

Southeast Missouri Regional SAC

MINUTES

DATE: 2-10-17

10:00-11:00

| | |
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| MEETING CALLED BY | Debbie Leoni |
| MEETING LOCATION | Southeast Health – Cape Girardeau |
| APPROVAL OF MINUTES | 1 st : John Russell 2 nd : Mary Chappius |
| NOTE TAKER | April Ostendorf-Morris |
| ATTENDEES | Brian Wilcox, Nathan Wolk, April Ostendorf-Morris, Monica Kleffner-Pfau, David Stahlman, Mark Winkler, Debbie Leoni, Ken Dicus, Linda Brown, Larry Chasteen, John Russell, Jeremy Baird, Mary Chappius |

Agenda topics

| | |
|-----------------------------|------------|
| STATE MEETING REPORT | ALL |
|-----------------------------|------------|

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|---------------------|---|-----------------|--|
| DISCUSSION | The following were discussed: | | |
| | <ul style="list-style-type: none"> • No quorum • Pediatrics – Autism training available. Trainings are good for 2 CEU's. They will be sending to regional chairs. • Trauma – no report • Legislative – 190.103.1 – amendments proposed – revising medical director leadership information. • 190.144 – added content to allow medics to “administer patient’s personal medication when deemed necessary.” without liability. • HB 226 has been filed. Special needs protocols, peer review protection. • Air ambulance – Drone discussion. Also discussed need for standardized forms for handoff, specifically for hospitals as everyone is trying to get out the door faster. • Discussion about requests for fly-overs. • Air ambulance association has new leadership. • Emergency management – discussion about EMS not in the ESF8 meeting. Les Jobe explained the status. • Educational Presentation – by Michelle Humphrey and Amanda Mabey from the DHSS • Hotline information – change now requiring EMS to be mandated reporters. Mark noted that EMS has always assumed that responsibility, but somehow it was never in the legal requirements. • BMS Report – Les Jobe - They have received 10 applications for community paramedic since that became law on Dec 30. They have also received 10 EMT Basic applications from armed forces. Also, they have an opening for EMS Inspector 1 with the bureau. • Next month the meeting is in Columbia. Boone County Fire Dept. Speaker will be about the compact. 7 states have passed this, and 5 are working on it this year, including Missouri. This will bring the total to over 10, so Compact is able to be moved forward. | | |
| CONCLUSIONS | State updates will continue to be provided at upcoming meetings. | | |
| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE | |
| None | | | |

HIGHLY INFECTIOUS DISEASE REPSONSE PLAN

JOHN RUSSELL

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| DISCUSSION | An operations plan for transport of any patient under investigation for a highly infectious disease process has been developed within the state. Cape County Private Ambulance will be the transport resource for these patients for inter-facility transport within Region E (Southeast). The Region E Highly Infectious Disease Inter-Facility Transportation Plan is attached. Concerns: The danger is not recognizing the disease from the start and not the actual transport after identification. |
| CONCLUSIONS | SAC Committee and Dr. Baird needs to review and approve. |

| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |
|-----------------------------------|---------------------|--------------|
| SAC Committee/Dr. Baird to review | Committee/Dr. Baird | Next Meeting |

STEMI REGIONAL REPORT

DEBBIE LEONI/MONICA KLEFFNER-PFAU

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| DISCUSSION | The STEMI coordinators reviewed the State Transport Protocol for STEMI patients. This protocol appears to meet the needs of STEMI patients within our region. The protocol will be sent out for EMS comment. | |
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| CONCLUSIONS | State STEMI Transport Protocol currently appears to meet the needs of the region. Will reevaluate pending additional EMS comments as needed. | |
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| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |
|---|--------------------|----------|
| Reevaluate STEMI Transport Protocol as needed | SAC Committee | Ongoing |

COMMITTEE MEMEBERSHIP

DEBBIE LEONI

| | | |
|-------------------|---|--|
| DISCUSSION | Melissa Hayden has accepted a new position and will no longer be able to serve as a member of the committee. Lisa Kight will replace Melissa as the ED Manager of Perry County Memorial Hospital. This will leave an open position on the committee. The committee's current membership includes: Melissa Hayden – open position, Chuck Ogan, Mary Chappius, John Russell, Linda Brown, Kendall Shurm, Rob Grayhek, April Ostendorf-Morris, and Nathan Wolk – pending approval. An email to the regional EMS providers will be sent for additional nominations. A nomination was made for Larry Chasteen to fill the open position. | |
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| CONCLUSIONS | Elect new member from nominations at next meeting. | |
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| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |
|---|--------------------|--------------|
| Replace open position on SAC committee. | SAC committee | Next Meeting |

2017 SCHEDULE REVIEW

DEBBIE LEONI

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| DISCUSSION | The current 2017 schedule was reviewed. The 2017 meeting schedule is as follows: | |
| | <ul style="list-style-type: none"> Friday, June 16 – Perry County Memorial Hospital/EMS and Air Evac – Perryville Friday, September 15 – Stoddard County Ambulance – Dexter Friday, December 1 – Saint Francis Medical Center – Cape Girardeau | |

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| CONCLUSIONS | None | |
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| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |
|--------------|--------------------|----------|
| None | | |

ANNOUNCEMENTS AND MISCELLANEOUS

ALL

| | | |
|-------------------|---|--|
| DISCUSSION | The following items were discussed: | |
| | <ul style="list-style-type: none"> Ken Dicus (South Scott Ambulance District) has been added as a coordinator for regional mutual aid. He has vast EOC and fire service experience that will be an asset to the group. He will join John Russell and Larry Chasteen. | |

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| CONCLUSIONS | None | |
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| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |
|--------------|--------------------|----------|
| None | | |

ADJOURNMENT

DEBBIE LEONI

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|---------------------|---|-----------------|--|
| DISCUSSION | A motion was made for adjournment of the SAC committee meeting – 1 st Linda Brown 2 nd – John Russell | | |
| CONCLUSIONS | Meeting adjourned | | |
| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE | |
| None | | | |
| NEXT MEETING | Friday, April 28, 2017 at 10:00 Madison Medical Center – Board Room 611 West Main Street Fredericktown MO 63645 | | |

AGENDA

Southeast Missouri Regional SAC

Cape Girardeau, MO - SoutheastHealth

February 10, 2017

1. Introductions All
2. Review of minutes All
3. State meeting report All
4. State wide PUI/Infectious disease response plan - Dr. John Russell
5. STEMI regional report Debbie/Monica
6. Committee membership
7. Adjournment
8. 2017 schedule review
9. Announcements and Miscellaneous
 - o Next meeting Friday, April 28 – Madison Medical Center – Fredericktown

SAC Committee Meeting

February 10, 2017

| Name | Organization | E-Mail |
|------------------------|----------------------|------------------------------|
| Brian Wilcox | Cape CTC | wilcoxbe@capectc.com |
| Nathan Wolfe | Air Educ | nathan.wolfe@air-educ.com |
| April Ostendorf-Morris | SFMC | amorris@sfmc.net |
| Monica Klefner-Pfau | SFMC | mpfau@sfmc.net |
| David Stahlman | Mercy Hosp Jefferson | david.stahlman@mercy.net |
| Mark A. Winkler | SEMA - Region E | mark.winkler@sema.dps.ms.gov |
| Debbie Leon | SEH | dleoni@sehealth.org |
| Ken Dicus | SSCA | |
| Linda Brown | SEMO | |
| Lenny Chastin | NSCAD | |
| John Russell | CCPA | |
| Dr Baud | SE Health | |
| May Chappas | Perryville EMS | |
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SAC Notes

Jefferson City

January 24, 2017

- No quorum
- Pediatrics – Autism training available. (see attachment) trainings are good for 2 CEU's. They will be sending to regional chairs.
- Trauma – no report
- Legislative – 190.103.1 – amendments proposed – revising medical director leadership information.
 - o 190.144 – added content to allow medics to “administer patient’s personal medication when deemed necessary.” Without liability.
 - o HB 226 has been filed. Special needs protocols, peer review protection.
- Air ambulance – Drone discussion. Also discussed need for standardized forms for handoff, specifically for hospitals as everyone is trying to get out the door faster.
 - o Discussion about requests for fly-overs.
 - o Air ambulance association has new leadership.
- Emergency management – discussion about EMS not in the ESF8 meeting. Les Jobe explained the status.

Educational Presentation – by Michelle Humphrey and Amanda Mabey from the DHSS

- Hotline information – change now requiring EMS to be mandated reporters. Mark noted that EMS has always assumed that responsibility, but somehow it was never in the legal requirements.

BMS Report – Les Jobe - They have received 10 applications for community paramedic since that became law on Dec 30. They have also received 10 EMT Basic applications from armed forces. Also, they have an opening for EMS Inspector 1 with the bureau.

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Region E Highly Infectious Disease Inter-facility Transportation Plan

Purpose

This document provides guidance to facilitate planning for and execution of patient handoff between personnel at a fixed facility (hospital or clinic) and the transporting ambulance agency. Information is presented in a chronological format and is provided at a level of detail that will afford local planners and operators the flexibility to develop procedures that are suitable for their environment. References from peer-reviewed literature are included and provide greater detail as articulated by the authors.

The following key assumptions are being made:

1. All healthcare workers (hospital and out-of-hospital) who are involved will have received education and training and demonstrated the necessary competencies for management of patients with serious communicable diseases.
2. Healthcare facilities and transporting ambulance agencies have procedures for the management of patients with serious communicable diseases.
3. Facilities and transporting ambulance agencies are conducting tabletop and operational exercises that test and refine procedures for the transfer of patients at least yearly.
4. This guidance complements other CDC guidance for management of patients with serious communicable diseases.

Mobilizing for Patient Transport – Regional EMS Coordinator

1. Notify responsible parties, including sending facility, receiving facility, transporting ambulance agency, public health authority, emergency management agency, law enforcement, and (if applicable) aviation and hazardous materials management and disposal.
 - a. Establish a communications plan that identifies all points of contact and distribute it to all parties to facilitate communication.
 - b. All parties should consider notifying their public affairs official or regional PIO association.
 - c. Discuss methods of notification, as radio and other non-secure methods of communication may be monitored by the media or the public.
2. Communicate to all parties the patient's risk of exposure to highly infectious disease and clinical condition.
 - a. Communicate whether the patient will be ambulatory or non-ambulatory.
3. Confirm transporting ambulance personnel and receiving facility personnel have appropriate personal protective equipment (PPE) ensembles (they may be different depending on mission requirements and patient condition).
4. Confirm and communicate with the designated point of contact at each facility the location for transition of patient care at point of origin and destination – this location will likely be pre-determined by facilities and chosen in order to minimize environmental exposure at the facility and prevent exposure of unprotected staff, patients, and visitors.
5. Confirm and communicate location for donning and doffing of PPE for transporting ambulance personnel and ambulance decontamination and disinfection.
 - a. Affirm appropriate supervision for the doffing of ambulance personnel. Hospital PPE and doffing protocols may be different and therefore supervision may need to be specific to the ambulance crews involved.

Region E Highly Infectious Disease Inter-facility Transportation Plan

- b. Personnel doffing and ambulance decontamination locations must be prepared to manage regulated waste.
6. Determine the need for additional security with sending and receiving facility security, as well as local, county, state public safety and law enforcement personnel both during transport and at the healthcare facilities.

