Section II
Public Health & Medical Response

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I. **Purpose**:

The Public Health and Medical Response section of the HEPReP is largely derived from the California Public Health and Medical Emergency Operations Manual. This section describes the procedures that will be implemented when the Tuolumne County Health Department responds to a Public Health Emergency.

II. **Definitions**:

A. DOC: Department Operations Center (DOC) is a central command and control facility used by a discipline or agency as a department level EOC. Examples are departments within a political jurisdiction such as public health, fire, police, public works, etc.

B. EOC: The Emergency Operations Center (EOC) is a location from which centralized emergency management can be performed. EOCs provide overall centralized coordination to ensure that there is an effective jurisdiction-wide response. The EOC may also have a primary role in setting jurisdictional objectives and priorities, which may have an impact on resource allocations and incident level planning.

C. HCSC: The Health Care and Safety Coalition is comprised of local healthcare system representatives. They meet to plan for, coordinate with, and respond to, health and medical emergencies as requested by the Health Officer/Medical Health Operational Area Coordinator (MHOAC). The HCSC may be assembled as a Multi-Agency Coordination (MAC) group in an emergency event that poses a risk to public health.

D. Incident Command System: The Incident Command System (ICS) was developed by the Firefighting Resources of California Organized for Potential Emergency (FIRESCOPE) Program, during the 1970s. ICS was later adopted as the standard all hazards response system. ICS is an integral part of both SEMS and NIMS.

E. MAC: A Multi-Agency Coordination group assembled by the Incident Commander allows all levels of government and all disciplines to work together more efficiently and effectively. Multiagency coordination occurs across the different disciplines involved in incident management, across jurisdictional lines or across levels of government. *Multiagency coordination occurs whenever personnel from different agencies interact in such activities as preparedness, prevention, response, recovery, and mitigation.*

F. Medical & Health Coordination Center: The Medical and Health Coordination Center (MHCC) is a joint coordination center operated by the California Department of Public Health (CDPH), the California Emergency Medical Services Authority (EMSA) and the California Department of Healthcare Services. The MHCC was formerly known as the Joint Emergency Operations Center (JEOC).

G. EOM California Medical and Health Emergency Operations Manual: A document developed between 2007 and 2010 by multiple agency representatives at the state and local levels that 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).

H. MHOAC Program:	A comprehensive program under the direction of the MHOAC that supports the 17 functions outlined in California Health and Safety Code §1797.153 and in <u>Table 4</u> of this chapter.
I. MHOAC:	Medical Health Operational Area Coordinator: see California Health and Safety Code §1797.153. The MHOAC is the designated individual(s) that is the key contact for local, Regional, and State agencies for reporting status and requesting resources. In Tuolumne County, the Health Officer and the Emergency Medical Services Coordinator jointly function as the MHOAC.
J. NIMS:	The National Incident Management System (NIMS) was established as a result of the Homeland Security Presidential Directive-5 (HSPD-5), issued by President George W. Bush in February 2003. NIMS is intended to provide a consistent template for governmental, private sector, and nongovernmental organizations to work together during an incident and is designed to provide a framework for interoperability and compatibility among the various members of the response community. The system is applicable to a variety of incidents and hazard situations, and is intended to improve coordination and cooperation between public and private responders.
J. Public Health & Medical System:	An inter-connected system of public and private entities that is part of the public safety infrastructure whose activities and responsibilities involve public health, environmental health, and medical services, including emergency medical services. The participants in the Public Health and Medical System include those involved in the delivery of health care in addition to those involved in the protection and promotion of public health and environmental health. Examples include but are not limited to health care facilities such as hospitals, skilled nursing facilities, and community clinics; Indian health services; local health departments; local emergency medical services agencies; local environmental health departments; ambulance providers; public health laboratories; public water systems; dispatch centers; and many other entities/organizations that conduct daily activities and/or emergency response activities relevant to public health, environmental health, and medical services.
K. Region IV:	One of the six mutual aid regions as designated in the California Emergency Operations Plan which includes Tuolumne County. See the Region Map in HEPReP Section 6, Resource Management.
L. RDMHC Program:	Regional Disaster Medical and Health Coordination Program: A comprehensive program under the direction of the Regional Disaster Medical and Health Coordinator that supports information flow and resource management during unusual events and emergencies. This program includes the Regional Disaster Medical and Health Specialist.

M. RDMHC: Regional Disaster Medical and Health Coordinator: See California Health and Safety Code §1797.152, Chapter 1 Authorities.

N. RDMHS: The Regional Disaster Medical Health Specialist is a component of the RDMHC Program that directly supports regional preparedness, response, mitigation, and recovery activities.

O. SEMS: The Standardized Emergency Management System (SEMS) was adopted as a result of the 1991 East Bay Hills Fire. Senate Bill 1841 became effective January 1, 1993 and is found in Section 8607 of the California Government Code. The intent of the law is to improve the coordination of state and local emergency response in California. SEMS regulations describe five organizational response levels. The levels are: 1) Field, 2) Local Government, 3) Operational Area, 4) Region, and 5) State.

III. **Public Health and Medical Response**:
Incidents with public health and medical impact often require the coordinated involvement of emergency medical services, public health, environmental health, and health care providers. Key incident characteristics must be quickly determined and communicated in order to establish a common operating picture. The conditions that exist within the Public Health and Medical System may be described in three levels: 1) Day-to-Day Activities, 2) Response to an Unusual Event and 3) Emergency System Activation. Each of these levels of response will be addressed separately.

A. **Day-to-Day Activities**: The Public Health and Medical System conducts a myriad of day-to-day activities that may be described as "routine business." The Public Health Department, Environmental Health Department, Emergency Medical Services, and healthcare partners conduct activities related to their statutory and regulatory authorities and responsibilities.

B. **Unusual Event**: An unusual event is defined as an incident that significantly impacts or threatens public health, environmental health or the medical system. An unusual event may be self-limiting or a precursor to emergency system activation. The specific criteria for an unusual event include any of the following:
    1. The incident significantly impacts or is anticipated to impact public health or safety
    2. The incident disrupts or is anticipated to disrupt the Public Health and Medical System
    3. Resources are needed or anticipated to be needed beyond the capabilities of the Operational Area, including those resources available through existing agreements (day-to-day agreements, memoranda of understanding, or other emergency assistance agreements)
    4. The incident produces public and/or media attention or is politically sensitive.
    5. The incident leads to a Regional or State request for information.
    6. Whenever increased information flow from the Operational Area to the State will assist in the management or mitigation of the incident's impact.

C. **Emergency System Activation:** Occurs when a Department Operations Center and/or Emergency Operations Center is activated. Activation of a DOC/EOC is reported locally to the County Office of Emergency Services, and to the Region and State.

1. **Public Health and Medical Incident Level:** The incident level is based on the need for and availability of health and/or medical resources to effectively manage the incidents. There are three levels recognized by the California Public Health and Medical Emergency Operations Manual described in Table 1.

