

Annex A: Emergency Operations Coordination



Public Health
Prevent. Promote. Protect.

Review History

Date	Reviewed By	Brief Description of Changes Made	Page(s)
1-11-13		Reformatted Annex A, Updated Chain of Command/ICS/NIMS Flowchart	All
1-23-15		Updated Chain of Command/ICS/NIMS Flowchart	6
2-06-15		Annual Peer Review, Updated Info.	All
3-01-16		Updated Chain of Command/ Organizational Chart	6
02/13/17	Betty King	Format Headers/Footers Format Table of Contents Re-Name Annex to conform with PHEP Capabilities and Regional Plan Updated Situation report Added IAP Template as Attachment 1	All

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Promulgation/Signature Page

Annex A: Emergency Operations Coordination was developed to enhance the existing Public Health system that provides essential services to the citizens of Noble County. It demonstrates the commitment to planning, training and exercising with our community partners in order to ensure the level of preparedness necessary for continued public service during emergency response activities. To assist and define the relationships between and among agencies during an emergency response, Memoranda of Understanding (MOU's) shall be utilized between Federal, Tribal, state and local agencies.

This plan has been developed for use by the Noble County Health Department. By affixing the signature indicated below, Annex A: Emergency Operations Coordination is hereby approved for implementation and is intended to provide specific decision making guidelines and protocols for the execution of those decisions. This document is a "living document" and will be updated on an as needed basis. Minor changes to update information within the plan as approved by the Noble County Health Commissioner, and will be accepted without re-promulgation. This plan as annexed in the Noble County Health Department Emergency Response Plan will be reviewed annually. Review dates will be recorded in the table above.

APPROVAL: Noble County Board of Health

Under the direction of the Noble County Board of Health:

The Noble County Health Department Emergency Response Plan has been approved by the Noble County Board of Health.

*****, Board of Health President

Date

*****, Board of Health Member

Date

*****, Board of Health Member

Date

*****, Board of Health Member

Date

*****, Medical Director

Date

Shawn Ray, Health Commissioner

Date

Purpose

Annex A: Emergency Operations Coordination provides information regarding the incident command structure and written guidelines for managing the Noble County Health Department (NCHD) response operations during an emergency. The information contained within Annex A is to be used as guidance, and is scalable for different response levels.

Scope

Annex A applies to all NCHD employees and volunteers who may support a public health emergency response. The NCHD has adopted the Incident Command System (ICS) as a means of planning for, responding to and recovery from an emergency. The Board of Health has signed a NIMS Resolution.

Situation

Noble County has a population of approximately 14,508 residents and the NCHD is the only health department in the county. Health-related impacts may reach beyond the scope of NCHD and require involvement of other partners. These agencies comprise Emergency Support Function (ESF)-8 Public Health and Medical Services. As part of ESF-8, NCHD partners with State, federal and local agencies, that may perform response operations in either a primary or support role dependent on the incident (attachment 5). Table 2 and Appendix 16 of ESF Annexes Introduction (January 2008) on the FEMA website details Emergency Support Function Primary and Support Agencies Designations and delineation of responsibilities: https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency_support_function_annexes_introduction_2008.pdf

Tab A of the *State EOP Base Plan* on the State EMA website provides Primary and Support Agencies by ESF, Annex and Other:

http://www.ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/PRIMARY_AND_SUPPORT_AGENCIES-2018.pdf

The NCHD cannot declare an emergency or disaster; only the Governor may do so.

Assumptions

- In a Public Health emergency human and materiel resources will become quickly overwhelmed
- The DOC will manage the incident initially until resources reach shortage levels
- A county EOC will open at request of the NCHD, to coordinate requests and track additional resources.
- The health department will rely on support from the regional MOU signed by all 11 LHDs in the southeast planning region and local volunteer agencies for support.

Concept of Operations

Department Operations Center

In the event of a Public Health emergency the need to activate the Emergency Response Plan might be recognized. The level of response will depend on several factors:

1. The public health impact and the potential for change of the event.
2. The location of the event (isolated to one area vs. county-wide).
3. The potential for or the actual morbidity/mortality of the event.
4. The type of emergency involved, the agencies involved and the resources required.

The response activities will be activated according to the chain of command (page 6) and directed from the Noble County Health Department's Department Operations Center (DOC) at 44069 Marietta Road Caldwell OH 43724 or as pre-designated at the secondary or tertiary location as indicated in Annex A1: Continuity of Operations/Business Resumption Plan.

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The NCHD DOC is located on the lower floor of the Noble County Health Department. It is capable of being equipped with 2 laptop computers, 1 laser printer, a 39 in. television and 5 phones. There is seating for 30+/- people with fiber internet capability for laptops. There is also capability to support the use of a MARCS radio desktop station within the DOC if needed.

The health department has a backup natural gas powered generator configured to run the DOC in the event of a power outage. The Health Department response will likely be through the DOC or handled internally if a small response is needed.

Activation Procedures

1. The Public Health Emergency Program (PHEP), led by the Health Commissioner (HC), has the primary responsibility for coordinating emergency preparedness and response for the Noble County Health Department.
2. Upon notice of a possible threat that is believed likely to require activation of the ERP, the Health Commissioner or their designee will initiate contact with the EMA or EOC. This notification will trigger an initial incident assessment/size-up meeting to take place by phone or face to face within 1 hour of the notice. With this meeting the initial process of Attachment 6 Initial Incident Assessment/Size-up, to this document will be initiated.
3. Within 3 hours of notification of the above scenarios, the Health Commissioner, or their designee will assess the incident and determine whether it may be necessary to activate the Emergency Response Plan. The ERP is activated upon a major or natural disaster, public health emergency, or notification of potential exposure to any Category A or B agents, as identified in the Centers for Disease Control Incidents that meet one or more of the following could potentially lead to ERP activation.
 - Potential or anticipated impact to the jurisdiction
 - Probability of escalation in such impact
 - Need for resources or support outside the NCHD's capability
 - Potential for significant morbidity
 - Incident has required action for other local agencies

If activation is deemed necessary, the HC or their designee shall facilitate activation of the ERP.