Preparing for Transfer of Patient and Patient Care

Sending facility – Infection Control or Emergency Operations Coordinator

1. Maintain appropriate infection control posture while managing patient.
2. Determine appropriate level of personnel to accompany patient during transfer.
3. Provide management of volume depletion and nausea/vomiting as much as possible to facilitate event-free transport.
4. Be prepared to communicate with transport agency directly to provide up-to-date patient status and facilitate patient transfer.
5. Advise transporting ambulance agency about any patient belongings that may accompany patient.
6. Determine and communicate whether patient is ambulatory or will require a stretcher transport.
7. Obtain vital signs immediately before transfer of care to share with transport team.
8. As mutually agreed upon with transporting ambulance agency and just prior to their arrival, have patient apply barrier garments with the goal of limiting exposure of transport team or vehicle (e.g., as tolerated), including footed impermeable suit, surgical mask, and gloves for ambulatory patient, or impervious sheets and surgical mask for non-ambulatory patient, and adult undergarment, as needed.
9. Communicate transport plan to family and friends of patient, as appropriate.
10. Provide written patient care report (PCR) that includes signs and symptoms and care rendered. Provide PCR to transporting ambulance agency in a manner that assures it is contamination-free.
11. Ensure patient's property is secured and documented appropriately (assume property is contaminated).
12. Transfer patient care and any belongings to transport team.
13. Follow facility SOPs for mission completion, which may include disinfection of exposed environmental surfaces, etc.

Region E Highly Infectious Disease Inter-facility Transportation Plan

Transporting Ambulance Provider

Before transport – Ambulance Service Operations Manager/Director

1. Ensure transportation readiness:
 - a. Confirm that receiving facility is ready for patient arrival.
 - b. Confirm patient's condition and level of personnel required to accompany patient during transfer.
 - c. Confirm whether additional passengers are being transported (family, etc.).
 - d. Confirm location for decontamination and disinfection of ambulance and doffing of ambulance transport personnel PPE. Confirm hospital (or contracted service) is prepared to handle contaminated waste.
 - e. Communicate with designated emergency management officials and coordinate with the agency that will be providing security as required for the mission.
 - f. Confirm that all agencies involved in patient transport have access to secure communications.
 - g. Ensure procedures have been implemented to limit contamination of ambulance environmental surfaces (isolation of driver compartment, draping, etc.).
2. Ensure adequate inventory of supplies and appropriately-sized PPE for the personnel who are assigned to the transport mission.
 - a. Barrier drapes and tape for transport vehicle as indicated
 - b. PPE ensemble – correct size suits, back-up PPE for possible breach, charged batteries if using powered air-purifying respirator (PAPR), etc.
 - c. Supplies for decontamination and disinfection – U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant wipes effective against the known or suspected pathogen, hand disinfectant, a "spill kit" (household bleach, absorbent towels and appropriate water-tight container to secure gross contamination), etc.
 - d. Supplies for waste collection – biohazard bags, autoclave bags
3. Ensure appropriate medical director (or appropriate person providing medical oversight) is immediately available throughout the transport.
4. Hold mission briefing for transport team to review:
 - a. Purpose and team primary contacts
 - b. Transport provider health check
 - c. Patient history and condition
 - infection control posture – ambulance configuration and personnel PPE
 - d. Team member (paramedic, EMT, driver, supervisor/safety officer, EMS physician, etc.) roles and responsibilities, including supervision of donning and doffing procedures, etc.
 - e. Relevant clinical care guidelines including appropriateness of interventions or invasive procedures
 - f. Transportation of patient samples and medication, if applicable
 - g. Transfer of paper or electronic ambulance patient care records in a way that avoids contaminating the receiving facility
 - h. Decontamination and disinfection procedure
 - i. Waste collection and mission recovery

Region E Highly Infectious Disease Inter-facility Transportation Plan

- j. Post-mission surveillance
- k. Special considerations – transfer of patient across state borders, deterioration of patient condition in transit, vehicle malfunction and other contingencies, etc.
- l. Media discipline

During transport – Transport Team

1. Communicate with sending facility for patient updates and to confirm patient transfer location.
2. Contact sending facility to verify patient management steps have been taken to facilitate event-free transport and reduce risk of exposure.
3. Depart for patient location and provide estimated time of arrival (ETA) for ambulance at sending facility.
4. Communicate with designated point of contact at each facility the arrival of transporting ambulance at sending and receiving facilities.
5. Observe donning of PPE and when ready, proceed to make patient contact (only the minimum number of providers necessary to manage the patient should be present).
6. Conduct brief patient assessment to determine patient's stability, "dry" or "wet" symptoms, and need for intervention before and/or during patient transport. Clearly define appropriate interventions for patient deterioration/decompensation. Consider minimizing patient contact. For example, consider not obtaining vital signs if patient is "dry," has no visual evidence of distress or shock, and transport time is not prolonged.
7. Transport patient in impervious suit if ambulatory, or in impervious sheets if non-ambulatory and stretcher-bound, as tolerated.
8. Consider any patient belongings to be contaminated, which are typically bagged, labeled, and transported with the patient in the patient compartment.
9. Any documents provided by sending facility should be free of contamination. When in doubt, consider them contaminated and package as appropriate for transport by ambulance personnel.
10. Report patient's condition and ETA to receiving facility to facilitate their readiness to receive patient from transport agency immediately upon arrival, thus avoiding PPE-induced fatigue/dehydration for patient, ambulance crew and/or receiving staff.

Upon arrival – Transport Team Supervisor

1. Confirm arrival with receiving facility and specific route of travel within facility before debarking ambulance with patient.
2. Transport patient to designated location in receiving facility – via the most direct route to isolation unit – ambulatory vs. stretcher.
3. Ensure route of travel is secure.
4. Transfer patient care to receiving facility team as arranged (and exercised).
5. Return to ambulance and proceed to designated decontamination/disinfection station.
6. Disinfect ambulance per SOP.
7. Ambulance transport personnel doff PPE under supervision of qualified personnel (transport agency PPE ensemble and SOP may differ from hospital).
8. Have appropriately trained personnel package waste from ambulance transport.

Region E Highly Infectious Disease Inter-facility Transportation Plan

9. Transfer waste to hospital or appropriate agency as previously arranged and in accordance with applicable regulations.
10. Secure mission, debrief providers, and initiate post-mission surveillance as indicated.

Receiving facility – Infection Disease or Emergency Operations Coordinator

1. Ensure isolation unit is ready to receive patient.
2. Prepare arrival site and route of entry to isolation unit – ambulatory vs. stretcher transport.
3. Communicate with ambulance transport agency regarding readiness to receive patient, route of entry, and location of patient transfer.
4. Confirm location for ambulance decontamination/disinfection and personnel doffing of PPE.
5. Consider need for security on route of intra-facility patient transport (e.g., from ambulance entrance to the designated ward or unit) and/or in decontamination area (if on hospital premises).
6. Prepare to receive biohazard waste from transporting ambulance agency and facilitate waste management.
7. Inform appropriate public health, emergency management, and public safety authorities on arrival of patient.
8. Communicate any diagnostic test results to transporting ambulance agency as appropriate to inform need for continuing post-mission surveillance of ambulance providers (EMTs, paramedics, etc.).

References

1. Isakov A, Jamison A, Miles W, Ribner B. Safe management of patients with serious communicable diseases: recent experience with Ebola virus. *Ann Int Med* 2014 Dec 2;161(11):829-30.
2. Lowe, J.J., Jelden, K.C., Schenarts, P.J., Rupp, L.E., Hawes, K.J., Tysor, B.M., Swansinger, R.G., Schweldhelm, S.S., Smith, P.W., Gibbs, S.G. Considerations for Safe EMS Transport of Patients Infected with Ebola Virus. *Prehospital Emergency Care*. 2015; 19(2):179-183.
3. Coignard-Biehler H, Isakov A, Stephenson J. Pre-hospital transportation in western countries for Ebola patients, comparison of guidelines. *Intensive Care Med*. 2015; 41(8): 1472–1476.
4. Isakov A, Miles W, Gibbs S, Lowe J, Jamison A, Swansinger R. Transport and management of patients with confirmed or suspected Ebola virus disease. *Ann of Emerg Med*. 2015; 66(3):297-305.
5. Swansinger, R.G., Walters, W.A., Isakov, A.P., Gibbs, S.G., Lowe, J.J. 2014. BioContainment Ground Transport Standard Operating Procedures. Office of Medical Services Operational Medicine. United States Department of State.

Region E Highly Infectious Disease Inter-facility Transportation Plan

Appendices:

- ICS 201 Incident Briefing Word Fillable
- ICS 202 Incident Objective Word Fillable
- ICS 203 Organization Assignment List Word Fillable
- ICS 204 Assignment List Word Fillable
- ICS 205 Incident Radio Communications Plan Word Fillable
- ICS 205A Communications List Word Fillable
- ICS 214 Activity Log Word Fillable
- ICS 218 Support Vehicle / Equipment Inventory Word Fillable
- ICS 221 Demobilization Check Out Word Fillable
- ICS 225 Incident Personnel Performance Rating Word Fillable
- Region E Ambulance Service List
- Region E Medical Director List
- Region E EMS Coordinator Contacts
- Region E LPHA List
- Region E EMA List
- Region E MAAC Contact List
- State DHSS Contact List
- State DPS Contact List
- Southeast Missouri Regional Healthcare Coalition Participants
- Role of Medical Director

INCIDENT BRIEFING (ICS 201)

| | | |
|--------------------------|----------------------------|---|
| 1. Incident Name: | 2. Incident Number: | 3. Date/Time Initiated: Date: Time: HHMM |
|--------------------------|----------------------------|---|

4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):

5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

| | | |
|------------------------------------|-----------------------|------------------|
| 6. Prepared by: Name: _____ | Position/Title: _____ | Signature: _____ |
|------------------------------------|-----------------------|------------------|

| | | |
|---|--------------------------------------|---|
| 1. Incident Name: | 2. Incident Number: | 3. Date/Time Initiated: Date: Date Time: HHMM |
| 7. Current and Planned Objectives: | | |
| HHMM | | |
| HHMM | | |
| 6. Prepared by: | Name: _____ Position/Title: _____ | Signature: _____ |
| ICS 201, Page 2 | Date/Time: Date _____ | |

INCIDENT BRIEFING (ICS 201)

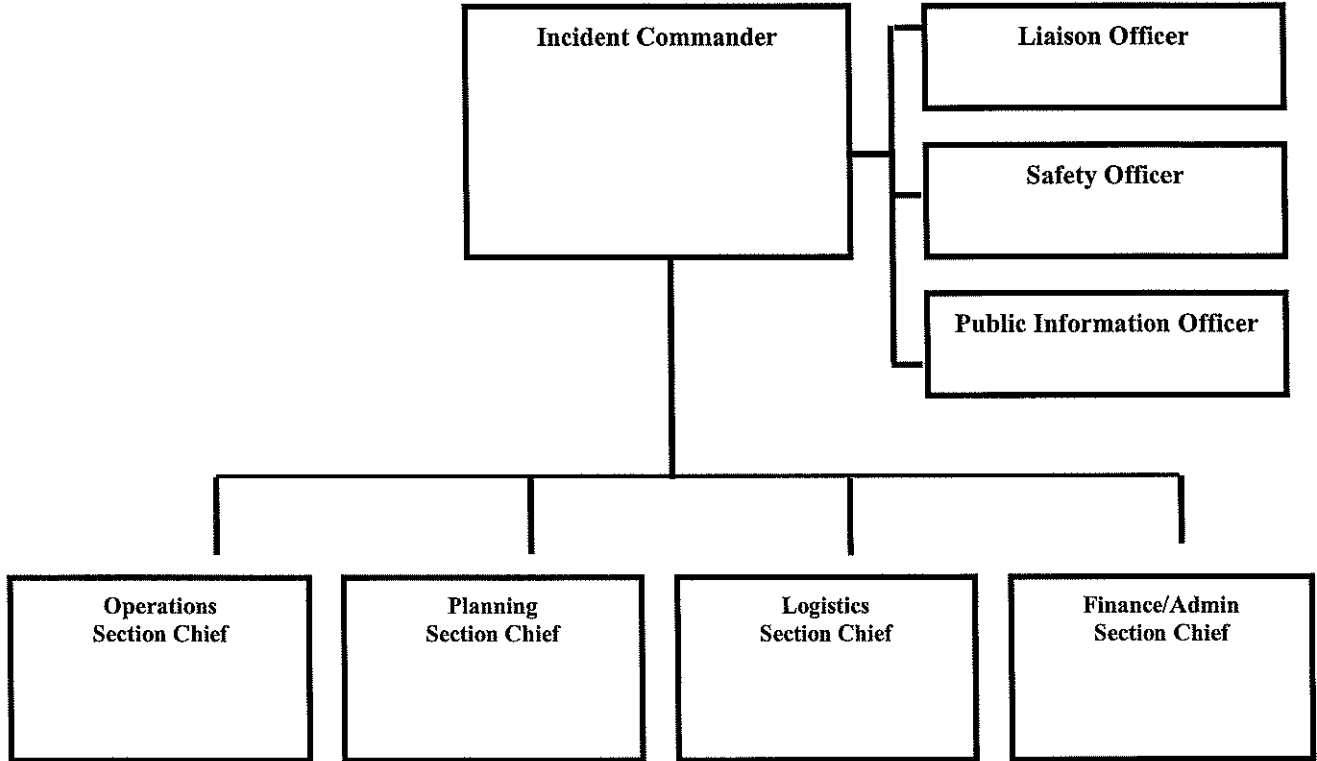
1. Incident Name:

