City of Aurora, Oregon

Emergency Operations Plan

January 2010

Prepared for:

Old Aurora Colony Ox Barn, Aurora, Oregon   Clark Moor Will 1966

City of Aurora

Prepared by:

ecology and environment, inc.
International Specialists in the Environment
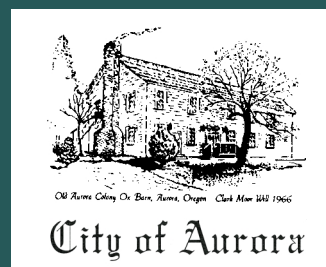
City of Aurora

Marion County, Oregon

EMERGENCY OPERATIONS PLAN

January 2010

Prepared for:

City of Aurora

21420 Main Street

Aurora, Oregon 97002

Prepared by:

Ecology and Environment, Inc.
333 Southwest Fifth Avenue, Suite 600
Portland, Oregon 97204

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Preface

This Emergency Operations Plan is an all-hazard plan that describes how the City of Aurora will organize and respond to emergencies and disasters in the community. It is based on, and is compatible with, Federal, State of Oregon, and other applicable laws, regulations, plans, and policies, including the National Response Framework and the State of Oregon Emergency Management Plan.

It is recognized that response to emergency or disaster conditions in order to maximize the safety of the public and to minimize property damage is a primary responsibility of government. It is the goal of the City of Aurora that responses to such conditions are performed in the most organized, efficient, and effective manner possible. To aid in accomplishing this goal, the City of Aurora has formally adopted the principles of the National Incident Management System, the National Response Framework, and the Incident Command System.

Consisting of a Basic Plan, Functional Annexes that complement the 15 Federal, State, and County Emergency Support Functions, and Incident Annexes, this Emergency Operations Plan provides a framework for coordinated response and recovery activities during a large-scale emergency. The plan describes how various agencies and organizations in the City of Aurora will coordinate resources and activities with other Federal, State, local, tribal, and private-sector partners.

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Letter of Promulgation

To all Recipients:

Promulgated herewith is the Emergency Operations Plan for the City of Aurora. This plan supersedes any previous plans. It provides a framework in which the City of Aurora can plan and perform its respective emergency functions during a disaster or national emergency.

This Emergency Operations Plan attempts to be all-inclusive in combining the four phases of Emergency Management: (1) mitigation: activities that eliminate or reduce the probability of disaster; (2) preparedness: activities that governments, organizations, and individuals develop to save lives and minimize damage; (3) response: activities that prevent loss of lives and property and provide emergency assistance; and (4) recovery: short- and long-term activities that return all systems to normal or improved standards.

This plan has been approved by the City of Aurora City Council. It will be revised and updated as required. All recipients are requested to advise the City of Aurora's Emergency Manager and the City Recorder of any changes that might result in its improvement or increase its usefulness. Plan changes will be transmitted to all addressees on the distribution list.

James F. Mierow, Mayor	Bill Sahlin, Council President

Terri Roberts, Councilor	Gregory M. Taylor, Councilor

Scott Brotherton, Councilor	DATE

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Plan Administration

The City of Aurora Emergency Operations Plan, including appendices and annexes, will be reviewed annually, after an exercise or incident response. The Emergency Operations Plan will be formally re-promulgated by the City of Aurora once every five years.

Record of Plan Changes

All updates and revisions to the plan will be tracked and recorded in the following table. This process will ensure that the most recent version of the plan is disseminated and implemented by emergency response personnel.

Date	Change #	Purpose of Update
2010	Original Release	

Plan Distribution List

Copies of this plan have been provided to the following jurisdictions, agencies, and persons. Updates will be provided, when available. Recipients will be responsible for updating the Emergency Operations Plan when they receive changes. The City's Emergency Manager is ultimately responsible for all plan updates.

Date	Document #	Jurisdiction/Agency/Person
	001	City Recorder's Office
	002	Aurora Public Works Department
	003	Aurora Rural Fire Protection District
	004	Aurora Police Department
	005	North Marion School District #15
	006	Aurora State Airport
	007	Marion County Emergency Management
	008	
	009	
	010	
	011	
	012	

Emergency Operations Plan Assignments

The following table contains the Basic Plan and Function Annex (FA) and Incident Annex (IA)) assignments for corrections and/or changes. Changes will be forwarded to the City's Emergency Manager and the City Recorder for revision and dissemination of the plan. Responsibility for the maintenance of these specific annexes lies with those listed below. This does not preclude other departments and agencies with a vital interest in the annex from providing input to the document; such input is, in fact, encouraged.

Section/Annex	Responsible Party
Basic Plan	City Recorder Office City of Aurora Police Department
Emergency Support Function Annexes	
FA 1 Emergency Services	City of Aurora Police Department City of Aurora's Rural Fire Protection District
FA 2 Human Services	City Police Department
FA 3 Infrastructure Services	City of Aurora Public Works Department
FA 4 Recovery Strategy	City of Aurora Police Department
Incident Annex	
IA1 Severe Weather	City of Aurora's Public Works Department
IA2 Flood	City of Aurora's Public Works Department
IA3 Major Fire/Wildfire	Aurora Rural Fire Protection District
IA4 Hazardous Materials	Aurora Rural Fire Protection District
IA5 Terrorism	City of Aurora Police Department
IA6 Earthquake/Seismic Activity	City of Aurora Public Works Department
IA7 Volcanic Activity	City of Aurora Public Works Department
IA 8 Drought	City of Aurora Police Department
IA 9 Airport Incident	City of Aurora Police Department and the Aurora State Airport

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3   FA 3 – Infrastructure Services
4   FA 4 – Recovery Strategy

Incident Annexes
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2   IA2 – Flood
3   IA3 – Major Fire/Wildfire
4   IA4 – Hazardous Materials (Accidental Release)
5   IA5 – Terrorism
6   IA6 – Earthquake/Seismic Activity
7   IA7 – Volcanic Activity
8   IA8 – Drought
9   IA9 – Airport Incident

List of Tables and Figures

Figures

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Basic Plan

1   Introduction

1.1 General

This Emergency Operations Plan establishes guidance for the City of Aurora's (City's) actions during response to, and short-term recovery from, major emergencies or disasters. It promulgates a framework within which the City will combine technical capabilities and resources, plus the sense, judgment, and expertise of its emergency response personnel, department directors, and other decision makers. Specifically, this Emergency Operations Plan describes the roles and responsibilities of the City's departments and personnel when an incident occurs, and it establishes a strategy and operating guidelines that support implementation of the National Incident Management System (NIMS), including adherence to the concepts and principles of the Incident Command System (ICS).

The City views emergency management planning as a continuous process that is linked closely with training and exercises to establish a comprehensive preparedness agenda and culture. The Emergency Manager will maintain the Emergency Operations Plan through a program of continuous improvement, including ongoing involvement of City departments and of agencies and individuals with responsibilities and interests in these plans.

1.2 Purpose and Scope

1.2.1 Purpose

The City of Aurora Emergency Operations Plan provides a framework for coordinating response and recovery activities during any type or size of emergency. This plan is primarily applicable to extraordinary situations; it is not intended for use in response to typical, day-to-day emergency situations. The plan also provides specific information about direction and control, with guidance for coordinating first responders and governmental agencies supporting all phases of an emergency. It also identifies all critical tasks needed to support a wide range of response activities.

The purpose of the Basic Plan is outlined below.

■ Provide a description of the legal authorities upon which the City has structured its emergency management organization, including the emergency declaration process, activation of mutual aid agreements, and request for resources and emergency spending powers.

■ Describe the context under which the City will respond to an incident, including a community profile and discussion of hazards and threats facing the community.

■ Assign and describe roles and responsibilities for the City's agencies tasked with emergency preparedness and response functions.

■ Describe a concept of operations for the City that provides a framework within which the County will conduct its emergency operations and coordinate with other agencies and jurisdictions.

■ Describe the City's emergency response structure, including activation and operation of the City Emergency Operations Center and implementation of ICS.

■ Discuss the City's protocols to maintain and review this Emergency Operations Plan, including training, exercises, and public education components.

The Basic Plan is supplemented by FAs and IAs. The FAs focus on critical tasks, capabilities, and resources provided by emergency response agencies for the City of Aurora throughout all phases of an emergency. In the event of an incident where the City's capabilities and/or resources are limited or exhausted, escalation pathways and resource request procedures for seeking additional support from County agencies are clearly defined in each annex. For the purposes of this Emergency Operations Plan, information regarding common management functions performed by the City and supporting agencies and organizations are streamlined into four FAs. The FAs supplement the information in the Basic Plan and are categorized as:

■ Emergency Services

■ Human Services

■ Infrastructure

■ Recovery Strategy

The fourth functional annex, the Recovery Strategy, identifies the City's roles and responsibilities for ensuring the short-term protection of the community's life, health, and safety and for supporting response missions such as fire suppression. Additionally, it helps to guide the community's long-term efforts to regain normal

functions, such as commerce and employment, public transportation, and the use of structures such as buildings, bridges, and roadways.

Tables 1-1 through 1-4 show the relationship between the City's FAs and the Emergency Support Functions (ESFs) in County, State, and Federal plans, as defined by the National Response Framework. City emergency personnel should be familiar with Marion County's Emergency Operations Plan and ESF structure and understand how the City's response would coordinate with the County during an emergency event. Note, not all County ESFs relate to a City FA. For example, Hazardous Materials response, covered in ESF #10, and Food and Agriculture related incidents, covered in ESF #11 are primarily the responsibility of County and State agencies and are therefore not covered in the City FAs.

Table 1-1   City of Aurora Functional Annex 1 – Emergency Services

County Emergency Support Functions	City Function
ESF #2 – Communications	Alert and Warning Emergency Public Information
ESF #4 – Firefighting	Fire Protection
ESF #5 – Emergency Management	Emergency Management
ESF #7 – Resource Support	Resource Management
ESF #9 – Search and Rescue	Search and Rescue
ESF #13 – Public Safety and Security	Law Enforcement

Table 1-2   City of Aurora Functional Annex 2 – Human Services

County Emergency Support Functions	City Function
ESF #6 – Mass Care, Emergency Assistance, Housing and Human Services	Evacuation Sheltering and Mass Care Disaster Welfare Information
ESF #8 – Public Health	Emergency Medical Services
ESF #15 – External Affairs	External Affairs

Table 1-3   City of Aurora Functional Annex 3 – Infrastructure Services

Emergency Support Functions	City Function
ESF #1 – Transportation	Transportation
ESF #3 – Public Works and Engineering	Public Works & Engineering
ESF #12 – Energy	Energy and Utility Services

Table 1-4   City of Aurora Functional Annex 4 – Recovery Strategy

County Emergency Support Functions	City Function
ESF #14 – Long-Term Community Recovery	Recovery

During a major emergency or disaster affecting Marion County or a portion thereof, City departments and special districts may be asked to support the larger response. The request for assistance would come from Marion County's Emergency Management Fund. Table 1-5 outlines the ESFs each agency/organization may be requested to support.

Table 1-5   City Support of Marion County Emergency Support Functions

Key: P – Primary S – Support	1 – Transportation	2 – Communications	3 – Public Works and Engineering	4 – Fire Fighting	5 – Emergency Management	6 – Mass Care, Housing, and Human Services	7 – Resource Support	8 – Public Health and Medical Services	9 – Search and Rescue	10 – Oil and Hazardous Materials	11 – Food and Agriculture	12 – Energy	13 – Public Safety and Security	14 – Long-Term Community Recovery and Mitigation	15 – External Affairs
City of Aurora															
Administration (City Mayor and Council, City Recorder)					P	P	P	P	P		P			P	P
Police Department	P	P			S	S	S	S	S	S			P	S	S
Public Works Department	S	S	P		S		S			S		P	S	S	S
Local Special Districts															
Aurora Rural Fire Protection District				P	S										
North Marion School District															
City of Salem HazMat (Salem FD)										P					
Private/Non-Profit Organizations															
North Marion County Communications Center (NORCOM)		S													
CenturyTel (telephone provider)		S													
HAM Radio Operators/Regional Radio Station		S													
Portland General Electric												S			
NW Natural Gas												S			
Silverton Ambulance	S														
American Red Cross (Willamette Chapter)											S				S
Silverton Hospital								S							
Marion-Polk Food Share											S				
Aurora State Airport	S	S			S	S			S		S				

Additionally, IAs are included with the Basic Plan to provide emergency information and critical tasks unique to specific natural and man-made/technological hazards that could pose a threat to Aurora. Incident-specific annexes in support of the Aurora Emergency Operation's Plan include:

Table 1-6 City of Aurora Incident Annexes (IAs)	
Annex	**Hazard**
IA 1	Severe Weather
IA 2	Flood (Pudding River)
IA 3	Major Fire/Wildfire
IA 4	Hazardous Materials (Accidental Release)
IA 5	Terrorism
IA 6	Earthquake/Seismic Activity
IA 7	Volcano Activity
IA-8	Drought
IA-9	Airport Incident
IA-10	Public Health

Note: Resource shortages and civil disobedience are considered secondary risks during any emergency situation.

If the County Emergency Operations Plan is activated during an incident or countywide emergency declaration, the City of Aurora will adopt command and control structures and procedures representative of County response operations in accordance with the requirements of NIMS and ICS.

1.2.2   Scope

The City of Aurora's Emergency Operations Plan is intended to be invoked whenever the City must respond to an unforeseen incident or planned event, the size or complexity of which is beyond that normally handled by routine operations. Such occurrences may include natural or man-made disasters and may impact the City itself, neighboring cities, unincorporated areas of the County, or a combination thereof. Notwithstanding its reach, this plan is intended to guide only the City's emergency operations, complementing and supporting implementation of the emergency response plans of the various local governments, special districts, and other public- and private-sector entities within and around the City of Aurora but not supplanting or taking precedence over them.

The primary users of this plan are elected officials, department heads and their senior staff members, emergency management staff, leaders of local volunteer organizations that support emergency operations, and others who may participate in emergency response efforts. The general public is also welcome to review non-sensitive parts of this plan to better understand the processes by which the City manages the wide range of risks to which it is subject.

1.3   Relationship to Other Plans

1.3.1   Marion County Emergency Operations Plan

The Marion County's Emergency Operations Plan is an all-hazard plan describing how Marion County will organize and respond to events that occur in individual cities, across the county, and in the surrounding region. The plan describes how various agencies and organizations in the county will coordinate resources and activities with other Federal, State, local, tribal, and private-sector partners. Use of the NIMS/ICS is a key element in the overall county response structure and operations.

The Marion County's Emergency Operations Plan, Basic Plan portion, describes roles, responsibilities, and concepts of operations, command, and control, while clearly defining escalation pathways and legal authorities involved with critical decision making and resource allocation by local and county governments. The 15 ESF Annexes supplement the information in the Basic Plan and are consistent with support functions identified in State and Federal plans. Each ESF serves as an operational-level mechanism for identifying primary and support entities to maintain capabilities for providing resources and services most likely needed throughout all phases of an emergency. In addition, the Marion County Emergency Operations Plan contains IAs to provide tactical information and critical tasks unique to specific natural and man-made/technological hazards that could pose a threat to Marion County.

If capabilities or resources prove limited or unavailable to Aurora during an emergency or disaster, escalation pathways and resource request procedures for seeking additional resources through County, State, or Federal agencies are clearly defined in each Marion County ESF.

1.3.2   State of Oregon Emergency Management Plan

The Oregon Emergency Management Plan is developed, revised, and published by the Director of Oregon Emergency Management (OEM) under the provisions of Oregon Revised Statutes (ORS) 401.270, which are designed to coordinate the activities of all public and private organizations that provide emergency services within the state and provide for and staff a State Emergency Coordination Center to aid the Governor. ORS 401.035 makes the Governor responsible for the emergency services system within the State of Oregon. The Director of OEM advises the Governor and coordinates the State's response to an emergency or disaster.

The Oregon Emergency Management Plan consists of three volumes:

- ■ *Volume I: Preparedness and Mitigation* consists of plans and guidance necessary for State preparation to resist a disaster's effects. Sections include disaster hazard assessment, the Emergency Management

Training and Exercise Program, and plans to mitigate (or lessen) a disaster's physical effects on citizens, the environment, and property.

■ *Volume II: Emergency Management Plan*, broadly describes how the State uses organization to respond to emergencies and disasters. It delineates the emergency management organization; contains FAs that describe the management of functional areas common to most major emergencies or disasters, such as communications, public information, and others; and contains hazard-specific annexes.

■ *Volume III: Relief and Recovery*, provides State guidance, processes, and rules for assisting Oregonians with recovery from a disaster's effects. It includes procedures for use by government, business, and citizens.

Activation and implementation of the Oregon Emergency Management Plan (or specific elements of the Plan) may occur under various situations. The following criteria would result in activation of the Management Plan, including the Emergency Operations Plan:

■ The Oregon Emergency Response System (OERS) receives an alert from an official warning point or agency, indicating an impending or probable incident or emergency.

■ The Governor issues a "State of Emergency."

■ A Statewide disaster is imminent or occurring.

■ Terrorist activities or Weapons of Mass Destruction (WMD) incidents are occurring or imminent.

■ An alert, site emergency, or general emergency is declared at the Washington Hanford Nuclear Reservation in Washington State or at the research reactors at Oregon State University and Reed College.

■ A community emergency (or other appropriate Chemical Stockpile Emergency Preparedness Program Emergency Classification Level) occurs involving the Umatilla Chemical.

■ A localized emergency escalates, adversely affecting a larger area or jurisdiction and exceeding local response capabilities.

■ A geographically limited disaster requires closely coordinated response by more than one State agency.

■ An affected city or county fails to act.

1.3.3   Continuity of Operations and Continuity of Government Plans

The City of Aurora has not formalized a City Continuity of Operations (COOP) or a Continuity of Government (COG) plan to date. However, once they have been developed and implemented, these plans may be used in conjunction with the Emergency Operations Plan during various emergency situations. The COOP and COG plans detail the processes for accomplishing administrative and operational functions during emergencies that may disrupt normal business activities. Parts of these plans identify essential functions of local government, private sector businesses, and community services and delineate procedures developed to support their continuation. COOP/COG plan elements may include, but are not limited to:

■ Identification and prioritization of essential functions;

■ Establishment of orders of succession for key positions;

■ Establishment of delegations of authority for making policy determination and other decisions;

■ Identification of alternate facilities, alternate uses for existing facilities, and, as appropriate, virtual office options including telework;

■ Development of interoperable communications systems;

■ Protection of vital records needed to support essential functions;

■ Management of human capital;

■ Development of a Test, Training, and Exercise Program for continuity situations;

■ Devolution of Control planning; and

■ Reconstitution and resumption of normal operations.

1.3.4   Natural Hazards Mitigation Plan

The City of Aurora has developed an addendum to the Marion County multi-jurisdictional Natural Hazards Mitigation Plan (adopted November 2009). The addendum focuses on the natural hazards that could affect the city of Aurora: drought, flood, earthquake, landslides, volcano, wildfire, and wind/winter storms. The addendum provides a set of actions that aim to reduce the risks posted by natural hazards through education and outreach programs, development of partnerships, and the implementation of preventative activities via land use planning, storm-water management plans, and water conservation plans. The

planning process was designed to be compliant with the Disaster Mitigation Act (2000).

1.4   Authorities

1.4.1   Legal Authorities

In the context of this Emergency Operations Plan, a disaster or major emergency is considered an incident requiring the coordinated response of all government levels to save the lives and protect the property of a large portion of the population. This plan is issued in accordance with, and under the provisions of, ORS Chapter 401, which establishes the authority for the senior elected official of the City Council to declare a state of emergency.

The City has formally adopted NIMS under Resolution #505, June 13, 2006. Procedures supporting NIMS implementation and training for the City are in development by City of Aurora staff.

As approved by the City Council, the City of Aurora Police Department has been identified as the lead agency in the Emergency Management Organization (EMO). The City Police Chief, given the collateral title of Emergency Manager, has the authority and responsibility for the organization, administration, and operations of the EMO.

Table 1-7 sets forth the Federal, State, and local legal authorities upon which the organizational and operational concepts of this Emergency Operations Plan are based.

Table 1-7   Legal Authorities
Federal
Federal Civil Defense Act of 1950, PL 81-950 as amended
The Disaster Relief Act of 1974, PL 93-288 as amended
Robert T. Stafford Disaster Relief and Emergency Assistance Act, PL 100-707
Title III, of the Superfund Amendments and Reauthorization Act of 1986, PL 99-499 as amended
Code of Federal Regulations (CFR), Title 44. Emergency Management Assistance
EO 12656, Assignment of Emergency Preparedness Responsibilities, of November 18, 1988
EO 12472, Assignment of National Security and Emergency Preparedness Telecommunications Functions, of April 3, 1984
State of Oregon
Oregon Revised Statutes 401.305 through 401.335.
Executive Order of the Governor
Marion County
Board of Commissioners [Basic Plan adopted in 2006, updated Plan pending adoption (2008)
City of Aurora
City of Aurora Resolution Number 505, June 13, 2006
City of Aurora Emergency Services Organization, Chapter 2.12

1.4.2   Mutual Aid and Intergovernmental Agreements

State law (ORS 401.480 and 401.490) authorizes local governments to enter into Cooperative Assistance Agreements with public and private agencies in accordance with their needs (e.g., the Omnibus Mutual Aid Agreement). Personnel, supplies, and services may be used by a requesting agency if the granting agency cooperates and extends such services. However, without a mutual aid pact, both parties must be aware that state statutes do not provide umbrella protection except in the case of fire suppression pursuant to ORS 476 (the Oregon State Emergency Conflagration Act). Note: Counties should have formal mutual aid agreements in place to address liability issues.

The City currently maintains a Mutual Aid Agreement with the Aurora Fire District. A copy of this agreement is included in Appendix D of this Emergency Operations Plan.

1.5   Emergency Powers

1.5.1   City of Aurora Disaster Declaration Process

The City Council (or those designated by the Council) and as authorized by the City Charter, may declare that a state of emergency exists. This declaration is in effect until the City Council or other authorized person terminates the state of emergency when the emergency, or threat of emergency, no longer exists. The City Police Chief will notify the Mayor of any declaration, and the City Council will have a special meeting to approve and pass any declaration.

OEM has set forth the following criteria necessary in declaring a local emergency:

- ■ Describe the circumstances impacting an identified area;

- ■ Identify the problems for which assistance is needed; and

- ■ Clearly state what has been done locally to respond to the impact and needs.

1.5.2   Marion County Declaration Process

The County will make an Emergency Declaration stating that an emergency exists and will specify a location or description of the affected area and jurisdictions included in the declaration. Under such conditions, this plan will be implemented. If possible, an Initial Damage Assessment will be conducted by local jurisdictions and/or the County prior to requesting State or Federal assistance. Particular attention will be given to special needs populations to appropriately allocate resources necessary for providing critical services during an emergency.

Under ORS 401, the Marion County Board of Commissioners (Board) has the legal authority to declare that a local emergency or disaster exists. Declaration of a local disaster enables the Board to invoke emergency authorities and to request additional resources from State or Federal government.

If circumstances prohibit the timely action of the Board, the Chair of the Board may declare a state of emergency, provided that the approval of a majority of the Board is sought and obtained at the first opportunity.

On such declaration, the Chair of the Board is empowered to assume centralized control of, and have authority over, all departments, divisions, and offices of the County. The state of emergency declared under the section shall specify the factors that warrant the declaration, the geographic boundaries of the emergency area, the special powers being invoked or emergency controls to be imposed. The effective period for the declaration must also be specified (e.g., for 72 hours). The emergency period can be extended if emergency conditions still exist when the effective period expires.

1.5.3   Lines of Succession

Table 1-8 provides the policy and operational lines of succession during an emergency for the City of Aurora.

Table 1-8 City of Aurora Lines of Succession	
Emergency Operations	**Emergency Policy and Governance**
Emergency Management Director	Mayor/City Council
City Police Chief	Council President
Mayor/City Council	City Police Chief

Each City department is responsible for pre-identifying staff patterns showing a line of succession in management's absence. All employees should be trained on the protocols and contingency plans required to maintain leadership within the department. The Emergency Management Director will provide guidance and direction to department heads to maintain continuity of government and operations during an emergency. Individual department heads within the City of Aurora are responsible for developing and implementing COOP/COG plans to ensure continued delivery of vital services during an emergency.

1.5.4   Request, Allocation, and Distribution of Resources

Resource requests and emergency/disaster declarations must be submitted from the City's Emergency Management Director to the County Emergency Manager according to provisions outlined under ORS Chapter 401.

The Emergency Management Director (or designee) is responsible for the direction and control of the City's resources during an emergency and is responsible for requesting additional resources required for emergency operations.

All assistance requests are to be made through Marion County's Emergency Management via the County EOC. Marion County Emergency Management processes subsequent assistance requests to the State.

In the case of emergencies involving fires threatening life and structures, the Conflagration Act (ORS 476.510) can be invoked by the Governor through the Office of State Fire Marshal. The Act allows the State Fire Marshal to mobilize and fund fire resources throughout the State during emergency situations. The Aurora Rural Fire Protection District's Fire Chief and Marion County's Fire Chief assess the status of the incident(s) and, after determining that all criteria have been met for invoking the Conflagration Act, notify the State Fire Marshal via OERS. The State Fire Marshal reviews the information and notifies the Governor, who authorizes the act.

1.5.5   Financial Management

During an emergency, the City of Aurora is likely to find it necessary to redirect City funds to effectively respond to the incident. The authority to adjust department budgets and funding priorities rests with the City Council. If an incident in the City of Aurora requires major redirection of City fiscal resources, the City Council will meet in emergency session to decide how to respond to the emergency funding needs and will declare a State of Emergency and request assistance through the County, as necessary.

Expenditure reports should be submitted to the City Finance Officer and managed through the City Finance Office to identify budgetary shortfalls. The City Finance Officer and the City Recorder will support procurement issues related to personnel, both volunteer and paid. In addition, copies of expense records and all supporting documentation should be submitted for filing Federal Emergency Management Agency (FEMA) Public Assistance reimbursement requests.

1.5.6   Liability Issues

Liability issues and potential concerns among government agencies, private entities, and other response partners, and across jurisdictions, are addressed in existing mutual aid agreements and other formal memoranda established for the City of Aurora and the surrounding areas.

1.6 Safety of Employees and Family

All department heads (or designees) are responsible for the safety of employees. Employees should attempt to make contact with their supervisors and managers within the first 24 hours following an incident. Emergency 9-1-1 should not be utilized as a common communication mechanism unless it is reflective of a need for emergency assistance or resources. Agencies and departments with developed COOPs will establish alternate facilities and staff locations, as applicable. Notification procedures for employee duty assignments will follow required procedures established by each agency and department.

During biological incidents or public health emergencies such as influenza pandemics, maintaining a resilient workforce is essential to maintaining overall response activities required to protect the City and surrounding community from significant impacts to human lives and the economy. Thus, personnel should be provided with tools to protect themselves and their families while also providing health and medical services during a pandemic or other type of public health emergency. Currently, plans formally addressing the safety and protection of medical personnel and response staff during a biological incident and/or contagious outbreak have not been developed. Safety precautions and personal protective equipment decisions will be specific to the type of incident occurring and will require just-in-time training among the first responder community and other support staff to implement appropriate procedures.

If necessary, the Oregon Occupational Safety and Health Administration (OSHA) may provide assistance and guidance on worker safety and health issues. Information about emergency procedures and critical tasks involved in a biological emergency incident or disease outbreak is presented in ESF 8 of the Marion County Emergency Operations Plan.

Processes in support of employees and their families during emergency situations or disasters will be further developed through ongoing COOP and COG planning.

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2 Situation and Planning Assumptions

2.1 Situation

The City of Aurora is a small community located in the Willamette Valley in the state of Oregon. The city is located on the northern end of Marion County. Aurora is located approximately 30 miles north of Salem and 25 miles south of Portland.

The climate in Aurora is generally temperate, as is found throughout the Willamette Valley, with moderately warm summers and mild, wet winters. Average annual precipitation is approximately 40 inches per year, most of which falls between November and February. The average temperature in July is 80 degrees, and the average temperature in January is 33 degrees. (Source: City of Aurora Comprehensive Plan Update, 2002)

The city is located within the Willamette River Basin, which includes three major physiographic features: the Pacific Coast Range, the Willamette Valley Trough, and the Cascade Range. As a result of the development of the Cascade Range, the area of Aurora contains some of the highest quality agricultural soil in the Willamette Valley. Nearby bodies of water include Mill Creek and Pudding River, both of which are located within the city limits. (Source: City of Aurora Comprehensive Plan Update, 2002)

The City was originally known as the Aurora Colony, a communal colony founded in 1856, by Dr. William Keil. The City was incorporated in February of 1893. The City has strong ties to its past, both geographically and architecturally, in 1974, the Aurora Colony Historic District was placed on the National Register of Historic Places. (Source: City of Aurora website, www.ci.aurora.or.us)

The 2000 U.S. Census noted the population for the City of Aurora was 655 people. In 2008, the population was estimated at 970 people, an increase of approximately 48% from 2000. (Source: Portland State University, Population Research Center data, March 2009)

Historically, the economy of Aurora has been largely based on agriculture; however, in recent years, tourism has increased due to the historic aspects of the city, including the Aurora Colony Historic District and the flourishing antiques sales center. (Source: City of Aurora, Comprehensive Plan Update, 2002)

In 2000, Aurora had 262 housing units. Of those, 95.4% were occupied (250), and 4.6% (12) were vacant. Of the occupied housing units, 84.8% (212) were owner-occupied, and 15.2% (38) were renter-occupied.

Seventy percent of the City's housing stock was built prior to 1980, before stronger seismic building codes were put into place. (Source: Portland State University, Population Research Center data, March 2009.) Mobile homes represent 17% of Aurora's housing units (U.S. Census 2000). Both older housing stock and mobile homes are less disaster-resistant than newer construction, which has been developed to withstand earthquakes and wind- and water-related natural disasters.

Land area contained within the city of Aurora's urban growth boundary is a total of 365.8 acres. Within the urban growth boundary, 19 acres of city land are within the floodplain, and 33 acres are outside the city limits, but within the urban growth boundary. The major transportation route that runs through Aurora is U.S. Highway 99 (running north/south). Interstate 5 is located approximately 3 miles west of the City of Aurora.

Critical facilities in the Aurora region include the Aurora Rural Fire Protection District fire station, as well as access to the following hospitals: Silverton Hospital in Silverton, Oregon; Legacy Meridian Park Hospital in Tualatin, Oregon; Providence Newberg Hospital in Newberg, Oregon; Willamette Falls Hospital in Oregon City; and Salem General Hospital in Salem, Oregon. The following health clinics are also located in the vicinity: the Woodburn Health Clinic in Woodburn, Oregon; and the Newberg Health Clinic in Newberg, Oregon. This is an extension of the Willamette Falls Hospital in Canby, Oregon.

The City accesses water from the Willamette aquifer through three City-owned wells. The City completed a Water Master Plan in March 2009. This plan noted that a new storage tank and pump station is planned to be constructed in 2015–2020 to provide added capacity. The City expanded from a septic system to a municipal sewer system in 2001.

The Aurora State Airport is a regional State-owned facility located one mile northwest from the city, outside of city-limits.

2.1.1   Hazards and Threats

The city is exposed to a wide range of natural and human-caused hazards and threats, all of which have the potential to disrupt the community, causing casualties and/or damaging property and the environment. These are discussed in the following sections; much of this information was taken from the *Marion County Natural Hazards Mitigation Plan.*

2.1.1.1 Severe Weather

Severe weather storms pose a significant risk to life and property in Marion County by creating conditions that disrupt essential regional systems such as public utilities, telecommunications, and transportation routes. Severe weather storms can produce thunder, lighting, rain, freezing rain, ice, snow, cold temperatures, and wind. Ice storms accompanied by high winds can have destructive impacts, especially to trees, power lines, and utility services. Severe ice storms occur more frequently in areas exposed to east winds such as those blowing out of the Columbia River Gorge. Less common are severe freezes, where temperatures remain below freezing for five or more days, and severe or prolonged snow events. Both can produce widespread impacts on people and property throughout Marion County.

2.1.1.2 Flood

Marion County has several large rivers and smaller tributaries (such as the Pudding River) that are susceptible to annual flooding events. Flooding poses a threat to life and safety and can cause severe damage to public and private property.

The Willamette River basin has a long history of flooding. Many mid-Willamette Valley residents may be familiar with the legendary floods of the 19th Century. The largest recorded flood on the Willamette River occurred in 1861, when the town of Champoeg disappeared in the flood.

Since then, however, the construction of flood control dams in the 1940s and 1950s has changed the pattern of flooding significantly. Marion County has seen two major floods and three lesser floods during the last 35 years. One of the most memorable floods during this time period, the "Christmas" flood of 1964, was rated "approximately a 100-year flood" by FEMA and was probably the most damaging in Oregon's history.

2.1.1.3 Major Fire/Wildfire

Wildfires are a natural part of the ecosystem in Oregon and are widespread throughout the State. Significant agricultural areas of the Willamette Valley and North and Central Oregon contain crops, such as wheat, that are prone to wildfire damage. Communities are also at risk from wildfires, and substantial hazards exist for communities at the wildland/urban interface.

The majority of wildfires occur in the summer between June and October. Wildfires can occur at other times of the year, however, when weather and fuel conditions combine to allow ignition and spread. Seventy percent of Oregon's wildland fires result from human activity. The remaining thirty percent result from lightning, occurring most frequently in eastern and southern Oregon.

Residential development in forested areas is likely to experience fires at some point. A lack of firebreaks surrounding buildings, limited water availability during the high-risk summer months, and fire suppression during the last 100 or more years contribute to a fire hazard in the forested hillsides of the watershed.

2.1.1.4   Hazardous Materials

Hazardous materials incidents include fixed-site and transportation-related incidents involving hazardous and radiological materials. Illegal drug labs are also included within this hazard.

2.1.1.5   Terrorism

It is difficult to determine the scope of any terrorist threat to the city. Although the area may contain some potential targets, it is impossible to predict future terrorist events. Depending on the extent of the action, the community may experience economic loss, disruption of utilities, and the need for cleanup relating to explosions and other facility damages. Structural damage, injuries, or casualties may occur.

2.1.1.6   Earthquake/Seismic Activity

Social and geological records show that Oregon has a history of seismic events. Oregon has experienced damaging earthquakes in the historic past, and geologic evidence indicates that because of the state's increasing population and development, earthquakes may present even greater damage potential than they have in the past. Western Oregon has the highest probability of experiencing an earthquake, although the entire state is susceptible.

Recent research suggests that the Cascadia Subduction Zone is capable of producing magnitude 9 earthquakes. Additionally, the Mount Angel Fault runs through the borders of Marion County, which adds to the potential of future earthquakes in this area. The fault runs past Woodburn, Mount Angel, and Silverton before vanishing into the Waldo Hills, on the Willamette Valley's eastern fringe. It is possible that this same fault line runs near the Little North Santiam River.

The most recent significant earthquake event affecting Marion County was the February 28, 2001 Nisqually earthquake. The epicenter of this 6.8-magnitude earthquake was near Anderson Island in Pierce County, Washington, and the quake shook western Washington and areas of western Oregon. Residents in the surrounding area, including Marion County felt the tremor. While the impacts of this quake were not severe in Oregon, the economic losses in Washington are estimated at $1 to $2 billion. Oregon ranks third in the nation for projections of future earthquake damage estimates. Projected losses in the Cascadia region alone could exceed $12 billion, with over 30,000 destroyed buildings, and 8,000 lives lost in the event of a magnitude 8.5 Cascadia Subduction Zone earthquake.

2.1.1.7   Volcano Activity

Marion County and the Pacific Northwest lie within the "Ring of Fire," an area of very active volcanic activity surrounding the Pacific Basin. Volcanic eruptions occur regularly along the Ring of Fire, in part because of the movement of the Earth's tectonic plates.   These plates, on the Earth's outermost shell, the lithosphere, are rigid, but they float on a hotter, softer layer in the Earth's mantle. As the plates move about on the layer beneath them, they spread apart, collide, or slide past each other. Volcanoes occur most frequently at the boundaries of these plates, and volcanic eruptions occur when the hotter, molten materials, or magma, rise to the surface.

The primary threat to lives and property from active volcanoes is from violent eruptions that unleash tremendous blast forces, generate mud and debris flows, and produce flying debris and ash clouds. The immediate danger area in a volcanic eruption generally lies within a 20-mile radius of the blast site. Mount Jefferson, a dormant volcano, is located in the southeastern corner of Marion County, increasing the risk to county residents. There are also a number of active volcanoes within the 100-mile danger areas identified within the Marion County EOP that also pose a threat to city residents and property associated with ash fall.

2.1.1.8   Drought

A drought is a long period of abnormally low precipitation that persists long enough to produce a serious hydrologic imbalance. Drought is a normal part of virtually every climate on the planet, even relatively wet climates. It is the most complex of all natural hazards, and it affects more people than any other hazard. Analysis shows that it can be as expensive as floods and hurricanes.

The impacts of drought are greater than the impacts of any other natural hazard. They are estimated to be between $6 billion and $8 billion annually in the United States and occur primarily in the agriculture, transportation, recreation and tourism, forestry, and energy sectors. With drought, there is an increase in wildfire potential, and trees are more susceptible to insects like the bark beetle. Social and environmental impacts are also significant, although it is difficult to quantify these impacts. The City of Aurora completed a Water Management and Conservation Plan in June 2009, to prepare for and/or accommodate drought conditions when and if they occur.

2.2 Assumptions

The assumptions upon which this Emergency Operations Plan is predicated are:

- The city of Aurora will continue to be exposed to the hazards noted above, as well as others that may develop in the future.

- Outside assistance will be available in most emergency situations affecting the city. Although this plan defines procedures for

coordinating such assistance, it is essential for the City of Aurora to be prepared to carry out disaster response and short-term actions on an independent basis.

■ It is possible for a major disaster to occur at any time and at any place in the county. In some cases, dissemination of warning and increased readiness measures may be possible. However, many disasters and events can occur with little or no warning.

■ Local government officials recognize their responsibilities for the safety and well-being of the public and will assume their responsibilities in the implementation of this emergency plan.

■ Proper implementation of this plan will reduce or prevent disaster-related losses.

■ City communication and work centers may be irreparably damaged or rendered temporarily inoperable during an emergency response.

3 Roles and Responsibilities

3.1 General

All departments, agencies, and response partners may have various roles and responsibilities throughout an emergency's duration. Therefore, it is particularly important that the local command structure established to support response and recovery efforts maintain a significant amount of flexibility to expand and contract as the situation changes. Typical duties and roles may also vary depending on the severity of impacts, size of the incident(s), and availability of local resources. Thus, it is imperative to develop and maintain depth within the command structure and response community.

The Marion County Emergency Management Board Designee is responsible for emergency management planning and operations for the area of the county lying outside the corporate limits of the incorporated municipalities of the county. The Mayor (or other designated official), pursuant to city charter or ordinance, of each incorporated municipality is responsible for emergency management planning and operations for that jurisdiction. (These responsibilities may be shared with County Emergency Management under agreement.)

At the time of this draft, the City of Aurora is in the process of developing a plan to implement NIMS and to assist with training and preparing essential response staff and supporting personnel to incorporate ICS/NIMS concepts into all facets of an emergency. Each agency and department is responsible for ensuring that critical staff are identified and trained at a level enabling effective execution of existing response plans, procedures, and policies.

During a City-declared disaster, control is not relinquished to County or State authority. Responsibility for control remains at the local level for the duration of the event. Some responsibilities may be shared under mutual consent.

Most of the departments within the City of Aurora have emergency functions in addition to their normal duties. Each department is responsible for developing and maintaining its own emergency management procedures. Specific responsibilities are outlined below, as well as in individual annexes.

3.2   Emergency Management Organization

At this time, the City of Aurora does not have an office or division of emergency management services separate from its existing departments. As noted previously, the City Police Chief serves as the Emergency Manager and may delegate the authority to lead response and recovery actions to other City staff. Additionally, some authority to act in the event of an emergency may already be delegated by ordinance or by practice, including a designation that the Fire District Chief also has the power to declare an emergency. As a result, the organizational structure for the City's emergency management program can vary depending upon the location, size, and impact of the incident.

For the purposes of this plan, the structure will be referred to generally as the Aurora EMO. Subsequently, the City Police Chief should be considered the Emergency Manager unless this position has been otherwise delegated.

3.2.1   Executive Group

The Executive Group is referred to in this plan as a single body and may have representation from each City department during an event. Each group is responsible for the activities conducted within its respective jurisdiction. The members of the group include both elected and appointed executives with certain legal responsibilities. Key general responsibilities for local elected and appointed officials include:

■   Establishing strong working relationships with local jurisdictional leaders and core private-sector organizations, voluntary agencies, and community partners

■   Leading and encouraging local leaders to focus on preparedness by participating in planning, training, and exercises

■   Supporting participation in local mitigation efforts within the jurisdiction and, as appropriate, with the private sector

■   Understanding and implementing laws and regulations that support emergency management and response

■   Ensuring that local emergency plans take into account the needs of:

●   The jurisdiction, including persons, property, and structures

●   Individuals with special needs, including those with service animals

●   Individuals with household pets

■   Encouraging residents to participate in volunteer organizations and training courses

3.2.2   Emergency Services

This group includes services required for an effective emergency management program, of which response is a key element.

3.2.3   Mayor and City Council

General shared responsibilities of the City of Aurora Mayor and City Council are outlined below.

- Establish emergency management authority by City ordinance.

- Adopt an Emergency Operations Plan and other emergency management–related resolutions.

- The Mayor (or designee) may declare a State of Emergency and request assistance through Marion County.

- Act as liaison to the community during activation of the Emergency Operation Center (EOC).

- Act on emergency funding needs.

- Attend timely ICS update briefings.

3.2.4   City Recorder

The City Recorder is responsible for the tasks outlined below.

- Ensure that all City departments develop, maintain, and exercise their respective service annexes to this plan.

- Support the overall preparedness program in terms of its budgetary and organizational requirements.

- Implement the policies and decisions of the governing body.

- Direct the emergency operational response of city services.

- Ensure, with assistance from the City Administrative Assistant that plans are in place for the protection and preservation of City records.

3.2.5   City Police Chief/Emergency Management Director

The City Police Chief serves as the Emergency Management Director for the City. The Emergency Management Director is responsible for the tasks outlined below.

- Serve as staff advisor to the City Council on emergency matters.

- Coordinate the planning and general preparedness activities of the government and maintenance of this plan.

- Analyze the emergency skills required and arrange the training necessary to provide those skills.

- Prepare and maintain a resource inventory.

- Activate the EOC.

- Keep the governing body apprised of the City of Aurora's preparedness status and anticipated needs.

- Serve as the day-to-day liaison between the City and Marion County Emergency Management staff.

- Maintain liaison with organized emergency volunteer groups and private agencies

3.2.5.1   City Department Heads

Department and agency heads collaborate with the Executive Group during development of local emergency plans and provide key response resources. City department and agency heads and their staffs develop, plan, and train to internal policies and procedures to meet response and recovery needs safely. They should also participate in interagency training and exercise to develop and maintain the necessary capabilities. Department and agency heads not assigned a specific function in this plan will be prepared to make their resources available for emergency duty at the direction of the Mayor or City Police Chief.

3.2.6   Responsibilities by Function

This group includes services required for an effective emergency management program, of which response is a key element. These agencies include Fire Departments, Law Enforcement, Emergency Management Services (EMS) agencies, Public Health, Environmental Health, and Public Works Departments. This section is organized by function, with the primary responsibility assigned to the appropriate City or County agency.

3.2.6.1   Transportation

Marion County Public Works/Road Department

- Plan for and identify high-hazard areas and numbers of potential evacuees, including the number of people requiring transportation to reception areas (including special needs populations).

- Coordinate transportation needs for special populations.

- Identify emergency traffic routes.

■ Determine optimal traffic flow and movement priority from residences to highways.

■ Confirm and manage locations of staging areas and pick-up points for evacuees requiring public transportation.

■ Coordinate transportation services, equipment, and personnel using emergency routes.

■ Provide guidance regarding commuting arrangements for essential workers during the evacuation period.

■ Propose locations of roadblocks and patrols for evacuation movement.

■ Provide patrols and safety measures in the evacuated area and for reassignment of personnel during the evacuation period.

■ Prepare and maintain supporting standard operating procedures (SOPs) and annexes.

3.2.6.2   Communications

Alert and Warning

Marion County Emergency Management

North Marion County Communication Center (NORCOM)

Once an emergency has occurred, the following tasks are necessary to ensure that the proper agencies are notified that the emergency has occurred in order to facilitate a quick and coordinated response.

■ Disseminate emergency public information as requested.

■ Receive and disseminate warning information to the public and key County and City officials.

■ Prepare and maintain supporting SOPs and annexes.

Communication Systems

City of Aurora Police Department

The following tasks are necessary to ensure that the City maintains reliable and effective communications among responders and local government agencies during an emergency.

■ Establish and maintain emergency communications systems.

■ Coordinate use of all public and private communication systems necessary during emergencies.

■ Manage and coordinate all emergency communication operated within the EOC, once activated.

■ Prepare and maintain supporting SOPs and annexes.

3.2.6.3 Public Works and Engineering

City of Aurora Public Works

The City public works agency is responsible for the following tasks in an emergency.

■ Barricade hazardous areas.

■ Perform priority restoration of streets.

■ Assess damage to streets, the wastewater treatment plant, traffic control devices, and other public works facilities.

■ Protect and restore the wastewater treatment plant.

■ Augment sanitation services.

■ Remove debris.

■ Assess damage to City-owned facilities.

■ Condemn unsafe structures.

■ Direct temporary repair of essential facilities.

■ Prepare and maintain supporting SOPs and annexes.

3.2.6.4 Firefighting

Aurora Rural Fire Protection District

District fire services are responsible for the tasks outlined below.

■ Provide fire prevention and suppression, emergency medical aid, and fire safety inspection to prevent loss of life, loss of property, and damage to the environment.

■ Inspect damaged areas for fire hazards.

■ Conduct hazardous materials spills containment, clean-up, planning, and coordination.

■ Inspect shelters for fire hazards.

■ Prepare and maintain supporting SOPs and annexes.

3.2.6.5   Emergency Management

Emergency Operations Center

City Emergency Manager

The following tasks are necessary for the City to activate and utilize its EOC to support and coordinate response operations during an emergency.

- Direct and control local operating forces.

- Maintain contact with neighboring jurisdictions and the County EOC.

- Maintain the EOC in an operating mode at all times or be able to convert EOC space into an operating condition.

- Assign representatives (by title) to report to the EOC and develop procedures for crisis training.

- Develop and identify duties of staff, use of displays and message forms, and procedures for EOC activation.

3.2.6.6   Mass Care, Emergency Assistance, Housing, and Human Services

Evacuation and Population Protection

City Emergency Manager or designee

These procedures are followed to implement and support protective actions by the public and coordinate an evacuation.

- Define responsibilities of City departments and private sector groups.

- Identify high-hazard areas and the corresponding number of potential evacuees.

- Coordinate evacuation planning, to include:

  - Movement control

  - Health and medical requirements

  - Transportation needs

  - Emergency Public Information materials

  - Shelter and reception location.

- Develop procedures for sheltering-in-place.

■ Prepare and maintain supporting SOPs and annexes.

Shelter and Mass Care

Marion County Health Department and American Red Cross (Willamette Chapter)

The City relies on the support of the County to provide Shelter and Mass Care Services and has adopted the procedures outlined in the County Emergency Operations Plan. The Marion County Health Department, with support from the Willamette Chapter of the American Red Cross, is responsible for ensuring that the mass care needs of the affected population, such as shelter, food, first aid, and reuniting families, are met. Relevant operations are detailed in ESF 6, Housing and Human Services and ESF-11, Agriculture and Natural Resources of the County Emergency Operations Plan; general responsibilities are outlined below.

■ Maintain the Community Shelter Plan and Animal Disaster Response Plan.

■ Supervise the Shelter Management program (stocking, marking and equipping, etc.) for natural disaster.

■ Coordinate support with other City and County departments, relief agencies, and volunteer groups.

■ Designate a coordinator/liaison to participate in all phases of the County emergency management program, when necessary or as requested.

3.2.6.7   Logistics Management and Resource Support

City Emergency Manager

The following tasks are necessary to identify and acquire resources before and during an emergency.

■ Establish procedures for employing temporary personnel for disaster operations.

■ In cooperation with the City of Aurora Police Department, establish and maintain a manpower reserve.

■ Coordinate deployment of reserve personnel to City departments requiring augmentation.

■ Establish emergency purchasing procedures and/or a disaster contingency fund.

■ Maintain records of emergency-related expenditures for purchases and personnel.

■ Prepare and maintain supporting SOPs and annexes.

3.2.6.8 Public Health and Emergency Medical Services

Marion County Health Department and EMS Coordinator

The City relies on the County to provide public health and human services and has adopted the relevant parts of the County Emergency Operations Plan. The County Health Department Director is responsible for coordinating public health and welfare services required to cope with the control of communicable diseases and non-communicable illness associated with major emergencies, disasters, and/or widespread outbreaks caused by bioterrorism, epidemic or pandemic diseases, or novel and highly fatal infectious agents or biological or chemical toxin incidents in urban or rural areas in the county. The Health Department Director also serves as the Health Department representative for the County Emergency Management Organization. Relevant operations are detailed in ESF 6, Housing and Human Services and ESF 8, Public Health and Medical Services of the County Emergency Operations Plan; general responsibilities are outlined below.

■ Coordinate with hospitals, clinics, nursing homes/care centers, and mental health organizations, including making provisions for the "special needs" population.

■ Coordinate with the Medical Examiner and Funeral Directors to provide identification and disposition of the dead.

■ Coordinate mass vaccination chemoprophylaxis.

■ Coordinate isolation and/or quarantine of infected persons.

■ Coordinate delivery and set-up of the National Pharmaceutical Stockpile Plan.

■ Provide emergency counseling for disaster victims and emergency response personnel suffering from mental and emotional disturbances.

■ Coordinate for council of churches and other volunteer agencies.

■ Identify emergency feeding sites (coordinating with American Red Cross and Salvation Army).

■ Identify sources of clothing for disaster victims (may coordinate with Salvation Army or other disaster relief organization).

■ Secure source of emergency food supplies (with American Red Cross and Salvation Army).

■ Coordinate operations of shelter facilities operated by the City or County, local volunteers, or organized disaster relief agencies such as the American Red Cross.

■ Coordinate special care requirements for sheltered groups such as unaccompanied children and the elderly.

■ Designate a coordinator/liaison to participate in all phases of the County emergency management program, when necessary or as requested.

3.2.6.9 Search and Rescue

City of Aurora Police Department and Marion County Sheriff's Office

■ Coordinate available resources to search for and rescue persons lost outdoors.

■ Cooperate with, and extend assistance to, surrounding jurisdictions on request and as resources allow.

■ Establish and monitor training standards for certification of search and rescue personnel.

■ Prepare and maintain supporting SOPs and annexes.

3.2.6.10 Oil and Hazardous Materials Response

Radiological Protection

Region 9 HazMat Coordinator and City Emergency Manager (or designee)

The City relies on Marion County and the Regional HazMat Team to provide radiological support. General responsibilities are outlined below.

■ Establish and maintain a radiological monitoring and reporting network.

■ Secure initial and refresher training for instructors and monitors.

■ Provide input to the statewide monitoring and reporting system.

■ Under fallout conditions, provide City and County officials and department heads with information on fallout rates, fallout projections, and allowable doses.

■ Coordinate radiological monitoring throughout the county.

■ Provide monitoring services and advice at the scene of accidents involving radioactive materials.

■ Prepare and maintain supporting SOPs and annexes.

3.2.6.11 Agriculture and Natural Resources

Marion County Health Department

■ Collect information from a variety of sources to determine the critical needs of the affected population in terms of numbers of people, impacted areas, and usable food preparation facilities for congregate feeding.

■ Work with the American Red Cross to determine food and potable water needs.

■ Identify elderly or disabled residents to ensure that their basic needs are being met.

■ Work with long-term care facilities to ensure that their food and water needs are being met.

■ Identify public health concerns relating to the availability of potable water.

■ Monitor the status of water systems to ensure that they can meet basic needs.

■ Inspect food service operations and public shelters to ensure that they can meet public health needs.

■ Provide assistance and information to the public regarding actions to take to ensure safety of potable water.

■ Work with appropriate agencies to prevent threats to public health that may be caused by contamination of drinking water from sewer or septic systems.

3.2.6.12 Energy and Utilities

City Emergency Manager/City Police Chief

■ Work with local energy facilities to restore damaged energy utility infrastructure and accompanying systems.

■ Coordinate temporary emergency power generation capabilities to support critical facilities until permanent restoration is accomplished. Critical facilities may include primary and alternate EOCs,

hospitals/critical care facilities, designated shelters, government offices/facilities, water/sewage systems, and other essential community services.

3.2.6.13 Law Enforcement Services

City of Aurora's Police Department

City enforcement services are responsible for the tasks outlined below.

- Provide law enforcement and criminal investigation.

- Provide traffic control, crowd control, and site security.

- Isolate damaged areas.

- Provide damage reconnaissance and reporting.

- Evacuate the disaster area.

- Prepare and maintain supporting SOPs and annexes.

3.2.6.14 Recovery

Damage Assessment

Marion County Building Inspection (acting as City of Aurora/Building Official)

- Establish a damage assessment team from among City departments with assessment capabilities and responsibilities.

- Train and provide damage plotting team members to the EOC.

- Assist in reporting and compiling information regarding deaths, injuries, and dollar damage to tax-supported facilities and to private property.

- Assist in determining the geographic extent of damaged area.

- Compile estimates of damage for use by City officials in requesting disaster assistance.

- Evaluate the effect of damage on the City's economic index, tax base, bond ratings, insurance ratings, etc., for use in long-range recovery planning.

- Prepare and maintain supporting SOPs and annexes.

3.2.6.15 External Affairs

City Emergency Manager

The following tasks are necessary to ensure provision of reliable, timely, and effective information/warnings to the public at the onset and throughout a disaster.

- Conduct ongoing hazard awareness and public education programs.

- Compile and prepare emergency information for the public in case of emergency.

- Arrange for media representatives to receive regular briefings regarding the City's status during extended emergency situations.

- Secure printed and photographic documentation of the disaster situation.

- Handle unscheduled inquiries from the media and the public.

- Be aware of Spanish-only-speaking and/or bilingual population centers within the city, and prepare training and news releases accordingly.

- Prepare and maintain supporting SOPs and annexes.

3.2.6.16 Legal Services

City Attorney

The City of Aurora City Attorney is responsible for the tasks outlined below, in the event of an emergency.

- Advise City officials regarding emergency powers of local government and necessary procedures for invocation of measures to:

  - Implement wage, price, and rent controls

  - Establish rationing of critical resources

  - Establish curfews

  - Restrict or deny access

  - Specify routes of egress

  - Limit or restrict use of water or other utilities

  - Remove debris from publicly or privately owned property.

- Review and advise City officials regarding possible liabilities arising from disaster operations, including the exercising of any or all of the above powers.

■   Prepare and recommend local legislation to implement the emergency powers required during an emergency.

■   Advise City officials and department heads regarding record keeping requirements and other documentation necessary for the exercising of emergency powers.

■   Thoroughly review and be familiar with current ORS 401 provisions as they apply to County or City government in disaster events.

■   Prepare and maintain supporting SOPs and annexes.

3.2.6.17 Volunteer and Donation Management

City Emergency Manager

Responding to incidents frequently exceeds the City's resources. Volunteers and donors can support response efforts in many ways, and it is essential that the City plan ahead to effectively incorporate volunteers and donated goods into its response activities.

3.2.6.18 Other Agency Responsibilities

Other City department and agency heads not assigned a specific function in this plan will be prepared to make their resources (to include personnel) available for emergency duty at the direction of the City Police Chief.

3.3   Local and Regional Response Partners

The City of Aurora's emergency organization is supported by a number of outside organizations, including the County, service organizations, and the private sector.

3.3.1   Private Sector

Private sector organizations play a key role before, during, and after an incident. First, they must provide for the welfare and protection of their employees in the workplace. In addition, the City and County must work seamlessly with businesses that provide water, power, communication networks, transportation, medical care, security, and numerous other services upon which both response and recovery are particularly dependent. Essential private sector responsibilities are outlined below.

■   Plan for the protection of employees, infrastructure, and facilities.

■   Plan for the protection of information and the continuity of business operations.

■   Plan for, respond to, and recover from, incidents that impact their own infrastructure and facilities.

■ Collaborate with emergency management personnel before an incident occurs to ascertain what assistance may be necessary and helpful.

■ Develop and exercise emergency plans before an incident occurs.

■ Where appropriate, establish mutual aid and assistance agreements to provide specific response capabilities.

■ Provide assistance (including volunteers) to support local emergency management and public awareness during response and throughout the recovery process.

3.3.2   Nongovernmental Organizations

Nongovernmental Organizations (NGOs) play enormously important roles before, during, and after an incident. In the city, NGOs such as the American Red Cross provide sheltering, emergency food supplies, counseling services, and other vital support services to support response and promote the recovery of disaster victims. NGOs collaborate with responders, governments at all levels, and other agencies and organizations.

The roles of NGOs in an emergency may include the following tasks.

■ Train and manage volunteer resources.

■ Identify shelter locations and need supplies.

■ Provide critical emergency services to those in need, such as cleaning supplies, clothing, food and shelter, and assistance with post-emergency cleanup

■ Identify those whose needs have not been met, and help coordinate the provision of assistance.

3.3.3   Individuals and Households

Although not formally a part of the City's emergency operations, individuals and households play an important role in the overall emergency management strategy. Community members can contribute by performing the tasks outlined below.

■ Reduce hazards in their homes.

■ Prepare emergency supply kits and household emergency plans.

■ Monitor emergency communications carefully.

■ Volunteer with an established organization.

■ Enroll in emergency response training courses.

3.4 County Response Partners

The County Emergency Manager has been appointed under the authority of the Board of County Commissioners. The County Emergency Manager is responsible for developing a countywide emergency management program that, through cooperative planning efforts with the incorporated communities of the county, will provide a coordinated response to a major emergency or disaster.