4. The Health Commissioner or their designee will activate the internal notification system and begin the conduction of notification through a call down of health department support staff for emergency operations utilizing landline telephones or cell phones. HC will call team leaders; team leaders call staff.
5. Within 3 hours of activation of the ERP Health Department employees will be notified to report to and operate from the Health Department address of 44069 Marietta, termed field headquarters. They will initiate assigned tasks, and await further instructions from the Health Commissioner.

Noble County Incident Coordination:

The ultimate responsibility for coordination of operational disaster response in Noble County belongs to the county Emergency Management Agency (EMA). As the event escalates and additional resources are required, the county EOC will be activated at the discretion of the EMA director and county officials. If the EOC is activated the NCHD will assign a representative to fill the ESF 8 chair there. Upon activation of the EOC, during a public health emergency, the Health Department will send a liaison to the EOC site.

RCC Activation

The RCC may be activated for resource management by contacting the Regional Coordinator at 740-236-6024 or calling the Washington County 24/7 emergency number at 740-236-0933. During daytime hours the RCC may also be activated by calling 740-374-2782, ext. 1013.

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Chain of Events

The Health Commissioner or designee, along with department heads, will evaluate the situation and initiate an epidemiological investigation, if one has not already been started. This group of public health individuals will notify all needed Local, Regional, State, and Federal departments. If the event exceeds the available resources within the county, the Health Department will request additional resources through the County EOC.

Organization & Assignment of Responsibilities

Health Commissioner Authorities

The Health Commissioner has the responsibility and authority to declare the needed form of limitation on movement (quarantine, isolation, social distancing and other as it applies). These measures are further addressed in the Community Containment Annex 2 of the All-Hazards Response Plan. Authorities are given to the Health Commissioner through ORC, sections 3707.04 through 3707.32, and as approved by the District Advisory Council.

Noble County Health Department Chain of Command

The incident command structure for a public health emergency in Noble County may be initiated at any time and without notice. If the Health Commissioner is unavailable or chooses to delegate the responsibility, pre-planning has resulted in the following succession of authority for the health department.

The line of succession from the Health Commissioner is:

- Medical Director
- Disaster Preparedness Section Chief
- Director of Nursing
- Director of Environmental Health
- Fiscal Officer

The ICS/NIMS structure defined above may be expanded upon or integrated if an incident becomes more complex and involves multiple agencies and/or jurisdictions. The NCHD shall then assume the role and responsibility of a supporting agency and provide the resources available to it. The only functions/positions above that are necessary will be filled, each activated element will have a person in charge, and an effective span of control will be maintained.

Order of Succession

To ensure quick response to a public health emergency, orders of succession and the pre-delegation of authority for making key decisions have been determined and are necessary for continuity of operations. Orders of succession are for temporarily assumed duties and responsibilities associated with key leadership positions and terminate either by the resumption of the position by the original employee or upon the appointment of a new replacement by the Board of Health.

The following authorities are critical to NCHD operations and must be maintained under all circumstances (list not all inclusive):

- develop and implement agency budgets and payroll
- develop and implement agency policies and standards
- develop information for public dissemination
- purchase equipment

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- hire, promote and terminate staff
- coordinate operational response and allocate resources
- order the movement to an alternate facility
- oversee agency operations
- oversee employee wellbeing

Order of Succession:

- Shawn Ray, MPH, RS
- Shari Rayner, RN, BSN

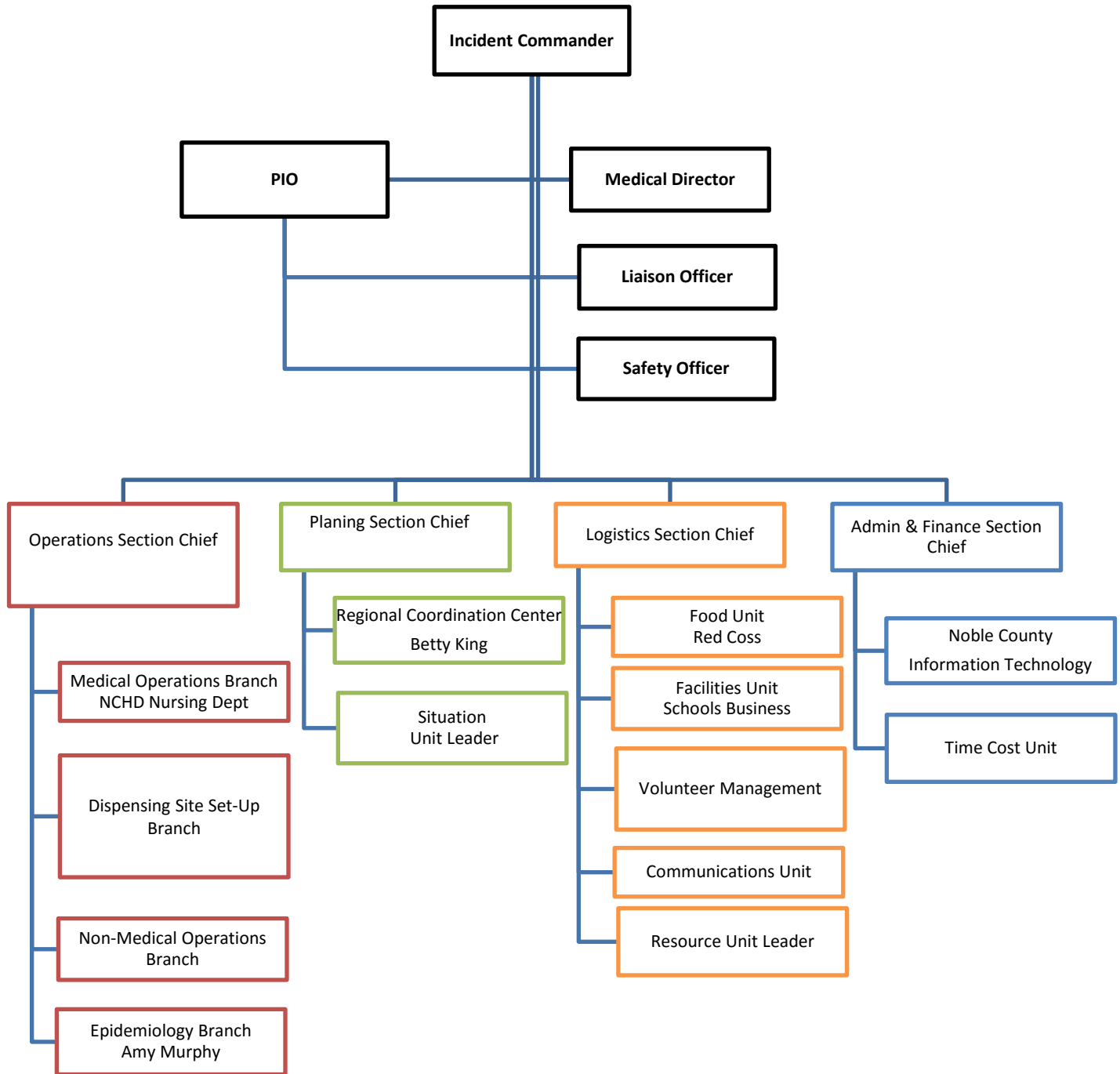
Activation

The Initial Incident Assessment will determine if the ERP will be activated and the Activation Level. After determining the necessary activation level during the Initial Incident Assessment Meeting, activation of the plan will occur Standard Operating Procedures. Activation levels and their associated recommended minimum staffing levels supplied from trained agency staff members within the agency are detailed in the table on the next page.

Noble County Health Department Activation Matrix

Activation Level	Description	Minimum Command Function & Staffing Recommendations
Routine Operations	<ul style="list-style-type: none"> Routine incidents to which Noble County Health Department responds on a daily basis and for which day-to-day operating procedures and resources are sufficient 	<ul style="list-style-type: none"> Normal, Day-to-Day Staff DOC not activated
Situation Awareness & Monitoring	<ul style="list-style-type: none"> An emergency with limited severity, or actual/potential impact on health or welfare that cannot be handled at the day-to-day operating level Requires a minimal amount of coordination and agency engagement to conduct response; situational awareness and limited coordination are the primary activities Examples: Power outage in a nursing home; water disruption requiring limited state support 	<ul style="list-style-type: none"> Response Lead (1) Public Information (1) Situation Awareness (1) <p>DOC unlikely to be activated County EOC unlikely to be activated</p>
Partial Activation	<ul style="list-style-type: none"> An emergency with moderate-to-high severity, or actual/potential impact on health or welfare Requires significant coordination and engagement with local partners to conduct response, Examples: Widespread radiation contamination in a facility; multicounty disease outbreak requiring significant local support; water disruption requiring substantial state support and guidance 	<ul style="list-style-type: none"> Response Lead (1) Public Information Officer (1) Planning Support (1) Situational Awareness Operational Coordination (1) Resources Staffing / Support (1) Support (1) <p>DOC activation probable County EOC may be activated</p>
Full Activation	<ul style="list-style-type: none"> An incident with extensive severity, size, or actual/potential impact on health or welfare; may be of such magnitude that the assets put in place for the response are completely overwhelmed Requires an extreme amount of coordination and agency engagement to conduct response; almost certain engagement of multiple partners; State EOC most likely activated Examples: Pandemic influenza; nuclear power incident; mass casualty incident from chemical plume; bioterrorism attack 	<ul style="list-style-type: none"> Response Lead (1) All Section/Function Leads and key support staff (16) All other functions and positions, as identified by activated plans that are available <p>DOC activation required County EOC activated</p>

Table 1: NCHD Incident Command Structure



The Planning Process:

During the initial stages of incident management, planners must develop a simple plan that can be communicated through concise verbal briefings. The initial objective setting process is dynamic and deliberate. Frequently, this plan must be developed very quickly and with incomplete situation information. As incident management efforts evolve over time, it becomes a more open style that addresses needs and stakeholder's concerns. Defining the incident needs leads to the establishment of objectives.

Planning involves:

- **Evaluating the situation:** Understanding boundaries and setting limits on response
- **Deciding the needs of the situation to establish objectives, their timeframes and the resources necessary to achieve the objectives in the safest, most efficient and cost-effective manner:** Method for accomplishing critical tasks.
- **Developing Specific, Measurable, Action oriented, Realistic, Time sensitive (SMART) incident objectives:** What to accomplish
- **Electing a strategy:** Tactics, tasks and assignments for next operational period.

Planning for demobilization begins as soon as the incident begins and is informed by objective that defines when the incident response may conclude. In every incident, a Demobilization Plan will be developed. This plan will include incident-specific demobilization procedures, priority resources for release, and section responsibly related to down-sizing the incident.

The NCHD utilizes the ICS forms below to establish objectives, create time frames and identify resources. These forms are reviewed, revised and tracked as the response progresses.