2. Incident Number:

3. Date/Time Initiated:

Date: Date Time: HHMM

9. Current Organization (fill in additional organization as appropriate):



6. Prepared by: Name:

Position/Title:

Signature: _____

| | | |
|------------------------------|--------------------------------------|--|
| 1. Incident Name: | 2. Incident Number: | 3. Date/Time Initiated: Date: _____ Time: HHMM |
| 10. Resource Summary: | | |
| 6. Prepared by: | Name: _____ Position/Title: _____ | Signature: _____ |
| ICS 201, Page 4 | Date/Time: Date _____ | |

ICS 201 Incident Briefing

Purpose. The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

Preparation. The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

Distribution. Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The “Map/Sketch” and “Current and Planned Actions, Strategies, and Tactics” sections (pages 1–2) of the briefing form are given to the Situation Unit, while the “Current Organization” and “Resource Summary” sections (pages 3–4) are given to the Resources Unit.

Notes:

- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

| Block Number | Block Title | Instructions |
|--------------|---|---|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Incident Number | Enter the number assigned to the incident. |
| 3 | Date/Time Initiated <ul style="list-style-type: none"> • Date, Time | Enter date initiated (month/day/year) and time initiated (using the 24-hour clock). |
| 4 | Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment) | Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology. If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209). North should be at the top of page unless noted otherwise. |
| 5 | Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. | Self-explanatory. |
| 6 | Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time | 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). |

| Block Number | Block Title | Instructions |
|---------------------|--|--|
| 7 | Current and Planned Objectives | Enter the objectives used on the incident and note any specific problem areas. |
| 8 | Current and Planned Actions, Strategies, and Tactics <ul style="list-style-type: none"> • Time • Actions | Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly. |
| 9 | Current Organization (fill in additional organization as appropriate) <ul style="list-style-type: none"> • Incident Commander(s) • Liaison Officer • Safety Officer • Public Information Officer • Planning Section Chief • Operations Section Chief • Finance/Administration Section Chief • Logistics Section Chief | <ul style="list-style-type: none"> • 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. |
| 10 | Resource Summary | Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly. |
| | • Resource | Enter the number and appropriate category, kind, or type of resource ordered. |
| | • Resource Identifier | Enter the relevant agency designator and/or resource designator (if any). |
| | • Date/Time Ordered | Enter the date (month/day/year) and time (24-hour clock) the resource was ordered. |
| | • ETA | Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock). |
| | • Arrived | Enter an "X" or a checkmark upon arrival to the incident. |
| | • Notes (location/assignment/status) | Enter notes such as the assigned location of the resource and/or the actual assignment and status. |

INCIDENT OBJECTIVES (ICS 202)

| | | | |
|--|----------------------------------|------------------------------------|--------------------------------|
| 1. Incident Name: | 2. Operational Period: | Date From: Date Time From: HHMM | Date To: Date Time To: HHMM |
| 3. Objective(s): | | | |
| 4. Operational Period Command Emphasis: | | | |
| General Situational Awareness | | | |
| 5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at: _____ | | | |
| 6. Incident Action Plan (the items checked below are included in this Incident Action Plan): | | | |
| <input type="checkbox"/> ICS 203 | <input type="checkbox"/> ICS 207 | <u>Other Attachments:</u> | |
| <input type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS | <input type="checkbox"/> | _____ |
| 208 | | | _____ |
| <input type="checkbox"/> ICS 205 | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Map/Chart | | <input type="checkbox"/> | _____ |
| | | <input type="checkbox"/> | _____ |

| | | | | |
|--|-----------------------------------|------------------------------------|--------------------------------|--------------------------------|
| 1. Incident Name: <input type="checkbox"/> ICS 205A <input type="checkbox"/> Weather Forecast/Tides/Currents <input type="checkbox"/> ICS 206 <input type="checkbox"/> _____ | 2. Operational Period: | Date From: Date Time From: HHMM | Date To: Date Time To: HHMM | <input type="checkbox"/> _____ |
| 7. Prepared by: Name: _____ Position/Title: _____ Signature: _____ | | | | |
| 8. Approved by Incident Commander: Name: _____ Signature: _____ | | | | |
| ICS 202 | IAP Page | Date/Time: Date | | |

ICS 202

Incident Objectives

Purpose. The Incident Objectives (ICS 202) describes the basic incident strategy, incident objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

Preparation. The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

Distribution. The ICS 202 may be reproduced with the IAP and may be part of the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank ICS 202 and repaginate as needed.

| Block Number | Block Title | Instructions |
|--------------|---|---|
| 1 | Incident Name | Enter the name assigned to the incident. If needed, an incident number can be added. |
| 2 | Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies. |
| 3 | Objective(s) | Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable. Objectives should follow the SMART model or a similar approach: <u>S</u> pecific – Is the wording precise and unambiguous? <u>M</u> easurable – How will achievements be measured? <u>A</u> ction-oriented – Is an action verb used to describe expected accomplishments? <u>R</u> ealistic – Is the outcome achievable with given available resources? <u>T</u> ime-sensitive – What is the timeframe? |
| 4 | Operational Period Command Emphasis | Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize based on the Incident Commander's or Unified Command's direction. Examples: Be aware of falling debris, secondary explosions, etc. |

ICS 205A

Communications List

Purpose. The Communications List (ICS 205A) records methods of contact for incident personnel. While the Incident Radio Communications Plan (ICS 205) is used to provide information on all radio frequencies down to the Division/Group level, the ICS 205A indicates all methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

Preparation. The ICS 205A can be filled out during check-in and is maintained and distributed by Communications Unit personnel. This form should be updated each operational period.

Distribution. The ICS 205A is distributed within the ICS organization by the Communications Unit, and posted as necessary. All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release.

Notes:

- The ICS 205A is an optional part of the Incident Action Plan (IAP).
- This optional form is used in conjunction with the ICS 205.
- If additional pages are needed, use a blank ICS 205A and repaginate as needed.

| Block Number | Block Title | Instructions |
|--------------|--|--|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies. |
| 3 | Basic Local Communications Information | Enter the communications methods assigned and used for personnel by their assigned ICS position. |
| | <ul style="list-style-type: none">• Incident Assigned Position | Enter the ICS organizational assignment. |
| | <ul style="list-style-type: none">• Name | Enter the name of the assigned person. |
| | <ul style="list-style-type: none">• Method(s) of Contact (phone, pager, cell, etc.) | For each assignment, enter the radio frequency and contact number(s) to include area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g., HAZMAT 1, etc.). |
| 4 | Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |

| Block Number | Block Title | Instructions |
|--------------|--|--|
| 5 | <p>Planning Section</p> <ul style="list-style-type: none"> • Chief • Deputy • Resources Unit • Situation Unit • Documentation Unit • Demobilization Unit • Technical Specialists | <p>Enter the name of the Planning Section Chief, Deputy, and Unit Leaders after each position title. List Technical Specialists with an indication of specialty.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p> |
| 6 | <p>Logistics Section</p> <ul style="list-style-type: none"> • Chief • Deputy <p>Support Branch</p> <ul style="list-style-type: none"> • Director • Supply Unit • Facilities Unit • Ground Support Unit <p>Service Branch</p> <ul style="list-style-type: none"> • Director • Communications Unit • Medical Unit • Food Unit | <p>Enter the name of the Logistics Section Chief, Deputy, Branch Directors, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p> |
| 7 | <p>Operations Section</p> <ul style="list-style-type: none"> • Chief • Deputy • Staging Area <p>Branch</p> <ul style="list-style-type: none"> • Branch Director • Deputy • Division/Group <p>Air Operations Branch</p> <ul style="list-style-type: none"> • Air Operations Branch Director | <p>Enter the name of the Operations Section Chief, Deputy, Branch Director(s), Deputies, and personnel staffing each of the listed positions. For Divisions/Groups, enter the Division/Group identifier in the left column and the individual's name in the right column.</p> <p>Branches and Divisions/Groups may be named for functionality or by geography. For Divisions/Groups, indicate Division/Group Supervisor. Use an additional page if more than three Branches are activated.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p> |
| 8 | <p>Finance/Administration Section</p> <ul style="list-style-type: none"> • Chief • Deputy • Time Unit • Procurement Unit • Compensation/Claims Unit • Cost Unit | <p>Enter the name of the Finance/Administration Section Chief, Deputy, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p> |

ORGANIZATION ASSIGNMENT LIST (ICS 203)

| | | | | | |
|--|----------|---|-------------------------------|------------------|---------------|
| 1. Incident Name: | | 2. Operational Period: | | Date From: Date | Date To: Date |
| | | | | Time From: HHMM | Time To: HHMM |
| 3. Incident Commander(s) and Command Staff: | | | 7. Operations Section: | | |
| IC/UCs | | Chief | | | |
| | | Deputy | | | |
| | | | | | |
| Deputy | | Staging Area | | | |
| Safety Officer | | Branch | | | |
| Public Info. Officer | | Branch Director | | | |
| Liaison Officer | | Deputy | | | |
| 4. Agency/Organization Representatives: | | | Division/Group | | |
| Agency/Organization | Name | Division/Group | | | |
| | | Division/Group | | | |
| | | Division/Group | | | |
| | | Division/Group | | | |
| | | Branch | | | |
| | | Branch Director | | | |
| | | Deputy | | | |
| 5. Planning Section: | | | Division/Group | | |
| Chief | | Division/Group | | | |
| Deputy | | Division/Group | | | |
| Resources Unit | | Division/Group | | | |
| Situation Unit | | Division/Group | | | |
| Documentation Unit | | Branch | | | |
| Demobilization Unit | | Branch Director | | | |
| Technical Specialists | | Deputy | | | |
| | | Division/Group | | | |
| | | Division/Group | | | |
| | | Division/Group | | | |
| 6. Logistics Section: | | | Division/Group | | |
| Chief | | Division/Group | | | |
| Deputy | | Air Operations Branch | | | |
| Support Branch | | Air Ops Branch Dir. | | | |
| Director | | | | | |
| Supply Unit | | | | | |
| Facilities Unit | | 8. Finance/Administration Section: | | | |
| Ground Support Unit | | Chief | | | |
| Service Branch | | Deputy | | | |
| Director | | Time Unit | | | |
| Communications Unit | | Procurement Unit | | | |
| Medical Unit | | Comp/Claims Unit | | | |
| Food Unit | | Cost Unit | | | |
| 9. Prepared by: Name: | | Position/Title: | | Signature: _____ | |
| ICS 203 | IAP Page | Date/Time: Date | | | |

ICS 203

Organization Assignment List

Purpose. The Organization Assignment List (ICS 203) provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS 207) which is posted on the Incident Command Post display. An actual organization will be incident or event-specific. **Not all positions need to be filled.** Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.