Table 1: EOM Incident Levels

Level 1	Requires resources or distribution of patients within the affected Operational Area only or as available from other Operational Areas through existing agreements (including day-to-day agreements, memoranda of understanding or other emergency assistance agreements).
Level 2	Requires resources from Operational Areas within the Mutual Aid Region beyond existing agreements (including day-to-day agreements, memoranda of understanding or other emergency assistance agreements) and may include the need for distribution of patients to other Operational Areas.
Level 3	Requires resources or distribution of patients beyond the Mutual Aid Region. May include resources from other Mutual Aid Regions, State or federal resources.

a. Level 1: Public Health and Medical Incidents can be adequately managed with existing resources. During Level 1 Incidents, a variety of local response partners may be involved depending on the nature of the incident, including the Health Department, the Office of Emergency Services, the Department of Social Services, the Emergency Medical Services Agency, and other participants in the Public Health and Medical System, including the members of the local Health Care and Safety Coalition.

b. Level 2: Public Health and Medical Incident requires health and/or medical resources from other Operational Areas within the Mutual Aid Region (IV) beyond those existing agreements and may include the need for distribution of patients to other Operational Areas. The Medical Health Operational Area Coordinator (MHOAC) is to be notified of the event. A situation report and coordination of resources in the operational area may be required.

c. Level 3: The need for health and/or medical resources exceeds the response capabilities of Tuolumne County and the associated Mutual Aid Region IV. Tuolumne County MHOAC will collaborate with the Regional Disaster Medical & Health Coordinator (RDMHC) program. While activation of a DOC may occur during Level 1 or Level 2 responses, Level 3 activation will lead to activation of a DOC/EOC within Tuolumne Operational Area (OA) and may include activation of EOCs at Mutual Aid Region IV and the State. If there is a clear need for significant out-of-region resources, or if communication with the affected area(s) is not available, State and/or federal government response agencies may begin mobilizing and pre-positioning resources while awaiting local requests.

2. **Public Health and Medical System Status:** The designation of Public Health and Medical Incident Level 1, 2 or 3 describes the need for resources. It is also important to assess and report the operational status of the Public Health and Medical System within Tuolumne County. While these two assessments are likely to track in parallel, each provides different information on the impact of the emergency.

a. A color-coded system describes conditions along a continuum from normal daily operations to a major disaster. This system is generally modeled after the system developed to assess and report Health Care Surge Levels described in California Department of Public Health's (CDPH) *Standards and Guidelines for Healthcare Surge During Emergencies.*

Table 2: Color Coded Conditions

TUOLUMNE COUNTY PUBLIC HEALTH AND MEDICAL SYSTEM STATUS	
Color	**Condition**
Green	The Public Health and Medical System is operational and in usual day-to-day status or situation is resolved. No assistance is required.
Yellow	Most local healthcare assets are experiencing a surge but are managing the incident using local resources or existing agreements. No assistance is required.
Orange	The Public Health and Medical System requires assistance from within Tuolumne County to contain the situation. The Health Care and Safety Coalition is participating.
Red	The Public Health and Medical System requires assistance from outside Tuolumne County.
Black	The Public Health and Medical System requires significant assistance from outside Tuolumne County from regional and possibly state resources.
Grey	Unknown

Source of definitions: EOM 2011, (Emergency Operations Manual, CDPH, EMSA)

III. **Activating the Public Health Emergency Response Plan**

A. Triggers to initiate a Public Health Department Operations Center include;

1. An Incident Level of 2 or 3 within the Operational Area, OR
2. A level orange or above on the color coded continuum, OR
3. An unusual event, that is likely to become an emergency event, OR
4. A lengthy health or medical state, such as a Pandemic Influenza epidemic, OR
5. An activation of the County Office of Emergency Services Emergency Operations Center in response to a natural event that has or potentially has health and medical impacts upon the population, such as a Wildland Fire with severe smoke affecting air quality or prolonged power outages.

6. The Health Officer or other appropriate designee, using professional judgment in determining the criticality of an event, determines that activation is necessary.

Note: Functional plans include additional hazard-specific triggers

B. The Health Officer and a Health Department Duty Officer are on call for Public Health emergencies 24 hours daily, seven days per week. Contact with this individual is accomplished through the on-call exchange. Each on-call individual has access to a list of phone numbers to activate the Health Department Emergency Response. Call-down of staff may be conducted via phone tree, CAHAN, or other methods. By the application of this phone tree, Health Department, OES personnel, and local health care system resources will be activated (*See HEPReP Section 5, Communications*).

C. Any decision to activate the Health Department Emergency Response will be determined by the Health Officer in coordination with the Health Department Duty Officer.

Table 3: Contact information

Office	Contact
Tuolumne County Public Health	**20111 Cedar Rd N.** **Sonora, CA 95370** **Phone: 209-533-7401** **FAX: 209-533-7406**
Health Officer and Health Department Duty Officer	**Phone: 209-533-8055**

1. In the event that a Health Department staff member with assigned responsibilities in this plan is unavailable, the Health Department Incident Commander will reassign those responsibilities to another qualified response team member within the limits of California law and county ordinance.

2. An assessment of communication needs as dictated by the incident will be undertaken in order to determine to what extent redundant communication capacities need to be established, such as distribution of handheld radio devices, and if so, who should receive this equipment.

3. Based upon incident needs, a minimum level of general and command staff should report within 60 minutes of DOC/EOC activation, and a schedule of trained staff sufficient to cover DOC operations for multiple operational periods (minimum of 72 hours) should be identified. Additional resources may be required to meet this level of staffing. Call-down drills and exercises are important methods to maintain this capability.

D. As determined by the urgency of the event, a public statement will be prepared at the earliest opportunity to describe the nature of the threat and provide initial instructions to the public with the goal in mind of avoiding panic and misinformation, and maintaining a controlled and appropriate response.

1. In the event of an overwhelming incident, a brief pre-arranged statement may be released by the PIO (Public Information Officer) as an initial announcement (See HEPReP Section 5, Communications; and HEPReP Section 7, Risk Communications).

E. The Department Operations Center (DOC)

1. Location
   a. The primary location for the DOC shall be: the Public Health Department's Central Conference Room at 20111 Cedar Road North, Sonora, CA 95370
   b. The alternate DOC location shall be: the Department of Social Services Training Room at 20075 Cedar Road North, Sonora
   c. Additional alternate DOC locations: the County Emergency Operations Center at 18440 Striker Court, Sonora, CA 95370. (If the County EOC has not been activated) or the County Administrative Offices at 2 South Green St., Sonora

2. Equipment
   a. Tables and chairs in adequate numbers
   b. High Speed Internet/Wi-Fi capability
   c. Desktop or laptop computers
   d. Projector
   e. White boards
   f. Radios/redundant communications system
   g. Telephones
   h. Fax machine
   i. Television

IV. **The MHOAC Functions**

A. The **Medical Health Operational Area Coordinator** (MHOAC) designee for Tuolumne County is the Health Officer as primary and the Emergency Medical Services Director and/or Coordinator as secondary. The MHOAC is Tuolumne County's link to Regional, State, or Federal resources in a health and medical emergency.