3.5 State Response Partners

Under the provisions of ORS 401.055 through 401.155, the Governor has broad responsibilities for the direction and control of all emergency activities in a State-Declared Emergency. The administrator of OEM is delegated authority by ORS 401.260 to 401.280 to coordinate all activities and organizations for emergency management within the state and to coordinate in emergency matters with other states and the Federal government.

Under the direction and control of department heads, agencies of State government represent the State emergency operations organization. Responsibility for conducting emergency support functions is assigned by the Governor to the department best suited to carry out each function applicable to the emergency situation. Some State agencies may call upon their Federal counterparts to provide additional support and resources following established procedures and policies for each agency.

3.5.1 Aurora State Airport

As a local, State-owned airport, Aurora State Airport will play a vital role in helping evacuate residents, provide a staging area for commodities, assist in recovery efforts after the event, and provide a connection to emergency services for the city of Aurora. The Oregon Department of Aviation has coordinated with OEM and FEMA to develop a commodities distribution plan for the communities of Oregon, and the Aurora State Airport has been identified as a secondary commodities distribution airport.

If needed, the Aurora State Airport can provide an alternative location for the City's EOC. The private hangars on site at the airport can also provide shelter locations for city residents.

At the time of this draft, the City and the airport have not entered into any Memorandums of Understanding related to these potential uses of the airport.

3.6 Federal Response Partners

Federal response partners are typically requested by OEM in the event that State resources become limited or specialized services are needed. In most instances, Federal resources become available following a formal declaration of emergency by the Governor. Thus, procedures and policies for allocating and coordinating

resources at the Federal level follow the Oregon Emergency Management Plan and, if necessary, the NRF.

3.7   Response Matrix

Table 3-1 provides a matrix, by ESF, of the local, State, and Federal primary organizations that the City may rely on in the event of an emergency.

Table 3-1   Response Partners by Emergency Support Function (ESF)

ESF	Scope	Primary City Department	Primary County Agency	Primary State of Oregon Agency	Primary Federal Agency
ESF 1 **Transportation**	■ Aviation/airspace management and control ■ Transportation safety ■ Restoration and recovery of transportation infrastructure ■ Movement restrictions ■ Damage and impact assessment	City of Aurora Public Works	Marion County Public Works	Dept. of Transportation	Dept. of Transportation
ESF 2 **Communications**	■ Coordination with telecommunications and information technology industries ■ Restoration and repair of telecommunications infrastructure ■ Protection, restoration, and sustainment of national cyber and information technology resources ■ Oversight of communications within the Federal incident management and response structure	City of Aurora Police Department	Marion County Sheriff's Office	Office of Emergency Management	Dept. of Homeland Security (National Communications System)
ESF 3 **Public Works & Engineering**	■ Infrastructure protection and emergency repair ■ Infrastructure restoration ■ Engineering services and construction management ■ Emergency contracting support for life-saving and life-sustaining services	City of Aurora Public Works	Marion County Public Works	Dept. of Transportation	Dept. of Defense (U.S. Army Corps of Engineers)
ESF 4 **Firefighting**	■ Coordination of Federal firefighting activities ■ Support to wildland, rural, and urban firefighting operations	Aurora Rural Fire Protection District	Marion County District #1	Dept. of Forestry, State Fire Marshal	U.S. Department of Agriculture, Forest Service)
ESF 5 **Emergency Management**	■ Coordination of incident management and response efforts ■ Issuance of mission assignments ■ Resource and human capital ■ Incident action planning ■ Financial management	City of Aurora Emergency Management Director	Marion County Emergency Management Department	Office of Emergency Management	Dept. of Homeland Security (FEMA)
ESF 6 **Mass Care, Emergency Assistance, Housing & Human Services**	■ Mass care ■ Emergency assistance ■ Disaster Housing ■ Human services	City of Aurora Emergency Management Director	Marion County Public Health Depatrment	Dept. of Human Services	Dept. of Homeland Security (FEMA)

Table 3-1   Response Partners by Emergency Support Function (ESF)

ESF	Scope	Primary City Department	Primary County Agency	Primary State of Oregon Agency	Primary Federal Agency
ESF 7 Logistics Management & Resource Support	▪ Comprehensive, national incident logistics planning, management, and sustainment capability ▪ Resource support (facility space, office equipment and supplies, contracting services, etc.)	City of Aurora Emergency Management Director	Marion County Emergency Management	Dept. of Administrative Services	General Services Administration & Dept. of Homeland Security (FEMA)
ESF 8 Public Health & Medical Services	▪ Public health ▪ Medical ▪ Behavioral health services ▪ Mass fatality management	City of Aurora Emergency Management Director	Marion County Public Health Department	Dept. of Human Services – Public Health Division	Dept. of Health and Human Services
ESF 9 Search & Rescue	▪ Life-saving assistance ▪ Search and rescue operations	City of Aurora Police Department	Marion County Sheriff's Office	Office of Emergency Management, State Fire Marshal	Dept. of Homeland Security (FEMA)
ESF 10 Oil & Hazardous Materials	▪ Oil and hazardous materials (chemical, biological, radiological, etc.) response ▪ Environment short- and long-term cleanup	Aurora Rural Fire Protection District	Salem Fire Department Hazmat Team #13	Dept. of Environmental Quality, State Fire Marshal	Environmental Protection Agency
ESF 11 Agriculture & Natural Resources	▪ Nutrition assistance ▪ Animal and plant disease and pest response ▪ Food safety and security ▪ Natural and cultural resources and historic properties protection ▪ Safety and well-being of household pets	City of Aurora Emergency Management Director	Marion County Health Department	Dept. of Agriculture	Dept. of Agriculture
ESF 12 Energy	▪ Energy infrastructure assessment, repair, and restoration ▪ Energy industry utilities coordination ▪ Energy forecast	City of Aurora Emergency Management Director	Marion County Emergency Management Department	Dept. of Administrative Services, Dept. of Energy, Public Utility Commission	Dept. of Energy

Table 3-1   Response Partners by Emergency Support Function (ESF)

ESF	Scope	Primary City Department	Primary County Agency	Primary State of Oregon Agency	Primary Federal Agency
ESF 13 Public Safety & Security	▪ Facility and resource security ▪ Security planning and technical resource assistance ▪ Public safety and security support ▪ Support to access, traffic, and crowd control	City of Aurora Police Department	Marion County Emergency Management Department	Dept. of Justice, Oregon State Police	Dept. of Justice
ESF 14 Long-Term Community Recovery	▪ Social and economic community impact assessment ▪ Long-term community recovery assistance to States, tribes, local governments, and the private sector ▪ Analysis and review of mitigation program implementation	City of Aurora Emergency Management Director	Marion County Emergency Management Department	Economic and Community Development, Office of Emergency Management	Dept. of Homeland Security (FEMA)
ESF 15 External Affairs	▪ Emergency public information and protective action guidance ▪ Media and community relations ▪ Congressional and international affairs ▪ Tribal and insular affairs	City of Aurora Emergency Management Director	Marion County Emergency Management Department	Office of Emergency Management	Dept. of Homeland Security

4 | Concept of Operations

4.1   General

Primary roles involved during the initial emergency response will focus on first responders such as fire districts and police departments, sometimes also involving hospitals, local health departments, and regional fire and hazardous materials teams. Typically, as the emergency situation evolves and the immediate response subsides, a transition period will occur during which emergency responders will hand responsibility for active coordination of the response to agencies or organizations involved with recovery operations. In all emergency situations and circumstances, saving and protecting human lives receives the highest priority.

The basic concept of emergency operations focuses on managing and using all available resources at the local level for effectively responding to all types of emergencies. Local government has the primary responsibility for emergency management functions and for protecting life and property from the effects of emergency and disaster events. This Emergency Operations Plan should be used when the City of Aurora or local emergency response agencies are reaching or have exceeded their abilities to respond to an emergency incident. This plan and its processes are not intended for day-to-day operations of related services.
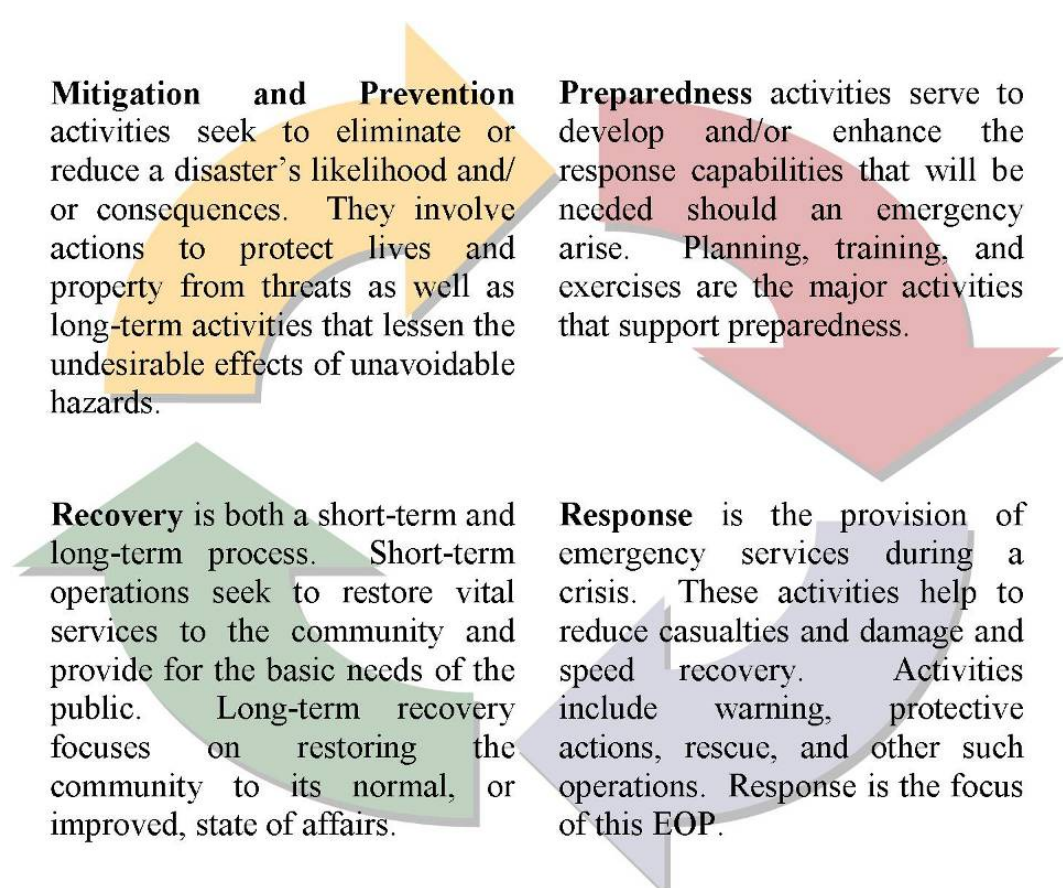
Responsibilities of the city and regional partners include management and coordination of large-scale events, as well as identifying and obtaining additional assistance/resources for emergency response agencies from the County, State, and/or Federal government through the City Emergency Management Organization.

4.2   Phases of Emergency Management

This plan adheres to the emergency management principle of all-hazards planning, which is predicated on the fact that most responsibilities and functions performed during an emergency are not hazard-specific. It should be noted that this is an *emergency operations plan* rather than a *comprehensive emergency management* plan, as its emphasis is on *incident* management rather than on *program* management. That said, this Emergency Operations Plan impacts and is informed by activities conducted before and after any emergency operations take

place; consequently, a brief description of the four phases of emergency management is provided below.

Mitigation and Prevention activities seek to eliminate or reduce a disaster's likelihood and/or consequences. They involve actions to protect lives and property from threats as well as long-term activities that lessen the undesirable effects of unavoidable hazards.

Preparedness activities serve to develop and/or enhance the response capabilities that will be needed should an emergency arise. Planning, training, and exercises are the major activities that support preparedness.

Recovery is both a short-term and long-term process. Short-term operations seek to restore vital services to the community and provide for the basic needs of the public. Long-term recovery focuses on restoring the community to its normal, or improved, state of affairs.

Response is the provision of emergency services during a crisis. These activities help to reduce casualties and damage and speed recovery. Activities include warning, protective actions, rescue, and other such operations. Response is the focus of this EOP.

Additionally, this plan is implemented within the context of a continuous stream of incidents, events, and occurrences, any of which may develop into an emergency. Situational awareness is essential to maintaining a forward-leaning posture that facilitates rapid response. Situational awareness refers to the ongoing process of collecting, analyzing, and disseminating intelligence, information, and knowledge to allow organizations and individuals to anticipate requirements and to react quickly and effectively. Situational awareness comprises an interactive process of sharing and evaluating information from multiple sources, integrating communications and reporting activities and activities to forecast or predict incidents to detect and monitor threats and hazards. These activities are the basis for advice, alert and warning, intelligence and information-sharing, technical assistance, consultations, notifications, and informed decision making at all interagency and intergovernmental levels, as well as on the part of the private sector and the public.

4.2.1   Incident Management

4.2.1.1   Incident Levels

In response to the events of September 11, 2001 and the continued terrorist threat to the United States, the Federal Government, the Oregon State Police Office of Public Safety and Security adopted a system of rating terrorist threat levels that are equivalent to the types of emergency situations defined in this section.

4.2.1   Emergency Incident

An emergency incident is generally handled within the normal organizational procedures of a county department or agency, such as a response to an armed robbery call by the Police Department. Such an occurrence would not require implementation of this plan.

4.2.2   Special Emergency

A special emergency is an incident that has special or unusual characteristics requiring response and/or support by more than one department or agency. Such an incident may require partial implementation of this plan and/or a local declaration of emergency to access State resources or to enact emergency ordinances. An example of a special emergency would be a hazardous material spill that occurred on the boundary of two jurisdictions and required the evacuation of a fairly large area.

4.2.3   Major Emergency

A major emergency is an occurrence that requires multi-agency response, allocation of resources, and emergency services and support not normally serving the area, and one that affects a large portion of the population, property, and critical services in the city. Additional resources and coordination would be provided through the Emergency Operations plan and may require a request for State and Federal aid through a State declaration of emergency.

4.2.4   Disaster

Disasters are determined by a measurement of total impact of a "state of emergency" in a community and demand a crisis response beyond the capability of local government.

4.2.5   State of Emergency

A state of emergency exists whenever any part or all of the City is suffering or is in danger of suffering an event that may cause injury, death, damage, or destruction to the extent that extraordinary measures must be taken.

Table 4-1   City Incident Action Levels

Level	Color	Definition
LEVEL 1 **Normal Operations**	**Green**	Level 1 status indicates normal conditions. No known threats or warnings, routine patrol functions.
LEVEL 2 **Guarded Operations**	**Blue**	General information about a potential threat, absent indication of potential target type, location and time. May include weather advisories and minor storm warnings.
LEVEL 3 **Elevated Security**	**Yellow**	Credible source information of specific or potential threat, suggesting target type, time, or geographic location. May include, but not limited to, major weather situations like flood or storm warnings, planned civil disturbances, strikes or labor disputes.
LEVEL 4 **High Security**	**Orange**	Credible source information of threat to a specific asset or target. Natural disasters including earthquakes, wildfires, flooding, etc. May include large-scale industrial accidents, fires and/or explosions.
LEVEL 5 **Severe Security**	**Red**	A terrorist attack has occurred or based on credible and corroborated intelligence is imminent. A natural disaster or industrial accident has occurred of such scale as to warrant a level five response.

4.3   Response Priorities

1. **Self-Preservation:** Protection of City employees (including dependents) from the effects of a disaster would be the first priority in the event of an emergency. It is expected that employees' families would be sufficiently prepared to be self-reliant after the initial incident for the employee to provide timely lifesaving services and other critical operations as effectively and with as little interruption as possible. Self-preservation includes actions taken immediately before, during, and after an event.

2. **Lifesaving/Protection of Property:** This is a focus on efforts to save lives of persons other than City employees and their dependents. It may include prevention or mitigation of major property damage if results of such damage are likely to present an immediate danger to human life.

3. **Unit Reconstitution:** Unit reconstitution is the recall of critical employees (if the incident occurs during off-duty hours) and the collection, inventory, temporary repair, and allocation of City assets to provide maximum prompt,

sustained operations in response to a disaster. This would include activation of the City EOC for the purpose of coordinating emergency response activities.

4. **Emergency Food and Temporary Housing Plan:** Provision of food and temporary housing for disaster victims would become an immediate priority in an emergency event and would be coordinated through the City Emergency Management Organization with support from the American Red Cross.

5. **Restoration of Infrastructure:** Restoration of the City's critical infrastructure (utilities, roads, buildings, etc.) would be a prime concern in an emergency event and would require local, County, State, and Federal agencies to coordinate with the private sector.

6. **Statutory Response:** This includes provision of a partial or full range of City services beyond lifesaving, security, and law enforcement, during a disaster. Included under statutory response (ORS 401.305) is City support to other units of local government in their assigned missions, e.g, coordinating additional resources, declaring a state of emergency, and requesting County, State, and Federal assistance.

7. **Recovery:** Restoration of lost or impaired capabilities caused by the effects of a disaster or other emergency; return to normal operating conditions, and providing non-emergency services to the public are all key recovery goals.

4.3.1   Activation

When an emergency situation arises and it is determined that the normal organization and functions of City government are insufficient to effectively meet response requirements, the Emergency Manager, will activate and implement all or part of this Emergency Operations Plan. In addition, the Emergency Manager(or designee) may partially or fully activate and staff the City EOC based on an emergency's type, size, severity, and anticipated duration. Concurrently, all involved City emergency services will implement their respective plans, procedures, and processes and will provide the Emergency Manager with the following information:

- ■ Operational status

- ■ Readiness and availability of essential resources

- ■ Changing conditions and status of resources (personnel, equipment, facilities, supplies, etc.)

- ■ Significant concerns and issues dealing with potential or actual loss of life or property.

4.3.2   Initial Actions

Upon activating all or part of this Emergency Operations Plan, the Emergency Manager (or designee) will immediately implement the factions outlined below.

- ■ Alert threatened populations and initiate evacuation as necessary. Refer to the Emergency Services Annex for more detailed information and specific procedures for issuing citywide warnings and alerts.

- ■ Initiate emergency sheltering procedures with the American Red Cross and other community partners if evacuation procedures are activated. Refer to the Human Services Annex for more detailed information and specific procedures associated with sheltering, mass care, and related human services.

- ■ Instruct appropriate City emergency service providers to activate necessary resources.

- ■ Assign radio frequencies and communications equipment, implement a communications plan, and confirm interoperability among EOC staff and response agencies.

- ■ Request the City Council to prepare and submit a formal Declaration of Emergency through the City Emergency Management when it is determined local resources will not meet the need of local emergency operations. The official declaration may be preceded by a verbal statement.

- ■ Prepare to staff the City EOC on 12-hour shifts.

- ■ City personnel and support staff will be deployed to restore normal activity and provide essential community services as soon as possible following the emergency. Additional information regarding community recovery procedures can be found in the Emergency Services Annex.

4.3.3   Communications, Notification and Warning

Traditional communication lines, such as landline telephones, cellular phones, faxes, pagers, internet/e-mail, and radio, will be used by the City response personnel throughout the duration of response activities. Specific information regarding the City's communications is provided in the FA 1, Emergency Services and FA2, Human Services. .

A public warning and broadcast system has been established for the County to provide emergency information and instructions during a pending or actual emergency incident or disaster. The Emergency Manager shall provide the public with educational/instructional materials and presentations on subjects regarding safety practices and survival tactics for the first 72 hours of a disaster. The FA1

Annex provides detailed information regarding how these systems are accessed, managed, and operated throughout an emergency's duration. Emergency notification procedures are established among the response community, and call-down lists are updated and maintained through each individual agency. External partners can be activated and coordinated through the City EOC.

4.3.4   Direction and Control

Direction and control of City Emergency Operations will be conducted via the ICS and the Multi-Agency Coordination System, as described in Section 5, Command and Control.

The City Emergency Management Organization has the responsibility for maintaining the readiness of the EOC and identifying and training support staff. City departments will be requested to designate personnel who can be made available to be trained by City Emergency Management and to work in the EOC during a major disaster. Other departments may be requested to provide assistance in a major emergency.

4.4 Inter-jurisdictional Coordination

4.4.1   Municipalities

The chief executives of the incorporated cities within Marion County are responsible for the direction and control of their local resources during emergencies, including requesting additional resources not covered under mutual aid for emergency operations. Such requests shall be directed to the County Emergency Management, including any requests for a State Declaration of Emergency or presidential disaster declaration.

4.4.2   Mutual Aid

State law (ORS 401.480 and 401.490) authorizes local governments to enter into Cooperative Assistance Agreements with public and private agencies, in accordance with their needs. Personnel, supplies, and services may be used by a requesting agency if the granting agency cooperates and extends such services. However, without a mutual aid agreement, both parties must be aware that state statute does not provide umbrella protection except in the case of fire suppression pursuant to ORS 476 (the Oregon State Emergency Conflagration Act).

4.4.3   Special Service Districts

These districts provide services such as fire protection and water delivery systems that are not available from City or County government. Each is governed by an elected Board of Directors and has policies separate from City and County government. They often overlap City and County boundary lines and thus may serve as primary responders to emergencies within their service districts.

4.4.4   Private Sector

Disaster response by local government agencies may be augmented by business, industry, and volunteer organizations. The Emergency Manager will coordinate response efforts with business and industry, to include assisting, as appropriate, in action taken by industry to meet State emergency preparedness regulations governing businesses such as utility companies that provide essential services. Schools, hospitals, nursing/care homes, and other institutional facilities are required by Federal, State, or local regulations to have disaster plans. The Public Information Officer (PIO) will also work with voluntary organizations to provide certain services in emergency situations, typically through previously established agreements. In the preparedness context, essential training programs will be coordinated by the sponsoring agencies of such organizations as American Red Cross, faith-based groups, amateur radio clubs, Community Emergency Response Teams (CERTs), etc.

4.4.5   County Government

The County Emergency Management Organization, as defined in the County Emergency Operations Plan can be activated through County Emergency Management. The County provides direct County agency support at the local level, and serves as a channel for obtaining resources from outside the County structure, including the assistance provided by state, regional, and federal agencies. Local resources (personnel, equipment, funds, etc.) should be exhausted or projected to be exhausted before the County requests State assistance.

4.4.6   State Government

The State emergency organization, as defined in the State of Oregon Emergency Operations Plan, can be activated through the Department of State Police, Emergency Management Division. This division provides a duty officer at all times. The State provides direct agency support to the local level and serves as a channel for obtaining resources from outside the State structure, including the assistance provided by the Federal government.

4.4.7   Federal Government

The County shall make requests for Federal disaster assistance to the State of Oregon Emergency Management Division. Federal resources may be requested and provided prior to the formal declaration of a disaster in emergency response situations. A Presidential Disaster Declaration makes available extensive disaster response and recovery assistance, including financial support to governments, businesses, and individual citizens.

4.5   Transition to Recovery

4.5.1   Demobilization

As the emergency situation progresses and the immediate response subsides, a transition period will occur during which emergency responders will hand responsibility for active coordination of the response to agencies or organizations involved with near- and long-term recovery operations.

4.5.2   Recovery Strategy

Recovery comprises steps that the City will take during and after an emergency to restore government function and community services to levels existing prior to the emergency. Recovery is both a short- and long-term process. Short-term operations seek to restore vital services to the community and provide for the basic needs of the public, such as bringing necessary lifeline systems (e.g., power, communication, water and sewage, disposal of solid and hazardous wastes, or removal of debris) to an acceptable standard while providing for basic human needs (e.g., food, clothing, and shelter). Once stability is achieved, the City can concentrate on long-term recovery efforts, which focus on restoring the community to a normal or improved state of affairs. The recovery period is also an opportune time to institute mitigation measures, particularly those related to the recent emergency. This is also the phase to reassess applications, processes, and functions of all annexes of this disaster plan for deficiencies. Resources to restore or upgrade damaged areas may be available if it can be shown that extra repairs will mitigate or lessen the chances of, or damages caused by, another similar disaster.

The Emergency Services Annex to this Emergency Operations Plan summarizes specific procedures and plans to support recovery, mitigation, and economic stabilization for the City following a disaster. In addition, a Recovery Strategy is being established for the City and will be implemented in conjunction with this Emergency Operations Plan, as warranted by emergency incidents. This strategy addresses the following topics:

- Responsibilities and procedures for damage assessment

- Request procedures for recovery assistance

- Redevelopment planning

- Public information on available recovery assistance

- Capturing and implementing lessons learned

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5 Command and Control

5.1 General

The responsibility for emergency management and direction and control in time of disaster belongs to the elected City Council. The Emergency Manager is empowered to assume executive control over all departments, divisions, and offices of the City during a state of emergency. The Emergency Manager (or designee, such as the Police Chief) is responsible for performing such duties as causing emergency measures to be enforced and designating emergency areas. The Emergency Manager, (or designee), may declare a "state of emergency," place this plan into effect, may activate and staff the City EOC at a full or partial level. In the event that one or more of the above actions are implemented, a report of such action will be made to the Mayor and City Council at the first available opportunity.

The Emergency Manager (or designee) is responsible for ensuring that coordinated and effective emergency response systems are developed and maintained. Existing government agencies will perform emergency activities closely related to those they perform routinely.

Specific positions and agencies are responsible for fulfilling their obligations, as presented in this Emergency Operations Plan and individual annexes. As the EOC Controller, the City Police Chief will provide overall direction of response activities for all City departments. In accordance with state statute, the City Police Chief (or designee) may take extraordinary measures in the interest of effective emergency management. Department heads will retain control over their employees and equipment unless directed otherwise by the City Police Chief (or designee). Each agency will be responsible for having its own SOPs to be followed during response operations.

Outside assistance, whether from other political jurisdictions or from organized volunteer groups, will be requested and used only as an adjunct to existing City services, and then only when the situation threatens to expand beyond the City's response capabilities.

5.2   Emergency Operations Center

Response activities will be coordinated from an EOC and will be activated upon notification of a possible or actual emergency. The EOC will track, manage, and allocate appropriate resources and personnel. .During large-scale emergencies, the EOC will in fact become the seat of government for the duration of the crisis. The EOC will serve as a multiple agency coordination system if needed.

5.2.1   EOC Activation

During emergency operations, and upon EOC activation, the EOC staff will assemble and exercise Direction and Control, as outlined below.

- ■ The EOC will be activated by the Emergency Manager (or designee). The Emergency Manager will assume responsibility for all operations and direction and control of response functions.

- ■ The Emergency Manager will determine the level of staffing required and will alert the appropriate personnel, agencies, and organizations.

- ■ Emergency operations will be conducted by City departments, augmented as required by trained reserves, volunteer groups, and forces supplied through mutual aid agreements. County, State and Federal support will be requested if the situation dictates.

- ■ Communications equipment in the EOC will be used to receive information, disseminate instructions, and coordinate emergency operations.

- ■ The Emergency Manager may establish an on-scene command post at the scene to maintain close contact and coordination with the EOC.

- ■ Department heads and organization leaders are responsible for emergency functions assigned to their activities, as outlined in their respective annexes.

- ■ The EOC will normally operate on a 24-hour basis, rotating on 12-hour shifts, or as needed.

- ■ The Emergency Manager will immediately notify the County Emergency Management office upon activation. Periodic updates will be made as the situation requires.

5.2.2   Emergency Operations Center Location

The primary location for the City EOC is:

> Aurora Rural Fire Protection District
> 21390 Main Street
> Aurora, Oregon 97002

If necessary, the alternate location for the City EOC is:

> City of Aurora
> 21420 Main Street
> Aurora, Oregon 97002

5.3 Incident Command System

In Oregon, implementation NIMS and ICS is mandatory during an emergency incident. NIMS is a comprehensive, national approach to incident management applicable to all jurisdictional levels and across functional disciplines. ICS is a standardized, flexible, scalable, all-hazard incident management system designed to begin developing from the time an incident occurs and continue until the need for management and operations no longer exists. The ICS structure can be expanded or contracted depending on the incident's changing conditions. The system consists of practices for managing resources and activities during an emergency response. It can be staffed and operated by qualified personnel from any emergency service agency and may involve personnel from a variety of disciplines. As such, the system can be utilized for any type or size of emergency, ranging from a minor incident involving a single unit to a major emergency involving several agencies and spanning numerous jurisdictions. ICS allows agencies to communicate using common terminology and operating procedures. It also allows for effective coordination and allocation of resources throughout an incident's duration.

The City EOC has established a command structure, supporting activation and operational procedures, and position checklists compliant with NIMS/ICS. This information is available through the Emergency Manager and is located at the EOC in hardcopy format. A typical ICS organizational chart for the City is presented in Figure 5-1.

Plain language will be used during a multi-jurisdictional emergency response occurring in the city and is essential to public safety, especially the safety of first responders and those affected by the incident. The use of common terminology enables area commanders, State and local EOC personnel, Federal operational coordinators, and responders to communicate clearly with each other and effectively coordinate response activities, no matter what the size, scope or complexity of the incident. The ability of responders from different jurisdictions and different disciplines to work together depends greatly on their ability to communicate with each other.

In certain instances, more than one ICS position may be managed by a single staff person due to limited personnel and resources available in the city. Thus, it is imperative that all primary and alternate EOC staff be trained on ICS functions as well as those within their areas of expertise. Regularly exercising ICS, including sub-functions and liaison roles with volunteers and other support staff, will improve overall EOC operation efficiency and add depth to existing City emergency management and response organizations.

Figure 5-1   Example of an Incident Command Structure for the City
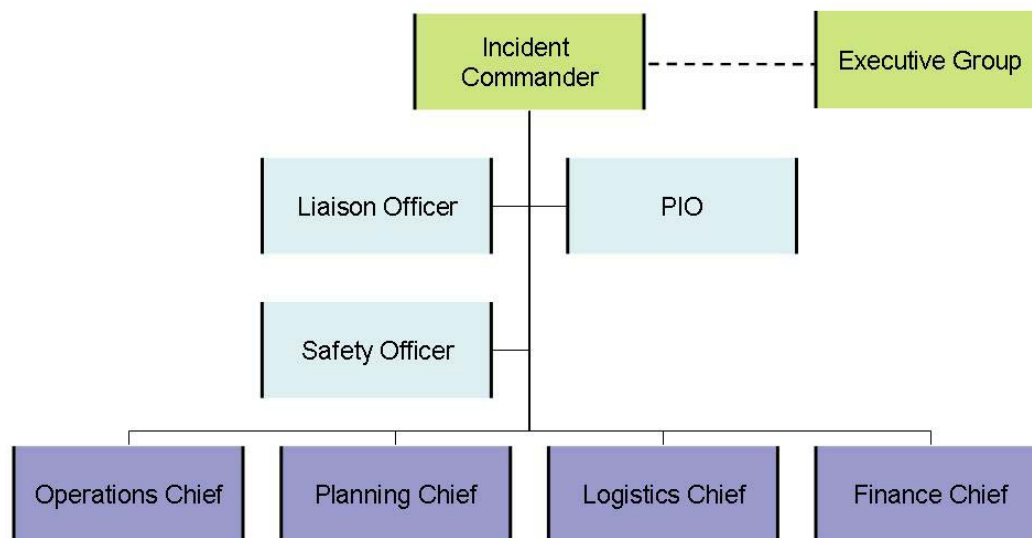
5.3.1   Command Staff

5.3.1.1 Incident Commander

In most cases, the initial Incident Commander will be the first responder managing the response. As the incident progresses to the recovery phase, a different agency representative or appointed official may transition into the Incident Commander role. Additional information regarding typical ICS assignments for the City, including both lead and support roles during emergency response, is provided in the FAs IAs attached to this plan. In general, the Incident Commander is responsible for all functions not assigned to one of the primary sections and for the specific tasks outlined below.

■ Determine incident objectives and strategies.

■ Approve and support implementation of an Incident Action Plan (IAP).

■ Coordinate all activities supporting the incident or event.

■ Approve release of information through the PIO.

■ Perform the duties of the following command staff if no one is assigned to the position:

- Safety Officer

- PIO

- Liaison Officer.

5.3.1.2   Safety Officer

The Safety Officer is generally responsible for the tasks outlined below.

■ Identify initial hazards, determine personal protective equipment requirements, and define decontamination areas.

■ Implement site control measures.

■ Monitor and assess the health and safety of response personnel and support staff (including EOC staff).

■ Preparing and implementing a site Health and Safety Plan and updating the IC regarding safety issues or concerns as necessary.

■ Exercise emergency authority to prevent or stop unsafe acts.

5.3.1.3   Public Information Officer

A lead PIO will most likely coordinate and manage a larger public information network representing local, County, regional, and State agencies, tribal entities, political officials, and other emergency management stakeholders. The PIO's duties are outlined below.

■ Develop and coordinate release of information to incident personnel, media, and the general public.

■ Coordinate information sharing among the public information network through the use of a Joint Information System and, if applicable, establishing and staff a Joint Information Center.

■ Implement information clearance processes with the Incident Commander.

■ Conduct and/or manage media briefings and implement media-monitoring activities.

5.3.1.4   Liaison Officer

Specific liaison roles may be incorporated into the command structure established at the City and/or County EOC, depending on the type of emergency incident that has occurred. Liaisons represent entities and organizations such as hospitals, school districts, tribes, public works/utility companies, and volunteer services such as the American Red Cross. Responsibilities typically associated with a liaison are outlined below.

- Serve as the contact point for local government officials, agency or tribal representatives, and stakeholders.

- Coordinate information and incident updates among interagency contacts, including the public information network.

- Provide resource status updates and limitations among personnel, capabilities, equipment, and facilities to the Incident Commander, government officials, and stakeholders.

The annexes attached to this plan contain general guidelines for the City governmental entities, organizations, and County officials/departments to carry out responsibilities assigned at the City EOC or other designated facility where response efforts will be coordinated.

5.3.2   General Staff

5.3.2.1   Operations Chief

The Operations Chief position is typically filled by the lead agency managing response activities for a specific type of incident. The Operations section is organized into functional units representing agencies involved in tactical operations. Thus, typical agencies included in the Operations Section are:

- Fire - emergencies dealing with fire, earthquake with rescue, or hazardous materials

- Law Enforcement - incident(s) involving civil disorder/disturbance, significant security/public safety concerns, transportation-related accidents, and/or criminal investigations

- Public Health Officials - contamination issues, disease outbreaks, and/or emergency incidents posing threats to human, animal, and environmental health

- Public Works - incidents resulting in major utility disruptions, damage to critical infrastructure, and building collapse

Private entities, companies, and non-governmental organizations may also support the Operations section. The Operations Chief is responsible for the tasks outlined below.

■ Provide organizational support and direct implementation of unit operational plans and field response activities.

■ Develop and coordinate tactical operations to carry out the IAP.

■ Manage and coordinate various liaisons representing community response partners and stakeholders.

■ Direct IAP tactical implementation.

■ Request resources needed to support the IAP.

5.3.2.2 Planning Chief

The Planning section is responsible for forecasting future needs and events of the response effort while ensuring implementation of appropriate procedures and processes. This section is typically supported by four primary units: Resources, Situation, Documentation, and Demobilization. The Planning Chief is responsible for the tasks outlined below.

■ Collect, evaluate, and distribute information about the incident, and provide a status summary.

■ Prepare and disseminate the IAP.

■ Conduct planning meetings and developing alternatives for tactical operations.

■ Maintaining resource status.

5.3.2.3 Logistics Chief

The Logistics section is typically supported by the Supply, Food, Communications, Medical, Facilities, and Ground Support units. Depending on the incident's type and size, these units can be divided into two branches: Service and Support. The Logistics Chief is responsible for the tasks outlined below.

■ Provide and manage resources to meet the needs of incident personnel.

■ Manage various coordinators of particular resources, such as transportation-related equipment, EOC staff support services, supplies, facilities, and personnel.

■ Estimate future support and resource requirements.

■   Assist with development and preparation of the IAP.

5.3.2.4   Finance/Administration Chief

The Finance/Administration section is specific to the incident type and severity of resulting impacts. In some instances, agencies may not require assistance, or only a specific function of the section may be needed that can be staffed by a technical specialist in the Planning section. Potential units assigned to this section include Compensation/Claims, Procurement, Cost, and Time. The Finance and Administration Chief is responsible for the tasks outlined below.

■   Monitor costs related to the incident.

■   Maintain accounting, procurement, and personnel time records.

■   Conduct cost analyses.

5.3.3   Unified Command

In some incidents, several organizations may share response authority. ICS has the advantage of combining different local, county, regional, state, and Federal agencies into the same organizational system, maximizing coordination of response activities, and avoiding duplication of efforts. A structure called Unified Command (UC) allows the Incident Commander position to be shared among several agencies and organizations that maintain jurisdiction. UC members retain their original authority but work to resolve issues in a cooperative fashion to enable a more efficient response and recovery.

In a large incident involving multiple jurisdictions and/or regional, state, and Federal response partners, a Unified Command may replace a single organization Incident Command. Each of the four primary ICS sections may be further subdivided, as needed. In smaller situations, where additional persons are not required, the Incident Commander will directly manage all aspects of the incident organization. Figure 5-2 is an example of a UC organizational chart for the City. This provides operational flexibility to expand or contract staffing depending on the incident's nature and size.

Figure 5-2   Example of Unified Command for the City
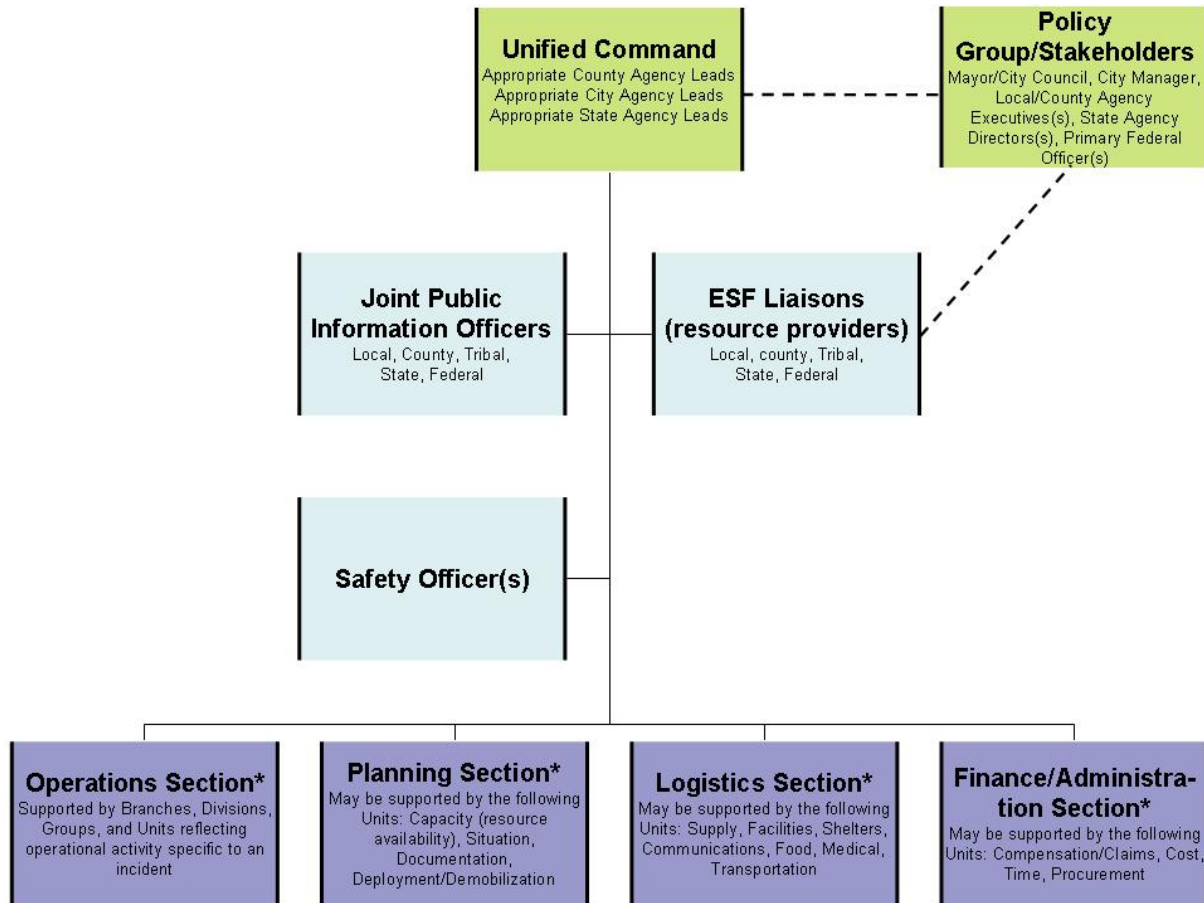
*Note: In any type of incident, a Section Chief may be assigned a Deputy. In addition, an Intelligence Section would be incorporated into the command structure in response to incidents of national significance or those presumed or confirmed to be terrorist-related.

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6 Plan Development, Maintenance and Implementation

6.1 Plan Review and Maintenance

At a minimum, this Emergency Operations Plan will be formally reviewed and re-promulgated every five years to comply with State requirements. This review will be coordinated by the City Recorder's Office and the City Police Chief and will include participation by members from each of the departments assigned as lead agencies in this Emergency Operations Plan and its supporting annexes. This review will:

- Verify contact information

- Review the status of resources noted in the plan

- Evaluate the procedures outlined in this plan to ensure their continued viability.

In addition, lead agencies will review the annexes and appendices assigned to their respective departments. A more frequent schedule for plan review and revision may be necessary.

Recommended changes should be forwarded to:

City Recorder's Office
City of Aurora
21420 Main Street
Aurora, Oregon 97002

6.2 Training Program

The Emergency Manager specifically coordinates training for City personnel and encourages them to participate in trainings hosted by other jurisdictions throughout the region.

The Emergency Manager maintains records and lists of training received by City personnel. Training requirements apply to all first responders and disaster workers, including first-line supervisors, middle management, and command and general staff.

NIMS identifies these positions as follows:

■   EMS personnel

■   Firefighters

■   Law enforcement personnel

■   Public works/utility personnel

■   Skilled support personnel

■   Other emergency management response personnel

■   Support/volunteer personnel at all levels

Table 6-1 provides the minimum training requirements for the City's emergency personnel.

Table 6-1   Minimum Training Requirements

Emergency Personnel	Training Required
Incident Commanders	ICS-100, -200, -300, -400, IS-700, -800
Other Command Staff, Section Chiefs, and Deputy Section Chiefs	ICS-100, -200, -300 IS-700
All other EOC personnel and first responders	ICS-100, -200 IS-700
All other emergency response personnel, including volunteers	ICS-100 IS-700
Independent study courses can be found at http://training.fema.gov/IS/crslist.asp.	

6.3 Exercise Program

The City will conduct exercises throughout the year to continually test and evaluate this Emergency Operations Plan. Whenever feasible, the City will coordinate with neighboring jurisdictions and State and Federal government to participate in joint exercises. These exercises will consist of a variety of tabletop exercises, drills, functional exercises, and full-scale exercises.

As appropriate, the City will use Homeland Security Exercise and Evaluation Program (HSEEP) procedures and tools to develop, conduct, and evaluate these exercises. Information about the HSEEP program can be found at http://hseep.dhs.gov.

The Emergency Manager will work with City and County departments to identify and implement corrective actions and mitigation measures, based on exercises conducted through Emergency Management.

6.4   Event Critique and After Action Reporting

In order to document and track lessons learned from exercises, the Emergency Manager will conduct a review, or "hot wash," with exercise participants after each exercise. The Emergency Manager will also coordinate an After Action Report , which will describe the objectives of the exercise and document the results of the evaluation.

Similarly, reviews and After Action Reports will be facilitated after an actual disaster that will document activities of the incident to improve the readiness of the City of Aurora.

6.5   Community Outreach and Preparedness Education

Educational tools are used to teach the public about threats and disasters and what to do when an emergency occurs. The City currently does not have an active community preparedness program or CERT; however, the City recognizes that citizen preparedness and education are vital components of its overall readiness. The City is working toward future development of a CERT program.

Information about the City's public education programs, hazard and mitigation information, and other emergency management and emergency services can be found on the City's Emergency Services website at:

http://www.ci.aurora.or.us/

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A Sample Disaster Declaration Forms

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DECLARATION OF STATE OF EMERGENCY

To: _____,
         Marion County Office of Emergency Management

From: _____,
         City of Aurora, Oregon

At _____ (time) on _____ (date),

a/an _____ (description

of emergency incident or event type) occurred in the City of Aurora threatening

life and property.

The current situation and conditions are:

_____

_____

_____

The geographic boundaries of the emergency are:

_____

_____

I DO HEREBY DECLARE THAT A STATE OF EMERGENCY NOW EXISTS
IN THE CITY OF AURORA AND THAT THE CITY HAS EXPENDED OR
WILL SHORTLY EXPEND ITS NECESSARY AND AVAILABLE
RESOURCES. I RESPECTFULLY REQUEST THAT THE COUNTY
PROVIDE ASSISTANCE, CONSIDER THE CITY AN "EMERGENCY AREA"
AS PROVIDED FOR IN ORS 401, AND, AS APPROPRIATE, REQUEST
SUPPORT FROM STATE AGENCIES AND/OR THE FEDERAL
GOVERNMENT

Signed: _____

Title: _____   Date & Time: _____

*This request may be passed to the County via radio, telephone, or FAX. The
original signed document must be sent to the County Emergency Management
Office, with a copy placed in the final incident package.*

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B Incident Command System Forms

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Index of Incident Command System (ICS) Forms

The following ICS forms are included in this appendix.

ICS Form No.	Form Title
ICS Form 201	Incident Briefing
ICS Form 202	Incident Objectives
ICS Form 203	Organization Assignment List
ICS Form 204	Assignment List
ICS Form 205	Incident Radio Communications Plan
ICS Form 206	Medical Plan
ICS Form 207	Organizational Chart
ICS Form 209	Incident Status Summary
ICS Form 210	Status Change Card
ICS Form 211	Check-in List
ICS Form 213	General Message
ICS Form 214	Unit Log
ICS Form 215	Operational Planning Worksheet
ICS Form 215a	Incident Action Plan Safety Analysis
ICS Form 216	Radio Requirements Worksheet
ICS Form 217	Radio Frequency Assignment Worksheet
ICS Form 218	Support Vehicle Inventory
ICS Form 219-2	Green (Crew)
ICS Form 219-4	Blue (Helicopter)
ICS Form 219-6	Orange (Aircraft)
ICS Form 219-7	Yellow (Dozer)
ICS Form 220	Air Operations Summary
ICS Form 221	Demobilization Plan
ICS Form 226	Individual Performance Rating
ICS Form 308-1	Resource Order Form (front)
ICS Form 308-2	Resource Order Form (back)
ICS Form 308-3	Resource Order Form (example)

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INCIDENT BRIEFING	1. Incident Name	2. Date	3. Time

4. Map Sketch

5. Current Organization

Incident Commander

Safety Officer:

Liaison Officer or Agency Rep:

Information Officer:

Planning	Operations	Logistics	Finance

Div. _____	Div. _____	Div. _____	Div. _____	Air _____

Air Operations _____

Air Support_____ .

Air Attack _____

Air Tanker Coord _____

Helicopter Coord _____
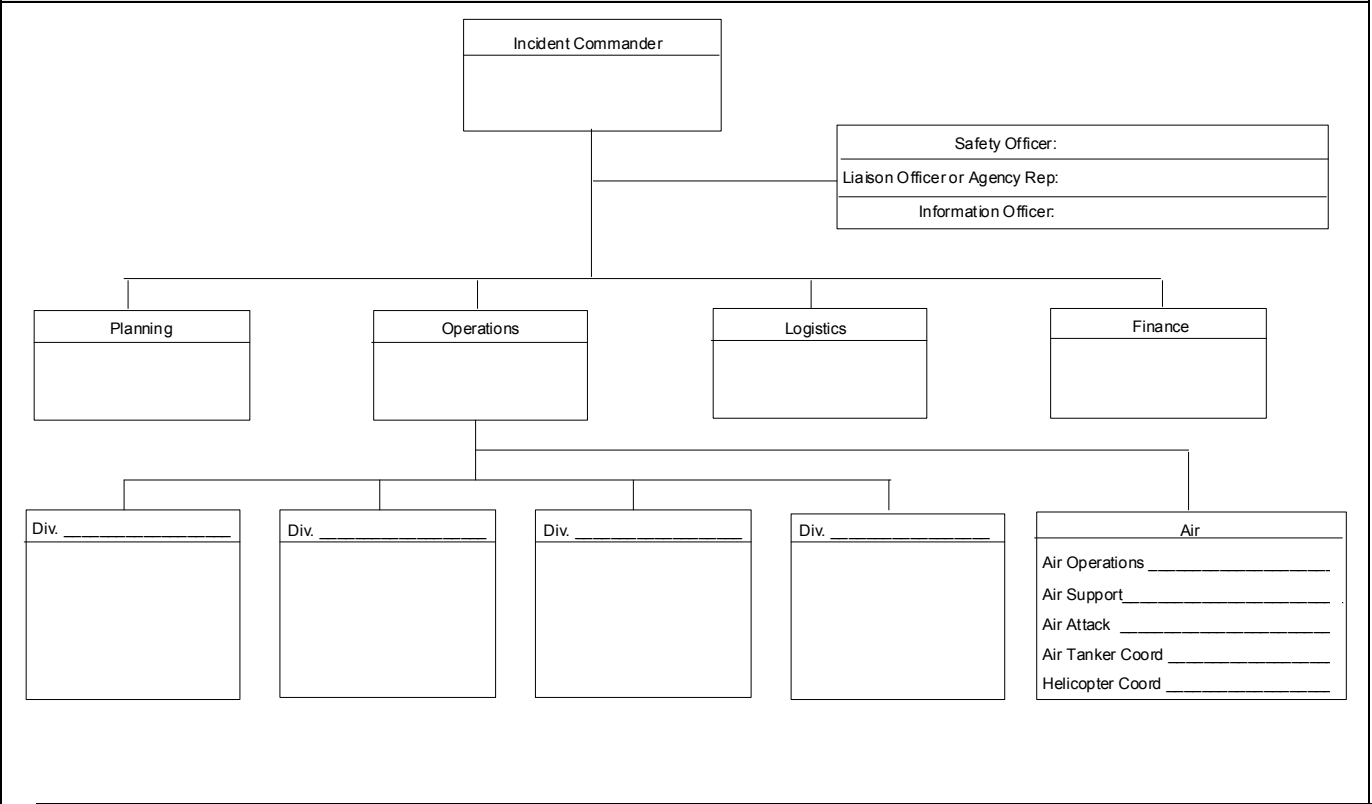
Page 1 of	6. Prepared by (Name and Position)

6. Resources Summary				
Resources Ordered	Resource Identification	ETA	On Scene	Location/Assignment

7. Summary of Current Actions

Page 2 of	

INCIDENT OBJECTIVES	1. Incident Name	2. Date	3. Time

4. Operational Period

5. General Control Objectives for the Incident (include alternatives)

6. Weather Forecast for Period

7. General Safety Message

8. Attachments (mark if attached)

- ☐ Organization List - ICS 203
- ☐ Div. Assignment Lists - ICS 204
- ☐ Communications Plan - ICS 205
- ☐ Medical Plan - ICS 206
- ☐ Incident Map
- ☐ Traffic Plan
- ☐ (0ther)
- ☐
- ☐

9. Prepared by (Planning Section Chief)

10. Approved by (Incident Commander)

ICS 202

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ORGANIZATION ASSIGNMENT LIST

1. Incident Name

2. Date

3. Time

4. Operational Period

Position	Name
5. Incident Commander and Staff	
Incident Commander	
Deputy	
Safety Officer	
Information Officer	
Liaison Offier	

6. Agency Representative	
Agency	Name

7. Planning Section	
Chief	
Deputy	
Resources Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	
Technical Specialists	
Human Resources	
Training	

8. Logistics Section	
Chief	
Deputy	
Supply Unit	
Facilities Unit	
Ground Support Unit	
Communications Unit	
Medical Unit	
Security Unit	
Food Unit	

9. Operations Section		
Chief		
Deputy		
a. Branch I - Division/Groups		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
b. Branch II - Division/Groups		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
c. Branch III - Division/Groups		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
d. Air Operations Branch		
Air Operations Branch Director		
Air Attack Supervisor		
Air Support Supervisor		
Helicopter Coordinator		
Air Tanker Coordinator		
10. Finance Section		
Chief		
Deputy		
Time Unit		
Procurement Unit		
Compensation/Claims Unit		
Cost Unit		

Prepared by (Resource Unit Leader)

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DIVISION ASSIGNMENT LIST	1. Branch	2. Division/Group

3. Incident Name	4. Operational Period
	Date: Time:

5.	Operations Personnel		
Operations Chief		Division/Group Supervisor	
Branch Director		Air Attack Supervisor No.	

6. Resources Assigned this Period

Strike Team/Task Force/ Resource Designator	Leader	Number Persons	Trans. Needed	Drop Off PT./Time	Pick Up PT./Time

7. Control Operations

8. Special Instructions

9. Division/Group Communication Summary

Function	Frequency	System	Channel	Function	Frequency	System	Channel
Command		King NIFC		Logistics		King NIFC	
Tactical Div/Group		King NIFC		Air to Ground		King NIFC	

Prepared by (Resource Unit Leader)	Approved by (Planning Section Chief)	Date	Time

ICS 204   NFES 1328

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INCIDENT RADIO COMMUNICATIONS PLAN

1. Incident Name	2. Date/Time Prepared	3. Operational Period Date/Time

4. Basic Radio Channel Utilization

Radio Type/Cache	Channel	Function	Frequency/Tone	Assignment	Remarks
King / NIFC					
King / NIFC					
King / NIFC					
King / NIFC					
King / NIFC					
King / NIFC					
King / NIFC					
King / NIFC					

5. Prepared by (Communications Unit)

ICS 205

NFES 1330

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MEDICAL PLAN	1. Incident Name	2. Date Prepared	3. Time Prepared	4. Operational Period

5. Incident Medical Aid Station

Medical Aid Stations	Location	Paramedics Yes	No

6. Transportation

A. Ambulance Services

Name	Address	Phone	Paramedics Yes	No

B. Incident Ambulances

Name	Location	Paramedics Yes	No

7. Hospitals

Name	Address	Travel Time Air	Ground	Phone	Helipad Yes	No	Burn Center Yes	No

8. Medical Emergency Procedures

Prepared by (Medical Unit Leader)	10. Reviewed by (Safety Officer)

ICS 206

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Incident Commander

- Safety Officer
- Liaison Officer or Agency Representative
- Information Officer

Operations Section Chief

- Staging Area Manager
- Branch Director
  - Air Operations Director
    - Air Attack Supervisor
      - Helicopter Coordinator
      - Air Tanker Coordinator
    - Air Support Supervisor
      - Helibase Manager
        - Helispot Manager
      - Fixed Wing Base Coordinator
  - Branch Director
    - Division/Group Supervisor
    - Division/Group Supervisor
    - Division/Group Supervisor
    - Division/Group Supervisor
    - Division/Group Supervisor
  - Branch Director
    - Division/Group Supervisor
    - Division/Group Supervisor
    - Division/Group Supervisor
    - Division/Group Supervisor
    - Division/Group Supervisor

Planning Section Chief

- Resources Unit Leader
- Situation Unit Leader
- Demobilization Unit Leader
- Documentation Unit Leader
- Technical Specialists

Logistics Section Chief

- Communications Unit Leader
- Medical Unit Leader
- Food Unit Leader
- Security Unit Leader
- Supply Unit Leader
- Facilities Unit Leader
- Ground Support Unit Leader

Finance Section Chief

- Time Unit Leader
- Procurement Unit Leader
- Comp/Claims Unit Leader
- Cost Unit Leader

ICS 207

B-17

NFES 1332

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INCIDENT STATUS SUMMARY
FS-5100-11

1. Date/Time	2. Initial ☐ Update ☐ Final ☐	3. Incident Name	4. Incident Number

5. Incident Commander	6. Jurisdiction	7. County	8. Type Incident	9. Location	10. Started Date/Time

11. Cause	12. Area Involved	13. % Controlled	14. Expected Containment Date/Time	15. Estimated Controlled Date/Time	16. Declared Controlled Date/Time

17. Current Threat	18. Control Problems

19. Est. Loss	20. Est Savings	21. Injuries	Deaths	22. Line Built	23. Line to Build

24. Current Weather	25. Predicted Weather	26. Cost to Date	27. Est. Total Cost
WS Temp	WS Temp		
WD RH	WD RH		

28. Agencies

29. Resources																							TOTALS	
Kind of Resource	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST
ENGINES																								
DOZERS																								
CREWS Number of Crews:																								
Number of Crew Personnel:																								
HELICOPTERS																								
AIR TANKERS																								
TRUCK COS.																								
RESCUE/MED.																								
WATER TENDERS																								
OVERHEAD PERSONNL																								
TOTAL PERSONNEL																								

30. Cooperating Agencies

31. Remarks

32. Prepared by	33. Approved by	34. Sent to:
		Date Time By

ICS 209   NFES 1333

General Instructions

Completion of the Incident Status Summary will be as specified by Agency or municipality. Report by telephone, teletype, computer, or facsimile to the local Agency or municipality headquarters by 2100 hours daily on incidents as required by Agency or municipality (reports are normally required on life threatening situations, real property threatened or destroyed, high resource damage potential, and complex incidents that could have political ramifications). Normally, wildland agencies require a report on all Class D (100 acres plus) and larger incidents (unless primarily grass type in which case report Class E (300 acres or larger). The first summary will cover the period from the start of the incident to 2100 hour the first day of the incident, if at least four hours have elapsed; thereafter the summary will cover the 24 hour period ending at 1900 (this reporting time will enable compilation of reporting data and submission of report to local agency or municipality headquarters by 2100 hours) daily until incident is under control. Wildland fire agencies will send the summary to NIFC by 2400 hours Mountain Time.

