



# ICS Field Operations Guide

**For Active Assailant  
Incidents**

**September 2020**

***This FOG is intended to be used in conjunction with the [ICS 420-1 FOG](#)***

**Authors' Note:**

This Field Operations Guide (FOG) for Active Assailant Incidents is designed to aid the initial response elements and command staff responding to an active assailant incident by providing guidance on immediate tasks and scene organization in accordance with the Incident Command system (ICS) and the National Incident Management System (NIMS).

This document builds upon content outlined in other ICS FOG resources but includes a specific focus on active assailant incident response. While it can be used as a standalone resource, it is intended to be used in conjunction with other ICS resources, such as the [ICS 420-1 FOG](#)<sup>1</sup>. Additionally, users should defer to department/agency approved standard operating procedures (SOP) and checklists related to active assailant incidents, if already developed.

For incidents expected to extend beyond an initial twelve (12) hour operational period, consider requesting the assistance of an Incident Management Team (IMT) for additional support. The Maryland Incident Management Team may be requested through the Maryland Joint Operations Center (MJOC) – 410-517-3600.

**- Maryland Active Assailant Incident Interdisciplinary Work Group**

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[www.usfa.fema.gov/downloads/pdf/publications/field\\_operations\\_guide.pdf](http://www.usfa.fema.gov/downloads/pdf/publications/field_operations_guide.pdf)

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## Immediate Tasks

The following tasks should be considered immediately by first responding units:

- ❑ **Secure COMMUNICATIONS**
  - Clear frequency channel
  - Routine traffic to another channel
  - Separate channels for areas such as Perimeter and Tactical
- ❑ **Identify the HOT ZONE**
  - Limit exposure to citizens and responders
  - Control movement in and out of this area
  - Communicate boundaries for this area
- ❑ **Establish the INNER PERIMETER (Control/Contain)**
  - Prevent responder/public injury
  - Replace plainclothes with uniformed officers
- ❑ **Establish the COMMAND POST & Conduct SIZE UP**
  - Identify representatives from responding agencies
  - Identify representatives for Unified Command
  - Number of suspects
  - Types of weapons
- ❑ **Establish the OUTER PERIMETER**
  - Crowd and traffic control
  - Control movement
  - Prevent gridlock
- ❑ **Establish the STAGING AREA (personnel) and BASE (equipment)**
  - Stage personnel for immediate deployment (3 mins) between inner and outer perimeter
  - Base – park equipment that is not immediately needed
  - Provide security for Base
- ❑ **Request appropriate RESOURCES**

- Fire
- EMS
- HazMat
- Explosive Ordnance Disposal (EOD)
- Utility Companies
- K-9 for perimeter (other support activities)
- **Form RESCUE TASK FORCE**
  - Coordinate between Law Enforcement and EMS
  - Law enforcement should remain with EMS
  - Warm Zone integration
- **Send Community ALERT MESSAGE**
  - Threats to the public
  - Direct citizens to avoid the area
- **Establish CASUALTY COLLECTION POINT (CCP)**
  - Warm Zone
  - Walking wounded directed to CCP
  - Triage
  - Enhanced definitive treatment
  - Transport to medical facility
- **Secure WITNESSES**
  - Identify holding location for witness interviews with Law Enforcement
  - Law Enforcement should remain with witnesses
  - Consider length of time witnesses are held for interviews
  - Consider accountability of witnesses and coordinate with family reunification efforts
- **Maintain SCENE SECURITY**
  - Look for/scan for IEDs, including Inner & Outer Perimeter, Command Post, Staging and Base areas
  - Look for/be aware of additional suspects, second wave attacks and complex coordinated attack

- Establish over watch security of the area, including Inner & Outer Perimeter, Command Post, Staging and Base areas

# First Arriving Unit Checklists

*Fire/EMS will likely stage initially and await direction from Law Enforcement.*

## Law Enforcement (LE)

### *First Arriving LE OFFICER*

- ❑ Communicate a size up and provide a brief initial report to dispatch and any incoming units
- ❑ Develop exclusionary zones (hot/warm/cold) if obvious
- ❑ Pass or assume command – may need to use mobile command and issue directives as a greater understanding is developed
- ❑ Mobile command should be used in situations when command is passed, and entry is being made with the intent of contact

### *Second through Fourth LE OFFICERS*

- ❑ Assemble and communicate response actions
- ❑ Coordinate search area
- ❑ Establish Contact Team

### *Fifth LE OFFICER*

- ❑ Assume Command from Contact Team until Command is transferred to LE supervisor, especially if mobile command situation
- ❑ When Command is transferred, assume Tactical Group Supervisor role until relieved/GS role is transferred
- ❑ Consider establishing Unified Command with other responding agencies
- ❑ Gather information
- ❑ Ensure area is secured
- ❑ Ensure evacuation and holding area

- ❑ Establish Staging Area – coordinate incoming resources and deploy resources from Staging Area
- ❑ Request additional resources
- ❑ Develop and assign more Contact Teams as necessary

### *First Law Enforcement SUPERVISOR*

- ❑ Obtain briefing
- ❑ Assume Command
- ❑ Identify and establish Command Post location – request mobile command post if appropriate
- ❑ Consider the need for Unified Command
- ❑ Assign Staging Area Manager
- ❑ Assign Perimeter Group
- ❑ Assign Medical Branch
- ❑ Provide for overall scene security

### *Second Law Enforcement SUPERVISOR (higher rank)*

- ❑ Obtain briefing
- ❑ Assume Command
- ❑ Begin transition to Unified Command if appropriate
- ❑ Request additional resources
- ❑ Transition first LE Supervisor from Command to Law Enforcement Branch
- ❑ Assign Intelligence/Investigation Section
- ❑ Assign Lead Public Information Officer (PIO) – intention to develop a joint information system/center
- ❑ Assign EMS Branch (EMS/Fire Supervisor)

### **Law Enforcement Branch**

- ❑ Obtain briefing
- ❑ Co-locate with Medical Branch
- ❑ Coordinate with Intelligence/Investigation Section



### *Tactical Group*

- ❑ Coordinate Contact Teams with the following priorities:
  - Neutralize the threat
  - Provide lifesaving medical treatment
  - Rescue and evacuate victims
  - Identify and mitigate secondary hazards
- ❑ Contact Team
  - Contain or neutralize threat
  - Update location as moving
  - Report causality locations, numbers
  - Establish Casualty Collection Points

### *Perimeter Group (Separate Radio Channel)*

- Establish inner perimeter (Crime Scene)
- Establish outer perimeter (Responder activities)
- Protect the surrounding community as necessary

### *Intelligence/Investigation Group*

- ❑ Obtain briefing from Command
- ❑ Request separate radio channel
- ❑ Coordinate with Communications (information)
- ❑ Collect information (tips, leads)
- ❑ Continually brief Command
- ❑ Consider Family Assistance Branch
- ❑ Assign Investigative Operations Group
- ❑ Assign Intelligence Group

### **Fire/Emergency Medical Services Branch**

- ❑ Obtain briefing from Command or Operations
- ❑ Request additional resources
- ❑ Assign Triage Group
- ❑ Assign Transportation Group
- ❑ Consider/assign Treatment Group depending on number of patients

### *Triage Group*

- ❑ Get face-to-face briefing from Fire/EMS Branch Director
- ❑ Assemble Rescue Task Force (RTF)
- ❑ Collocate with Tactical Group
- ❑ Identify operable areas, routes, and Casualty Collection Points (CCP)
- ❑ Deploy RTF
- ❑ Develop organization sufficient to handle assignment
- ❑ Inform Supervisor of resource needs
- ❑ Implement triage process
- ❑ Coordinate movement of patients from the Triage Area to the appropriate Treatment Area
- ❑ Give periodic status reports to Medical Group Supervisor
- ❑ Maintain security and control of the Triage Area
- ❑ Establish Morgue
- ❑ Maintain Unit/Activity Log (ICS Form 214)

### *Rescue Task Force*

- ❑ Assemble personnel and equipment
- ❑ Notify Tactical Group
- ❑ Establish Casualty Collection Point if not already identified
- ❑ Rapidly assess casualties
- ❑ Report counts to Triage Group
- ❑ Identify Ambulance Exchange Points – confirm with Tactical Group
- ❑ Coordinate casualty evacuation
- ❑ Maintain Unit/Activity Log (ICS Form 214)