1. California Health and Safety Code § 1797.153

a. In each Operational Area the county Health Officer and the local Emergency Medical Services Agency Coordinator may act jointly as the Medical Health Operational Area Coordinator (MHOAC). In the event of a local, State, or Federal declaration of emergency, the Medical Health Operational Area Coordinator assists the Office of Emergency Services Operational Area Coordinator in the coordination of medical and health disaster resources within the Operational Area, and be the point of contact on that Operational Area, for coordination with the RDMHC, the OES, the regional office of the OES, the California Department of Public Health, and the authority.

2. The MHOAC in cooperation with the County Office of Emergency Services, the Environmental Health Department, the Behavioral Health Department, local fire agencies, the Regional Disaster and Medical Health Coordinator (RDHMC), and the Inland Region Emergency Operations Center (REOC) of The Governor's Office of Emergency Services, is responsible for ensuring the development of a medical and health disaster plan for the operational area.

3. The medical and health disaster plan shall include preparedness, response, recovery and mitigation functions in accordance with the State Emergency Plan, as established under Sections 8559 and 8560 of the California Government Code and, at a minimum, the medical and health disaster plan, policies and procedures shall include all of the following MHOAC functions:

Table 4: MHOAC Functions

17 Coordinated Functions Specified in Statute: 1797.153	Process and Primary Responsibility
1) Assessment of immediate medical needs	The MHOAC has the primary responsibility for the assessment of immediate health and medical needs as a member of the Operational Area Committee in coordination with the Tuolumne County EMS Coordinator and the Tuolumne County Ambulance service. *Plan details are located* in the California Public Health and Medical Emergency Operations Manual, and the Region IV MCI Plan *(Multiple Casualty Incident)*
2) Coordination of disaster medical and health resources	The MHOAC receives requests for mutual aid or assistance from local health care providers and attempts to meet needs locally and/or forwards the request, along with the providing a situation report to Region IV. *Plan details are located* in HEPReP Section 6, Resource Management and Manual 3 of the Region IV MCI Plan.
3) Coordination of patient distribution and medical evaluations	Pre-hospital ambulance contacts Tuolumne County Control Facility (CF). CF, using the Region IV web-based program (EMResource/HAvBED), identifies available beds and services. *Plan details are located* in the Region IV MCI Plan (Manual 2)
4) Coordination with inpatient and emergency care providers	The MHOAC, through collaboration with RDMHC program, facilitates Region wide patient bed capacities. The Health Officer (MHOAC) is a member of the medical staff and participates in medical staff meetings for the local hospital and is in regular communication with the hospitalist team. The MHOAC meets with the pre-hospital care providers every other month at Base Station meetings.

17 Coordinated Functions Specified in Statute: 1797.153	Process and Primary Responsibility
	Plan details are located in the Tuolumne County EMS Agency Policy & Procedure Manual and the Region IV MCI Plan (Manuals 2 & 3).
5) Coordination of out-of-hospital medical care providers	The Health Officer is a perpetual member of the Medical Society Executive Committee through the Continuing Medical Education program. He/she utilizes California Health Alert Network (CAHAN), email, direct mail, phone calls, face-to-face meetings, and participation in meetings to coordinate providers. Additionally, the Health Care and Safety Coalition structure facilitates provider communication and coordination. *Plan details are located* in the Region IV MCI Plan (Manual 1) and the HEPReP Section 5, Communications. Operational Status reporting can be found in the HEPReP Annex 9, Health Care and Safety Coalition Structure.
6) Coordination and integration with fire agencies personnel, resources and emergency fire pre-hospital medical services	The Tuolumne County EMS Agency coordinates with the Tuolumne OA Fire Operational Area Coordinator and the Tuolumne County Fire Chiefs Association to ensure coordination and integration with fire agencies personnel, resources, and emergency fire pre-hospital medical services. Fire first responder agencies have agreed to follow Tuolumne County EMS Agency policies and procedures and medical treatment guidelines. *Plan details are located* in the Tuolumne County First Responder Agreement.
7) Coordination of providers of non-fire based pre-hospital emergency medical services	Non-fire based pre-hospital emergency medical services are required to attain permits to operate within the Tuolumne OA; these permits require non-fire based pre-hospital emergency medical services to follow Tuolumne County EMS Agency policies and procedures and medical treatment guidelines. *Plan details are located* in the Tuolumne County Ambulance Ordinance.
8) Coordination of the establishment of temporary field treatment sites.	The MHOAC coordinates with hospital and out-of-hospital providers to designate staff and operations of temporary field treatment sites. *Plan details are located* in the Region IV MCI Plan (Manual 3).
9) Health surveillance and epidemiological analyses of community health status	Assessment of medical and health needs includes epidemiologic monitoring and surveillance processes on a continuous basis. Additional surveillance activities and reports are developed with event-specific indicators. *Plan details are located* in HEPReP Section 3, Surveillance and Section 4, Communicable Disease Response.
10) Assurance of food safety	The Environmental Health (EH) department oversees regulatory compliance in local food processing, storage, and distribution. Public Health and Environmental Health collaborate on the response to alerts and recall notices.
11) Management of exposure to hazardous agents	The Environmental Health Department responds to hazardous materials incidents and informs the Health Officer of the event and mitigation under Proposition 65. The Health Officer assists with the response whenever an incident has resulted in health consequences to the public. Tuolumne County contracts with the Calaveras County HazMat response team, including level A. Decontamination is a combination of the HazMat response and other trained responders, such as fire personnel.
12) Provision or coordination of mental health services	The MHOAC maintains a collaborative, advisory role with Department of Human Services which includes County Behavioral Health services. The MHOAC facilitates access to Behavioral Health psycho-social support during medical and health

17 Coordinated Functions Specified in Statute: 1797.153	Process and Primary Responsibility
	emergencies. ***Plan details are located*** in HEPReP Section 2, Public Health Response (this section), including Incident Command and Behavioral Health Director roles and responsibilities.
13) Provision of medical and health public information protective action recommendations	The Health Officer/MHOAC approves all content and methods of health message distribution during an event. If needed, a Joint Information Center (JIC) is initiated within the DOC/EOC. ***Plan details are located*** in HEPReP Annex 7, Risk Communications.
14) Provision or coordination of vector control services	The Health Officer, Public Health, and Environmental Health collaborate in the prevention, investigation, and management of vector-borne disease. Environmental Health, in conjunction with the Health Officer and Agricultural Commissioner, coordinates the response to vector organisms. ***Plan details are located*** in Environmental Health Program Vector Control policies. Statutes Code of Regulations, Food and Agriculture Code, Division 4, Plant Quarantine and Pest Control, Ch. 4.5, Invasive Pest Planning (5260-5267).
15) Assurance of drinking water safety	Monitoring, surveillance, investigation and reporting of water quality is conducted by the California Environmental Protection Agency Drinking Water Program and the Environmental Health (EH) Department. The Health Officer is notified of out-of-compliance results and a collaborative response is developed. ***Plan details are located*** Title 17 Code of Regulations, Chapter 5 Sanitation; ***and*** Title 22 Code of Regulations, Division 4, Environmental Health, Ch15, Domestic Water Quality and Monitoring Regulations; ***and*** California Statutes, Corporations Code, Division 3. Part 7, Chapter 1. Water Companies.
16) Assurance of the safe management of liquid, solid, and hazardous wastes	Multiple agencies are involved in this function. Environmental Health oversees waste disposal permits, receipt of reports, and performs surveillance. The Health Officer/MHOAC and Environmental Health work in conjunction to monitor, perform testing, and mitigate events. ***Plan details are located*** California Health and Safety Code, Division 20, Ch 6.5, Hazardous Waste Control.
17) Investigation and control of communicable disease	In accordance with California Health and Safety Code §120175, the Health Officer has ultimate responsibility to "take measures as may be necessary to prevent the spread of…disease." The Tuolumne County Public Health Communicable Disease Control and Prevention Program performs this function.