1.   Enter date and time report completed (mandatory).
2.   Check appropriate space (mandatory).
3.   Provide name given to incident by Incident Commander or Agency (mandatory).
4.   Enter number assigned to incident by Agency (mandatory).
5.   Enter first initial and last name of Incident Commander (optional).
6.   Enter Agency or Municipality (mandatory).
7.   Enter County where incident is occurring (optional).
8.   Enter type of incident, e.g. wildland fire (enter fuel type), structure fire, hazardous chemical spill, etc. (mandatory).
9.   Enter legal description and general location. Use remarks for additional date if necessary (mandatory).
10. Enter date and zulu time incident started (mandatory - maximum of six characters for date and four characters for time).
11. Enter specific cause or under investigation (mandatory).
12. Enter area involved, e.g. 50 acres, top three floors of building, etc. (mandatory).
13. Enter estimate of percent of containment (mandatory).
14. Enter estimate of date and time of total containment (mandatory).
15. Enter estimated date and time of control (mandatory).
16. Enter actual date and time fire was declared controlled (mandatory).
17. Report significant threat to structures, watershed, timber, wildlife habitat or other valuable resources (mandatory).
18. Enter control problems, e.g. accessibility, fuels, rocky terrain, high winds, structures (mandatory).
19. Enter estimated dollar value of total damage to date. Include structures, watershed, timber, etc. Be specific in remarks (mandatory).
20. Enter estimate of values saved as result of all suppression efforts (optional).
21. Enter any serious injuries or deaths which have occurred since the last report. Be specific in remarks (mandatory).
22. Indicate the extent of line completed by chains or other units of measurement (optional).
23. Indicate line to be consturcted by chains or other units of measurement (optional).
24. Indicate current weather conditions at the incident (mandatory).
25. Indicate predicted weather conditions for the next operational period (mandatory).
26. Provide total incident cost ot date (optional).
27. Provide estimated total cost for entire incident (optional).
28. List agencies which have resources assigned to the incident (mandatory).
29. Enter resource information under appropriate Agency column by singe resource or stike team (mandatory).
30. List by name those agencies which are providing support (e.g. Salvation Army, Red Cross, Law Enforcement, National Weather Service, etc. mandatory).
31. The Remarks space can be used to (1) list additional resources not covered in Section 28/29; (2) provide more information on location; (3) enter additional information regarding threat control problems, anticipated release or demobilization, etc.(mandatory).
32. This will normally be the Incident Situation Status Unit Leader (mandatory).
33. This will normally be the Incident Planning Section Chief (mandatory).
34. The ID of the Agency entering the report will be entered (optional).

DESIGNATOR
NAME/ ID. NO. _____

_____

STATUS

☐ASSIGNED   ☐AVAILABLE   ☐O/S REST
☐O/S MECHANICAL   ☐O/S MANNING
_____ ETR   (O/S= Out of Service)

FROM	LOCATION	TO
	DIVISION/GROUP	
	STAGING AREA	
	BASE/ICP	
	CAMP	
	ENROUTE	ETA
	HOME AGENCY	

MESSAGES

                              RESTAT

TIME_____   PROCESS ☐

ICS   STATUS CHANGE CARD
FORM
210   6/83   NFES 1334

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INCIDENT CHECK-IN LIST

1. Incident Name

2. Check-In Location (complete all that apply)
- ☐ Base
- ☐ Camp
- ☐ Staging Area
- ☐ ICP Restat
- ☐ Helibase

3. Date/Time

Check one:
- ☐ Personnel
- ☐ Engines
- ☐ Helicopters
- ☐ Handcrew
- ☐ Dozers
- ☐ Aircraft
- ☐ Misc.

Check-In Information

4. List Personnel (overhead) by Agency & Name -OR- List equipment by the following format:

5.				6. Order/Request Number	7. Date/Time Check-In	8. Leader's Name	9. Total No. Personnel	10. Manifest Yes / No	11. Crew or Individual's Weight	12. Home Base	13. Departure Point	14. Method of Travel	15. Incident Assignment	16. Other Qualifications	Sent to RESTAT Time/Int
Agency	Single	Kind	Type	I.D. No/Name											

NFES 1509

ICS 211

17. Prepared by (Name and Position) *Use back for remarks or comments*

Page 2 of

NFES 1509

ICS 211

GENERAL MESSAGE		
TO:	POSITION:	
FROM:	POSITION:	
SUBJECT:	DATE:	TIME:
MESSAGE:		
SIGNATURE:	POSITION:	
REPLY:		
DATE:	TIME:	SIGNATURE/POSITION:

ICS 213

NFES 1336

B-25

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UNIT LOG	1. Incident Name	2. Date Prepared	3. Time Prepared
4. Unit Name/Designators	5. Unit Leader (Name and Position)		6. Operational Period

7. Personnel Roster Assigned		
Name	ICS Position	Home Base

8. Activity Log	
Time	Major Events

9. Prepared by (Name and Position)

ICS 214

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OPERATIONAL PLANNING WORK SHEET

1. Incident Name

2. Date Prepared

Time Prepared

3. Operational Period (Date/Time)

4. Division/ Group or Other Location

5. Work Assignments

Resource by Type (Show Strike Team as ST)

Other

Req / Have / Need

6. Reporting Location

7. Requested Arrival Time

9. Total Resources - Single

Req / Have / Need

Total Resources - Strike Teams

Req / Have / Need

Prepared by (Name and Position)

NFES 1338

ICS 215

B-29

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INCIDENT ACTION PLAN SAFETY ANALYSIS

1. Incident Name

2. Date

3. Time

Division or Group	Potential Hazards								Mitigations (e.g. PPE, buddy system, escape routes)
	Type of Hazard								
	Type of Hazard:								
	Type of Hazard:								
	Type of Hazard:								
	Type of Hazard:								
	Type of Hazard: :								
	Type of Hazard:								
	Type of Hazard:								

Prepared by (Name and Position)

ICS 215A

B-31

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RADIO REQUIREMENTS WORKSHEET

1. Incident Name	2. Date	3. Time

4. Branch	6. Operational Period	7. Tactical Frequency

5. Agency	Division/Group	Division/Group

8. Division/Group	Agency	Agency

9. Agency	ID No.	Radio Requirements	Agency	ID No.	Radio Requirements	Agency	ID No.	Radio Requirements

10. Prepared by (Name and Position)

Page 1 of

ICS 216

NFES 1339

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RADIO FREQUENCY ASSIGNMENT WORKSHEET

1. INCIDENT NAME

2. DATE

3. OPERATIONAL PERIOD (DATE/TIME)

4. INCIDENT ORGANIZATION

3. RADIO DATA

SOURCE	FUNCTION	CH#	FREQUENCY

Column headers (incident organization):
BRANCH / DIVISION / DIVISION / DIVISION / BRANCH / DIVISION / DIVISION / BRANCH / DIVISION / DIVISION / DIVISION / BRANCH / DIVISION

INCIDENT COMMANDER / SAFETY OFFICER / OPERATIONS SECTION CHIEF / AIR OPERATIONS / AIR TACTICAL GROUP SUPERVISOR / PLANNING SECTION CHIEF / GROUND SUPPORT UNIT / BASE UNIT

TOTAL / COMM CENTER / BY REQ.

5. ID.
A
G
E
N
C
Y

CH# FREQUENCY

6. TOTAL RADIOS REQUIRED

7. PREPARED BY (NAME/POSITION)

217 ICS (1/99)

NFES 1340

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SUPPORT VEHICLE INVENTORY
(Use separate sheet for each vehicle category)

1. Incident Name	2. Date Prepared	3. Time Prepared

Vehicle Category: ☐ Buses ☐ Dozers ☐ Engines ☐ Lowboys ☐ Pickups/Sedans ☐ Tenders ☐ Other

Vehicle/Equipment Information

Resource Order No. "E" Number	Incident ID No.	Vehicle Type	Vehicle Make	Capacity Size	Agency/Owner	Vehicle License Rig Number	Location	Release Time

5. Prepared by (Ground Support Unit)

Page ___ of ___

ICS 218

NFES 1341

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AGENCY	ST	KIND	TYPE	I.D. NO.

ORDER/REQUEST NO.	DATE/TIME CHECK IN

HOME BASE

DEPARTURE POINT

LEADER NAME

CREW ID NO./NAME (FOR STRIKE TEAMS)

NO. PERSONNEL	MANIFEST	WEIGHT
	☐ YES ☐ NO	

METHOD OF TRAVEL
☐ OWN   ☐ BUS   ☐ AIR

OTHER

DESTINATION POINT	ETA

TRANSPORTATION NEEDS
☐ OWN   ☐ BUS   ☐ AIR

OTHER

ORDERED DATE/TIME	CONFIRMED DATE/TIME

REMARKS

ICS 219-2 (Rev. 4/82) CREW NFES 1344

AGENCY	TF	KIND	TYPE	I.D. NO./NAME

INCIDENT LOCATION	TIME

STATUS
☐ ASSIGNED   ☐ O/S REST   ☐ O/S PERS.
☐ AVAILABLE   ☐ O/S MECH   ☐ ETR

NOTE

INCIDENT LOCATION	TIME

STATUS
☐ ASSIGNED   ☐ O/S REST   ☐ O/S PERS.
☐ AVAILABLE   ☐ O/S MECH   ☐ ETR

NOTE

INCIDENT LOCATION	TIME

STATUS
☐ ASSIGNED   ☐ O/S REST   ☐ O/S PERS.
☐ AVAILABLE   ☐ O/S MECH   ☐ ETR

NOTE

INCIDENT LOCATION	TIME

STATUS
☐ ASSIGNED   ☐ O/S REST   ☐ O/S PERS.
☐ AVAILABLE   ☐ O/S MECH   ☐ ETR

NOTE

*U.S. GPO: 1990-794-001

B-39

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AGENCY	ST	KIND	TYPE	I.D. NO.

ORDER/REQUEST NO.   DATE/TIME CHECK IN

HOME BASE

DEPARTURE POINT

PILOT NAME

DESTINATION POINT   ETA

REMARKS

INCIDENT LOCATION

STATUS
- [ ] ASSIGNED   [ ] O/S REST   [ ] O/S PERS.
- [ ] AVAILABLE [ ] O/S MECH   [ ] ETR

NOTE

INCIDENT LOCATION   TIME

STATUS
- [ ] ASSIGNED   [ ] O/S REST   [ ] O/S PERS.
- [ ] AVAILABLE [ ] O/S MECH   [ ] ETR

NOTE

ICS 219-4 (Rev. 4/82) HELICOPTER NFES 1346

AGENCY	TYPE	MANUFACTURER	I.D. NO.

INCIDENT LOCATION   TIME

STATUS
- [ ] ASSIGNED   [ ] O/S REST   [ ] O/S PERS.
- [ ] AVAILABLE [ ] O/S MECH   [ ] ETR

NOTE

INCIDENT LOCATION   TIME

STATUS
- [ ] ASSIGNED   [ ] O/S REST   [ ] O/S PERS.
- [ ] AVAILABLE [ ] O/S MECH   [ ] ETR

NOTE

INCIDENT LOCATION   TIME

STATUS
- [ ] ASSIGNED   [ ] O/S REST   [ ] O/S PERS.
- [ ] AVAILABLE [ ] O/S MECH   [ ] ETR

NOTE

INCIDENT LOCATION   TIME

STATUS
- [ ] ASSIGNED   [ ] O/S REST   [ ] O/S PERS.
- [ ] AVAILABLE [ ] O/S MECH   [ ] ETR

NOTE

*U.S. GPO: 1988-594-771   NFES 1346

B-41

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AGENCY	TYPE	MANUFACTURER	I.D. NO.

ORDER/REQUEST NO.

DATE/TIME CHECK IN

HOME BASE

DATE TIME RELEASED

INCIDENT LOCATION

TIME

STATUS

- [ ] ASSIGNED
- [ ] O/S REST
- [ ] O/S PERS.
- [ ] AVAILABLE
- [ ] O/S MECH
- [ ] ETR

NOTE

INCIDENT LOCATION

TIME

STATUS

- [ ] ASSIGNED
- [ ] O/S REST
- [ ] O/S PERS.
- [ ] AVAILABLE
- [ ] O/S MECH
- [ ] ETR

NOTE

INCIDENT LOCATION

TIME

STATUS

- [ ] ASSIGNED
- [ ] O/S REST
- [ ] O/S PERS.
- [ ] AVAILABLE
- [ ] O/S MECH
- [ ] ETR

NOTE

ICS 219-6 (4/82) AIRCRAFT

AGENCY	TYPE	MANUFACTURER NAME/NO.	I.D. NO.

INCIDENT LOCATION

TIME

STATUS

- [ ] ASSIGNED
- [ ] O/S REST
- [ ] O/S PERS.
- [ ] AVAILABLE
- [ ] O/S MECH
- [ ] ETR

NOTE

INCIDENT LOCATION

TIME

STATUS

- [ ] ASSIGNED
- [ ] O/S REST
- [ ] O/S PERS.
- [ ] AVAILABLE
- [ ] O/S MECH
- [ ] ETR

NOTE

INCIDENT LOCATION

TIME

STATUS

- [ ] ASSIGNED
- [ ] O/S REST
- [ ] O/S PERS.
- [ ] AVAILABLE
- [ ] O/S MECH
- [ ] ETR

NOTE

INCIDENT LOCATION

TIME

STATUS

- [ ] ASSIGNED
- [ ] O/S REST
- [ ] O/S PERS.
- [ ] AVAILABLE
- [ ] O/S MECH
- [ ] ETR

NOTE

*U.S. GPO: 695-162-1986   NFES 1348

B-43

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AGENCY	ST	TF	KIND	TYPE	I.D. NO.

ORDER/REQUEST NO.

DATE/TIME CHECK IN

HOME BASE

DEPARTURE POINT

LEADER NAME

RESOURCE ID. NO.S/NAMES

DESTINATION POINT   ETA

REMARKS

INCIDENT LOCATION   TIME

STATUS

☐ ASSIGNED   ☐ O/S REST   ☐ O/S PERS.

☐ AVAILABLE   ☐ O/S MECH   ☐ ETR

NOTE

ICS 219-7 (Rev. 4/82) DOZERS NFES 1349

AGENCY	ST	TF	KIND	TYPE	I.D. NO.

INCIDENT LOCATION   TIME

STATUS

☐ ASSIGNED   ☐ O/S REST   ☐ O/S PERS.

☐ AVAILABLE   ☐ O/S MECH   ☐ ETR

NOTE

INCIDENT LOCATION   TIME

STATUS

☐ ASSIGNED   ☐ O/S REST   ☐ O/S PERS.

☐ AVAILABLE   ☐ O/S MECH   ☐ ETR

NOTE

INCIDENT LOCATION   TIME

STATUS

☐ ASSIGNED   ☐ O/S REST   ☐ O/S PERS.

☐ AVAILABLE   ☐ O/S MECH   ☐ ETR

NOTE

INCIDENT LOCATION   TIME

STATUS

☐ ASSIGNED   ☐ O/S REST   ☐ O/S PERS.

☐ AVAILABLE   ☐ O/S MECH   ☐ ETR

NOTE

*U.S. GPO: 1990-794-006

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AIR OPERATIONS SUMMARY

1. Incident Name

4. Personnel and Communications

Name	Air/Air Frequency	Air/Ground Frequency
Air Operations Director		
Air Attack Supervisor		
Helicopter Coordinator		
Air Tanker Coordinator		

				Helibases	
				Fixed Wing Bases	

5. Remarks (Spec. Instructions, Safety Notes, Hazards, Priorities)

6. Location/Function	7. Assignment	8. Fixed Wing		9. Helicopters		10. Time		11. Aircraft Assigned	12. Operating Base
		No.	Type	No.	Type	Available	Commence		
13. Totals									

14. Air Operations Support Equipment

15. Prepared by *(include Date and Time)*

ICS 220

NFES 1351

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DEMOBILIZATION CHECKOUT

1. Incident Name/Number	2. Date/Time	3. Demob. No.

4. Unit/Personnel Released

5. Transportation Type/No.

6. Actual Release Date/Time	7. Manifest? ☐ Yes ☐ No Number

8. Destination	9. Notified: ☐ Agency ☐ Region ☐ Area ☐ Dispatch Name: Date:

10. Unit Leader Responsible for Collecting Performance Rating

11. Unit/Personnel

You and your resources have been released subject to sign off from the following:
Demob. Unit Leader check the appropriate box

Logistics Section

☐   Supply Unit

☐   Communications Unit

☐   Facilities Unit

☐   Ground Support Unit Leader

Planning Section

☐   Documentation Unit

Finance Section

☐   Time Unit

Other

☐

☐

12. Remarks

13. Prepared by (include Date and Time)

ICS 221   NFES 1353

Instructions for completing the Demobilization Checkout (ICS form 221)

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

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

ICS 221   NFES 1353

INDIVIDUAL PERFORMANCE RATING	INSTRUCTIONS: The immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The completed rating will be given to the Planning Section Chief before the rater leaves the incident.

1. NAME	2. INCIDENT NAME AND NUMBER	START DATE OF INCIDENT

3. HOME UNIT ADDRESS	4. INCIDENT AGENCY AND ADDRESS

5. POSITION HELD ON INCIDENT	6. TRAINEE POSITION ☐ YES ☐ NO	7. INCIDENT COMPLEXITY ☐ I ☐ II ☐ III	8. DATE OF ASSIGNMENT FROM: TO:

9. List the main duties from the Position Checklist, on which the position will be rated. Enter X under the appropriate column indicating the individuals level of performance for each duty listed.	PERFORMANCE LEVEL				
	Did not apply on this Incident	Unacceptable	Need to Improve	Fully Successful	Exceeds Successful
	EXPLAIN IN REMARKS				

10. REMARKS

11. THIS RATING HAS BEEN DISCUSSED WITH ME (Signature of individual being rated.)	12. DATE

13. RATED BY (Signature)	14. HOME UNIT	15. POSITION HELD ON THIS INCIDENT	16. DATE

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RESOURCE ORDER

INCIDENT/PROJECT ORDER NUMBER

INITIAL DATE/TIME

2. INCIDENT/PROJECT NAME

3. INCIDENT /PROJECT ORDER NUMBER

4. OFFICE REFERENCE NUMBER

5. DESCRIPTIVE LOCATION/RESPONSE AREA

6. SEC. | TWN | RNG | Base MDM

7. MAP REFERENCE

8. INCIDENT BASE/PHONE NUMBER

9. JURISDICTION/AGENCY

10. ORDERING OFFICE

11. AIRCRAFT INFORMATION

LAT. | LONG.

BEARING	DISTANCE	BASE OR OMNI	AIR CONTACT	FREQUENCY	Ground Contact	FREQUENCY	RELOAD BASE	OTHER AIRCRAFT/HAZARDS

12.

Request Number	Ordered Date/Time	From / To	Q T Y	RESOURCE REQUESTED	Needed Date/Time	Deliver To	From / To	Time	Agency ID	RESOURCE ASSIGNED	ETD / ETA	RELEASED Date / To	Time / ETA

ACTION TAKEN

13.

ORDER RELAYED

Req. No.	Date	Time	To/From

ORDER RELAYED

Req. No.	Date	Time	To/From

ACTION TAKEN

ICS 259-3 (7/87)   NFES 2202

RESOURCE ORDER

Order No. _____

12. Request Number	Ordered Date/Time	From / To	Q T Y	2. INCIDENT/PROJECT NAME — RESOURCE REQUESTED	Needed Date/Time	Deliver To	3. INCIDENT /PROJECT ORDER NUMBER — To / From	Time	Agency ID	RESOURCE ASSIGNED	ETD / ETA	4. OFFICE REFERENCE NUMBER — RELEASED Date	To	Time ETA

NFES 2203 (7/87)

RESOURCE ORDER

ID-03-E6 — INCIDENT/PROJECT ORDER NUMBER

Field	Value
(category)	Personnel
INITIAL DATE/TIME	04-05-03
2. INCIDENT/PROJECT NAME	Mormon Cricket #1
3. INCIDENT/PROJECT ORDER NUMBER	10-03-E6-1234
4. OFFICE REFERENCE NUMBER	USDA-APHIS-I4
5. DESCRIPTIVE LOCATION/RESPONSE AREA	Southern Elmore County
6. SEC. TWN RNG Base MDM	
7. MAP REFERENCE	
8. INCIDENT BASE/PHONE NUMBER	208-123-4567
9. JURISDICTION/AGENCY	ID - Dept. of Ag.
10. ORDERING OFFICE	ID - Dept. of Ag.

11. AIRCRAFT INFORMATION: BEARING · DISTANCE · BASE OR OMNI · AIR CONTACT FREQUENCY · LAT. · LONG. · Ground Contact · FREQUENCY · RELOAD BASE · OTHER AIRCRAFT/HAZARDS

12.

Request Number	Ordered Date/Time	QTY	From/To	RESOURCE REQUESTED	Needed Date/Time	Deliver To	From/To	Time	Agency ID	RESOURCE ASSIGNED	ETD/ETA	RELEASED Date/To	Time ETA
0-1	04/05 1000	1	10 M. Smith/ T. Able	Entomologist	04-07 1200	see action taken	T. Pole/ C. Davis	1030	PPQ 05	Bill Paxton	0800/ 1030		
0-2	04/05 1000	1	10 M. Smith/ T. Able	Entomologist	04-07 1200	see action taken	T. Pole/ C. Davis	1030	PPQ 06	Martha Hill	0800/ 1030		
0-3	04/06 1300	1	10 T. Fray/ T. Able	Operations S.C.	04-08 0800	ICP	T. Pole/ C. Davis	1310	PPQ 25	Brent Woods	4-7 1500/ 4-7 1900		

13. ORDER RELAYED

Req. No.	Date	Time	To/From	ACTION TAKEN
0-1/2	04/05	1030	T. Pole/C. Davis — T. Pole/C. Davis	Request filled. ETA 04-07. 1030 UA 235 departs LAX. 0800 arrives BOI 1100. Plane.

ORDER RELAYED

Req. No.	Date	Time	To/From	ACTION TAKEN
	04/05	1030	M. Smith/T.Pole	Will be met in BOI by Kelly. Phone#: 208-344-7825. Relayed. Confirmed phone #.

ICS 259-3 (7/87)   NFES 2202

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Emergency Operations Center Position Checklists

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Index of EOC Position Checklists

The following checklists are included in this appendix.

1. Communication Unit Leader Checklist
2. Compensation/Claims Unit Leader Checklist
3. Cost Unit Leader Checklist
4. Demobilization Unit Leader Checklist
5. Documentation Unit Leader Checklist
6. Facilities Unit Leader Checklist
7. Finance – Administration Section Chief Checklist
8. Food Unit Leader Checklist
9. Ground Support Unit Leader Checklist
10. Incident Commander Checklist
11. Liaison Officer Checklist
12. Logistics Section Chief Checklist
13. Medical Unit Leader Checklist
14. Operations Branch Director Checklist
15. Operations Section Chief Checklist
16. Planning Section Chief Checklist
17. Procurement Unit Leader Checklist
18. Public Information Officer Checklist
19. Resources Unit Leader Checklist
20. Safety Officer Checklist
21. Service Branch Director Checklist
22. Situation Unit Leader Checklist
23. Staging Area Manager Checklist
24. Supply Unit Leader Checklist
25. Support Branch Director Checklist
26. Time Unit Leader Checklist

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Communication Unit Leader Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

	1. Obtain briefing from the Logistics Section Chief or Service Branch Director.
	2. Organize and staff Unit as appropriate:

- Assign Communications Center Manager and Lead Incident Dispatcher.

- Assign Message Center Manager and ensure adequate staff is assigned to answer phones and attend fax machines.

	3. Assess communications systems/frequencies in use; advise on communications capabilities/limitations.
	4. Develop and implement effective communications procedures (flow) internal and external to the incident/Incident Command Post.
	5. Assess Incident Command Post phone load and request additional lines as needed.
	6. Prepare and implement Incident Communications Plan (ICS Form 205):

- Obtain current organizational chart.

- Determine most hazardous tactical activity; ensure adequate communications.

- Make communications assignments to all other Operations elements, including volunteer, contract, or mutual aid.

- Determine Command communications needs.

- Determine support communications needs.

- Establish and post any specific procedures for use of Incident Command Post communications equipment.

Communication Unit Leader Position Checklist

☐ 7. Include cellular phones and pagers in Incident Communications Plan (ICS Form 205), if appropriate:

- Determine specific organizational elements to be assigned telephones.

- Identify all facilities/locations with which communications must be established (shelters, press area, liaison area, agency facilities, other governmental entities' Emergency Operations Centers (EOCs), etc.), identify and document phone numbers.

- Determine which phones/numbers should be used by what personnel and for what purpose. Assign specific telephone numbers for **incoming** calls, and report these numbers to staff and off-site parties such as other local jurisdictions, State and Federal agencies.

- **Do not publicize OUTGOING call lines**.

☐ 8. Activate, serve as contact point, and supervise the integration of volunteer radio organizations into the communications system.

☐ 9. Ensure radio and telephone logs are available and being used.

☐ 10. Determine need and research availability of additional nets and systems:

- Order through Supply Unit after approval by Section Chief.

- Federal systems:

  - Additional radios and other communications devices, including repeaters, radio-telephone interconnects and satellite down-link capabilities may be available through FEMA or the USDA Forest Service.

☐ 11. Document malfunctioning communications equipment, facilitate repair.

☐ 12. Establish and maintain communications equipment accountability system.

☐ 13. Provide technical information, as required, on:

- Adequacy of communications system currently in use.

- Geographic limitation on communications equipment.

- Equipment capabilities.

- Amount and types of equipment available.

- Anticipated problems in the use of communications equipment.

Communication Unit Leader Position Checklist

☐   14. Estimate Unit needs for expected operations; order relief personnel.

☐   15. Provide briefing to relief on current activities and unusual situations.

☐   16. Document all activity on Unit Log (ICS Form 214).

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Compensation/Claims Unit Leader Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

☐   1. Obtain briefing from Finance/Administration Section Chief:

- Determine accidents/injuries to date.

- Determine status of investigations.

☐   2. Establish contact with incident Safety Officer and Liaison Officer or department/agency representatives.

☐   3. Determine the need for Compensation for Injury and Claims Specialists, request additional personnel, as necessary.

☐   4. Establish procedures with Medical Unit Leader on prompt notification of injuries or deaths.

☐   5. Ensure that volunteer personnel have been appropriately registered.

☐   6. Ensure written authority for persons requiring medical treatment.

☐   7. Ensure correct billing forms for transmittal to doctor and/or hospital.

☐   8. Ensure all witness statements and statements from Safety Officer and Medical Unit are reviewed for completeness.

☐   9. Coordinate with Safety Officer to:

- Provide liaison with Occupational Safety and Health Administration (OSHA).

- Provide analysis of injuries.

- Ensure appropriate level of personal protective equipment (PPE) is being used, and that personnel have been trained in its use.

☐   10. Maintain copies of hazardous materials and other medical debriefings; ensure they are included as part of the final incident package.

☐   11. Provide briefing to relief on current activities and unusual events

☐   12. Document all activity on Unit Log (ICS Form 214).

Compensation/Claims Unit Leader Position Checklist

Claims Specialist:

☐	1. Work closely with Operations and Planing for information from the field.
☐	2. Some agencies/Units have "Claims Teams" who are trained to do claims investigation and documentation for large incidents.
☐	3. Coordinate with FEMA, private aid organizations (Red Cross), and other Government agencies for claims documentation and their needs (the Liaison Officer can often be a help coordinate and obtain information from other agencies or private entities).
☐	4. "Damage assessment" for ongoing disaster recovery is normally not the responsibility of the Compensation and Claims Unit. However, information gathered by the Unit may be forwarded to the agency as part of its recovery effort.

Compensation for Injury Specialist:

☐	1. Determine accidents/injuries to date.
☐	2. Coordinate with incident Safety Officer, Liaison Officer and/or department/agency representatives.
☐	3. Work with Safety Officer to determine trends of accidents and provide analysis of injuries.
☐	4. Work with local agency representatives to find treatment options for injuries.
☐	5. Establish procedures with Medical Unit Leader on prompt notification of injuries or deaths.
☐	6. Prepare written authority for persons requiring medical treatment, and correct billing forms for transmittal to doctor and/or hospital. Ensure all witness statements are reviewed for completeness.
☐	7. Keep informed and report on status of hospitalized personnel.
☐	8. Maintain log of all injuries occurring on incident.
☐	9. Arrange for notification of next of kin for serious injuries and deaths (this will be done through Command).

Cost Unit Leader Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

[ ] 1. Obtain briefing from Finance/Administration Section Chief:

- Determine reporting time-lines.

- Determine standard and special reports required.

- Determine desired report format.

[ ] 2. Obtain and record all cost data:

- Agency Equipment costs.

- Contract or mutual aid equipment costs.

- Contract or mutual aid personnel costs.

- Damage to facilities, infrastructure, equipment or vehicles.

- Supplies.

- Food.

- Facility rental.

[ ] 3. Identify in reports all equipment/personnel requiring payment.

[ ] 4. Prepare incident cost summaries by operational period, or as directed by the Finance/Administration Section Chief.

[ ] 5. If cost share agreement is done, determine what costs need to be tracked. They may be different than total incident costs.

[ ] 6. Prepare resources use cost estimates for Planning:

- Make sure estimates are updated with actual costs as they become available.

- Make sure information is provided to Planning according to Planning's schedule.

Cost Unit Leader Position Checklist

☐   7.   Make recommendations on cost savings to Finance/Administration Section Chief. This must be coordinated with Operations and Planning Sections—use of high cost equipment may have justifications unknown to Finance/Administration.

☐   8.   Maintain cumulative incident cost records. Costs should reflect each individual entity (individual or crew personnel, individual pieces of equipment, food, facilities) the entity's agency or contractor, pay premiums (overtime/hazard). These records should reflect:

- Agency, contract, and/or mutual aid equipment costs.

- Agency, contract, and/or mutual aid personnel costs and pay premiums (straight, hazard, and overtime).

- Contract or mutual aid equipment costs.

- Contract or mutual aid personnel costs.

- Damage to agency facilities, infrastructure, equipment or vehicles.

- Supplies.

- Food.

- Facility rental.

☐   9.   Ensure that all cost documents are accurately prepared.

☐   10. Enter data into an agency cost analysis system (Incident Cost Analysis Reporting System (ICARS) or similar system, if appropriate).

☐   11. Provide briefing to relief on current activity and unusual events.

☐   12. Document all activity on Unit Log (ICS Form 214).

Demobilization Unit Leader Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

☐   1. Obtain briefing from Planning Section Chief:

- Determine objectives, priorities and constraints on demobilization.

☐   2. Review incident resource records to determine scope of demobilization effort:

- Resource tracking system.

- Check-in forms.

- Master resource list.

☐   3. Meet with agency representatives to determine:

- Agencies not requiring formal demobilization.

- Personnel rest and safety needs.

- Coordination procedures with cooperating-assisting agencies.

☐   4. Assess the current and projected resource needs of the Operations Section.

☐   5. Obtain identification of surplus resources and probable release times.

☐   6. Determine logistical support needs of released resources (rehab, transportation, equipment replacement, etc.).

☐   7. Determine Finance/Administration, Communications, Supply, and other incident check-out stops.

☐   8. Determine de-briefing requirements.

☐   9. Establish communications links with off-incident organizations and facilities.

Demobilization Unit Leader Position Checklist

☐ 10. Prepare Demobilization Plan (ICS Form 221):

- General - Discussion of demobilization procedure.

- Responsibilities - Specific implementation responsibilities and activities.

- Release Priorities - According to agency and kind and type of resource.

- Release Procedures - Detailed steps and process to be followed.

- Directories - Maps, telephone numbers, instructions and other needed elements.

- Continuity of operations (follow up to incident operations):

  - Public Information.

  - Finance/Administration.

  - Other.

- Designate to whom outstanding paperwork must be submitted.

- Include demobilization of Incident Command Post staff. In general, Incident Command Post staff will not be released until:

  - Incident activity and work load are at the level the agency can reasonably assume.

  - Incident is controlled.

  - On-scene personnel are released except for those needed for final tactical assignments.

  - Incident Base is reduced or in the process of being shut down.

  - Planning Section has organized final incident package.

  - Finance/Administration Section has resolved major known finance problems and defined process for follow-up.

  - Rehabilitation/cleanup accomplished or contracted.

  - Team has conducted or scheduled required debriefings.

☐ 11. Obtain approval of Demobilization Plan (ICS Form 221) from Planning Section Chief.

☐ 12. Distribute Demobilization Plan (ICS Form 221) to processing points both on and off incident.

☐ 13. Monitor implementation of Demobilization Plan (ICS Form 221).

Demobilization Unit Leader Position Checklist

☐   14. Assist in the coordination of the Demobilization Plan (ICS Form 221).

☐   15. Provide briefing to relief on current activities and unusual events.

☐   16. Document all activity on Unit Log (ICS Form 214).

☐   17. Give completed incident files to Documentation Unit Leader for inclusion in the final incident package.

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Documentation Unit Leader Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

	1. Obtain briefing from Planning Section Chief.
	2. Organize, staff, and supervise Unit, as appropriate, and provide for adequate relief.
	3. Establish work area: ▪ Ensure adequate duplication capability for large-scale operations and adequate staff to assist in the duplication and documentation process.
	4. Establish and organize incident files.
	5. Establish duplication services, and respond to requests.
	6. Determine number needed and duplicate Incident Action Plan (IAP) accordingly.
	7. Retain and file duplicate copies of official forms and reports.
	8. Accept and file reports and forms submitted by incident personnel.
	9. Check the accuracy and completeness of records submitted for files.
	10. Ensure that legal restrictions on public and exempt records are observed.
	11. Provide briefing to relief on current activities and unusual events.
	12. Document all activity on Unit Log (ICS Form 214).
	13. Give completed incident files to Planning Section Chief.

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Facilities Unit Leader Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

☐ 1. Obtain briefing from Logistics Section Chief or Support Branch Director:

- Expected duration and scope of the incident.

- Facilities already activated.

- Anticipated facility needs.

☐ 2. Obtain a copy of the Incident Action Plan (IAP) and determine:

- Location of Incident Command Post.

- Staging Areas.

- Incident Base.

- Supply/Receiving/Distribution Centers.

- Information/Media Briefing Center.

- Other incident facilities.

☐ 3. Determine requirements for each facility to be established:

- Sanitation.

- Sleeping.

- Feeding.

- Supply area.

- Medical support.

- Communications needs.

- Security needs.

- Lighting.

Facilities Unit Leader Position Checklist

☐ 4. In cooperation with other incident staff, determine the following requirements for each facility:

- Needed space.

- Specific location.

- Access.

- Parking.

- Security.

- Safety.

☐ 5. Plan facility layouts in accordance with above requirements.

☐ 6. Coordinate negotiation for rental office or storage space:

- < 60 days - Coordinate with Procurement Unit.

- > 60 days - Coordinate with Procurement Unit, agency Facilities Manager, and agency Finance Department.

☐ 7. Video or photograph rental office or storage space prior to taking occupancy.

☐ 8. Document all activity on Unit Log (ICS Form 214).

Finance/Administration Section Chief Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident. Tasks may be delegated to the appropriate Unit Leader.

✓	**Task**

☐   1. Obtain briefing from Incident Commander:

- Incident objectives.

- Participating/coordinating agencies.

- Anticipated duration/complexity of incident.

- Determine any political considerations.

- Obtain the names of any agency contacts the Incident Commander knows about.

- Possibility of cost sharing.

- Work with Incident Commander and Operations Section Chief to ensure work/rest guidelines are being met, as applicable.

☐   2. Obtain briefing from agency administrator:

- Determine level of fiscal process required.

- Delegation of authority to Incident Commander, as well as for financial processes, particularly procurement.

- Assess potential for legal claims arising out of incident activities.

- Identify applicable financial guidelines and policies, constraints and limitations.

Finance/Administration Section Chief Position Checklist

☐   3. Obtain briefing from agency Finance/Administration representative:

- Identify financial requirements for planned and expected operations.

- Determine agreements are in place for land use, facilities, equipment, and utilities.

- Confirm/establish procurement guidelines.

- Determine procedure for establishing charge codes.

- Important local contacts.

- Agency/local guidelines, processes.

- Copies of all incident-related agreements, activated or not.

- Determine potential for rental or contract services.

- Is an Incident Business Advisor (IBA) available, or the contact information for an agency Financial/Administration representative?

- Coordinate with Command and General Staff and agency Human Resources staff to determine the need for temporary employees.

- Ensure that proper tax documentation is completed.

- Determine whether hosting agency will maintain time records, or whether the incident will document all time for the incident, and what forms will be used.

☐   4. Ensure all Sections and the Supply Unit are aware of charge code.

☐   5. Attend Planning Meeting:

- Provide financial and cost-analysis input.

- Provide financial summary on labor, materials, and services.

- Prepare forecasts on costs to complete operations.

- Provide cost benefit analysis, as requested.

- Obtain information on status of incident; planned operations; changes in objectives, use of personnel, equipment, aircraft; and local agency/political concerns.

Finance/Administration Section Chief Position Checklist

Sample Planning Meeting Agenda

	Agenda Item	Responsible Party
1	Briefing on situation/resource status.	Planning/Operations Section Chiefs
2	Discuss safety issues.	Safety Officer
3	Set/confirm incident objectives.	Incident Commander
4	Plot control lines & Division boundaries.	Operations Section Chief
5	Specify tactics for each Division/Group.	Operations Section Chief
6	Specify resources needed for each Division/Group.	Operations/Planning Section Chiefs
7	Specify facilities and reporting locations.	Operations/Planning/Logistics Section Chiefs
8	Develop resource order.	Logistics Section Chief
9	Consider communications/medical/ transportation plans.	Logistics/Planning Section Chiefs
10	Provide financial update.	Finance/Administration Section Chief
11	Discuss interagency liaison issues.	Liaison Officer
12	Discuss information issues.	Public Information Officer
13	Finalize/approve/implement plan.	Incident Commander/All

6. Gather continuing information:

- Equipment time – Ground Support Unit Leader and Operations Section.

- Personnel time – Crew Leaders, Unit Leaders, and individual personnel.

- Accident reports – Safety Officer, Ground Support Unit Leader, and Operations Section.

- Potential and existing claims – Operations Section, Safety Officer, equipment contractors, agency representative, and Compensation/Claims Unit Leader.

- Arrival and demobilization of personnel and equipment – Planning Section.

- Daily incident status – Planning Section.

- Injury reports – Safety Officer, Medical Unit Leader, and Compensation/Claims Unit Leader.

- Status of supplies – Supply Unit Leader and Procurement Unit Leader.

- Guidelines of responsible agency – Incident Business Advisor, local administrative personnel.

- Use agreements – Procurement Unit Leader and local administrative personnel.

- What has been ordered? – Supply Unit Leader.

- Unassigned resources – Resource Unit Leader and Cost Unit Leader.

Finance/Administration Section Chief Position Checklist

☐   7.   Meet with assisting and cooperating agencies, as required, to determine any cost-share agreements or financial obligation.

☐   8.   Coordinate with all cooperating agencies and specifically administrative personnel in hosting agency.

☐   9.   Initiate, maintain, and ensure completeness of documentation needed to support claims for emergency funds, including auditing and documenting labor, equipment, materials, and services:

- Labor - with breakdown of work locations, hours and rates for response personnel, contract personnel, volunteers, and consultants.

- Equipment - with breakdown of work locations, hours and rates for owned and rented aircraft, heavy equipment, fleet vehicles, and other equipment.

- Materials and supplies purchased and/or rented, including equipment, communications, office and warehouse space, and expendable supplies.

☐   10.   Initiate, maintain, and ensure completeness of documentation needed to support claims for injury and property damage. (Injury information should be kept on contracted personnel formally assigned to the incident, as well as paid employees and mutual aid personnel).

☐   11.   Ensure that all personnel time records reflect incident activity and that records for non-agency personnel are transmitted to home agency or department according to policy:

- Notify incident management personnel when emergency timekeeping process is in effect and where timekeeping is taking place.

- Distribute time-keeping forms to all Sections-ensure forms are being completed correctly.

☐   12.   Ensure that all obligation documents initiated by the incident are properly prepared and completed.

☐   13.   Assist Logistics in resource procurement:

- Identify vendors for which open purchase orders or contracts must be established.

- Negotiate ad hoc contracts.

☐   14.   Ensure coordination between Finance/Administration and other Command and General Staff.

☐   15.   Coordinate Finance/Administration demobilization.

☐   16.   Provide briefing to relief on current activities and unusual events.

Finance/Administration Section Chief Position Checklist

	17. Ensure all Logistics Units are documenting actions on Unit Log (ICS Form 214).
	18. Submit all Section documentation to Documentation Unit.

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Food Unit Leader Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

	1. Obtain briefing from Logistics Section Chief or Service Branch Director:

- Determine potential duration of incident.

- Number and location of personnel to be fed.

- Last meal provided.

- Proposed time of next meal.

	2. Determine food service requirements for planned and expected operations.
	3. Determine best method of feeding to fit situation and obtain bids if not done prior to incident (coordinate with Procurement Unit).
	4. Determine location of working assignment.
	5. Ensure sufficient potable water and beverages for all incident personnel.
	6. Coordinate transportation of food and drinks to the scene with Ground Support and Operations Section Chief.
	7. Ensure that appropriate health and safety measures are taken and coordinate activity with Safety Officer.
	8. Supervise administration of food service agreement, if applicable.
	9. Provide copies of receipts, bills to Finance/Administration Section.
	10. Let Supply Unit know when food orders are complete.
	11. Provide briefing to relief on current activities and unusual situations.
	12. Document all activity on Unit Log (ICS Form 214).

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Ground Support Unit Leader Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**<u>Task</u>**

	1. Obtain briefing from Logistics Section Chief or Support Branch Director:

- Fueling needs of apparatus on incident.

- Transportation needed for responders.

- Location of Supply Unit receiving and distribution point(s).

- Incident transportation maps and restrictions on transportation routes.

- Need for vehicle repair services, and policy toward repair and fueling of mutual aid and rental equipment.

	2. Staff Unit by the above considerations, as indicated.
	3. Consider the need to use agency pool vehicles or rental vehicles to augment transportation resources.
	4. Support out-of-service resources according to agreement for mutual aid and rental equipment.
	5. Notify Resources Unit of all changes on support and transportation vehicles.
	6. Arrange for and activate towing, fueling, maintenance, and repair services.
	7. Maintain fuel, parts, and service use records and cost summaries. Forward to Finance/Administration Section.
	8. Maintain inventory of support and transportation vehicles.

Ground Support Unit Leader Position Checklist

☐   9.   Provide transportation services:

- Review Incident Action Plan (IAP) for transportation requirements.

- Review inventory for needed resources.

- Request additional resources through Supply Unit. Give type, time needed, and reporting location.

- Schedule use of support vehicles.

- Document mileage, fuel consumption, and other costs.

☐   10. Implement Transportation Plan:

- Determine time-lines.

- Identify types of services required.

- Assign resources required to implement Transportation Plan.

☐   11. Ensure that the condition of rental equipment is documented prior to use and coordinate with Procurement Unit Leader.

☐   12. Document all activity on Unit Log (ICS Form 214).

Incident Commander Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

| | 1. Ensure welfare and safety of incident personnel. |

| | 2. Supervise Command and General Staff. |

| | 3. Obtain initial briefing from current Incident Commander and agency administrator. |

| | 4. Assess incident situation: |

- Review the current situation status and initial incident objectives. Ensure that all local, State and Federal agencies impacted by the incident have been notified.

| | 5. Determine need for, establish, and participate in Unified Command. |

| | 6. Authorize protective action statements, as necessary. |

| | 7. Activate appropriate Command and General Staff positions. Safety Officer must be appointed on hazardous materials incidents: |

- Confirm dispatch and arrival times of activated resources.

- Confirm work assignments.

| | 8. Brief staff: |

- Identify incident objectives and any policy directives for the management of the incident.

- Provide a summary of current organization.

- Provide a review of current incident activities.

- Determine the time and location of first Planning Meeting.

| | 9. Determine information needs and inform staff of requirements. |

| | 10. Determine status of disaster declaration and delegation of authority. |

Incident Commander Position Checklist

☐ 11. Establish parameters for resource requests and releases:

- Review requests for critical resources.

- Confirm who has ordering authority within the organization.

- Confirm those orders that require Command authorization.

☐ 12. Authorize release of information to the media:

- If operating within a Unified Command, ensure all Incident Commanders approve release.

☐ 13. Establish level of planning to be accomplished:

- Written Incident Action Plan (IAP).

- Contingency planning.

- Formal Planning Meeting.

☐ 14. Ensure Planning Meetings are conducted as indicated:

Sample Planning Meeting Agenda

	Agenda Item	Responsible Party
1	Briefing on situation/resource status.	Planning/Operations Section Chiefs
2	Discuss safety issues.	Safety Officer
3	Set/confirm incident objectives.	Incident Commander
4	Plot control lines & Division boundaries.	Operations Section Chief
5	Specify tactics for each Division/Group.	Operations Section Chief
6	Specify resources needed for each Division/Group.	Operations/Planning Section Chiefs
7	Specify facilities and reporting locations.	Operations/Planning/Logistics Section Chiefs
8	Develop resource order.	Logistics Section Chief
9	Consider communications/medical/ transportation plans.	Logistics/Planning Section Chiefs
10	Provide financial update.	Finance/Administration Section Chief
11	Discuss interagency liaison issues.	Liaison Officer
12	Discuss information issues.	Public Information Officer
13	Finalize/approve/implement plan.	Incident Commander/All

Incident Commander Position Checklist

☐ 15. Approve and authorize implementation of the IAP:

- Review IAP for completeness and accuracy.

- Verify that objectives are incorporated and prioritized.

- Sign ICS Form 202.

☐ 16. Ensure Command and General Staff coordination:

- Periodically check progress on assigned tasks of Command and General Staff personnel.

- Approve necessary changes to strategic goals and IAP.

- Ensure that Liaison Officer is making periodic contact with participating agencies.

☐ 17. Work with agency staff to declare state of emergency according to agency protocol.

☐ 18. Keep agency administrator informed on incident-related problems and progress.

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Liaison Officer Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

☐ 1. Obtain briefing from Incident Commander:

- Obtain summary of incident organization (ICS Forms 201 and 203).

- Determine companies/agencies/non-governmental organizations already involved in the incident, and whether they are assisting (have tactical equipment and/or personnel assigned to the organization), or cooperating (operating in a support mode "outside" the organization).

☐ 2. Obtain cooperating and assisting agency information, including:

- Contact person(s).

- Radio frequencies.

- Phone numbers.

- Cooperative agreements.

- Resource type.

- Number of personnel.

- Condition of personnel and equipment.

- Agency constraints/limitations.

☐ 3. Establish workspace for Liaison function and notify agency representatives of location.

☐ 4. Contact and brief assisting/cooperating agency representatives and mutual aid cooperators.

☐ 5. Interview agency representatives concerning resources and capabilities, and restrictions on use-provide this information at planning meetings.

☐ 6. Work with Public Information Officer and Incident Commander to coordinate media releases associated with inter-governmental cooperation issues.

Liaison Officer Position Checklist

☐ 7. Monitor incident operations to identify potential inter-organizational problems. Keep Command apprised of such issues:

- Bring complaints pertaining to logistical problems, inadequate communications, and strategic and tactical direction to the attention of Incident Management Team (IMT).

☐ 8. Participate in Planning Meetings:

Sample Planning Meeting Agenda

	Agenda Item	Responsible Party
1	Briefing on situation/resource status.	Planning/Operations Section Chiefs
2	Discuss safety issues.	Safety Officer
3	Set/confirm incident objectives.	Incident Commander
4	Plot control lines & Division boundaries.	Operations Section Chief
5	Specify tactics for each Division/Group.	Operations Section Chief
6	Specify resources needed for each Division/Group.	Operations/Planning Section Chiefs
7	Specify facilities and reporting locations.	Operations/Planning/Logistics Section Chiefs
8	Develop resource order.	Logistics Section Chief
9	Consider communications/medical/ transportation plans.	Logistics/Planning Section Chiefs
10	Provide financial update.	Finance/Administration Section Chief
11	Discuss interagency liaison issues.	Liaison Officer
12	Discuss information issues.	Public Information Officer
13	Finalize/approve/implement plan.	Incident Commander/All

☐ 9. Document all activity on Unit Log (ICS Form 214).

Logistics Section Chief Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident. Tasks may be delegated to the appropriate Branch Director or Unit Leader.

✓	**Task**

☐   1. Obtain briefing from Incident Commander:

- Review situation and resource status for number of personnel assigned to incident.

- Review current organization.

- Determine which incident facilities have been/should be activated.

☐   2. Ensure Incident Command Post and other incident facilities are physically activated, as appropriate.

☐   3. Confirm resource ordering process.

☐   4. Assess adequacy of current Incident Communications Plan (ICS Form 205).

☐   5. Organize and staff Logistics Section, as appropriate, and consider the need for facility security, and Communication and Supply Units.

☐   6. Assemble, brief, and assign work locations and preliminary work tasks to Section personnel:

- Provide summary of emergency situation.

- Provide summary of the kind and extent of Logistics support the Section may be asked to provide.

☐   7. Notify Resources Unit of other Units activated, including names and location of assigned personnel.

Logistics Section Chief Position Checklist

☐   8.   Attend Planning Meetings:

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Sample Planning Meeting Agenda

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	Agenda Item	Responsible Party
1	Briefing on situation/resource status.	Planning/Operations Section Chiefs
2	Discuss safety issues.	Safety Officer
3	Set/confirm incident objectives.	Incident Commander
4	Plot control lines & Division boundaries.	Operations Section Chief
5	Specify tactics for each Division/Group.	Operations Section Chief
6	Specify resources needed for each Division/Group.	Operations/Planning Section Chiefs
7	Specify facilities and reporting locations.	Operations/Planning/Logistics Section Chiefs
8	Develop resource order.	Logistics Section Chief
9	Consider communications/medical/ transportation plans.	Logistics/Planning Section Chiefs
10	Provide financial update.	Finance/Administration Section Chief
11	Discuss interagency liaison issues.	Liaison Officer
12	Discuss information issues.	Public Information Officer
13	Finalize/approve/implement plan.	Incident Commander/All

☐   9.   Participate in preparation of Incident Action Plan (IAP):

- Provide input on resource availability, support needs, identified shortages, and response time-lines for key resources.

- Identify future operational needs (both current and contingency), in order to anticipate logistical requirements.

- Ensure Incident Communications Plan (ICS Form 205) is prepared.

- Ensure Medical Plan (ICS Form 206) is prepared.

- Assist in the preparation of Transportation Plan.

☐   10. Review IAP and estimate section needs for next operational period; order relief personnel if necessary.

☐   11. Research availability of additional resources.

☐   12. Hold Section meetings, as necessary, to ensure communication and coordination among Logistics Branches and Units.

☐   13. Ensure coordination between Logistics and other Command and General Staff.

☐   14. Ensure general welfare and safety of Section personnel.

Logistics Section Chief Position Checklist

☐ 15. Provide briefing to relief on current activities and unusual situations.

☐ 16. Ensure that all personnel observe established level of operational security.

☐ 17. Ensure all Logistics functions are documenting actions on Unit Log (ICS Form 214).

☐ 18. Submit all Section documentation to Documentation Unit.

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Medical Unit Leader Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

☐ 1. Obtain briefing from Service Branch Director or Logistics Section Chief:

- Obtain information on any injuries that occurred during initial response operations.

- Name and location of Safety Officer.

☐ 2. Determine level of emergency medical activities performed prior to activation of Medical Unit:

- Number and location of aid stations.

- Number and location of stand-by ambulances, helicopters, and medical personnel to assign to the incident.

- Potential for special medical problems, i.e., hypothermia, dehydration, heat stroke, exposure to hazardous materials, etc.

- Medical supplies needed.

☐ 3. Respond to requests for medical treatment and transportation.

☐ 4. Request/supervise ambulance support. Order through established Incident chain of command.

☐ 5. Prepare the Medical Plan (ICS Form 206), including procedures for major medical emergency. **This plan should be coordinated with the medical organization within the Operations Section**. Plan should include:

- Medical Assembly Area.

- Triage Area.

- Ambulance Traffic Route.

- Landing Zone for Life flight (incident and hospital).

- Aid Station Location(s).

- Hazard specific information (HAZMAT treatment, etc.).

- Closest hospitals.

- Consideration should be given to separate treatment areas for responders and victims, as well as sending all responders to a single hospital.

Medical Unit Leader Position Checklist

☐   6.   Obtain Safety Officer approval for Medical Plan.

☐   7.   Coordinate Medical Plan with local hospitals.

☐   8.   Respond to requests for medical aid.

☐   9.   Notify Safety Officer and Logistics Section Chief of all accidents and injuries.

☐   10. Respond to requests for medical supplies.

☐   11. Prepare medical reports; provide copies to Documentation Unit.

☐   12. Submit reports as directed; provide copies to Documentation Unit Leader.

☐   13. Provide briefing to relief on current activities and unusual circumstances.

☐   14. Document all activity on Unit Log (ICS Form 214).

Operations Branch Director Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

☐   1. Obtain briefing from Operations Section Chief or Incident Commander:

- Determine resources assigned to the Branch, current location, and activities.

- Review assignments for Divisions and/or Groups within Branch and modify based on effectiveness of current operations.

- If modification requires re-assignment or changes of status of resources, provide resource information to the Operations Section Chief or Incident Commander.

- Determine general organizational structure, including identification of other Branches, Divisions, and Groups operating on the incident.

☐   2. Attend Operations Briefing.

☐   3. Develop tactical assignments, with subordinates, for Branch control operations.

☐   4. Assign specific work tasks to Division/Group Supervisors.

☐   5. Resolve logistical problems reported by subordinates:

- Monitor radio transmissions and cell phone use to assess communications needs.

- Ensure resources receive adequate food, liquids, and rehabilitation.

- Request additional resources through approved ordering channels.

☐   6. Report to Operations Section Chief whenever:

- Incident Action Plan (IAP) is to be modified.

- Additional resources are needed.

- Surplus resources are available.

- Hazardous situations or significant events occur.

☐   7. Coordinate activities with other Branch Directors.

Operations Branch Director Position Checklist

☐ 8. Attend Planning Meetings at the request of the Operations Section Chief.

☐ 9. Debrief on shift activities, prior to leaving shift, with Operations Section Chief and Planning Section Chief or Situation Unit Leader.

☐ 10. Ensure Branch fiscal record-keeping.

☐ 11. Document all activity on Unit Log (ICS Form 214).

Operations Section Chief Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

	1. Obtain briefing from Incident Commander:

- Determine incident objectives and recommended strategies.

- Determine status of current tactical assignments.

- Identify current organization, location of resources, and assignments.

- Confirm resource ordering process.

- Determine location of current Staging Areas and resources assigned there.

	2. Organize Operations Section to ensure operational efficiency, personnel safety and adequate span of control.

	3. Establish operational period.

	4. Establish and demobilize Staging Areas.

	5. Attend Operations Briefing and assign Operations personnel in accordance with Incident Action Plan (IAP):

- Brief Staging Area Manager on types and numbers of resources to be maintained in Staging.

- Brief tactical elements (Branches, Divisions/Groups, Task Force/Strike-Team Leaders) on assignments, ordering process, protective equipment, and tactical assignments.

	6. Develop and manage tactical operations to meet incident objectives.

Operations Section Chief Position Checklist

☐   7.   Assess life safety:

- Adjust perimeters, as necessary, to ensure scene security.

- Evaluate and enforce use of appropriate protective clothing and equipment.

- Implement and enforce appropriate safety precautions.

☐   8.   Evaluate situation and provide update to Planning Section:

- Location, status, and assignment of resources.

- Effectiveness of tactics.

- Desired contingency plans.

☐   9.   Determine need and request additional resources.

☐   10. Notify Resources Unit of Section Branches, Divisions/Groups, Strike Teams/Task Forces, and single resources which are staffed, including location of resources and names of leaders.

☐   11. Keep Resources Unit up to date on changes in resource status.

☐   12. Write formal Operations portion of IAP with the Planning Section Chief, if so directed by the Incident Commander:

- Identify assignments by Division or Group.

- Identify specific tactical assignments.

- Identify resources needed to accomplish assignments.

Operations Section Chief Position Checklist

☐   13. Ensure coordination of the Operations Section with other Command and General Staff:

- Ensure Operations Section time-keeping, activity logs, and equipment use documents are maintained and passed to Planning, Logistics, and Finance/Administration Sections, as appropriate.

- Ensure resource ordering and logistical support needs are passed to Logistics in a timely fashion-enforce ordering process.

- Notify Logistics of communications problems.

- Keep Planning up-to-date on resource and situation status.

- Notify Liaison Officer of issues concerning cooperating and assisting agency resources.

- Keep Safety Officer involved in tactical decision-making.

- Keep Incident Commander apprised of status of operational efforts.

- Coordinate media field visits with the Public Information Officer.

☐   14. Attend the Tactics Meeting with Planning Section Chief, Safety Officer, and Incident Commander prior to the Planning Meeting to review strategy, discuss tactics, and outline organization assignments.

☐   15. Attend Planning Meetings:

Sample Planning Meeting Agenda

	Agenda Item	Responsible Party
1	Briefing on situation/resource status.	Planning/Operations Section Chiefs
2	Discuss safety issues.	Safety Officer
3	Set/confirm incident objectives.	Incident Commander
4	Plot control lines & Division boundaries.	Operations Section Chief
5	Specify tactics for each Division/Group.	Operations Section Chief
6	Specify resources needed for each Division/Group.	Operations/Planning Section Chiefs
7	Specify facilities and reporting locations.	Operations/Planning/Logistics Section Chiefs
8	Develop resource order.	Logistics Section Chief
9	Consider communications/medical/ transportation plans.	Logistics/Planning Section Chiefs
10	Provide financial update.	Finance/Administration Section Chief
11	Discuss interagency liaison issues.	Liaison Officer
12	Discuss information issues.	Public Information Officer
13	Finalize/approve/implement plan.	Incident Commander/All

☐   16. Hold Section meetings, as necessary, to ensure communication and coordination among Operations Branches, Divisions, and Groups.

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Planning Section Chief Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident. Tasks may be delegated to the appropriate Unit Leader

✓	**Task**

- [ ] 1. Obtain briefing from Incident Commander:

    - Determine current resource status (ICS Form 201).

    - Determine current situation status/intelligence (ICS Form 201).

    - Determine current incident objectives and strategy.

    - Determine whether Incident Commander requires a written Incident Action Plan (IAP).

    - Determine time and location of first Planning Meeting.

    - Determine desired contingency plans.

- [ ] 2. Activate Planning Section positions, as necessary, and notify Resources Unit of positions activated.

- [ ] 3. Establish and maintain resource tracking system.

- [ ] 4. Complete ICS Form 201, if not previously completed, and provide copies to Command, Command Staff, and General Staff.

- [ ] 5. Advise Incident Command Post (ICP) staff of any significant changes in incident status.