ICS Forms

Response to an incident involving two or more jurisdictions or multiple operational periods will require a written Incident Action Plan (IAP). The following standardized forms are available in Attachment 1 of the Emergency Response Plan:

- IAP Cover Sheet
- ICS Form 201, Incident Briefing (2 pages)
- ICS Form 202, Incident Objectives
- ICS Form 203, Organization Assignment List
- ICS Form 204, Assignment List
- ICS Form 205, Incident Communications Plan
- ICS Form 206, Medical Plan
- ICS Form 207, Incident Command Structure
- ICS Form 211, Check-In List
- ICS Form 213, General Message
- ICS Form 215, Operational Planning Worksheet
- ICS Form 215a, Incident Action Plan Safety Analysis
- ICS Form 221, Demobilization Checkout (Includes Instructions)
- ICS Form 223, Health and Safety Message

The use of IAPs allows us to identify and share essential situational awareness information for local, regional, state and federal stakeholders.

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Training & Exercise

Training and exercising will be done in accordance with NCHD’s Exercise and Training Plan - Annex I

Plan Review & Revision

Entire Emergency Response Plan along with Annexes and Attachments is reviewed annually. Revisions are made based upon new information and lessons learned from local drills and exercises.

Situation Reports

In general, situation reports (SITREP) will be produced regardless of activation level, however the extent of content will vary depending on the operational complexity, scale, and length of the response. For response operations that require lower numbers of resources (both staff and materials), a short yet concise SITREP will be produced. For a larger scale responses, the SITREP may include more defined response information as it relates to goals and objectives, communications, staffing, schedules, and background information. In addition to these core SITREP informational elements, incident specific information will be added based on the informational needs of the incident response.

SITREPs will be sent electronically to NCHD leadership and management staff for their situational awareness. In addition, SITREPs will be sent electronically to all operational staff. Hardcopies of SITREPs will be kept available at the health department, if the DOC is active. At the discretion of the Health Commissioner or their designee, any SITREP may be forwarded electronically to the EMA, RCC, ODH and Southeast region LHDs, as well as other federal, state or local partners for their situational awareness and to foster a common operating picture. Additional SITREP recipients will be based on a per-incident basis, based upon their informational needs and to maintain effective and efficient response coordination among responding agencies. These additional recipients will be identified through discussion among the public information officer, the incident commander, and operational staff.

SITREPs frequency is detailed in the table below.

Activation Level	SITREP Frequency
Situation Awareness & Monitoring	At least daily
Partial Activation	At least at the beginning and end of each operational period
Full Activation	At least at the beginning, the middle, and the end of each staff shift or operational period, whichever is more frequent

Staffing Schedule

The NCHD will maintain staff scheduling and communicate the schedule to assigned staff through an operational schedule. The NCHD will conduct command staff meetings to assess and adjust staffing levels needed for the response.

The operational schedule will also detail essential command staff meetings, established reporting timelines and other necessary coordination requirements. The Operational schedule for each operational period will be created by the Planning Section Chief using **Attachment 2 – Operational Planning Schedule** (ICS Form 215) and distributed to all response staff at the beginning of their shift. Upon shift change, staff will be provided a shift change form utilizing **Attachment 1- Shift Change Briefing**.

Essential Elements of Information

The NCHD will include a list of the current EEIs with the completed situation report (Page 2-3) and with each IAP. This list will be reviewed during IAP development and refined for each operational period. At a minimum, the IC/DC, PIO, Planning lead, and Operations lead will contribute to this refinement.

ICS Forms

To properly track, document, compile and analyze data during and after an emergency or disaster the NCHD will utilize official ICS forms. This will ensure that information is maintained and coordinated internally and with external supporting agencies. ICS forms are listed below and included within this Annex A. A full and current list can also be obtained at the following link:

<https://training.fema.gov/icsresource/icsforms.aspx>

Memorandums of Understanding, Mutual Aid Agreements

Memoranda of Understanding (MOUs) and Mutual Aid Agreements (MAAs) are similar in that they are both designed to improve interagency or interjurisdictional assistance and coordination. MOUs are agreements between agencies, which may or may not be contractual. MAAs define how agencies will support one another and define the terms of that support (responsibility to pay staff, liability etc.). MOUs/MAAs are established between emergency response agencies to identify their agreements to collaborate, communicate, respond and support one another during a disaster or other public health emergency. Understandings regarding the incident command structure, patient and resource management, processes and policies in place for requesting and sharing of staff, equipment and consumable resources, as well as payment, are generally addressed in an MOU/MAA. These agreements expand the capacity of the NCHD by allowing the agency access to resources held by the organizations with which agreements have been executed.

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Established NCHD MOUs and MAAs are retained by the health department and the partnering agencies. The original/official agreements are maintained on file by the Emergency Preparedness Coordinator and scanned electric copies of the agreements are maintained on the NCHD server.

Attachment 1: IAP Template

Incident Action Plan (IAP)