Preparation. The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief. Complete only the blocks for the positions that are being used for the incident. If a trainee is assigned to a position, indicate this with a "T" in parentheses behind the name (e.g., "A. Smith (T)").

Distribution. The ICS 203 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 203 serves as part of the IAP.
- If needed, more than one name can be put in each block by inserting a slash.
- If additional pages are needed, use a blank ICS 203 and repaginate as needed.
- ICS allows for organizational flexibility, so the Intelligence/Investigations Function can be embedded in several different places within the organizational structure.

| Block Number | Block Title | Instructions |
|--------------|--|---|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies. |
| 3 | Incident Commander(s) and Command Staff <ul style="list-style-type: none">• IC/UCs• Deputy• Safety Officer• Public Information Officer• Liaison Officer | Enter the names of the Incident Commander(s) and Command Staff. Label Assistants to Command Staff as such (for example, "Assistant Safety Officer"). For all individuals, use at least the first initial and last name. For Unified Command, also include agency names. |
| 4 | Agency/Organization Representatives <ul style="list-style-type: none">• Agency/Organization• Name | Enter the agency/organization names and the names of their representatives. For all individuals, use at least the first initial and last name. |

| Block Number | Block Title | Instructions |
|--------------|--|---|
| | General Situational Awareness | General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208). |
| 5 | Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> | Safety Officer should check whether or not a site safety plan is required for this incident. |
| | Approved Site Safety Plan(s) Located At | Enter the location of the approved Site Safety Plan(s). |
| 6 | Incident Action Plan (the items checked below are included in this Incident Action Plan): <input type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 205 <input type="checkbox"/> ICS 205A <input type="checkbox"/> ICS 206 <input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 208 <input type="checkbox"/> Map/Chart <input type="checkbox"/> Weather Forecast/Tides/Currents <u>Other Attachments:</u> | Check appropriate forms and list other relevant documents that are included in the IAP. <input type="checkbox"/> ICS 203 – Organization Assignment List <input type="checkbox"/> ICS 204 – Assignment List <input type="checkbox"/> ICS 205 – Incident Radio Communications Plan <input type="checkbox"/> ICS 205A – Communications List <input type="checkbox"/> ICS 206 – Medical Plan <input type="checkbox"/> ICS 207 – Incident Organization Chart <input type="checkbox"/> ICS 208 – Safety Message/Plan |
| 7 | Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |
| 8 | Approved by Incident Commander <ul style="list-style-type: none"> • Name • Signature • Date/Time | In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page. |

| Block Number | Block Title | Instructions |
|--------------|--|--|
| 9 | Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |

ASSIGNMENT LIST (ICS 204)

| | | | | |
|---|--------------|---|---|--|
| 1. Incident Name: | | 2. Operational Period: Date From: Date Date To: Date Time From: HHMM Time To: HHMM | | 3. Branch: Division: Group: Staging Area: |
| 4. Operations Personnel: <u>Name</u> | | <u>Contact Number(s)</u> | | |
| Operations Section Chief: | XXX-XXX-XXXX | | | |
| Branch Director: | XXX-XXX-XXXX | | | |
| Division/Group Supervisor: | XXX-XXX-XXXX | | | |
| 5. Resources Assigned: | | | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information | |
| Resource Identifier | Leader | # of | | Contact (e.g., phone, pager, radio frequency, etc.) |
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| 6. Work Assignments: | | | | |
| 7. Special Instructions: | | | | |
| 8. Communications (radio and/or phone contact numbers needed for this assignment): | | | | |
| Name /Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel) | | | | |
| / | | | | |
| / | | | | |

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|------------------------|-----------------|------------------------|
| / | | |
| / | | |
| 9. Prepared by: | Name: | Position/Title: |
| | | Signature: |
| ICS 204 | IAP Page | Date/Time: Date |

ICS 204

Assignment List

Purpose. The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

Distribution. The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

| Block Number | Block Title | Instructions |
|--------------|---|---|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies. |
| 3 | Branch Division Group Staging Area | This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing. |
| 4 | Operations Personnel <ul style="list-style-type: none">• Name, Contact Number(s)<ul style="list-style-type: none">– Operations Section Chief– Branch Director– Division/Group Supervisor | Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s). |
| 5 | Resources Assigned | Enter the following information about the resources assigned to the Division or Group for this period: |
| | <ul style="list-style-type: none">• Resource Identifier | The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined). |
| | <ul style="list-style-type: none">• Leader | Enter resource leader's name. |
| | <ul style="list-style-type: none">• # of Persons | Enter total number of persons for the resource assigned, including the leader. |

| Block Number | Block Title | Instructions |
|------------------|---|---|
| | <ul style="list-style-type: none"> Contact (e.g., phone, pager, radio frequency, etc.) | Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number. |
| 5 (continued) | <ul style="list-style-type: none"> Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information | Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information. |
| 6 | Work Assignments | Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group. |
| 7 | Special Instructions | Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information. |
| 8 | Communications (radio and/or phone contact numbers needed for this assignment) <ul style="list-style-type: none"> Name/Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel) | Enter specific communications information (including emergency numbers) for this Branch/Division/Group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics. In light of potential IAP distribution, use sensitivity when including cell phone number. Add a secondary contact (phone number or radio) if needed. |
| 9 | Prepared by <ul style="list-style-type: none"> Name Position/Title Signature Date/Time | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |

| | | | | |
|------------------------------|----------|-------------------------------|-----------------|---------------|
| 1. Incident Name: | | 2. Operational Period: | Date From: Date | Date To: Date |
| | | | Time From: HHMM | Time To: HHMM |
| | | | | |
| | | | | |
| | | | | |
| 4. Prepared by: Name: | | Position/Title: | Signature: | |
| | | | _____ | |
| ICS 205A | IAP Page | Date/Time: Date | | |

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

| | | |
|--------------------------|--|---|
| 1. Incident Name: | 2. Date/Time Prepared: Date: _____ Time: HHMM | 3. Operational Period: Date From: _____ Date To: _____ Time From: HHMM Time To: HHMM |
|--------------------------|--|---|

| 4. Basic Radio Channel Use: | | | | | | | | | | |
|------------------------------------|------|----------|---|------------|----------------|-------------|----------------|-------------|-------------------|---------|
| Zone Grp. | Ch # | Function | Channel Name/Trunked Radio System Talkgroup | Assignment | RX Freq N or W | RX Tone/NAC | TX Freq N or W | TX Tone/NAC | Mode (A, D, or M) | Remarks |
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|---------------------------------|
| 5. Special Instructions: |
|---------------------------------|

6. Prepared by (Communications Unit Leader): Name:

Signature:

ICS 205

IAP Page

Date/Time: Date

ICS 205

Incident Radio Communications Plan

Purpose. The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

Preparation. The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan.

Distribution. The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. Information from the ICS 205 is placed on Assignment Lists.

Notes:

- The ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.
- The ICS 205 serves as part of the IAP.

| Block Number | Block Title | Instructions |
|--------------|---|---|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Date/Time Prepared | Enter date prepared (month/day/year) and time prepared (using the 24-hour clock). |
| 3 | Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies. |
| 4 | Basic Radio Channel Use | Enter the following information about radio channel use: |
| | Zone Group | |
| | Channel Number | Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document. |
| | Function | Enter the Net function each channel or talkgroup will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch). |
| | Channel Name/Trunked Radio System Talkgroup | Enter the nomenclature or commonly used name for the channel or talkgroup such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG). |
| | Assignment | Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned. |

| | | |
|--|---------------------------------|--|
| | RX (Receive) Frequency (N or W) | Enter the Receive Frequency (RX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions. The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information. |
| | RX Tone/NAC | Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed. |
| | | |

| Block Number | Block Title | Instructions |
|------------------|--|--|
| 4 (continued) | TX (Transmit) Frequency (N or W) | Enter the Transmit Frequency (TX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions. |
| | TX Tone/NAC | Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (TX Tone) or Network Access Code (TX NAC) for the transmit frequency as the mobile or portable subscriber would be programmed. |
| | Mode (A, D, or M) | Enter "A" for analog operation, "D" for digital operation, or "M" for mixed mode operation. |
| | Remarks | Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc. |
| 5 | Special Instructions | Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident. |
| 6 | Prepared by (Communications Unit Leader) <ul style="list-style-type: none"> • Name • Signature • Date/Time | Enter the name and signature of the person preparing the form, typically the Communications Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock). |

| | | | | |
|--------------------------|--|-------------------------------|------------------------|-------------------|
| 1. Incident Name: | | 2. Operational Period: | Date From: Date | Date To: Date |
| | | | Time From: HHMM | Time To: HHMM |
| | | | | |
| | | | | |
| | | | | |
| 8. Prepared by: | | Name: | Position/Title: | Signature: |
| | | | | _____ |
| ICS 214, Page 1 | | Date/Time: Date | | |

| | | | | |
|------------------------------|--|-------------------------------|------------------|---------------|
| 1. Incident Name: | | 2. Operational Period: | Date From: Date | Date To: Date |
| | | | Time From: HHMM | Time To: HHMM |
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| | | | | |
| | | | | |
| | | | | |
| 8. Prepared by: Name: | | Position/Title: | Signature: _____ | |
| ICS 214, Page 2 | | Date/Time: Date | | |

ICS 214

Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

| Block Number | Block Title | Instructions |
|--------------|---|--|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies. |
| 3 | Name | Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, and Strike Team). |
| 4 | ICS Position | Enter the name and ICS position of the individual in charge of the Unit. |
| 5 | Home Agency (and Unit) | Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline. |
| 6 | Resources Assigned | Enter the following information for resources assigned: |
| | <ul style="list-style-type: none">• Name | Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option. |
| | <ul style="list-style-type: none">• ICS Position | Use this section to enter the resource's ICS position (e.g., Finance Section Chief). |
| | <ul style="list-style-type: none">• Home Agency (and Unit) | Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit). |
| 7 | Activity Log <ul style="list-style-type: none">• Date/Time• Notable Activities | <ul style="list-style-type: none">• Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day.• Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. |

| Block Number | Block Title | Instructions |
|--------------|---|---|
| | | <ul style="list-style-type: none"> This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc. |
| 8 | Prepared by <ul style="list-style-type: none"> Name Position/Title Signature Date/Time | 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). |

| | | | |
|--------------------------|---|---|---------------------------------------|
| 1. Incident Name: | 2. Incident Number: | 3. Date/Time Prepared: Date: Date Time: HHMM | 4. Vehicle/Equipment Category: |
| ICS 218 | 6. Prepared by: Name: Position/Title: | | Signature: — |

ICS 218

Support Vehicle/Equipment Inventory

Purpose. The Support Vehicle/Equipment Inventory (ICS 218) provides an inventory of all transportation and support vehicles and equipment assigned to the incident. The information is used by the Ground Support Unit to maintain a record of the types and locations of vehicles and equipment on the incident. The Resources Unit uses the information to initiate and maintain status/resource information.

Preparation. The ICS 218 is prepared by Ground Support Unit personnel at intervals specified by the Ground Support Unit Leader.

Distribution. Initial inventory information recorded on the form should be given to the Resources Unit. Subsequent changes to the status or location of transportation and support vehicles and equipment should be provided to the Resources Unit immediately.