- [ ] 6. Compile and display incident status summary information. Document on ICS Form 209, Incident Status Summary (or other approved agency forms):

    - Forward incident status summaries to Agency Administrator and/or other designated staff once per operational period, or as required.

    - Provide copy to Public Information Officer.

- [ ] 7. Obtain/develop incident maps.

- [ ] 8. Establish information requirements and reporting schedules for ICP and field staff.

Planning Section Chief Position Checklist

☐ 9. Prepare contingency plans:

- Review current and projected incident and resource status.

- Develop alternative strategies.

- Identify resources required to implement contingency plan.

- Document alternatives for presentation to Incident Commander and Operations, and for inclusion in the written IAP.

☐ 10. Meet with Operations Section Chief and/or Command, prior to Planning Meetings, to discuss proposed strategy and tactics and diagram incident organization and resource location.

☐ 11. Conduct Planning Meetings according to following agenda:

Sample Planning Meeting Agenda

	Agenda Item	Responsible Party
1	Briefing on situation/resource status.	Planning/Operations Section Chiefs
2	Discuss safety issues.	Safety Officer
3	Set/confirm incident objectives.	Incident Commander
4	Plot control lines & Division boundaries.	Operations Section Chief
5	Specify tactics for each Division/Group.	Operations Section Chief
6	Specify resources needed for each Division/Group.	Operations/Planning Section Chiefs
7	Specify facilities and reporting locations.	Operations/Planning/Logistics Section Chiefs
8	Develop resource order.	Logistics Section Chief
9	Consider communications/medical/ transportation plans.	Logistics/Planning Section Chiefs
10	Provide financial update.	Finance/Administration Section Chief
11	Discuss interagency liaison issues.	Liaison Officer
12	Discuss information issues.	Public Information Officer
13	Finalize/approve/implement plan.	Incident Commander/All

☐ 12. Supervise preparation and distribution of the written IAP, if indicated. Minimum distribution is to all Command, Command Staff, General Staff, and Operations personnel to the Division/Group Supervisor level:

- Establish information requirements and reporting schedules for use in preparing the IAP.

- Ensure that detailed contingency plan information is available for consideration by Operations and Command.

- Verify that all support and resource needs are coordinated with Logistics Section prior to release of the IAP.

Planning Section Chief Position Checklist

- Include fiscal documentation forms in written IAP as requested by the Finance/Administration Section.

- Coordinate IAP changes with General Staff personnel and distribute written changes, as appropriate.

13. Coordinate development of Incident Traffic Plan with Operations and the Ground Support Unit Leader.

14. Coordinate preparation of the Safety Message with Safety Officer.

15. Coordinate preparation of the Incident Communications Plan and Medical Plan with Logistics.

16. Instruct Planning Section Units in distribution of incident information.

17. Provide periodic predictions on incident potential.

18. Establish a weather data collection system, when necessary.

19. Identify need for specialized resources; discuss need with Operations and Command; facilitate resource requests with Logistics.

20. Ensure Section has adequate coverage and relief.

21. Hold Section meetings as necessary to ensure communication and coordination among Planning Section Units.

22. Ensure preparation of demobilization plan, if appropriate.

23. Ensure preparation of final incident package and route to Agency Administrator for archiving or follow-up after Incident Management Team (IMT) demobilization.

24. Provide briefing to relief on current and unusual situations.

25. Ensure that all staff observe established level of operational security.

26. Ensure all Planning functions are documenting actions on Unit Log (ICS Form 214).

27. Submit all Section documentation to Documentation Unit.

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Procurement Unit Leader Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

☐   1.   Obtain briefing from Finance/Administration Section Chief:

- Determine charge code, and delegation of authority to commit agency funds. If the agency cannot delegate procurement authority to the Procurement Unit Leader, they will need to assign one of their procurement people to the incident.

- Determine whether a buying team has been assigned to purchase all equipment, supplies, etc. for the incident. The Procurement Unit Leader will coordinate closely with this group.

- Determine status of bid process.

- Determine current vendor list.

- Determine current blanket Purchase Order (PO) list.

- Determine time-lines established for reporting cost information.

☐   2.   Contact Supply Unit on incident needs and any special procedures or requirements.

☐   3.   Prepare and sign offers for rental, as necessary.

☐   4.   Develop Incident Procurement Plan. This plan should address/include:

- Spending caps.

- Necessary Forms.

- Identify who has purchasing authority.

- Process for obtaining approval to exceed caps.

- Coordination process with Supply Unit.

- Supply of emergency purchase orders.

Procurement Unit Leader Position Checklist

☐ 5. Review equipment rental agreement and use statements for terms and conditions of use within 24 hours after equipment arrival at incident. Provide hourly rates and associated costs to Cost Unit.

☐ 6. Prepare and sign contracts, land-use agreements, and cost-share agreements, as necessary.

☐ 7. Draft Memorandums of Understanding as needed (obtain legal review and Incident Commander's signature prior to implementation).

☐ 8. Establish contact with supply vendors, as needed.

☐ 9. Determine whether additional vendor-service agreements will be necessary.

☐ 10. Interpret contracts/agreements, and resolve claims or disputes within delegated authority.

☐ 11. Provide cost data from rental agreements, contracts, etc. to Cost Unit Leader according to reporting time frames established for operational period.

☐ 12. Verify all invoices.

☐ 13. It is imperative that all contractors are accounted for and their time documented:

   - Coordinate with all Sections.

   - It may be helpful to hire one person (or more) to simply travel the incident and document everything they see being used.

   - Ensure that all equipment rental documents and inspections are complete (coordinate inspection information with Ground Support Unit and/or Operations) before signing.

☐ 14. Complete final processing and send documents for payment.

☐ 15. Maintain final incident receiving documents:

   - Obtain copies of all vendor invoices.

   - Verify that all equipment time records are complete.

   - Maintain comprehensive audit trail for all procurement documents.

   - Check completeness of all data entries on vendor invoices.

   - Compare invoices against procurement documents.

   - Assure that only authorized personnel initiate orders.

Procurement Unit Leader Position Checklist

☐   16. Provide briefing to relief on current activities and unusual events.

☐   17. Document all activity on Unit Log (ICS Form 214).

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Public Information Officer Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

☐   1. Obtain briefing from Incident Commander:

- Determine current status of Incident (ICS Form 209 or equivalent).

- Identify current organization (ICS Forms 201 and 203, resource lists, etc.).

- Determine point of contact for media (scene or Command Post).

- Determine current media presence.

☐   2. Participate in Administrative Officer's briefing:

- Determine constraints on information process.

- Determine pre-existing agreements for information centers, Joint Information Centers (JICs), etc.

☐   3. Assess need for special alert and warning efforts, including the hearing impaired, non-English speaking populations, and industries especially at risk for a specific hazard, or which may need advance notice in order to shut down processes.

☐   4. Coordinate the development of door-to-door protective action statements with Operations.

☐   5. Prepare initial information summary as soon as possible after activation. If no other information is available, consider the use of the following general statement:

Sample Initial Information Summary

We are aware that an *[accident/incident]* involving *[type of incident]* occurred at approximately *[time]*, in the vicinity of *[general location]*. *[Agency personnel]* are responding, and we will have additional information available as we are able to confirm it. We will hold a briefing at *[location]*, and will notify the press at least ½ hour prior to the briefing. At this time, this briefing is the only place where officials authorized to speak about the incident and confirmed information will be available. Thank you for your assistance.

Public Information Officer Position Checklist

☐ 6. Arrange for necessary work space, materials, telephones, and staff. Consider assigning Assistant Public Information Officers to:

- Joint Information Center (JIC).

- Field (scene) Information.

- Internal Information.

☐ 7. Establish contact with local and national media representatives, as appropriate.

☐ 8. Establish location of Information Center for media and public away from Command Post.

☐ 9. Establish schedule for news briefings.

☐ 10. Coordinate, with Logistics, the activation and staffing of message center "rumor control" lines to receive requests and answer questions from the public. Provide statement to operators.

☐ 11. Obtain current incident status reports from Planning Section; coordinate a schedule for updates.

☐ 12. Observe constraints on the release of information imposed by the Incident Commander and according to agency guidance.

☐ 13. Obtain approval for information release from Incident Commander:

- Confirm details to ensure no conflicting information is released.

- Identify site and time for press briefings, and confirm participation by other Incident Management Team (IMT) members.

☐ 14. Release news to media, and post information in Command Post and other appropriate locations.

☐ 15. Record all interviews and copy all news releases:

- Contact media to correct erroneous or misleading information being provided to the public via the media.

Public Information Officer Position Checklist

☐ 16. Update off-incident agency personnel on a regular basis:

- ▪ Utilize electronic mail for agency updates.

- ▪ Establish phone line in the Command Post dedicated to internal communications to update agency personnel.

- ▪ Provide standard statement which can be given to general requests for information.

☐ 17. Coordinate information releases with information staff from other impacted agencies and jurisdictions:

- ▪ Ensure that information provided to the public is consistent across jurisdictional boundaries, when appropriate.

☐ 18. Attend Planning Meetings:

Sample Planning Meeting Agenda

	Agenda Item	Responsible Party
1	Briefing on situation/resource status.	Planning/Operations Section Chiefs
2	Discuss safety issues.	Safety Officer
3	Set/confirm incident objectives.	Incident Commander
4	Plot control lines & Division boundaries.	Operations Section Chief
5	Specify tactics for each Division/Group.	Operations Section Chief
6	Specify resources needed for each Division/Group.	Operations/Planning Section Chiefs
7	Specify facilities and reporting locations.	Operations/Planning/Logistics Section Chiefs
8	Develop resource order.	Logistics Section Chief
9	Consider communications/medical/ transportation plans.	Logistics/Planning Section Chiefs
10	Provide financial update.	Finance/Administration Section Chief
11	Discuss interagency liaison issues.	Liaison Officer
12	Discuss information issues.	Public Information Officer
13	Finalize/approve/implement plan.	Incident Commander/All

☐ 19. Respond to special requests for information.

☐ 20. Provide all news releases, bulletins, and summaries to Documentation Unit to be included in the final incident package.

☐ 21. Confirm the process for the release of information concerning incident-related injuries or deaths.

☐ 22. Document all activity on Unit Log (ICS Form 214).

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Resources Unit Leader Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

☐ 1. Obtain briefing from Planning Section Chief.

☐ 2. Organize, staff, and supervise Unit, as appropriate, and provide for adequate relief.

☐ 3. Establish check-in function at incident locations (ICS Form 211).

☐ 4. Establish contact with incident information sources such as Staging Area Manager, Operations Section Chief, and initial Incident Commander to determine what resources have been assigned to the incident, their status, and location.

☐ 5. Compile, maintain, and display resource status information on: 1) all tactical and support personnel and apparatus (including agency-owned, mutual aid, or hired), and 2) transportation and support vehicles:

- Review ICS Form 201 for resource information.

- Review Check-In List (ICS Form 211).

- Confirm resources assigned to Staging.

- Confirm resources assigned to tactical Operations organization.

- Confirm resources assigned to other Command and General Staff functions.

☐ 6. Establish and maintain resource tracking system.

☐ 7. Maintain master roster of all resources at the incident:

- Total number of personnel assigned to the incident.

- Total number of resources assigned to each Section and/or Unit.

- Total number of specific equipment/apparatus types.

Resources Unit Leader Position Checklist

☐   8.   Assist in preparation of the Incident Action Plan (IAP):

- Prepare Organization Chart (ICS Form 207) and post in each room of the Incident Command Post (ICP).

- Assist in preparing the Organizational Planning Worksheet (ICS Form 215).

- Prepare Organization Assignment List (ICS Form 203).

- Prepare Division/Group Assignment Sheets (ICS Form 204).

☐   9.   Participate in Planning Meetings, as assigned.

☐   10. Provide briefing to relief on current and unusual situations.

☐   11. Assist in identification of additional and special resources:

- Other disciplines.

- Technical Specialists.

- Resources needed to implement contingency plans.

☐   12. Document all activity on Unit Log (ICS Form 214).

Safety Officer Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

☐   1. Obtain briefing from Incident Commander and/or from initial on-scene Safety Officer.

☐   2. Identify hazardous situations associated with the incident. Ensure adequate levels of protective equipment are available, and being used.

☐   3. Staff and organize function, as appropriate:

- In multi-discipline incidents, consider the use of an Assistant Safety Officer from each discipline.

- Multiple high-risk operations may require an Assistant Safety Officer at each site.

- Request additional staff through incident chain of command.

☐   4. Identify potentially unsafe acts.

☐   5. Identify corrective actions and ensure implementation. Coordinate corrective action with Command and Operations.

☐   6. Ensure adequate sanitation and safety in food preparation.

☐   7. Debrief Assistant Safety Officers prior to Planning Meetings.

☐   8. Prepare Incident Action Plan Safety and Risk Analysis (USDA ICS Form 215A).

☐   9. Participate in Planning and Tactics Meetings:

- Listen to tactical options being considered. If potentially unsafe, assist in identifying options, protective actions, or alternate tactics.

- Discuss accidents/injuries to date. Make recommendations on preventative or corrective actions.

☐   10. Attend Planning meetings:

Safety Officer Position Checklist

Sample Planning Meeting Agenda

	Agenda Item	Responsible Party
1	Briefing on situation/resource status.	Planning/Operations Section Chiefs
2	Discuss safety issues.	Safety Officer
3	Set/confirm incident objectives.	Incident Commander
4	Plot control lines & Division boundaries.	Operations Section Chief
5	Specify tactics for each Division/Group.	Operations Section Chief
6	Specify resources needed for each Division/Group.	Operations/Planning Section Chiefs
7	Specify facilities and reporting locations.	Operations/Planning/Logistics Section Chiefs
8	Develop resource order.	Logistics Section Chief
9	Consider communications/medical/ transportation plans.	Logistics/Planning Section Chiefs
10	Provide financial update.	Finance/Administration Section Chief
11	Discuss interagency liaison issues.	Liaison Officer
12	Discuss information issues.	Public Information Officer
13	Finalize/approve/implement plan.	Incident Commander/All

☐ 11. Participate in the development of Incident Action Plan (IAP):

- Review and approve Medical Plan (ICS Form 206).

- Provide Safety Message (ICS Form 202) and/or approved document.

- Assist in the development of the "Special Instructions" block of ICS Form 204, as requested by the Planning Section.

☐ 12. Investigate accidents that have occurred within incident areas:

- Ensure accident scene is preserved for investigation.

- Ensure accident is properly documented.

- Coordinate with incident Compensation and Claims Unit Leader, agency Risk Manager, and Occupational Safety and Health Administration (OSHA).

- Prepare accident report as per agency policy, procedures, and direction.

- Recommend corrective actions to Incident Commander and agency.

☐ 13. Coordinate critical incident stress, hazardous materials, and other debriefings, as necessary.

☐ 14. Document all activity on Unit Log (ICS Form 214).

Service Branch Director Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

☐   1. Obtain briefing from Logistics Section Chief:

- Determine number of personnel to be fed.

- Determine communications systems in use.

- Determine medical support needs of the incident.

- Confirm personnel already requested for Branch.

☐   2. Assemble, brief, and assign work locations and preliminary work tasks to Branch personnel:

- Provide summary of emergency situation.

- Provide summary of the communications, food, and medical needs of the incident.

☐   3. Ensure establishment of effective Incident Communications Plan (ICS Form 205).

☐   4. Ensure that incident personnel receive adequate food and water.

☐   5. Coordinate with Operations to ensure adequate medical support to incident personnel.

☐   6. Participate in organizational meetings of Logistics Section personnel.

☐   7. Coordinate activities of Branch Units.

☐   8. Keep Logistics Section Chief apprised of Branch Activities.

☐   9. Document all activity on Unit Log (ICS Form 214).

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Situation Unit Leader Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**<u>Task</u>**

☐ 1. Obtain briefing from Planning Section Chief.

- Review ICS Form 201 for incident status.

- Determine incident objectives and strategy.

- Determine necessary contingency plans.

- Identify reporting requirements and schedules-both internal and external to the incident.

☐ 2. Organize and staff Unit, as appropriate:

- Assign Field Observers.

- Request Technical Specialists, as needed.

☐ 3. Supervise Technical Specialists as assigned (on very complex incidents, it may be necessary to assign a supervisor to oversee Technical Specialists):

- Brief Technical Specialists on current incident status.

- Assign analysis tasks.

- Notify staff of time lines and format requirements.

- Monitor progress.

Situation Unit Leader Position Checklist

☐   4. Compile, maintain and display incident status information for Incident Command Post (ICP) staff:

- Sort data into required categories of information (i.e. geographic area, population, facilities, environmental values at risk, location of facilities, etc.).

- Determine appropriate map displays.

- Review all data for completeness, accuracy, and relevancy prior to posting.

- Plot incident boundaries, location of perimeters, facilities, access routes, etc. on display maps in Planning area.

- Develop additional displays (weather reports, incident status summaries, etc.), as necessary.

- Ensure displays and maps are kept up to date.

☐   5. Provide photographic services and maps:

- Photographic services may be used to document operations and intelligence activities, public information activities, and accident investigations.

- Issue disposable or digital cameras to Field Observers and Operations personnel as appropriate.

- Ensure photographs are processed at the end of each operational period.

- Request or develop additional and specialized maps as required.

- Provide Incident Map(s) for Incident Action Plan (IAP).

☐   6. Provide situation evaluation, prediction and analysis for Command and Operations; prepare information on alternative strategies:

- Review current and projected incident and resource status.

- Develop alternative strategies.

- Identify resources required to implement contingency plan.

- Document alternatives for presentation to Incident Commander and Operations and inclusion in the written IAP, using the ICS Form 204, Contingency Plan.

☐   7. Interview Operations personnel coming off duty to determine effectiveness of strategy and tactics, work accomplished and left to be accomplished.

Situation Unit Leader Position Checklist

☐   8.   Request weather forecasts and spot weather forecasts, as necessary, directly from the National Weather Service.

☐   9.   Prepare Incident Status Summary (ICS Form 209) and other status reports, as assigned prior to each Planning Meeting:

- Provide copies to Command and General Staff.

- Forward to agency administrator and to other entities, as directed.

☐   10. Participate in Planning Meetings, as required.

☐   11. Prepare predictions at periodic intervals, or upon request of the Planning Section Chief. Notify Command and General Staff if unforeseen changes occur.

☐   12. Provide briefing to relief on current and unusual situations.

☐   13. Document all activity on Unit Log (ICS Form 214).

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Staging Area Manager Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

☐   1. Obtain a briefing from Incident Commander or Operations Section Chief:

  ▪ Determine types and numbers of resources to be maintained in Staging.

  ▪ Confirm process for requesting additional resources for Staging.

  ▪ Confirm process for reporting status changes.

☐   2. Proceed to Staging Area; establish Staging Area layout (apparatus and vehicles in Staging should face outward to ensure quick response, general principle of "first in, first out" should be maintained).

☐   3. Ensure efficient check-in and coordinate process with Planning Section Resources Unit Leader.

☐   4. Identify and track resources assigned to staging; report resource status changes to Operations or Command and Resources Unit.

☐   5. Determine any support needs for equipment, feeding, sanitation and security; request through Logistics.

☐   6. Post areas for identification and traffic control.

☐   7. Respond to requests for resources:

  ▪ Organize Task Forces or Strike Teams, as necessary.

☐   8. Request additional tactical resources for Staging through Logistics, according to established staffing levels.

☐   9. Obtain and issue receipts for radio equipment and other supplies distributed and received at the Staging Area.

☐   10. Maintain Staging Area in orderly condition.

☐   11. Demobilize Staging Area in accordance with instructions.

☐   12. Document all activity on Unit Log (ICS Form 214).

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Supply Unit Leader Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

☐ 1. Obtain briefing from Logistics Section Chief or Support Branch Director:

- Determine charge code for incident.

- Confirm ordering process.

- Assess need for 24-hour staffing.

- Determine scope of supply process.

☐ 2. Organize and staff Unit, as appropriate:

- Consider need for "lead agency" representation in ordering process.

- Consider dividing ordering responsibilities either by discipline or by category (equipment, personnel, supplies).

☐ 3. Determine ordering parameters, authorities and restrictions. Ensure that Unit staff observes ordering system and chain of command for ordering:

- Establish clearly defined time when the Supply Unit will assume responsibility for all ordering. This will require close coordination with Operations and Planning staff.

- Confirm process for coordinating contract related activities with the Procurement Unit.

- Confirm process for emergency purchase orders with Finance Section.

☐ 4. Determine type and amount of supplies and equipment on hand and en route:

- Contact Resources Unit to determine resources on order.

Supply Unit Leader Position Checklist

[ ] 5. Receive resource orders from authorized incident staff. Document on Resource Order Form (ICS Form 208):

  - Determine qualifying specifications (size, extra equipment, personnel protective equipment, qualifications, etc.).

  - Desired delivery time and location, person ordering, and person to whom the resource should report or be delivered.

  - Obtain estimated price for resources which expect reimbursement.

  - Coordinate delivery of rented equipment to Ground Support Unit for inspection before use.

[ ] 6. Arrange to receive ordered supplies and equipment. Work with Facilities Unit to identify and activate appropriate facilities for supply storage.

[ ] 7. Order, receive, distribute, and store supplies and equipment:

  - Obtain resource name, number, identifiers, etc., along with Estimated Times of Arrival (ETA's).

  - Relay this information to appropriate staff.

[ ] 8. Advise affected Unit or Section of changes in arrival times of requested resources. Advise immediately if order cannot be filled.

[ ] 9. Alert Section Chief to changes in resource availability which may affect incident operations.

[ ] 10. Develop and implement safety and security requirements for supply areas.

[ ] 11. Review Incident Action Plan (IAP) for information affecting Supply Unit.

[ ] 12. Maintain inventory of supplies and equipment.

[ ] 13. Service re-usable equipment.

[ ] 14. Keep and submit copies of all orders and related documentation to the Documentation Unit.

[ ] 15. Provide briefing to relief on status of outstanding orders, current activities, and unusual situations.

[ ] 16. Document all activity on Unit Log (ICS Form 214).

Support Branch Director Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

☐   1. Obtain briefing from Logistics Section Chief:

- Determine facilities activated in support of the incident.

- Determine ground support and transportation needs.

- Determine resource ordering process.

- Confirm personnel already requested for Branch.

☐   2. Confirm resource ordering process and who is authorized to order with Command and Logistics Section Chief.

☐   3. Confirm facilities in use and determine the potential for additional facilities.

☐   4. Determine need for fuel delivery and vehicle support.

☐   5. Determine whether or not mutual aid and contract equipment are in use. Confirm method of inspection.

☐   6. Staff Branch appropriately.

☐   7. Assemble, brief, and assign work locations and preliminary work tasks to Branch personnel:

- Provide summary of emergency situation.

- Provide summary of the facility, supply, and ground support needs of the incident.

☐   8. Participate in organizational meetings of Logistics Section personnel.

☐   9. Coordinate activities of Branch Units.

☐   10. Keep Logistics Section Chief apprised of Branch Activities.

☐   11. Document all activity on Unit Log (ICS Form 214).

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Time Unit Leader Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

✓	**Task**

☐ 1. Obtain briefing from Finance/Administration Section Chief:

- Determine incident requirements for time recording.

- Determine required time-lines for reports.

- Determine location of timekeeping activity.

- Determine number of personnel and rental equipment for which time will be kept.

☐ 2. Organize and staff Unit, as appropriate.

☐ 3. Advise Ground Support Unit, Air Support Group (if applicable), Facilities Unit (and other users of equipment) of the requirement of a daily record of equipment time.

☐ 4. Establish contact with appropriate agency personnel representatives:

- Determine time-keeping constraints of individual agencies.

- Time records should be maintained for volunteer and mutual aid resources regardless of whether time will be reimbursed.

☐ 5. Ensure that daily personnel and equipment time recording documents are prepared, and compliance with time policy is maintained.

☐ 6. Establish files for time records, as appropriate.

☐ 7. Provide for records security.

☐ 8. Ensure that all records are complete or current prior to demobilization.

☐ 9. Time reports from assisting agencies should be released to the respective agency representatives prior to demobilization.

☐ 10. Brief Finance/Administration Chief on current problems, recommendations, outstanding issues, and follow-up requirements.

Time Unit Leader Position Checklist

☐   11. Provide briefing to relief on current activity and unusual events.

☐   12. Document all activity on Unit Log (ICS Form 214).

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Mutual Aid Agreements

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Mutual Aid Agreements

The following is a reference list of mutual aid agreements entered into by the City. **Copies of these mutual aid agreements can be found in the City EOC.**

1. Oregon Public Works Emergency Response Cooperative Assistance Agreement, January 2008

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E References

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Federal

- Public Law 93 234, as amended, Flood Disaster Protection Act of 1973.

- Public law 93-288, The Disaster Relief Act of 1974, as amended by Public Law 100-707, The Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988.

- The Code of Federal Regulations, Title 44, Part 206.

- Federal Emergency Management Agency, FEMA 64, Emergency Action Planning Guidelines for Dams, 1985.

- Federal Emergency Management Agency, Comprehensive Planning Guide 101, 2009.

- National Response Framework, 2008.

- National Incident Management System, 2008.

State

- Oregon Emergency Management. State of Oregon Emergency Declaration Guidelines for Local Elected and Appointed Officials. March 2005.

- Oregon Revised Statutes (ORS) 401.305 through 401.335.

- Office of the State Fire Marshal. Oregon Fire Services Mobilization Plan. March 2004.

County

- Marion County Emergency Operations Plan, 2006 *and 2008 (pending adoption)*

Other

- All other Public Laws or Executive Orders enacted or to be enacted which pertain to emergencies/disasters.

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F Acronyms and Glossary

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Acronyms

CERT	Citizen Emergency Response Team
City	City of Aurora (governing body)
CFR	Code of Federal Regulations
COG	Continuity of Government
COOP	Continuity of Operations Plan
County	Marion County (governing body)
EMO	Emergency Management Organization
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ESF	Emergency Support Function
FA	Functional Annex
FEMA	Federal Emergency Management Agency
HazMat	Hazardous Materials
HSEEP	Homeland Security Exercise and Evaluation Program
IA	Incident Annex
IAP	Incident Action Plan
ICS	Incident Command System
JIC	Joint Information Center
JIS	Joint Information System
LEDS	Law Enforcement Data System
MOU	Memorandum of Understanding
NGO	Nongovernmental Organization
NIMS	National Incident Management System
NORCOM	North Marion County Communication Center
ODOT	Oregon Department of Transportation
OEM	Oregon Emergency Management
OERS	Oregon Emergency Response System
OSHA	Occupational Safety and Health Administration
ORS	Oregon Revised Statutes

PIO	Public Information Officer
SOG	Standard Operating Guidance
SOP	Standard Operating Procedure
State	State of Oregon (governing body)
UAO	Aurora State Airport
UC	Unified Command
USAR	Urban Search and Rescue
USDA	United States Department of Agriculture
VA	Veterans Administration
WMD	Weapons of Mass Destruction

Glossary of Key Terms

Actual Event: A disaster (natural or man-made) that has warranted action to protect life, property, environment, public health or safety. Natural disasters include earthquakes, hurricanes, tornadoes, floods, etc.; man-made (either intentional or accidental) incidents can include chemical spills, terrorist attacks, explosives, biological attacks, etc.

After Action Report: The After Action Report documents the performance of exercise related tasks and makes recommendations for improvements. The Improvement Plan outlines the actions that the exercising jurisdiction(s) plans to take to address recommendations contained in the After Action Report.

Agency: A division of government with a specific function offering a particular kind of assistance. In ICS, agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance).

Agency Representative: A person assigned by a primary, assisting, or cooperating State, local, or tribal government agency or private entity that has been delegated authority to make decisions affecting that agency's or organization's participation in incident management activities following appropriate consultation with the leadership of that agency.

All Hazards: Any incident caused by terrorism, natural disasters, or any CBRNE accident. Such incidents require a multi-jurisdictional and multi-functional response and recovery effort.

Area Command (Unified Area Command): An organization established (1) to oversee the management of multiple incidents that are each being handled by an ICS organization or (2) to oversee the management of large or multiple incidents to which several Incident Management Teams have been assigned. Area Command has the responsibility to set overall strategy and priorities, allocate critical resources according to priorities, ensure that incidents are properly managed, and ensure that objectives are met and strategies followed. Area Command becomes Unified Area Command when incidents are multi-jurisdictional. Area Command may be established at an emergency operations center facility or at some location other than an incident command post.

Assessment: The evaluation and interpretation of measurements and other information to provide a basis for decision-making.

Assignments: Tasks given to resources to perform within a given operational period that are based on operational objectives defined in the IAP.

Assistant: Title for subordinates of principal Command Staff positions. The title indicates a level of technical capability, qualifications, and responsibility

subordinate to the primary positions. Assistants may also be assigned to unit leaders.

Assisting Agency: An agency or organization providing personnel, services, or other resources to the agency with direct responsibility for incident management. See also Supporting Agency.

Audit: formal examination of an organization's or individual's accounts; a methodical examination and review.

Available Resources: Resources assigned to an incident, checked in, and available for a mission assignment, normally located in a Staging Area.

Branch: The organizational level having functional or geographical responsibility for major aspects of incident operations. A branch is organizationally situated between the section and the division or group in the Operations Section, and between the section and units in the Logistics Section. Branches are identified by the use of Roman numerals or by functional area.

Chain-of-Command: A series of command, control, executive, or management positions in hierarchical order of authority.

Check-In: The process through which resources first report to an incident. Check-in locations include the incident command post, Resources Unit, incident base, camps, staging areas, or directly on the site.

Chief: The ICS title for individuals responsible for management of functional sections: Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established as a separate section).

Command: The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority.

Command Staff: In an incident management organization, the Command Staff consists of the Incident Command and the special staff positions of Public Information Officer, Safety Officer, Liaison Officer, and other positions as required, who report directly to the Incident Commander. They may have an assistant or assistants, as needed.

Common Operating Picture: A broad view of the overall situation as reflected by situation reports, aerial photography, and other information or intelligence.

Communications Unit: An organizational unit in the Logistics Section responsible for providing communication services at an incident or an EOC. A Communications Unit may also be a facility (e.g., a trailer or mobile van) used to support an Incident Communications Center.

Cooperating Agency: An agency supplying assistance other than direct operational or support functions or resources to the incident management effort.

Coordinate: To advance systematically an analysis and exchange of information among principals who have or may have a need to know certain information to carry out specific incident management responsibilities.

Corrective Action: Improved procedures that are based on lessons learned from actual incidents or from training and exercises.

Corrective Action Plan: A process implemented after incidents or exercises to assess, investigate, and identify and implement appropriate solutions to prevent repeating problems encountered.

Critical Infrastructure: Systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters. (Department of Homeland Security, National Response Plan (December 2004), 64.)

Deputy: A fully qualified individual who, in the absence of a superior, can be delegated the authority to manage a functional operation or perform a specific task. In some cases, a deputy can act as relief for a superior and, therefore, must be fully qualified in the position. Deputies can be assigned to the Incident Commander, General Staff, and Branch Directors.

Dispatch: The ordered movement of a resource or resources to an assigned operational mission or an administrative move from one location to another.

Disciplines: A group of personnel with similar job roles and responsibilities. (e.g. law enforcement, firefighting, HazMat, EMS).

Division: The partition of an incident into geographical areas of operation. Divisions are established when the number of resources exceeds the manageable span of control of the Operations Chief. A division is located within the ICS organization between the branch and resources in the Operations Section.

Emergency: Absent a Presidential declared emergency, any incident(s), human-caused or natural, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

Emergency Management Assistance Compact: The Emergency Management Assistance Compact is an interstate mutual aid agreement that allows States to assist one another in responding to all kinds of natural and man-made disasters. It is administered by the National Emergency Management Association.

Emergency Operations Centers: The physical location at which the coordination of information and resources to support domestic incident management activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, State, regional, County, City, tribal), or some combination thereof.

Emergency Operations Plan: The "steady-state" plan maintained by various jurisdictional levels for responding to a wide variety of potential hazards.

Emergency Public Information: Information that is disseminated primarily in anticipation of an emergency or during an emergency. In addition to providing situational information to the public, it also frequently provides directive actions required to be taken by the general public.

Emergency Response Provider: Includes State, local, and tribal emergency public safety, law enforcement, emergency response, emergency medical (including hospital emergency facilities), and related personnel, agencies, and authorities. See Section 2 (6), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002). Also known as Emergency Responder.

Evacuation: Organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

Evaluation: The process of observing and recording exercise activities, comparing the performance of the participants against the objectives, and identifying strengths and weaknesses.

Event: A planned, non-emergency activity. ICS can be used as the management system for a wide range of events, e.g., parades, concerts, or sporting events.

Exercise: Exercises are a planned and coordinated activity allowing homeland security and emergency management personnel (from first responders to senior officials) to demonstrate training, exercise plans, and practice prevention, protection, response, and recovery capabilities in a realistic but risk-free environment. Exercises are a valuable tool for assessing and improving performance, while demonstrating community resolve to prepare for major incidents.

Federal: Of or pertaining to the Federal Government of the United States of America.

Federal Preparedness Funding: Funding designated for developing and/or enhancing State, Territorial, local, and tribal preparedness capabilities. This includes all funding streams that directly or indirectly support Homeland Security

initiatives, e.g. Center for Disease Control and Health Resources and Services Administration preparedness funds.

Function: Function refers to the five major activities in ICS: Command, Operations, Planning, Logistics, and Finance/Administration. The term function is also used when describing the activity involved, e.g., the planning function. A sixth function, Intelligence, may be established, if required, to meet incident management needs.

General Staff: A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.

Group: Established to divide the incident management structure into functional areas of operation. Groups are composed of resources assembled to perform a special function not necessarily within a single geographic division. Groups, when activated, are located between branches and resources in the Operations Section.

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

Homeland Security Exercise and Evaluation Program (HSEEP): A capabilities- and performance-based exercise program that provides a standardized policy, methodology, and language for designing, developing, conducting, and evaluating all exercises. Homeland Security Exercise and Evaluation Program also facilitates the creation of self-sustaining, capabilities-based exercise programs by providing tools and resources such as guidance, training, technology, and direct support. For additional information please visit the Homeland Security Exercise and Evaluation Program toolkit at http://www.hseep.dhs.gov.

Improvement Plan: The After Action Report documents the performance of exercise related tasks and makes recommendations for improvements. The Improvement Plan outlines the actions that the exercising jurisdiction(s) plans to take to address recommendations contained in the After Action Report.

Incident: An occurrence or event, natural- or human-caused, that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Action Plan: An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the

identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.

Incident Command Post: The field location at which the primary tactical-level, on-scene incident command functions are performed. The ICP may be collocated with the incident base or other incident facilities and is normally identified by a green rotating or flashing light.

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

Incident Commander: The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

Incident Management Team: The IC and appropriate Command and General Staff personnel assigned to an incident.

Incident Objectives: Statements of guidance and direction necessary for selecting appropriate strategy(s) and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow strategic and tactical alternatives.

Incident-Specific Hazards: Anticipated events that may or may not occur that require coordinated response to protect life or property, e.g., pandemic flu, avian flu, etc.

Initial Action: The actions taken by those responders first to arrive at an incident site.

Initial Response: Resources initially committed to an incident.

Intelligence Officer: The intelligence officer is responsible for managing internal information, intelligence, and operational security requirements supporting incident management activities. These may include information

security and operational security activities, as well as the complex task of ensuring that sensitive information of all types (e.g., classified information, law enforcement sensitive information, proprietary information, or export-controlled information) is handled in a way that not only safeguards the information, but also ensures that it gets to those who need access to it to perform their missions effectively and safely.

Interagency: An organization or committee comprised of multiple agencies.

Interoperability & Compatibility: A principle of the NIMS that holds that systems must be able to work together and should not interfere with one another if the multiple jurisdictions, organizations, and functions that come together under the NIMS are to be effective in domestic incident management. Interoperability and compatibility are achieved through the use of such tools as common communications and data standards, digital data formats, equipment standards, and design standards. (Department of Homeland Security, National Incident Management System (March 2004), 55.)

Inventory: An itemized list of current assets such as a catalog of the property or estate, or a list of goods on hand.

Joint Information Center: A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media at the scene of the incident. Public information officials from all participating agencies should collocate at the Joint Information Center.

Joint Information System: Integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, timely information during crisis or incident operations. The mission of the JIS is to provide a structure and system for developing and delivering coordinated interagency messages; developing, recommending, and executing public information plans and strategies on behalf of the IC; advising the IC concerning public affairs issues that could affect a response effort; and controlling rumors and inaccurate information that could undermine public confidence in the emergency response effort.

Jurisdiction: A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., City, County, tribal, State, or Federal boundary lines) or functional (e.g., law enforcement, public health).

Lessons Learned: Knowledge gained through operational experience (actual events or exercises) that improve performance of others in the same discipline. For additional information please visit https://www.llis.dhs.gov/

Liaison: A form of communication for establishing and maintaining mutual understanding and cooperation.

Liaison Officer: A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies.

Local Government: A County, municipality, City, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under State law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal organization, or in Alaska a Native village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity. See Section 2 (10), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002).

Logistics: Providing resources and other services to support incident management.

Logistics Section: The section responsible for providing facilities, services, and material support for the incident.

Major Disaster: As defined under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122), a major disaster is:

> "any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act to supplement the efforts and available resources of States, tribes, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby."

Management by Objective: A management approach that involves a four-step process for achieving the incident goal. The Management by Objectives approach includes the following: establishing overarching objectives; developing and issuing assignments, plans, procedures, and protocols; establishing specific, measurable objectives for various incident management functional activities and directing efforts to fulfill them, in support of defined strategic objectives; and documenting results to measure performance and facilitate corrective action.

Mitigation: The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often informed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may include zoning and building codes, floodplain buyouts, and analysis of hazard-related data to determine where it is

safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury.

Mobilization: The process and procedures used by all organizations-State, local, and tribal-for activating, assembling, and transporting all resources that have been requested to respond to or support an incident.

Multiagency Coordination Entity: A multiagency coordination entity functions within a broader multiagency coordination system. It may establish the priorities among incidents and associated resource allocations, de-conflict agency policies, and provide strategic guidance and direction to support incident management activities.

Multiagency Coordination Systems: Multiagency coordination systems provide the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. The components of multiagency coordination systems include facilities, equipment, emergency operation centers (EOCs), specific multiagency coordination entities, personnel, procedures, and communications. These systems assist agencies and organizations to fully integrate the subsystems of the NIMS.

Multi-jurisdictional Incident: An incident requiring action from multiple agencies that each have jurisdiction to manage certain aspects of an incident. In ICS, these incidents will be managed under Unified Command.

Mutual-Aid Agreement: Written agreement between agencies and/or jurisdictions that they will assist one another on request, by furnishing personnel, equipment, and/or expertise in a specified manner.

National: Of a nationwide character, including the State, local, and tribal aspects of governance and policy.

National Disaster Medical System: A cooperative, asset-sharing partnership between the Department of Health and Human Services, the Department of Veterans Affairs, the Department of Homeland Security, and the Department of Defense. National Disaster Medical System provides resources for meeting the continuity of care and mental health services requirements of the Emergency Support Function 8 in the National Response Framework.

National Incident Management System: A system mandated by HSPD-5 that provides a consistent nationwide approach for State, local, and tribal governments; the private-sector, and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. HSPD-5 identifies these as the ICS; multiagency coordination systems; training;

identification and management of resources (including systems for classifying types of resources); qualification and certification; and the collection, tracking, and reporting of incident information and incident resources.

National Response Plan: A plan mandated by HSPD-5 that integrates Federal domestic prevention, preparedness, response, and recovery plans into one all-discipline, all-hazards plan.

National Response Framework: A guide to how the Nation conducts all-hazards incident management. It is built upon flexible, scalable, and adaptable coordinating structures to align key roles and responsibilities across the Nation. It is intended to capture specific authorities and best practices for managing incidents that range from the serious but purely local, to large-scale terrorist attacks or catastrophic natural disasters. The National Response Framework replaces the former National Response Plan.

Non-Governmental Organization: An entity with an association that is based on interests of its members, individuals, or institutions and that is not created by a government, but may work cooperatively with government. Such organizations serve a public purpose, not a private benefit. Examples of Non-Governmental Organizations include faith-based charity organizations and the American Red Cross.

No-Notice Events: An occurrence or event, natural or human-caused, that requires an emergency response to protect life or property (i.e. terrorist attacks and threats, wildland and urban fires, floods, hazardous materials spills, nuclear accident, aircraft accident, earthquakes, hurricanes, tornadoes, public health and medical emergencies etc.)

Operational Period: The time scheduled for executing a given set of operation actions, as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually not over 24 hours.

Operations Section: The section responsible for all tactical incident operations. In ICS, it normally includes subordinate branches, divisions, and/or groups.

Personnel Accountability: The ability to account for the location and welfare of incident personnel. It is accomplished when supervisors ensure that ICS principles and processes are functional and that personnel are working within established incident management guidelines.

Plain Language: Common terms and definitions that can be understood by individuals from all responder disciplines. The intent of plain language is to ensure the clear and accurate communication of information during an incident. For additional information, refer to http://www.fema.gov/pdf/emergency/nims/plain_lang.pdf .

Planning: A method to developing objectives to be accomplished and incorporated into an Emergency Operations Plan.

Planning Meeting: A meeting held as needed prior to and throughout the duration of an incident to select specific strategies and tactics for incident control operations and for service and support planning. For larger incidents, the planning meeting is a major element in the development of the IAP.

Planning Section: Responsible for the collection, evaluation, and dissemination of operational information related to the incident, and for the preparation and documentation of the IAP. This section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident.

Preparedness: The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process. Preparedness involves efforts at all levels of government and between government and private-sector and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources. Within the NIMS, preparedness is operationally focused on establishing guidelines, protocols, and standards for planning, training and exercises, personnel qualification and certification, equipment certification, and publication management.

Preparedness Organizations: The groups that provide interagency coordination for domestic incident management activities in a non-emergency context. Preparedness organizations can include all agencies with a role in incident management, for prevention, preparedness, response, or recovery activities. They represent a wide variety of committees, planning groups, and other organizations that meet and coordinate to ensure the proper level of planning, training, equipping, and other preparedness requirements within a jurisdiction or area.

Preplanned Event: A preplanned event is a non-emergency activity. ICS can be used as the management system for events such as parades, concerts, or sporting events, etc.

Prevention: Actions to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.

Private Sector: Organizations and entities that are not part of any governmental structure. It includes for-profit and not-for-profit organizations, formal and informal structures, commerce and industry, and private voluntary organizations.

Processes: Systems of operations that incorporate standardized procedures, methodologies, and functions necessary to provide resources effectively and efficiently. These include resource typing, resource ordering and tracking, and coordination.

Public Information Officer (PIO): A member of the Command Staff responsible for interfacing with the public and media or with other agencies with incident-related information requirements.

Public Information Systems: The processes, procedures, and systems for communicating timely and accurate information to the public during crisis or emergency situations.

Publications Management: The publications management subsystem includes materials development, publication control, publication supply, and distribution. The development and distribution of NIMS materials is managed through this subsystem. Consistent documentation is critical to success, because it ensures that all responders are familiar with the documentation used in a particular incident regardless of the location or the responding agencies involved.

Qualification and Certification: This subsystem provides recommended qualification and certification standards for emergency responder and incident management personnel. It also allows the development of minimum standards for resources expected to have an interstate application. Standards typically include training, currency, experience, and physical and medical fitness.

Reception Area: This refers to a location separate from staging areas, where resources report in for processing and out-processing. Reception Areas provide accountability, security, situational awareness briefings, safety awareness, distribution of IAPs, supplies and equipment, feeding, and bed down.

Recovery: The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public-assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

Recovery Plan: A plan developed by a State, local, or tribal jurisdiction with assistance from responding Federal agencies to restore the affected area.

Resources: Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

Resource Management: Efficient incident management requires a system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the NIMS includes mutual-aid agreements; the use of special State, local, and tribal teams; and resource mobilization protocols.

Resource Typing: Resource typing is the categorization of resources that are commonly exchanged through mutual aid during disasters. Resource typing definitions help define resource capabilities for ease of ordering and mobilization during a disaster. For additional information please visit http://www.fema.gov/emergency/nims/rm/rt.shtm .

Resource Typing Standard: Categorization and description of response resources that are commonly exchanged in disasters through mutual aid agreements. The FEMA/NIMS Integration Center Resource typing definitions provide emergency responders with the information and terminology they need to request and receive the appropriate resources during an emergency or disaster.

Resources Unit: Functional unit within the Planning Section responsible for recording the status of resources committed to the incident. This unit also evaluates resources currently committed to the incident, the effects additional responding resources will have on the incident, and anticipated resource needs.

Response: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

Safety Officer: A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations and for developing measures for ensuring personnel safety.

Scalability: The ability of incident managers to adapt to incidents by either expanding or reducing the resources necessary to adequately manage the incident, including the ability to incorporate multiple jurisdictions and multiple responder disciplines.

Section: The organizational level having responsibility for a major functional area of incident management, e.g., Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established). The section is organizationally situated between the branch and the Incident Command.

Span of Control: The number of individuals a supervisor is responsible for, usually expressed as the ratio of supervisors to individuals. (Under the NIMS, an appropriate span of control is between 1:3 and 1:7.)

Staging Area: Location established where resources can be placed while awaiting a tactical assignment. The Operations Section manages Staging Areas.

Standard Operating Procedures (SOP): A complete reference document that details the procedures for performing a single function or a number of independent functions.

Standardization: A principle of the NIMS that provides a set of standardized organizational structures (such as the ICS, multi-agency coordination systems, and public information systems) as well as requirements for processes, procedures, and systems designed to improve interoperability among jurisdictions and disciplines in various area, including: training; resource management; personnel qualification and certification; equipment certification; communications and information management; technology support; and continuous system improvement. (Department of Homeland Security, National Incident Management System (March 2004), 2.)

State: When capitalized, refers to any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the United States. See Section 2 (14), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002).

Strategic: Strategic elements of incident management are characterized by continuous long-term, high-level planning by organizations headed by elected or other senior officials. These elements involve the adoption of long-range goals and objectives, the setting of priorities; the establishment of budgets and other fiscal decisions, policy development, and the application of measures of performance or effectiveness.

Strategy: The general direction selected to accomplish incident objectives set by the IC.

Strike Team: A set number of resources of the same kind and type that have an established minimum number of personnel.

Supporting Technologies: Any technology that may be used to support the NIMS is included in this subsystem. These technologies include orthophoto mapping, remote automatic weather stations, infrared technology, and communications, among various others.

Task Force: Any combination of resources assembled to support a specific mission or operational need. All resource elements within a Task Force must have common communications and a designated leader.

Technical Assistance: Support provided to State, local, and tribal jurisdictions when they have the resources but lack the complete knowledge and skills needed to perform a required activity (such as mobile-home park design and hazardous material assessments).

Terrorism: Under the Homeland Security Act of 2002, terrorism is defined as activity that involves an act dangerous to human life or potentially destructive of critical infrastructure or key resources and is a violation of the criminal laws of the United States or of any State or other subdivision of the United States in which it occurs and is intended to intimidate or coerce the civilian population or influence a government or affect the conduct of a government by mass destruction, assassination, or kidnapping. See Section 2 (15), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002).

Threat: An indication of possible violence, harm, or danger.

Tools: Those instruments and capabilities that allow for the professional performance of tasks, such as information systems, agreements, doctrine, capabilities, and legislative authorities.

Training: Specialized instruction and practice to improve performance and lead to enhanced emergency management capabilities.

Tribal: Any Indian tribe, band, nation, or other organized group or community, including any Alaskan Native Village as defined in or established pursuant to the Alaskan Native Claims Settlement Act (85 stat. 688) [43 U.S.C.A. and 1601 et seq.], that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Type: A classification of resources in the ICS that refers to capability. Type 1 is generally considered to be more capable than Types 2, 3, or 4, respectively, because of size; power; capacity; or, in the case of incident management teams, experience and qualifications.

Unified Area Command: A Unified Area Command is established when incidents under an Area Command are multi-jurisdictional.

Unified Command: An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the UC, often the senior person from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single IAP.

Unit: The organizational element having functional responsibility for a specific incident planning, logistics, or finance/administration activity.

Unity of Command: The concept by which each person within an organization reports to one and only one designated person. The purpose of unity of command is to ensure unity of effort under one responsible commander for every objective.

Volunteer: For purposes of the NIMS, a volunteer is any individual accepted to perform services by the lead agency, which has authority to accept volunteer services, when the individual performs services without promise, expectation, or receipt of compensation for services performed. See, e.g., 16 U.S.C. 742f(c) and 29 CFR 553.101.

Source: https://nimcast.fema.gov/nimscast/index.jsp

Functional Annexes

1

FA 1 – Emergency Services

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FA 1 Tasked Agencies	
Primary Agencies	Public Works Department City Police Department Aurora Rural Fire Protection District
Supporting Agencies	Marion County Emergency Management Marion County Health Department Marion County Fire District #1 Hospitals Ambulance Services 911

1   Purpose and Scope

The Emergency Services annex outlines the basic City government emergency services necessary to respond to a disaster. It encompasses several emergency management functions and includes Emergency Operations Center (EOC) Management, Alert and Warning, Emergency Telecommunications, Evacuation, Fire Protection, Emergency Medical Services, Emergency Public Information, Law Enforcement, Resource Management, and Recovery.

Emergency operations information specific to the type of incident (i.e., hazardous materials releases, terrorism, flood response, etc.) can be found in the related Incident Annex (IA).

2   Policies and Agreements

The following policies and agreements are currently in place to support emergency services for the City:

■   Agreement between the City and the Aurora Rural Fire Protection District

3   Situation and Assumptions

3.1   Situation

The City may encounter situations in which many, or all, of the City's emergency response agencies need to be activated. The three primary emergency service agencies are the City's Police Department, City's Public Works Department, and the Aurora Rural Fire Protection District. If additional response resources are needed, mutual aid is available from neighboring local governments and Marion County.

3.2   Assumptions

■   A natural or human-caused emergency or disaster may occur at any time requiring response capabilities beyond those normally available to the City.

■ All emergency personnel are trained in the Incident Command System (ICS)/National Incident Management System (NIMS).

■ Utilization of the City Emergency Operations Plan does not require activation of the EOC. The need for activation of the EOC will be determined at the time by the Emergency Manager or Incident Commander.

■ In an emergency, the City will assume a Unified Command (UC) approach, with the senior-most Police Department and Fire District representatives sharing the command responsibility.

■ Due to limited City resources and depending on how widespread the emergency, the City may not be able to meet the requests for emergency response/recovery assistance from other units of local government in Marion County during a major emergency.

■ The City is responsible for coordinating the response and recovery activities for a major emergency/disaster in the City, even when its own resources may be exhausted.

■ Adequate communications are vital for effective and efficient warning, response, and recovery operations. Current communications may be neutralized by a particular hazard occurrence.

■ Equipment is available to provide communications necessary for emergency operations. To the greatest extent possible, telephones, cell phones, and pagers will be considered the primary system for notification of key officials and critical workers.

■ Additional communications equipment required for emergency operations will be made available from amateur radio operators, citizens, businesses, and/or other governmental agencies.

■ Both the media and the public will expect and demand that information regarding an emergency be provided in a timely manner.

■ The local media, particularly radio and television, can perform an essential role in providing emergency instructions and status information to the public, both through news bulletins and the Emergency Alert System (EAS) broadcasts.

■ The public will receive and understand official information related to evacuation. Most members of the public will act in their own best interest and will evacuate dangerous areas when advised to do so by local government authorities. However, some individuals may refuse to evacuate. It is also assumed that most evacuees will use private

transportation means; however, transportation may have to be provided for some.

■ The City will work to address the concerns of special needs populations who may have trouble understanding or accessing official emergency information.

■ Time constraints, route limitations, and hosting facilities' capacities to accommodate evacuees could significantly stress and deplete local resources.

■ A listing of resources available in Marion County and neighboring jurisdictions can by found in the Marion County Resource Directory.

■ The timely and accurate assessment of damage to public or private property will be of vital concern to local officials following a disaster and will have great bearing upon the manner in which recovery is conducted in the city.

■ Damage assessments may need to be undertaken at different periods during a disaster event: a "windshield" survey may be conducted initially to get an overall general impression of the event's impact as part of preparing to issue the disaster declaration. A more detailed damage assessment will need to be completed to document the need for State and Federal aid.

■ County, State, and Federal assistance will depend upon the adequate and timely documentation of the impacts of the disaster on the local community.

4 Roles and Responsibilities

The roles and responsibilities for each department supporting emergency services will vary depending on the type of resource, the length of the warning period, and the duration of the incident.

4.1 City Police Chief/Emergency Manager

■ Report to the EOC to assume overall responsibility for City government activities.

■ Designate an alternative EOC location, if necessary.

■ Assign a representative of the City to the Marion County EOC, if applicable.

■ Coordinate the flow of public information to ensure consistency and appropriateness.

- Provide for safety of personnel and their families prior to reporting to their duty stations. Note: Any police department employees who are unable to get to their home departments should report to the closest police department and offer to be part of the manpower pool.

- Relocate equipment as necessary.

- Assist in traffic/crowd control as necessary.

- Be primarily responsible for closing and/or rerouting traffic on city streets to assist movement of people and/or to keep people out of danger or from impeding emergency response activities.

- Coordinate and assist the Oregon Department of Transportation (ODOT) and Oregon State Police in closing state highways and/or rerouting traffic through city, if applicable.

- Specific departmental duties and responsibilities are contained in the applicable police services response plans.

4.2   Fire District Fire Chief

- Report to the EOC.

- If necessary, provide for the safety of personnel and their families prior to reporting to their duty station. Note: Any firefighters who are unable to get to their home departments should report to the closest fire station and offer to be part of the manpower pool.

- Relocate equipment as necessary.

- Assist in traffic/crowd control as necessary.

- Coordinate activities through the City EOC.

4.3   Public Works Superintendent

- Report to the EOC to assume overall responsibility for Public Works activities under the direction of the Incident Commander.

- In the event that the Public Works Superintendent is unavailable, his or her responsibilities will be assumed by a Public Works employee in the following order: Public Works Assistant, Wastewater Treatment Plant Operator.

- Provide for safety of personnel and their families prior to reporting to their duty station. Note any public works employees that are unable to

get to their home departments should report to the closest public works department and offer to be part of the manpower pool.

■ Relocate equipment, as necessary.

■ Assist Police Department in closing streets and/or rerouting traffic, as applicable.

■ Provide damage assessment information to City EOC, as applicable.

4.5 City Planner (City contract employee)

■ Report to the EOC to assume overall responsibility for planning activities.

■ Compile, analyze, and coordinate overall planning activities in support of emergency operations.

■ If available, and prior to reporting to the EOC, the City Planner will assume the supervisory responsibilities for evacuating City Hall personnel contained in the City Hall Emergency Response Plan.

4.6 Finance Officer

■ Report to the EOC and assume responsibility for all necessary fiscal activities.

■ Financial Department duties and responsibilities include tracking, analyzing, approving, and reporting fiscal activities in support of emergency operations.

■ If the City Planner is unavailable, and prior to reporting to the EOC, the Finance Officer will assume supervisory responsibilities for the evacuation of City Hall personnel contained in the City Hall Emergency Response Plan.

4.7 Other City Responsibilities

■ Provide support activities as outlined in the City Emergency Operations Plan.

4.8 Other Organizations

■ Organizations such as ODOT, the Oregon State Police, ambulance services, the Aurora Airport and local hospitals should assign liaisons as points of contact within the City of Aurora EOC for coordination and communication.

■ Currently, Marion County provides a Building Official to perform building inspections for the city of Aurora. In an emergency involving seismic events or events which could render a building structurally unsound, the City's appointed Building Official's duties and responsibilities would require the application of systematic "rapid evaluation" techniques for assessing the condition of key structures. The priority application for structure assessment is as follows:

- Emergency Operations Center

- Public Works Staging Area

- Emergency Shelters

- Other structures as directed by EOC

5   Concept of Operations

5.1   Emergency Management Organization

The City has established this Emergency Operations Plan in accordance with NIMS and designated the City Police Chief as the Emergency Management Organization's Emergency Manager. The Emergency Manager is responsible for developing and training an Emergency Management Organization capable of managing the response and recovery of a major emergency in accordance with the provisions of this plan.

Oregon Revised Statutes 401.305 and 401.335 give the City responsibility and authority to direct activities that will allow the City to mitigate, prepare for, respond to, and recover from emergencies or major disasters. Activation of the EOC may occur at the discretion of the Emergency Manager or Incident Commander.

Day-to-day supervision of the EOC is the responsibility of the Emergency Manager (City Police Chief). If the EOC is activated, the Emergency Manager (or designee) is responsible for organization, supervision, and operation of the EOC.

Some emergencies may require a self-triggered response. In the event of an emergency in which telephone service is interrupted, members of the Operations and General Staff should ensure the safety of their families and then report to the EOC.

The City Police Chief has the authority to involve any or all City personnel in the response to a disaster or other emergency incident. The declaration of an emergency nullifies leaves and vacations, as deemed necessary by the Mayor or City Council.

Emergency contact information for the EOC staff is housed in the Emergency Manager's Office.

5.2 Emergency Operations Center

Response activities for localized incidents will be coordinated from a local EOC and will be activated upon notification of a possible or actual emergency. The EOC will track, manage, and allocate appropriate resources and personnel. During large-scale emergencies, the EOC will in fact become the seat of government for the duration of the crisis. The EOC will serve as a multiple agency coordination system, if needed.

5.2.1 Facilities and Equipment

The City's EOC is established at a location where City officials can receive relevant information on the emergency and provide coordination and control of emergency operations.

The primary location for the EOC is:

Aurora Rural Fire Protection District

21390 Main Street

Aurora, Oregon 97002

If necessary, the **alternate location** for the City EOC is:

City of Aurora

21420 Main Street

Aurora, Oregon 97002

However, the location of the EOC can change as dictated by the nature of the disaster and the resource requirements needed to adequately respond. Coordination and control for City emergency operations will take place from the EOC as long as environmental and incident conditions allow; however, the Emergency Manager will designate a facility should it be necessary to relocate. The City Police Chief or designee may request that the Marion County Emergency Management allow the City to utilize County facilities.

5.2.3 EOC Activation

The Emergency Manager has primary authority to initiate activation of the EOC. If the Emergency Manager is not available, and conditions warrant, EOC activation can be ordered by the Incident Commander. Upon activation of the EOC, the Emergency Manager, as his or her discretion, may assume the role of the EOC Director.