Incident/Exercise Name
Agency Name

Functional Exercise

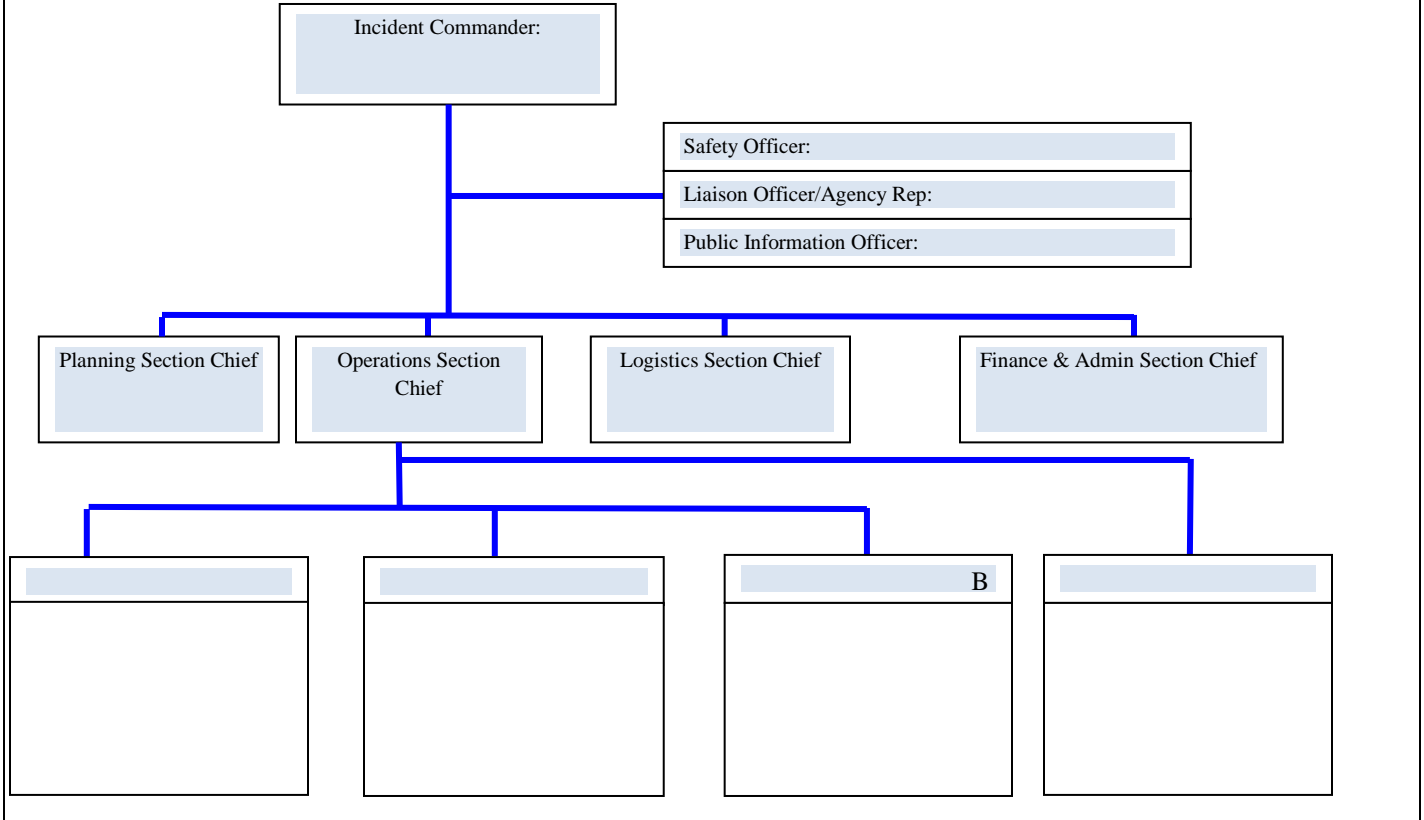
Date

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Incident Briefing ICS Form 201	1. Incident Name	2. Date	3. Time
---	------------------	---------	---------

4. Map Sketch

5. Current Organization



Page 1 of ____	Prepared By:	Name:	Title:
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6. Resources Summary

Resources Ordered	Resource Identification	ETA	Location/Assignment

7. Summary of Current Actions

8. Incident Goals

Page 2 of ____

ICS Form 201

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Incident Objectives ICS Form 202	1. Incident Name	2. Date	3. Time
4. Operational Period			
5. General Objectives for the Incident (include alternatives)			
6. Response Strategies (priorities and approach to accomplish objectives)			
7. Critical situation updates/ assessments:			
8. General Safety Message			
9. Attachments			
<input type="checkbox"/> Organization List—ICS 203 <input type="checkbox"/> Medical Plan—ICS 205 <input type="checkbox"/> Other <input type="checkbox"/> Div. Assignment List(s) ICS 204 <input type="checkbox"/> Incident Map <input type="checkbox"/> <input type="checkbox"/> Communications Plan—ICS 205 <input type="checkbox"/> Traffic Plan			
10. Prepared by (Planning Section Chief) Page ___ of ___		11. Approved by (Incident Commander)	

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ICS Form 203 Organization Assignment List		9. Operations Section		
1. Incident Name		Chief		
		Deputy		
2. Date	3. Time	a. Branch I—Divisions/Groups		
		Branch Director		
4. Operational Period		Deputy		
Position	Name	Division/Group		
5. Incident Commander and Staff		Division/Group		
Incident Commander		Division/Group		
Deputy		Division/Group		
Safety Officer		b. Branch II—Divisions/Groups		
Public Information Officer		Branch Director		
Liaison Officer		Deputy		
6. Agency Representatives		Division/Group		
Name	Agency	Division/Group		
		Division/Group		
		Division/Group		
		c. Branch III—Divisions/Groups		
		Branch Director		
		Deputy		
7. Planning Section		Division/Group		
Chief		Division/Group		
Deputy		Division/Group		
Resource Unit Leader		Division/Group		
Situation Unit Leader		d. Air Operations Branch		
Documentation Unit Leader		Air Operations Branch Director		
Demobilization Unit Leader				
Technical Specialist				
Human Resources		10. Finance Section		
Training		Chief		
		Deputy		
		Time Unit Leader		
8. Logistics Section		Procurement Unit Leader		
Chief		Compensation/Claims Unit Leader		
Deputy		Cost Unit Leader		
Supply Unit Leader				
Facilities Unit Leader		Notes:		
Ground Support Unit Leader				
Communications Unit Leader				
Medical Unit Leader				
Security Unit Leader				
Food Unit Leader				
Prepared by: Resource Unit Leader Page ___ of ___		Approved by: Incident Commander		