V. **Operational Processes:** Public Health operational processes will utilize and support the Standardized Emergency Management System (SEMS)/National Incident Management System (NIMS), including the use of the Incident Command System (ICS). The Standardized Emergency Management System (SEMS) is the cornerstone of California's emergency response system and the fundamental structure for the response phase of emergency management. SEMS is required by the California Emergency Services Act (ESA) for managing multiagency and multijurisdictional responses to emergencies in California. The system unifies all elements of California's emergency management community into a single integrated system and standardizes key elements. SEMS incorporates the use of the Incident Command System (ICS), California Disaster and Civil Defense Master Mutual Aid Agreement (MMAA), the Operational (OA) Area concept and multiagency or inter-agency coordination. State

agencies are required to use SEMS and local government entities must use SEMS in order to be eligible for any reimbursement of response-related costs under the state's disaster assistance programs.

1. **Incident Command System (ICS):** A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations. ICS Forms can be found in Resource Documents portion of the HEPReP.

    a. Job Action Sheets are tools for defining and performing a specific emergency response functional role. The tasks on the Job Action Sheet can be amended to fit the situation by adding or deleting tasks. The Unit Leader or Section Chief who is issuing the Job Action Sheet should review for applicability and add in writing, any incident-specific instructions or changes. Job Action Sheets are located in the Resource Documents section of the HEPReP. The following table illustrates an example of ICS roles and responsibilities for a Public Health all-hazards response. Hazard-specific roles and responsibilities are discussed within the HEPReP annexes and are flexible within the ICS.

Table 5: Public Health ICS Roles and Responsibilities with Primary and Secondary Staff Assignment

Public Health ICS Role	Responsibilities	Primary & Secondary

Incident Commander
 	
Regardless of size of response, this role is assigned
	Overall management of the incident, including;
	1. Establishing priorities
	2. Ensuring adequate planning
	3. Supervising the coordination of officials, agencies and assignments
	4. Approving and authorizing the implementation of the Incident Action Plan
	5. Ensuring that adequate safety measures are in place
	6. Approve requests for additional resources
	7. Authorize release of information to the news media
	8. Ensure that Incident Status Summary is completed daily
	9. Keep the Human Services Director and CAO, through the OES Coordinator, informed of incident status
	10. Maintain availability to the PIO for public communications
	11. Ensure that debriefing is conducted at the end of each operational period
	12. Order the demobilization of the incident when appropriate
	    Authority of the Health Officer
	        California Health and Safety Code § 101310 grants the power to declare a county health emergency in situations involving hazardous waste, medical waste or communicable disease threats to the public health.
	        See Section 1, Introduction, Authorities, for additional legal authority of the Health Officer and CDPH
		This position is filled by the Health Officer or management staff trained to ICS 400 and IS 800.
		
		LEMSA Coordinator

Planning Section Chief	*Responsible for collection, evaluation, dissemination and use of information about the evolution of the incident and the incident response.* 1. Collect and process situational information about the incident 2. Supervise preparation of the Incident Action Plan in consultation with the IC and the Operations Section Chief 3. Reassign out-of-service personnel already on site to ICS organizational positions as appropriate 4. Determine need for any specialized resources 5. Establish and maintain resource tracking system 6. Conduct planning meetings 7. Establish special information collection activities as necessary, e.g., weather, environmental, toxics, biological hazards, etc. 8. Report any significant changes in incident status, predicting emerging risks when such developments arise 9. Work with the IC and Safety Officer to develop Safety Analysis and Safety Message, inclusive of responder safety and health protocols and physical/behavioral health assessment upon demobilization 10. Maintain a list of contact phone numbers for the Disaster Healthcare Volunteers of California. These lists are updated annually. 11. Organize Units as necessary to include: a. Resources: Monitoring the status of all assigned manpower and	This position is filled by the Director of Public Health Nursing or other management staff trained to ICS 300 and IS 800 (NRP). Programs and Services Supervisor

Public Health ICS Role	Responsibilities	Primary & Secondary
	other resources b. Situation Management: Projecting future incident growth, need for future resources, and compiling intelligence about incident status c. Documentation: Maintenance of all incident records/forms	
Safety Officer	*Responsible for the development and recommendation of measures to assure personnel safety, and the assessment and anticipation of hazardous and unsafe situations.* 1. Participate in Planning meetings 2. Identify hazardous situations associated with the incident 3. Review the Incident Action Plan for safety implications and to address responder safety and health protocols, including physical and behavioral health assessment upon demobilization 4. Exercise emergency authority to stop and prevent any unsafe acts 5. Assign assistants as necessary 6. Supervise the disposal of bio-hazardous materials, including medical waste and byproducts of decontamination 7. Review and approve Safety Analysis and Safety Message for Incidents, including Mass Vaccination, under consultation with the Director of Public Health Nursing 8. Review and approve the Medical Plan 9. Prepare and present safety briefing 10. Maintain Activity Log	This position is filled by the Director of Environmental Health or the EMS Coordinator (TCEMSA) or other management staff trained to ICS 400 and IS 800.
Liaison Officer	*Responsibility as the contact point for personnel assigned to the incident by assisting cooperating agencies, personnel not on direct tactical assignment. This position plays the critical role of maintaining up-to-date communication between the responding agencies.* 1. Provide a contact point for Agency Representatives and recommend the assignment of Agency Representatives when necessary to maintain critical communication. 2. Maintain a list of assisting and cooperating agencies and Agency Representatives 3. Keep agencies supporting the incident aware of incident status 4. Monitor incident operations to identify current or potential inter-organizational problems 5. Participate in planning meetings, providing current agency/ stakeholder concerns, including resource limitations.	This position is filled by the Public Health Emergency Preparedness (PHEP) Coordinator or other staff trained to ICS 100, 200 and IS 700.