As soon as practical, the Emergency Manager should notify the Marion County Emergency Management that the EOC has been activated. The County Emergency Management should be briefed and a preliminary determination made regarding whether a request for disaster declaration is likely. The Emergency Contact List is housed in the Emergency Manager's Office.

5.2.4 EOC Activation Triggering Mechanism

The level of response required by an incident will provide guidelines for EOC activation.

LEVEL I	Level 1 situations are often referred to as "routine" crisis management or emergency situations that can normally be handled using resources available at the incident location. At this level, it may not be necessary to implement an emergency plan, and outside assistance is usually not required.
LEVEL II	Level 2 situations are characterized by a need for response assistance from outside agencies (specialized equipment or personnel; insufficient or inadequate on-site resources; etc.). The request often takes the form of a 911 call for police, fire or medical assistance. Examples include hazardous materials spills and traffic incidents with multiple injuries. The Incident Commander may activate selected portions of the City's Emergency Operations Plan.
LEVEL III	Level 3 situations are major incidents that require application of a broad range of community resources to save lives and protect property. Examples include airliner crashes in populated areas, major earthquakes, etc. Emergency plans should be implemented, and the EOC will be activated to coordinate response and recovery activities.

5.2.5 Emergency Operations Center Access

Since the EOC is an operational center dealing with a large volume of incoming and outgoing, often sensitive, information, access shall be limited to designated emergency operations personnel. Others may be allowed access, as determined by the EOC Director (or designee). Appropriate security will be established to identify personnel who are authorized to be present.

5.2.6 Emergency Operations Center Staffing Pattern

City departments involved in emergency response and personnel assigned to Command and General Staff (if previously designated) are required to report to the EOC upon activation. Personnel assigned to the EOC have the authority to make the decisions associated with their Command and General Staff positions. Roles and Responsibilities for Command and General Staff are detailed in Section 5 of this Emergency Operations Plan.

5.2.7 De-Activation Guidelines

Each situation will need to be evaluated to determine the need for continued operation of the EOC after the emergency response phase of the incident has been completed. The decision is made by the City Emergency Manager.

During the initial phase of the recovery period for a major disaster, it may be desirable to continue to operate the City EOC during the day with limited staffing to facilitate the dissemination of information about disaster relief programs available for the public and local government. This alternative should be weighed against the option of immediately requiring the City Police Chief and staff to handle the recovery phase as part of their daily responsibilities, which is the ultimate goal.

The City Police Chief has the final approval authority for activation and closure of the EOC. Once the decision has been made to limit hours and/or staff or close the EOC, the information needs to be disseminated to the same agencies that were notified when it was activated.

6   Emergency Services Functions

6.1   Alert and Warning

The effectiveness of an alert and warning system depends to a large degree upon the specificity and clarity of instructions and upon whether the public perceives the warning entity as credible at the time the warning is issued. In addition, messages must be geographically precise and must be repeated more than once, in more than one medium.

The City's alert and warning system utilizes the County-based EAS, police and fire vehicle public address systems, and door-to-door contact. Other local media (TV, radio, newspaper, etc.) may be utilized as appropriate. These methods may be used separately or in combination to alert and warn the public of an emergency. In addition, special facilities, including schools, hospitals, utilities, and industrial facilities, may need notification. Contact information for these facilities is housed in the Executive Department.

6.1.1 General Guidelines

- Upon detection of an emergency condition arising in the city, the Incident Commander will decide whether there is a need for immediate alert; if so, he or she shall attempt to notify the Emergency Manager and direct its implementation.

- The City may also receive warning information from the County by telephone, the Oregon State Police, Fire Net, and Oregon Emergency Management through the Law Enforcement Data System (LEDS). When warning information is received by telephone, the information should be confirmed by a return telephone call.

■ If the emergency is localized, City law enforcement may alert residents in the area by telephone, mobile public address systems, and door-to-door contact.

■ The City will educate residents about its alert and warning system.

■ A log of warnings issued during the incident shall be maintained by the assigned Public Information Officer (PIO) (Appendix B).

6.1.2 Emergency Alert System

The National EAS consists of broadcast stations linked together and to government offices to provide emergency alert and warning to the public. The City does not have a primary public broadcast station, but will utilize regional stations. All participating television and radio stations rebroadcast the information given to the primary station.

Detailed instructions for the activation and use of the EAS are outlined in the Marion County EAS Plan. This plan can be activated by the City Police Chief or the Incident Commander. Sample EAS messages can be found in Appendix A of FA2. .

6.1.3 Other Methods of Alert

Most marked police vehicles and most fire vehicles are equipped with mobile or hand-held public address systems that may be used for alert and warning.

Door-to-door alert may be necessary in the event of a rapidly emerging incident that poses a clear threat to public safety. Residents will be directed to temporary shelter depending upon the weather and the expected duration of the emergency.

Direction of these assets shall be the responsibility of the Incident Commander through the Law Enforcement Branch Director, with input and support from the Planning, Logistics, and Operations Sections.

6.2   Emergency Public Information

Until the EOC is opened, the PIO on scene provides information to the media, with the approval of the Incident Commander. Once the EOC is activated, PIO functions are directed from the EOC with news releases approved by the Emergency Manager and/or the Incident Commander. In addition to formal news releases from the EOC PIO, the on scene PIO can continue to provide information regarding response activities.

6.2.1 Information Flow

Incident information flow shall be routed as follows.

```
┌─────────────────────────┐
│     Information from     │
│     on-scene sources     │
└─────────────────────────┘
             │
┌─────────────────────────┐
│       On-Scene PIO       │
└─────────────────────────┘
             │
┌─────────────────────────┐
│   Incident Command and   │
│     Emergency Manager    │
└─────────────────────────┘
             │
┌─────────────────────────┐
│         EOC PIO          │
└─────────────────────────┘
             │
┌─────────────────────────┐
│    Mayor & Scene Sources │
└─────────────────────────┘
             │
┌─────────────────────────┐
│      Media & Public      │
└─────────────────────────┘
```
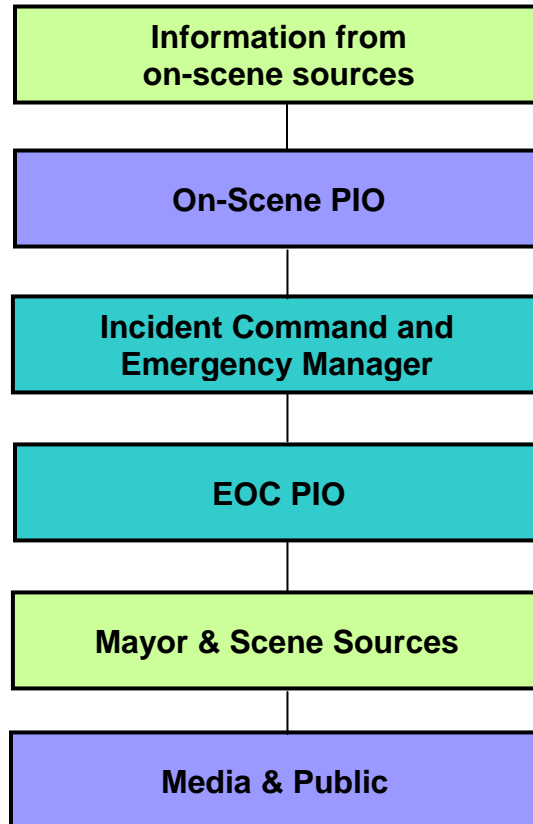
Appendix C of this annex contains guidelines for the release of information to the media.

6.2.2 Joint Information System

Providing timely and accurate public information during an emergency of any nature is critical to the overall response efforts. A joint information system will be implemented in conjunction with the ICS, and a local and/or regional Joint Information System (JIC) will be established under Unified Command. The City will ensure that procedures are consistent with those implemented by the existing regional and state public information network.

Depending on the size and nature of the incident, the JIC may be co-located with an existing EOC/Command Post or could be designated as an independent facility. A lead PIO, representing the lead agency for the response, will be assigned to the incident and will maintain the responsibilities outlined below.

■ Coordinate information-sharing among the larger PIO network.

- Develop and distribute materials to the general public and media partners.

- Implement information clearance processes set by the IC.

- Schedule media briefings in a designated location away from the EOC and other emergency operations.

6.2.3 Media Briefing Facilities

During an emergency, media briefing areas may be established in the closest available facility that is capable of handling the media briefings.

6.2.4 Media Access to the Scene

- In cooperation with the EOC and the Safety Officer, the Incident Commander may allow media representatives restricted access to the scene, accompanied by a member of the Public Information staff. This should be done with consideration of the safety of media personnel, the impact on response, and the wishes and concerns of the victims.

- If it is not safe or practical to admit all media representatives to the scene, a media "pool" may be created, where media representatives select one camera crew to take video footage for all. If even such controlled access is impractical, a "staged" photo opportunity to tape response vehicles or support activities may satisfy the media's need for video footage.

- Response personnel must be protected from unwanted media intrusion. Off-shift personnel should be provided uninterrupted rest. It may be necessary to provide security to facilities where response personnel are housed and disconnect the telephones to ensure privacy.

- Victims and families should have access to public officials without having to face media.

- The media may be allowed access to response personnel, at the discretion of the Incident Commander, only if such an interview does not interfere with the response effort.

- Response personnel will not comment on the incident without the consent of the Incident Commander. Inquiries should be directed to the designated PIO, with approval of the Incident Commander and the department of jurisdiction.

6.2.5 Public Assistance

The PIO may establish a "Public Assistance" group as part of the public information staff. Public Assistance staff will receive inquiries and requests for

non-emergency assistance from the general public. Public assistance telephone numbers may be publicized through the media.

City communication points must receive up-to-date information about the incident, including the telephone numbers for public assistance, since the public will attempt to contact the City through these familiar routes.

6.3   Emergency Telecommunications

Currently, emergency communication systems for the City include two-way (Nex-Tel) radios.

The Police Department serves as the formal alert and warning and emergency message distribution point for the City. Emergency messages may be received via radio, telephone, or LEDS and will be distributed according to departmental procedures. Messages that affect the overall emergency preparedness of the city, such as information regarding the movement of hazardous materials or weather alerts, will be distributed to the Aurora Police Department and Emergency Manager. It is the responsibility of the Emergency Manager or Incident Commander to determine what further notifications should be made and actions taken in response to the message.

After normal working hours, the Aurora Police Department will use the Emergency Contact List to contact responding department representatives. Once contact with the responding department's representative is made, it is the responsibility of that employee to determine and to activate the appropriate departmental response and further contacts that must be made.

6.4   Fire Protection

The Aurora Rural Fire Protection District Chief is responsible for directing the City's fire protection response to a major emergency and coordinating response activities with the EOC. The Chief (or a designated representative) shall serve as the EOC Fire Protection Branch Chief, coordinating the flow of fire protection information and processing requests for allowing additional fire protection resources, as appropriate.

The Fire District is responsible for the timely issuance of fire warnings and information to the public and for the notification of appropriate City management. In the event of an evacuation, warning may be delegated to the Aurora Police Department as part of the evacuation process. In the event of a natural or technological disaster that could increase the chances of fire, or during periods of extremely hot, dry and windy weather, additional public information briefings may be conducted.

6.5   Law Enforcement Services

The City of Aurora Police Chief is responsible for directing the City's law enforcement response to a major emergency and coordinating response activities

with the EOC. The Chief (or a designated representative) shall serve as the EOC Law Enforcement Branch Chief, coordinating the flow of law enforcement information and processing requests for and allocating additional law enforcement resources, as appropriate.

6.6 Resource Management

The City EOC Staff has the authority under emergency conditions to establish priorities for the assignment and use of all City resources. The City will commit all its resources, if necessary, to protect life and property.

The City Administrator has the overall responsibility for establishing resource priorities. In a situation where resource allocations are in dispute, the City Administrator has the final allocation authority. The Logistics and Planning Sections have primary responsibility for coordinating the resource management effort.

6.6.1 General Guidelines

Under emergency conditions, members of the EOC staff will allocate resources according to the guidelines listed below.

- Deploy resources according to the following priorities:

    - Protection of life

    - Protection of responding resources

    - Protection of public facilities

    - Protection of private property.

- Distribute resources in a manner that provides the most benefit for the amount of local resources expended.

- Coordinate citizen appeals for assistance through the PIO at the EOC. Citizens will be given information about where to make these requests over local media.

- Escalate the activation of other available resources by activating mutual aid agreements with other jurisdictions.

- Should the emergency be of such magnitude that all local resources are committed or expended, request assistance from the City for County, State, and Federal resources.

- Activation of County, State, and/or Federal resources will be accomplished in a timely manner through a State of Emergency Declaration and request for assistance from the County.

6.6.2 Emergency Fiscal Management

During an emergency, the City is likely to find it necessary to redirect City funds in order to effectively respond to the incident. Although the authority to adjust department budgets and funding priorities rests with the City Council, emergency procurement authority is delegated to the City's Mayor with the approval of the City Council. Tracking the expenditures related to an incident is the responsibility of the Finance Section.

If an incident in the city requires major redirection of City fiscal resources, the general procedures listed below will be followed.

- The City Council will meet in emergency session to decide how to respond to the emergency funding needs.

- The City Council will declare a State of Emergency and request assistance through the Marion County Emergency Management Office.

- If a quorum of Councilors cannot be reached, and if a prompt decision will protect lives, City resources and facilities, or private property, the City Mayor (or designee) may act on emergency funding requests. The City Council will be advised of such actions as soon as practical.

- To facilitate tracking of financial resources committed to the incident, and to provide the necessary documentation, a discrete charge code for all incident-related personnel time, losses, and purchases will be established by the Finance Section.

6.7   Recovery

The recovery phase of an emergency is period of time following the response period when actions are taken to help citizens return to a normal, or safer, life as soon as possible after an emergency.

Recovery is both a short- and long-term process. In the short term, emphasis is placed on restoring vital services to the community and identifying and providing basic needs to the public. Long-term recovery restores the community to its normal state, or better. It is at this point that knowledge gained by the incident is converted to mitigation measures for future hazard risks.

6.7.1 Common Recovery Activities

During recovery, many of the Section Chiefs' responsibilities and activities continue, but sometimes with a change in focus. These include:

Planning Section:

- Demobilization of resources

- Documentation of emergency activities

- Situation status reports

- Coordination of resource management with Logistics Section and Incident Commander

- Mapping

- Preparation of Final Incident Package

- Initial Damage Assessment

Logistics Section:

- Arrangements for Disaster Application Center for the Federal Emergency Management Agency (FEMA)

- Documentation of emergency activities

- Temporary housing and feeding of displaced persons

- Coordination of resource management with the Planning and Finance Sections

Finance Section:

- Record keeping of all costs incurred

- Documentation of emergency activities

- Preparation of documents for submission to State and Federal government

- Damage Assessment Coordination/Documentation

Public Information Officer:

- Dissemination of public information

- Documentation of all emergency activities

6.7.2 Short-Term Recovery Activities

During the recovery phase of an emergency, the City Police Chief or Incident Commander has the final authority to establish priorities for recovery activities and the allocation of resources to support them. Some activities, such as damage assessment, are likely to begin during the response phase of the emergency once the incident is stabilized. Short-term recovery activities may include the following:

- Damage assessment and posting of unsafe and unusable buildings, roads, or bridges

- Assessment of victims' needs

- Removal of disaster debris

- Removal of animal and human remains

- Testing of drinking water and, if necessary, establishing new or additional drinking water supplies

- Emergency repairs of sanitary sewer, and storm drain systems

- Repair of utility lines, i.e., electricity and natural gas

- Establishment of security in affected areas

6.7.3 Long-Term Recovery Activities

Long-term recovery activities are generally conducted by the same resources used for similar activities during non-emergency times. These activities include the following:

- Restoration of non-vital government services

- Demolition and reconstruction of damaged areas

- Monitoring restoration activities

- Establishment, if necessary, in coordination with the Federal government, of a Disaster Application Center (See FA 2, Human Services)

- Identification of areas to improve and implement changes (such as building codes, emergency plan, training deficiencies, etc.) that could mitigate damage in future emergencies.

7 Supporting Plans and Procedures

The following plans and procedures are currently in place to support emergency services for the City:

- Marion County Emergency Operations Plan. 2006, pending 2008

- City of Aurora Hazards Mitigation Plan, November 2009.

8   Appendices

Appendix A   Warning Log

Appendix B   Guidelines for the Release of Information to the Media

Appendix C   Sample Media Statement Format

Appendix D   Sample Evacuation Contact Form

Appendix E   Incident Briefing Agenda

Appendix F   Fast Facts (Oregon Poison Center)

Appendix A – Warning Log

DATE _____   TIME _____

SITUATION _____

_____

_____

_____

WARNING ISSUED _____

_____

_____

_____

WARNING REISSUED: YES _____   NO _____

      DATE _____   TIME _____

      DATE _____   TIME _____

      DATE _____   TIME _____

NEW WARNING ISSUED

      DATE _____   TIME _____

WARNING TERMINATED

      DATE _____   TIME _____

SIGNATURE OF TERMINATING OFFICIAL

      X_____

Appendix B – Guidelines for the Release of Information to the Media

The following guidelines shall be used in evaluating and releasing information concerning the incident:

1. Accurate information will be provided to the media. Facts that can be confirmed should be released as soon as possible. If little information is available, the following statement should be issued:

"We are aware that an (incident/accident) involving (type of incident) occurred at approximately (time), in the vicinity of (general location). Emergency crews are responding, and we will have additional information available as we are able to confirm it. We will hold a briefing at (location), and will alert the media at least 1/2 hour prior to the briefing. At this time, the briefing is the only place where officials authorized to speak about the incident and confirmed information will be available. Thank you for your assistance."

2. Emergency information dissemination should be restricted to approved, specific, and verified information concerning the incident and should include:

    a. Nature and extent of emergency occurrence

    b. Impacted or potentially affected areas of the city

    c. Advice on emergency safety procedures, if any

    d. Activities being conducted by the City to combat the hazardous conditions, or mitigate the effects

    e. Procedures for reporting emergency conditions to the EOC.

3. Information concerning the incident should be consistent for all members of the media.

4. Information should be presented in an objective manner.

5. Rumor control is vital during emergency operations. Sensitive or critical information must be authorized and verified before release. Unconfirmed rumors or information from unauthorized sources may be responded to in the following manner:

"We will not confirm until we have been able to check out the information through authorized sources. Once we have confirmed information, we will release it to all members of the press at the same time."

6.   Information that media representatives often request includes:

   a.   Emergency: What is it?

   b.   Location: Where is it?

   c.   Time: When did it occur? How long will it last?

   d.   Fatalities: Are there any? How many?

   e.   Injuries: Are there any? How Many? What is the nature of the injuries?

   f.   Injured: Where are they being treated? Where can family members call to get information?

   g.   Involved agencies: What agencies responded? How many? What level of involvement do they have?

7.   Do not release information that might hinder emergency response, prejudice the outcome of an investigation, or pose a further threat to public safety. Examples include:

   a.   Personal conjecture about the course of the emergency, or the conduct of response

   b.   Opinions about evidence, or a suspect or defendant's character, guilt, or innocence

   c.   Contents of statements used in alibis, admissions, or confessions

   d.   References to the results of various tests and examinations

   e.   Statements that might jeopardize the testimony of witnesses

   f.   Demeaning information/statements

   g.   Information which might compromise the effectiveness of response and recovery

8.   In an incident involving fatalities, neither the names of the victims nor the cause of death shall be released without authorization from the District Attorney's and Medical Examiner's offices.

9.   Confidential information is not to be released. This includes home phone numbers of City personnel, volunteer emergency workers, and any unpublished fire stations and City telephone numbers.

10. Public information briefings, releases, interviews, and warnings shall be logged, and tape-recorded. Copies shall become part of the final incident package.

11. Do not commit to firm briefing times unless it is certain these times can be kept.

Appendix C – Sample Media Statement Format

MEDIA RELEASE

Date: _____

Time: _____

Press Release #: _____

TYPE OF INCIDENT: _____

Location: _____

Date: _____   Time: _____

Narrative details about incident: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

For further information, please contact _____

at _____.

Appendix D – Sample Evacuation Contact Form

ADDRESS: _____

NAME OF CONTACT: _____

DATE: _____ TIME: _____

#OF PERSONS IN BLDG: _____

EVACUATING (Circle one): Yes / No

DESTINATION: _____

SHELTER/RECEPTION: _____

OTHER COMMENTS: _____

_____

_____

_____

Staff Making Contact: _____

Appendix E – Incident Briefing Agenda

Briefing Date and Time: _____

<u>SITUATION STATUS</u>

1. Initial Assessment of Incident

    a. Cause and extent of damage

    b. Forecasts (threat projection, cascading effects, hazmat footprint)

    c. Casualty estimates

    d. Helicopter/airplane fly-over w/video

2. Assessment of damage (Initial Damage Assessment Reports - gathered by Plans/Intelligence Section)

    a. Government - county/cities

    b. Residential

    c. Business (downtown/shopping malls)

    d. Industrial

3. Critical infrastructure damage and restoration schedule

    a. Critical transportation routes (I-5, Hwy 99, bridges, Aurora State Airport)

    b. Utilities (power, water, natural gas)

    c. Hospitals and mortuaries

    d. Prisons and jails

    e. Food and agriculture

4. Status of communications systems & restoration schedule

    a. 9-1-1 centers and interagency radio systems

    b. Telephones

    c. Commercial radio

RESOURCE STATUS

5. Outline EOC Management Structure Assignments (using the Incident Command System) for current shift oncoming shift - include date/time EOC activated and when shift changes occur

    a. Policy Group Liaison (Commissioner)

    b. Incident commander

    c. Command Staff

        1) Liaison (Intergovernmental)

        2) Public Information Officer

    d. General Staff

        1) Operations Section Chief

        2) Planning Section Chief

        3) Logistics Section Chief

        4) Finance Section Chief

6. Current public safety response, capability & need for assistance beyond mutual assistance:

    a. Transportation (emergency support)

    b. Communications

        1) 9-1-1 centers & interagency radio systems

        2) Telephones

        3) Commercial radio & television

    c. Public Works / Engineering (Public assets and private construction companies)

    d. Firefighting

    e. Intelligence and Planning

    f. Mass Care

    g. Service and Support

    h. Health and Medical Services

    i. Search and Rescue

    j. Hazardous Materials (Public assets and private companies with HazMat teams)

    k. Food and Water (delivery needs/resources)

        1) American Red Cross

        2) North Marion School District cafeterias

        3) Forest Service trucks - State & Federal contract

        4) Grocery stores & restaurant

        5) For response workers

    l. Energy

    m. Public Safety

    n. Damage Assessment

    o. Evacuation

    p. Shelters (needs and supply)

        1) Number of established/locations

        2) Number of people sheltered by location/total

        3) Problems encountered

    q. Volunteers

7. Insurance claims procedures & response - establishment of Disaster Recovery Centers

8. Need for Declaration of Emergency Disaster by City Council

    a. National Guard Assistance

    b. Financial assistance (County/State/Federal)

    c. Other State agency resources (people or equipment not available through mutual aid agreements)

9. Critical contacts established

    a. City Departments

    b. County and other Cities

    c. Oregon Emergency Management/FEMA

    d. ODOT

    e. Elected Officials (Governor, State & Federal Representatives & Senators, Mayors, Adjacent county Commissioners, BOC)

    f. Media (Canby Herald, local radio, EAS Station)

10. Documentation - video taping, logs, photos, minutes & tapes of meetings

Proposed 12-hour STRATEGIC RESPONSE PLAN

11. Need for evacuation and action being taken by police, fire, public works & the EAS, provision for vandalism protection for evacuated areas

12. Summary

    a. Major actions to be taken and priorities established

    b. Establish time lines and responsibilities

    c. Schedule meetings for next 8–12 hours (EOC, Policy Group, Department)

    d. Schedule of news release & location (schedule for last one, next one)

13. Continuing Concerns

Appendix F – Fast Facts Sheets

A. ALPHABETICAL INDEX TO THE FAST FACT SHEETS-PG 1

B. OREGON POISON CENTER CONTACT NUMBERS-PG 2

C. CHEMICAL TERRORISM EVENT-SPECIMEN COLLECTION-PG 3

Oregon County Health Department List (and other important contacts)

Health Department	Telephone	Website
OR State Health	1-800-422-6012	www.oregon.gov/DHS/index.shtml
Baker County	(541) 523-8211	www.bakercounty.org
Benton County	(541) 766-6835	www.co.benton.or.us/health
Clackamas County	(503) 655-8471	www.co.clackamas.or.us/ph/
Clatsop County	(503) 325-8500	www.co.clatsop.or.us
Columbia	(503) 397-4651	www.chdpublichealth.com
Coos County	(541) 756-2020 ext. 510	www.co.coos.or.us/ph/
Crook County	(541) 447-5165	www.co.crook.or.us/
Curry County	(541) 247-3300	www.co.curry.or.us/
Deschutes County	(541) 322-7400	www.co.deschutes.or.us/health/
Douglas County	(541) 440-3500	www.co.douglas.or.us/dch/
Gilliam County	1-800-422-6012 state	no web site, no county #, call OR State Health
Grant County	(541) 575-0429	www.grantcounty.cc
Harney County	(541) 573-2271	www.co.harney.or.us
Hood River County	(541) 386-1115	www.co.hood-river.or.us
Jackson County	(541) 774-8209	www.co.jackson.or.us
Jefferson County	(541) 475-4456	web site expected 1-1-06
Josephine County	(541) 474-5325	www.co.josephine.or.us
Klamath County	(541) 882-8846	www.co.klamath.or.us
Lake County	(541) 947-6045	no web site
Lane County	(541) 682-4035	www.lanecounty.org
Lincoln County	(541) 265-4112	www.orednet.org/lincoln.county.hsd
Linn County	(541) 967-3888	www.co.linn.or.us
Malheur County	(541) 889-7279	www.malheurco.org
Marion County	(503) 588-5357	http://health.co.marion.or.us
Morrow County	(541) 676-5421	www.publichealth.morrowcounty.org/
Multnomah County	(503) 988-3674	www.mchealth.org
Polk County	(503) 623-8175	www.co.polk.or.us
Tillamook County	(503) 842-3900	www.co.tillamook.or.us
Umatilla County	(541) 278-5432	www.co.umatilla.or.us/health.htm
Union County	(541) 962-8801	www.chdinc.org
Wallowa County	(541) 426-4848	no website
Wasco-Sherman Co.	(541) 506-2600	www.wshd.org
Washington County	(503) 846-4402	www.co.washington.or.us
Wheeler County	(541) 763-2725	web site expected January 1, 2006
Yamhill County	(503) 434-7525	www.co.yamhill.or.us/ph/index.asp
CDC Chemical Fact Sheets		www.bt.cec.gov/agent/agentlistchem.asp
CDC WMD ED Procedures		www.cdc.gov/nceh/demil/articles/initialtreat.htm
Oregon Poison Center	1-800-222-1222	www.oregonpoison.org
OR Pub Health Hotline	1-800-805-2313	
VA CBR Guide		www.oqp.med.va.gov/cpg/BCR/BCR_Base.htm#

AMMONIA: Health Care Information

Ammonia is commonly used as a cleaner, refrigerant and fertilizer. Anhydrous ammonia is an irritant gas that is highly water-soluble. Ammonia forms ammonium hydroxide (an alkali) on contact with the water in the upper airways. Ammonia is commonly stored in large storage containers and is extensively transported by rail and truck as a compressed/pressurized liquid. Releases of ammonia may occur as an industrial accident or by intentional rupture of a holding tank at a factory, port or rail car. Ammonia gas is colorless, but often appears white when released from pressurized tanks.

Recognition and Triage: Patients may report immediate **irritation of the skin and mucous membranes (pharyngitis, rhinitis, conjunctivitis).** High concentration or prolonged exposure may lead to **upper airway swelling, stridor, cough and pneumonitis.** Physical findings include erythema and/or edema of the mucosal membranes. Patients may be triaged as follows: (**immediate**) respiratory rate >30/min or upper airway edema; (**minor**) mild mucosal irritation; (**delayed**) asymptomatic.

Personal Protective Equipment (PPE) (at the health care site): Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment and chemical resistant gloves) and a filtered air respirator. Personnel treating patients who have already been decontaminated require no PPE other than universal precautions.

Decontamination (at the health care site): Sufficient decontamination includes removal of ALL clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes. Exposed or painful eyes should be flushed with 1 to 2 liters of water or normal saline, then continue flushing until the ophthalmic pH is between 7 and 8. An ophthalmic anesthetic should be used prior to flushing.

Diagnosis and Treatment: Treatment is supportive. **Oxygen** may be required for hypoxemia. **Early intubation should be considered for upper airway swelling. Bronchodilators** (e.g., albuterol) may be used for wheezing or cough. Contact the Poison Center (1 800 222 1222) for specific questions or advice on individual patients.

Patient Monitoring: Ammonia has no systemic effects. Continuous monitoring of pulse oximetry and end-tidal carbon dioxide may help assess oxygen exchange; however, patients with impending airway obstruction should be intubated early.

Disposition Criteria (when to send patient home): Initial mild symptoms may progress to corneal opacity, airway obstruction and pneumonitis. Patients with significant ocular or airway irritation should not be discharged.   Patients with mild or no symptoms should be observed for a 4-hour period. If symptoms are gone or mild after 4 hours and pulse oximetry is normal, patients may be discharged with instructions to return if symptoms worsen.

Reporting/Coordination Link: Call the **Poison Center (1 800 222 1222)** for information on specific patients. Contact the local or state public health authority (**Oregon Public Health Hotline: 1 800 805 2313**) to report a mass casualty incident.

INHALATIONAL ANTHRAX: Health Care Information

Anthrax is an acute infectious disease caused by the bacteria *Bacillus anthracis*. Exposure may occur by exposure to aerosolized spores or spores in a powder. Anthrax may infect the skin (cutaneous anthrax) or lungs (inhalational anthrax) or gastrointestinal tract (gastrointestinal anthrax) depending on the nature of the exposure.

<u>Signs and Symptoms</u>: Immediately after an airborne release or exposure to a powder, patients will have no symptoms, but may require antibiotic prophylaxis and decontamination (see below).

Clinical anthrax may occur in four syndromes:
1. **Pulmonary:** The incubation period is typically 4 to 5 days, but may range from 1 to 60 days. **Fever, malaise, fatigue, cough, vomiting and mild chest discomfort** are followed by severe **respiratory distress with dyspnea, diaphoresis, stridor and cyanosis. Shock and death** occur within 24 to 36 hours after onset of severe symptoms. Elevation of liver enzymes may also occur. Chest x-ray may show mediastinal widening, pleural effusion or infiltrates.
2. **Cutaneous:** After an incubation period of up to 12 days, a **painless, pruritic papule enlarges and develops into a painless ulcer with black eschar.** There may be associated fever and lymphadenopathy.
3. **Oropharyngeal:** After an incubation period of 1 to 7 days, **fever, cervical lymphadenopathy, pharyngitis and pharyngeal/lingual ulceration/eschar** formation occur.
4. **Gastrointestinal:** After an incubation period of 1 to 7 days, symptoms include **nausea, vomiting, abdominal pain, fever, bloody diarrhea and possibly ascites.**

<u>Diagnosis</u>: Physical findings are non-specific. In symptomatic patients, obtain gram stain and routine culture of the blood. *Bacillus anthracis* is detectable by culture in other fluid, if necessary: skin vesicle fluid, ascitic fluid and CSF. Local hospital laboratory personnel should be notified of a potential anthrax sample. Contact your local public health agency (see attached sheet). Asymptomatic patients who were exposed to the bacteria may have sputum samples examined, but require no additional testing.

<u>Decontamination</u>: Patients who were recently exposed to airborne anthrax require removal of their clothing and washing of all exposed skin with soap and water. Patients who are symptomatic (i.e., exposed several days ago) do not require decontamination.

<u>Treatment</u>: CHECK WITH YOUR LOCAL PUBLIC HEALTH AGENCY AND THE CDC FOR UPDATES.

Hospitalized, ill patients: Two-drug therapy, if available (two of the following):
Ciprofloxacin: 10 mg/kg up to 400 mg q12 hours IV
Doxycycline: 2.2 mg/kg up to 100 mg q12 hours
Also rifampin, vancomycin, clindamycin, chloramphenicol or imipenem.

Non-hospitalized patients <u>AND</u> follow-up therapy for hospitalized patients:
Oral therapy: After IV therapy or for treatment of cutaneous anthrax:
Ciprofloxacin: 15 mg/kg up to 500 mg PO q 12 hours <u>OR</u>
Doxycycline: 2.2 mg/kg up to 100 mg q12 hours
(Therapy should be continued for 60 days, unless instructed otherwise by the CDC or public health.

Prophylaxis:

Antibiotics: Prophylaxis indicated for exposed individuals; treatment is for 60 days.
      Ciprofloxacin: 10 to 15 mg/kg (up to 500 mg) PO BID (for adults, children, and pregnant
          women)
      Alternatives:
          Amoxicillin 40 mg/kg (up to 500 mg) PO TID
          Doxycycline 100 mg PO BID (avoid in children and pregnant women)

Isolation and Personal Protection: Pulmonary anthrax is not spread person to person. Contact with cutaneous anthrax may lead to cutaneous anthrax in health care workers. Health care workers should use standard (body fluid) precautions only. No isolation or negative pressure is required. Patient transport does not need to be restricted; the patient does not require a mask during transport. After an invasive procedure or autopsy is performed, the instruments and area used should be thoroughly disinfected with a sporicidal agent (e.g., 0.5% sodium hypochlorite).

Resource Links:

      www.bt.cdc.gov/agent/anthrax
      www.upmc-biosecurity.org/pages/agents/anthrax.html

BOTULINUM TOXIN: Health Care Information

Botulinum toxin is produced by the bacteria *Clostridium botulinum*. Botulinum toxin may be used as a weapon of mass destruction as an aerosol release or through intentional or accidental food contamination. Patients may be exposed through absorption through the pulmonary or gastrointestinal tracts. There is no significant dermal absorption. Botulinum toxin causes muscle weakness by decreasing acetylcholine release in the neuromuscular junction.

Recognition and Triage: There are no immediate symptoms after exposure to botulinum toxin. After a **delay of 12 to 48 hours**, cranial nerve dysfunction (**diplopia, dysphagia, dysphonia, facial weakness, ptosis, fixed/dilated pupils, dry mouth**) occurs, followed by truncal paralysis (**dyspnea, weakness of neck muscles, unsteady gait**) and **respiratory paralysis**. Patients may be triaged as follows:

> **Immediate:** Respiratory muscle weakness, respiratory rate>30, ptosis or other facial
> weakness, dysphagia/dysphonia/diplopia
> **Delayed:** Dry mouth, constitutional symptoms or exposed patients who are
> asymptomatic
> **Minor:** Asymptomatic (patients must be observed for delayed symptoms)

Personal Protective Equipment (PPE) (at the health care site): The primary risk to the health care worker is the inhalation of the toxin that is aerosolized from the patients' skin (low risk). Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment and chemical-resistant gloves) and a surgical mask. Personnel treating decontaminated patients require no PPE other than universal precautions.

Decontamination (at the health care site): Sufficient decontamination includes removal of ALL clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes.

Diagnosis and Treatment: The diagnosis is clinical and can be confirmed by obtaining serum and nasal swab samples and sending them to the Regional Public Health Laboratory.

It is important to **differentiate botulinum** (which causes bulbar palsy and dry mouth) **from nerve agents** (which cause diffuse paralysis and increased production of saliva, rhinorrhea, sweat and lacrimal fluid) since both cause paralysis and treatment of botulism with atropine may be harmful.

Decontaminate any exposed skin with copious water. **Endotracheal intubation and mechanical ventilation** may be required to support respiration in patients with respiratory paralysis or weakness. Elevations of pCO2 on arterial blood gas analysis may denote significant respiratory weakness. Respiratory muscle strength may be ideally analyzed at the bedside by negative inspiratory effort using peak inspiratory flow rate.

Botulinum Antitoxin may be available for a limited number of patients from the State Health Department or the Centers for Disease Control and Prevention (CDC). Antitoxin should be given early in the progression of disease because it merely halts the progression of paralysis, but does not reverse it. If available, the antitoxin can be given to all patients with significant muscular weakness or may be given to asymptomatic patients with confirmed inhalational exposure to the toxin. Several antitoxins exist. If available, the heptavalent antitoxin (A-G) should be given in a terrorist event until appropriate typing has been completed. If heptavalent antitoxin is not available, then trivalent (A,B,E) should be given. Trivalent antitoxin should be used in all food-borne outbreaks. The antitoxins are of equine origin and

patients should be screened for allergies to horses or horse serum. Airway equipment and epinephrine should be readily available during antitoxin use. Doses are below. Contact the Poison Center (**1 800 222 1222**) for specific questions or advice on individual patients.

Antitoxin dosing recommendations:

Heptavalent F(ab)2 antitoxin:	1 vial diluted 1:10 in normal saline IV over 40 to 60 minutes
Trivalent antitoxin:	1 vial diluted 1:10 in normal saline IV over 30 to 60 minutes

Patient Monitoring: Symptomatic patients should have continuous pulse oximetry monitoring and end-tidal CO_2 monitoring, if available.

Disposition Criteria: Patients with any symptoms, or who are asymptomatic but were exposed, should be treated and admitted to the hospital. Asymptomatic patients with questionable exposure should also be observed and may be discharged only if they are able to return to the hospital immediately if they develop symptoms.

Reporting/Coordination Link: Call the **Poison Center (1 800 222 1222)** for information on specific patients. Contact the local or state public health authority to report a mass casualty incident. (see attached contact list).

BRUCELLOSIS: Health Care Information

Brucellosis is a worldwide zoonosis that is transmitted to humans primarily through direct exposure to animal secretions, inhalation of infected aerosols and the ingestion of unpasteurized dairy products. Common animal reservoirs include goats, sheep, camels, cattle and pigs. It is primarily an occupational disease of abattoir workers, farmers, veterinarians and laboratory workers. *Brucellae* are easily aerosolized and have a very low infective dose (10 to 100 bacteria). The organism is an intracellular pathogen and induces a chronic granulomatous infection (similar to tuberculosis) in affected organs.

Signs and Symptoms:
   ACUTE: After an **incubation period of 1 to 24 weeks** (average 2 to 4 weeks), non-specific symptoms begin, including **fever (undulating), headache, weakness, fatigue, chills, sweating, arthralgias, mylagias, cough, meningo-encephalitis, lympadenopathy and hepatosplenomegaly.** Fatalities are uncommon.
   CHRONIC: (>6 months) Non-specific CNS signs such as **chronic headache, chronic fatigue, depression/anxiety, weight loss, arthritis, sacroiliitis, spondylitis and epididymo-orchitis.**

Diagnosis: Consider risk factors such as occupation, travel, animal exposure and consumption of unpasteurized dairy foods. Common laboratory findings include leucopenia, anemia, thrombocytopenia and elevated transaminases. Blood and bone marrow culture during the acute phase of the illness will yield positive results in 15 to 70% and 92%, respectively. The organism is slow growing and cultures should be kept for 6 weeks. Notify your laboratory of any potential *Brucellae* culture (biosafety Level 3 practice should be used in the laboratory). Other sensitive diagnostic methods include serum agglutination test (SAT), enzyme linked immunoabsorbent assays (ELISA) and PCR. Bone marrow, liver or lymph node biopsies may show non-caseating granulomas. Diagnosis is usually more challenging in the chronic stage.

Decontamination: Patients who were recently exposed to airborne *Brucellae* require removal of their clothing and washing of all exposed skin with soap and water. Patients who are symptomatic (i.e., exposed several weeks ago) do not require decontamination.

Treatment: CHECK WITH YOUR LOCAL PUBLIC HEALTH AGENCY AND THE CDC FOR UPDATES.
Adults: Rifampin 600 to 900 mg PO once a day x 6 weeks **PLUS**
          One of the following: Doxycycline 100 mg PO twice daily x 6 weeks (preferred) **OR**
                                   Gentamicin 2 mg/kg q8h IV/IM x 7 days **OR**
                                   Ciprofloxacin 500 mg PO twice daily x 6 weeks
Pregnant: Rifampin 900 mg PO once a day x 6 weeks
Children < 8 years: TMP/SMZ (5 mg/kg TMP) PO twice daily x 6 weeks **PLUS**
          One of the following: Gentamicin 2mg/kg q8h IV/IM x 7 days (preferred) **OR**
                                   Rifampin 10 mg/kg/d PO once daily x 6 weeks

Prophylaxis: No approved human vaccine is available. Oral therapy with antibiotics as above can be considered for exposed, asymptomatic individuals.

Isolation and Personal Protection: No significant person-to-person transmission occurs with casual contact. The bacteria may be transmitted by body fluid exposure. Health care workers should follow standard precautions. Respiratory isolation usually is **NOT** necessary. If health care workers will be exposed to a large concentration of aerosolized particles (i.e., intubation, suctioning, laboratory), they should wear P100 masks. Environmental decontamination can be accomplished with a 0.5% hypochlorite solution.

Resource Links: http://www.bt.cdc.gov/agent/brucellosis/

CAUSTIC ACIDS: Health Care Information

Acids are used in a variety of industries and are stored and transported in large containers throughout the country. Acids may be released accidentally from manufacturing plants or transportation vehicles or released intentionally as a vapor, liquid or aerosol. Acids commonly used in industry include hydrochloric, hydrocyanic, phosphoric and sulfuric acids.

Recognition and Triage: Acids in aerosol, vapor or liquid form may produce **caustic injury and/or necrosis of the skin and mucous membranes (pharyngitis, rhinitis, conjunctivitis)**, as well as lower **airway necrosis, pneumonitis and cough.** Patients may be triaged as follows:

> **Immediate:** Respiration >30/min, hypoxemia, upper airway edema or significant skin burns
> **Delayed:** Minimal skin burns
> **Minor:** Asymptomatic

Personal Protective Equipment (PPE) (at the health care site): The primary risk to the health care worker is exposure to acid by splash or contact with contaminated clothing. Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment and chemical-resistant gloves) and a filtered-air respirator. Personnel treating decontaminated patients require no PPE other than universal precautions.

Decontamination (at the health care site): Sufficient decontamination includes removal of ALL clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes.

Diagnosis and Treatment: Treatment is largely supportive. After life-saving maneuvers, decontamination followed by supportive treatment are the priorities. **Decontaminate** any exposed skin with copious water. Exposed or painful eyes should be flushed with 1 to 2 liters of water or normal saline; then continue flushing until the ophthalmic pH is between 7 and 8. An ophthalmic anesthetic should be used prior to flushing. **Oxygen** may be required for hypoxemia. **Early intubation should be considered for upper airway swelling or severe pneumonitis with impaired oxygen exchange.** Upper airway edema may be treated with **inhaled racemic epinephrine and corticosteroids. Bronchodilators** (e.g., albuterol) may be used for wheezing or cough. **Do not use alkaline products to neutralize acid on the skin, mucosal membranes or the gastrointestinal tract.** Contact the Poison Center (1 800 222 1222) for specific questions or advice on individual patients.

Patient Monitoring: Most acids have no systemic effects; they simply cause caustic injury to any surface that they contact. Continuous monitoring of pulse oximetry and end-tidal carbon dioxide may help assess oxygen exchange; however, patients with impending airway obstruction should be intubated early. Patients with significant symptoms should have cardiac monitoring. Distal circulation should be repeatedly assessed in patients with circumferential burns. Patients exposed to acids with systemic effects (e.g., anions of arsenic, fluoride and cyanide), may require cardiovascular monitoring and additional laboratory evaluation. Call the Poison Center (1 800 222 1222) for guidance.

Disposition Criteria (when to send patient home): Patients with airway or lung irritation should be admitted to the hospital. Caustic injuries that are circumferential around an extremity or the trunk, or involve greater than 10% body surface area, or involve the face, hands, feet or genitalia, should be discussed with a burn center and admitted to the hospital.

Reporting/Coordination Link: Call the Poison Center (1 800 222 1222) for information on specific patients. Contact the local or state public health authority to report a mass casualty incident. (see attached contact list).

CAUSTIC ALKALI COMPOUNDS (BASES): Health Care Information

Bases are used in a variety of industries and stored and transported in large containers throughout the country. Bases may be released accidentally from manufacturing plants or transportation vehicles or released intentionally as a vapor, liquid or aerosol. Bases commonly used in industry include potassium hydroxide, sodium hydroxide, sodium hypochlorite and ammonium hydroxide.

Recognition and Triage: Bases in aerosol, vapor, or liquid form may produce **caustic injury and/or necrosis of the skin and mucous membranes (pharyngitis, rhinitis, conjunctivitis), as well as lower airway necrosis, pneumonitis and cough.** Patients may be triaged as follows:

> **Immediate:** Respiration >30/min, hypoxemia, upper airway edema or significant skin burns
> **Delayed:** Minimal skin burns
> **Minor:** Asymptomatic

Personal Protective Equipment (PPE) (at the health care site): The primary risk to health care workers is contact of the base with their skin or mucous membranes. Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment and chemical-resistant gloves) and a filtered-air respirator. Personnel treating decontaminated patients require no PPE other than universal precautions.

Decontamination (at the health care site): Sufficient decontamination includes removal of ALL clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes.

Diagnosis and Treatment: After life-saving maneuvers, decontamination followed by supportive treatment are the priority. **Decontaminate** any exposed skin with copious water. Exposed or painful eyes should be flushed with 1 to 2 liters of water or normal saline; then continue flushing until the ophthalmic pH is between 7 and 8. An ophthalmic anesthetic should be used prior to flushing. **Oxygen** may be required for hypoxemia. **Early intubation should be considered for upper airway swelling or severe · pneumonitis with impaired oxygen exchange.** Upper airway edema may be treated with **inhaled racemic epinephrine and corticosteroids. Bronchodilators** (e.g., albuterol) may be used for wheezing or cough. **Do not use acidic products to neutralize bases on the skin, mucosal membranes, or the gastrointestinal tract.** Contact the Poison Center (1 800 222 1222) for specific questions or advice on individual patients.

Patient Monitoring: Most bases have no systemic effects; they simply cause caustic injury to any surface that they contact. Continuous monitoring of pulse oximetry and end-tidal carbon dioxide may help assess oxygen exchange; however, patients with impending airway obstruction should be intubated early. Patients with significant symptoms should have cardiac monitoring. Distal circulation should be repeatedly assessed in patients with circumferential burns. Patients exposed to bases with systemic effects (e.g., arsenic trioxide, hydrazine), may require cardiovascular monitoring and additional laboratory evaluation. Call the Poison Center (**1 800 222 1222**) for guidance.

Disposition Criteria (when to send patient home): Patients with airway or lung irritation should be admitted to the hospital. Caustic injuries that are circumferential around an extremity or the trunk, or involve greater than 10% body surface area, or involve the face, hands, feet or genitalia, should be discussed with a burn center and admitted to the hospital.

Reporting/Coordination Link: Call the Poison Center (**1 800 222 1222**) for information on specific patients. Contact the local or state public health authority to report a mass casualty incident (see attached contact list).

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Cesium-137 (Cs 137) – Dirty Bomb

Cs-137 is a radioactive isotope that is used as medical radiation therapy. It may be used as a "dirty bomb" by putting the isotope within a conventional weapon, detonating it, and spreading small Cs-137 particles.

Radiation Information:
Cs-137 emits both beta and gamma radiation.

Chemical Information:
Cs-137 may be seen as a liquid or a powder, which may glow.

Clinical Information:
Cs-137 is well absorbed through the lungs, gastrointestinal tract and through wounds. Cs-137 is not absorbed through the skin. Once absorbed, Cs-137 is excreted via urine.

Cs-137 may cause skin burns if in proximity to the skin. If a significant amount of Cs-137 is absorbed, the patient may have an increased risk of cancer or fetal effects in pregnant women. Significant absorption is considered unlikely in a dirty bomb scenario.

Diagnosis:
Cs-137 may be detected by a Geiger-Muller counter that detects beta or gamma radiation.

Decontamination:
Patients with external contamination (e.g., proximity to the blast, directly down-wind from the blast, covered in debris/dust, or have detectable radiation contamination by Geiger-Muller counter) should:
1. Remove their clothing (clothing should be bagged).
2. Shower for 2 to 3 minutes with soap and water.

Treatment:
Patients with significant internal contamination (e.g., detectable radiation on gastric sample or nasopharyngeal swabs) may require internal decontamination or antidotal therapy. Very few patients are expected to have significant internal contamination after a dirty bomb. Pulmonary contamination may be treated with bronchoalveolar lavage. GI contamination may be treated with activated charcoal (1g/kg up to 50 g PO).

Prussian Blue is an ion exchange resin that may be used as an antidote for patients with evidence of internal contamination and absorption. This will be suggested on a case-by-case basis. Please contact the Poison Center (1 800 222 1222) or REACT/S for guidance. The dose of Prussian Blue is PO 1 gram TID.

CHLORINE: Health Care Information

Chlorine is a denser-than-air green gas used in chemical manufacturing and as a bleaching agent. Hypochorite is an aqueous solution that is used as a disinfectant and in swimming pools. Chloramine is a gas that is released when ammonia is added to hypochlorite, and its effects are similar to those of chlorine. Chlorine is a moderately water-soluble irritant gas that produces a corrosive solution (hydrochloric acid and oxygen radicals) on contact with skin or mucous membranes. Any of these agents may be released accidentally (the addition of acid or ammonia to hypochlorite leads to chlorine gas, or chloramine gas, respectively) or by intentional rupture of a holding tank at a factory, port or rail car.

Recognition and Triage: Chlorine gas may produce immediate or **delayed** (several hours, depending on concentration) **irritation of the skin and mucous membranes (pharyngitis, rhinitis, conjunctivitis).** High Concentration or prolonged exposure may lead to **upper airway swelling, stridor, cough and pneumonitis.** Patients may be triaged as follows: (**immediate**) respiration >30/minute or upper airway edema; (**delayed**) mild mucosal irritation; (**minor**) asymptomatic (minor patients must be observed for delayed symptoms).

Personal Protective Equipment (PPE) (at the health care site): Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment and chemical resistant gloves) and a filtered air respirator. Personnel treating decontaminated patients require no PPE other than universal precautions.

Decontamination (at the health care site): Sufficient decontamination includes removal of **ALL** clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes.

Diagnosis and Treatment: Treatment is supportive. **Decontaminate** any exposed skin with copious water. Exposed or painful eyes should be flushed with 1 to 2 liters of water or normal saline, then continue flushing until the ophthalmic pH is between 7 and 8. An ophthalmic anesthetic can be used prior to flushing. **Oxygen** may be required for hypoxemia. **Early intubation should be considered for upper airway swelling or severe pneumonitis with impaired oxygen exchange. Bronchodilators** (e.g., albuterol) may be used for wheezing or cough. Contact the Poison Center (1 800 222 1222) for specific questions or advice on individual patients.

Patient Monitoring: Chlorine has no systemic effects. Continuous monitoring of pulse oximetry and end-tidal carbon dioxide may help assess oxygen exchange; however, patients with impending airway obstruction should be intubated early.

Disposition Criteria (when to send patient home): Initial mild symptoms may progress to corneal opacity, airway obstruction and pneumonitis. Patients with significant ocular or airway irritation should not be discharged.   Patients with mild or no symptoms should be observed for a 4-hour period. If symptoms are gone or mild after 4 hours and pulse oximeter is normal, patients may be discharged with instructions to return if symptoms worsen.

Reporting/Coordination Link: Call the **Poison Center (1 800 222 1222)** for information on specific patients. Contact the local or state public health authority (**Oregon Public Health Hotline: 1 800 805 2313**) to report a mass casualty incident.

COBALT 60 (Co-60) DIRTY BOMB: Health Care Information

Co-60 is a radioactive isotope that is used in medical radiotherapy, in commercial food irradiators and in industrial x-ray machines. It may be used as a "dirty bomb" by putting the isotope within a conventional weapon, detonating it and spreading small Co-60 particles.

Radiation Information: Co-60 emits both beta and gamma radiation.

Chemical Information: Co-60 is a solid that may appear in small metal disks or tubes (medical radiotherapy source) or as a powder.

Clinical Information:

> GI absorption: poor (5%)
> Pulmonary absorption: high
> Pulmonary retention: low

Co-60 is well absorbed through the lungs and poorly absorbed through the gastrointestinal tract (5%). Little Co-60 is retained in the lungs after inhalation. Once absorbed, Co-60 may concentrate in the bones as well as the liver and kidneys and may increase the risk of cancer in these organs. Co-60 may cause radiation burns if allowed to be in proximity to skin for a period of time. If absorbed or the exposure is large, the patient may be exposed to enough radiation to have an increased risk of cancer or fetal effects in pregnant women. Significant absorption is considered unlikely in a dirty bomb scenario.

Diagnosis: Co-60 may be detected by a Geiger-Muller counter that detects beta or gamma radiation.

Decontamination: Patients with external contamination (e.g., proximity to the blast, directly down-wind from the blast, covered in debris/dust or have detectable radiation contamination by Geiger-Muller counter) should:
1. Remove their clothing (clothing should be bagged).
2. Shower for 2 to 3 minutes with soap and water.

Treatment: Patients with significant internal contamination (e.g., detectable radiation on gastric sample or nasopharyngeal swabs) may require internal decontamination or antidotal therapy. Very few patients are expected to have significant internal contamination after a dirty bomb. GI contamination may be treated with activated charcoal (1 g/kg, up to 50 g PO).

Antidotes: Penicillamine may be given in severe cases, but its use will be limited by supply.

CYANIDE: Health Care Information

Cyanide is commonly used in industry for electroplating, chemical synthesis and the production of paper, textiles and plastic. Hydrogen cyanide (HCN) is a gas that is released when an acid is added to a cyanide salt (e.g., sodium cyanide, potassium cyanide, etc.). Cyanogen chloride (CK) is a colorless irritant gas that has been used as a military cyanide agent. These agents may be released accidentally in industrial settings (the addition of acid to cyanide salts) or by intentional combination of cyanide salts with acids or release of liquid cyanogen chloride or cyanide.

Recognition and Triage: Severe cyanide exposure may lead to **rapid-onset loss of consciousness, hypotension, seizures, coma and ventricular arrhythmias**, as well as **hyperlactatemia** and **elevated anion gap metabolic acidosis**. Mild toxicity includes headache, nausea, lightheadedness, confusion and dyspnea. The **smell of bitter almonds** may be detected on the patient, but is not detected by all people and should not be used to rule-out a cyanide exposure. **Cyanogen chloride is an irritant gas** that may cause irritation of the skin and mucous membranes, and potentially upper airway edema and pneumonitis that may be **delayed up to several hours**. Patients may be triaged as follows:

> **Immediate:** Coma, hypotension, seizures, disrhythmias
> **Delayed:** Headache, nausea, mild dyspnea
> **Minor:** Asymptomatic

Personal Protective Equipment (PPE) (at the health care site): Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment and chemical-resistant gloves) and a filtered-air respirator. Personnel treating patients who have already been decontaminated require no PPE other than universal precautions.

Decontamination (at the health care site): Sufficient decontamination includes removal of **ALL** clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes. If eyes are exposed to cyanogen chloride and are painful, they should be flushed with 1 to 2 liters of water or normal saline. An ophthalmic anesthetic may be used prior to flushing.

Diagnosis and Treatment
  1. Cyanide salts or hydrogen cyanide gas: Patients with severe symptoms (dyspnea, coma, seizures, arrhythmias) should receive supplemental **oxygen, nitrites and thiosulfate.** These antidotes may be available in a "cyanide kit" that contains amyl nitrite, sodium nitrite and sodium thiosulfate.

  Nitrites: The nitrites produce vasodilation and methemoglobinemia, both of which may increase metabolism of cyanide. **Sodium nitrite 300 mg (children 6 mg/kg) is given intravenously** over 3 minutes and amyl nitrite (less effective than sodium nitrite) is administered by breaking the perle under the patient's nose. Either nitrite may lead to hypotension or methemoglobinemia, so **nitrites should not be used in patients with mild symptoms or with concomitant carbon monoxide toxicity.**

  Sodium thiosulfate: Sodium thiosulfate 12.5 g IV (children 400mg/kg) over 10 to 20 minutes should be given to any patient with severe cyanide toxicity. Thiosulfate induces the metabolism of cyanide via the enzyme rhodanese. Thiosulfate has no serious side effects.

2. Cyanogen Chloride: Patients exposed to cyanogen chloride should be treated for cyanide toxicity as above and, in addition, must be treated for mucosal irritation/edema. **Oxygen** may be required for hypoxemia. **Early intubation** should be considered for upper airway swelling. **Bronchodilators** (e.g., albuterol) may be used for wheezing or cough.

Detection: Cyanide may be detected in serum in many hospitals. Confirmatory testing may be performed by sending **3 purple-top tubes** (EDTA) to the State Public Health Laboratory (see attached chemical specimen sheet).

Patient Monitoring: Patients with severe symptoms should have continuous cardiac and blood pressure monitoring and pulse oximetry.

Disposition Criteria (when to send patient home): Symptoms generally do not progress once the patient is removed from the exposure. Liquid dermal exposures with cyanogen chloride should be observed for 6 hours due to the potential of delayed pneumonitis, upper airway edema and cyanide toxicity. Asymptomatic and decontaminated patients exposed to cyanide salts or hydrogen cyanide may be discharged. Patients with mechanical ventilation, arrhythmias and hypotension should be admitted to an intensive care setting.

Reporting/Coordination Link: Call the **Poison Center (1 800 222 1222)** for information on specific patients. Contact the local or state public health authority (**Oregon Public Health Hotline: 1 800 805 2313**) to report a mass casualty incident.

DECONTAMINATION: Health Care Information

Victims of chemical exposures may arrive to the hospital with chemical agent on their skin, hair and clothing. Decontamination involves the removal of the chemical agent from the patient in order to decrease the toxicity to the patient and to decrease the contamination of health care workers and other patients.

Triage: If overwhelmed with many patients, those patients who have severe symptoms or have liquid or particles on their skin should be decontaminated first. The second group to be decontaminated should be those patients who have mild symptoms. Patients with no symptoms and no liquid exposure will most likely not need decontamination. Asymptomatic patients may be allowed to remove any outer garments that have been exposed and can be decontaminated after all symptomatic/exposed patients have completed their decontamination.