ICS Form 203

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Incident Radio Communications Plan ICS Form 205		1. Incident Name	2. Date/Time Prepared	3. Operational Period Date/Time	
4. Basic Radio Channel Utilization					
RADIO TYPE	ZONE	TALKGROUP	FUNCTION	ASSIGNMENT	REMARKS
MARCS				IC	
MARCS				Operations	
MARCS				Planning	
MARCS				Logistics	
MARCS				Finance	
MARCS				Liaison	
MARCS					
MARCS					
5. Prepared by (Resource Unit)					
Signature _____		IC Approval: _____		Date: _____ Time: _____	

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ICS Form 205

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Medical Plan ICS Form 206	1. Incident Name	2. Date Prepared	3 Time Prepared	4. Operational Period			
5. Incident Medical Aid Station							
Medical Aid Station							
	Location	Paramedics					
		Yes	No				
6. Transportation							
A. Ambulance Services							
Name	Address	Phone		Paramedics			
				Yes			
				No			
B. Incident Ambulances							
Name	Location			Paramedics			
				Yes			
				No			
7. Hospitals							
Name	Address	Air Travel Time		Helipad		Burn Center	
				Yes	No	Yes	No
8. Medical Emergency Procedures							
9. Prepared by (Medical Unit Leader)				10. Reviewed by (Safety Officer)			

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Safety Message/Plan ICS Form 208			
1. Incident Name:	2. Operational Period:	From To:	Date: Date: Time: Time:
3. Safety Message/ Expanded Message, Safety Plan, Site Safety Plan:			
<p>Enter clear, concise statements for safety message, priorities, and key command emphasis/decisions/directions.</p> <p>Enter information such as known safety hazards and specific precautions to be observed during this operational period.</p> <p>If needed, additional safety messages should be referenced and attached</p>			
4. Critical Situation Updates and Assessments:			
5. Site Safety Plan Required <input type="checkbox"/> Yes <input type="checkbox"/> No Approved Site Safety Plan(s) Located at:			
6. Prepared by:	Name:	Position/Title:	Signature:

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ICS Form 213 RR

RESOURCE REQUEST MESSAGE (ICS 213 RR)

1. Incident Name:			2. Date/Time			3. Resource Request Number:		
Requestor	4. Order (Use additional forms when requesting different resource sources of supply.):							
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Arrival Date and Time		Cost	
					Requested	Estimated		
5. Requested Delivery/Reporting Location:								
6. Suitable Substitutes and/or Suggested Sources:								
7. Requested by Name/Position:				8. Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		9. Section Chief Approval:		
Logistics	10. Logistics Order Number:					11. Supplier Phone/Fax/Email:		
	12. Name of Supplier/POC:							
	13. Notes:							
	14. Approval Signature of Auth Logistics Rep:					15. Date/Time:		
16. Order placed by (check box): <input type="checkbox"/> SPUL <input type="checkbox"/> PROC								
Finance	17. Reply/Comments from Finance:							
	18. Finance Section Signature:					19. Date/Time:		
ICS 213 RR, Page 1								

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General Message ICS Form 213		
TO:	POSITION:	
FROM:	POSITION:	
SUBJECT:	DATE:	TIME:
MESSAGE:		
SIGNATURE:	POSITION:	
REPLY:		
DATE:	TIME:	SIGNATURE/POSITION:

ICS From 215

OPERATIONAL PLANNING WORKSHEET (ICS 215)

1. Incident Name:				2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____														
3. Branch	4. Division, Group, or Other	5. Work Assignment & Special Instructions	6. Resources												7. Overhead Position(s)	8. Special Equipment & Supplies	9. Reporting Location	10. Requested Arrival Time
			Req.															
			Have															
			Need															
			Req.															
			Have															
			Need															
			Req.															
			Have															
			Need															
			Req.															
			Have															
			Need															
ICS 215	11. Total Resources Required		/	/	/	/	/	/	/	/	/	/	/	/	14. Prepared by:			
	12. Total Resources Have on Hand		/	/	/	/	/	/	/	/	/	/	/	/	Name: _____			
	13. Total Resources Need To Order		/	/	/	/	/	/	/	/	/	/	/	/	Position/Title: _____			
															Signature: _____			
															Date/Time: _____			

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Demobilization Checklist ICS Form 221		
1. Incident Name	2. Date/Time	3. Demobilization Number
4. Unit/Personnel Released		
5. Transportation Type/Number		
6. Actual Release Date/Time	7. Manifest Number (If Applicable) <input type="checkbox"/> YES <input type="checkbox"/> NO	
8. Destination	9. Area/Agency/Region Notified Name: Date:	
10. Unit Leader Responsible for collecting performance		
11. Unit/Personnel: You and Your resources have been released subject to sign-off from the following: DEMOB unit leader check appropriate boxes below:		
Logistics Section		
<input type="checkbox"/> Supply Unit		
<input type="checkbox"/> Communications Unit		
<input type="checkbox"/> Facilities Unit		
<input type="checkbox"/> Ground Support Unit		
Comments:		
Planning Section		
<input type="checkbox"/> Documentation Unit		
Comments:		
Finance/Administration Section		
<input type="checkbox"/> Time Unit		
Comments:		
Other		
<input type="checkbox"/>		
<input type="checkbox"/>		
Comments:		
12. REMARKS		
Instructions on reverse		

Page ___ of ___

Instructions for completing the Demobilization Checkout (ICS Form 221)

Prior to actual Demobilization: The Demob Unit should check with the Command Staff (Liaison Officer) to determine any agency specific needs related to demob and release. If any, add to line Number 11.

