<td>EMS/LHD DOC Active</td>
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<tr>
<td>OA EOC Active</td>
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<tr>
<td>OTHER: (Explain in Current Situation – Page 1)</td>
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<td>4. OA EOC MH Branch Active</td>
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**Proclamations/Declarations**

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<th>Type of Proclamation</th>
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<td>Local Emergency</td>
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<td>State</td>
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<td>PH Emergency</td>
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<td>PH Hazard</td>
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**Health Advisories/Orders Issued**

<table>
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<tr>
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<td>Air Unhealthful</td>
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<td>Food Hazard</td>
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<td>Beach Closure</td>
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<td>Disease Outbreak</td>
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<td>School Dis/Closures</td>
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<td>Heat</td>
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<td>Cold</td>
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<td>Vector</td>
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<tr>
<td>Radiation</td>
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<td>Other</td>
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**Hazard Specific Activities**

- [ ]
- [ ]
- [ ]

**Summary of Impact**

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**Evacuations**

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### J. Medical and Health Coordination System Function Specific Status

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<td>2. Health HazMat</td>
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<td>3. Out-Patient Clinics</td>
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<td>4. In-Patient Healthcare Facilities</td>
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<td>5. Drinking Water</td>
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<td>6. Home Health Care</td>
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<td>7. EPI / Disease Control</td>
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<td>8. Homebound With Medical Needs</td>
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<td>9. Locally based State/Federal Functions</td>
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<td>10. LEMSA Program Services</td>
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<td>11. Food Safety</td>
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<td>12. Liquid Waste / Sewer Systems</td>
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<td>13. Medical Waste</td>
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<td>14. Radiation Health</td>
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<td>15. Mental Health</td>
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<td>16. Solid Waste Disposal</td>
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<td>17. Public Health Lab</td>
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<td>18. Vector Control</td>
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<td>19. Medical Transport System</td>
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<td>20. Shellfish</td>
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**Additional Notes:**

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Page 4 of 10  

Event Name:
### SECTION 3 (Corresponds to Electronic SITREP TOOL, PAGE 3)

<table>
<thead>
<tr>
<th>A. Overall Healthcare Facilities System Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Green – Normal operations: Situation Resolved</td>
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<tr>
<td>□ Yellow – Under control: NO Assistance Required</td>
</tr>
<tr>
<td>□ Orange – Modified services: Assistance from within OA</td>
</tr>
<tr>
<td>□ Red – Limited services: Assistance Required</td>
</tr>
<tr>
<td>□ Black - Impaired service: MAJOR Assistance Required</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Total General Acute Care Hospitals:</th>
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</thead>
<tbody>
<tr>
<td>1. GACH – Fully Functional</td>
</tr>
<tr>
<td>2. GACH – Not Functional</td>
</tr>
<tr>
<td>3. GACH – Partially Functional</td>
</tr>
<tr>
<td>4. GACH – Not Reporting</td>
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</table>

<table>
<thead>
<tr>
<th>C. Total SNFs / LTCFs:</th>
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</thead>
<tbody>
<tr>
<td>1. SNF – Fully Functional</td>
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<td>2. SNF – Not Functional</td>
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<td>3. SNF – Partially Functional</td>
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<td>4. SNF – Not Reporting</td>
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<table>
<thead>
<tr>
<th>D. Total ICF – DD Intermed Care Facil:</th>
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<tbody>
<tr>
<td>1. IFC – Fully Functional</td>
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<td>2. IFC – Not Functional</td>
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<td>3. IFC – Partially Functional</td>
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<td>4. IFC – Not Reporting</td>
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<table>
<thead>
<tr>
<th>E. Total Acute Psych Hospitals:</th>
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<tbody>
<tr>
<td>1. APH – Fully Functional</td>
</tr>
<tr>
<td>2. APH – Not Functional</td>
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<td>3. APH – Partially Functional</td>
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<td>4. APH – Not Reporting</td>
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<table>
<thead>
<tr>
<th>F. Total State Hospitals (Corr, DD, MH):</th>
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<tbody>
<tr>
<td>1. STH – Fully Functional</td>
</tr>
<tr>
<td>2. STH – Not Functional</td>
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<td>3. STH – Partially Functional</td>
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<td>4. STH – Not Reporting</td>
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5. Acute Care Hospital Comments:

| # |

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Event Name: ________________
**SITUATION REPORT (SITREP) EF-8**

**SECTION 3, continued** *(Corresponds to Electronic SITREP TOOL, PAGE 3)*

<table>
<thead>
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<th>G. Total CLF Cong Care Health Fac:</th>
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<td>1. CLF – Fully Functional</td>
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<tr>
<td>2. CLF – Not Functional</td>
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<tr>
<td>3. CLF – Partially Functional</td>
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<td>4. CLF – Not Reporting</td>
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</table>

<table>
<thead>
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<th>H. Total Dialysis Centers:</th>
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<tr>
<td>1. Dial – Fully Functional</td>
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<td>2. Dial – Not Functional</td>
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</tr>
<tr>
<td>3. Dial – Partially Functional</td>
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<td>4. Dial – Not Reporting</td>
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### A. General Infrastructure Damage as it relates to the Medical Health System

<table>
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</thead>
<tbody>
<tr>
<td>1. Roads</td>
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<tr>
<td>2. Medical Health Communications</td>
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<td>3. Communications</td>
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<td>4. Power</td>
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</table>

*(if other than green, provide brief comment)*

### B. Care and Shelter

1. **Medical Mission at Shelter**

2. **Number Opened:** #

3. **Population Served:** #

4. **Medical Support of Shelter**
   - Open
   - None
   - Planned
   - Assessing – no report

   **Comments:**

5. **Mobile Field Hospital**
   - Open
   - None
   - Planned
   - Assessing – no report

   **Comments:**

6. **Gov Auth. Alternate Care Sites**
   - Open
   - None
   - Planned
   - Assessing – no report

   **Comments:**

7. **Specialty Center**
   - Open
   - None
   - Planned
   - Assessing – no report

   **Comments:**

8. **Field Treatment Sites**
   - Open
   - None
   - Planned
   - Assessing – no report

   **Comments:**

---

Event Name: ____________________________
### SECTION 4, continued (Corresponds to Electronic SITREP TOOL, PAGE 4)

<table>
<thead>
<tr>
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<td>9. Cooling Centers</td>
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<tr>
<td>10. Local Disaster Warehouse</td>
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</table>

### C. Medical Transportation

| 1. Ambulance Units Available | # |    |
| 2. Ambulances Committed     | # |    |
| 3. AST’s Available (5:1)   | # |    |
| 4. AST’s Committed         | # |    |
| 5. DMSU’s Available        | # |    |
| 6. DMSU’s Committed        | # |    |

7. Additional Medical Transportation Issues

---

Page 8 of 10

Event Name: ______________________
SITUATION REPORT (SITREP) EF-8

SECTION 5  (Corresponds to Electronic SITREP TOOL, PAGE 5)

A. General and/or Additional Information (add anything here that does not appear elsewhere in this report)

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END OF REPORT.

Event Name: ___________________________
**ICS Forms**

- a. CCPHD202- Incident Objectives
- b. CCPHD 203- Organization Assignments
- c. CCPHD 204- Assignment List
- d. CCPHD 205- Communication Plan
- e. CCPHD 207- Organization Chart
- f. CCPHD 211- Sign-in Log
- g. CCPHD 214- Unit Log
- h. CCPHD 215G Operational Planning Worksheet
Appendix C: 24-Hour Designated Dispatch Center

Calaveras County Sheriff's Dispatch: (209) 754.6500