### *Treatment Group*

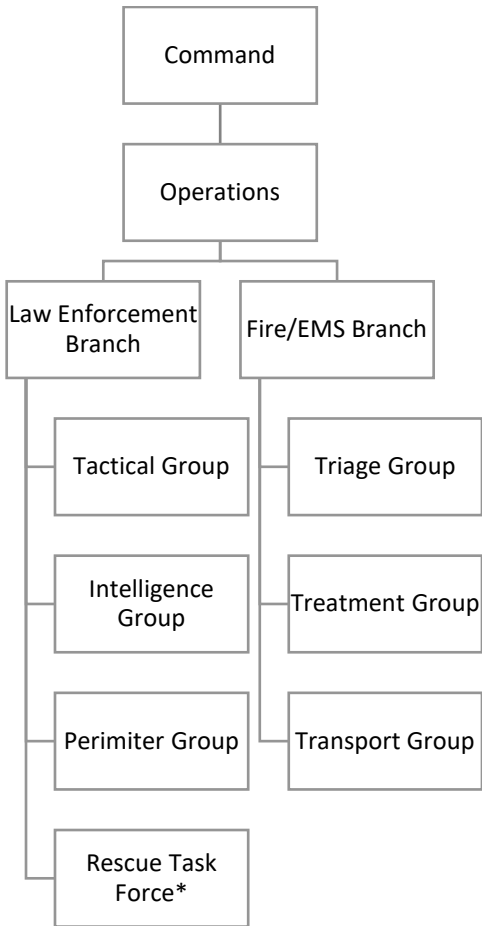
- ❑ Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas
- ❑ Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader

- ❑ Request sufficient medical caches and supplies as necessary
- ❑ Establish communications and coordination with Patient Transportation Unit Leader
- ❑ Ensure continual triage of patients throughout Treatment Areas
- ❑ Direct movement of patients to ambulance loading area(s)
- ❑ Give periodic status reports to Supervisor
- ❑ Maintain Unit/Activity Log (ICS Form 214)

### *Transport Group*

- ❑ Request separate radio channel
- ❑ Coordinate with Tactical Group
- ❑ Transport patients from Casualty Collection Points
- ❑ Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas
- ❑ Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader
- ❑ Request enough medical caches and supplies as necessary
- ❑ Establish communications and coordination with Patient Transportation Unit Leader
- ❑ Ensure continual triage of patients throughout Treatment Areas
- ❑ Direct movement of patients to ambulance loading area(s)
- ❑ Develop plan to transport by priority
- ❑ Keep transport log
- ❑ Give periodic status reports to Medical Group Supervisor
- ❑ Maintain Unit/Activity Log (ICS Form 214)

## Initial Organizational Structure



*\*Organizations the jurisdictions may opt to move the Rescue Task Force under part of the Fire/EMS Branch*

# Incident Size Up

Size up provides an assessment of the incident and a way to measure progress in responding to the incident. There are 3 size up phases:

1. Pre-incident
2. Initial
3. Ongoing

Specific considerations for size up at each phase are included in the lists below. Size up phases provide an assessment and the ability to measure progress by comparison.

## Pre-incident

Pre-incident considerations include information from the time of dispatch until arrival on the scene.

- Take note of weather, traffic, or other considerations that may affect initial or long-term response.
- Request additional resources as anticipated.
- Identify/establish tactical radio frequencies.
- If possible, make contact with resources already on-scene.
- Identify existing plans and resources at your disposal such as SOPs, checklists, etc.

## Initial

Initial considerations include information obtained upon arrival at the scene.

- Declare/confirm an active assailant incident.
- Determine if the dispatch information is accurate as it relates to scope and scale.
- Are your resources adequate? Be pessimistic in requesting additional resources and consider resource management strategy.
- Identify/establish a staging area.
- Identify personnel (civilian and responders) in the area of immediate harm – assessing for

evacuations, isolating the area, and denying further entry.

- Establish exclusion zones/corridors to safely use the most appropriate responders quickly.
- Are there injuries and a need for rapid triage?
- Should a Rescue Task Force be established?
- Is there back up for the contact teams?
- What is the ability to communicate effectively?
- Assess the need to utilize unified command.
- Assess and develop organizational structure.
- Is there a potential for hazardous substances, chemical, biological, nuclear weapons?
- As soon as practical, develop a 360-degree perspective, consider the potential of secondary threat(s). Can the 360-degree perspective be enhanced by video, UAVs or be assigning personnel?

## Ongoing

Ongoing size up should be conducted at regular intervals appropriate to the incident conditions and as conditions change. Ongoing assessment can be characterized as “What’s Important Now” or WIN. Other considerations for ongoing assessment include:

- Will your actions make a difference – assume or pass command?
- Is the command post adequate and placed in an area that is beneficial?
- Are utilities functional and sustainable?
- Are there suspicious packages?
- Determine current weather conditions, impact on resources and if conditions will improve or deteriorate.
- Estimate length of time to resolve the situation to ensure there enough resources and supplies to maintain tactical operations.
- Be pessimistic when considering contingencies – intention is to transition from reactive to proactive

- Determine the need for additional Command and General Staff support (i.e., requesting an Incident Management Assistance or Support Team).
- Fight the potential for tunnel vision.

# Priorities, Objectives, Strategies & Tactics

This section provides baseline guidance for Unified Command in establishing priorities, objectives, strategies and tactics during the first phase of response to an active assailant incident.

- **Priorities** outline overall incident response goals
- **Objectives** state what will be accomplished
- **Strategies** establish the general plan or direction for accomplishing the incident objectives
- **Tactics** direct resources on an incident to accomplish an incident objective/strategy in order to achieve the desired end state

## Standard Priorities:

The following priorities are standard for nearly all incidents:

- Life Safety
- Incident Stabilization
- Property/Environmental conservation
- Public Health risk/exposure
- Security (State/National implications?)
- Relationship or similarities to other events

## Standard Objectives:

Objectives should be specific, measurable realistic, time-bound actions.

Examples of rapidly developed objectives (not in priority order) include:

- Neutralize the threat
- Scene security
- Mitigate hazard(s)
- Locate and secure/remove entrapped/injured



- Triage and treat injured
- Stabilize hazard(s) – consider ancillary/secondary threats/hazards
- Develop and verify information/intelligence
- Protect evidence and develop investigation process
- Traffic flow and management
- Reduce additional threats to responders and public

*Strategies and tactics should be developed to achieve incident objectives. Each strategy and subsequent tactic should be tied back to an objective. Strategies and tactics must be developed based on the specifics of that incident.*

# Incident Management Considerations

- ❑ Incident may be a component of a complex coordinated attack
- ❑ Possibility of explosive devices in interior or exterior locations
- ❑ Causality Collection Points, while outside of the area of immediate threat, still require protection by law enforcement

## Level II Staging

- ❑ Personnel that are in excess of the initial response should report to staging
- ❑ Establish a check in and status tracking process
- ❑ Provide assignments, reporting location, radio channel and supervisor
- ❑ Develop crews/teams if necessary
- ❑ Maintain minimum resources in staging as directed by Command or Operations

## Joint Information System (JIS)/ Information Center (JIC)

Joint

- ❑ Establish JIC to develop and monitor press releases
- ❑ Establish Media Staging Area
- ❑ Clear all press releases developed by Lead PIO through Command
- ❑ Announce family assistance/reunification information

## Family Assistance Center/Reunification

- ❑ Obtain briefing Command
- ❑ Notify JIC, Emergency Operations Center (EOC), and Dispatch Centers of location
- ❑ Ensure adequate security

## Time-Based Considerations

### *Evacuation/Holding Area (0-2 hours)*

- ❑ Obtain briefing
- ❑ Differentiate victims from potential suspects
- ❑ Obtain basic information associated with the investigation process
- ❑ Request a Critical Incident Stress Management Task Force
  - One Critical Incident Stress Management (CISM)-Trained Law Enforcement Officer
  - One CISM-trained mental health clinician

### *Establish Family Information Center (2-12 hours) – may be located under the Intelligence/Investigation Section:*

- ❑ Obtain briefing
- ❑ Establish a check in/check out accountability process
- ❑ Provide food, water and shelter while in the Family Information Center
- ❑ Establish facility with the following considerations:
  - Separate entrance and exit locations
  - Ensure facility can accommodate the number of potential family/friends related to victims
  - Ensure adequate
- ❑ Provide Death Notifications and consider having counselors on site if possible
- ❑ Reunite survivors with friends and family
- ❑ Ensure juveniles are released to an appropriate parent or guardian
- ❑ Coordinate activities with the EOC
- ❑ Identify unmet needs should and community partners that should be activated (dependent on the affected group)
- ❑ Consider representatives from:

- Emergency Management
- Social Services
- Health Department
- Recreation and Parks

### *Family Assistance Center (12 hours – days)*

*May be located under the Intelligence/Investigation Section; or be a function of recovery in coordination with emergency management.*

- ❑ Family Assistance Center likely used for smaller groups or individuals that were associated with the incident, that need further assistance
- ❑ Should be managed by CISM-trained personnel that understand how to assist civilians with potential mental health concerns
- ❑ Could be the same location as the Family Information Center or may require a separate facility
- ❑ Requires long-term governmental resources and assistance (coordinated with the EOC)
- ❑ Agencies may involve:
  - Crisis Response
  - Emergency Management
  - Health Department
  - Recreation and Parks

## Command Priority Considerations

This section assumes that Unified Command has been established with representatives, at a minimum, from Fire, EMS, and Law Enforcement.