Item No.	Item Title	Instructions
1.	Incident Name/No.	Enter Name and/or Number of Incident.
2.	Date & Time	Enter Date and Time prepared.
3.	Demob. No.	Enter Agency Request Number, Order Number, or Agency Demob Number if applicable.
4.	Unit/Personnel Released	Enter appropriate vehicle or Strike Team/Task Force ID Number(s) and Leader's name or individual overhead or staff personnel being released.
5.	Transportation	Enter Method and vehicle ID number for transportation back to home unit. Enter N/A if own transportation is provided. <i>Additional specific details should be included in Remarks, block # 12.</i>
6.	Actual Release Date/Time	To be completed at conclusion of Demob at time of actual release from incident. <i>Would normally be last item of form to be completed.</i>
7.	Manifest	Mark appropriate box. If yes, enter manifest number. <i>Some agencies require a manifest for air travel.</i>
8.	Destination	Enter the location to which Unit or personnel have been released. <i>i.e. Area, Region, Home Base, Airport, Mobilization Center, etc.</i>
9.	Area/Agency/ Region Notified	Identify the Area, Agency, or Region notified and enter date and time of notification.
10.	Unit Leader Responsible for Collecting Performance Ratings	Self-explanatory. <i>Not all agencies require these ratings.</i>
11.	Resource Supervision	Demob Unit Leader will identify with a check in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release. Blank boxes are provided for any additional check, (unit requirements as needed), i.e. Safety Officer, Agency Rep., etc.
12.	Remarks	Any additional information pertaining to demob or release.
13.	Prepared by	Enter the name of the person who prepared this Demobilization Checkout, including the Date and Time.

Attachment 2: Situation Report Template

Section I:

Situation Report # _____ Operational Period # _____

Current Date: _____ Current Time: _____

Approved By: _____

Incident Name: _____ Agency Name: _____

Prepared by: Name/Title: _____ Phone: _____ email: _____

Situation Report - Start Date: _____ Start Time: _____

Situation Report - End Date: _____ End Time: _____

Incident Report Summary – (for reporting timeframe):

1. *Situation to Date*

2. *Actions to date*

3. *Actions to be completed/objectives*

4. *Issues*

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Section II:

Incident/ event complexity determines the responsibilities of emergency response personnel. Check the appropriate Incident Type box below:

<input type="checkbox"/>	Type 1	<p>This type of incident is the most complex, requiring national resources for safe and effective management and operation.</p> <ul style="list-style-type: none"> • All command and general staff positions are filled. • Operations personnel often exceed 500 per operational period and total personnel usually exceed 1,000. • Branches need to be established. • A written incident action plan (IAP) is required for each operational period. • The agency administrator will have briefings, and ensure that the complexity analysis and delegation of authority are updated. • Use of resource advisors at the incident base is recommended. • There is a high impact on the local jurisdiction, requiring additional staff for office administrative and support functions.
<input type="checkbox"/>	Type 2	<p>This type of incident extends beyond the capabilities for local control and is expected to go into multiple operational periods. A Type 2 incident may require the response of resources out of area, including regional and/or national resources, to effectively manage the operations, command, and general staffing.</p> <ul style="list-style-type: none"> • Most or all of the command and general staff positions are filled. • A written IAP is required for each operational period. • Many of the functional units are needed and staffed. • Operations personnel normally do not exceed 200 per operational period and total incident personnel do not exceed 500 (guidelines only). • The agency administrator is responsible for the incident complexity analysis, agency administration briefings, and the written delegation of authority.
<input type="checkbox"/>	Type 3	<p>When incident needs exceed capabilities, the appropriate ICS positions should be added to match the complexity of the incident.</p> <ul style="list-style-type: none"> • Some or all of the command and general staff positions may be activated, as well as division/group supervisor and/or unit leader level positions. • A Type 3 IMT or incident command organization manages initial action incidents with a significant number of resources, an extended attack incident until containment/control is achieved, or an expanding incident until transition to a Type 1 or 2 IMT. • The incident may extend into multiple operational periods. • A written IAP may be required for each operational period.
<input type="checkbox"/>	Type 4	<p>Command staff and general staff functions are activated only if needed.</p> <ul style="list-style-type: none"> • Several resources are required to mitigate the incident, including a task force or strike team. • The incident is usually limited to one operational period in the control phase. • The agency administrator may have briefings, and ensure the complexity analysis and delegation of authority is updated. • No written IAP is required but a documented operational briefing will be completed for all incoming resources. • <u>The role of the agency administrator includes operational plans including objectives and priorities.</u>
<input type="checkbox"/>	Type 5	<p>The incident can be handled with one or two single resources with up to six personnel.</p> <ul style="list-style-type: none"> • Command and general staff positions (other than the incident commander) are not activated. • No written IAP is required. • The incident is contained within the first operational period and often within an hour to a few hours after resources arrive on scene. • Examples include a vehicle fire, an injured person, or a police traffic stop.

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Section III:

Communications		
	Operational Status	Comments
Command Center Open	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility in Contact with	<input type="checkbox"/> Incident Command <input type="checkbox"/> Public Safety <input type="checkbox"/> EMA <input type="checkbox"/> HC Coalition	
Facility Contact Information	Phone _____ Email _____ Fax _____ Other _____	
Radio Equipment Available	<input type="checkbox"/> Internal <input type="checkbox"/> MARCS <input type="checkbox"/> Other	
Operational Information Technology	<input type="checkbox"/> Phone (landline) <input type="checkbox"/> Phone (cell) <input type="checkbox"/> Internet/Email <input type="checkbox"/> Television	
Other (Describe)		
Safety & Security		
	Operational Status	Comments
Is facility able to be secured	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Facility Access Control	<input type="checkbox"/> Non-Applicable <input type="checkbox"/> Normal <input type="checkbox"/> Contingency	
Utilities		
Power	<input type="checkbox"/> Primary <input type="checkbox"/> Back-up <input type="checkbox"/> None	
Water	<input type="checkbox"/> Primary Supply <input type="checkbox"/> Back-up Supply <input type="checkbox"/> None	