Public Health ICS Role	Responsibilities	Primary & Secondary
Logistics Section Chief	*Plans the organization of the Logistics Section, to include the ordering and procurement of supplies, equipment and personnel.* 1. Assign work locations and preliminary work tasks to Section personnel 2. Maintenance of functional radio equipment with which to establish two-way lines of communication between the IC and the PIO, and between participating agencies in the Health Emergency Response 2. Notify Resources Unit of Logistics Section units activated including the names and locations of assigned personnel. 3. Participate in preparation of Incident Action Plan 4. Identify service and support requirements for planned and expected operations. 5. Provide input to and review Communications plan, Medical Plan and Traffic Plan 6. Oversee the surveillance and monitoring of critical supplies available from local vendors during emergency response activities. 7. Coordinate and process requests for additional resources 8. Advise on current service and support capabilities. 9. Prepare service and support elements of the Incident Action Plan. 10. Estimate future service and support requirements. 11. Receive Demobilization Plan from Planning Section. 12. Recommend release of unit resources in conformity with Demobilization Plan. 13. Ensure general welfare and safety of Logistics Section personnel. 14. Maintain Activity Log	This position is filled by the Health Department Purchasing and Supplies Agent or other staff trained to ICS 300 and IS 800.
Operations Section Chief	*Activates and supervises organization elements in accordance with the Incident Action Plan and directs its execution* 1. Determine need for and request additional resources 2. In accordance with Incident command structure, supervise Operations Section 3. Review suggested list of resources to be released and initiate recommendation for release of resources 4. Maintains functional radio equipment at the Health Department compatible with OES radio communications equipment to be utilized in the event that land lines are inoperable in an emergency BT incident. 5. Assemble and disassemble strike teams assigned to Operations Section. 6. Report information about special activities, events and occurrences to Incident Commander 7. Maintain Activity Log	This position is filled by the Emergency Medical Services Coordinator, or Hospital Preparedness Coordinator or other management staff trained to ICS 300 and IS 800.

Public Health ICS Role	Responsibilities	Primary & Secondary
Situation Unit Leader	*Responsible for the collection, processing and organizing of all incident information. The Situation Unit Leader (SUL) may prepare future projections of incident growth, maps and intelligence information.* 1. Compile, maintain, and display incident status information for Incident Command Post staff 2. Assign field observers and request technical specialists as necessary 3. Determine appropriate map displays and plot incident boundaries, perimeters, facilities, access routes, etc. on display in planning area 4. Participate in incident planning meetings as necessary	This position should be filled by the Communicable Disease Coordinator or other staff with ICS 200 and IS 700.
Public Health Nursing Staff	*Community outreach, and investigation activities, often in conjunction with Environmental Health Staff* 1. Following up on asymptomatic communicable disease contacts 2. Maintaining records of investigations and follow-up of contact investigations. 3. Maintaining the basic and necessary supportive nursing services of day-to-day Health Department business	Staff should maintain ICS 200 and IS 700 training.
Environmental Health (EH) Staff	*Public Health and Environmental Health collaborate on investigation and response to communicable/infectious disease, foodborne & waterborne illness, vector borne illness, and/or hazardous waste contaminations.* 1. Surveillance and inspections of facilities, including mass care shelters 2. Coordination with Environmental Health regulatory agencies, including access to subject matter experts/technical specialists 3. Responding to, and completing event specific investigations and CDPH directives, including recalls and alerts. 4. Collaboration with Health Officer and Public Health Nursing to form an investigation team 5. The Environmental Health Director may be appointed in the Incident Command system, within Planning, Operations or Command Staff based on the severity and characteristics of the event.	Staff should maintain ICS 100, 200 and 700 training.
Public Health Clinical Staff	*The operation of clinical interventions, such as clinical screening, medication distribution, mass vaccination (see HEPReP Annex 6. Mass Dispensing), laboratory specimen collections, and distribution of patient education materials is accomplished utilizing the Public Health Clinical staff, supplemented by volunteer clinical staff from the community.*	
Health Care and Safety Coalition *(Local Healthcare System)*	*Coalition members maintain up-to-date facility/agency Emergency Operation Plans and activate individual response to an event. Coalition members participate in an emergency as a Multi-Agency Coordinating (MAC) group when requested by the EOC/DOC Incident Commander as a community response.* The MAC group will: 1. Strategize to continue delivery of essential services during the response	Staff should maintain ICS 200 and IS 700 training.

Public Health ICS Role	Responsibilities	Primary & Secondary
	2. Assist the Medical Health Operational Area Coordinator (MHOAC) with coordinating and allocating of resources within the community 3. Assist with decompression of inpatient beds in medical surge 4. Participate in mass dispensing 5. Provide consistent public messaging through a Joint Information Center 6. Provide information as requested with the HealthCare Organization Situation Report process.	

2. Law Enforcement goals during a disaster include protection of public safety; prevention of a criminal act; identification, apprehension and prosecution of the perpetrator(s); and protection of Law Enforcement personnel. Public Health emergencies will generally be managed under an Incident Command structure with joint planning and integration of services managed at the DOC/EOC. Liaison between Law Enforcement and the Health Department is maintained by radio contact between the IC of both agencies and is supported by the use of Agency Representatives when necessary.

Table 6: Law Enforcement Role in Public Health Emergency Response

Law Enforcement Role in a Health and Medical Emergency	
All Law Enforcement	1. Threat assessment: Law Enforcement personnel may be confronted with a non-credible threat (hoax), threatened biological release, announcement that a release of a biological agent has occurred (overt), or an unannounced release of a biological agent (covert). 2. Assessment of the need for mobilization of state and/or federal resources 3. Scene control 4. Evidence and witness statement collection 5. Delivery of biological samples to an appropriate laboratory 6. Apprehension of suspects
Sonora Police Department (SPD)	*Critical resources for disaster response may be located within the city of Sonora, requiring management by the SPD* *Jurisdiction: In the incorporated area of Sonora* 1. Because some utilized facilities, as well as the county administrative offices which house the OES are located within the incorporated area of Sonora, the SPD will manage access to these locations in accordance with the scale of the incident 2. The Tuolumne County Fairgrounds in Sonora have been identified as a preferred site for mass population interventions, such as Mass Prophylaxis campaigns and Mass Care efforts and will require the participation of the SPD for crowd and traffic management. 3. Maintaining the integrity of biological specimens collected as evidence in accordance with chain of custody procedures. 4. CHP is the primary transporting choice, but for some jurisdictional events, the TCSO may assist with specimen transportation. Transport arrangements to the San Joaquin Public Health Lab would accommodate the criminal investigation needs and biological risks of any given specimen.