### Define and declare hot, warm, and cold zones

- ❑ Cold staging zones should be in a location that provides:
  - *Concealment* (is out of sight)
  - *Cover* (is protected)
  - *Primary and secondary means of exiting or moving from the staged location*
- ❑ Command may adjust the suggested distances as conditions dictate
- ❑ Consider defining the cold-warm boundary out of sight and **about a block away** for lower-risk incidents such as:
  - Calls of domestic violence where the violence is believed to be over
  - Assaults, shootings, and stabbings where the assailant is believed to have left the scene
  - Accidental shootings
  - Suicidal subjects without deadly weapons
  - Any potentially violent patient that has consumed a mind-altering medication or recreational drug (ETOH)
  - Consider defining the cold-warm boundary **about three (3) blocks (a quarter mile) away** for higher-risk incidents such as:
    - Active shooting scenario
    - Active civil disorders
    - Active gang/crowd violence
    - Crowd disorders with shots fired that are not stabilized
    - Hostage situations
    - Barricaded subjects with weapons

- Unrelated set fires in an area of potential civil disturbances
- Area specific looting

### Establish communication among agencies, and then establish Unified Command at a common location

- ❑ Move toward use of a unified command post in the Cold Zone. All unified command members occupy one location

### Determine the need for and location for Triage/Treatment/Transport

- ❑ Establish in Cold Zone
- ❑ Assign resources to each area
- ❑ Establish an EMS Branch Director if there is more than one medical treatment area
- ❑ Promptly establish a single Medical Communications Coordinator under the EMS Branch Director

### Establish a Level Two Staging Area and Staging Officer

- ❑ Direct all arriving emergency resources to Staging Area and check in with the Staging Officer Personnel may be directed to a personnel staging area. Level II Staging may then become Base.
  - The Staging Manager should maintain contact with several entities:
  - **Command.** Receive resource needs from the scene, and to ensure appropriate resource needs are understood
  - **Operations.** If Operations is utilized, staging reports should be redirected to Operations, no longer to Command

- **Liaison Officer.** Communicate regarding outside agency command, administrative, and informational support resources are available in staging

### Establish a Liaison Officer to facilitate interaction with outside agencies

- Command, administrative, and informational support resources from outside agencies should be directed to report to the Staging Area and check in with the Staging Manager

## Warm Zone Entry Checklist (Fire/EMS)

This checklist is intended for use by first responding units in determining next steps and entry into a warm zone.

- ❑ **Is there a high risk of loss of life and/or injury?**
  - If not, wait for further direction from law enforcement.
- ❑ **Are enough armed and protected LE personnel available to perform Victim Extraction?**
  - If not, unarmed personnel should be withdrawn until the quantity of LE resources become adequate to accomplish required Victim Extraction.
- ❑ **Does the level of care required in the Warm Zone exceed typical Victim Extraction (rare)?**
  - If not, ensure additional resources have been requested.
- ❑ **Has contact and coordination with LE been effectively established, ideally with a Unified Command?**
  - If not, identify and establish coordination, ideally at a fixed incident command post.
- ❑ **Does Unified Supervision exist at the level at which tactical operations are taking place?**
  - If not, establish operational integration and information sharing at the tactical deployment level where the mixed asset teams exist. This could be at the IC, Operations Section, Tactical Branch, or Warm Zone Rescue Group (Rescue Task Force) level, depending on the size of the ICS structure.



- ❑ **Can the Warm Zone (area where threat is indirect) be defined with some degree of confidence and communicated to interior team members?**
  - If not, be extremely cautious about committing resources to areas of potential jeopardy.
  - Warm Zone boundaries should be actively re-assessed throughout the incident.
  - Unarmed personnel should be withdrawn if a zone deteriorates or force protection is not yet adequate to declare the zone “warm.”
- ❑ **Have Cold/Warm/Hot Zone boundaries been clearly declared to all personnel?**
  - The use of “point of entry” accountability should be in place. This function will ideally be managed by a Division/Group supervisor as directed by the IC. This position should also function as a “Warm Zone” Resource Unit Leader.
- ❑ **Are interagency communications in-place and effective between involved providers, supervisors, and Command?**
  - The “Go/No-Go” decision should be communicated via the radio to responding providers and the highest-ranking responding officer; preferably from Unified Command.
  - The Rescue Task Force should be assembled and properly equipped, including with radios.
  - Separate radio channel for Department Warm Zone activities should be established.
  - Unified Command and unified tactical supervision (preferably within Operations) should have access to interagency radio transmissions.

- Lack of communications integration should generate a “No Go” decision to deploy task force or resource teams.
- **Has the entry point been clearly declared to all personnel?**
  - If not, this information should be disseminated quickly and clearly to all on-scene and arriving personnel.

## Incident Commander(s) (IC)

The top priorities of the Incident Commander(s) (IC) on the scene of an active assailant incident should include:

- Conducting a full 360-degree size up
- Resource management through use of a Staging Area
- Establishing and maintaining Unified Command

### Active Assailant considerations for IC Responsibilities

The main elements of responsibility are developing and maintaining 360-degree awareness of the situation.

Additional considerations include:

- ❑ Establish Command and Control area (consider using the ICS form 201 with 208 to capture activity)
- ❑ Identify the hot zone and establishing a clearly marked perimeter
- ❑ Establish Command Post
- ❑ Establish inner perimeter (clearly marked)
- ❑ Establish the outer perimeter (clearly marked)
- ❑ Establish Staging Area (check in process)
- ❑ Alert community
- ❑ Make resource request for an ICS Advisor for Command
- ❑ Consider including an Incident Management Team for extended operations
- ❑ Establish Unified Command (UC), identify the appropriate agencies to develop joint strategic objectives
- ❑ Anticipate large number of deployed and self-deployed resources, develop system in advance to stage, track, and deploy
- ❑ Announce location of the Command Post to all agencies involved in UC (away from staging if possible)
- ❑ Identify the lead investigative agency

- ❑ Determine if a Command transition is necessary (i.e., local to state, local to federal, tribal to federal, state to federal, etc.)
- ❑ Ensure Public Information Plan is developed and adapted as the incident evolves to provide an accurate, reliable, timely and creditable flow of information
- ❑ Be aware of resources committed and impact to the jurisdiction(s) – provide for contingencies as appropriate
- ❑ Consider long term support structure – Complete ICS structure may be required – (Incident Management Support Team)
- ❑ Consider Deputy and scribes to capture rapidly evolving info and competing interests
- ❑ Assess impact of surrounding community: businesses, schools, etc. – shelter in place
- ❑ Crime scene processing units developed
- ❑ Formalize staging area to hold units and personnel from engaging before directed to
- ❑ Media Staging Area – PIO established and provided assistant PIOs as necessary
- ❑ Establish person to manage activities for jurisdiction not associated with the incident
- ❑ Consider the potential for an incident within an incident
- ❑ Demobilization and debriefing plan considered
- ❑ Assess resources under or over utilized, redeploy or return
- ❑ Plan for multiple operations periods, day/night operations: relief, call back additional food....
- ❑ Notification process for next of kin (local personnel)
- ❑ Plan for victim/witness services and sequestration
- ❑ Witness holding area
- ❑ Victim/Family Assistance Plan
- ❑ Transportation plan for responders and civilians (Logistics)