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Section IV:

Resources & Assets		
	Operational Status	Comments
Drinking Water	<input type="checkbox"/> Normal <input type="checkbox"/> Contingency <input type="checkbox"/> Crisis	
Food	<input type="checkbox"/> Normal <input type="checkbox"/> Contingency <input type="checkbox"/> Crisis	
Personal Protective Equipment	<input type="checkbox"/> Normal <input type="checkbox"/> Contingency <input type="checkbox"/> Crisis	
Pharmaceuticals	<input type="checkbox"/> Normal <input type="checkbox"/> Contingency <input type="checkbox"/> Crisis	
Transportation	<input type="checkbox"/> Normal <input type="checkbox"/> Contingency <input type="checkbox"/> Crisis	
Resources Requested	Yes <input type="checkbox"/> No <input type="checkbox"/> Specify in Comments	
Staff Management		
	Operational Status	Comments
Staffing Status	<input type="checkbox"/> Adequate <input type="checkbox"/> Needed (Specify) <input type="checkbox"/> Extra Staff Available	
Nursing Staff	<input type="checkbox"/> Adequate <input type="checkbox"/> Needed (Specify) <input type="checkbox"/> Extra Staff Available	
Administrative Staff	<input type="checkbox"/> Adequate <input type="checkbox"/> Needed (Specify) <input type="checkbox"/> Extra Staff Available	
Environmental Health	<input type="checkbox"/> Adequate <input type="checkbox"/> Needed (Specify) <input type="checkbox"/> Extra Staff Available	

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Notes

Incident Report Summary:

1. Situation to date (what has happened)
 - Summary of “start-up details” – date, place, time, who
 - Summary of overall situation to date including report summary
 - Ensure old information is deleted, do not just add new information to old
2. Actions to date (what has been done)
 - Brief reporting of actions completed for the period covered by the SITREP
 - Table format may be used
3. Actions to be completed and objectives (what will be done)
 - Scheduled/Planned Actions
 - Ensure Objectives are SMART Objectives
4. Issue(s)
 - Brief description of any know or reasonably expected issue(s) to arise
 - Acknowledgement of significant failures or achievements can be given here

Situation Report (SITREP):

- Information in the SITREP should be factual and largely without interpretation and conjecture
- Information in the SITREP should only cover the timeframe between the previous SITREP.
- SITREP's should be brief and not a narrative (able to read in 3-5 minutes)
- SITREP's should be specific for a given functional area
- It is acceptable for a SITREP to state – No change since last SITREP
- Maps and other graphics can be included, ensure date and time of graphics is shown
- A SITREP and an Incident Action Plan (IAP) are not interchangeable
- Each electronically produced SITREP should be saved as a new file
- Ensure information is updated with each SITREP (ie. SITREP #, SITREP Start - End Date & Time, Current Date & Time, Agency Name, Incident Name)

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Blank

Attachment 6: Initial Incident Size-Up/ Assessment

INITIAL INCIDENT SIZE-UP/ ASSESSMENT

PROCESS

Upon notification of an incident potentially requiring an emergency response by the NCHD, the Emergency Response team, along with Noble County EMA, when necessary, will follow this process for completing an initial incident assessment. If the ERP is activated by the Health Commissioner before this process is initiated, the process will be completed as described, except the need for activation will not be reevaluated.

INITIAL ASSESSMENT

The Initial Incident Assessment is the parallel of the "Incident Size-Up" described in ICS. It is a formal process for reviewing and evaluating an emergent incident and informs the level of activation. The assessment can be done either via telephone or a face-to-face meeting. The purpose of the assessment is to review the situation, determine the activation level, and document the decision. The process is always facilitated by a representative from the Noble County Health Department.

ACTIVATION

Activation of the ERP indicates that the incident is of sufficient significance to warrant a response beyond day-to-day operations. The purpose of this procedure is to determine the activation level.

INCIDENT DETECTION NOTIFICATIONS

Health Commissioner or designee is made aware of an incident that qualifies for further assessment and will contact the Noble County EMA to schedule the Initial Incident Assessment meeting (via phone or face-to-face) within one (1) hour of initial detection of the threat.

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1. NOTIFICATION OF THE NEED TO ASSESS INCIDENT

Health Commissioner or designee will confirm the individuals needed to participate in the incident assessment meeting and notify of the time and location of the Incident Assessment Meeting.

2. INITIAL INCIDENT ASSESSMENT MEETING

Initial Incident Assessment Meeting (phone or face-to-face) within one (1) hour of initial detection of the threat. During the meeting the following items will be addressed:

AGENDS ITEMS:

Incident Summary

Situation Overview

Response Requirements

Establish Current Organization

Determine if ERP Activation is required for the incident

Determine the Level of Activation

3. DOCUMENT INITIAL INCIDENT ASSESSMENT MEETING

Document the Initial Incident Assessment Meeting and file a copy (hardcopy or electronic) of the completed notes with the Emergency Preparedness Program.

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Attachment 7 - Shift Change Briefing

The Shift Change Briefing Template will be created by the Planning Section and distributed to all responders at the beginning of their shift to foster situational awareness of the current state of the operational response activities.

Incident Name:
Date (MM/DD/YYYY):
Time (HH:MM):
Prepared by Name:
Job Title:
Shift:

CURRENT INCIDENT STATUS
Current Organization:
Status of Objectives:

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Resource Assignments:
Resources Ordered and Status
Incident Communications Plan
Incident Prognosis:

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Emergent Issues or Concerns:

--

Significant Activities or Developments That Occurred During Previous Shift:

--

Information for the next shift:

Upcoming Significant Events:

--

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Upcoming or Awaited Significant Decisions:

--

Priorities:

--

Safety Guidance

--