Law Enforcement Role in a Health and Medical Emergency	
Tuolumne County Sherriff's Department	*Jurisdiction: Responsible for law enforcement issues for incidents that occur in unincorporated areas of Tuolumne County.* 1. Maintaining the integrity of biological specimens collected as evidence in accordance with chain of custody procedures. 2. CHP is the primary transporting choice, but for some jurisdictional events, the TCSO may assist with specimen transportation. Transport arrangements to the San Joaquin Public Health Lab would accommodate the criminal investigation needs and biological risks of any given specimen. 3. Managing security at Staging Areas and Alternate Sites throughout Tuolumne County outside of the incorporated city of Sonora would be under the jurisdiction of the TCSO
California Highway Patrol	*Jurisdiction*: *Responsible for incidents that occur on unincorporated county roads and highways* 1. Facilitate access of outside resources to Tuolumne County and transport of personnel and materials from Tuolumne County to outside destinations. 2. State Highways 49, 120, 108 and 132, and county road J59 are the major transportation routes through the county. These major routes would be highly utilized by both county residents and tourists as possible evacuation routes. 3. Possible assistance with the transport of biological specimens to the San Joaquin Public Health Laboratory with appropriate chain of custody measures. Transport arrangements would accommodate the criminal investigation needs and biological risks of any given specimen. Patrol car escorts for Public Health vehicles might be considered for specimens requiring special handling.
United States Forest Service	*Jurisdiction: Incidents occurring within the Stanislaus National Forest* 1. Peace Officers to assist local Law Enforcement agencies upon request 2. Provide Law Enforcement services for federal statutes relating to the national forest
Federal Bureau of Investigation	Activation of federal Law Enforcement resources may occur through either the OES or Law Enforcement after initial triage of the incident.

5. Fire Services

   As they are likely to be first on the scene of an acute, local incident, Fire Services will be challenged with the first opportunity to recognize an event as a Public Health incident. In the case of a hazardous materials or biological contaminate event, initial decontamination procedures will be instituted at the scene by Fire Services personnel in conjunction with the contracted Haz-Mat Team. ICS training should be maintained according to the requirements of the respective Fire Service policies.

Table 7 Fire Services Roles in a Health and Medical Emergency

Fire Services Roles in a Health and Medical Emergency	
City of Sonora Fire Department	*Jurisdiction: Incidents occurring within the incorporated area of the city of Sonora*
Tuolumne County Fire Department	Tuolumne County contracts with the California Department of Forestry for administration and fire suppression personnel to operate the Tuolumne County Fire Department. The TCFD maintains fourteen fire stations and is ninety-four percent staffed by volunteers. *Jurisdiction: Incidents occurring within the unincorporated area of Tuolumne County, integrated with the fire suppression resources of the California Department of Forestry*
Other Fire Departments and Districts	*Jurisdiction: Incidents occurring within the areas of their respective departments or districts*
California Department of Forestry	Tuolumne county contracts with the California Department of Forestry for administration and fire suppression personnel to operate the Tuolumne County Fire Department. The California Department of Forestry operates five CDF stations, including Station 59 in Sonora. *Jurisdiction: Incidents occurring within the unincorporated area of Tuolumne 1. County, integrated with the fire suppression resources of the* *Tuolumne County Fire Department* 1. Peace Officers are available to assist local Law Enforcement agencies upon request 2. May provide inmate labor to assist in emergency incidents under certain circumstances

Tuolumne County Administrative Offices Roles in a Health and Medical Emergency	
Chairperson of the County Board of Supervisors	*The authority to declare a state of emergency rests with the Board of Supervisors. If the chairperson of the Board finds that circumstances prohibit timely action of the Board, the chairman of the Board is empowered to declare a state of emergency.* 1. Executes the Tuolumne County Emergency Services Plan 2. Compels county employees to return to work during periods of disaster as necessary 3. Coordinates emergency response actions with elected officials from adjoining jurisdictions 4. Recommended training to ICS 402 and IS 800.
CAO (Chief Administrative Officer)	*In accordance with the Tuolumne County Operational Area Emergency Services Plan, the County Administrative Officer is the EOC Director, assigned the ultimate responsibility of executing the Emergency Services Plan.*
Office of Emergency Services (OES) **OES Coordinator**	*The development and periodic review of the Tuolumne County Operational Area Emergency Services Plan is the responsibility of the OES Coordinator. The OES Coordinator would be notified early in the event of an incident and would be responsible, in consultation with the CAO and IC, for the activation of the OES system, including the determination whether to establish an EOC. In addition to all responsibilities outlined in the Emergency Services Plan, the OES Coordinator would provide and supervise logistics support for a Public Health Response.* 1. Organizes meetings of the Emergency Operations Team, the EOC and/or Operational Area Committee for the purpose of responding to a potential BT threat or event 2. Maintain ICS 400 and IS 800 training.
OES	*The PIO functions as the primary source for the dissemination of information to the public in the*

Tuolumne County Administrative Offices Roles in a Health and Medical Emergency	
Public Information Officer	*event of a Public Health incident. The IC shall approve all press releases and incident statements. Maintenance of contact and availability for contact with the IC and public media is a critical responsibility.* 1. Communication between the PIO and the Emergency Alert System entry point is the responsibility of the PIO. Contingency plans will be utilized in the event that land lines are inoperable. 2. It is the responsibility of the IC and the PIO to be available to each other for communications (See Tuolumne County Health Officer/Incident Commander responsibilities). The PIO will oversee arrangements for communications devices to be accessible and functional. 3. Maintain ICS 400 and IS 800 training.
County Counsel (Agency Representative)	Consultations regarding Public Health Law, limits of authority and any other legal issue relating to the conduct of a Public Health response will be referred to the offices of County Counsel. Interpretation of health department authority in enforcing Isolation and Quarantine Law as defined in the California Health and Safety Code Section 120175-120250 will be the responsibility of County Counsel. 1. Maintain ICS 300 and IS 800 training.

Behavioral Health Director (or designee) Roles in a Health and Medical Emergency
The maintenance of standard operating procedures for Behavioral Health operations during emergency situations will be the primary responsibility of the Behavioral Health Director. 1. Plan for the coordination of all mental health interventions including those provided by other operations staff 2. Plan for the provision of a 24-hour crisis line concurrent with and during follow-up to periods of an emergency response incident in consultation with the EOC 3. Maintain and provide information pertaining to behavioral health resources that may be utilized during emergency and disaster situations 4. Plan to provide counseling and support for individuals removed from normal living arrangements as a result of quarantine and/or isolation requirement 5. Plan to coordinate with the IC to provide Behavioral Health services for professionals and support staff working with emergency response and recovery activities 6. Plan to provide crisis counselors for Mass Prophylaxis events for people who are overwhelmed with the psychosocial challenge of coping with the local crisis. 7. Plan to participate in preventative and post-event programs to facilitate coping skills and identification of mental health risks in the local population 8. Plan to provide support and strategies for the management of potential dangerous emotional responses of the public during an emergency situation 9. Maintain ICS 200 and IS 700 training.

Other Roles, Responsibilities and Agencies

Auditor-Control
1. Develops and maintains standard operating procedures for county emergency financial record keeping during an event.
2. Meets obligations established by the Operational Area Emergency Services Plan

Assessor-Recorder
Maintains responsibilities as outlined in the Operational Area Emergency Services Plan

Health Department Fiscal Technician
1. For incidents which do not involve the formation of an EOC, the Health Department Fiscal Technician who manages the routine budgetary needs of the Health Department will function as the Financial Coordinator, under guidance from the Human Service Director.
2. Maintain ICS 300 and IS 800 training.