Decontamination: The first step to decontamination is to remove ALL of the patient's clothing and jewelry. The clothing should be placed into a plastic bag and stored outside of the hospital in the open air, if possible. The removal of clothes is the most effective form of decontamination.

The second step to decontamination is the cleaning of the skin and dilution of the chemical. This can be performed in a decontamination tent, if available, or in the hospital shower. The patient should **shower with soap (if available) and water for about 3 minutes or until all visible particles or chemical are removed.** The patient should dry with a towel, be given a gown and re-enter the ED. The towel should be bagged and stored with the clothing.

In some instances, it is necessary to decontaminate an **unconscious patient.** In this case, 1 to 2 hospital personnel should wear splash-proof personal protective equipment (PPE). If available, Level "C" PPE is ideal. This is generally a thick, impermeable gown with a hood, mask and either supplied air or an appropriate filter. The patient's clothing should be removed and stored as above. The patient should be showered with water for 2 to 3 minutes. Cleansing with a towel or sponge is only necessary where there is visible liquid or particles. Scrubbing with brushes, etc., should be avoided.

Protective Equipment: Personnel who handle clothing or handle contaminated patients should wear splash-proof and inhalational personal protective equipment (impermeable gown, hood, boots and filtered air respirator). Personnel who treat patients after they have been decontaminated should wear splash-proof PPE (surgical gown, boots, surgical mask) that are consistent with universal precautions.

TECHNETIUM 99 (Tc-99) DIRTY BOMB: Health Care Information

Tc-99 is a radioactive isotope that is used as medical radiation therapy. It may be used as a "dirty bomb" by putting the isotope within a conventional weapon, detonating it and spreading small Tc-99 particles.

Radiation information: Tc-99 emits both beta and gamma radiation.

Chemical information: Tc-99 is soluble in water and may be seen as a liquid or solid.

Clinical information: Tc-99 is absorbed mostly through the gastrointestinal tract and may be absorbed through wounds. Tc-99 is not absorbed through the skin. Once absorbed, Tc-99 may concentrate in the thyroid gland and GI tract.

Tc-99 may cause skin burns if in proximity to the skin. If absorbed or the exposure is large, the patient may be exposed to enough radiation to have an increased risk of cancer or fetal effects in pregnant women. Significant absorption is considered unlikely in a dirty bomb scenario.

Diagnosis: Tc-99 may be detected by a Geiger-Muller counter that detects beta or gamma radiation.

Decontamination: Patients with external contamination (e.g., proximity to the blast, directly down-wind from the blast, covered in debris/dust or have detectable radiation contamination by Geiger-Muller counter) should:

1. Remove their clothing (clothing should be bagged).
2. Shower for 2 to 3 minutes with soap and water.

Treatment: Patients with significant internal contamination (e.g., detectable radiation on gastric sample or nasopharyngeal swabs) may require internal decontamination or antidotal therapy. Very few patients are expected to have significant internal contamination after a dirty bomb. GI contamination may be treated with activated charcoal (1 g/kg, up to 50 g PO).

IRIDIUM 192 (Ir-192) DIRTY BOMB: Health Care Information

Ir-192 is a radioactive isotope that is used in medical radiotherapy and in industrial x-ray machines. It may be used as a "dirty bomb" by putting the isotope within a conventional weapon, detonating it and spreading small Ir-192 particles.

Radiation Information: Ir-192 emits both beta and gamma radiation.

Chemical Information: Ir-192 is a solid that may appear as tiny seeds (medical radiotherapy) or metal sticks (industrial gauges and x-ray).

Clinical Information: Ir-192 may cause radiation burns if allowed to be in proximity to skin for a period of time. Ir-192 is poorly absorbed in the lungs and GI tract. The isotope may produce radiation injury or increase the risk of cancer within the GI tract and internal organs as it passes through the GI system. Significant internal contamination is considered unlikely in a dirty bomb scenario.

Diagnosis: Ir-192 may be detected by a Geiger-Muller counter that detects beta or gamma radiation.

Decontamination: Patients with external contamination (e.g., proximity to the blast, directly down-wind from the blast, covered in debris/dust or have detectable radiation contamination by Geiger-Muller counter) should:
1. Remove their clothing (clothing should be bagged).
2. Shower for 2 to 3 minutes with soap and water.

Treatment: Patients with significant internal contamination (e.g., detectable radiation on gastric sample or nasopharyngeal swabs) may require internal decontamination or antidotal therapy. Very few patients are expected to have significant internal contamination after a dirty bomb. GI contamination may be treated with activated charcoal (1 g/kg, up to 50 g PO).

IODINE 131 (I-131) DIRTY BOMB: Health Care Information

I-131 is a radioactive isotope that is used as medical radiotherapy and diagnostic. It may be used as a "dirty bomb" by putting the isotope within a conventional weapon, detonating it and spreading small I-131 particles.

Radiation Information: I-131 emits both beta and gamma radiation.

Chemical Information: I-131 may be a solid or gas (from sublimation of the solid) and dissolves in water or alcohol.

Clinical Information:

Gastrointestinal absorption: high
Pulmonary absorption: high
Pulmonary retention: low

I-131 may cause radiation burns if allowed to approximate the skin for a period of time. I-131 is well absorbed in the lungs and GI tract. Once contamination of the lungs and GI tract occurs, I-131 is well absorbed and concentrates in the thyroid gland, which may lead to an increased risk of thyroid cancer. Significant internal contamination is considered unlikely in a dirty bomb scenario.

Diagnosis: I-131 may be detected by a Geiger-Muller counter that detects beta or gamma radiation.

Decontamination: Patients with external contamination (e.g., proximity to the blast, directly down-wind from the blast, covered in debris/dust or have detectable radiation contamination by Geiger-Muller counter) should:

1. Remove their clothing (clothing should be bagged).
2. Shower for 2 to 3 minutes with soap and water.

Treatment: Patients with significant internal contamination (e.g., detectable radiation on gastric sample or nasopharyngeal swabs) may require internal decontamination or antidotal therapy. Very few patients are expected to have significant internal contamination after a dirty bomb. GI contamination may be treated with activated charcoal (1 g/kg, up to 50 g PO) or whole bowel irrigation (1 to 2 liters PEG-ES/hour x 4 hours).

Patients with pulmonary or GI exposure should be treated with potassium iodide (KI). The doses are as follows:
Age <1 month: 16 mg (1/8th of a 130 mg tablet)
Age 1 month to 3 years: 32 mg (1/4th of a 130 mg tablet)
Age 3 years to 18 years: 65 mg (1/2 of a 130mg tablet)
Age 18 years to 40 years: 130 mg
Age > 40 years: KI is NOT recommended because it is less effective in this age group and there is an increased risk of allergic reactions.

The following patients should NOT receive KI: Patients with hyperthyroidism, thyroid nodules, or goiter, patients who are allergic to iodine and patients who have certain skin disorders (dermatitis herpetiformis or urticaria vasculitis).

MUCOSAL IRRITATION IN TERRORIST VICTIMS: Health Care Information

Several terrorist agents may cause mucosal irritation, including vesicants (e.g., **mustard, lewisite**), irritant gases (e.g., **chlorine, ammonia, phosgene**), **mycotoxins, acids, bases** and others. These agents may be released accidentally from an industrial setting or intentionally via spray container or intentional release from a tanker in storage or during transport.

Recognition and Triage: Patients with mucosal irritation may be triaged as follows:

> **Immediate:** Airway edema
> **Delayed:** Oral or nasal irritation/burns without airway edema
> **Minor:** Minor irritation to skin

Personal Protective Equipment (PPE) (at the health care site): Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment and chemical-resistant gloves) and a filtered-air respirator. Personnel treating decontaminated patients require no PPE other than universal precautions.

Decontamination (at the health care site): Sufficient decontamination includes removal of **ALL** clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes. If the patient has an inadequate airway or breathing, then bag-valve mask ventilation may be performed during decontamination. Endotracheal intubation prior to decontamination is technically difficult (while wearing PPE) and is not recommended.

Diagnosis and Treatment: Treatment is supportive. **Oxygen** may be required for hypoxemia. **Early intubation** should be considered for upper airway swelling. **Bronchodilators** (e.g., albuterol) may be used for wheezing or cough. Exposed eyes should be flushed with 1 to 2 liters of water or normal saline and then treated with lubricants, such as petroleum jelly. Significant blisters should be unroofed and treated with silver sulfadiazine. Massive fluid resuscitation is NOT necessary for dermal chemical burns. Contact the **Poison Center (1 800 222 1222)** for specific questions or advice on individual patients.

Diagnosis can be definitively made by sending **25 mL of urine** to the Oregon State Health Lab. In unknown chemical events, draw and send 3 purple top and 1 green (or gray) top tube of blood to the Oregon State Health Lab (see attached chemical specimen sheet).

Patient Monitoring: Critically ill patients require continuous monitoring of pulse oximetry and end-tidal carbon dioxide, heart rate, respiratory rate and blood pressure.

Disposition Criteria (when to send patient home): Initially asymptomatic or mildly symptomatic patients exposed to irritant gases or phosgene may progress to severe toxicity over 4 to 8 hours. Patients with mild or no symptoms after 8 hours may be discharged with instructions to return if symptoms worsen.

Reporting/Coordination Link: Call the **Poison Center (1 800 222 1222)** for information on specific patients. Contact the local or state public health authority (**Oregon Public Health Hotline: 1 800 805 2313**) to report a mass casualty incident.

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<u>NERVE AGENTS:</u>   Health Care Information

The nerve agents, **Tabun (GA), Sarin (GB), Soman (GD), and VX**, are potent liquid organophosphate compounds that may be used as weapons of mass destruction. They may be deployed via spray container, intentional spill, crop duster or explosive device. Nerve agents, similar to organophosphate pesticides, bind to acetylcholinesterase, causing a buildup of acetylcholine at nerve terminals leading to cholinergic crisis.

<u>**Recognition and Triage:**</u> Nerve agents produce muscarinic symptoms that appear as an increase of fluid production throughout the body (**salivation, lacrimation, rhinorrhea sweating, diarrhea, vomiting, pulmonary edema**) as well as **bradycardia** and **miosis** (small pupils). Nerve agents also produce nicotinic symptoms (**tachycardia, muscle fasciculations paralysis**) and CNS symptoms (**seizure, coma**). Patients may be triaged as follows:

     Immediate: Coma, seizures, fasciculations, pulmonary edema or paralysis
     Delayed: Excessive salivation/sweating/vomiting or weakness
     Minor: Asymptomatic or only eye symptoms (miosis)

<u>**Personal Protective Equipment (PPE) (at the health care site):**</u> Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment and chemical-resistant gloves) and a filtered-air respirator. Personnel treating decontaminated patients require no PPE other than universal precautions. Clothing and secretions, including diarrhea and vomitus, should be handled with chemical-resistant gloves, splash-proof PPE and a filtered air respirator.

<u>**Decontamination (at the health care site):**</u> Sufficient decontamination includes removal of **ALL** clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes and until agent is visibly gone. Some agents, including VX, may be difficult to decontaminate and require decontamination for longer periods of time.

<u>**Diagnosis and Treatment:**</u> The diagnosis is made clinically with recognition of the typical clinical features and can be confirmed by sending a **25mL urine sample** to the Oregon State Health Lab. Send 3 mL of blood in a lavender-top tube for RBC cholinesterase activity on all patients with exposure. Treatment includes **decontamination, oxygen, atropine, pralidoxime and a benzodiazepine.**

> *ATROPINE:* Patients in extremis (muscle fasciculation/paralysis, seizures, cardiac arrest) can be treated with atropine in 2 mg IV increments (or 6 mg IM atropine). Patients with any pulmonary edema or hypoxemia should be treated with **1 to 2 mg (children 0.02 mg/kg) atropine IV or IM.** This dose may be repeated every 5 to 10 minutes until the pulmonary edema has resolved. (10 to 20 mg or more may be necessary). Atropine should be titrated to drying of lung secretions, not to heart rate or eye findings. Atropine may also be used in smaller doses as symptomatic care to dry secretions in patients with significant lacrimation, diaphoresis, salivation or rhinorrhea, or abdominal cramping. Parenteral atropine should not be used to treat miosis. Miosis is usually from a topical exposure and can be treated with ophthalmic atropine or homatropine drops.

> *PRALIDOXIME (2-PAM):* Patients with muscle paralysis or fasciculations should be treated with **pralidoxime (2-pam), 1 to 2 grams (children 25 to 50 mg/kg) via IV over 10 to 20 minutes or 1 to 2 grams IM.** This dose may be repeated in 1 hour if fasciculations or weakness have not resolved. Patients who are treated with pralidoxime should be given a **maintenance infusion at 200 to 500mg / hour (children 5 to 10 mg/kg/hour).**

> *BENZODIAZEPINES:* Patients with seizures, coma or fasciculations should be treated with standard doses of intravenous benzodiazepines in addition to atropine. Phenytoin or fosphenytoin will not stop or prevent these seizures.

Patient Monitoring: Continuous monitoring of heart rate, blood pressure, pulse oximetry and end-tidal carbon dioxide are necessary for critically ill patients.

Disposition Criteria (when to send the patient home): Patients who are initially mildly symptomatic may progress to severe systemic toxicity over 1 to 2 hours with liquid exposures. Patients who have mild or no symptoms (e.g., only eye symptoms treated with ophthalmic drops) after 2 hours may be discharged with instructions to return if symptoms appear.

Triage and Treatment:

```
                            Nerve Agent Victim
                    ↙                          ↘
        Minor symptoms                     Fasciculation
        or asymptomatic                    Paralysis
                │                             Cardiac arrest
                │                             Seizures
                ↓                               ↓
              Exposure              Atropine 6 mg IM (0.06 mg/kg)
          ↙            ↘            2-pam 2 g IM (50 mg/kg)
 Vapor-only exposure   Liquid exposure   Benzodiazepine (e.g., Diazepam 10 mg
 AND miosis-only or    or symptomatic        IM (0.01 mg/kg))
 asymptomatic
       │
       ↓
 Remove clothing
 Wash exposed skin
       │                         Decontamination
       ↓                               │
 Ophthalmic anti-                      ↓
 cholinergic drops for    Titrate Atropine (1 to 2 mg IV) until lungs are dry
 miosis (e.g.,            2-PAM drip 200 to 500 mg/hr (5 to 10 mg/kg/hr, children)
 homatropine)
       │
       ↓
```

Observe: If patients develop symptoms, then decontaminate and treat.

Reporting/Coordination Link: Call the **Poison Center (1 800 222 1222)** for information on specific patients. Contact the local or state public health authority (**Oregon Public Health Hotline: 1 800 805 2313**) to report a mass casualty incident.

Q FEVER: Health Care Information

Q (query) fever is a worldwide zoonosis caused by *Coxiella burnetii*. Common animal reservoirs are domesticated ruminants such as cattle, sheep and goats. Humans usually acquire Q fever by inhaling aerosols or contaminated dusts derived from infected animals or animal products. Although easily aerosolized and highly infectious (infective dose is 1 to 10 organisms), Q fever is classified as a category B bioterrorism agent since it lacks the capacity to cause mass fatalities.

Signs and Symptoms: Immediately after an airborne release, patients will have no symptoms, but may require antibiotic prophylaxis and decontamination (see below).

After an incubation period of ~15 days (range 10 to 40), a flu-like illness with abrupt onset of **high fever, diaphoresis, headache, myalgias, cough and pleuritic chest pain** may occur. Other presentations include atypical pneumonia and hepatitis and, less commonly, pericarditis, myocarditis and meningoencephalitis. The flu-like syndrome may last 1 to 3 weeks. Common laboratory findings include lymphopenia (although leukocyte count is usually normal), thrombocytopenia (in 25%) and transaminitis (in 85%). Common abnormalities on chest radiography are segmental or lobar opacities. Multiple rounded opacities are a hallmark of Q fever pneumonia, but are not always present.

Chronic Q fever is defined as infection lasting for more than six months. It occurs in approximately 1% of patients infected with *C. burnetii* and the classic presentation is that of endocarditis. Patients with previous valvular heart disease or underlying immunosuppression (transplantation, cancer, chronic renal failure) are at increased risk for chronic Q fever infection.

Diagnosis: The most important diagnostic clue is epidemiological information linking patient with a terrorist release or reservoirs, especially parturient or newborn animals. An immunofluorescence assay (IFA) is the current reference method for serodiagnosis of Q fever. The use of more rapid or novel diagnostic tests such as ELISA or PCR should be coordinated through the Regional Laboratory Network. BSL-2 precautions should be followed when processing tissue samples.

Decontamination: Patients who were recently exposed to airborne Q fever require removal of their clothing and washing of all exposed skin with soap and water for 2 to 3 minutes. Patients who are symptomatic (i.e., exposed several days ago) do not require decontamination.

Treatment: Q fever is usually a self-limited disease that resolves spontaneously and the case fatality rate is < 1%. Symptomatic patients may be treated with:
> Doxycycline: 100 mg IV/PO q12h x 14 days*
> Tetracycline: 500 mg PO q6h PO q6h x 14 days
> Ofloxacin: 200 mg POq8h x 14 days
> Pefloxacin: 400 mg PO/IV q12h x 14 days
> Clarithromycin: 500 mg PO q12h x 14 days
> Azithromycin: 500 mg PO x 1, then 250mg PO qd x 4 days
> > *For patients with underlying valvular heart disease, treatment should be doxycycline for one year in conjunction with hydroxycholorquine to prevent Q fever endocarditis

Prophylaxis: Chemoprophylaxis with tetracycline 500 mg every 6 hours or Doxycycline 100 mg every 12 hours for 5 to 7 days is effective if initiated within 8 to 12 days post-exposure. Chemoprophylaxis less the 7 days after exposure is ineffective and may only delay the onset of disease. Inactivated whole cell vaccine is available in Australia but has been associated with severe local reactions in those with pre-existing immunity.

Isolation and Personal Protection: Person-to-person transmission is rare and **respiratory isolation in not required.** Patients do not require a mask during transport. **Standard Precautions (gowns, gloves, mask)** are recommended for health care workers. Surface decontamination is accomplished with sodium hypochlorite (0.5%), phenol (1%), or hydrogen peroxide (5%).

Resource Links: http://www.cdc.gov/ncidod/dvrd/qfever/index.htm

PHOSGENE: Health Care Information

Phosgene is a poorly-water-soluble irritant gas that is used in the manufacture of dyes, resins and pesticides. Phosgene may be released accidentally from manufacturing plants or produced from burning chlorinated compounds. Phosgene has been used as a military warfare agent and could be used as a terrorist agent via an aerosol release.

Recognition and Triage: Phosgene may produce immediate (in high concentrations) or **delayed (up to 24 hours, depending on concentration) irritation of the skin and mucous membranes (pharyngitis, rhinitis, conjunctivitis).** High concentration or prolonged exposure may lead to **lower airway swelling, cough, necrosis and pneumonitis.** Patients may be triaged as follows:

> **Immediate:** Respiration >30/min, hypoxemia or upper airway edema
> **Delayed:** Mild mucosal irritation or cough
> **Minor:** Asymptomatic (minor patients must be observed for delayed symptoms)

Personal Protective Equipment (PPE) (at the health care site): The primary risk to health care workers is inhalation of phosgene vapor from patient clothing (very unlikely). Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment and chemical-resistant gloves) and a filtered-air respirator. Personnel treating decontaminated patients require no PPE other than universal precautions.

Decontamination (at the health care site): Sufficient decontamination includes removal of ALL clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes.

Diagnosis and Treatment: Treatment is supportive. Remove clothing and **decontaminate** any exposed skin with copious water. Exposed or painful eyes should be flushed with 1to 2 liters of water or normal saline; then continue flushing until the ophthalmic pH is between 7 and 8. An ophthalmic anesthetic should be used prior to flushing. **Oxygen** may be required for hypoxemia. **Early intubation should be considered for upper airway swelling or severe pneumonitis with impaired oxygen exchange.** Bronchodilators (e.g., albuterol) may be used for wheezing or cough. Contact the Poison Center (1 800 222 1222) for specific questions or advice on individual patients.

Patient Monitoring: Phosgene has no systemic effects. Continuous monitoring of pulse oximetry and end-tidal carbon dioxide may help assess oxygen exchange; however, patients with impending upper airway obstruction should be intubated early.

Disposition Criteria (when to send patient home): Initial mild symptoms may progress to corneal opacity, airway obstruction and pneumonitis. Patients with significant ocular, airway or lung irritation should not be discharged.   Patients with mild or no symptoms should be observed for an 8-hour period. If symptoms are gone or mild after 8 hours, and the pulse oximeter is normal, patients may be discharged with instructions to return if symptoms worsen. Pneumonitis has been reported up to 24 hours after the exposure, so patients must be warned of this and must be able to return prior to considering discharge.

Reporting/Coordination Link: Call the Poison Center (1 800 222 1222) for information on specific patients. Contact the local or state public health authority to report a mass casualty incident (see attached contact list).

PLAGUE: Health Care Information

Plague is an infectious disease that is caused by the bacterium Yersinia pestis. Plague may be spread naturally via the bite of a flea. Plague may be used as a bioweapon via the airborne release of bacteria, and this would result in pulmonary symptoms 1 to 6 days after the release.

Signs and Symptoms: Immediately after an airborne release, patients will have no symptoms, but may require antibiotic prophylaxis and decontamination (see below).

There are two main types of symptomatic plague: **1. Pneumonic (or septicemic) Plague:** After a 1 to 6 day incubation period, symptoms include **high fever, chills, headache, hemoptysis, cough and rapidly progressing dyspnea and hypoxemia from bronchopneumonia.** Death may occur from respiratory failure, circulatory collapse and bleeding diathesis. Patients typically have **leukocytosis** as well as an **infiltrate or consolidation on chest radiograph. 2. Bubonic plague:** After a 2 to 10 day incubation period, symptoms include **malaise, high fever and tender lymph nodes (buboes);** may progress spontaneously to the septicemic form, with spread to the CNS, lungs, etc.

Diagnosis: In symptomatic patients, obtain trans-tracheal or sputum samples as well as lymph node aspirates and blood samples for Gram stain and culture prior to antibiotic treatment. Local hospital laboratory personnel should be notified of a potential plague sample. Contact your local public health agency. Asymptomatic patients who were exposed to the bacteria may have sputum samples examined, but require no additional testing.

Decontamination: Patients who were recently exposed to airborne plague require removal of their clothing and washing of all exposed skin with soap and water for 2 to 3 minutes. Patients who are symptomatic (i.e., exposed several days ago) do not require decontamination.

Treatment: CHECK WITH YOUR LOCAL PUBLIC HEALTH AGENCY AND THE CDC FOR UPDATES.
Hospitalized, symptomatic patients (one drug therapy):
1. Streptomycin 15 mg/kg (up to 1g) IM BID (not used in pregnant women)
   OR Gentamicin 5mg/kg IM or IV once a day (in children, 2.5mg/kg IM or IV TID)
2. Alternate choices:
 Doxycycline 100 mg (2.2 mg/kg, up to 100mg in children) IV BID
 Ciprofloxacin 400 mg (15 mg/kg, up to 400mg in children) IV BID
 Chloramphenicol 25 mg/kg IV QID (not used in pregnant women or children < 2)
After 5 days of acceptable response to IV antibiotics, may switch to an oral antibiotic (see below).

Prophylaxis (for patients exposed to bacteria, but not ill):
 Doxycycline 100 mg (2.2 mg/kg up to 100mg in children) P.O. BID for 7 to 10 days
   OR Ciprofloxacin 500 mg (20mg/kg up to 500mg in children) P.O. BID for 7 to 10 days

Isolation and Personal Protection:
1. Bubonic plague can only be spread via contact of infected material with broken skin. Standard body fluid contact precautions for healthcare workers are necessary (e.g., gloves/gown).
2. Pneumonic plague may be spread via respiratory droplets. Symptomatic patients require isolation (negative pressure is not required). Droplet precautions are necessary (e.g., surgical mask and eyeshield, gown, gloves) and should be continued until the patient has been treated with antibiotics for 48 hours. Patients and transporters should wear surgical masks during transport. Heat, disinfectants (2 to 5% hypochlorite) and exposure to sunlight render bacteria harmless.

Resource Links: www.bt.cdc.gov/agent/plague

RADIOLOGICAL DISPERSION DEVICE ("DIRTY BOMB"): Health Care Information

A radiological dispersion device, or "dirty bomb," is a traditional explosive device that is wrapped in, or attached to, radiological material. The majority of injuries produced will be traumatic and the contamination is that of radiological particles on the skin and clothing. Radiological particles emit radiation that produces free radical damage to tissues and alters DNA, protein and cell membrane structure.

Health care workers are not at risk of radiation burns or sickness, as long as the particles are not inhaled/ingested or left in close proximity to their skin for a prolonged period of time.

Recognition and Triage: Victims of a "dirty bomb" will not have radiation-related injuries upon arrival to health care. Symptoms in the initial health care setting will depend on the extent of their traumatic injuries. Radiation-related injury may develop over hours to days and is dependent on the amount of particles that are both incorporated into the patient's body (by ingestion, inhalation or traumatic wound) and the amount of time particles remain in close proximity to the skin and mucous membranes (amount of contamination).

Patients should be triaged according to their traumatic injuries. Patients with significant trauma can be treated in the ED after clothing removal without water decontamination. A surgical cap should be placed on the patient to protect health care workers from contamination. These patients should be stabilized, surveyed for contamination and then decontaminated with copious water if necessary.

Those patients with stable injuries or without symptoms can be screened for radiation particles and should be decontaminated only if the radiation is higher than two times the area's baseline or if focal contamination is found.

Personal Protective Equipment (PPE) (at the health care site): Health care workers handling contaminated patients require splash protection to prevent exposure of skin and mucous membranes to radioisotope particles (e.g., cap, gown, booties, surgical mask, eye shield and gloves). Gloves should be taped to the gown and booties taped to the gown or pant to prevent runoff of contaminated water into gloves and boots. A second pair of gloves should be worn and changed frequently. Healthcare workers handling patients who have been surveyed and have no contamination require only universal precautions.

Decontamination (at the health care site): Patients may be surveyed with a Geiger-Muller counter to determine if they are contaminated. Contaminated patients should have all clothing and jewelry removed, and exposed skin should be thoroughly washed with soap and water for 3 to 5 minutes. After this initial decontamination, the patient should be surveyed with a Geiger-Muller counter to determine that they are clean.

Because contamination is a very low risk for health care workers, patients with life-threatening traumatic injuries can be treated prior to decontamination. They should have their clothing removed and a surgical cap applied to their head. They should then be stabilized, then undergo a more thorough decontamination with copious water until Geiger-Muller counter readings are less than two times the area baseline and no focal contamination is found.

While removing clothing from a contaminated patient, the clothing should be CUT OFF and rolled in a direction away from the patient's face. This is done to decrease the amount of particles that the patient inhales and to avoid making particles air-born. Clothing should be double-bagged and stored outside of the ED.

When decontaminating a patient with water, their head should be thoroughly washed first while the patient bends forward, if possible. This allows the particles to run off the patient and not onto their skin or into their mouths. The face is washed next, then any open wounds. Wounds need thorough cleaning to prevent incorporation of the particles in the body. The body may then be showered until Geiger-Muller counter readings are less than two times the area's baseline. Clean towels that are used to dry the patient should be double bagged and stored outside the ED.

The treatment area will most likely become contaminated. Entrance and exit from the area should be monitored. The hospital radiation safety officer can help with this monitoring and surveying. Entrance into the dirty area requires personal protective equipment to prevent contamination, including gown, gloves, boots (with gloves and boots taped to the gown), mask and splash shield.

Diagnosis and Treatment: Radiation is not detectable without a Geiger-Muller counter and patients will have no signs from radiation on arrival. Patients must be surveyed in order to make the diagnosis. Treatment will be dictated by the victim's traumatic injuries.

The hospital radiation safety officer and the Radiation Emergency Assistance Center/Training Site (REAC/TS: phone 1 865 576 3131) should be contacted. If internal contamination of patients is suspected, then samples of patient feces, vomitus and urine should be collected to determine the isotope. If the patient was exposed to airborne radiological particles, a nasal and pharyngeal swab should be surveyed with a radiation survey instrument (e.g., Geiger Muller counter) to determine if the patient has inhaled or ingested isotope. Pulmonary or gastrointestinal decontamination and admission to the hospital may be required for patients with significant internal contamination. If radiological particles are detected on the skin (by a radiation survey instrument), they should be washed off with soap and water for 2 minutes, followed by a re-survey.

Once the isotope is identified, particular treatment protocols may be helpful; discuss the case with REAC/TS (1 865 576 3131) or the Poison Control Center (1 800 222 1222) to determine if a patient requires additional antidotes.

Radionuclide	*Antidote/Medication*
Iodine	Potassium iodide 130 mg PO x 1
Uranium	Bicarbonate (2 amps NA Bicarb in 1 L NS at 125 cc/hour)
Cesium/Thallium	Prussian blue 1 gram PO TID
Tritium	IV normal saline
Plutonium/Yttrium	Ca-DTPA (or Zn-DTPA) 1 gram in 250 cc D5W over 1 hour

Patient Monitoring: Monitoring is based on the patient's traumatic injuries, not on radiation.

Disposition Criteria (when to send patient home): Patients with traumatic injuries that warrant admission should be admitted to the hospital. Patients who have no internal or external contamination (either by history or survey) and do not require admission for traumatic injuries may be discharged to home.

Reporting/Coordination Link: Call the Poison Center (1 800 222 1222) for information on specific patients. Contact the local or state public health authority to report a mass casualty incident (see attached contact list).

RICIN: Health Care Information

Ricin is a highly potent toxin that is extracted from the castor bean (Ricinus communis). It may be used as a weapon of mass destruction as an aerosolized liquid or powder, or introduced into the food or water. Ricin may be inhaled or ingested. There is no significant dermal absorption of ricin. Ricin toxin is transported into the body's cells, binds to ribosomes, and stops protein synthesis. This leads to a delayed-onset diffuse cellular toxicity and capillary leak.

Recognition and Triage: After an **inhalational exposure**, patients remain asymptomatic for several hours. Approximately 4 to 8 hours after exposure, respiratory symptoms begin (**dyspnea, mucosal irritation, cough, pulmonary edema), followed hours later by** diffuse systemic toxicity (**vomiting, diarrhea, diaphoresis**) and a diffuse systemic inflammatory response syndrome and capillary leak (**SIRS, ARDS, hypotension**).

After ingestion of ricin, **gastrointestinal and systemic symptoms** predominate and pulmonary complaints are rare.

Personal Protective Equipment (PPE) (at the health care site): Airborne exposure/powder: Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment) and a filtered air respirator. Personnel treating decontaminated patients require no PPE other than universal precautions. Food/water exposure: No PPE other than universal precautions is necessary.

Decontamination (at the health care site): Airborne exposure/powder: Sufficient decontamination includes removal of **ALL** clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes. Food/water exposure: No external decontamination is necessary.

Diagnosis and Treatment: Diagnosis may be made by sending a **25 mL urine sample** to the Oregon State Health Lab. In unknown chemical events, draw and send **3 purple top and one green (or gray) top tube** of blood to the Oregon State Health Lab (see attached chemical specimen sheet).

Treatment is Supportive: There are no specific antidotes. Aggressive supportive care, meticulous fluid management, oxygen, and mechanical ventilation with positive end-expiratory pressure may be necessary for critically ill patients. Contact the Poison Center (1 800 222 1222) for specific questions or advice on individual patients

Patient Monitoring: Continuous monitoring of pulse oximetry and end-tidal carbon dioxide may help assess oxygen exchange. Continuous cardiac and blood pressure monitoring are necessary for critically ill patients.

Disposition Criteria (when to send the patient home): Initially asymptomatic or mildly symptomatic patients may progress to severe systemic toxicity over 4 to 8 hours. Patients with mild or no symptoms after 8 hours may be discharged with instructions to return if symptoms worsen.

Reporting/Coordination Link: Call the **Poison Center (1 800 222 1222)** for information on specific patients. Contact the local or state public health authority (**Oregon Public Health Hotline: 1 800 805 2313**) to report a mass casualty incident.

SMALLPOX: Health Care Information

Smallpox is an acute illness caused by the variola virus, an enveloped double-stranded DNA virus belonging to genus *Orthopoxviridae*. Although there has not been a reported naturally-acquired case of smallpox in the world since 1977, smallpox was weaponized by the former Soviet Union and is considered a potential bioterrorism threat. It is a Category A agent since the infectious dose is small (10 to 100 virions) and it can be transmitted readily from person to person by the airborne route leading to severe morbidity and mortality in non-immune populations. **A single case is considered a public health emergency.**

Signs and Symptoms: Immediately after an airborne release, patients will have no symptoms, but may require decontamination (see below).

After an incubation period of 7 to 17 days (average 12 days, patient is neither symptomatic nor contagious), a prostrating biphasic illness begins. The pre-eruptive stage (2 to 3 days) is non-specific and characterized by the sudden onset of **fever, malaise, body aches, headache, anorexia, nausea and vomiting.** The eruptive phase (2 to 4 days later) is heralded by the presence of an enanthem described as **red spots in the mouth and on the tongue. Patients are most infectious during this period.** Twenty-four hours later, the **skin rash (exanthem)** appears beginning with **flat red spots on the face and neck which spread rapidly in a centrifugal fashion** (face/extremities → trunk) to other parts of the body. **Macules → papules (D2) → vesicles (D4) →pustules (D7) →scab (D10 to 14).** The skin rash evolves uniformly in all areas. Patients are contagious until the scabs fall off. The differential diagnosis includes monkeypox, measles (early stages), secondary syphilis and chickenpox. One key aspect of the diagnosis is differentiating smallpox from chickenpox. This can be done by noting that chickenpox progresses in a centripetal fashion (trunk → extremities), whereas smallpox progresses centrifugally (face → trunk) and that chickenpox skin lesions appear asynchronously (vesicles, scabs, and healing lesions can be seen at the same time on one patient), whereas smallpox lesions on a single patient all appear to be in a similar stage (e.g., all vesicles). In addition, smallpox lesions may become umbilicated.

Diagnosis: Notify local and state health departments immediately. The primary diagnostic tool is electron microscopy. PCR-based tests are also available. All diagnostic testing should be coordinated with the Reference Laboratory Network. Collect swabs or scrapings from pustules, vesicles and throat in addition to blood. Laboratory examination requires Biosafety Level 4 precautions.

Decontamination: Patient decontamination after the onset of smallpox is **not** indicated. Items such as clothing and bedding that may be potentially contaminated by infectious virions particles should be handled using **Contact Precautions** and should be autoclaved or laundered in hot water with bleach. Contaminated environmental surfaces should be cleaned with standard hospital disinfectants such as sodium hypochlorite or quaternary ammonium compounds.

Treatment: Isolate immediately in a negative pressure room. Treatment is primarily supportive. Treat secondary bacterial skin infections with appropriate antibiotics. Cidofovir has shown efficacy in animal poxvirus infections.

Prophylaxis: Post-exposure vaccination can prevent or mitigate smallpox. It is most effective within 3 days of exposure in previously unvaccinated individuals and within 7 days in previously vaccinated. Contact tracing and quarantine along with post-exposure vaccination is the primary public health strategy for control.

Isolation and Personal Protection: Any hospitalized patient with suspected or confirmed smallpox should be isolated in a negative pressure room and **Airborne** and **Contact Precautions** should be instituted immediately in addition to **Standard Precautions**. **Airborne Precautions** require health care providers and others to wear respiratory protection when entering the patient room. (Appropriate respiratory protection is based on facility selection policy but must meet the minimal NIOSH standard for particulate respirators, N95). **Contact Precautions** require health care providers and others to:

- Wear clean gloves upon entry into patient room.
- Wear a gown for all patient contact and for all contact with the patient's environments. Gown must be removed before leaving the patient's room.
- Wash hands using an antimicrobial agent.

Resource Links: http://www.bt.cdc.gov/agent/smallpox
http://www.upmc-biosecurity.org/pages/agents/smallpox.html

STAPHYLOCOCCAL ENTEROTOXIN B: Health Care Information

Staphylococcal enterotoxin B (SEB) is a toxin that is produced by _Staphylococcus aureus_ and has been extensively studied and manufactured as a military weapon. SEB is not used in industry but may be intentionally released as an aerosol or vapor or introduced into the water/food supply. Once absorbed, the toxin stimulates the production of inflammatory mediators.

Recognition and Triage: SEB may produce an **initial asymptomatic period that may last up to 12 hours,** followed by **acute onset of fever, myalgias, headache, nausea, vomiting, anorexia, cough, dyspnea and pneumonitis.** Laboratory results may reveal a leukocytosis. Patients may be triaged as follows:

> **Immediate:** Hypotension, severe dyspnea, high fever
> **Minor:** Vomiting, mild dyspnea
> **Delayed:** Asymptomatic

Personal Protective Equipment (PPE) (at the health care site): Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment) and a filtered air respirator. Personnel treating patients who have already been decontaminated require no PPE other than universal precautions.

Decontamination (at the health care site): Sufficient decontamination includes removal of ALL clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes.

Diagnosis and Treatment: Treatment is supportive. **Oxygen** may be required for hypoxemia. **Bronchodilators** (e.g., albuterol) may be used for wheezing or cough. **Acetaminophen** and **anti-emetics** may be used for fever and vomiting. Contact the **Poison Center (1 800 222 1222)** for specific questions or advice on individual patients.

The diagnosis is clinical. In unknown events, draw and send 3 purple top and one green (or gray) top tube of blood and **25mL of urine** to the OR State Health Lab (see attached chemical specimen collection form).

Patient Monitoring: Continuous monitoring of pulse oximetry, blood pressure and heart rate is necessary in patients with severe symptoms.

Disposition Criteria (when to send patient home): Patients who are initially asymptomatic may develop severe symptoms over 3 to 12 hours. All patients require observation for at least 12 hours. Those who are discharged should be instructed to return for symptoms including fever, vomiting and lightheadedness.

Reporting/Coordination Link: Call the Poison Center (1 800 222 1222) for information on specific patients. Contact the local or state public health authority (**Oregon Public Health Hotline: 1 800 805 2313**) to report a mass casualty incident.

TRICOTHECENE MYCOTOXINS: Health Care Information

Tricothecene mycotoxins are a family of toxins, including the T2 mycotoxin, that are by-products of fungal metabolism and have been produced as military weapons. They are not used in industry but may be intentionally released as a yellow aerosol, vapor, or powder or introduced into the water/food supply. Once absorbed, the toxin inhibits protein synthesis and leads to diffuse cellular toxicity.

Recognition and Triage: Tricothecene mycotoxins may produce an **initial asymptomatic period lasting minutes to hours** followed by **mucosal and dermal pain or itching, then redness and swelling of the skin, GI tract, mouth, nose and eyes**, and finally **ecchymosis, bullae formation and sloughing** of the skin and mucosa. **Nausea, vomiting, bloody diarrhea, cough and pneumonitis** are common. Once the mycotoxin is absorbed (through the skin, lungs or GI tract), **CNS depression, agitation, ataxia, hypotension and seizures** may occur. Patients may be triaged as follows:

> **Immediate:** Airway swelling, coma, hypotension, seizures
> **Minor:** Vomiting, significant mucosal/skin irritation or erythema
> **Delayed:** Asymptomatic or mild mucosal/skin irritation

Personal Protective Equipment (PPE) (at the health care site): Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment) and a filtered air respirator. Personnel treating patients who have already been decontaminated require no PPE other than universal precautions.

Decontamination (at the health care site): Rapid decontamination is important even in exposed patients with no symptoms. Sufficient decontamination includes removal of **ALL** clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes and continued washing until visible toxin (yellow, sticky, oily liquid) is removed. Mycotoxin may be difficult to remove with water, and green soap, if available, may be helpful for decontamination. If the patient has an inadequate airway or breathing, then bag-valve mask ventilation may be performed during decontamination. Endotracheal intubation prior to decontamination is technically difficult (while wearing PPE) and is not recommended.

Diagnosis and Treatment: Treatment is supportive. **Oxygen** may be required for hypoxemia. **Early intubation** should be performed for upper airway swelling. **Bronchodilators** (e.g., albuterol) may be used for wheezing or cough. Exposed eyes should be flushed with 1 to 2 liters of water or normal saline and then be treated with lubricants, such as petroleum jelly. Massive fluid resuscitation is NOT necessary for dermal chemical burns. **Oral activated charcoal, 50 g PO (1g/kg PO, children)**, should be given if the toxin was swallowed. Contact the **Poison Center (1 800 222 1222)** for specific questions or advice on individual patients.

The diagnosis is made clinically. In unknown chemical events, draw and send 3 purple top and one green (or gray) top tube of blood as well as 25 mL of urine to the Oregon State Health Lab as well (see attached chemical specimen sheet).

Patient Monitoring: Continuous monitoring of pulse oximetry, blood pressure and heart rate is necessary in patients with severe symptoms.

Disposition Criteria (when to send patient home): Patients who are initially asymptomatic may develop severe symptoms over several hours. Patients who are asymptomatic after a 6-hour observation period may be discharged with instructions to return if they develop symptoms. All patients with symptoms should be admitted because symptoms may continue to progress.

Reporting/Coordination Link: Call the **Poison Center (1 800 222 1222)** for information on specific patients. Contact the local or state public health authority (**Oregon Public Health Hotline: 1 800 805 2313**) to report a mass casualty incident.

TULAREMIA: Health Care Information

Tularemia is an infection caused by the bacteria *Francisella tularensis*. Naturally-occurring tularemia may be transmitted to humans through handling infected rodents/lagamorphs or from the bite of arthropods, ingestion of contaminated food/water, or inhalation of infectious aerosols. Terrorist use would likely be via airborne release of an infections aerosol leading to inhalation.

Signs and Symptoms: After an inhalational exposure, an asymptomatic incubation period generally lasts 3 to 5 days (range: 1 to1 4days). This asymptomatic period is followed by the abrupt onset of **fever, chills, headache, malaise and dyspnea.** Some patients develop **bronchitis, conjunctivitis, pharyngitis/oral ulcers, lymphadenitis, pneumonia and sepsis.** Chest radiography may reveal hilar lymphadenopathy, lobar infiltrate or patchy diffuse infiltrates.

Diagnosis: In symptomatic patients, obtain samples from affected sites (e.g., conjunctiva, pharynx, sputum, lymph node aspirates) for gram stain (fluorescent-labeled antibody and PCR testing may be performed by the Regional Reference Laboratory). Obtain blood and fluid samples for culture. Local hospital laboratory personnel should be notified of a potential *Francisella tularensis* sample both for their protection and to initiate special culture conditions. Contact your local public health agency (see attached contact sheet). Asymptomatic patients who were exposed to bacteria recently may have sputum samples tested for gram stain and culture, but require no additional testing.

Decontamination: Patients who were recently exposed to airborne *Francisella tularensis* require removal of their clothing and washing of all exposed skin in soap and water. Patients who are symptomatic (i.e., exposed several days ago) do not require decontamination.

Treatment: CHECK WITH YOUR LOCAL PUBLIC HEALTH AGENCY AND THE CDC FOR UPDATES.
> **Symptomatic patients (adults, children or pregnant women):**
> > Streptomycin 15 mg/kg up to 1 g IM BID (10 days) **OR**
> > Gentamicin* 2.5 mg/kg IM/IV TID (or 5 mg/kg IM/IV QD in adults) for 10 days
> **Alternatives:**
> > Doxycycline 2.2 mg/kg up to 100 mg IV BID for 14 days **OR**
> > Ciprofloxacine* 15 mg/kg up to 400 mg IV BID for 10 days
> * For pregnant women, Gentamicin is preferred over Streptomycin and
>   Ciproflozacine is preferred over Doxycycline.

> Patients may be switched from IV to oral therapy when their symptoms are resolving or if their symptoms are mild. In mass casualty situations where IV/IM formulations are not available, Doxycycline (2.2 mg/kg up to 100 mg PO BID) or Ciprofloxacin (15 mg/kg up to 500 mg PO BID) may be used.

Prophylaxis: Exposed individuals should be given Doxycycline (2.2 mg/kg up to 100 mg PO BID) or Ciprofloxacin (15 mg/kg up to 500 mg PO BID) for 14 days. Close contact to exposed individuals does not require prophylaxis.

Isolation and Personal Protection: Tularemia is not spread person to person. Health care workers should use standard (body fluid) precautions only. No isolation or negative pressure is required. Patient transport does not need to be restricted; the patient does not require a mask during transport. Decontaminate environmental surfaces with 0.5% bleach solution followed 10 minutes later by a 70% alcohol solution to reduce the corrosive action of the bleach.

UNCONSCIOUS PATIENT – TERRORIST VICTIM: Health Care Information

Several terrorist agents may cause rapid coma or unconsciousness, including **cyanides, nerve agents, organophosphates and opioids.**

Recognition and Triage: Unconscious patients may be triaged as follows:

> **Immediate:** Seizures, fasciculations, hypoxemia, airway compromise
> **Delayed:** Altered level of consciousness with normal vitals signs and protected airway

Personal Protective Equipment (PPE) (at the health care site): Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment and chemical-resistant gloves) and a filtered-air respirator. Personnel treating decontaminated patients require no PPE other than universal precautions.

Decontamination (at the health care site): Sufficient decontamination includes removal of ALL clothing and jewelry and thorough washing of the skin and hair with water for 3-5 minutes. If the patient has an inadequate airway or breathing, then bag-valve mask ventilation may be performed during decontamination. Endotracheal intubation prior to decontamination is technically difficult (while wearing PPE) and is not recommended.

Diagnosis and Treatment: Patients with inadequate airways should be immediately intubated after decontamination. Rapid determination of the class of toxin may allow rapid reversal and preclude the need for intubation. All unconscious patients should be evaluated with a bedside **glucose, given oxygen,** and receive a trial of **naloxone (1 to 2mg IV, titrated to wakefulness).** Patients who do not respond, but have tachycardia or evidence of acidosis, may be presumed to be victims of cyanide toxicity and treated with sodium thiosulfate 12.5 grams IV (children 400 mg/kg) over 10 to 20 minutes. Patients who have miosis, copious secretions (lacrimation, salivation, pulmonary edema, diaphoresis), and muscle fasciculations, may be presumed to be victims of organophosphates (nerve agent or pesticide) and treated with intravenous atropine 1 to 2 mg, titrated to a decrease in pulmonary secretions. This dose may be repeated q5min if a positive, but inadequate response is obtained. Contact the **Poison Center (1 800 222 1222)** for specific questions or advice on individual patients.

Patient Monitoring: Comatose patients require continuous monitoring of pulse oximetry and end-tidal carbon dioxide, heart rate, respiratory rate and blood pressure.

Disposition Criteria (when to send patient home): Patients may be considered for discharge if their toxicity has completely resolved, the agent has been identified, and they are observed for four hours to eliminate the chance of delayed toxicity (e.g., liquid nerve agent exposure or opioid with long-lasting effects that may outlast the naloxone required to reverse it).

VESICANTS – Health Care Information

The blister/vesicant agents, **Mustard** (H, HD, HN), **Phosgene oxime** (CX), **Lewisite** (L), and the dichloroarsines (ED, MD, PD), are potent liquid compounds that may be used as weapons of mass destruction. They may be sprayed as a liquid, vaporized or distributed via an explosive device. All blister/vesicant agents are rapidly absorbed and cause topical damage to tissues that they contact.

<u>Recognition and Triage:</u> The blister/vesicant agents cause topical damage to the skin, mouth, and lungs (e.g., **"burns" of the skin and mucosa and pneumonitis**). Patients may develop **immediate (e.g., phosgene oxime, lewisite or dichloroarsines) or delayed (e.g., mustard) pain and erythema of the skin, upper airways, and pneumonitis,** followed in hours by blistering of the skin. **Mustard causes no immediate symptoms,** but produces skin and respiratory symptoms 2 to 24 hours after exposure. After mustard exposure, pneumonitis may develop over 2 to 48 hours with **necrosis of respiratory epithelium and sloughing, and bone marrow suppression** may become evident on day 2 to 5. Patients may be triaged as follows:

        Immediate: Respiration >30/minute or upper airway edema

        Delayed: Mild mucosal irritation

        Minor: Asymptomatic (minor patients exposed to mustard must be observed for delayed
               symptoms)

<u>Personal Protective Equipment (PPE) (at the health care site):</u> Personnel who decontaminate patients should wear splash-proof PPE (waterproof outer garment) and a filtered air respirator. Personnel treating patients who have already been decontaminated require no PPE other than universal precautions.

<u>Decontamination (at the health care site):</u> Sufficient decontamination includes removal of ALL clothing and jewelry and thorough washing of the skin and hair with water for 3 to 5 minutes. Exposed or painful eyes should be flushed with 1 to 2 liters of water or normal saline, then continue flushing until the ophthalmic pH is between 7 and 8. An ophthalmic anesthetic should be used prior to flushing.

<u>Diagnosis and Treatment:</u> Diagnosis can be definitively made by sending **25mL of urine** to the OR State Health Lab. In unknown chemical events, draw and send **3 purple top and one green (or gray) top tube** of blood to the OR State Health Lab.

Treatment is **supportive. Oxygen** may be required for hypoxemia. Early **intubation** should be considered for upper airway swelling. **Bronchodilators** (e.g., albuterol) may be used for wheezing or cough. Exposed eyes should be flushed with 1 to 2 liters of water or normal saline and then be treated with lubricants, such as petroleum jelly. Significant blisters should be unroofed (blister fluid does not contain the blister/vesicant agent) and treated with silver sulfadiazine. Massive fluid resuscitation is NOT necessary with these chemical burns. Contact the Poison Center (1 800 222 1222) for specific questions or advice on individual patients.

<u>Patient Monitoring:</u> Continuous monitoring of pulse oximetry and end-tidal carbon dioxide may help assess oxygen exchange. Continuous cardiac and blood pressure monitoring are necessary for critically ill patients.

<u>Disposition Criteria (when to send the patient home):</u> Initially asymptomatic or mildly symptomatic patients exposed to mustard may progress to severe systemic toxicity over 4 to 8 hours. Patients with mild or no symptoms after 8 hours may be discharged with instructions to return if symptoms worsen.

<u>Reporting/Coordination Link:</u> Call the Poison Center (1 800 222 1222) for information on specific patients. Contact the local or state public health authority to report a mass casualty incident. (see attached contact list). For additional information on this topic, see the following websites: CDC chemical fact sheets: www.bt.cdc.gov/agent/agentlistchem.asp.

VIRAL HEMORRHAGIC FEVERS: Health Care Information

Viral hemorrhagic fevers (VHFs) refer to a group of systemic viral illnesses associated with fever and a propensity to cause shock and bleeding. VHFs are caused by > 25 viruses from four families: *Filoviridae* (Ebola, Marburg), *Arenaviridae* (Lassa, South American), *Bunyaviridae* (Sin Nombre, Rift Valley, Crimean-Congo, Hantaan and related viruses) and *Flavivridae* (Dengue, yellow fever and others). VHFs are primarily zoonosis, and human infection is rare. VHFs are endemic in parts of Africa, Asia and the Americas. Transmission of VHF agents usually occurs though direct exposure to virus-contaminated blood and body fluids from animal hosts or through arthropod vectors. Secondary human-to-human transmission is a particular concern with Ebola, Marburg, Lassa and Crimean-Congo hemorrhagic fevers. VHFs are considered Category A bioterrorism agents since most (except for Dengue) have been proven to be infectious when delivered in the aerosol form.

Signs and Symptoms: The disease spectrum can vary from a mild nonspecific illness to severe multi-organ system failure and death. After an **incubation period of 2 to 35 days** (*Arenaviridae*, 5 to 16 days; *Bunyaviridae*, 2 to 35 days; *Filoviridae*, 3 to 16 days; *Flavivridae*, 3 to 8 days), initial symptoms are non-specific and can include **fever, chills, headache, nausea, diarrhea, arthralgias and myalgias.** This may be followed by the onset of hemorrhage, which can include **hematemesis, melena, hematuria, metrorrhagia, purpura, petechiae, epistaxis, and hemorrhage from gums as well as venipuncture sites** after several days. Evidence of vascular permeability leading to **edema, hypotension and shock** is common. A **relative bradycardia** is a clinical hallmark for some VHFs. Specific syndromes have been described for each of the VHF. End stages are characterized by **DIC, multi-organ failure and coma.** Laboratory findings include **leukopenia, thrombocytopenia, elevated transaminases, and coagulopathy.**

Diagnosis: Report all suspected cases immediately to the local and state health departments as well as the CDC (see attached contact sheet). Testing for VHF in serum (via the enzyme-linked immunosorbent assays (ELISA or PCR) is beyond the scope of hospital laboratories. Blood (>1 mL) in a plastic red top tube must be sent to the CDC via the hospital laboratory and through the Reference Laboratory Network. Clinical specimens should be considered highly infectious and handled with extreme caution. Notify your laboratory of potentially infectious VHF samples (samples should be handled under BSL-4 conditions).

Decontamination: Patients who were recently exposed to aerosolized VHF viruses require removal of their clothing and washing of all exposed skin with soap and water. Patients who are symptomatic (i.e., exposed days to weeks ago) do not require decontamination.

Treatment: The treatment of most VHFs is primarily supportive. Intramuscular and subcutaneous injections as well as the use of anti-platelet drugs should be avoided. Secondary bacterial and parasitic (e.g., malaria) infections should be treated if present. Corticosteroids should not be used for most VHFs. The antiviral agent ribavirin may be effective for the treatment of *Bunyaviridae* and *Arenaviridae* VHFs.

   Dosing Recommendations

     Ribavirin: 30 mg/kg IV up to 2 gm IV as a single loading dose
                16 mg/kg up to 1 gm IV every six hours x 4 days
                8 mg/kg up to 500 mg IV every eight hours x 6 days

                30 mg/kg up to 2 gm once orally as a loading dose
                7.5 mg/kg up to 600 mg orally twice a day x 10 days

Post-exposure Prophylaxis: Not recommended routinely. Individuals exposed to Lassa, South American, Rift Valley and Crimean-Congo VHFs should be monitored for fever and considered for empiric treatment with ribavirin if this occurs.

Isolation and Personal Protection: Experimental aerosol transmission has been demonstrated for several of the VHFs, so **isolation in negative air pressure rooms** should be instituted early for suspected cases. **Strict contact and barrier precautions** must be instituted **(gloves, HEPA masks, gowns, covers)** since secondary transmission of the VHF viruses has been documented through close contact with infected individuals and their body fluids. Risk of person-to-person transmission is highest during the latter stages of illness. **Patients should wear a surgical mask and be covered with a sheet during transportation.** In fatal cases, handling of corpses should be minimized. Contaminated environmental surfaces should be cleaned with routine hospital-approved disinfectants or with 0.5% sodium hypochlorite (1 part household bleach and 9 parts water).

Resource Links: http://bt.cdc.gov/agent/vhf/
http://www.upmc-biosecurity.org/pages/agents/vhf.html

Chemical Terrorism Event
Specimen Collection

Make sure the first tube is the first to be drawn, tube #2 is the second tube drawn, etc. and that the correct label is put on each tube!

For each patient, collect the following blood tubes: 3 EDTA (purple top) and 1 Gray or Green Top tube in that order.
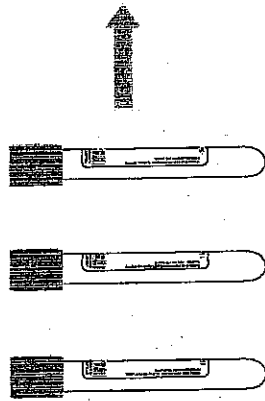
5 or 7 ml Purple Top Tube #1 — Metals

5 or 7 ml Purple Top Tube #2 — Cyanide

5 or 7 ml Purple Top Tube #3 — Chemical adducts w/ Hgb & Albumin

Mix the EDTA tubes by inverting 5-6 times.
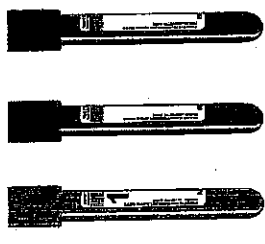
Tube #1 — Use a Sharpie marker to place a "1" on tube #1

Tube #2

Tube #3

Label each EDTA tube with the appropriate label as shown. Place red evidence tape around the top of each tube as shown, making sure it wraps completely around the top and tube.
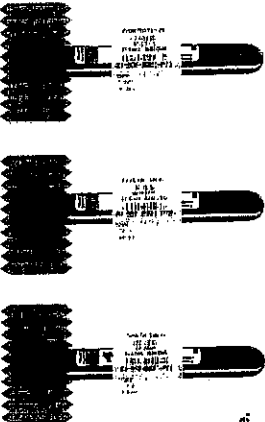
Purple Top Tube #1 — Metals

Purple Top Tube #2 — Cyanide

Purple Top Tube #3 — Chemical adducts w/ Hgb & Albumin

Make sure the Gray or Green top tube is collected after all the Purple top tubes.
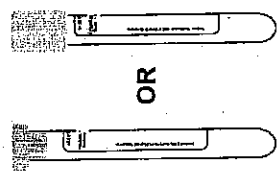
5 or 7 ml Gray or Green Top Tube — Volatile Organic Compounds

OR
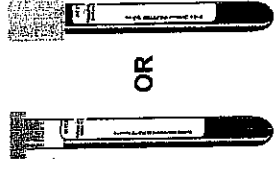
Mix the tube by inverting 5-6 times.

Label either the Gray or Green top tube with the appropriate label as shown. Place red evidence tape around the top of the tube as shown, making sure it wraps completely around the top and tube.