Notes:

- If additional pages are needed, use a blank ICS 218 and repaginate as needed.
- Also available as 8½ x 14 (legal size) and 11 x 17 chart.

| Block Number | Block Title | Instructions |
|--------------|---------------------------------------|---|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Incident Number | Enter the number assigned to the incident. |
| 3 | Date/Time Prepared | Enter the date (month/day/year) and time (using the 24-hour clock) the form is prepared. |
| 4 | Vehicle/Equipment Category | Enter the specific vehicle or equipment category (e.g., buses, generators, dozers, pickups/sedans, rental cars, etc.). Use a separate sheet for each vehicle or equipment category. |
| 5 | Vehicle/Equipment Information | Record the following information: |
| | Order Request Number | Enter the order request number for the resource as used by the jurisdiction or discipline, or the relevant EMAC order request number. |
| | Incident Identification Number | Enter any special incident identification numbers or agency radio identifier assigned to the piece of equipment used only during the incident, if this system is used (e.g., "Decontamination Unit 2," or "Water Tender 14"). |
| | Vehicle or Equipment Classification | Enter the specific vehicle or equipment classification (e.g., bus, backhoe, Type 2 engine, etc.) as relevant. |
| | Vehicle or Equipment Make | Enter the vehicle or equipment manufacturer name (e.g., "GMC," "International"). |
| | Category/Kind/Type, Capacity, or Size | Enter the vehicle or equipment category/kind/type, capacity, or size (e.g., 30-person bus, 3/4-ton truck, 50 kW generator). |

| | Vehicle or Equipment Features | Indicate any vehicle or equipment features such as 2WD, 4WD, towing capability, number of axles, heavy-duty tires, high clearance, automatic vehicle locator (AVL), etc. |
|------------------|--|--|
| | Agency or Owner | Enter the name of the agency or owner of the vehicle or equipment. |
| | Operator Name or Contact | Enter the operator name and/or contact information (cell phone, radio frequency, etc.). |
| | Vehicle License or Identification Number | Enter the license plate number or another identification number (such as a serial or rig number) of the vehicle or equipment. |
| | Incident Assignment | Enter where the vehicle or equipment will be located at the incident and its function (use abbreviations per discipline or jurisdiction). |
| Block Number | Block Title | Instructions |
| 5 (continued) | Incident Start Date and Time | Indicate start date (month/day/year) and time (using the 24-hour clock) for driver or for equipment as may be relevant. |
| | Incident Release Date and Time | Enter the date (month/day/year) and time (using the 24-hour clock) the vehicle or equipment is released from the incident. |
| 6 | Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature | Enter the name, ICS position/title, and signature of the person preparing the form. |

DEMOBILIZATION CHECK-OUT (ICS 221)

| 1. Incident Name: | | 2. Incident Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------|---|---------------------------------|-----------|--------------|---------|------|-----------|--------------------------|-------------|--|--|--|--------------------------|---------------------|--|--|--|--------------------------|-----------------|--|--|--|--------------------------|---------------------|--|--|--|--------------------------|------------------|--|--|--|--------------------------|--|--|--|--|--|-------------|---------|------|-----------|--------------------------|-----------|--|--|--|--------------------------|--|--|--|--|--------------------------|--|--|--|--|--|------------|---------|------|-----------|--------------------------|--|--|--|--|--------------------------|--|--|--|--|--|-------------|---------|------|-----------|--------------------------|--|--|--|--|
| 3. Planned Release Date/Time: Date: _____ Time: HHMM | | 4. Resource or Personnel Released: | 5. Order Request Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>6. Resource or Personnel:</p> <p>You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).</p> <p>LOGISTICS SECTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Manager</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Supply Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Communications Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Facilities Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Ground Support Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Security Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>FINANCE/ADMINISTRATION SECTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Leader</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Time Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>OTHER SECTION/STAFF</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Other</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>PLANNING SECTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Leader</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | Unit/Manager | Remarks | Name | Signature | <input type="checkbox"/> | Supply Unit | | | | <input type="checkbox"/> | Communications Unit | | | | <input type="checkbox"/> | Facilities Unit | | | | <input type="checkbox"/> | Ground Support Unit | | | | <input type="checkbox"/> | Security Manager | | | | <input type="checkbox"/> | | | | | | Unit/Leader | Remarks | Name | Signature | <input type="checkbox"/> | Time Unit | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | | | | Unit/Other | Remarks | Name | Signature | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | | | | Unit/Leader | Remarks | Name | Signature | <input type="checkbox"/> | | | | |
| | Unit/Manager | Remarks | Name | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Supply Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Communications Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Facilities Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Ground Support Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Security Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Unit/Leader | Remarks | Name | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Time Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Unit/Other | Remarks | Name | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Unit/Leader | Remarks | Name | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--------------------------|----------------------------|
| 1. Incident Name: | 2. Incident Number: |
|--------------------------|----------------------------|

| | | |
|--|---|---------------------------------|
| 3. Planned Release Date/Time: Date: _____ Time: HHMM | 4. Resource or Personnel Released: | 5. Order Request Number: |
|--|---|---------------------------------|

| | | | |
|--------------------------|-----------------------|--|--|
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | Documentation Leader | | |
| <input type="checkbox"/> | Demobilization Leader | | |

7. Remarks:

| | |
|--|--|
| 8. Travel Information: | Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Estimated Time of Departure: _____ | Actual Release Date/Time: _____ |
| Destination: _____ | Estimated Time of Arrival: _____ |
| Travel Method: _____ | Contact Information While Traveling: _____ |
| Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No | Area/Agency/Region Notified: _____ |
| Number: _____ | |

| | | | |
|--|---|---------------------------------|------------------|
| 1. Incident Name: | | 2. Incident Number: | |
| 3. Planned Release Date/Time: Date: Date Time: HHMM | 4. Resource or Personnel Released: | 5. Order Request Number: | |
| 9. Reassignment Information: <input type="checkbox"/> Yes <input type="checkbox"/> No Incident Name: _____ Incident Number: _____ Location: _____ Order Request Number: _____ | | | |
| 10. Prepared by: Name: | Position/Title: | | Signature: _____ |
| ICS 221 | | Date/Time: Date | |

ICS 221

Demobilization Check-Out

Purpose. The Demobilization Check-Out (ICS 221) ensures that resources checking out of the incident have completed all appropriate incident business, and provides the Planning Section information on resources released from the incident. Demobilization is a planned process and this form assists with that planning.

Preparation. The ICS 221 is initiated by the Planning Section, or a Demobilization Unit Leader if designated. The Demobilization Unit Leader completes the top portion of the form and checks the appropriate boxes in Block 6 that may need attention after the Resources Unit Leader has given written notification that the resource is no longer needed. The individual resource will have the appropriate overhead personnel sign off on any checked box(es) in Block 6 prior to release from the incident.

Distribution. After completion, the ICS 221 is returned to the Demobilization Unit Leader or the Planning Section. All completed original forms must be given to the Documentation Unit. Personnel may request to retain a copy of the ICS 221.

Notes:

- Members are not released until form is complete when all of the items checked in Block 6 have been signed off.
- If additional pages are needed for any form page, use a blank ICS 221 and repaginate as needed.

| Block Number | Block Title | Instructions |
|--------------|--------------------------------|--|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Incident Number | Enter the number assigned to the incident. |
| 3 | Planned Release Date/Time | Enter the date (month/day/year) and time (using the 24-hour clock) of the planned release from the incident. |
| 4 | Resource or Personnel Released | Enter name of the individual or resource being released. |
| 5 | Order Request Number | Enter order request number (or agency demobilization number) of the individual or resource being released. |

| Block Number | Block Title | Instructions |
|--------------|---|---|
| 6 | Resource or Personnel You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative). <ul style="list-style-type: none"> • Unit/Leader/Manager/Other • Remarks • Name • Signature | Resources are not released until the checked boxes below have been signed off by the appropriate overhead. Blank boxes are provided for any additional unit requirements as needed (e.g., Safety Officer, Agency Representative, etc.). |
| | Logistics Section <input type="checkbox"/> Supply Unit <input type="checkbox"/> Communications Unit <input type="checkbox"/> Facilities Unit <input type="checkbox"/> Ground Support Unit <input type="checkbox"/> Security Manager | The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release. |

| Block Number | Block Title | Instructions |
|------------------|--|---|
| 6 (continued) | Finance/Administration Section <input type="checkbox"/> Time Unit | The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release. |
| | Other Section/Staff <input type="checkbox"/> | The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release. |
| | Planning Section <input type="checkbox"/> Documentation Leader <input type="checkbox"/> Demobilization Leader | The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release. |

| Block Number | Block Title | Instructions |
|--------------|---|--|
| 7 | Remarks | Enter any additional information pertaining to demobilization or release (e.g., transportation needed, destination, etc.). This section may also be used to indicate if a performance rating has been completed as required by the discipline or jurisdiction. |
| 8 | Travel Information | Enter the following travel information: |
| | Room Overnight | Use this section to enter whether or not the resource or personnel will be staying in a hotel overnight prior to returning home base and/or unit. |
| | Estimated Time of Departure | Use this section to enter the resource's or personnel's estimated time of departure (using the 24-hour clock). |
| | Actual Release Date/Time | Use this section to enter the resource's or personnel's actual release date (month/day/year) and time (using the 24-hour clock). |
| | Destination | Use this section to enter the resource's or personnel's destination. |
| | Estimated Time of Arrival | Use this section to enter the resource's or personnel's estimated time of arrival (using the 24-hour clock) at the destination. |
| | Travel Method | Use this section to enter the resource's or personnel's travel method (e.g., POV, air, etc.). |
| | Contact Information While Traveling | Use this section to enter the resource's or personnel's contact information while traveling (e.g., cell phone, radio frequency, etc.). |
| | Manifest <input type="checkbox"/> Yes <input type="checkbox"/> No Number | Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number. |
| | Area/Agency/Region Notified | Use this section to enter the area, agency, and/or region that was notified of the resource's travel. List the name (first initial and last name) of the individual notified and the date (month/day/year) he or she was notified. |
| 9 | Reassignment Information <input type="checkbox"/> Yes <input type="checkbox"/> No | Enter whether or not the resource or personnel was reassigned to another incident. If the resource or personnel was reassigned, complete the section below. |
| | Incident Name | Use this section to enter the name of the new incident to which the resource was reassigned. |
| | Incident Number | Use this section to enter the number of the new incident to which the resource was reassigned. |
| | Location | Use this section to enter the location (city and State) of the new incident to which the resource was reassigned. |
| | Order Request Number | Use this section to enter the new order request number assigned to the resource or personnel. |

| Block Number | Block Title | Instructions |
|--------------|--|--|
| 10 | Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (using the 24-hour clock). |

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT

| 1. Name: | | 2. Incident Name: | | 3. Incident Number: | | |
|---|--|---|--|---|--------------------------------|--|
| 4. Home Unit Name and Address: | | | 5. Incident Agency and Address: | | | |
| 6. Position Held on Incident: | 7. Date(s) of Assignment: From: Date To: Date | | 8. Incident Complexity Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | | 9. Incident Definition: | |
| 10. Evaluation | | | | | | |
| Rating Factors | N/A | 1 – Unacceptable | 2 | 3 – Met Standards | 4 | |
| 5 – Exceeded Expectations | | | | | | |
| 11. Knowledge of the Job/ Professional Competence: Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, | <input type="checkbox"/> | Questionable competence and credibility. Operational or specialty expertise inadequate or lacking in key areas. Made little effort to grow professionally. Used knowledge as power against others or bluffed rather than acknowledging ignorance. Effectiveness reduced due to limited knowledge of own organizational role and customer needs. | <input type="checkbox"/> | Competent and credible authority on specialty or operational issues. Acquired and applied excellent operational or specialty expertise for assigned duties. Showed professional growth through education, training, and professional reading. Shared knowledge and information with others clearly and simply. Understood own organizational role and customer needs. | <input type="checkbox"/> | Superior expertise; advice and actions showed great breadth and depth of knowledge. Remarkable grasp of complex issues, concepts, and situations. Rapidly developed professional growth beyond expectations. Vigorously conveyed knowledge, directly resulting in increased workplace productivity. Insightful knowledge of own role, customer needs, and value of work. |
| 12. Ability To Obtain Performance/Results: Quality, quantity, timeliness, and impact of work. | <input type="checkbox"/> | Routine tasks accomplished with difficulty. Results often late or of poor quality. Work had a negative impact on department or unit. Maintained the status quo despite opportunities to improve. | <input type="checkbox"/> | Got the job done in all routine situations and in many unusual ones. Work was timely and of high quality; required same of subordinates. Results had a positive impact on IMT. Continuously improved services and organizational effectiveness. | <input type="checkbox"/> | Maintained optimal balance among quality, quantity, and timeliness of work. Quality of own and subordinates' work surpassed expectations. Results had a significant positive impact on the IMT. Established clearly effective systems of continuous improvement. |
| 13. Planning/ Preparedness: Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident | <input type="checkbox"/> | Got caught by the unexpected; appeared to be controlled by events. Set vague or unrealistic goals. Used unreasonable criteria to set priorities and deadlines. Rarely had plan of action. Failed to focus on relevant information. | <input type="checkbox"/> | Consistently prepared. Set high but realistic goals. Used sound criteria to set priorities and deadlines. Used quality tools and processes to develop action plans. Identified key information. Kept supervisors and stakeholders informed. | <input type="checkbox"/> | Exceptional preparation. Always looked beyond immediate events or problems. Skillfully balanced competing demands. Developed strategies with contingency plans. Assessed all aspects of problems, including underlying issues and impact. |
| 14. Using Resources: Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics). | <input type="checkbox"/> | Concentrated on unproductive activities or often overlooked critical demands. Failed to use people productively. Did not follow up. Mismanaged information, money, or time. Used ineffective tools or left subordinates without means to accomplish tasks. Employed wasteful methods. | <input type="checkbox"/> | Effectively managed a variety of activities with available resources. Delegated, empowered, and followed up. Skilled time manager, budgeted own and subordinates' time productively. Ensured subordinates had adequate tools, materials, time, and direction. Cost conscious, sought ways to cut waste. | <input type="checkbox"/> | Unusually skilled at bringing scarce resources to bear on the most critical of competing demands. Optimized productivity through effective delegation, empowerment, and follow-up control. Found ways to systematically reduce cost, eliminate waste, and improve efficiency. |