- ❑ Status of roadways around area, allowing for positive traffic flow
- ❑ Request assistance from Emergency Management

### *Maintain Composure*

- ❑ Stressors can enhance your ability to make decisions, however, there is a fine line between eustress and distress – focus on the mission and the desired end state – stay away from a narrow focus

### *Size up (360-degree survey)*

- ❑ When assessing the situation always receive a briefing from the prior IC
- ❑ Consider any public safety pre-plans, maps, or surveys of the location that may be available
- ❑ Consider information provided by dispatch and first-arriving units
- ❑ Continually evaluate incident situation at regular intervals throughout the response

### *Command*

- ❑ Develop and communicate objectives, strategies and tactics. Once established they should be continually evaluated - including a risk vs. benefit evaluation
- ❑ Establish the immediate priorities
- ❑ Establish an Incident Command Post, consider the use of the Mobile Command and Communication Unit when appropriate – serious consideration should be given for long duration incidents
- ❑ Develop an appropriate command structure – including command staff
- ❑ Approve and authorize implementation of IAP

### *Control*

- ❑ Deter and combat freelancing
- ❑ Where risk is great activities should shift to defensive as soon as practical – with the intention of limiting risk

- ❑ Maintain crew integrity
- ❑ Manage and maintain span of control
- ❑ Order the demobilization of the incident when appropriate

### *Coordination*

- ❑ Be aware of extreme conditions that endanger the safe completion of an order
- ❑ Ensure planning meetings are scheduled as required

### *Communication*

- ❑ Clearly communicate orders and direction – especially by radio when all personnel need to know of personnel movement, change in objectives, strategies and tactics.
- ❑ Communicate mode of operation – offensive, defensive, offensive/defensive, defensive/offensive

### *Agency Oversight*

- ❑ Develop and maintain a stationary command post as soon as practical
- ❑ Coordinate with key people and elected officials

### *Support*

- ❑ Continually assess resources – request and release as required
- ❑ Authorize the release of information to the news media – preferably through the PIO

### *Personnel Management*

- ❑ Responders should clearly understand that they are **empowered to not engage in or to immediately stop unsafe actions and notify command**

### *Safety System*

- ❑ Rapid Intervention Crews (RIC) – Back-up
- ❑ Use multiple RICs if necessary, depending on size of structure

### *Accountability*

- ❑ Who is operating on the incident and supporting the incident?

- ❑ Where are personnel operating?
- ❑ Are areas cleared of hazards and secured?

### *Rehabilitation*

- ❑ Area established and staffed

### *Hazardous Situations*

- ❑ Continual Risk vs. Benefit evaluation

### *Traffic Plan*

- ❑ Apparatus Staging, Travel Routes

### *Scene Security*

- ❑ Include security for the Command Post, witness holding area, staging area, media area, and family reunification area along with overall scene security

### *Consider size and complexity of the incident/Span of Control (Deputy IC if necessary)*

- ❑ Designation of groups, divisions, branches, etc.
  - Use Command Vests
- ❑ Assignment of Logistics, Planning, and Operations as needed.
- ❑ Assess the need to create Area Command or Incident Complex, request resources to accomplish as necessary
- ❑ Consider establishing Unified Command when multiple agencies are involved in the response. Factors for including an agency in Unified Command are:
  - Geographical
  - Political
  - Statutory
- ❑ Direct all agencies not part of Unified Command to the Liaison Officer

## Unified Command (UC)

The individual selected as the spokesperson for Unified Command is typically the person representing the agency with the highest resource commitment or most visible activity. In some cases, this individual may be assigned the task simply because they are the most experienced.

### Establishing Unified Command

Considerations for identifying Command Staff positions, while establishing Unified Command include:

- ❑ Designate one agency official to act as the UC spokesperson
- ❑ State/jurisdictional/agency priorities and objectives
- ❑ Present jurisdictional limitations, concerns and restrictions
- ❑ Develop collaboratively a set of incident objectives
- ❑ Establish and agree on acceptable priorities.
- ❑ Adopt an overall strategy or strategies to accomplish objectives
- ❑ Agree on the basic organization structure.
- ❑ Designate the most qualified and acceptable Operation Section Chief (OSC)
- ❑ The OSC may be from the jurisdiction that has the greatest involvement in the incident, although that is not essential
- ❑ Agree on General Staff personnel designations, as well as planning, logistical and finance agreements and procedures
- ❑ Agree on the resource ordering process
- ❑ Agree on cost sharing procedures
- ❑ Agree on informational matters



## Unified Command Initial Tasks

- ❑ Gather information about:
  - Situation Status
  - Objectives/Priorities
  - Current Organization
  - Resource Needs
  - Resource Assignments
  - Resources Ordered
  - Facilities Established
  - Communications Plan
  - Prognosis, Concerns and Issues
  - Status of resources (amount/fatigue)
- ❑ Establish Incident Priorities
- ❑ Determine Incident Objective and Strategies
- ❑ Identify suitable location for Incident Command Post
- ❑ Consider use of Mobile Command and Communications Unit (MCCU)
- ❑ Establish organizational chart
- ❑ Ensure Planning Meetings are established through Planning Section Chief
- ❑ Approve and authorize implementation and modification of the Incident Action Plan
- ❑ Ensure that adequate Safety and Personnel Accountability is in place
- ❑ Consider Assistant Incident Safety Officers during technical rescue and large or complex incidents.
- ❑ Coordinate activities for:
  - Command and General Staff
  - Agency Representatives
  - Stakeholders
- ❑ Approve requests for resources and their release
- ❑ Provide progress reports to agency administrator(s)
- ❑ Have complexity analysis conducted
- ❑ Evaluate Communications Plan
- ❑ Establish minimum resources to be held in staging

- ❑ Review, evaluate, and revise strategy/tactics
- ❑ Coordinate activities of outside agencies
- ❑ Intelligence/investigation management
- ❑ Authorize release of information to the media
- ❑ Scene and other considerations:
  - Movement of resources (Access/Egress)
  - Weather
  - Rehab location
  - Evacuation/sheltering
  - CISM
- ❑ Approve and order Demobilization Plan when appropriate

## Transfer of Command

Consider the following factors when transferring command:

- ❑ Assess situation with the in-coming Incident Commander - prognosis
- ❑ Receive briefing from Command and General Staff – objectives and priorities
- ❑ Determine appropriate time for transfer of Command.
- ❑ Notify CGS members of Command transfer
- ❑ Reassign or demobilize out-going Incident Commander

## Briefing Checklist

The briefing should include the following items:

- ❑ Situation status – especially as compared to what was found on arrival. Progress utilizing the resources assigned
- ❑ Resources remaining, their assigned location and status; review organizational chart
- ❑ Areas of concern – political, community, special interest, assisting and cooperating agencies
- ❑ Logistical support needed or retained (**facilities established – communications plan**)
- ❑ Turnover documentation

## Agency Closeout

When demobilizing from an incident, the following information needs to be provided to the Agency Administrator:

- ❑ Incident summary
- ❑ Significant issues that may have long lasting ramifications or require recovery efforts
- ❑ Turnover of components of the incident/situation/event that have not been finalized
- ❑ Final evaluation of incident management by agency administrator officer, executive officer or elected official.

## Operations Section Chief

- ❑ Manage all tactical operations applicable to the primary mission.
- ❑ Develop/Maintain 360-degree awareness of situation.
- ❑ Develop Operations Section portion of the IAP and complete the (ICS 215) as appropriate.
- ❑ Direct the preparation of unit operational plans.
- ❑ Brief and assign operations section personnel in accordance with the IAP.
- ❑ Activate and supervise organizational elements ensuring safety and welfare of all personnel.
- ❑ Request and release Operation Section resources.
- ❑ Assemble and disassemble strike teams, task forces and crews assigned to the Operation Section.
- ❑ Make expedient changes to the IAP and report any information about special activities, events and convey any changes to the (IC).
- ❑ Maintain a Unit Activity Log (ICS 214).
- ❑ Responsibilities:
  - Assess Incident Priorities
  - Determine Strategic Goals
  - Contribute to the Incident Action Plan
  - Determine Tactical Objectives
  - Develop an Organization
- ❑ Provide Progress Reports as needed - every 20 minutes is suggested.
- ❑ Deputy Operations Section Chief may be utilized for a variety of reasons, some examples – planning operations, evacuation, contingencies, accident investigation etc.