Animal Control: Animal control personnel will monitor community animal populations for signs of biological agents that can affect local domestic and wild animal health. Infectious agents that can enter an animal reservoir in the process of infecting human communities, such as plague and West Nile Virus, will require surveillance and mapping of infected animal populations. May also assist with animal evacuation and care.

Social Services Department
1. Human Services Agency Director (Assistant Finance Coordinator): The Human Services Director will coordinate the Social Services and Financial resources necessary to manage multiple agencies during a Public Health incident as an assistant to the County Auditor-Controller.
2. Staff Services Analyst: Maintains standard operating procedures for Health Department financial record keeping during Public Health investigations that do not require emergency system activation.

Contracted Haz-Mat Response Teams
1. Tuolumne County contracts for Haz-Mat Response Team resources with Calaveras and Stanislaus counties. The Haz-Mat Advisory Committee reviews the Haz-Mat Area Response Plan every three years. Training of local first responder personnel as Haz-Mat Technicians is proceeding slowly in order to build local Hazardous Materials Response Skills from awareness to operations level. Future development of an Adjunct Assistance Team based in Tuolumne County is under consideration (See Hazardous Materials Team Development Analysis report, August 19, 2002) by the HMAC.
   a. Calaveras County Haz-Mat Response Team: An MOU is maintained with the Calaveras County Sheriff's Department. Response times to Tuolumne County incidents by the Calaveras County HAZ-MAT Team are anticipated at 1.5 to 2 hours.
   b. Stanislaus County Haz-Mat Response Team: An MOU is in place with the Stanislaus County HAZ-MAT Response Team to provide redundancy of coverage for hazardous materials incidents in Tuolumne County.

Smallpox Response Team
In 2003, the Tuolumne County Pre-Event Smallpox Vaccination Plan, Phase One, was completed and a Smallpox Vaccination Team was prepared with vaccinations. In the event of a Smallpox incident, a new Smallpox Vaccination Team would be prepared to respond as vaccinators of the potentially exposed population.

Other Roles, Responsibilities and Agencies

Community Healthcare Providers

Tuolumne County supports over 100 physicians, of which approximately one half practice primary care medicine. The health care community is also served by an increasing number of nurse practitioners and physician assistants. Urgent communication and infectious disease alerts are distributed to the local provider network through the CAHAN system (See Communications Section). Regular meetings of the Tuolumne County Medical Society and periodic memos to an extensive list of local health care providers allows for a robust exchange of information between the Health Department and local medical community. In a response, local healthcare providers are notified of the incident and the Disaster Healthcare Volunteer system is utilized to collect and mobilize licensed healthcare responders. Participation in local and regional exercises and ongoing emergency preparedness training at least annually will address the need for maintenance of knowledge and skills. This team would contribute to clinical triage in the event that a mass triage for symptomatic or exposed individuals was to become necessary.

Local Pharmacists

In the event that an incident results in the need for extensive distribution of prescription medication, local pharmacists will be contacted to limit the non-emergency use of those antibiotics and to quickly assess local stores of antibiotics pending the arrival of the Strategic National Stockpile. Distribution of medications would likely involve the recruitment of local pharmacists to facilitate this medication distribution through commercial pharmacies, pending or in conjunction with the establishment of a mass distribution center. Vendor Managed Inventory is utilized as a first line for the local supply chain.

Agricultural Commissioner/Air Pollution Control District

1. The development and maintenance of standard operating procedures for the Agricultural Commissioner/Air Pollution District operations during emergency situations is a primary responsibility. The Agricultural Commissioner will be represented on the Operational Area Committee and at the Emergency Operations Center.
2. In the event of atmospheric contamination, monitoring of meteorological conditions that may influence the exposure of the local population to toxic, radioactive or biological hazards is the responsibility of this agency.
3. Assist in the assessment of air quality concerns during incidents such as a wildfire and collaborate with the Health Officer regarding effects to public health.
4. In conjunction with Animal Control, the monitoring and surveillance of the effects of biological agents that have a predilection for certain non-human animal or botanical species will be the responsibility of the Agricultural Commissioner.
5. Input regarding the environmental implications of the mitigation and clean-up of an emergency event will continue to be provided to the Health Officer and the Director of Environmental Health.

Airports Department

1. Develop and maintain standard operating procedures for the Airports Department's operations during emergency situations.
2. The Airport Manager will assist with site management in the event that an airport site is selected as a location for a Mass Prophylaxis event.
3. Additional responsibilities as outlined in the Operational Area Emergency Services Plan

Other Roles, Responsibilities and Agencies

Emergency Dispatch

1. Assistance with the warning and notification process for the affected population or responding agency. All non-cellular 9-1-1 calls within the city of Sonora are received by SPD Dispatch, while 9-1-1 calls originating outside of the incorporated area of Sonora in Tuolumne County are directed through the TCSD Dispatch. TCSD then redirects CHP dispatches to the Merced CHP office, Fire agencies dispatches to the Emergency Communications Center (ECC) in San Andreas and ambulance calls are channeled to the appropriate responder. All 9-1-1 calls that originate from a cellular phone are automatically directed to the CHP dispatch center in Merced, California and then forwarded to the appropriate responder.

American Red Cross

The Red Cross will provide support services through the Mother Lode Delivery Unit for emergency shelter, mass feeding and assistance with first aid services as needed and according to Red Cross guidelines.

Local Amateur HAM Radio Group

As outlined in the Operational Area Emergency Services Plan, the local community of HAM radio operators is committed to providing emergency communication services for county agencies in the event of a need to establish a communication network between a remote scene and the OES. The Radio Group's contact number will be kept up to date by the OES.

County Public Works Department

May assist with the provision and functionality of traffic and road signage. Collaborate with the incident command staff regarding any other issues as needed. Functional issues related to the real or potential contamination of water supplies with chemical or biological agents will be addressed with the Environmental Health Director in collaboration with the Health Officer. Emergency response assignments will follow the guidelines established in the Operation Area Emergency Services Plan.

Information Technology

Maintain internet access and network capabilities, and functionality of County landline telephones (see Section 5, Communications).

Local School Superintendents and Administrators

Implementation of the school site disaster plans will be the responsibility of the County Superintendent of Schools, guided by instructions provided to school administrations through the OES system by the OES Coordinator. School evacuations will be in accordance with evacuation routes selected by Law Enforcement under guidance from the IC.

VI. **The Homeland Security Exercise and Evaluation Program (HSEEP)**

A. The Tuolumne County Health Department conducts at least one annual exercise to drill and exercise the emergency response plan. These exercises are coordinated with the Statewide Medical and Health Exercise as appropriate to the operational area.

B. Exercises are compliant with the guidelines from the Homeland Security Exercise and Evaluation Program (HSEEP)

C. Documentation of exercise and events utilize the HSEEP formats. An After Action Report/ Improvement Plan (AAR/IP) is filed with CDPH. A copy of the AAR/IP is also provided to all participants and key stakeholders within the community.