| | | | | |
|---|--------------------------|--|--|---|
| <p>15. Adaptability/Attitude: Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles.</p> | <input type="checkbox"/> | <p>Unable to gauge effectiveness of work, recognize political realities, or make adjustments when needed. Maintained a poor outlook. Overlooked or screened out new information. Ineffective in ambiguous, complex, or pressured situations.</p> | <p>Receptive to change, new information, and technology. Effectively used benchmarks to improve performance and service. Monitored progress and changed course as required. Maintained a positive approach. Effectively dealt with pressure and ambiguity. Facilitated smooth transitions. Adjusted direction to accommodate political realities.</p> | <p>Rapidly assessed and confidently adjusted to changing conditions, political realities, new information, and technology. Very skilled at using and responding to measurement indicators. Championed organizational improvements. Effectively dealt with extremely complex situations. Turned pressure and ambiguity into constructive forces for change.</p> |
| <p>16. Communication Skills: Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly.</p> | <input type="checkbox"/> | <p>Unable to effectively articulate ideas and facts; lacked preparation, confidence, or logic. Used inappropriate language or rambled. Nervous or distracting mannerisms detracted from message. Failed to listen carefully or was too argumentative. Written material frequently unclear, verbose, or poorly organized. Seldom proofread.</p> | <p>Effectively expressed ideas and facts in individual and group situations; nonverbal actions consistent with spoken message. Communicated to people at all levels to ensure understanding. Listened carefully for intended message as well as spoken words. Written material clear, concise, and logically organized. Proofread conscientiously.</p> | <p>Clearly articulated and promoted ideas before a wide range of audiences; accomplished speaker in both formal and extemporaneous situations. Adept at presenting complex or sensitive issues. Active listener; remarkable ability to listen with open mind and identify key issues. Clearly and persuasively expressed complex or controversial material, directly contributing to stated objectives.</p> |

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

| 1. Name: | | 2. Incident Name: | | | 3. Incident Number: | |
|---|--------------------------|---|--------------------------|--|----------------------------|--|
| 10. Evaluation | | | | | | |
| Rating Factors | N/A | 1 – Unacceptable | 2 | 3 – Met Standards | 4 | 5 – Exceeded Expectations |
| 17. Ability To Work on a Team: Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps. | <input type="checkbox"/> | Used teams ineffectively or at wrong times. Conflicts mismanaged or often left unresolved, resulting in decreased team effectiveness. Excluded team members from vital information. Stifled group discussions or did not contribute productively. Inhibited cross functional cooperation to the detriment of unit or service goals. | <input type="checkbox"/> | Skillfully used teams to increase unit effectiveness, quality, and service. Resolved or managed group conflict, enhanced cooperation, and involved team members in decision process. Valued team participation. Effectively negotiated work across functional boundaries to enhance support of broader mutual goals. | <input type="checkbox"/> | Insightful use of teams raised unit productivity beyond expectations. Inspired high level of esprit de corps, even in difficult situations. Major contributor to team effort. Established relationships and networks across a broad range of people and groups, raising accomplishments of mutual goals to a remarkable level. |
| 18. Consideration for Personnel/Team Welfare: Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of worklife | <input type="checkbox"/> | Seldom recognized or responded to needs of people; left outside resources untapped despite apparent need. Ignorance of individuals' capabilities increased chance of failure. Seldom recognized or rewarded deserving subordinates or other IMT members. | <input type="checkbox"/> | Cared for people. Recognized and responded to their needs; referred to outside resources as appropriate. Considered individuals' capabilities to maximize opportunities for success. Consistently recognized and rewarded deserving subordinates or other IMT members. | <input type="checkbox"/> | Always accessible. Enhanced overall quality of life. Actively contributed to achieving balance among IMT requirements and professional and personal responsibilities. Strong advocate for subordinates; ensured appropriate and timely recognition, both formal and informal. |
| 19. Directing Others: Ability to influence or direct others in accomplishing tasks or missions. | <input type="checkbox"/> | Showed difficulty in directing or influencing others. Low or unclear work standards reduced productivity. Failed to hold subordinates accountable for shoddy work or irresponsible actions. Unwilling to delegate authority to increase efficiency of task accomplishment. | <input type="checkbox"/> | A leader who earned others' support and commitment. Set high work standards; clearly articulated job requirements, expectations, and measurement criteria; held subordinates accountable. When appropriate, delegated authority to those directly responsible for the task. | <input type="checkbox"/> | An inspirational leader who motivated others to achieve results not normally attainable. Won people over rather than imposing will. Clearly articulated vision; empowered subordinates to set goals and objectives to accomplish tasks. Modified leadership style to best meet challenging situations. |
| 20. Judgment/Decisions Under Stress: Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought. | <input type="checkbox"/> | Decisions often displayed poor analysis. Failed to make necessary decisions, or jumped to conclusions without considering facts, alternatives, and impact. Did not effectively weigh risk, cost, and time considerations. Unconcerned with political drivers on organization. | <input type="checkbox"/> | Demonstrated analytical thought and common sense in making decisions. Used facts, data, and experience, and considered the impact of alternatives and political realities. Weighed risk, cost, and time considerations. Made sound decisions promptly with the best available information. | <input type="checkbox"/> | Combined keen analytical thought, an understanding of political processes, and insight to make appropriate decisions. Focused on the key issues and the most relevant information. Did the right thing at the right time. Actions indicated awareness of impact of decisions on others. Not afraid to take reasonable risks to achieve positive results. |
| 21. Initiative Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek | <input type="checkbox"/> | Postponed needed action. Implemented or supported improvements only when directed to do so. Showed little interest in career development. Feasible improvements | <input type="checkbox"/> | Championed improvement through new ideas, methods, and practices. Anticipated problems and took prompt action to avoid or resolve them. Pursued productivity gains and enhanced mission performance by applying new ideas and methods. | <input type="checkbox"/> | Aggressively sought out additional responsibility. A self-learner. Made worthwhile ideas and practices work when others might have given up. Extremely innovative. Optimized use of new ideas and methods to improve work processes and decisionmaking. |

| | | | | | |
|--|--------------------------|---|--------------------------|--|---|
| responsibility without guidance and supervision. | <input type="checkbox"/> | in methods, services, or products went unexplored. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Physical Ability for the Job: Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others. | <input type="checkbox"/> | Failed to meet minimum standards of sobriety. Tolerated or condoned others' alcohol abuse. Seldom considered subordinates' health and well-being. Unwilling or unable to recognize and manage stress despite apparent need. | <input type="checkbox"/> | Committed to health and well-being of self and subordinates. Enhanced personal performance through activities supporting physical and emotional well-being. Recognized and managed stress effectively. | Remarkable vitality, enthusiasm, alertness, and energy. Consistently contributed at high levels of activity. Optimized personal performance through involvement in activities that supported physical and emotional well-being. Monitored and helped others deal with stress and enhance health and well-being. |
| 23. Adherence to Safety: Ability to invest in the | <input type="checkbox"/> | Failed to adequately identify and protect personnel from safety hazards. | <input type="checkbox"/> | Ensured that safe operating procedures were followed. | Demonstrated a significant commitment toward safety of personnel. |
| 24. Remarks: | | | | | |
| 25. Rated Individual (This rating has been discussed with me): | | | | | |
| Signature: _____ Date/Time: _____ | | | | | |
| 26. Rated by: Name: _____ Signature: _____ | | | | | |
| Home Unit: _____ Position Held on This Incident: _____ | | | | | |
| ICS 225 | | Date/Time: Date | | | |

ICS 225

Incident Personnel Performance Rating

Purpose. The Incident Personnel Performance Rating (ICS 225) gives supervisors the opportunity to evaluate subordinates on incident assignments. THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT.

Preparation. The ICS 225 is normally prepared by the supervisor for each subordinate, using the evaluation standard given in the form. The ICS 225 will be reviewed with the subordinate, who will sign at the bottom. It will be delivered to the Planning Section before the rater leaves the incident

Distribution. The ICS 225 is provided to the Planning Section Chief before the rater leaves the incident.

Notes:

- Use a blank ICS 225 for each individual.
- Additional pages can be added based on individual need.

| Block Number | Block Title | Instructions |
|--------------|---|--|
| 1 | Name | Enter the name of the individual being rated. |
| 2 | Incident Name | Enter the name assigned to the incident. |
| 3 | Incident Number | Enter the number assigned to the incident. |
| 4 | Home Unit Address | Enter the physical address of the home unit for the individual being rated. |
| 5 | Incident Agency and Address | Enter the name and address of the authority having jurisdiction for the incident. |
| 6 | Position Held on Incident | Enter the position held (e.g., Resources Unit Leader, Safety Officer, etc.) by the individual being rated. |
| 7 | Date(s) of Assignment <ul style="list-style-type: none"> • From • To | Enter the date(s) (month/day/year) the individual was assigned to the incident. |
| 8 | Incident Complexity Level <ul style="list-style-type: none"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | Indicate the level of complexity for the incident. |
| 9 | Incident Definition | Enter a general definition of the incident in this block. This may be a general incident category or kind description, such as "tornado," "wildfire," "bridge collapse," "civil unrest," "parade," "vehicle fire," "mass casualty," etc. |
| 10 | Evaluation | Enter "X" under the appropriate column indicating the individual's level of performance for each duty listed. |
| | N/A | The duty did not apply to this incident. |
| | 1 – Unacceptable | Does not meet minimum requirements of the individual element. Deficiencies/Improvements needed must be identified in Remarks. |

| Block Number | Block Title | Instructions |
|---------------------|---|--|
| | 2 – Needs Improvement | Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS. |
| | 3 – Met Standards | Satisfactory. Employee meets all requirements of the individual element. |
| | 4 – Fully Successful | Employee meets all requirements and exceeds one or several of the requirements of the individual element. |
| 10 | 5 – Exceeded Expectations | Superior. Employee consistently exceeds the performance requirements. |
| 11 | Knowledge of the Job/ Professional Competence: | Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.) |
| 12 | Ability To Obtain Performance/Results: | Quality, quantity, timeliness, and impact of work. |
| 13 | Planning/Preparedness: | Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT). |
| 14 | Using Resources: | Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics). |
| 15 | Adaptability/Attitude: | Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles. |
| 16 | Communication Skills: | Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly. |
| 17 | Ability To Work on a Team: | Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps. |
| 18 | Consideration for Personnel/Team Welfare: | Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of worklife concepts and skills. |
| 19 | Directing Others: | Ability to influence or direct others in accomplishing tasks or missions. |
| 20 | Judgment/Decisions Under Stress: | Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought. |
| 21 | Initiative | Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision. |
| 22 | Physical Ability for the Job: | Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others. |
| 23 | Adherence to Safety: | Ability to invest in the IMT's future by caring for the safety of self and others. |
| 24 | Remarks | Enter specific information on why the individual received performance levels. |

| Block Number | Block Title | Instructions |
|--------------|---|--|
| 25 | Rated Individual (This rating has been discussed with me) <ul style="list-style-type: none">• Signature• Date/Time | Enter the signature of the individual being rated. Enter the date (month/day/year) and the time (24-hour clock) signed. |
| 26 | Rated by <ul style="list-style-type: none">• Name• Signature• Home Unit• Position Held on This Incident• Date/Time | Enter the name, signature, home unit, and position held on the incident of the person preparing the form and rating the individual. Enter the date (month/day/year) and the time (24-hour clock) prepared. |