### Additional Considerations

- ❑ Controlling freelancing
- ❑ Scene security

- ❑ Evidence preservation
- ❑ Intelligence/Investigation
- ❑ Risk vs. Benefit evaluation
- ❑ All Clear on each floor/area
- ❑ RIC – back-up crews
- ❑ Accountability
- ❑ Announce assignments of divisions and groups
- ❑ Apparatus Placement – Staging vs. Base
- ❑ Review plot plans, pre plans
- ❑ Wires
- ❑ Utilities
- ❑ Safety Zone(s)
- ❑ Ladders
- ❑ Lighting
- ❑ Traffic control and apparatus access
- ❑ Conduct a **PAR** upon any change in operations
- ❑ CISM

## Branch Director

- ❑ Under the direction of the Operations Section Chief (OSC) or Command you are responsible for the supervision of either a geographical or functional Branch
- ❑ Develop with subordinates, alternatives for Branch Control management.
- ❑ Review and manage/maintain effectiveness of current operations Division/Group assignments.
- ❑ Assign work task to specific Division/Group Supervisors.
- ❑ Resolve logistical problems reported by subordinates
- ❑ Report to the OSC or Command when the IAP needs to be modified, additional are needed or surplus resources are available, when hazardous situations are present or significant events occur.
- ❑ Approve accident or medical reports originating within Branch
- ❑ Maintain Activity Log as directed

### Staging/Base Manager

- ❑ Obtain a briefing from the Incident Commander/Operations Section Chief
- ❑ Determine **the minimum number of personnel and/or equipment to be maintained in the Staging Area. When personnel and/or equipment levels are reached, notify the IC or OSC**
- ❑ If Operations has not been designated, the Staging Area Manager is the responsibility of Command
- ❑ Proceed to the Staging Area.
- ❑ Establish a Staging Area layout – safe, maximizes use of space and allows for rapid deployment

- ❑ Determine the support and **security needs** (i.e., lighting the area or support from Law Enforcement) for equipment, feeding and sanitation for personnel
- ❑ Obtain Accountability Control Board or tracking
- ❑ Establish a check-in function as appropriate. Place two (2) traffic cones to identify area
- ❑ Post areas for identification and traffic control
- ❑ Request maintenance service for equipment at the staging area as appropriate
- ❑ Obtain and issue receipts for radio equipment and other supplies distributed and received at the Staging Area
- ❑ Respond to requests for resource assignments. (Note: Requests may be direct from Operations or via the Incident Communications Center.) Upon assigning personnel, the Staging Manager should ensure that crews are assembled as directed and personnel are clear on reporting location
- ❑ Report resource status changes as required
- ❑ Maintain the Staging Area in orderly condition
- ❑ Demobilize the Staging Area in accordance with the incident demobilization plan

For large incidents, a Base and or one or more Camps may be established by the Command/General Staff to provide support to operations.

- ❑ Base is the location where the primary logistics functions are coordinated and administered.
- ❑ Camps are typically smaller in nature and more remote. Camps may be in place several days or may be moved depending on the nature of the incident. Functional unit activities performed at the Base may be performed at the Camp(s). These activities may include, Supply Unit, Medical Unit, Ground Support Unit, Food Unit, Communications Unit, as well as the Facilities Unit functions of facility maintenance and

security. Camp Managers are responsible for providing non-technical coordination for all units operating within the Camp.

- ❑ The General Staff will determine units assigned to Camps. Personnel requirements for units at Camps will be determined by the parent unit, based on kind and size of incident and duration of Camp operations.

### *The Base/Camp Manager Responsibilities*

- ❑ Provide overall coordination of all Base/Camp activities to ensure that all assigned units operate effectively and cooperatively in meeting objectives.
- ❑ Determine personnel support requirements
- ❑ Obtain necessary equipment and supplies
- ❑ Ensure that all sanitation, shower and sleeping facilities are set up and properly functioning
- ❑ Make sleeping arrangements
- ❑ Provide direct supervision for all facility maintenance and security service at Base/Camp(s)
- ❑ Ensure that strict compliance is made with all applicable safety regulations
- ❑ Ensure that all Base to Camp communication are centrally coordinated
- ❑ Ensure that all Base to Camp transportation scheduling is centrally coordinated



## Planning Section Chief

- ❑ Develop/Maintain 360-degree awareness of situation
- ❑ Supervise preparation needs for each operational period of the IAP.
- ❑ Collect and process information about the incident.
- ❑ Reassign onsite but out-of-service personnel (Rehabilitation Area) already to the ICS organization responsibilities as necessary.
- ❑ Establish information requirements and reporting of schedules for the Planning Section (i.e., Resources Unit, Situation Unit).
- ❑ Determine need for specialized resources.
- ❑ If necessary – assemble Strike Teams, Task Forces and/or Crews.
- ❑ Establish special Intelligence/Investigation, weather, environmental and toxics.
- ❑ Provide periodic predictions on incident potential and develop alternative strategies.
- ❑ Report significant changes in incident potential.
- ❑ Compile and display incident status information.
- ❑ Prepare and implement Demobilization Plan.
- ❑ Incorporate all plans, (Traffic, Medical, Site Safety and Communications) into the Incident Action Plan.
- ❑ Maintain Unit/Activity Plan (ICS 214)

### Planning Section Chief Checklist

- ❑ Review informal action plan developed by IC.
- ❑ Review pre-incident planning, MSDS sheets, etc.
- ❑ Receive and evaluate information from Logistics Section Chief concerning commitment of on-scene resources, as well as the resources available in staging/base. Develop information for progress report.

- ❑ Review need for specialized resources – heavy equipment, aircraft, and/or activation of Emergency Operations or Department Operations Center.
- ❑ Develop Plan “B” - Statement of problems, objectives to solve problems, pre-tactical requests, Summary of operation to solve problems, New ICS organizational chart.
- ❑ Establish rotation cycle or operational periods for the incident.
- ❑ Develop a demobilization plan, with input from Logistics Section.
- ❑ Ascertain need for technical specialists, Homeland Security, Intelligence/Investigation.
- ❑ Ascertain need for other resources: water maps, gas line maps, and/or site map.
- ❑ Ascertain need for environmental specialists – coordinate their activities.
- ❑ Complete Complexity Analysis
- ❑ Collect information from the incident: Fire Hazard Surveys, CAD notes - maps - available resources - blue prints
- ❑ Prepare for briefing with additional responding chiefs, involving Command and General Staff. Agency administrator (elected officials) (Chief of the Department) – Briefings should include the following items:
  1. Safety message
  2. Incident Objectives
  3. Strategy
  4. Tactics
  5. Communications plan
  6. Division assignments
  7. Medical plan for responders
  8. Forecasting strategy/tactics/weather
  9. Technical/hazmat issues
  10. Demobilization
  11. Report from Command & General Staff

12. Agreements/accidents

13. Maps, visuals and aids (traffic plan)

### Plan Development Considerations

- ❑ Contingency plan
- ❑ Evacuation plan
- ❑ Structure protection plan
- ❑ Demobilization plan
- ❑ Command post relocation plan
- ❑ Family Assistance
- ❑ Response transition to recovery

## Logistics Section Chief

- ❑ Provide an enhanced and continual 360-degree overall scene safety evaluation focusing on a thorough exterior survey:
  - Safety – any potential hazard: collapse, fall, slip, trip, electrical, thermal, hazardous materials, crew integrity, etc. Communicate to the IC any actions that are deemed as unsafe and you immediately suspend, alter or terminate. Be prepared to transition information to the assigned Safety Officer
  - Continuously assess the location of the hazard/threat potential for unique logistical support
  - Monitor resource utilization (people, apparatus and equipment) including recommending the need for additional resources
  - Monitor the effectiveness of water supply efforts
- ❑ Participate in the development of the IAP
- ❑ Provide input to and review the communications plan, medical plan (emergency workers) and traffic plan
- ❑ Coordinate and process requests for additional resources
- ❑ Review IAP and estimate current and future needs for each operational period
- ❑ Recommend release of units in conformity with demobilization plan (Planning Section)
- ❑ ICS Structure:
  - ❑ Service Branch –
    - Communication Unit
    - Medical Unit
    - Food Unit
  - ❑ Support Branch-
    - Supply Unit
    - Facilities Unit
    - Ground Support Unit
  - ❑ Maintain Unit/Activity Log (ICS 214)