OR
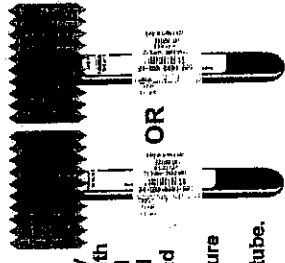
Volatile Organic Compounds

In addition to the blood tubes, collect at least 25 mls of urine in a screw cap urine cup for each patient.
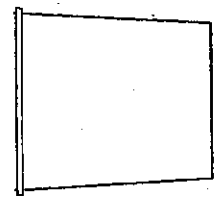
Label the Urine cup with the appropriate label as shown. Place red evidence tape around the top of the urine cup as shown, making sure it wraps completely around the top and cup.
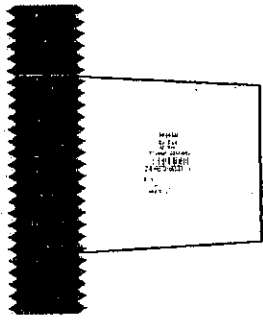
Military Nerve Agents
Organophosphate Pesticides
Incapacitating Agents and Drugs of Abuse
Ricin and Saxitoxin
Sulfur and nitrogen mustard
Lewisite
Heavy Metals (Hg, As, Sb, Ba, Be, Cd, Cs, Co, Pb, Mo, Pt, Tl, W, U)
Creatinine correction

Military Nerve Agents
Organophosphate Pesticides
Incapacitating Agents and Drugs of Abuse
Ricin and Saxitoxin
Sulfur and nitrogen mustard
Lewisite
Heavy Metals (Hg, As, Sb, Ba, Be, Cd, Cs, Co, Pb, Mo, Pt, Tl, W, U)
Creatinine correction

05/19/04

FA 1-66

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FA 2 – Human Services

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FA 1 Tasked Agencies	
Primary Agencies	City of Aurora Police Department
Supporting Agencies	American Red Cross Salvation Army (Regional in Woodburn) Ambulance Service (City of Silverton Ambulance) Hospitals (Silverton Hospital) City of Aurora Administration Aurora Rural Fire Protection District North Marion School District Marion County Emergency Management Marion County Health Department

1   Purpose and Scope

The Human Services Annex provides information regarding the City's response to the needs for non-medical mass care/sheltering and human services support for victims of natural and technological emergencies and disasters. For larger events that may require short- or long-term housing for disaster victims, Marion County Emergency Management will coordinate this need with the Aurora Emergency Manager. Emergency shelter includes the use of pre-identified shelter sites in existing structures, creation of temporary facilities or shelters, and use of other facilities outside the incident area, should evacuation be necessary.

Victims are fed through a combination of fixed sites, mobile feeding units, and bulk distribution of food. Emergency first aid, consisting of basic first aid and referral to appropriate medical personnel and facilities, is provided at mass care/sheltering facilities. Bulk distribution of emergency relief items, such as food, water, and ice, is managed and coordinated via established sites within the city. If applicable to the situation, coordination and management of volunteer services and donated goods is necessary to maximize benefits without hindering response activities.

Emergency response agencies for Aurora will also identify and coordinate the requirements of individuals with special needs within the impacted area. Special needs may be characterized by age (children and elderly), physical and/or mental disabilities, language (non-English-speaking), existing disease/medical conditions, dependency on service animals, and any other condition or threat that could warrant special consideration under emergency circumstances.

2   Policies and Agreements

The following policies and agreements are currently in place to support emergency services for the City.

- ■   Although a formal agreement has not been developed between the American Red Cross, Willamette Chapter and the City of Aurora, Human Services will be primarily implemented by the American Red Cross, upon County request. This agreement provides for shelter and mass care provisions if requested by the County.

3   Situation and Assumptions

3.1   Situation

Emergencies or disasters can necessitate evacuation of people from residences that may be temporarily uninhabitable, damaged, or destroyed. Providing for these victims will consist of making facilities and services available and coordinating activities with government agencies and volunteer disaster assistance organizations. Emergency shelter or housing needs may be short or long term. When the need exists, it is the responsibility of the City of Aurora to work with the various human service agencies to meet those needs.

3.2   Assumptions

■ Although City government has primary responsibility for implementing and coordinating resources and services included in this annex, the American Red Cross will manage and coordinate sheltering and mass care operations to best of its abilities. The Salvation Army may also support these operations, and other professional and/or volunteer organizations (e.g., faith-based organizations) that normally respond to emergency/disaster situations will continue to do so.

■ The American Red Cross will have agreements in place for use of specific shelters that can be activated by calling the local American Red Cross representative. These shelters may be used for specific events associated with the City of Aurora and Marion County, as well as housing evacuees from neighboring counties when and if the need should arise.

■ Permission to use American Red Cross–approved facilities for disaster operations and sheltering will be obtained and agreed upon in writing. Pre-identified facilities intended for shelter and mass care will be available and operational at the time of need.

■ City government and other available response agencies will manage and coordinate all shelter and mass care activities until the American Red Cross has arrived on scene, assessed the situation, and activated procedures for preparing and operating shelters.

■ Assistance will be available through mutual aid agreements with Marion County and with other counties, regions, State, and Federal emergency agencies and organizations.

■ Unique demands will be placed upon the delivery of human services, to include crisis counseling, emergency assistance, and the care of special needs groups. As a consequence, the clientele groups of both local and State human service organizations will increase.

- Under localized emergency conditions, a high percentage (50% or more) of evacuees will seek lodging with friends or relatives rather than go to established facilities.

- If the threat of an evacuation is due to a visible hazard, or has been discussed in the media, some spontaneous evacuation will occur prior to an implementing order. Therefore, mass care operations may have to commence early in any disaster period.

4   Roles and Responsibilities

The roles and responsibilities for each department in support of emergency services will vary depending on the type of resource, the length of the warning period, and the duration of the incident.

4.1   City Police Chief

- Coordinate emergency preparedness planning and exercise activities with the American Red Cross.

- Identify local government's authority, responsibility, and role in providing long-term temporary emergency housing for disaster victims.

- Assess the situation and make appropriate notifications to activate and staff the Emergency Operations Center (EOC), including notification of the American Red Cross, if it is determined that a representative is needed to coordinate emergency food and shelter.

- Establish a communications link with affected jurisdictions, volunteer agencies, and the public and ensure that they are kept informed of available shelters

- Assist in coordinating logistics to support operations and ensure that the provisions of the Memorandums of Understanding (MOUs) are implemented, as necessary.

- Coordinate with local, State, and Federal agencies in damage assessment and cost recovery activities, as well as identify long-term temporary emergency housing options.

- Ensure that necessary communication activities are accomplished in informing the public of disaster recovery activities, including information regarding long-term temporary emergency housing assistance.

- Continue to assist in restoring normal services and operations, as appropriate.

■ Conduct an after action debriefing/evaluation on the overall effectiveness of the City's efforts in providing emergency food and shelter.

4.2   American Red Cross

■ Develop and maintain plans, procedures, and policies for establishing, managing, and operating a feeding and sheltering system to meet the needs created by a major disaster.

■ Develop and maintain MOUs with local governments to define and clarify roles and responsibilities in preparing for and responding to disasters.

■ Participate in training exercises conducted by the Aurora Emergency Management Organization to test the Emergency Operations Plan.

■ Implement the response actions outlined in the MOU with the City, as necessary.

■ Evaluate the direct or indirect effects of the hazard on available shelter resources.

■ Provide specific resource requirements to include feeding support, clothing and bedding supplies, emergency registration of people, and trained shelter management volunteers

■ Coordinate activities with voluntary organizations active in disaster; faith-based organizations; other social service agencies; and local, State, and Federal government to provide emergency food and shelter.

■ Assist the City in determining post-emergency needs for long-term emergency temporary housing, as requested.

■ Prepare report on condition of shelter facilities and make arrangements for returning to normal use.

■ Compile record of emergency expenditures.

■ Critique the provision of shelters for people displaced from their residences, and institute reforms as required.

4.3   Aurora Rural Fire Protection District

■ Provide personnel, supplies, materials, and facilities as available in support of this function.

■ Assist with medical care and treatment as appropriate.

■   Provide fire and line safety inspections as appropriate.

5   Concept of Operations

The Aurora City Council has overall responsibility for ensuring the welfare of Aurora citizens and visitors during an emergency or disaster. In cooperation with available volunteer disaster assistance organizations, the Aurora Emergency Manager will ensure that basic human services are provided. Disaster victims will be encouraged to obtain housing with family or friends or in commercial facilities. To the greatest extent possible, Aurora will assist and coordinate post-disaster housing needs of the homeless. Although coordinated City/American Red Cross decision making is desirable, the American Red Cross may independently initiate operations. The Salvation Army and other charitable groups (e.g., faith-based organizations) will provide additional support for disaster victims.

In the case of unmet needs, the Emergency Manager will make requests for County assistance via the EOC to Marion County Emergency Management. Some emergencies will not require mass care assistance; however, a limited amount of emergency food and clothing will be needed and provided.

Initial preparedness efforts will begin with identification of population groups requiring special assistance during an emergency (e.g., senior citizens and the handicapped). Needs should be matched to capabilities and resources, and any gaps should be addressed through planning, training, and exercises. When an incident occurs and evacuation is required, preparations for receiving evacuees at selected facilities will begin. Essential personnel, including volunteers, will be alerted; pre-positioned material resources (cots, blankets, food, etc.) will be made ready; and medical facilities will be alerted to the possibility of receiving evacuee patients. Participating agencies will provide food and clothing as needed, assist with registration of evacuees/victims, and provide information to assist victims needing additional services. Once the incident transitions to the recovery phase, human needs of victims should be continually assessed and met as necessary via one or more Disaster Application Centers.

6   Direction and Control

The City of Aurora will seek the assistance of the American Red Cross and other similar agencies in implementing this section of the Emergency Operations Plan. A liaison from the American Red Cross will be requested to report to the City EOC to assist in coordinating the emergency housing, sheltering, and feeding activities; however, depending upon the size and scope of the disaster, this coordination may occur at the Marion County EOC through the City of Aurora's EOC liaison at that location.

It is not the intent of the City of Aurora to supplant the American Red Cross as the primary provider and coordinator of emergency housing, sheltering, and

feeding services; however, the City is not relieved of its obligation for the welfare of its citizens in times of emergencies as outlined in Chapter 401 of the Oregon Revised Statues.

Shelter/lodging facility managers will be responsible for the operation of their individual facilities. The primary communications link between shelter facilities and the EOC will be landline and wireless telephone. If telephones cannot be used or are overloaded, law enforcement personnel will provide radio assistance. Shelter facility managers should arrange for persons in their facilities to monitor prescribed communication sources for guidance and announcements.

7   Aurora Human Services Functions

7.1   Evacuation

The City Council/Mayor, Chief of Police, or the Incident Commander may order an evacuation. The City Council must approve and sign the evacuation order after considering the legal as well as social implications. If, however, for the health and safety of citizens, time does not permit access to the City Council, the City Police Chief or Incident Commander may order an evacuation and notify the City Council as soon as practical. See the sample Evacuation Order, Appendix B of this annex.

Overall, evacuation operations fall under the direction of the Aurora Police Department. However, if the evacuation area is contaminated by hazardous materials, the evacuation will be conducted by the Aurora Rural Fire Protection District. More information about evacuation protocols is provided in Appendix C of this annex. Alert and warning functions notify affected persons of impending evacuations. Potential shelter sites and evacuation route information are listed in Appendix D.

7.1.1   Identification of Need

Not all emergencies requiring protective action on the part of the public require evacuation. The Chief of Police and Incident Commander must weigh the risks of leaving the population unprotected against the risks of sheltering in place or evacuating. Before an evacuation can be implemented, the following activities must take place.

- Identify high hazard areas, including areas that may be impacted if the incident escalates or conditions change.

- Identify potential evacuation routes, their capacities, and their vulnerability to the hazard. See Appendix D of this annex, Emergency Traffic Policy.

■   Alert and warn the public at risk. Include specific information about the risk, the protective actions that need to be taken, and the possible risks of non-compliance.

7.1.2   Determination of Time Needed for Evacuation

To determine evacuation time requirements, the following factors should be considered:

■   Time from response to decision to evacuate

■   Time needed to alert and instruct the public, usually estimated to be 15–60 minutes, depending upon the time of day, etc.

■   Time needed to mobilize the population, once warned. Under ideal circumstances, 2500 vehicles can pass a single point in one hour (estimate four persons per vehicle)

■   Time required to evacuate the hazard area.

7.1.3   Shelter-in-Place

If sufficient time is not available to evacuate and/or the incident is such that it is reasonably safe to do so, Incident Command may choose to direct those in the affected area to shelter in place. Sheltering in place restricts affected people to their current locations. Other restrictions may also be necessary, depending on the type of incident (see Example EAS Messages, Appendix A of this annex).

7.2   Shelters and Mass Care Facilities

Mass care includes the registration of evacuees, the opening and management of temporary lodging facilities, and the feeding of evacuees and workers through both mobile and fixed feeding sites. The American Red Cross will assist in registering evacuees and, as applicable, will coordinate information with appropriate government agencies regarding evacuees housed in American Red Cross Shelters.

Protective shelters are life preserving—they are designed to afford protection from the direct effects of hazard events and may or may not include the life supporting features associated with mass care facilities. In contrast, mass care facilities are life-supporting—they provide protection from the elements and basic life-sustaining services when hazard events result in evacuations. The latter category of facilities, which is the focus of this annex, is designated as Reception and Care facilities in local American Red Cross Sheltering Plans.

The designation of specific lodging and feeding facilities will depend on the actual situation and the location of the hazard area. Public school facilities will be a prime consideration for use as emergency mass care facilities; their use will be coordinated with school officials. Selected facilities will be located far enough

from the hazard area that there is no possibility of the threat extending to the mass care facility. Agreements for use of some facilities have been obtained by the American Red Cross. The City Police Chief will obtain permission from owners to use other facilities as required. When American Red Cross facilities are opened, it will be the responsibility of the American Red Cross to maintain all functions and staffing according to American Red Cross policy. The American Red Cross will maintain listings of qualified and trained shelter and lodging facility managers.

Options for temporary shelter available to Aurora during the first 72 hours of an incident include:

- Predetermined sheltering sites and supplies available through the American Red Cross

- General purpose tents available through the Oregon National Guard and requested by Marion County EOC to Oregon Emergency Management

- Aurora Airport may also be available as shelter

- If a Presidential Declaration has been made, temporary buildings or offices requested through the Federal Coordinating Officer

A designated member of the City EOC staff may serve as the Aurora Shelter Coordinator. Services will be provided through the coordinated efforts of staff members, the American Red Cross, the Salvation Army, other State-supported agencies, volunteer agencies, and mutual-aid agreements with various support groups. Law enforcement agencies will provide security at shelter facilities, where possible, and will also support back-up communications, if needed.

Victims will be fed through a combination of fixed sites, mobile feeding units, and bulk distribution of food. Feeding operations are based on nutritional standards and, if possible, should include meeting dietary requirements of victims with special dietary needs. The American Red Cross will be responsible for meal planning, coordination of mobile feeding, identifying feeding sites and resources for the procurement of food and related supplies. The American Red Cross will coordinate all mass feeding and other services needed at open shelters within the City's jurisdiction with Aurora Emergency Management via the City's EOC.

7.3   Emergency Medical Services

The following agencies and entities can provide support for emergency first aid and referral to appropriate medical personnel and facilities:

- Aurora Rural Fire Protection District

- Silverton Hospital

- Willamette Falls Hospital, Oregon City and Canby Extension

- Providence Medical Center, Newberg

- Meridian Park Hospital, Tualatin

- Salem General Hospital, Salem

- Licensed Emergency Medical Technician staff and medical professionals

7.4   Disaster Welfare Information

Disaster Welfare Information collects and provides information regarding individuals residing within the affected area to immediate family members outside the affected area. The system also aids in reunifying family members within the affected area. The American Red Cross will establish a Disaster Welfare Inquiry Operation to answer requests from relatives and friends concerning the safety and welfare of evacuees or those in disaster areas. Welfare inquiry listings, along with registration listings, will be coordinated with the EOC and law enforcement agencies for comparison with missing persons lists. City and County Amateur Radio Emergency Services may provide support to the American Red Cross and Aurora Emergency Management in gathering, disseminating, and managing disaster welfare information.

7.5   Disaster Application/Assistance Center(s)

Upon a Presidential Disaster Declaration, Disaster Application/Assistance Centers may be established. In addition to numerous grant and assistance programs available through the Disaster Application Center, the Individual and Family Grant Program provides grants to meet disaster-related necessary expenses or serious needs for which assistance for other means is either unavailable or inadequate.

Logistics Section personnel may be called upon to arrange a large facility to serve as a Disaster Application Center. FEMA is responsible for the operation of the Disaster Application Center. There citizens can meet with local, state, Federal, and volunteer agency representatives to apply for disaster assistance. Appropriate facilities include schools, churches, and community centers. Advertising of these facilities will be coordinated by the Public Information Officer through the Joint Information Center located in the Federal/State disaster field office. Federal, state, local and volunteer agencies may provide or accept applications for the following services through the Disaster Application Center:

- Temporary housing for disaster victims whose homes are uninhabitable as a result of a disaster

- Essential repairs to owner-occupied residences in lieu of temporary housing so that families can return to their damaged homes

- Disaster unemployment and job placement assistance for those unemployed as a result of a major disaster

- Disaster loans to individuals, businesses, and farmers for refinancing, repair, rehabilitation, or replacement of damaged real and personal property not fully covered by insurance

- Agricultural assistance payments, technical assistance, and Federal grants for the purchase or transportation of livestock

- Information regarding the availability of food stamps and eligibility requirements

- Individual and family grants to meet disaster-related expenses and other needs of those adversely affected by major disasters when they are unable to meet such needs through other means

- Legal counseling to low-income families and individuals

- Tax counseling concerning various disaster-related benefits

- Consumer counseling and assistance in obtaining insurance benefits

- Crisis counseling and referrals to mental health agencies to relieve disaster-caused mental health problems

- Social Security assistance for recipients or survivors such as death or disability benefits or monthly payments

- Veterans' assistance such as death benefits, pensions, insurance settlements, and adjustments to home mortgages held by the Veterans Administration if a VA–insured home has been damaged

- Other specific programs and services as appropriate to the disaster.

Logistics may also arrange office space, document reproduction services, etc. for State and Federal damage assessment teams.

If Federal mobile homes are to be supplied for use as emergency shelter, the Logistics section may assist in site choice and preparation consistent with Aurora's comprehensive land use plan.

7.6   Bulk Distribution

Emergency relief items to meet urgent needs are distributed via established sites within the affected area. Distribution of food, water, and ice requirements

through Federal, State, and local governmental entities and non-governmental organizations is coordinated at these sites. The American Red Cross will coordinate all bulk distribution activities needed within the City's jurisdiction with the Aurora Emergency Manager via the City EOC.

Agencies and organizations involved in supporting and managing bulk distribution include:

- Aurora Police Department

- Aurora Rural Fire Protection District

- American Red Cross

- Salvation Army

- Private sector partners

- Disaster assistance personnel, paid and volunteer staff

7.7   Long-Term Housing

All housing needs identified during and following emergency incidents or disasters impacting Aurora will be coordinated through the City Emergency Manager via the City EOC. In some disaster situations, the Federal government may be requested to provide emergency housing. Disaster victims will be encouraged to obtain housing with family, with friends, or in commercial facilities. To the greatest extent possible, City and Marion County government will coordinate post-disaster housing needs for the homeless population.

7.8   Crisis Counseling and Mental Health Providers

Agencies and organizations involved with providing crisis counseling and mental health support to victims and families, the first responder community, and special needs populations include:

- Area hospitals

- County and regional volunteer organizations

- Local nursing homes and care facilities

7.9   Special Needs Populations

Disaster victims and special needs populations may require assistance to meet their necessary expenses and needs (food, clothing, housing, medical, and financial). Local and state human service organizations will identify any special needs groups (elderly, handicapped, and non-English-speaking) and, in the event of a disaster, ensure that their needs are met. The City of Aurora will seek the

assistance of the Marion County Health Department and other human service agencies or organizations to assist in coordinating the emergency housing, sheltering, and feeding of special needs populations.

Coordinating and identifying the requirements of individuals with special needs within the impacted area is a critical element of emergency response and recovery operations for Aurora. Special needs may be characterized by age (children and elderly), physical and/or mental disabilities, language (non-English-speaking), disease/medical conditions, service animals, and any other conditions or traits that could warrant special considerations under emergency circumstances.

Agencies and organizations involved in managing, transporting, and communicating with special needs populations during an emergency and pertaining to mass care include:

- City of Aurora City Administration

- Silverton Hospital

- Willamette Falls Hospital, Oregon City and Canby Extension

- Providence Medical Center, Newberg

- Meridian Park Hospital, Tualatin

- Salem General Hospital, Salem

- Private clinics and care facilities

- American Red Cross and other volunteer agencies

- North Marion School District

- Local radio stations serving the City

Nursing Homes and Residential Care Facilities are required to have disaster and emergency plans in place that ensure the transfer of clients to appropriate facilities.

Special needs populations can be broken down into three categories of sheltering, as described below.

Category 1: Hospitalization
For persons who require recurring professional medical care, special medical equipment and or continual medical surveillance. Examples are persons who are ventilator dependent, IV dependent, oxygen dependent; with chest pain or shortness of breath; and others requiring the intensity of services provided at a hospital or skilled nursing facility.

Category 2: Special Needs Shelter

For persons who require some medical surveillance and/or special assistance. These are individuals whose age, frailty, mobility, or functional or medical disabilities make them particularly vulnerable in disaster situations. They may have medical impairments but have been able to maintain some independence prior to the disaster or emergency situation. Examples are those with mental illness, severely reduced mobility, or medically impairment but with the ability to maintain activities with some assistance.

Category 3: General Shelter

For persons who are independent prior to the disaster or special emergency or who may have pre-existing health problems that do not impede activities of daily living. Examples are persons with prostheses, hearing or speech impediments, wheelchair users with no medical needs, or controlled diseases such as diabetes, muscular dystrophy, and epilepsy.

7.10   Sheltering Service and Companion Animals

The City of Aurora, the American Red Cross, and other organizations or groups providing Sheltering and Mass Care will comply with Americans with Disabilities Act requirements for service animals, with the facility owners' limitations, and with Marion County and State of Oregon Health Code requirements.

7.11   Volunteer Services and Donated Goods

The Aurora Emergency Manager will coordinate and manage volunteer services and donated goods through appropriate liaisons assigned at the City EOC, with the support from the American Red Cross, Salvation Army, and other volunteer organizations. These activities seek to maximize benefits without hindering emergency response operations. Procedures for accessing and managing these services during an emergency will follow ICS/NIMS standards.

7.12   Emergency Response Personnel and EOC Sheltering and Feeding

Arrangements for the feeding and sheltering of EOC staff is the responsibility of the Logistics Section. As space allows, EOC staff will sleep and eat at the EOC. Sleeping areas may also be set up in other facilities.

Response personnel will be released to their homes or stations to sleep. If necessary, space may be arranged in a shelter. This shelter should be different than the one used for disaster victims or evacuees.

Families of response personnel may be sheltered together in the event of an extended incident involving a major shelter operation. This will facilitate keeping families informed and improve the morale of response personnel.

7.13   Public Health and Medical Services

Available emergency medical resources for the City of Aurora consist of the following

■   Willamette Falls Hospital, Oregon City and Canby Extension

■   Providence Medical Center, Newberg

■   Meridian Park Hospital, Tualatin

■   Salem General Hospital, Salem

The Marion County Health Department will direct the County response to medical and health emergency issues. Specific information regarding the County's response is available in ESF 8 of the Marion County EOP.

8   Appendices

Appendix A   Example EAS Messages

Appendix B   Evacuation Order

Appendix C   Evacuation Protocols

Appendix D   Emergency Traffic Policy

Appendix A – Example EAS Messages

EVACUATION:

The City of Aurora is managing a(n) _____ emergency. A State of Emergency has been declared. The Incident Command and Aurora City Council are requesting the immediate evacuation of the area between _____ on the east, on the west, _____ on the north and _____ on the south due to _____ Please take medications, and personal hygiene supplies with you and evacuate to (a point) _____ by traveling _____. Failure to evacuate may result in life endangerment. The American Red Cross is opening shelters for those affected by the evacuation at _____. If you need help in evacuating your home, please signal emergency workers by placing a white cloth on your front door or calling the City at (503) 678-1283.

SHELTER IN PLACE:

The Incident Command and Aurora City Council are urging citizens for the area between _____ on the east, _____ on the west, _____ on the north and _____ on the south _____ south to take the following protective actions due to _____. Stay indoor with all windows closed. If you must go outdoor for any reason, _____.

Failure to follow these instructions may result in damage to _____. Please stay tuned to this station for further details.

Appendix B – Evacuation Order

1. An emergency condition, as a result of_____, exists in the City of Aurora and the City has declared a State of Emergency.

2. The City has determined that there is a need to evacuate portions of the City.

3. Such evacuation is needed to ensure the safety of the public. Therefore:
    _____
    _____

4. The City of Aurora is requesting the immediate evacuation of:
    _____
    _____

5. The City of Aurora requests that those needing special assistance call _____ or place a white flag, (towel, rag, paper) on the front door knob or in the front window. The above number has been established to respond to evacuation assistance requests.

6. The City of Aurora is restricting all entry into the hazard area. No one will be allowed to re-enter the area after _____am/pm.

7. Information and instructions from the City of Aurora will be transmitted by broadcast radio. Public information will also be available from American Red Cross representatives at shelters now being opened to the public for emergency housing.

8. A reception area or American Red Cross shelter is located at:
    _____

9. The City of Aurora will advise the public of the lifting of this order when public safety is assured.

Date _____   Signed _____

                                    Mayor

Date _____   Signed _____

                                    Incident Commander

Appendix C – Evacuation Protocols
I.   GENERAL

No law enforcement officer or other public safety official has the legal right to impose a mandatory evacuation order on citizens in their own homes. Citizens should be informed of the need to leave a hazardous area, and the possible consequences of not leaving. However, once a person voluntarily leaves his or her property, the Incident Commander may restrict further access. Citizens who obstruct the evacuation process may be arrested.

These protocols cover door-to-door and mobile public address processes. These methods may be conducted individually, in combination, or in conjunction with the Emergency Alert Service.

II.   DOOR TO DOOR

Door-to-door contact is an effective but time and labor intensive method of alerting, warning, and evacuating an area. More detailed information can be shared with the population, and positive confirmation can be made that the individual received the warning, understood the instructions, and knew the consequences of his or her actions.

A. Receive assignment from officer supervising the evacuation. This should include a prepared statement which includes:

    1) Type of incident, expected duration, and available time to evacuate

    2) Recommended actions to be taken by the public

    3) Implications of not following actions

    4) Evacuation route

    5) Reception/shelter location

    6) Neighborhood congregation point for those needing transportation

    7) Telephone number to call for more information

B. Conduct Door-to-Door Evacuation

    1) Knock, ring bell, etc. Allow at least one minute for response, more at night.

    2) If no answer, document time and address, move to next facility.

    3) If answered, read prepared statement, and:

        a.   Determine how many persons are in the building.

    b. Determine whether they intend to leave, have a place to go, and transportation. If yes to all, document time and address. Using plastic flagging, mark the building in a conspicuous place to indicate that contact has been made. Go to next facility.

    c. If they do not intend to leave, ask if they understand the possible dangers if they stay, document the time, address, and number of people remaining. Using a different color of plastic flagging that indicates that a person is present, mark the building in a conspicuous place to indicate that contact has been made. Move to next facility.

    d. If they intend to leave but do not have transportation, document the number of people needing assistance, the time and address of the residence, and special transportation requirements (ambulance, handicapped van, etc.) and report this information immediately to your supervisor. Advise citizens who are able to walk or proceed to the designated congregation point. Do not stop your activities to remove them from the area.

    e. If they intend to leave but do not have a place to go, refer them to the shelter or reception point. Document time and action taken. Using plastic flagging, mark the building in a conspicuous place to indicate that contact has been made. Move to the next facility.

C. Reporting

After clearing a portion of your assigned area, report information collected to your supervisor. BECAUSE OF THE EXTRA TIME NEEDED TO ARRANGE TRANSPORTATION, INFORMATION ON PEOPLE NEEDING EVACUATION ASSISTANCE SHOULD BE TRANSMITTED AT THE TIME OF RECEIPT OF SUCH INFORMATION.

III. MOBILE PUBLIC ADDRESS

Mobile public address is more time efficient than door to door contact, but is able to convey only a limited amount of information. It is most effective used in combination with the Emergency Alert System and door to door contact. It may be used to alert and warn the public prior to the request to evacuate, or to advise of protective actions short of evacuation.

A. Receive assignment from officer supervising the evacuation. This should include a prepared statement that provides the same information as door-

to-door contact, plus the radio station that more detailed information is available on.

B. Conduct alert by repeating message at each intersection and at least once mid-block. Do not stop to give information, etc.

Once the assigned area has been covered, note date and time, and report completion to your supervisor.

Appendix D - Emergency Traffic Policy

In the event of an evacuation in the City of Aurora:

1.   All City employees not directly involved in the incident shall be available for traffic control and direction.

2.   The City has the authority to close local roads, and to restrict access to and from all areas of the City.

3.   Roads under the jurisdiction of the Oregon Department of Transportation (ODOT) (Highway 99 and I-5) would be authorized for closure by the ODOT District Manager or, in the case of a crime or fire, the authority includes the Oregon State Police.

4.   The Aurora Police Department has the authority to remove stalled and parked vehicles which impede the flow of traffic.

5.   Traffic flow direction may be altered, reversed, etc., at the direction of the Incident Commander when the situation warrants.

6.   Changes in traffic flow will be coordinated with the Marion County Sheriff, Oregon State Police, Oregon Department of Transportation, and City of Aurora Public Works.

3

FA 3 – Infrastructure Services

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FA 3 Tasked Agencies	
Primary Agencies	Aurora Public Works Department
Supporting Agencies	Marion County Department of Public Works Oregon Department of Transportation Water: City of Aurora Sewer: City of Aurora Garbage: Allied Waste Electricity: Portland General Electric Gas: Northwest Natural Gas Telephone: CenturyTel

1   Purpose and Scope

This functional annex provides information regarding the coordination of infrastructure, public works, damage assessment, and engineering services during all phases of emergency management. Public Works resources (personnel, equipment, facilities, materials, and supplies) will be coordinated through the Aurora Public Works Department or the City Emergency Operations Center (EOC) (depending on the situation) following established procedures and agreements. Resources may also be obtained through contractors, vendors, and suppliers. This support function contains various sub-functions, as outlined below.

Public Works resources for the City of Aurora, under the authority of this functional annex, will be used to assist in the following activities associated with emergency response:

- Debris clearance from transportation infrastructure

- Coordination of the closure and repair of transportation infrastructure

- Repair and restoration of damaged public systems (e.g., water, wastewater, solid waste, electrical, natural gas, and stormwater systems)

- Determination of extent of damage to the following systems: transportation, water, solid waste, and wastewater

- Reporting of known damage to the appropriate agency for electrical and natural gas systems

- Prioritization and initiation of recovery efforts to restore, repair, and mitigate City-owned infrastructure

- Provision of technical assistance with respect to flooding, water management, structure integrity assessments, and impact assessments of infrastructure

If needed, the City of Aurora would request the following infrastructure services from Marion County Emergency Management:

■ Identification and labeling of uninhabitable/unsafe structures

■ Establishment of priorities and processes for issuing demolition and building permits

■ Stabilization of damaged public and private structures to facilitate search and rescue and/or protect the public's health and safety

■ Development and designation of emergency collection, sorting, and debris routes and sites for debris clearance from public and private property.

2   Policies and Agreements

Although Federal and State resources exist, the following regional policies and agreements are currently in place to support infrastructure services for the city of Aurora:

■ City of Aurora, Water Management and Conservation Plan

■ Marion County Emergency Operations Plan:

  ● ESF 1, Transportation

  ● ESF 3, Public Works

  ● ESF 12, Energy

3   Situation and Assumptions

3.1   Situation

The City has identified critical infrastructure and resources to be protected and prioritized during an emergency event or disaster, to the greatest extent possible. During an emergency situation, the protection of human lives will take precedent during all facets of response, and essential services within the City will be maintained as long as conditions permit.

In addition, a utility failure would impact the availability of essential services such as the water supply, electrical power, natural gas, telephone, and sanitary sewer services. While causes of a failure may be natural or man-made, the severity of the incident must be measured by the duration of the disruption of the service and its impact on life and property.

3.2   Assumptions

■   Response operations for the Aurora Public Works Department will include assisting police and fire in traffic control and rescue operations, as well as clearing and maintaining critical lifeline routes.

■   In response to a natural hazards event such as flood, windstorm, or earthquake, the Public Works Department will generally be assigned or will assume the lead agency role.

4   Roles and Responsibilities

4.1   General Responsibilities

The activities and responsibilities for each department in support of infrastructure services will vary depending on the type of resource, the length of the warning period, and the duration of the incident.

4.1.1 Emergency Manager

■   Regularly brief the Mayor and Council on developing situation.

■   Collect resource requirement information from all City departments and from the Aurora Rural Fire Protection District.

■   Evaluate the situation and determine whether plan implementation is needed.

■   Assess developing conditions, and evaluate potential impact.

■   Implement curtailment and/or rationing plans.

■   Research sources of needed resources.

■   Establish and maintain contact with Marion County's Emergency Management Office, and provide updates on conditions.

■   Consider the Emergency Operations Center.

■   Document actions taken and costs incurred.

■   Facilitate post-incident analysis.

4.1.2 City Attorney

■   Review legal requirements for enforcing resource rationing and curtailment.

■   Provide legal advice during plan development.

■ Assist in developing public curtailment and information programs.

■ Provide legal advice to the Incident Commander during plan implementation.

4.1.3 Incident Command

■ Direct applicable City departments to develop any additional curtailment plans for scarce resources, such as the existing Water Management and Conservation Plan.

■ Establish curtailment plan implementation schedule.

■ Staff additional command and general staff positions, as needed.

■ Direct City departments to implement plans upon direction of the City Police Chief.

■ Monitor the effectiveness of curtailment plans, modifying them as needed to meet goals.

4.1.4 Aurora Public Works

■ Keep other City departments abreast of developing conditions.

■ Alert other City departments of potential shortage(s) and corresponding ramifications.

■ Review Aurora Public Works Standard Operating Procedures, as they relate to the developing incident

■ Identify additional sources of scarce resources.

■ Develop a list of industries and facilities that may be particularly vulnerable.

■ Identify segments of the population that would be "at-risk" because of the resource scarcity.

■ Once finalized, assess the situation for alert stages per the City's Water Management and Conservation Plan.

■ Once finalized, implement the City's Water Management and Conservation Plan as necessary.

■ Request assistance, if necessary, through the Marion County Emergency Management Office.

■ Document incident actions and costs incurred.

■ Notify regulating agency(s) as appropriate.

4.1.5 Aurora Rural Fire Protection District

■ Notify district chiefs of the developing situation.

■ Assess the Districts' minimum resource needs to maintain operations.

■ Evaluate potential safety issues and make recommendations to Planning Section Chief.

4.1.6 Aurora Police Department

■ Alert personnel of developing conditions

■ Develop and implement a department curtailment plan.

■ Assess the department's minimum resource needs to maintain operations.

■ Evaluate potential security and safety issues and make recommendations to Planning Section Chief.

■ Assist in enforcing curtailment and rationing plan violations as authorized by Ordinance.

■ Assist other responding agencies as requested.

5   Concept of Operations

All activities and resources in support of infrastructure services will be coordinated by the City EOC and managed using the Incident Command System. The Aurora Public Works Department is the lead agency for infrastructure operations and solid waste (debris) management.

Aurora Public Works will focus on restoring vital lifeline systems to the community, with an emphasis on critical roads. Aurora Public Works will also place emphasis on supporting law enforcement, fire, and search and rescue with evacuation and traffic control capabilities. Other operational priorities include:

■ Damage assessment

■ Stabilization of damaged public and private structures to facilitate search and rescue and/or protect the public's health and safety

■ Identification and labeling of uninhabitable/unsafe structures

■ Coordination of the closure and repair of transportation infrastructure

- Repair and restoration of damaged public systems (e.g., water, wastewater, and stormwater systems)

- Coordination with utility restoration operations (power, gas, telecommunications)

- Prioritization of efforts to restore, repair, and mitigate City and County-owned infrastructure

Aurora Public Works will use local contractors to supplement its emergency response capabilities, escalating unmet needs through the County EOC and/or mutual aid partners. The Marion County Department of Public Works Environmental Services division will address larger debris management issues for the County.

6   Supporting Plans and Procedures

None at this time.

7   Appendices

None at this time.

4

FA 4 – Recovery Strategy

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1   Introduction

Local, county, and the Federal government are responsible for assisting the public and private sector in disaster recovery. A widespread disaster may affect the functionality of business, disrupt employment, interrupt government services, and impact tax revenue. Recovery is an emergency management function undertaken during and after an event, along with the response. Expeditious recovery will limit costs, damages and long-term impacts on the community. The purpose of this Recovery Strategy annex is to provide a strategy for the City of Aurora to coordinate its recovery efforts with its partners at the State and Federal level.

In most cases, recovery begins during the event's response phase, when damage is identified and assessed. Damages are classified as being in the private or public sectors. The extent of damages in dollars will determine what, if any, State or Federal assistance may be available during the recovery phase. To request this assistance, a local proclamation of emergency must be made and be communicated to the Governor. Good record keeping and mitigation planning will support recovery efforts and ensure post-emergency compensation.

In addition to assistance available from governments, private non-profit organizations support recoveries. The American Red Cross, Salvation Army, and a long list of volunteer groups are examples of those involved in such efforts. The Governor can also request direct assistance from selected Federal agencies without a formal presidential declaration.

A comprehensive guide to Community Recovery in the State of Oregon can be found at the following internet site:

http://www.oregon.gov/OMD/OEM/fin_rec/disaster_recover_guide.shtml.

2   Local Recovery Process

2.1   Local Emergency Declaration

When the City of Aurora is faced with an emergency or disaster condition that requires a coordinated response beyond that which occurs routinely, and the required response is not achievable solely with the added resources acquired through mutual aid or cooperative assistance agreements, the Mayor (or designee) may decide to declare a local emergency to exist.

A local emergency declaration provides the City of Aurora's officials with the additional authority that may be needed to address emergency conditions; can facilitate large scale evacuations; and, once the appropriate response is beyond the capability of the County, can provide a formal mechanism to request State assistance.

Procedures for declaring a state of emergency are discussed in the Basic Plan of the City of Aurora's Emergency Operations Plan.

2.2   Damage Assessment

Damage assessment is conducted in two phases: initial damage assessment and secondary damage assessment. The initial assessment, a Planning Section responsibility, provides supporting information for the disaster declaration and is the responsibility of the City of Aurora. The secondary damage assessment is an in-depth analysis of long-term effects and costs of the emergency, and is conducted with the combined efforts of local, State, and Federal agencies and the American Red Cross.

2.2.1 Initial Damage Assessment

During an emergency or disaster, local governments conduct a quick initial assessment of damages and impacts, sometimes as part of a request for State or Federal resources to augment local ones. The Aurora Emergency Manager coordinates this assessment and usually assigns some Initial Damage Assessment responsibilities to other departments of local government.

The Initial Damage Assessment examines the damages and costs related to a disaster, the impact of the disaster on the community, and which State, Federal, or volunteer agency programs might be appropriate for providing needed assistance. With respect to Federal assistance, a determination during the Initial Damage Assessment of the extent of affected homes, businesses, and public facilities helps State officials to determine whether they need to follow up with other damage or impact assessments, possibly including a Preliminary Damage Assessment for Individual Assistance, Public Assistance, or both.

As soon as it can be safely conducted during or following the event, local officials should complete the Initial Damage Assessment Summary Report Form. Counties should forward the completed form to Oregon Emergency Management (OEM). All smaller divisions of government, such as cities or special districts, should forward the form to the county in which they are located.

Table RS-1 outlines the City of Aurora's priorities for damage assessment.

Table RS-1 – City of Aurora Damage Assessment Priorities

Priority #1	Public Safety and Restoration of Vital Services
Emergency Operations	Emergency Operations Center Aurora Rural Fire Protection District Aurora Police Department facilities
Hazardous Industries	Hazardous occupancy industry Natural gas pipelines Electrical power stations and other like facilities
Utilities & Transportation Infrastructure	Sanitary sewer Storm and water lines Bridges and overpasses (may be under Oregon Department of Transportation Center's jurisdiction)
Medical Facilities	Mass care and shelter facilities Medical clinics
Other Vital Public Services	Schools and other public facilities Food suppliers Other major businesses
Note: Each facility should be analyzed on structural integrity, safety, functional capability, and estimated costs to repair or replace.	
Priority #2	**Assessment of Damage to Support Emergency or Major State or Emergency Declaration**
	Multi-family complexes Single-family residences Other businesses

2.2.2 Secondary Damage Assessment

The initial damage assessment should provide the basis for subsequent assessment activities. Secondary Damage Assessments most often occur during the recovery phase after initial response activities have taken place. Finance Section personnel should be able to perform the tasks outlined below.

■ Identify damaged facilities and lead State and Federal damage assessment teams to them.

■ Document expenditures in response to events for which a declaration has been requested. The State of Oregon standard for cost estimating is contained in the State Forestry Fire Plan. If the City of Aurora can document actual costs, these should be used to develop accurate cost estimates.

■ In the event that the Finance Section is not staffed, the City Recorder (or designee) will coordinate this activity.

The City of Aurora Department of Public Works will provide personnel to lead damage assessment teams. Volunteers may be trained and can be expected to lead damage assessment teams for Priority #2 Initial Damage Assessments. Additional support may be available from the County.

3   Local Request for State Assistance

If an emergency has occurred wholly within the boundaries of the City of Aurora, the request for assistance from the State must be submitted to Marion County for transmittal to OEM for consideration by the Governor. The state has a reasonable expectation that counties will endeavor to assist cities within their jurisdictions before turning to the State and/or Federal government for assistance.

Requests for assistance submitted to Marion County Emergency Management Office for transmittal to the State must include:

- ■ The type of emergency or disaster

- ■ The location(s) affected

- ■ Deaths, injuries, and population still at risk

- ■ The current emergency conditions or threat

- ■ An initial estimate of the damage and impacts

- ■ Actions taken and resources committed by local governments

- ■ Specific information about the assistance being requested

4   County and Federal Recovery Efforts

Community recovery assistance from the County and Federal levels comes in the form of activation of ESF #14, Long-Term Community Recovery. This support function provides a mechanism for coordinating Federal support to State, tribal, regional, and local governments; Non-Governmental Organizations ; and the private sector to enable community recovery from the long-term consequences of extraordinary disasters. ESF #14 accomplishes this by identifying and facilitating availability and use of sources of recovery funding, and providing technical assistance for community recovery and recovery planning support. For information regarding Marion County recovery procedures, refer to ESF #14 in the Marion County Emergency Operations Plan. For information on the federal level, ESF #14 can be found at http://www.fema.gov/pdf/emergency/nrf/nrf-esf-14.pdf.

5   Debris Management

A Debris Management Plan defines the roles, responsibilities, and procedures and provides guidance for development and implementation of all elements involved

in managing debris removal operations in the response and recovery phases of a disaster. A Debris Management Plan has been developed for OEM Region 1, which includes Marion County. In addition to identification of potential hazards, identification of types/quantities of debris were indicated, as well as aid agreements between jurisdictions and service providers. Identification of potential sites for storage and disposal of debris were also identified within this plan.

6   Individual Assistance Programs

Individual Assistance programs strive to meet the disaster-related needs of individuals and families while utilizing disaster assistance resources as efficiently as possible. Disaster recovery officials especially strive to avoid duplication of benefits. Efficient use of recovery resources is also aided by providing assistance through a sequence of programs. Those with serious unmet disaster-related needs proceed through each step until all avenues, public and private, have been explored to meet those needs.

The following compendium identifies typical individual assistance programs that may be available following an emergency or disaster.

Typical Individual Assistance Programs
HUMANITARIAN SERVICE GROUPS (e.g., American Red Cross, Church Groups, Voluntary Organizations, Community Service Groups) **Funded by:** Agency or group **Administered by:** Agency or group at temporary or permanent locations **Details:** These services can be requested by individuals or by local or State officials. Services provided include immediate emergency aid, such as clothing, food, medical assistance, shelter, cleanup help, transportation, furniture, and medical supplies.
EMERGENCY FOOD STAMP PROGRAM **Funded by:** Food and Nutrition Services (USDA) **Administered by:** State Department of Social and Health Services **Details:** Provides food coupons to qualified disaster victims. Requires a request to the USDA by the Department of Social Services, based on request to Department of Social and Health Services by State Emergency Management in coordination with local Emergency Management.

Typical Individual Assistance Programs
INSURANCE ASSISTANCE **Administered by:** American Insurance Association, Federal Emergency Management Agency, and National Flood Insurance Program **Details:** Provide counseling on insurance problems or questions.
CONSUMER PROTECTION **Administered by: State Attorney General's Office** **Details:** Provides counseling on consumer problems, such as: non-availability of products and services needed for reconstruction; price gouging; and disreputable business concerns and practices. May involve coordination with the Insurance Commissioner and/or legal counsel.
CRISIS COUNSELING **Administered by:** Marion County Health Department **Details:** Available only after a special request by the Governor and approved by FEMA. Provides referral services and short-term counseling for mental health problems caused or aggravated by a disaster.
INDIVIDUAL AND FAMILY GRANT PROGRAM **Funded by:** 75% Federal, 25% State **Administered by:** State Emergency Management Intended to provide assistance to individuals and families to permit them to meet disaster-related necessary expenses and serious needs for which other assistance is either unavailable or inadequate. It is not intended as a replacement for an insurance program.
TEMPORARY HOUSING PROGRAM **Funded by:** 100% Federal **Administered by:** Federal Emergency Management Agency **Details:** Provides financial assistance or government-owned dwellings, if available, for those whose primary residences are uninhabitable due to a disaster.

Typical Individual Assistance Programs
DISASTER LOANS **Funded by:** U.S. Small Business Administration **Administered by:** U.S. Small Business Administration **Physical Disaster Loans -** Low-interest loans to individuals for repair, replacement, or rehabilitation of owner-occupied primary residences or personal property loss for renters. **Business Loans (Physical Disaster Loans) -** Low-interest loans to businesses for repair, replacement, or rehabilitation of disaster-damaged property. Economic Injury Disaster Loans. For businesses suffering economic loss as a result of a single sudden physical event of catastrophic nature. Small Business Administration's maximum loan is up to $500,000. Funds can be used for indebtedness and operating expenses.
EMERGENCY LOANS, FARMERS HOME ADMINISTRATION **Administered by:** U.S. Department of Agriculture **Details:** Low-interest loans to farmers, ranchers, and agricultural operators (either tenant-operator or owner-operator) for physical and production losses. Loans may also be used to repair or replace farm property and supplies, or for repayment of farm operating debts incurred during the disaster year. Loans may also be available if approved by the USDA following a governor's request
DISASTER UNEMPLOYMENT ASSISTANCE **Funded by:** Federal Emergency Management Agency **Administered by:** U.S. Department of Labor through the State Employment Security Department **Details:** Provides weekly benefit payments to those out of work due to a disaster, including self-employed persons, farm workers, farm and ranch owners, and others not normally covered under regular unemployment insurance programs.

Typical Individual Assistance Programs
TAX ASSISTANCE **Administered by:** Internal Revenue Service and Tax Information for Indian Tribal Governments **Details:** Provides counseling and assistance in the form of income tax rebates to disaster victims who file income tax returns during the year of the disaster or during any of the three previous years. These earlier returns may be amended to receive an immediate tax rebate for non-insured casualty losses to homes, personal property, businesses, or farming/ranching operations. Benefits may also result from filing amended state income tax returns.
SOCIAL SECURITY BENEFITS **Funded by:** Social Security Administration **Administered by:** Social Security Administration **Details:** Assistance to annuitants with address changes and expedited check delivery. Assistance in applying for disability, death, survivor benefits, and Social Security Insurance payments.
VETERAN'S BENEFITS **Funded by:** Veterans Administration **Administered by:** Veterans Administration **Details:** Assistance in applying for VA death benefits, pensions, insurance settlements, and adjustments to VA insured home mortgages. VA representatives will also record address changes, if necessary.
LEGAL SERVICES **Administered by:** Federal Emergency Management Agency **Details:** Free legal counseling to low-income persons for disaster-related problems. May include replacing legal documents, transferring titles, contracting problems, will probates, and insurance problems.

7 Disaster Recovery Centers

Local, State, and Federal entities will perform the tasks outlined below.

- If individual assistance is authorized, establish a local disaster recovery assistance center to assist qualified citizens with filing claims for financial or housing assistance.

- If public assistance is authorized, dispatch assessors to develop, in coordination with local representatives, disaster survey reports for public damage and response costs.

- Provide technical assistance and advice regarding recovery and mitigation activities to both citizens and public agencies, as appropriate.

- Coordinate public information and assistance activities with the Emergency Operations Center Public Information Officer, and keep local authorities informed of assistance provided to local residents, businesses, and local entities

- Identify and coordinate with state and federal agencies regarding a location for the Disaster Recovery Center.

8 Appendices

- Appendix A   Federal Cost Reimbursement Forms

Appendix A – Federal Cost Reimbursement Forms

The following forms are included in this section:

- Contract Summary Record

- Force Account Equipment Record

- Force Account Labor Record

- Force Account Materials Summary Record

- Rented Equipment Record

- Employee Payroll Data

- Equipment Inventory Form

Incident Annexes

1

IA 1 – Severe Weather – (including Landslides)

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	Severe Weather Incident Checklist	
Phase of Activity	**Action Items**	**Supplemental Information**
PRE-INCIDENT PHASE	❒ Continue to maintain and revise, as needed, applicable response plans pertaining to severe weather and landslides, including the City Emergency Operations Plan and supporting procedures/plans.	
	❒ Monitor weather and flood reports.	
	❒ Pre-designate evacuation routes and alternate routes for areas vulnerable to landslides or other hazards relating to severe weather.	
	❒ Conduct pre-incident planning for sheltering and evacuation related to severe weather and landslides.	
	▪ Prepare map(s) and scripts for use by local television station(s) during emergency broadcasts. Include release instructions.	
	▪ Prepare radio messages for use by local radio stations during emergency broadcasts. Include release instructions.	
	❒ Have personnel participate in necessary training and exercises, as determined by City Emergency Management in coordination with lead agencies and coordinators.	
	❒ Participate in City and County severe weather and landslide preparedness activities, seeking understanding of interactions with participating agencies in a severe weather scenario.	
	❒ Ensure that emergency contact lists are updated and establish a pre-event duty roster allowing for 24/7 operational support for the City Emergency Operations Center.	
	❒ Ensure that landslide and flood response equipment and personnel inventories are current for the City. Test and maintain response and communications equipment. Keep a stock of necessary response supplies.	
	❒ Inform City and County Emergency Management of any major developments that could adversely affect response operations (e.g., personnel shortages, loss of firefighting equipment, etc.).	
	❒ Work with the count planning department for establishment of appropriate infrastructure protection measures in landslide/flood-prone areas.	
	❒ Provide public safety information and educational programs regarding emergency preparedness and response.	

Severe Weather Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
RESPONSE PHASE	☐ Activate the City Emergency Operations Plan when severe weather and/or landslides incidents pose threats to the city.	
	☐ Activate the appropriate Emergency Operation Centers and establish Incident Command. For larger events that cross multiple jurisdictions, establish a Unified Command. The City and/or County Emergency Operations Centers may be staffed. Staffing levels vary with the complexity and needs of the response. At a minimum, the Incident Commander, all Section Chiefs, the Resource Coordinator, and management support positions will most likely be needed.	*FA 1 of the City EOP*
	☐ Estimate emergency staffing levels and request personnel support.	
	☐ Ensure that action is taken to protect personnel and emergency equipment from possible damage by severe weather, landslides, or floodwaters.	
	☐ Develop work assignments for Incident Command System positions (recurring).	*ICS Form 203: Organization Assignment List*
	☐ Notify supporting agencies as well as the Mayor and City Council.	
	▪ Identify local, County, and regional agencies/entities that may be able to mobilize resources to support local response efforts and Emergency Operation Center staffing.	
	☐ Determine the type, scope, and extent of the incident (recurring). Verify reports and obtain estimates of the area that may be affected. Obtain status of impacts within the City.	*ICS Form 209: Incident Status Summary*
	▪ Notify command staff, support agencies, adjacent jurisdictions, agency leads/coordinators, and liaisons of any situational changes.	
	☐ Develop and initiate shift rotation plans, including briefing of replacements during shift changes.	
	▪ Dedicate time during each shift to preparing for shift change briefings.	*ICS Form 201: Incident Briefing*
	☐ Confirm or establish communications links among local and County Emergency Operations Center's and other Agency Operations Centers. Confirm operable phone numbers and verify functionality of alternate communications resources.	*FA 1 of the City EOP*
	☐ Ensure that all required notifications have been completed. Consider other local, County, and regional agencies/entities that may be affected by the incident. Notify them of the status.	*Established emergency contact lists maintained at the EOC*

Severe Weather Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
	❒ Manage and coordinate interagency functions. Providing multi-agency coordination is the primary goal. Assimilate into a Unified Command structure if the scope of the incident so dictates.	
	❒ Implement local plans and procedures for severe weather, landslide, and/or flood operations. Ensure that copies of all documents are available to response personnel. Implement agency-specific protocols and Specific Operating Procedures.	*Local, agency, and facility-specific SOPs*
	❒ Obtain current and forecasted weather to project potential damage and determine the affected area (recurring).	
	❒ Determine the need to conduct evacuations and sheltering activities (recurring).	*FA1 of the City EOP*
	❒ Determine the need for additional resources, and request as necessary through appropriate channels (recurring).	*FA 1 of the City EOP*
	❒ Submit a request for an emergency/disaster declaration, as applicable.	*Section 1 of the City EOP*
	❒ Activate mutual aid agreements. Activation includes placing backup teams on standby and alerting resource suppliers of both potential and current needs.	
	❒ Coordinate resource access, deployment, and storage in the operational area. Resources to coordinate include equipment, personnel, facilities, supplies, procedures, and communications. Track resources as they are dispatched and/or used.	*ICS Resource Tracking Forms; FA 1 of the City EOP*
	❒ Develop plans and procedures for registering mutual aid and other first responders as they arrive on the scene and receive deployment orders.	
	❒ Establish a Joint Information Center and designate a lead Public Information Officer for the City.	*FA 1 of the City EOP*
	❒ Formulate emergency public information messages and media responses utilizing "one message, many voices" concepts (recurring).	
	❒ Public information will be reviewed by the Incident Commander (or designee). Information will be approved for release by the Incident Commander and Lead Public Information Officer before dissemination to the public.	*FA 1 of the City EOP*
	❒ Record all Emergency Operations Center and individual personnel activities (recurring). All assignments, person(s) responsible, and actions taken should be documented in logbooks.	*EOC Planning Section job action guide*

Phase of Activity	Action Items	Supplemental Information
	❒ Record all incoming and outgoing messages (recurring). All messages, and the names of those sending and receiving them, should be documented as part of the Emergency Operations Center log.	
	❒ Develop situation reports (recurring). At regular intervals, the EOC Director and staff will assemble a situation report.	
	❒ Develop and update the Incident Action Plan(recurring). This document is developed by the Planning Section and approved by the Incident Commander. The Incident Action Plan should be discussed at regular intervals and modified as the situation changes.	*ICS Form 202: Incident Objectives*
	❒ Implement objectives and tasks outlined in the Incident Action Plan (recurring).	
	❒ Coordinate with private sector partners as needed.	
	❒ Ensure that all reports of injuries, deaths, and major equipment damage accrued during response activities are communicated to the Incident Commander and/or the Safety Officer.	
RECOVERY/DEMOBILIZATION PHASE	❒ Ensure an orderly demobilization of emergency operations in accordance with current demobilization plans.	
	❒ Once the threat to public safety is eliminated, conduct cleanup and recovery operations.	
	❒ Activate, if necessary, the appropriate recovery strategies, continuity of operations plans, and/or continuity of government plans.	*FA 1 of the City EOP*
	❒ Release mutual aid resources as soon as possible.	
	❒ Conduct a post-event debriefing to identify success stories, opportunities for improvement, and development of the After Action Report/Improvement Plan.	
	❒ Deactivate/demobilize the Emergency Operations Center, Agency Operations Center, and command posts.	
	❒ Correct response deficiencies reflected in the Improvement Plan.	
	❒ Revise any applicable emergency response plans based on the success stories and/or lessons learned during the response.	
	❒ Submit valuable success stories and/or lessons learned to the Lessons Learned Information Sharing website (www.llis.gov)	

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IA 2 – Flood (including Dam Failure)

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Flood Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
PRE-INCIDENT PHASE	❑ Arrange for personnel to participate in necessary training and develop exercises relative to flood events.	
	❑ Coordinate City preparedness activities, seeking understanding of interactions with participating agencies in flooding scenarios.	
	❑ Ensure that emergency contact lists are updated and establish a pre-event duty roster allowing for 24/7 operational support to the City Emergency Operations Center.	
	❑ Contact supporting emergency response agencies to review and determine whether major developments have arisen that could adversely affect response operations (e.g., personnel shortages, loss of equipment, etc.).	
	❑ Annually review and update the EOP and Standard Operating Procedures, as needed.	*City EOP, Annexes, and agency-specific SOPs*
	❑ Review flood prone areas.	
	❑ Familiarize staff with requirements for requesting State and Federal Disaster Assistance.	*Stafford Act, FEMA guidance, and Oregon EMP*
	❑ Ensure that supplies, such as communications devices and sandbags, are prepared and ready for use. This includes primary and alternate communications and warning systems.	*FA 1 of the City EOP*
	❑ Identify and review local contractor lists to see who may provide support specific to flood response.	
	❑ Review, revise, and, where necessary, establish mutual aid agreements with other City agencies and private contractors relative to multiple agency response to floods.	
RESPONSE PHASE	❑ The City Recorder will provide overall guidance for the deployment of resources.	
	❑ Activate mutual aid agreements.	
	❑ Activate the City Emergency Operations Center and implement appropriate staffing plans. Contact appropriate private partners to assign liaisons to the Emergency Operations Center for coordination of specific response activities.	*City Basic Plan, agency and company-specific plans*
	❑ Estimate emergency staffing levels and request personnel support, including specialized staff such as engineers, building inspectors, heavy equipment operators, and/or environmental remediation contractors.	
	❑ Develop and initiate shift rotation plans, including briefing of replacements during shift changes.	*SOPs and command structure for City EOC*

Flood Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
	❑ Submit request for disaster/emergency declaration, as applicable.	*City Basic Plan*
	❑ Coordinate the evacuation of the affected area, if necessary. Assign appropriate agency liaisons to the City Emergency Operations Center, as the situation requires.	*FA 1 of the City EOP*
	❑ Support Search and Rescue operations by coordinating resource requests outside of the jurisdiction.	*FA 1 of the City EOP*
	❑ Request the American Red Cross to activate sheltering plans and open/staff shelters, if needed.	*American Red Cross Shelter Plans*
	❑ Establish a Joint Information Center. ❑ Formulate emergency public information messages and media responses using "one voice, one message" concepts.	*FA 1 of the City EOP*
	❑ Record all Emergency Operations Center activities, completion of personnel tasks, incoming and outgoing messages, and the names of those sending and receiving them. ❑ These should be documented in Emergency Operation Center logbooks.	*Existing ICS and EOC forms*
	❑ Begin damage assessments in coordination with the Public Works Department and County/local government.	*FA 3 of the City EOP*
	❑ Assist with in coordinating Public Works activities, such as debris removal from: ▪ Storm Drains ▪ Bridge viaducts ▪ Main arterial routes ▪ Public rights-of-way ▪ Dams (via established liaisons at the Marion County Emergency Operations Center) ▪ Other structures, as needed	*FA 3 of the City EOP*
	❑ Contact local contractors for support, if necessary. Establish contact with private sector partners and/or dam operators (if the flood is associated with dam failure or malfunction).	*Existing contact lists at EOC*
	❑ Coordinate with City Police Departments, County Sheriff's Office, and other local police departments to provide law enforcement to affected areas (curfew enforcement, road closures, security, etc.).	*FA 1 of the City EOP*
	❑ Collect and chronologically file records and bills generated during the incident in order to ensure timely submittal of documents for reimbursement.	