Region E Ambulance Services

+Bollinger County Ems

Marble Hill, MO 63764

+Cape County Private Amb Service

Cape Girardeau, MO 63701

+Dunklin County Ambulance District

Kennett, MO, MO 63857

+Iron County Ambulance District

Viburnum, MO 65566

+MEDIC ONE-Butler County

Poplar Bluff, MO 63901

+Mississippi County Ambulance Dist

Charleston, MO 63834

+New Madrid County Ambulance Dist

New Madrid, MO 63869

+North Scott Co Ambulance Dist

Chaffee, MO 63740

+Butler County EMS

Poplar Bluff, MO 63901

+Clearwater Ambulance District

Piedmont, MO 63957

+East Wayne County Ambulance Dist

Greenville, MO 63944

+Madison County Ambulance District

Fredericktown, MO 63645

+Medic-One Pemiscot

Jonesboro, AR, 72404

+Naylor-Neelyville Ambulance Dist

Naylor, MO 63953

+North Crawford County Ambulance District

Cuba, MO 65453

Region E EMS Medical Director List 2-4-2017

| Agency | Medical Director | | | | | | |
|-------------------------------|--------------------------|--------------------------|----------------|----|-------|---------------------|--|
| Butler County EMS | Jonathan Privett MD | 1130 East 32nd | Joplin | MO | 64804 | 573-429-5056 (cell) | |
| Cape County Private Ambulance | Andrew Hyatt DO | 1701 Lacy | Cape Girardeau | MO | 63701 | 573-651-5555 | |
| Clearwater Ambulance District | Jonathan Privett MD | 1130 East 32nd | Joplin | MO | 64804 | 573-429-5056 (cell) | |
| Dunklin County Medic-One | James W. Fletcher MD | 3301 S Carroway Rd | Jonesboro | AR | 72404 | 870-972-0708 | |
| East Carter County | Christopher Pinderski MD | 3100 Oak Grove Road | Poplar Bluff | MO | 63901 | 855-444-7276 | |
| East Wayne County | Christopher Pinderski MD | 3100 Oak Grove Road | Poplar Bluff | MO | 63901 | 855-444-7276 | |
| Iron County | Shane Keddy DO | 111 S Water St | Potosi | MO | 63664 | (573) 438-3635 | |
| Madison County | Shane Keddy DO | 111 S Water St | Potosi | MO | 63664 | (573) 438-3635 | |
| Medic-One Pemiscott County | James W. Fletcher MD | 3301 S Carroway Rd | Jonesboro | AR | 72404 | 870-972-0708 | |
| Mississippi County | Jimmy Heath MD | 320 W Lincoln | East Prarie | MO | 63845 | 573-649-3026 | |
| Naylor-Neelyville Ambulance | ? | | | | | | |
| New Madrid County | Colleen Hunter MD | 1017 N Main St | Sikeston | MO | 63801 | 573-472-6030 | Cell: (573) 620-3650 She prefers to be reached by text on her cell phone |
| North Crawford County | David L White MD | 751 Sappington Bridge Rd | Sullivan | MO | 63080 | 573-468-4186 | |
| North Scott County | Jeffery C Umfleet DO | 211 St. Francis Drive | Cape Girardeau | MO | 63701 | 573-331-5110 | |
| Perry County Ambulance | Hank Konzelmann MD | 434 N. West St | Perryville | MO | 63775 | (217) 827-3114 | |
| Reynolds County | ? | | | | | | |

Region E EMS Medical Director List 2-4-2017

| | | | | | | | |
|--------------------------------|--------------------------|--------------------------|----------------|----|-------|----------------|--|
| Ripley County | Jonathan Privett MD? | | | | | 573-429-5056 | |
| Medic One - Butler County | Christopher Pinderski MD | 3100 Oak Grove Road | Poplar Bluff | MO | 63901 | 855-444-7276 | |
| South Scott County | Colleen Hunter | 1017 N Main St | Sikeston | MO | 63801 | 573-472-6030 | |
| St Francois County | Shane Keddy DO | 111 S Water St | Potosi | MO | 63664 | (573) 438-3635 | |
| Ste Genevieve County Ambulance | Bradley Stoner MD | PO Box 468 | Ste. Genevieve | MO | 63670 | 573-883-7786 | bstoner2001@gmail.com |
| Steeleville MO Ambulance | David L White MD | 751 Sappington Bridge Rd | Sullivan | MO | 63080 | 573-468-4186 | daylinw@embarqmail.com |
| Stoddard County Ambulance | Robert Jibben DO | PO Box 368 | Dexter | MO | 63841 | 573-624-8447 | |
| Washington County | Shane Keddy DO | 111 S Water St | Potosi | MO | 63664 | (573) 438-3635 | |
| West Carter County | Christopher Pinderski MD | 3100 Oak Grove Road | Poplar Bluff | MO | 63901 | 855-444-7276 | |
| | | | | | | | |

EMS Mutual Aid Coordinators List 2-4-2017

| EMS Mutual Aid Coordinators | | | | | | | | | |
|-------------------------------|------------------------------|-------------------|---------------------|--------------|--|------------------------------|--------------|--|--------------------------|
| <u>State Contacts</u> | <u>Position</u> | <u>Cell Phone</u> | <u>Office Phone</u> | <u>FAX</u> | <u>Email</u> | | | | MOSW IN ACCE SS |
| Les Jobe | BEMS Chief | 573-303-4808 | 573-7516347 | 573-751-6348 | Les.Jobe@mo.health.gov | | | | |
| Terry Ellsworth | Bureau Supervisor | 573-275-7853 | 573-751-6369 | 573-751-6348 | terry.ellsworth@mo.health.gov | | | | |
| Dr. Brian Froelke | State EMS Medical Director | 314-677-4157 | 314-653-5024 | none | bfroelke@modrs.org | | | | |
| Bob Patterson | State-Wide Coordinator | 417-839-8478 | 417-820-5450 | 417-820-8627 | Robert.Patterson@Mercy.Net | | | | No |
| <u>Region A (Kansas City)</u> | <u>Position</u> | <u>Cell Phone</u> | <u>Office Phone</u> | <u>FAX</u> | <u>Email</u> | | | | |
| Dan Manley | Coordinator | 816-935-3456 | 816-969-1304 | 816-969-1313 | dan.manley@cityofks.net | Region "A" 24 hour contact – | | | No |
| Cole Harris | Deputy Coordinator | 660-909-2266 | 660-747-5735 ext 5 | 660-7476430 | charris@jocoamb.com | | 816-969-7407 | | |
| Mike Latta | Deputy Coordinator | 913-912-2635 | 816-300-8829 | 816-923-7314 | Mike.Latta@kcmo.org | LSFD Communications Center | | | No |
| Joe Coons | Deputy Coordinator (Air) | 816-215-9479 | 816-283-9719 | 816-283-9730 | jcoons@lifeflighteagle.org | | | | |
| <u>Region B (Central)</u> | <u>Position</u> | <u>Cell Phone</u> | <u>Office Phone</u> | <u>FAX</u> | <u>Email</u> | | | | |
| John Clemens | Deputy Coordinators (Ground) | 573-220-8528 | 573-221-5510 x410 | | jclemens@mcadems.com | | | | |

EMS Mutual Aid Coordinators List 2-4-2017

| | | | | | | | | | |
|--------------------------------|--------------------------|-------------------|---------------------|--------------|--|--------------------------------|--|--|-----|
| Brandon Buckman | Deputy Coordinator (Air) | 636-439-9584 | 660-827-5388 | 660-827-0021 | brandon.buckman@air-evac.com | | | | |
| Region C (East Central) | | | | | | | | | |
| | <u>Position</u> | <u>Cell Phone</u> | | | <u>Email</u> | | | | |
| Mark Thorp | Coordinator | 314-805-3200 | 314-290-8486 | 314-721-9556 | Mthorp@claytonmo.gov | 24 hour ECDC 3146453000 | | | Yes |
| Jim Fingerhut | Deputy Coordinator | 636-262-9602 | 636-344-7642 | 636-344-7622 | jfingerhut@sccad.com | 636-639-8802 St. Charles | | | No |
| Bob Abrams | Deputy Coordinator (Air) | 314-713-4421 | 314-655-4087 | | babrams@survivalflightinc.com | County Dispatch | | | |
| Region D (Southwest) | | | | | | | | | |
| | <u>Position</u> | <u>Cell Phone</u> | <u>Office Phone</u> | <u>FAX</u> | <u>Email</u> | | | | |
| Shane Vaughan | Coordinator | 417-353-6984 | 417-820-8624 | 417-820-8627 | William.Vaughan@Mercy.Net | | | | No |
| Jason Smith | Deputy Coordinator | (417) 850-5894 | | | JaSmith@metsambulance.com | | | | No |
| DJ Satterfield | Deputy Coordinator (Air) | (417) 861-1261 | 417-820-6679 | 417-820-5434 | David.Satterfield@Mercy.Net | | | | No |
| Region E (Southeast) | | | | | | | | | |
| | <u>Position</u> | <u>Cell Phone</u> | <u>Office Phone</u> | | <u>Email</u> | | | | |
| Larry Chasteen | Coordinator | 573-318-6901 | 573-887-6311 | 573-887-3014 | lchasteen@sbcglobal.net | dispatch 911 center number is: | | | |
| Dr. John Russel | Deputy Coordinator | 573-270-5626 | 573-335-3305 | 573-335-8891 | jrusell@clas.net | 573-431-3131 | | | |
| Chuck Ogan | Deputy Coordinator (Air) | 417 274-0337 | 573 756-7506 | 573 756-2800 | oganchuck@air-evac.com | | | | |
| Region F (Central) | | | | | | | | | |
| | <u>Position</u> | <u>Cell Phone</u> | <u>Office Phone</u> | <u>FAX</u> | <u>Email</u> | | | | |
| Josh Krull | Coordinator | 573-576-6780 | 573-897-0044 | 573-897-0787 | osageadmin@socket.net | | | | |
| Joan Drake | Deputy Coordinator (Air) | 573-864-9862 | 573-882-9074 | 573 756-2800 | drakejoan@health.missouri.edu | | | | |