## Additional Considerations

- ❑ Determine if staffing at the Command Post is sufficient
- ❑ Assess need and recommend requests for special resources: BGE, I/I, Alarmers (food) Public Works - Sand/Salt Truck. Building Inspector to assess structural stability.
- ❑ Locate Accountability. The board should be located in a convenient “gatekeeper” position, away from Command Post.
- ❑ Transition accountability from autopilot to full-function mode.
- ❑ Ensure proper location of the Staging Area, Base and Drop Points
- ❑ Ensure the Rehabilitation Area is established and functioning properly
- ❑ Assess need for food and shelter as necessary
- ❑ Ensure two-out/relief/support crew is in place, properly equipped and expandable based on threat and size of structure
- ❑ Consider air management if hazardous atmosphere and work/rest cycles
- ❑ Assess need for air bottles or air cascade
- ❑ Ensure lobby control and services support. Ground support should coordinate stairwell support. Develop a check in status sheet in Lobby (in addition to accountability board).
- ❑ Evaluate scene accessibility, place unnecessary apparatus in base area and unutilized personnel in staging.
- ❑ Develop Traffic Plan in coordination with law enforcement. Move apparatus to open lanes of traffic.
- ❑ Evaluate communications needs, such as
  - Equip Mutual Aid companies with jurisdiction radios
  - Develop a communications plan for additional tactical channels to isolate functions that support operation (i.e., staging, water supply)
  - Consider MCCU; and locate a large area

- ❑ Develop a plan to move personnel long distances when Base and Staging Area are remote.
- ❑ Interview apparatus operators and evaluate need for fuel and/or maintenance of vehicles operating on scene.
- ❑ Assist in gathering information for the Brief Progress Report.
- ❑ Advise IC/Operations on effectiveness of Water Supply, including the need for Water Supply Officer.
- ❑ Assess Fire-line, Law Enforcement and EMS; ensure EMS support is available for emergency service providers.
- ❑ Be advised that many jurisdictions require an estimated usage of water flowed from hydrants on a municipal water supply during an incident, estimate water usage and be prepared to report
- ❑ Logistics may need to request resources by Resource Types - Categories:
  - A - Aircraft
  - C - Crews
  - E - Equipment
  - O-Overhead (additional supervision)
  - S - Supplies

## Incident Complex

An Incident Complex refers to two or more individual incidents located in the same general area that are assigned to a single IC or UC. When an Incident Complex is established over several individual incidents, the general guideline is that the previously identified incidents would become Branches within the Operations Section of the IMT. This provides more potential for future expansion if required and more flexibility is then available within each Branch to later establish Divisions or Groups if required. Also, because Divisions and Groups may already have been established at each of the incidents, the same basic structure can be maintained. Benefits of creating an Incident Complex include staff and logistical support are economized and better managed by one system; staff is reduced as well as costs and resource utilization; and Planning, Logistics and Finance can manage the separate incidents with one IMT.

If any of the incidents within a complex has potential to become a large-scale incident, it is best to establish it as a separate incident with its own ICS organization. The following are examples where an Incident Complex may be appropriate:

- ❑ Multiple incidents in close proximity involving active assailants.
- ❑ Multiple areas involving civil disturbance activities.
- ❑ An earthquake, tornado, flood, or other situation where many separate incidents are occurring in close proximity.
- ❑ Several separate fires burning in close proximity to one another.
- ❑ One incident underway with an IMT assigned, with other smaller incidents occurring in the same area.

## Area Command

*Information included here is a primer only for Area Command. If Area Command is needed on a large scale, consider an Incident Management Team (IMT).*

### Area Command

- ❑ If operating as a Unified Area Command, develop working agreement for how Area Commanders will function together.
- ❑ Delegate authority to ICs based on agency expectations, concerns, and constraints.
- ❑ Establish an Area Command schedule and timeline.
- ❑ Resolve conflicts between incident “realities” and agency officials “wants.”
- ❑ Establish appropriate location for the Area Command facilities.
- ❑ Determine and assign a manageable Area Command organization.
- ❑ Determine need for, and assign technical specialists to support, Area Command.
- ❑ Obtain incident briefing and IAPs from ICs (as appropriate).
- ❑ Assess incident situations prior to strategy meetings.
- ❑ Conduct a joint meeting with all ICs.
- ❑ Review objectives and strategies for each incident.
- ❑ Periodically review critical resource needs.
- ❑ Maintain close coordination with agency officials, cooperating and assisting agencies, and other entities, including EOCs, MACs.
- ❑ Establish priorities for critical resources.
- ❑ Review procedures for interaction with the Area Command.
- ❑ Approve ICs’ requests for and release of critical resources.



- ❑ Coordinate and approve demobilization plans.
- ❑ Maintain log of major actions/decisions.

## Technical Specialists

Certain incidents or events may require the use of Technical Specialists (THSP) who have knowledge and expertise. Technical Specialists are advisors with special skills needed to support incident operations. They may report to the Planning Section Chief, function within an existing unit such as the Situation Status Unit, or they may form a separate unit if required. Alternatively, a Technical Specialist may be reassigned to other parts of the organization (i.e., Operations, Logistics or Finance).

- ❑ Check in with Planning Section Chief (or the appropriate supervisory position). The Technical Specialist is should be accounted for using the appropriate accountability system.
- ❑ Obtain briefing from supervisor.
- ❑ Obtain personal protective clothing as appropriate.
- ❑ Determine coordination procedures with other sections, units and local agencies.
- ❑ Determine work area and obtain work materials.
- ❑ Participate in the development of the Incident Action Plan and review the general control objectives including alternative strategies as appropriate.
- ❑ Obtain appropriate transportation and communications
- ❑ Keep supervisor informed.
- ❑ As directed maintain a Unit/Activity Log (ICS Form 214).

## Safety Officer

The SOFR function is to develop and recommend measures for assuring personnel safety, and to assess and/or anticipate hazardous and unsafe situations. Having full authority of the Incident Commander, the SOFR can exercise emergency authority to stop or prevent unsafe acts.

Only one Safety Officer will be assigned for each incident. The Safety Officer may have Assistant Safety Officers as necessary, and the Assistant Safety Officers may also come from assisting agencies or jurisdictions as appropriate. Assistant Safety Officers may have specific responsibilities such as air operations, urban search and rescue, hazardous materials, or for specific geographic or functional areas of the incident:

- ❑ Participate in planning meetings and advocate effective risk management.
- ❑ Identify hazardous situations associated with the incident.
- ❑ Review the Incident Action Plan for safety implications.
- ❑ Exercise emergency authority to stop or prevent unsafe acts and communicate such exercise of authority to the IC.
- ❑ Investigate accidents that have occurred within the incident area.
- ❑ Assign Assistant Safety Officers as needed.
- ❑ Conduct and prepare an Incident Safety Analysis (ICS Form 215-AG/AW) as appropriate.
- ❑ Initiate appropriate mitigation measures (i.e., Personnel Accountability, Fireline EMT's, Rapid Intervention Crew/Company).
- ❑ Develop and communicate an incident safety message as appropriate.
- ❑ Review and approve the Site Safety and Control Plan (ICS Form 209).
- ❑ Maintain Unit/Activity Log.

## Liaison Officer

- ❑ Identify and communicate with assisting and cooperating agencies. Establish staging area for agencies.
- ❑ Identify special needs of assisting and cooperating agencies.
- ❑ Determine capabilities of assisting and cooperating agencies.
- ❑ Confirm and record names and contact information of agency representatives as well as their current location.
- ❑ If the agency is not going to remain on-scene, how long would it take to return and become functional?
- ❑ Assign assistant liaison officers if necessary.
- ❑ Advise agency representatives that the Liaison officer is their point of contact.
- ❑ Hold meetings with assisting and cooperating agencies, should involve the IC if available.
- ❑ Monitor operations to identify current or potential inter-organizational challenges.
- ❑ Participate in planning meetings; provide resources status, including limitations and capabilities of assisting resources.
- ❑ Check in and account for agencies, including educating them of safety concerns and limitations.
- ❑ Ensure that personnel are properly equipped through the agency representative.
- ❑ Receive input from agency representatives on the effectiveness and integration of resources.