	Flood Incident Checklist	
Phase of Activity	**Action Items**	**Supplemental Information**
RECOVERY PHASE	❑ Monitor secondary hazards associated with floods (landslides, contamination, damage to bridges/roads, impacts to utility lines/facilities) and maintain on-call personnel to support potential response to these types of hazards.	
	❑ Deactivate/demobilize the City Emergency Operations Center. Deactivate mutual aid resources as soon as possible.	*FA 1 of the City EOP*
	❑ Activate and implement applicable mitigation plans, community recovery procedures, and continuity of operations/government plans until normal daily operations can be completely restored.	*FA 1 of the City EOP and agency-specific recovery plans*
	❑ Implement revisions to the City EOP and supporting documents based on lessons learned and best practices adopted during response.	
	❑ Offer recommendations to city government and Public Works departments for changes in planning, zoning, and building code ordinances.	
	❑ Participate in After Action Reports and critiques. Submit valuable success stories and/or lessons learned to the Lessons Learned Information Sharing website (www.llis.gov).	

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IA 3 – Major Fire/Wildfire

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Major Fire Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
PRE-INCIDENT PHASE	❑ Arrange for personnel to participate in necessary training and exercises, as determined by City Emergency Management and Aurora Rural Fire Protection District.	
	❑ Participate in City preparedness activities, seeking understanding of interactions with participating agencies in a major fire scenario.	
	❑ Ensure that emergency contact lists are current and establish a pre-event duty roster allowing for 24/7 operational support to the City Emergency Operations Center.	
	❑ Inform City Emergency Management of any major developments that could adversely affect response operations (e.g., personnel shortages, loss of firefighting equipment, etc.).	
RESPONSE PHASE	❑ Activate the City Emergency Operations Center and establish Incident Command or Unified Command, as appropriate. Staffing levels vary with the complexity and needs of the response. At a minimum, the Incident Commander, all Section Chiefs, the Resource Coordinator and management support positions will be included.	*Section 5 of the City EOP, agency and company-specific plans*
	❑ Estimate emergency staffing levels and request personnel support.	
	❑ Develop work assignments for Incident Command System positions (*recurring).*	*ICS Form 203-Organization Assignment List*
	❑ Notify supporting fire services agencies.	*FA 1 of the City EOP*
	❑ Identify local, regional, and/or State agencies that may be able to mobilize resources and staff to the City Emergency Operations Center for support.	
	❑ Determine the scope and extent of the fire (*recurring).* Verify reports and obtain estimates of the area that may be affected.	*ICS Form 209-Incident Status Summary*
	❑ Notify command staff, support agencies, adjacent jurisdictions, coordinators, and/or liaisons of any situational changes.	
	❑ Develop and initiate shift rotation plans, including briefing of replacements during shift changes.	
	❑ Dedicate time during each shift to prepare for shift change briefings.	*ICS Form 201-Incident Briefing.*
	❑ Confirm or establish communications links among City Emergency Operations Center, County Emergency Operations Center, and other Agency Operations Centers, as applicable. Confirm operable phone numbers and verify functionality of alternative communication equipment/channels.	*FA 1 of the City EOP*

	Major Fire Incident Checklist	
Phase of Activity	**Action Items**	**Supplemental Information**
	❑ Ensure that all required notifications have been completed. Consider other local, County, regional, State, and Federal agencies that may be affected by the incident. Notify them of the status.	*FA 1 of the City EOP; Established emergency contact lists at the City EOC*
	❑ The Fire Chief assumes duties to direct resources for fires within the City. In the event of multiple fire agencies responding to the incident, the Fire Defense Board Chief, acting as the Fire Services Coordinator, will be integrated into the Operations Section of the City Emergency Operations Center.	*FA 1 of the City EOP*
	❑ Manage and coordinate interagency functions. Providing multi-agency coordination is the primary goal. Assimilate into a Unified Command structure if scope of response increases.	
	❑ Implement local plans and procedures for fire operations. Ensure that copies of these documents are available to response personnel. Implement agency-specific protocols and Standard Operating Procedures.	*Agency-specific SOPs*
	❑ Obtain current and forecasted weather to project potential spread of the fire (*recurring*).	
	❑ Determine the need to conduct evacuations and sheltering activities (*recurring*).	*FA 1 of the City EOP*
	❑ Determine the need for additional resources and request as necessary through appropriate channels (*recurring*).	*FA 1 of the City EOP*
	❑ Submit request for a local or countywide disaster/emergency declaration, as applicable.	*Section 1.4.2 of City EOP*
	❑ Activate mutual aid agreements. Activation includes placing backup teams on standby and alerting resource suppliers with potential needs as well as current needs.	
	❑ Coordinate resource access, deployment, and storage in the operational area. Resources to coordinate include equipment, personnel, facilities, supplies, procedures, and communications. Track resources as they are dispatched and/or used.	*ICS Resource Tracking Forms; FA 1 of the City EOP*
	❑ Develop plans and procedures for registration of task fire forces/strike teams as they arrive on scene and receive deployment orders.	
	❑ Establish a Joint Information Center.	*FA 1 of the City EOP*
	❑ Formulate emergency public information messages and media responses utilizing "one message, many voices" concepts (*recurring*).	
	❑ Public information focusing on fire prevention, control, and suppression will be reviewed by the Fire Chief (or designee). Information will be approved for release by the Incident	*FA 1 of the City EOP*

Major Fire Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
	Commander and Lead Public Information Officer prior to dissemination to the public.	
	❑ Record all Emergency Operations Center and individual personnel activities (*recurring*). All assignments, person(s) responsible, and actions taken should be documented in logbooks.	*EOC Planning Section job action guide*
	❑ Record all incoming and outgoing messages (*recurring*). All messages, and the names of those sending and receiving them, should be documented as part of the Emergency Operations Center log.	
	❑ Produce situation reports (*recurring*). At regular periodic intervals, the Emergency Operations Center Director and staff will assemble a Situation Report.	
	❑ Develop an Incident Action Plan (*recurring*). This document is developed by the Planning Section and approved by the Incident Commander. The Incident Action Plan should be discussed at regular periodic intervals and modified as the situation changes.	*ICS Form 202 – Incident Objectives*
	❑ Implement objectives and tasks outlined in the Incident Action Plan (*recurring*).	
	❑ Coordinate with the private sector partners as needed.	
RECOVERY/ DEMOBILIZATION	❑ Ensure that all reports of injuries, deaths, and major equipment damage due to fire response are communicated to the Incident Commander and/or Safety Officer.	
	❑ Ensure an orderly demobilization of emergency operations in accordance with current demobilization plans.	
	❑ Release mutual aid resources as soon as possible.	
	❑ Activate and implement applicable mitigation plans, community recovery procedures, and continuity of operations/government plans until normal daily operations can be completely restored.	*FA 1 of the City EOP; Agency recovery plans*
	❑ Conduct post-event debriefing to identify success stories, opportunities for improvement, and development of the After Action Report/Improvement Plan.	
	❑ Deactivate/demobilize the City Emergency Operations Center.	*FA 1 of the City EOP*
	❑ Implement revisions to the City Emergency Operations Plan and supporting documents based on lessons learned and best practices adopted during response.	
	❑ Correct response deficiencies reflected in the Improvement Plan.	
	❑ Submit valuable success stories and/or lessons learned to the Lessons Learned Information Sharing website (www.llis.gov)	

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IA 4 – Hazardous Materials (Accidental Release)

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Hazardous Materials Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
PRE-INCIDENT PHASE	❑ Have personnel participate in necessary training and exercises, as determined by City Emergency Management, Aurora Rural Fire Protection District and the Marion County ESF-10 Lead.	
	❑ Participate in City and County preparedness activities, seeking understanding of interactions with participating agencies in HazMat scenarios.	
	❑ Ensure that emergency contacts lists are updated and establish a pre-event duty roster allowing for 24/7 operational support for the City Emergency Operations Center.	
	❑ Inform City Emergency Management of any major developments that could adversely affect response operations (e.g., personnel shortages, loss of equipment, etc.).	
RESPONSE PHASE	❑ In most incidents, the local fire district will initially respond, assume initial Incident Commander responsibilities, and request activation/deployment of the HazMat Team.	*FA 1 of the City EOP*
	❑ Determine the type, scope, and extent of the HazMat incident (*recurring).* Verify reports and obtain estimates of the area that may be affected.	*ICS Form 209: Incident Status Summary*
	▪ Notify 9-1-1-dispatch, support agencies, adjacent jurisdictions, City IA coordinators, and liaisons of the situation.	
	▪ Assess the type, severity, and size of the incident. If possible, characterize the hazardous material(s) of concern and determine appropriate personal protection equipment requirements.	
	▪ Ensure that a health and safety plan is developed by the designated Safety Officer, including monitoring first responders in accordance with all applicable guidance.	
	❑ Provide support for implementation of applicable Geographic Response Plans established by the Oregon Department of Environmental Quality to guide activities throughout the duration of the incident.	*Northwest Area Contingency Plan (NWACP)*
	❑ Ensure that proper containment methods have been implemented by the first responders until HazMat response teams arrive.	
	❑ Establish access control to the incident site through local law enforcement agencies.	
	❑ If the situation warrants, request activation of the City or County Emergency Operations Center via the Incident Commander through the City Manager.	*FA 1 of the City EOP*

Hazardous Materials Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
RESPONSE PHASE	❑ Activate the City Emergency Operations Plan, coordinate response activities among Agency Operations Centers and Incident Command Posts, and establish an Incident Commander or Unified Command as appropriate. Staffing levels vary with the complexity and needs of the response. At a minimum, the Incident Commander, all Section Chiefs, the Resource Coordinator, and management support positions may be necessary.	*FA 1 of the City EOP*
	❑ If applicable, establish immediate gross decontamination capability for victims.	
	❑ Estimate emergency staffing levels and request personnel support.	
	❑ Develop work assignments for Incident Command System positions (*recurring*).	
	❑ Notify HazMat supporting agencies.	*FA 1 of the City EOP*
	▪ Identify local, regional, and/or State agencies that may be able to mobilize resources to the City Emergency Operations Center for support.	
	❑ Contact the Oregon Emergency Response System at 1-800-452-0311 for technical assistance and support in requesting the regional HazMat Team. *Note: The primary regional HazMat response team is located in Salem.*	*OERS is available 24 hours a day.*
	❑ Assign liaisons to the City Emergency Operations Center representing government agencies, private entities (e.g, railroad companies, chemical manufacturers, etc.), and other stakeholders.	
	❑ Develop and initiate shift rotation plans, including briefing of replacements during shift changes.	
	▪ Dedicate time during each shift to prepare for shift change briefings.	*ICS Form 201: Incident Briefing.*
	❑ Confirm or establish communications links among primary and support agencies, the City Emergency Operations Center, County Emergency Operations Center, and the State Emergency Coordination Center. Confirm operable phone numbers and backup communication links.	*FA 1 of the City EOP*
	❑ Ensure that all required notifications have been completed. Consider other local, State, and Federal agencies that may be affected by the incident. Notify them of the status.	*FA 1 of the City EOP; established emergency contact lists maintained at the City EOC*

Phase of Activity	Action Items	Supplemental Information
	▪ For incidents occurring on State highways, ensure that the Oregon Department of Transportation has been notified.	
	▪ Contact appropriate key stakeholders and partners if the incident poses an actual or potential threat to State parks, recreational areas, historical sites, environmentally sensitive areas, tourist routes, or other designated areas.	
	▪ If agricultural areas and livestock are potentially exposed or impacted, notify local extension services (Oregon State University), Oregon Department of Agriculture, ODA, and the State Veterinarian.	*ESF 11 Annex of the Marion County EOP*
	❑ A lead Public Information Officer will be designated by the City Recorder. The Public Information Officer will issue information individually or through the Joint Information Center, if established, in coordination with appropriate local, regional, and State agencies.	*FA 1 of the City EOP*
	❑ Manage and coordinate interagency functions. Providing multi-agency coordination is the primary goal. Assimilate into a Unified Command structure as dictated by incident.	
	❑ Implement local plans and procedures for HazMat operations. Implement agency-specific protocols and Standard Operating Procedures. Ensure that copies of all documents are available to response personnel.	*FA 1 of the City EOP*
	▪ For responses requiring assistance from the Oregon Department of Environmental Quality Regional Response Team, refer to the Geographic Response Plan applicable to the incident site and support procedures according to the Northwest Area Contingency Plan.	
	❑ Obtain current and forecasted weather to project potential spread of the plume (*recurring*).	*FA 1 of the City EOP*
	❑ Based upon the incident's size, type of chemical/substance, and weather projections, establish a safe zone and determine a location for an on-site staging and decontamination. Re-evaluate as the situation changes.	
	❑ Determine the need for implementing evacuation and sheltering activities (*recurring*).	*FA 1 of the City EOP*
	❑ Establish a victim decontamination and treatment area(s).	
	❑ Determine the need for additional resources and request as necessary through appropriate channels (*recurring*).	*FA 1 of the City EOP*
	❑ Submit a request for emergency/disaster declaration, as applicable.	*Section 1.4.2 of the City EOP*

Phase of Activity	Action Items	Supplemental Information
	❑ Activate mutual aid agreements. Activation includes placing backup teams on standby and alerting resource suppliers of both potential and current needs.	
	❑ Coordinate resource access, deployment, and storage in the operational area. Resources to coordinate include equipment, personnel, facilities, supplies, procedures, and communications. Track resources as they are dispatched and/or used.	*ICS Resource Tracking Forms* *FA 1 of the City EOP*
	❑ Develop plans and procedures for registering regional HazMat teams as they arrive on the scene and receive deployment orders.	
	❑ Establish the Joint Information Center, as needed.	*FA 1 of the City EOP*
	❑ Formulate emergency public information messages and media responses using "one message, many voices" concepts *(recurring)*.	*FA 1 of the City EOP*
	▪ Public information will be reviewed and approved for release by the Incident Commander and the lead Public Information Officer before dissemination to the public and/or media partners.	
	❑ Record all Emergency Operations Center and individual personnel activities *(recurring)*. All assignments, person(s) responsible, and significant actions taken should be documented in logbooks.	*EOC Planning Section job action guide*
	❑ Record all incoming and outgoing messages *(recurring)*. All messages and names of those sending and receiving them should be documented as part of the Emergency Operations Center log.	
	❑ Develop and deliver situation reports *(recurring)*. At regular intervals the Incident Commander/Emergency Operations Center Director and staff will assemble a Situation Report.	
	❑ Develop an Incident Action Plan *(recurring)*. This document is developed by the Planning Section and approved by the Incident Commander. The Incident Action Plan should be discussed at regular intervals and modified as the situation changes.	*ICS Form 202: Incident Objectives*
	❑ Implement objectives and tasks outlined in the Incident Action Plan *(recurring)*.	
	❑ Coordinate with private sector partners, as needed.	
	❑ Ensure that all reports of injuries, deaths, and major equipment damage due to HazMat incidents are communicated to the Incident Commander and/or Safety Officer.	

Phase of Activity	Action Items	Supplemental Information
Hazardous Materials Incident Checklist		
	❑ As applicable, clean-up activities will most likely be conducted by private contractors and coordinated among the City Emergency Operations Center, the responsible party (if known), and the Oregon Department of Environmental Quality.	
RECOVERY/ DEMOBI-LIZATION PHASE	❑ Ensure an orderly demobilization of emergency operations in accordance with current demobilization plans.	*FA 1 of the City EOP*
	❑ Consider long-term environmental decontamination and remediation needs and coordinate tasks with the appropriate State agencies and/or private sector partners.	
	❑ Release mutual aid resources as soon as possible.	
	❑ Conduct a post-event debriefing to identify success stories, opportunities for improvement, and development of the After Action Report/Improvement Plan.	
	❑ Deactivate/demobilize the City Emergency Operations Center.	
	❑ Correct response deficiencies reflected in the Improvement Plan.	
	❑ Submit valuable success stories and/or lessons learned to the Lessons Learned Information Sharing website (www.llis.gov)	

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IA 5 – Terrorism

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Background Information

This annex can be applied to incidents involving Weapons of Mass Destruction and Chemical, Biological, Radiological, Nuclear and Explosive materials.

Law enforcement agencies will normally take the lead role in crisis management. The City Police department has the lead role in terrorism crisis management within the city, and the County Sheriff's Office elsewhere in the county. The lead agencies for the State and Federal government are Oregon State Police and the Federal Bureau of Investigations.

The laws of the United States assign primary authority to State and local governments to respond to the consequences of terrorism; the Federal government provides assistance as required. The City and County Emergency Operations Centers typically will be activated and have the lead role in terrorism consequence management for most types of terrorist incidents, but the County Health Department will be assigned the lead local role in terrorism consequence management for incidents involving biological agents. The Oregon Office of Emergency Management and Federal Emergency Management Agency are the State and Federal consequence management leads.

Definitions for crisis management and consequence management can be found in Appendix G of this Emergency Operations Plan.

Terrorism Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
PRE-INCIDENT PHASE	❑ Continue to maintain and revise, as needed, the appropriate emergency response plans relating to Terrorism response, including the City Emergency Operations Plan and annexes.	
	❑ Have personnel participate in necessary training and exercises, as determined by City Emergency Management.	
	❑ Participate in City, County, regional, State, and Federal terrorism preparedness activities, seeking understanding of interactions with participating agencies in a terrorism scenario.	
	❑ Ensure that emergency contact lists are updated and establish a pre-event duty roster allowing for 24/7 operational support for the City Emergency Operations Center. Include appropriate regional, State, and Federal emergency contacts for terrorism response.	*Existing emergency contact lists*
	❑ Ensure that terrorism response equipment and personnel inventories for the City and for the regional teams are updated. This includes response to chemical, biological, radiological, nuclear, and explosive agents. Test and maintain response and communications equipment. Keep a stock of necessary supplies.	
	❑ Inform City Emergency Management of any major developments that could adversely affect response operations (e.g., personnel shortages, loss of firefighting equipment, etc.).	

Terrorism Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
	❑ Provide public safety information and educational programs for terrorism emergency preparedness and response.	
SURVEILLANCE PHASE (BIO ONLY)	❑ Activate Incident/Unified Command upon recommendation from the City Police Department. The Unified Command may consist of County, regional, State, and Federal crisis management and consequence management agencies.	
	❑ Mobilize appropriate emergency personnel and first responders. When necessary, send fire, HazMat, law enforcement, public health, and others to the site. Determine responder activities and establish non-contaminated areas prior to mobilizing resources.	
	❑ Evaluate the safety of emergency personnel. Initiate development of site- and agent-specific health and safety plan.	
	❑ Assess the situation/confirm the WMD/CBRNE incident. Gather all available data regarding the status of the incident. Record the information using established forms, log sheets, and templates. Use of standard Incident Command System forms may be necessary.	*ICS Form 209: Incident Status Summary*
	❑ Activate public notification procedures. Contact agency and partner emergency personnel to ensure that they are aware of the incident status and are available and staffed to respond.	
	❑ Control the scene. Alert the public and consider shelter-in-place needs, relocation of people/animals, and special needs. This task should be coordinated with law enforcement.	
	❑ Conduct hazard assessment. In the case of a possible intentional release, begin addressing information needs for criminal investigation. For example, what is the ultimate purpose of the biological release? What is the target? Do further hazards and secondary threats exist? What is the source of release?	
	❑ Draft an Incident Action Plan. Outline response goals and timelines and prepare for longer term (1–7 day) logistics, staffing, and operations.	
	❑ Maintain communication between field response crews, local/County Emergency Operations Centers, Regional Operations Centers, and State Emergency Coordination Center, as applicable. Communication should be ongoing throughout the duration of the response and include incident status reports, resource requests, and projected staffing and equipment needs.	
	❑ Gather additional information. Include photographs and video recording.	
	❑ Determine whether the threat level for affected areas should be elevated and inform appropriate agencies.	
	❑ Determine if any advisories should be issued to the public.	

Terrorism Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
RESPONSE PHASE	❑ If an explosive device is found, clear the immediate area and notify appropriate first responders. Be cognizant of any secondary devices that may be on site.	
	▪ Be cognizant of any secondary devices that may be on site.	
	▪ Be cognizant that chemical, biological, radiological, nuclear or explosive agents may be present.	
	❑ Investigate the crime scene and collect vital evidence.	
	❑ Activate the City Emergency Operations Plan.	
	❑ Activate the appropriate Emergency Operations Centers and establish Incident Command. For larger events that cross multiple jurisdictions, establish a Unified Command. During terrorism incidents, local and/or County Emergency Operations Centers may be staffed. Staffing levels vary with the complexity and needs of the response. At a minimum, the Incident Commander, all Section Chiefs, the Resource Coordinator, and management support positions will most likely be needed.	
	❑ Estimate emergency staffing levels and request personnel support.	
	❑ Develop work assignments for Incident Command System positions (*recurring*).	*ICS Form 203: Organization Assignment List*
	▪ Establish an Incident Command Post near the incident location. The Incident Command Post should be located uphill and upwind of the incident location.	
	❑ Notify supporting agencies (dependent on the type of incident) and the City Council.	*FA 1 of the City EOP*
	▪ Identify local, County, regional, and/or State agencies that may be able to mobilize resources to the Emergency Operations Center for support.	
	❑ Determine the type, scope, and extent of the Terrorism incident (*recurring*). Verify reports and obtain estimates of the area that may be affected. Also verify the status of critical infrastructure.	*ICS Form 209: Incident Status Summary*
	▪ Notify the regional HazMat team, public health agencies, support agencies, dispatch centers/public safety answering points adjacent jurisdictions, Federal agencies (including the FBI), and Emergency Support Function leads/coordinators of any situational changes.	
	▪ Verify that the hazard perimeter and hazard zone security have been established.	

**Terrorism Incident Checklist**		
Phase of Activity	**Action Items**	**Supplemental Information**
	▪ Ensure that a health and safety plan is developed by the designated Safety Officer, including health monitoring of first responders in accordance with all applicable guidance.	
	▪ Assess the type, severity, and size of the incident. If possible, characterize the hazardous material(s) of concern and determine appropriate Personal Protection Equipment requirements.	
	❑ Determine whether the threat level for the affected area should be elevated and inform appropriate agencies.	
	❑ Disseminate appropriate warnings to the public.	*FA 1 of the City EOP*
	❑ Develop and initiate shift rotation plans, including briefing of replacements during shift changes.	
	▪ Dedicate time during each shift to preparing for shift change briefings.	*ICS Form 201: Incident Briefing*
	❑ Confirm or establish communications links among primary and support agencies, the City Emergency Operations Center, the County Emergency Operations Center, and State Emergency Coordination Center. Confirm operable phone numbers and backup communication links.	*FA 1 of the City EOP*
	❑ Ensure that all required notifications have been completed. Consider other local, regional, State, and Federal agencies that may be affected by the incident. Notify them of the status.	*Established emergency contact lists maintained at the EOC*
	▪ Notification to the Oregon State Police and the FBI is required for all terrorism incidents.	
	▪ If an incident occurs on State highways, ensure that the Oregon Department of Transportation has been notified.	
	▪ Contact appropriate key stakeholders and partners if the incident poses an actual or potential threat to State parks, recreational areas, historical sites, environmentally sensitive areas, tourist routes, or other designated areas.	
	▪ If agricultural areas and livestock are potentially exposed, contact local Extension Services (Oregon State University), County Health Department, ODA, and the State Veterinarian, as applicable to situation.	*ESF 11 Annex to the Marion County EOP*
	❑ Manage and coordinate interagency functions. Providing multi-agency coordination is the primary goal. Assimilate into a Unified Command structure as dictated by the incident.	

Terrorism Incident Checklist

Phase of Activity	Action Items	Supplemental Information
	❑ Implement local plans and procedures for terrorism operations. Ensure that copies of all documents are available to response personnel. Implement agency-specific protocols and Standard Operating Procedures.	*County Terrorism Response Plan*
	❑ Obtain current and forecasted weather to project potential HazMat vapor plumes (*recurring*). ▪ Note: Vapor plume modeling support may be obtained through regional HazMat teams and/or through State, and/or Federal environmental protection agencies.	*FA 1 of the City EOP*
	❑ Determine the need to implement evacuations and sheltering activities (*recurring*). A determination of the use of shelter-in-place for surrounding residences and public facilities should be made. ▪ Note: Refer to the U.S. Department of Transportation Emergency Response Guidebook to determine the appropriate evacuation distance from the source.	*FA 1 of the City EOP*
	❑ Determine the need for and activate emergency medical services (*recurring*).	*FA 1 of the City EOP*
	❑ Determine the need for additional resources and request as necessary through appropriate channels (*recurring*).	*FA 1 of the City EOP*
	❑ Submit a request for emergency/disaster declaration, as applicable.	*Section 1.4.2 of the City EOP*
	❑ Activate mutual aid agreements. Activation includes placing backup teams on standby and alerting resource suppliers of both potential and current needs.	
	❑ Coordinate resource access, deployment, and storage in the operational area. Resources to coordinate include equipment, personnel, facilities, supplies, procedures, and communications. Track resources as they are dispatched and/or used.	*ICS Resource Tracking Forms*
	❑ Develop plans and procedures for registering regional HazMat or health and medical teams as they arrive on the scene and receive deployment orders.	
	❑ Establish a Joint Information Center.	*FA 1 of the City EOP*
	❑ Formulate emergency public information messages and media responses utilizing "one message, many voices" concepts (*recurring*).	
	▪ Public information will be reviewed and approved for release by the Incident Commander and lead Public Information Officer before dissemination to the public and/or media partners.	*FA 1 of the City EOP*

**Terrorism Incident Checklist**		
Phase of Activity	**Action Items**	**Supplemental Information**
	❑ Record all Emergency Operation Center activity and completion of individual personnel tasks (*recurring).* All assignments, person(s) responsible, and significant actions taken should be documented in logbooks.	*EOC Planning Section job action guide*
	❑ Record all incoming and outgoing messages (*recurring*). All messages, and the names of those sending and receiving them, should be documented as part of the Emergency Operation Center log.	
	❑ Develop and deliver situation reports (*recurring*). At regular intervals, the Emergency Operation Center Director and staff will assemble a situation report.	
	❑ Develop an Incident Action Plan (*recurring*). This document is developed by the Planning Section and approved by the Incident Commander. The Incident Action Plan should be discussed at regular intervals and modified as the situation changes.	*ICS Form 202: Incident Objectives*
	❑ Implement objectives and tasks outlined in the Incident Action Plan (*recurring*).	
	❑ Coordinate with private sector partners, as needed.	
	❑ Ensure that all reports of injuries, deaths, and major equipment damage due to the terrorist incident are communicated to the Incident Commander and/or Safety Officer.	
RECOVERY/ DEMOBILIZATION PHASE	❑ Ensure an orderly demobilization of emergency operations in accordance with current demobilization and community recovery plans.	*FA 1 of the City EOP*
	❑ As applicable, clean-up activities will most likely be conducted by private contractors and coordinated among the City, the responsible party (if known), and the Oregon Department of Environmental Quality. Support from the Environmental Protection agency may be necessary.	
	❑ Activate, if necessary, the appropriate recovery strategies, continuity of operations plans, and/or continuity of government plans.	
	❑ Release mutual aid resources as soon as possible.	
	❑ Conduct a post-event debriefing to identify success stories, opportunities for improvement, and development of the After Action Report/Improvement Plan.	
	❑ Deactivate/demobilize the Emergency Operations Center.	
	❑ Correct response deficiencies reflected in the Improvement Plan.	
	❑ Revise any applicable emergency response plans based on the success stories and/or lessons learned during the response.	

Terrorism Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
	❑ Submit valuable success stories and/or lessons learned to the Lessons Learned Information Sharing website (www.llis.gov)	

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IA 6 – Earthquake/Seismic Activity

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Background Information

NOTE: This annex also includes landslides as a secondary hazard.

An earthquake of 5 or greater on the Richter Scale may or may not cause widespread damage, but it is a situation that would warrant activating the Emergency Operations Center to better coordinate the flow of information and damage assessment.

Initially, the lead agencies for earthquake response will be the Sheriff's Department and the Aurora Rural Fire District. After the initial assessment to determine the extent of damage, injury, and loss of life has been accomplished, the Incident Command System/Operations section lead may transition to the fire service. As emergency response transitions from rescuing casualties to recovery of deceased victims, the Road Department may be expected to assume the role of lead department in the Incident Command System/Operations section for the City's earthquake response. The Road Department efforts in this response and early recovery phase of the disaster are likely to concentrate on reestablishing public infrastructure facilities.

Earthquake/Seismic Activity Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
PRE-INCIDENT PHASE	☐ Continue to maintain and revise, as needed, applicable response plans pertaining to earthquakes, including the County Emergency Operations Plan and supporting procedures and plans.	
	☐ Pre-designate evacuation routes and alternate routes for areas vulnerable to landslides.	*Consider using Marion County Evacuation Maps*
	☐ Conduct pre-incident planning for sheltering and evacuation-related to earthquakes.	*ESF 1 and 6 Annexes to the County EOP*
	– Prepare map(s) and script to be used on local television station(s) for emergency broadcast. Include release instructions.	
	– Prepare radio messaging to be used by local radio stations for emergency broadcast.	
	☐ Have personnel participate in necessary training and exercises, as needed.	
	☐ Participate in earthquake preparedness activities, seeking understanding of interactions with participating agencies in an earthquake scenario.	
	☐ Ensure that emergency contact lists are updated, and establish a pre-event duty roster allowing for 24/7 operational support for the County Emergency Operations Centers.	
	☐ Ensure that available earthquake response equipment and personnel inventories for the city are updated. Test and maintain response and communications equipment. Keep a stock of necessary response supplies.	

Earthquake/Seismic Activity Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
	☐ Inform the City and County Offices of Emergency Management of any major developments that could adversely affect response operations (e.g, personnel shortages, loss of firefighting equipment, etc.).	
	☐ Work with City and County planning departments to establish appropriate infrastructure protection measures in landslide-prone areas.	
	– Implement seismic inspection procedures on a regular basis, and incorporate improvements to structures, while also updating appropriate mitigation plans.	
	☐ Provide public safety information and educational programs regarding emergency preparedness and response.	
RESPONSE PHASE	☐ Activate the County Emergency Operations Plan when earthquake incidents pose threats to City lands or assets.	
	☐ Activate the appropriate Emergency Operations Centers and establish Incident Command. For larger events that cross multiple jurisdictions, establish a Unified Command. The City and/or the County Emergency Operation Centers may be staffed. Staffing levels vary with the complexity and needs of the response. At a minimum, the Incident Commander, all Section Chiefs, the Resource Coordinator, and management support positions will most likely be needed.	
	☐ Estimate emergency staffing levels and request personnel support.	
	☐ Ensure that action is taken to protect personnel and emergency equipment from possible damage by earthquakes and aftershocks.	
	☐ Develop work assignments for Incident Command System positions (*recurring*).	*ICS Form 203: Organization Assignment List*
	☐ Notify supporting agencies.	
	– Identify local, regional, State, and Federal agencies/entities that may be able to mobilize resources to support local response efforts and Emergency Operations Center staffing.	
	☐ Determine the type, scope, and extent of the incident (*recurring*). Verify reports and obtain estimates of the area that may be affected. Obtain status of impacts on City lands/assets.	*ICS Form 209: Incident Status Summary*

	Earthquake/Seismic Activity Checklist	
Phase of Activity	**Action Items**	**Supplemental Information**
	– Notify command staff, support agencies, adjacent jurisdictions, Marion County ESF leads/coordinators, and liaisons of any situational changes.	
	☐ Develop and initiate shift rotation plans, including briefing of replacements during shift changes.	
	– Dedicate time during each shift to preparing for shift change briefings.	*ICS Form 201: Incident Briefing*
	☐ Confirm or establish communications links among local and County Emergency Operations Centers, other agency operations centers, and the State Emergency Coordination Center. Confirm operable phone numbers and verify functionality of alternate communications resources.	*ESF 2 Annex of the County EOP*
	☐ Ensure that all required notifications have been completed. Consider other local, regional, State, and Federal agencies/entities that may be affected by the incident. Notify them of the status.	*Established emergency contact lists maintained at the EOC*
	☐ Manage and coordinate interagency functions. Providing multi-agency coordination is the primary goal. Assimilate into a Unified Command structure if the scope of the incident so dictates.	
	☐ Implement local plans and procedures for earthquake operations. Ensure that copies of all documents are available to response personnel. Implement agency-specific protocols and Standard Operating Procedures.	*Local, agency, and facility-specific SOPs*
	☐ Conduct and obtain current damage reports and determine the affected area (*recurring*).	
	☐ Determine the need to conduct evacuations and sheltering activities (*recurring*). If needed, evacuation activities will be coordinated using City Functional Annexes.	
	☐ Determine the need for additional resources and request as necessary through appropriate channels (*recurring*).	
	☐ Submit a request for emergency/disaster declaration, as applicable.	*Section 1 of the County EOP*
	☐ Activate mutual aid agreements. Activation includes placing backup teams on standby and alerting resource suppliers of both potential and current needs.	

Phase of Activity	Action Items	Supplemental Information
	☐ Coordinate resource access, deployment, and storage in the operational area. Resources to coordinate include equipment, personnel, facilities, supplies, procedures, and communications. Track resources as they are dispatched and/or used.	*ICS Resource Tracking Forms*
	☐ Develop plans and procedures for registering mutual aid and other first responders as they arrive on the scene and receive deployment orders.	
	☐ Establish a Joint Information Center, and designate a lead Public Information Officer for the City.	
	☐ Formulate emergency public information messages and media responses, utilizing "one message, many voices" concepts (*recurring).*	
	– Public information will be reviewed by the Incident Commander (or designee). Information will be approved for release by the IC and lead Public Information Office.	
	☐ Record all Emergency Operations Center and individual personnel activities (*recurring).* All assignments, person(s) responsible, and actions taken should be documented in logbooks.	
	☐ Record all incoming and outgoing messages (*recurring*). All messages, and the names of those sending and receiving them, should be documented as part of the Emergency Operations Center log.	
	☐ Develop and deliver situation reports (*recurring*). At regular intervals, the Incident Commander/Emergency Operations Center Manager and staff will assemble a situation report.	
	☐ Develop and update the Incident Action Plan (*recurring*). This document is developed by the Planning Section and approved by the Incident Commander. The Incident Action Plan should be discussed at regular intervals and modified as the situation changes.	*ICS Form 202: Incident Objectives.*
	☐ Implement objectives and tasks outlined in the Incident Action Plan (*recurring*).	
	☐ Coordinate with private sector partners, as needed.	
	☐ Ensure that all reports of injuries, deaths, and major equipment damage accrued during response activities are communicated to the Incident Commander and/or the Safety Officer.	

Earthquake/Seismic Activity Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
RECOVERY/DEMOBILIZATION PHASE	☐ Ensure an orderly demobilization of emergency operations in accordance with current demobilization plans.	
	☐ Once the threat the public safety is eliminated, conduct and/or coordinate cleanup and recovery operations.	
	☐ Activate, if necessary, the appropriate recovery strategies, continuity of operations plans, and/or continuity of government plans.	
	☐ Release mutual aid resources as soon as possible.	
	☐ Conduct a post-event debriefing to identify success stories, opportunities for improvement, and development of the After Action Report/Improvement Plan.	
	☐ Deactivate/demobilize Emergency Operations Centers, Agency Operations Centers, and command posts.	
	☐ Correct response deficiencies reflected in the Improvement Plan.	
	☐ Revise any applicable emergency response plans based on the success stories and/or lessons learned during the response.	
	☐ Submit valuable success stories and/or lessons learned to the Lessons Learned Information Sharing website (www.llis.gov)	

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IA 7 –Volcanic Activity

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Volcanic Activity Incident Checklist

Phase of Activity	Action Items	Supplemental Information
PRE-INCIDENT PHASE	❑ Arrange for personnel to participate in necessary training and develop exercises relative to volcanic events.	
	❑ Provide information and training on volcano-hazard response to emergency workers and the public. ▪ Implement a public outreach program on volcano hazards. ▪ Review public education and awareness requirements.	*FA 1 of the City Emergency Operations Plan*
	❑ Participate in City and County preparedness activities, seeking understanding of interactions with participating agencies in a volcano scenario.	
	❑ Ensure that contact lists are current and establish a pre-event duty roster allowing for 24/7 operational support to the City Emergency Operations Center.	
	❑ Familiarize staff with requirements for requesting State and Federal Disaster Assistance.	*Stafford Act, FEMA guidance, and Oregon EMP*
	❑ Inform City Emergency Management of any major developments that could adversely affect response operations (e.g., personnel shortages, loss of firefighting equipment, etc.).	
RESPONSE PHASE	❑ Activate the City Emergency Operations Center and establish Incident Command or Unified Command, as appropriate. Contact appropriate private partners to assign liaisons to the Emergency Operations Center for coordination of specific response activities. Staffing levels vary with the complexity and needs of the response. At a minimum, the Incident Commander, all Section Chiefs, the Resource Coordinator, and management support positions should be included.	*FA 1 of the City Emergency Operations Plan, agency and company-specific plans*
	❑ Activate and implement the City Emergency Operations Plan.	
	❑ Notify supporting agencies. ▪ Identify local, regional, and State agencies that may be able to mobilize resources and staff to the City Emergency Operations Center for support	
	❑ Provide local warnings and information and activate appropriate warning/alert systems.	*FA 1 of the City EOP*
	❑ Establish a Joint Information Center. ▪ Provide a Public Information Officer for the Joint Information Center. ▪ Formulate emergency public information messages and media responses utilizing "one message, many voices" concepts (*recurring).*	*FA 1 of the City EOP*

Volcanic Activity Incident Checklist

Phase of Activity	Action Items	Supplemental Information
	❑ Initiate and coordinate local emergency declarations or requests for assistance from mutual aid partners, and county, state, or Federal resources. If applicable, submit request for local disaster/emergency declaration following established City procedures.	
	❑ Estimate emergency staffing levels and request personnel support.	
	❑ Develop work assignments for Incident Command System positions (*recurring*).	*ICS Form 203- Organization Assignment List*
	❑ Develop and initiate shift rotation plans, including briefing of replacements during shift changes.	*ICS Form 209- Incident Status Summary*
	▪ Dedicate time during each shift to prepare for shift change briefings.	
	❑ Confirm or establish communications links among primary and support agencies, the City Emergency Operations Center, County Emergency Operations Center, and State ; Emergency Coordination Center. Confirm operable phone numbers and backup communication links.	
	❑ Ensure that all required notifications have been completed. Consider other local, regional, State, and Federal agencies that may be affected by the incident. Notify them of the status.	*ICS Form 201- Incident Briefing*
	❑ Manage and coordinate interagency functions. Providing multi-agency coordination is the primary goal. Assimilate into a Unified Command structure if scope of response increases.	*Established emergency contact lists maintained at the City EOC*
	❑ Obtain current and forecasted weather to project potential spread of ash, fires, and/or gases (*recurring*).	
	❑ Determine need to conduct evacuations and sheltering activities (*recurring*). Request that the American Red Cross activate and implement local sheltering plans.	*FA 2 Annex of the City EOP and American Red Cross Shelter Plans*
	❑ Coordinate evacuation of affected areas, if necessary. Assign appropriate ESF liaisons to the County Emergency Operations Centers, as the situation requires. The following Marion County emergency functions may provide lead roles during various phases of evacuation: ▪ ESF 1 - Transportation ▪ ESF 2 - Emergency Telecommunications and Warning ▪ ESF 13 - Public Safety and Security ▪ ESF 15 - Emergency Public Information	*FA 1 of the City EOP*

Volcanic Activity Incident Checklist

Phase of Activity	Action Items	Supplemental Information
	☐ Determine the need for additional resources and request as necessary through the City Emergency Operations Center (*recurring*).	*FA 1 of the City EOP*
	☐ Activate mutual aid agreements. Activation includes placing backup teams on standby and alerting resource suppliers of both potential and current needs.	
	☐ Coordinate resource access, deployment, and storage in the operational area. Resources to coordinate include equipment, personnel, facilities, supplies, procedures, and communications. Track resources as they are dispatched and/or used.	*FA 1 of the City EOP*
	☐ Develop plans and procedures for registration of task forces/strike teams as they arrive on scene and receive deployment orders.	
	☐ Record all Emergency Operations Center activity and completion of individual personnel tasks (*recurring*). All assignments, person(s) responsible, and significant actions taken should be documented in logbooks.	*ICS Resource Tracking forms and EOC forms*
	☐ Record all incoming and outgoing messages (*recurring*). All messages, and the names of those sending /receiving, them should be documented as part of the Emergency Operations Center log.	*Existing EOC forms/templates*
	☐ Produce situation reports (*recurring*). At regular periodic intervals, the Emergency Operations Center Director and staff will assemble a situation report.	*EOC Planning Section job action guide*
	☐ Develop an Incident Action Plan (*recurring*). This document is developed by the Planning Section and approved by the Incident Commander. The Incident Action Plan should be discussed at regular periodic intervals and modified as the situation changes.	
	☐ Implement elements of the Incident Action Plan (*recurring*).	
	☐ Coordinate with private sector partners as needed.	*ICS Form 202 – Incident Objectives*
	☐ Ensure that all reports of injuries, deaths, and major equipment damage due to volcano/earthquake response are communicated to the Incident Commander and/or Safety Officer.	

Volcanic Activity Incident Checklist

Phase of Activity	Action Items	Supplemental Information
RECOVERY/ DEMOBILIZATION PHASE	❑ Activate and implement applicable mitigation plans, community recovery procedures, and continuity of operations/government plans until normal daily operations can be completely restored. Deactivate/demobilize the City Emergency Operations Center.	*FA 1 of the City EOP and agency-specific recovery*
	❑ Release mutual aid resources as soon as possible.	
	❑ Monitor secondary hazards associated with volcano eruption and/or significant activity (e.g. landslides, fires, contamination, damage to infrastructure, impacts to utility lines/facilities, and air quality issues) and maintain on-call personnel to support potential response to these types of hazards.	
	❑ Conduct post-event debriefing to identify success stories, opportunities for improvement, and development of the After Action Report/Improvement Plan.	
	❑ Correct response deficiencies reflected in the Improvement Plan.	
	❑ Submit valuable success stories and/or lessons learned to the Lessons Learned Information Sharing website (www.llis.gov)	

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IA 8 – Drought

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Background Information

Note: Ultimate responsibility for providing water service to the citizens lies with the local water districts. Each jurisdiction is responsible for its own water supplies and maintenance of facilities. Assistance from the County and State will be provided in the form of personnel and equipment, as requested by the affected area.

Phase of Activity	Action Items	Supplemental Information
Drought Incident Checklist		
PRE-INCIDENT PHASE	❑ Continue to maintain and revise, as needed, applicable response plans pertaining to drought, including the City and County Emergency Operations Plans and supporting procedures and plans.	
	❑ Pre-designate alternative sources of drinking water in case of drought or other water shortage event.	
	❑ Conduct pre-incident planning related to drought and determine vulnerabilities in various drinking water systems.	
	- Prepare scripts to be used on local television station(s) for emergency broadcast. Include release instructions.	
	- Prepare radio messaging to be used by local radio stations for emergency broadcast.	
	❑ Have personnel participate in necessary training and exercises, as determined by City and County Emergency Management.	
	❑ Participate in drought preparedness activities, seeking understanding of interactions with participating agencies in a drought scenario.	
	❑ Ensure that emergency contact lists are updated and establish a pre-event duty roster allowing for 24/7 operational support for the Emergency Operations Center.	
	❑ Identify local contractors and vendors that could assist during a drought and develop Memorandums of Understanding with those private businesses.	
	❑ Inform City and County Emergency Management of any major developments that could adversely affect response operations (e.g., personnel shortages, loss of firefighting equipment, etc.).	
	❑ Work with the local planning commission to ensure that new construction does not increase hazards or vulnerability threat.	
	❑ Ensure that city maps of water mains, valves, and public sewer systems are up-to-date and accessible.	

Drought Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
RESPONSE PHASE	❑ Provide public safety information and educational programs regarding emergency preparedness and response.	
	❑ When deemed necessary, activate the Emergency Operations Plan when drought and other water shortage incidents pose a threat.	
	❑ Activate the appropriate Emergency Operations Centers and establish Incident Command. For larger events that cross multiple jurisdictions, establish a Unified Command. In addition, the County's Emergency Operations Centers may be staffed. Staffing levels vary with the complexity and needs of the response. At a minimum, the Incident Commander, all Section Chiefs, the Resource Coordinator, and management support positions will most likely be needed.	
	❑ Estimate emergency staffing levels and request personnel support.	
	❑ Ensure that action is taken to protect personnel and emergency equipment from possible damage by drought.	
	❑ Develop work assignments for Incident Command System positions (*recurring*).	*ICS Form 203: Organization Assignment List*
	❑ Notify supporting agencies.	
	- Identify local, regional, State, and Federal agencies/entities that may be able to mobilize resources to support local response efforts and Emergency Operations Center staffing.	
	❑ Determine the type, scope, and extent of the incident (*recurring*). Verify reports and obtain estimates of the area that may be affected. Obtain status of impacts within the jurisdiction.	*ICS Form 209: Incident Status Summary.*
	- Notify command staff, support agencies, adjacent jurisdictions, Marion County ESF leads/coordinators, and liaisons of any situational changes.	
	❑ Develop and initiate shift rotation plans, including briefing of replacements during shift changes.	
	- Dedicate time during each shift to preparing for shift change briefings.	*ICS Form 201: Incident Briefing*

Drought Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
	❑ Confirm or establish communications links among local and County Emergency Operations Centers, other Agency Operations Centers, and the State Emergency Coordination Center. Confirm operable phone numbers and verify functionality of alternate communications resources.	
	❑ Ensure that all required notifications have been completed. Consider other local, regional, State, and Federal agencies/entities that may be affected by the incident. Notify them of the status.	*Established emergency contact lists maintained at the Emergency Operations Center*
	❑ Manage and coordinate interagency functions. Providing multi-agency coordination is the primary goal. Assimilate into a Unified Command structure if the scope of the incident so dictates.	
	❑ Implement local plans and procedures for drought and/or water shortage operations. Ensure that copies of all documents are available to response personnel. Implement agency-specific protocols and standard operating procedures.	*Local, agency, and facility-specific Standard Operating Procedures*
	❑ Conduct and obtain current damage reports and determine the affected area (*recurring*).	
	❑ Repair and restore essential services and vital systems as required.	
	❑ Secure assistance from private contractors/vendors as needed.	
	❑ Provide emergency power as needed to maintain service to the community.	
	❑ Initiate curtailment procedures if shortages or overload conditions appear imminent.	
	❑ Determine the need for additional resources and request as necessary through appropriate channels (*recurring*).	
	❑ Submit a request for emergency/disaster declaration, as applicable.	
	❑ Activate mutual aid agreements. Activation includes placing backup teams on standby and alerting resource suppliers of both potential and current needs.	
	❑ Coordinate resource access, deployment, and storage in the operational area. Resources to coordinate include equipment, personnel, facilities, supplies, procedures, and communications. Track resources as they are dispatched and/or used.	*ICS Resource Tracking Forms*

Phase of Activity	Action Items	Supplemental Information
	❑ Develop plans and procedures for registering mutual aid and other first responders as they arrive on the scene and receive deployment orders.	
	❑ Establish a JIC and designate a lead Public Information Officer for the jurisdiction.	
	❑ Formulate emergency public information messages and media responses utilizing "one message, many voices" concepts (*recurring)*.	
	- Public information will be reviewed by the Incident Commander (or designee). Information will be approved for release by the IC and lead ,Public Information Officer, with support from Tribal liaison(s) prior to dissemination to the public.	
	❑ Record all Emergency Operations Center and individual personnel activities (*recurring)*. All assignments, person(s) responsible, and actions taken should be documented in logbooks.	*EOC Planning Section job action guide*
	❑ Record all incoming and outgoing messages (*recurring*). All messages, and the names of those sending and receiving them, should be documented as part of the Emergency Operations Center log.	
	❑ Develop and deliver situation reports (*recurring*). At regular intervals, the Incident Commander/Emergency Operations manager and staff will assemble a situation report.	
	❑ Develop and update the Incident Action Plan (*recurring*). This document is developed by the Planning Section and approved by the IC. The Incident Action Plan should be discussed at regular intervals and modified as the situation changes.	*ICS Form 202: Incident Objectives.*
	❑ Implement objectives and tasks outlined in the Incident Action Plan (*recurring*).	
	❑ Ensure that all reports of injuries, deaths, and major equipment damage accrued during response activities are communicated to the Incident Commander and/or the Safety Officer.	

<div align="center">Drought Incident Checklist</div>

Phase of Activity	Action Items	Supplemental Information
RECOVERY/ DEMOBILIZATION PHASE	❑ Ensure an orderly demobilization of emergency operations in accordance with current demobilization plans.	
	❑ Once the threat of public safety is eliminated, conduct and/or coordinate recovery operations.	
	❑ Activate, if necessary, the appropriate recovery strategies, continuity of operations plans, and/or continuity of government plans.	
	❑ Make recommendations to city and county governments regarding changes in planning, zoning, and building codes/ordinances to lessen the impact of future drought or water shortage emergencies.	
	❑ Release mutual aid resources as soon as possible.	
	❑ Conduct a post-event debriefing to identify success stories, opportunities for improvement, and development of the After Action Report/Improvement Plan.	
	❑ Deactivate/demobilize Emergency Operations Centers, Agency Operations Centers, and command posts.	
	❑ Correct response deficiencies reflected in the Improvement Plan.	
	❑ Revise any applicable emergency response plans based on the success stories and/or lessons learned during the response.	
	❑ Submit valuable success stories and/or lessons learned to the Lessons Learned Information Sharing website (www.llis.gov)	

<div align="center">**Drought Incident Checklist**</div>

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IA 9 – Airport Incident

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Background Information

To describe the potential hazards and identify considerations or activities specific to responding to and recovering from an airport disaster related to the Aurora State Airport (UAO). UAO does not serve large commercial airlines; therefore, the number of related injuries and deaths from a downed small aircraft would be much lower than with commercial airliners.

For incidents involving a plane crash, the Aurora Rural Fire Protection District Chief shall consult with the Emergency Management Director and provide a recommendation as to the need for activation of the City Emergency Operations Center (EOC). The crash of a small single engine aircraft would not normally require activation of the EOC unless the crash ignited a major forest fire or created another major hazard.

The Aurora Rural Fire Protection District Chief (or designee) will be expected to assume the lead role in the Incident Command System/Operations section for the City's response to a major airplane crash when the Emergency Operations Center is activated and work within the structure of the City's Emergency Management system. A Fire District representative will be assigned by the Fire Chief to assume the role of Chief of the Operations Section of the Emergency Operations Center, as needed.

The crash site will be designated a crime scene. Coordination between law enforcement personnel and rescue personnel will be necessary to accomplish rescuing survivors and preserving evidence at the scene. Close coordination will be required with Federal agencies such as the Federal Aviation Administration, National Traffic Safety Board, and the Federal Bureau of Investigation during the response and recovery phases for commercial crashes and with military authorities for military crashes. On-scene security will be important to preserve evidence for the investigation into the cause of the accident.

During the recovery phase, Marion County Health officials will likely assume the role of lead agency in dealing with crash fatalities, survivors, and victims' families.

The following is a brief overview of the assumptions associated with a major airplane crash and issues likely to be confronted during the event.

Accessibility to a remote crash site may be the first issue to deal with in response to the incident. Fire and Emergency Medical Services responders may require assistance of City of Aurora Police and the Marion County Search and Rescue Units.

If possible, a communications link should be established with the responsible party (owner of the aircraft or military) as soon as possible and maintained throughout the incident to enhance the overall response. The responsible party should be a valuable resource during the response and recovery phase.

If there are fatalities, extreme care will need to be exercised in releasing information, ensuring that proper notification of victims' family occurs before names are made public.

Fuel and/or cargo from the aircraft may create an environmental hazard requiring a hazardous materials response.

Airport Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
PRE-INCIDENT PHASE	❑ Coordinate response options with UAO --maintain and revise, as needed, applicable response plans pertaining to potential incidents at the airport including County Emergency Operations Plans and supporting procedures and plans.	
	❑ Conduct pre-incident planning related to airport or airplane incidents.	
RESPONSE PHASE	❑ When deemed necessary, activate the Emergency Operations Plan.	
	❑ Activate the appropriate Emergency Operations Centers and establish Incident Command. For larger events that cross multiple jurisdictions, establish a Unified Command. The County Emergency Operations Centers may be staffed. Staffing levels vary with the complexity and needs of the response. At a minimum, the Incident Commander, all Section Chiefs, the Resource Coordinator, and management support positions will most likely be needed.	*See Functional Annex 1, Emergency Services.*
	❑ Identify local, regional, state, and Federal agencies/entities that may be able to mobilize resources to support local response efforts and Emergency Operations Center staffing.	
	❑ Initiate surveys for the identification of safety hazards and undertake corrective measures. Responses may include: ■ Hazardous or toxic materials ■ Radiological monitoring or strike team/task force	
	❑ If needed, establish reconnaissance and rescue strike teams and/or task forces as needed and grid out the area to be searched.	
	❑ Develop work assignments for Incident Command System positions (*recurring*).	*ICS Form 203: Organization Assignment List*

Airport Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
	❑ Confirm or establish communications links among local and County Emergency Operations Centers, other Agency Operations Centers, and the State Emergency Coordination Center. Confirm operable phone numbers and verify functionality of alternate communications resources.	*Established emergency contact lists maintained at the Emergency Operations Center*
	❑ Determine the type, scope, and extent of the incident (*recurring*). Verify reports and obtain estimates of the area that may be affected. Obtain status of impacts within the jurisdiction.	*ICS Form 209: Incident Status Summary.*
	❑ Develop and initiate shift rotation plans, including briefing of replacements during shift changes.	
	■ Dedicate time during each shift to preparing for shift change briefings.	*ICS Form 201: Incident Briefing*
	❑ Manage and coordinate interagency functions. Providing multi-agency coordination is the primary goal. Assimilate into a Unified Command structure if the scope of the incident so dictates.	
	❑ If needed, initiate response of volunteer organizations such as the American Red Cross, the Salvation Army, and other similar organizations.	*Local, agency, and facility-specific Standard Operating Procedures*
	❑ Notify Oregon Emergency Management of the situation and any required assistance. If conditions warrant, declare the existence of a local disaster emergency and submit requests for local and state declaration of disaster emergency, if appropriate.	
	❑ Where airport, airfield, or Federal Aviation Administration officials are present, the Incident Commander will work with their advice and assistance (unified command).	*ICS Resource Tracking Forms*
	❑ Develop plans and procedures for registering mutual aid and other first responders as they arrive on the scene and receive deployment orders.	

Phase of Activity	Action Items	Supplemental Information
Airport Incident Checklist		
	❑ Formulate emergency public information messages and media responses utilizing "one message, many voices" concepts (*recurring*).	
	■ Public information will be reviewed by the Incident Commander (or designee). Information will be approved for release by the Incident Commander and lead Public Information Officer with support from tribal liaison(s) prior to dissemination to the public. Public information to include the following: – Description of the situation and location of the accident. – Evacuation routes and reception areas. – Location and/or phone numbers where information concerning the victims may be obtained. – Other information and instructions concerning the public welfare.	
	❑ Record all Emergency Operations Center and individual personnel activities (*recurring*). All assignments, person(s) responsible, and actions taken should be documented in logbooks.	*EOC Planning Section job action guide*
	❑ Record all incoming and outgoing messages (*recurring*). All messages, and the person sending/receiving them, should be documented as part of the Emergency Operations Center log.	
	❑ Develop and deliver situation reports (*recurring*). At regular intervals the Incident Commander/Emergency Operations Manager and staff will assemble a situation report.	

Airport Incident Checklist		
Phase of Activity	**Action Items**	**Supplemental Information**
TRANSPORTATION RECOVERY PHASE	❑ Arrange for the security of the area from visitors and souvenir hunters until the Federal Aviation Administration/National Transportation Safety Board and/or military officials have completed their inspections of the crash or accident site	
	Arrange for initial debris clearance and restoration of essential public facilities and utilities. Coordinate with City Police and County Sherriff's office regarding crime scene status. Coordinate with Federal Aviation Administration upon cleanup. Bodies and debris should not be removed from the scene without authorization of the Federal Aviation Administration/National Transportation Safety Board.	
RECOVERY/DEMOBILIZATION PHASE	☐ Ensure an orderly demobilization of emergency operations in accordance with current demobilization plans.	
	☐ Activate, if necessary, the appropriate recovery strategies, continuity of operations plans, and/or continuity of government plans.	
	☐ Release mutual aid resources as soon as possible.	
	☐ Conduct a post-event debriefing to identify success stories, opportunities for improvement, and development of the After Action Report/Improvement Plan.	
	☐ Deactivate/demobilize Emergency Operations Centers, Agency Operations Centers, and command posts.	
	☐ Revise any applicable emergency response plans based on the success stories and/or lessons learned during the response.	
	☐ Submit valuable success stories and/or lessons learned to the Lessons Learned Information Sharing website (www.llis.gov)	