D. Subsequent exercises utilize the AAR/IP to improve performance and processes identified by the exercise/event.

E. Exercises and events measure specific functions and plans from the Capabilities published by the Centers for Disease Control and Prevention (CDC) and Assistant Secretary of Preparedness and Response (ASPR).

F. The exercise overall objective is to improve Public Health and community response to a local public health and medical emergency.

G. Public Health Emergency Preparedness programs shall maintain at least two staff members who have completed the HSEEP training program through FEMA.

ATTACHMENT 1: **Incident Action Plan (IAP) – Quick Start**
(Combined ICS 201, 202, 203, 204)

1. Incident Name	2. Operational Period:	Date From: _____ to _____ Time From: _____ to _____

3. Situation Summary:

4. Current Incident Management Team
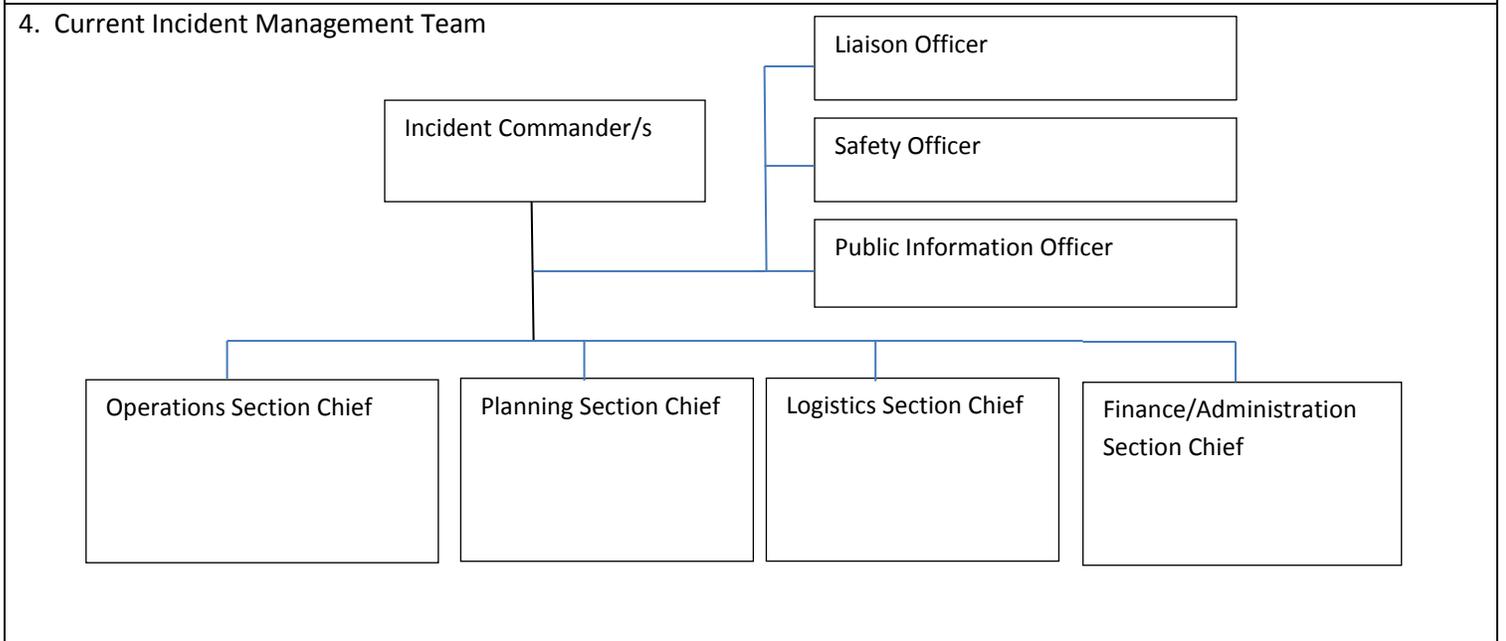
5. Health and Safety Briefing: *Recognize potential incident health and safety hazards and develop necessary measures (remove hazard, provider personal protective equipment, warn people of hazard) to protect responders from those hazards.*

6. Prepared by: Name	Position/Title:	Signature:
Page	1	Date/Time:	

1. Incident Name	2. Operational Period:	Date From: _____ to _____ Time From: _____ to _____

7. Incident Objectives

7a. Objective (Plan)	7b. Strategies/Tactics	7c. Resources Required	7d. Assigned to

6. Prepared by: Name	Position/Title:	Signature:
Page	2	Date/Time:	

ATTACHMENT 1: **Incident Action Plan (IAP) – Quick Start**
(Combined ICS 201, 202, 203, 204)

1. Incident Name	2. Operational Period:	Date From:_____ to_____ Time From:_____ to _____

8. Resource summary					
8a. Resource	8b. Resource Identifier	8c. Date/Time Ordered	8d. ETA	8e. Arrived	8f. Notes (location/assignment status)
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

6. Prepared by: Name	Position/Title:	Signature:
Page	3	Date/Time:	

INCIDENT ACTION PLAN (IAP) – QUICK START
(Combined HICS: 201, 202, 203, 204)

Purpose: The IAP Quick Start is a short form combining NIMS Forms 201, 202, 203, and 204. This form contains basic information regarding the incident situation and the resources allocated to the incident. It is a briefing document and serves as an initial action worksheet. It becomes a permanent record of the initial response to the incident.

Preparation: The IAP Quick Start is prepared by the Incident Commander and/or Planning Chief.

Distribution: The IAP Quick Start is duplicated and distributed to the Command and General Staff positions activated. All completed original forms must be given to the Planning Section Chief.

Notes:
- If additional pages are needed for any form page, use a blank IAP QS and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident
2	Operational Period	Enter date initiated (month/day/year) and time (use 24 hour clock)
3	Situation Summary	Enter brief description of the situation/event
4	Current Incident Management Team (fill in additional organization as needed)	• Enter on the organization chart the names of the individuals assigned to each position. • Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections. • If Unified Command is being used, split the Incident Commander box • Indicate agency for each of the Incident Commanders listed if Unified Command is being used.
5	Health and Safety Briefing (or at briefings or transfer of command):	Summary of health and safety issues and instructions
6	Prepared by	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24 hour clock)
7	Objectives	
7a	Objectives	Enter each objective separately. Adjust each operational period as needed.
7b	Strategy/Tactic	For each objective document the strategies/tactics to accomplish that objective
7c	Resource Requires	For each strategy/tactic, document the resources requires to accomplish that objective
7d	Assigned to	For each strategy/tactic, document the Section/Branch/or Unit the activity is assigned to
8	Resource Summary	
8a	Resource	Enter the number and appropriate category, kind, or type of resource ordered
8b	Resource identifier	Enter the relevant agency or resource designator (if any)
8c	Date/Time Ordered	Enter date (month/day/year) and time prepared (24 hour clock)
8d	ETA	Enter estimate time of arrival to the incident (24 hour clock)
8e	Arrived	Enter an "X" or checkmark upon arrival to the incident
8f	Notes	Enter notes such as the assigned location or assignment status