# Public Information Officer

## Report to incident commander (advisor to IC)

- ❑ Briefing on current situation, including objectives and achievements
- ❑ Receive any pertinent instructions from IC
- ❑ Clear sensitive or restricted information, including anything under investigation with Intelligence/Investigation section
- ❑ Warnings or critical information to be released
- ❑ Assign assistant PIO's as necessary
- ❑ Determine public's needs

## Media Scene Management

- ❑ Alert media to your location
- ❑ Set up Near Site Media Staging Area
- ❑ Set up in safe area
- ❑ Provide optimal view of incident
- ❑ Make sure location does not interfere with command functions
- ❑ Allow adequate space for media including satellite vehicles
- ❑ Clearly mark media area
- ❑ Set ground rules up front
- ❑ Monitor media area

## Media Pool

- ❑ Needed when scene requires limited access and all media cannot be brought to scene
- ❑ PIO establishes which type of representatives of the media, such as photographer, reporter, or both will be part of media pool
- ❑ Allow the media to select its own representative(s)
- ❑ Be very specific about the rules, requirements, and areas off limits

- ❑ Develop and share expectations
- ❑ Ensure that you understand and handle the needs of the media who will be remaining in the media sector
- ❑ Ensure the safety of the pool reporter

## Multiagency Operations JIC/JIS

- ❑ Coordinate with incident/unified command
- ❑ Coordinate messages with other PIOs and interested parties
- ❑ Develop information strategy which includes and agenda
- ❑ Make sure media understands how to access information from JIC/JIS
- ❑ Distribute and share decisions and information with other PIO's
- ❑ Prepare and use JIC letterhead identifying the agencies involved in the incident
- ❑ Monitor releases
- ❑ Media briefing
  - May be needed during large-scale emergencies.
  - Identify media's needs
  - Arrange briefings with deadlines
  - Set an agenda and schedule
  - Be timely
  - Respond quickly to changes in incident status
  - Use a facilitator
  - Identify the media involved
  - Provide access to senior officials when appropriate
  - Be aware of potential human-interest stories

## Intelligence/Investigation Section

Intelligence/Investigation may be assigned to the Command Staff - as a Section Chief within the General Staff, within the Operations Section or a Unit in Planning. Intelligence/Investigation have its own Staging Area and Staging Area Manager if necessary.

Terminology – if Investigation Group is already in use (in Operations), then use Intelligence. However, the terminology should be representative of the function being deployed. If used as a member of Command Staff refer to as Investigation or Intelligence, depending on function or previous assigned terminology. If a component of Planning Intelligence of Investigation shall be designated as a Unit. If assigned to Operations, Intelligence or Investigation can be assigned to either a Division/Group or Branch, depending on the amount of resources assigned or may be assigned. If a component of the General Staff, the Section would be referred to as the Intelligence or Investigation Section, as all other General Staff this designation is considered a Section Chief.

- ❑ Consider notifying MCAC at 1-800-492-8477.
- ❑ Initial Investigators may initially be assigned Investigation as a component of the Command Staff when their function gathering physical evidence and intelligence. As the incident grows in complexity or size or when involving a suspicious package, an Intelligence or Investigation Branch or Section should be established depending on the function.
- ❑ Confer with IC/UC how the Intelligence/Investigation function will be organized and who to report to; and other outside agencies that may be utilized. Command should notify all personnel when this section is initiated. Continually confer with CGS activities

of support from governmental agencies, nongovernmental organizations and the private sector.

- ❑ Confer with Command and General Staff to prevent interference, avoid disturbance of crime scene and decedents.
- ❑ Ensure Intelligence/Investigation-related objective strategies and priorities are formulated and communicated to Command and investigators.
- ❑ Confer with Operations and Logistics Section Chiefs and Safety Officer regarding force protection, security, and health and safety issues.
- ❑ Confer with Operations and Command regarding tactical Intelligence/Investigation related activities, including warrant executions, arrests, searches, seizures, surveillance, undercover operations, stops/detentions, enforcement operations, identification activities, and epidemiological surveillance.
- ❑ Establish work area in a secure area a reasonable distance from Operations and the Incident Command Post.
- ❑ Maintain integrated operations with all levels of incident management organization.
- ❑ Ensure (investigators) that respond initially and subsequent are:
  - Immediately identified and are working within the ICS
  - Checked into an accountability system
  - Properly equipped
  - Wearing appropriate PPE
  - Appropriately organized
  - Aware of staging area and reporting responsibilities related to ICS
  - Aware of any pertinent off-incident locations
  - Work/rest cycles



- Procedures for reporting completion of activities and reassignment
- ❑ Notify Investigators of off-incident facilities:
  - Hospitals
  - Businesses
  - Intelligence Fusion Centers
  - FBI JOC
  - Family Assistance Centers
  - Meeting Areas
  - Interview Areas
- ❑ Schedule and conduct periodic meetings with intelligence/Investigation personnel.
- ❑ Functional Groups under the Intelligence/Investigation Section may include:
  - Investigative Operations Group
  - Intelligence Group
  - Forensic Group
  - Missing Persons Group, including family assistance
  - Mass Fatality Management Group
  - Investigative Support Group

### Intelligence/Investigation Relationship with the Public Information Officer

- ❑ Ensure the Public Information Officer:
  - Aids public affairs and media related activities.
  - Monitors information disseminated by the media, governmental agencies, nongovernmental organizations and the private sector, and immediately forwards any relevant information to the Intelligence/Investigations Section.
- ❑ Coordinate with the Public Information Officer to ensure public information related activities **do not violate or contravene (violate) operations security, operational security, or information security procedures.**

# Multi/Mass Casualty

## Medical Branch Director

The Medical Branch Director is responsible for the implementation of the IAP within the Medical Branch. The Branch Director reports to the Operations Section Chief and supervises the Medical Group(s) and the Patient Transportation function (Unit or Group). Patient Transportation may be upgraded from a Unit to a Group based on the size and complexity of the incident.

- ❑ Review Group Assignments for effectiveness of current operations and modify as needed.
- ❑ Provide input to Operations Section Chief for the IAP.
- ❑ Supervise Branch activities and confer with Safety Officer to assure safety of all personnel using effective risk analysis and management techniques.
- ❑ Report to Operations Section Chief on Branch activities.
- ❑ Maintain Unit/Activity Log (ICS Form 214).

## Medical Group Supervisor

The Medical Group Supervisor reports to the Medical Branch Director and supervises the Triage Unit Leader, Treatment Unit Leader, Patient Transportation Unit Leader and Medical Supply Coordinator. The Medical Group Supervisor establishes command and controls the activities within a Medical Group:

- ❑ Participate in Medical Branch/Operations Section planning activities.
- ❑ Establish Medical Group with assigned personnel, request additional personnel, and resources sufficient to handle the magnitude of the incident.
- ❑ Designate Unit Leaders and Treatment Area locations as appropriate.
- ❑ Consider use of contaminated patients (Blue Triage Area).

- ❑ Consider a procedure to identify contaminated and decontaminated patients.
- ❑ Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.
- ❑ Request law enforcement/coroner involvement as needed.
- ❑ Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, backboards, litters, and cots).
- ❑ Ensure activation or notification of hospital alert system and/or local EMS/health agencies.
- ❑ Direct and/or supervise on-scene personnel from agencies such as Coroner's Office, Red Cross, law enforcement, ambulance companies, county health agencies, and hospital volunteers.
- ❑ Request proper security, traffic control, and access for the Medical Group work areas.
- ❑ Direct medically trained personnel to the appropriate Unit Leader.
- ❑ Maintain Unit/Activity Log (ICS Form 214).

### Triage Unit Leader

The Triage Unit Leader reports to the Medical Group Supervisor and supervises Triage Personnel/Stretcher Bearers and the Morgue Manager. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients from the triage area. **When triage has been completed, the Unit Leader may be reassigned as needed.**

- ❑ Develop organization sufficient to handle assignment.
- ❑ Inform Medical Group Supervisor of resource needs.
- ❑ Implement triage process.
- ❑ Coordinate movement of patients from the Triage Area to the appropriate Treatment Area.
- ❑ Give periodic status reports to Medical Group Supervisor.

- ❑ Maintain security and control of the Triage Area.
- ❑ Establish Morgue.
- ❑ Maintain Unit/Activity Log (ICS Form 214).

### **Triage Personnel**

Triage Personnel report to the Triage Unit Leader and triage patients and assign them to appropriate treatment areas:

- ❑ Report to designated on-scene triage location.
- ❑ Triage and tag injured patients. Classify patients while noting injuries and vital signs if taken.
- ❑ Direct movement of patients to proper Treatment Areas.
- ❑ Provide appropriate medical treatment to patients prior to movement as incident conditions dictate.