EMS Mutual Aid Coordinators List 2-4-2017

| <u>Region G (Southwest)</u> | <u>Position</u> | <u>Cell Phone</u> | <u>Office Phone</u> | <u>FAX</u> | <u>Email</u> | | | | |
|-----------------------------|-----------------------------|-------------------|---------------------|--------------|----------------------------|--|--|--|-----|
| Jeff Ward | Coordinator | 417-252-0765 | 417-469-2273 | 417-469-5111 | jeff.wsad@gmail.com | | | | Yes |
| Jack Davis | Deputy Coordinator (Ground) | (417) 204-9175 | 417-934-6212 | 417-934-2567 | Jack.Davisjr@Mercy.Net | | | | No |
| Jack Bates | Deputy Coordinator (Air) | 417-293-7332 | 417-264-2000 | 417-264-3312 | batesjack@air-evac.com | | | | No |
| | | | | | | | | | |
| <u>Region H (Northwest)</u> | <u>Position</u> | <u>Cell Phone</u> | <u>Office Phone</u> | <u>FAX</u> | <u>Email</u> | | | | |
| John Barclay | Coordinator | 660-425-5300 | 660-425-6319 | 660-425-7019 | ntatrain@grm.net | | | | |
| Gene Bradley | Deputy Coordinator (Ground) | 816-261-8469 | 660-736-5216 | 660-736-4892 | gbradley@ahambulance.org | | | | |
| Joe Coons | Deputy Coordinator (Air) | 816-215-9479 | 816-283-9719 | 816-283-9730 | jcoons@lifeflighteagle.org | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <u>Region I (Central)</u> | <u>Position</u> | <u>Cell Phone</u> | <u>Office Phone</u> | <u>FAX</u> | <u>Email</u> | | | | |
| Bruce Naugle | Coordinator | 417-718-1197 | 417-533-6309 | 417-533-6034 | Bruce.Naugle@Mercy.Net | | | | No |

Region E EMA / EMD List 2-4-2017

| County | First | Last | Address1 | City | State | Zip | Business | CellPhone | Fax | Email |
|----------------|----------|------------|----------------------------|----------------|-------|-------|----------------|----------------|----------------|---------------------------|
| Bollinger | Kevin | Cooper | PO Box 20 | Marble Hill | MO | 63764 | (573) 208-0131 | (573) 208-0131 | | paramed@wildblue.net |
| Bollinger | James D. | Bollinger | PO Box 175 | Marble Hill | MO | 63764 | (573) 238-3313 | (573) 238-5095 | (573) 238-3354 | blngr@clas.net |
| Butler | Robbie | Myers | 614 Lindsay Ave., Suite 1C | Poplar Bluff | MO | 63901 | (573) 686-8686 | (573) 872-7585 | (573) 686-8694 | bcema@tcmax.net |
| Cape Girardeau | Richard | Knaup, Jr. | 1 Barton Sq | Jackson | MO | 63755 | (573) 204-0911 | (573) 382-0911 | (573) 204-2949 | rknaup@capecounty.us |
| Dunklin | Larry | Kelley | PO Box 188 | Kennett | MO | 63857 | (573) 888-2424 | (573) 344-5545 | (573) 888-2604 | dcemer@yahoo.com |
| Iron | Roger | Medley | 220 S Shepard St | Ironton | MO | 63650 | (573) 546-7051 | (573) 631-5227 | (573) 915-8398 | rmedley@icsomo.org |
| Madison | Rebecca | Hunt | 806 West College | Fredericktown | MO | 63645 | (573) 783-2747 | (573) 783-1131 | (573) 783-8039 | huntr@lpha.mopublic.org |
| Mississippi | Danny | Harris | 407 N Virginia | Charleston | MO | 63834 | (573) 683-2146 | (573) 683-1782 | | dannyharris@yahoo.com |
| New Madrid | David | McClarty | PO Box 602 | Lilbourn | MO | 63862 | (573) 688-2942 | (573) 934-0002 | (573) 688-2995 | lilbournfd@yahoo.com |
| Pemiscot | Jess | Cagle | 111 W 19th Street | Caruthersville | MO | 63830 | (573) 333-4101 | (573) 724-1252 | (573) 333-0713 | jesscagle@sbcglobal.net |
| Ripley | Brian | Byrd | 124 West Jefferson | Doniphan | MO | 63935 | (573) 996-2028 | (573) 996-6129 | (573) 996-7877 | doniphanfd@windstream.net |
| Scott | Trey | Hardy | PO Box 431 | Benton | MO | 63736 | (573) 545-3549 | (573) 380-3768 | (573) 545-3540 | ema@scottcountymmo.com |
| Stoddard | Kent | Polsgrove | PO Box 519 | Dexter | MO | 63841 | (573) 624-8332 | (573) 820-2831 | (573) 624-6159 | kpolsgrove@stoddems.com |
| Wayne | Kent | Bowman | PO Box 427 | Greenville | MO | 63944 | (573) 224-3911 | (573) 778-2875 | (573) 224-3470 | kentbowman1@gmail.com |

Region E MACC 2-4-2017

The E-MACC Group is comprised of three primary components:

- a. State Agency Liaisons: State agency liaisons are made up of state representatives from various state agencies authorized to commit agency resources. Potential representatives include, but are not limited to:
 - Missouri State Emergency Management Agency
 - Missouri Highway Patrol
 - Missouri Department of Natural Resources
 - Missouri Department of Transportation
 - Missouri Department of Social Services
 - Missouri Department of Health and Senior Services
 - Missouri National Guard
 - Missouri Department of Homeland Security
- b. Regional Coordinators: Regional coordinators are made up of local/regional representatives from various disciplines and regional organizations that can coordinate local mutual aid requests and other resources throughout the region. Potential representatives include, but are not limited to:
 - Emergency Management Mutual Aid Coordinator
 - Fire Mutual Aid Coordinator
 - EMS Mutual Aid Coordinator
 - Health Mutual Aid Coordinator
 - 9-1-1 Mutual Aid Coordinator
- c. Regional Support Group: This group is made up of local/regional representatives from various faith-based and non-profit organizations and others that can coordinate resource requests traditionally filled by the respected organizations. Potential representatives include, but are not limited to:
 - Region E CERT Coordinator
 - Region E ARES Coordinator
 - American Red Cross
 - Southern Baptist Association
 - Salvation Army
 - Region E regional coordinators

MACC Contact: Region E SEMA Coordinator: Mark Winkler, 573-290-5125

State DHSS EMS Contacts 2-4-2017

| <u>State Contacts</u> | <u>Position</u> | <u>Cell Phone</u> | <u>Office Phone</u> | <u>FAX</u> | <u>Email</u> |
|-----------------------|----------------------------|-------------------|---------------------|--------------|--|
| Les Jobe | BEMS Chief | 573-303-4808 | 573-7516347 | 573-751-6348 | Les.Jobe@mo.health.gov |
| Terry Ellsworth | Bureau Supervisor | 573-275-7853 | 573-751-6369 | 573-751-6348 | terry.ellsworth@mo.health.gov |
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State DPS / SEMA Contact 2-4-2017

State Emergency Management Agency

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Southeast Missouri Healthcare Coalition Members 2-4-2017

| | |
|--|------------------|
| Black River Medical Center | PoplarBluff |
| Bollinger County Health Department | Marble Hill |
| Cape Girardeau County Public Health | Cape Girardeau |
| Cross Trails Medical Center | Cape Girardeau |
| Dunklin County Health Department | Kennett |
| Iron County Hospital | Ironton |
| John J. Pershing VA Medical Center | PoplarBluff |
| Landmark Hospital of Cape Girardeau | Cape Girardeau |
| Madison Medical Center | Fredericktown |
| McDonald County Health Department | Pineville |
| Missouri Delta Medical Center | Sikeston |
| New Madrid County Health Department | New Madrid |
| Pemiscot County Health Department | Hayti |
| Pemiscot Memorial Health Systems | Hayti |
| Perry County Hospital - EMS | Perryville |
| Perry County Memorial Hospital | Perryville |
| Southeast Health Center of Ripley County | Doniphan |
| Saint Francis Medical Center | Cape Girardeau |
| Scott County Health Department | Sikeston |
| SE Mo Mental Health | Farmington |
| Southeast Health | Cape Girardeau |
| Southeast Health Center Stoddard County | Dexter |
| State Emergency Management Agency Area Coordinator | |
| Ste. Genevieve County Memorial Hospital | Sainte Genevieve |
| Stoddard County Public Health Center | Bloomfield |
| Twin Rivers Regional Medical Center | Kennett |

Region E Healthcare Coalition Coordinator: Jeff Stackle, Madison Medical Center, 573-783-3341, Cell 573-631-6508

Role of Medical Director

Key Points

- Medical oversight is the medical authority and responsibility for all medical care provided by the EMS service, including active day-to-day role in the function and management of the service as it relates to patient care activities. (12) Medical oversight ensures that care is provided by competent medical professionals, consistent with accepted standards.
- Medical oversight of patient care during the inter-facility transfer is essential to ensure quality patient care throughout the transport of the PUI or patient with a highly infectious disease. Medical oversight includes online medical direction, such as direct observation of treatment and communication with the transport crew, or offline medical direction, such as protocols and standing orders, or a combination thereof. The authority and responsibility of medical directors varies by state.
- Medical oversight should be consistent with all states' legal authorities, pre-planned with each facility, institutionalized by pre-established Memoranda of Understanding (MOUs) among the sending/receiving facilities and the transporting agencies, and well-known among all partners including healthcare coalitions.
- The primary role of the medical director is to ensure quality patient care, with responsibilities including the ongoing design, operation, evaluation, and revision of the EMS system from initial patient access to final patient care destination, the development of medical policies and procedures, and ensuring that patient care activities performed by EMS providers are appropriate and within their scope of practice. (9,10,11)
- Generally, medical oversight during transport will reside with the medical director of the EMS transport agency, but this may vary depending on the jurisdiction. In some instances, the transport agency may not have a medical director and authority may come from a jurisdictional (e.g., county) EMS medical director.
- The medical director or appropriate person providing medical oversight should be actively involved in planning/preparation and available for consultation during inter-facility transport of PUIs or patients with highly infectious disease.
- EMS transport agency providers will generally use clinical care guidelines/protocols developed and/or approved by the agency medical director or as otherwise directed by their local jurisdiction. This helps to ensure the appropriate training and competencies of the providers. Patients with Highly infectious disease often require specialized clinical protocols and management strategies that balance clinical requirements and patient needs with the safety of responders and the public.

Considerations

Role of medical director (or appropriate person providing medical oversight)

- Participate in pre-planning with state EMS directors and state/local system medical directors for states in which transports may cross state lines. This will help to ensure consistency of protocols, clearly define who has what authority to practice and under what conditions, and clarify other issues that may be involved with the interstate transport of the patient and actions needed to address these issues.
- Collaborate with the sending facilities, receiving facilities, and transporting agencies to ensure that pre-established MOUs/agreements are in place and include the delineation of responsibilities and authorities for medical oversight of the transport and pre-determined modes of secure communication.
- Consider the level of care of the ambulance and its crew and the minimum number of staff needed during the transport in order to reduce possible risk of exposure.
- In conjunction with the state office of EMS, determine who has legal authority for medical oversight of providers practicing in geographical areas outside of their normal operating area and who assumes the liability for care they provide.
- Consider the role of medical oversight following transport, including continuous quality improvement and evaluation of metrics (e.g., transport times, equipment failure, educational opportunities, etc.).

Role of Medical Director

Protocol development

Develop protocols for the management of the patient during transport. This should include any invasive procedures (e.g., suctioning, resuscitation) that should or should not be performed during transport in order to reduce the potential risk of exposure (see Section 8: Clinical Care during Transport). Consider including a medical ethicist, infectious disease physicians with expertise in this area, and labor unions in these conversations. Determine if scope of practice of the transport providers is affected with interstate transports.

9 FEMA. Handbook for EMS Medical Directors, 2012.

https://www.usfa.fema.gov/downloads/pdf/publications/handbook_for_ems_medical_directors.pdf

10 American College of Emergency Physicians. Policy Statement: Medical Direction of Emergency Medical Services.

<http://www.acep.org/Content.aspx?id=29570>

11 American College of Emergency Physicians. Policy Resource and Education Paper: Medical Direction of Emergency Medical Services PREP. <http://www.acep.org/Clinical---Practice-Management/Medical-Direction-of-Emergency-Medical-Services-PREP/>

12 National Highway Traffic Safety Administration (NHTSA). Guide For Interfacility Patient Transfer, 2006.

<http://www.nhtsa.gov/people/injury/ems/Interfacility/>