### **Morgue Manager**

The Morgue Manager reports to the Triage Unit Leader and assumes responsibility for Morgue Area functions until properly relieved:

- ❑ Assess resource/supply needs and order as needed.
- ❑ Coordinate all Morgue Area activities.
- ❑ Keep area off limits to all but authorized personnel.
- ❑ Coordinate with law enforcement and assist the Coroner or Medical Examiner representative.
- ❑ Keep identity of deceased persons confidential.
- ❑ Maintain appropriate records.

### **Treatment Unit Leader**

The Treatment Unit Leader reports to the Medical Group Supervisor and supervises Treatment Managers and the Treatment Dispatch Manager. The Treatment Unit Leader assumes responsibility for treatment, preparation

for transport, and directs movement of patients to loading location(s):

- ❑ Develop organization sufficient to handle assignment.
- ❑ Direct and supervise Treatment Dispatch, Immediate, Delayed, and Minor Treatment Areas.
- ❑ Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.
- ❑ Request sufficient medical caches and supplies as necessary.
- ❑ Establish communications and coordination with Patient Transportation Unit Leader.
- ❑ Ensure continual triage of patients throughout Treatment Areas.
- ❑ Direct movement of patients to ambulance loading area(s).
- ❑ Give periodic status reports to Medical Group Supervisor.
- ❑ Maintain Unit/Activity Log (ICS Form 214).

### **Treatment Dispatch Manager**

The Treatment Dispatch Manager reports to the Treatment Unit Leader and is responsible for coordinating with the Patient Transportation Unit Leader (or Group Supervisor if established), the transportation of patients out of the Treatment Areas:

- ❑ Establish communications with the Immediate, Delayed, and Minor Treatment Managers.
- ❑ Establish communications with the Patient Transportation Unit Leader.
- ❑ Verify that patients are prioritized for transportation.
- ❑ Advise Medical Communications Coordinator of patient readiness and priority for transport.
- ❑ Coordinate transportation of patients with Medical Communications Coordinator.

- ❑ Assure that appropriate patient tracking information is recorded.
- ❑ Coordinate ambulance loading with the Treatment Managers and ambulance personnel.
- ❑ Maintain Unit/Activity Log (ICS Form 214).

### **Immediate Treatment Area Manager**

The Immediate Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Immediate Treatment Area:

- ❑ Request or establish Medical Teams as necessary.
- ❑ Assign treatment personnel to patients received in the Immediate Treatment Area.
- ❑ Ensure treatment of patients triaged to the Immediate Treatment Area.
- ❑ Assure that patients are prioritized for transportation.
- ❑ Coordinate transportation of patients with Treatment Dispatch Manager.
- ❑ Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- ❑ Assure that appropriate patient information is recorded.
- ❑ Maintain Unit/Activity Log (ICS Form 214).

### **Minor Treatment Area Manager**

The Minor Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Minor Treatment Area:

- ❑ Request or establish Medical Teams as necessary.
- ❑ Assign treatment personnel to patients received in the Minor Treatment Area.
- ❑ Ensure treatment of patients triaged to the Minor Treatment Area.

- ❑ Assure that patients are prioritized for transportation.
- ❑ Coordinate transportation of patients with Treatment Dispatch Manager.
- ❑ Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- ❑ Assure that appropriate patient information is recorded.
- ❑ Maintain Unit/Activity Log (ICS Form 214).

### Delayed Treatment Area Manager

The Delayed Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to Delayed Treatment Area:

- ❑ Request or establish Medical Teams as necessary.
- ❑ Assign treatment personnel to patients received in the Delayed Treatment Area.
- ❑ Ensure treatment of patients triaged to the Delayed Treatment Area.
- ❑ Assure that patients are prioritized for transportation.
- ❑ Coordinate transportation of patients with Treatment Dispatch Manager.
- ❑ Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- ❑ Assure that appropriate patient information is recorded.
- ❑ . Maintain Unit/Activity Log (ICS Form 214).

### Patient Transportation Unit Leader or Group Supervisor

The Patient Transportation Unit Leader reports to the Medical Group Supervisor and supervises the Medical Communications Coordinator and Ambulance Coordinator. The Patient Transportation Unit Leader is responsible for the coordination of patient transportation

and maintenance of records relating to the patient's identification, condition, and destination. The Patient Transportation function may be initially established as a Unit and upgraded to a Group based on incident size or complexity:

- ❑ Insure the establishment of communications with hospital(s).
- ❑ Designate Ambulance Staging Area(s).
- ❑ Direct the off-incident transportation of patients as determined by the Medical Communications Coordinator.
- ❑ Assure that patient information and destination are recorded.
- ❑ Establish communications with Ambulance Coordinator.
- ❑ Request additional ambulances as required.
- ❑ Notify Ambulance Coordinator of ambulance requests.
- ❑ Coordinate requests for air ambulance transportation through the Air Operations Branch Director.
- ❑ Coordinate the establishment of the Air Ambulance Heli-spots with the Medical Branch Director and Air Operations Branch Director.
- ❑ Maintain Unit/Activity Log (ICS Form 214).

### **Medical Communications Coordinator**

The Medical Communications Coordinator reports to the Patient Transportation Unit Leader and maintains communications with the hospital alert system to maintain status of available hospital beds to assure proper patient transportation. The Medical Communications Coordinator assures proper patient transportation and destination:

- ❑ Establish communications with the hospital alert system.
- ❑ Determine and maintain current status of hospital/medical facility availability and capability.



- ❑ Receive basic patient information and condition from Treatment Dispatch Manager.
- ❑ Coordinate patient destination with the hospital alert system.
- ❑ Communicate patient transportation needs to Ambulance Coordinators based upon requests from Treatment Dispatch Manager.
- ❑ Communicate patient air ambulance transportation needs to the Air Operations Branch Director based on requests from the treatment area managers or Treatment Dispatch Manager.
- ❑ Maintain appropriate records and Unit/Activity Log (ICS Form 214).

### Ambulance Coordinator

The Ambulance Coordinator reports to the Patient Transportation Unit Leader, manages the Ambulance Staging Area(s), and dispatches ambulances as requested:

- ❑ Establish appropriate staging area for ambulances.
- ❑ Establish routes of travel for ambulances for incident operations.
- ❑ Establish and maintain communications with the Air Operations Branch Director regarding Air Ambulance Transportation assignments.
- ❑ Establish and maintain communications with the Medical Communications Coordinator and Treatment Dispatch Manager.
- ❑ Provide ambulances upon request from the Medical Communications Coordinator.
- ❑ Assure that necessary equipment is available in the ambulance for patient needs during transportation.
- ❑ Establish contact with ambulance providers at the scene.
- ❑ Request additional transportation resources as appropriate.

- ❑ Provide an inventory of medical supplies available at ambulance Staging Area for use at the scene.
- ❑ Maintain records as required and Unit/Activity Log (ICS Form 214).

### Medical Supply Coordinator

The Medical Supply Coordinator reports to the Medical Group Supervisor and acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Group:

- ❑ Acquire, distribute, and maintain status of medical equipment and supplies within the Medical Group.\*
- ❑ Request additional medical supplies.\*
- ❑ Distribute medical supplies to Treatment and Triage Units.
- ❑ Maintain Unit/Activity Log (ICS Form 214).

*\*If the Logistics Section is established, this position would coordinate with the Logistics Section Chief or Supply Unit Leader on these tasks.*

# Serious Injury/Line of Duty Death Protocol

## Initial Action Phase

**PURPOSE** - This phase describes the actions to be taken immediately following a Line of Duty Death or serious injury. Emphasis during this phase is placed upon initial notifications and securing possible evidence.

**ACTIVATION** - Immediately following a Line of Duty Death or serious injury, the IC shall contact Communications. This should be done via phone whenever possible. In the case where the lack of phone service prohibits its use, a radio may be used to announce a “Departmental Injury” or, in the case of a death, an apparent Departmental Priority 4.” Names shall not be announced on the radio. Next, Communications shall notify the Chief of the Department, and upon authorization activate the “Initial Actions Phase.”

### *MOSH Reporting Requirements*

MOSH requires employers report an occupational fatality or a work incident when/for:

- One or more employee(s) are admitted to the hospital
- An employee suffers a fatal heart attack while at work
- An amputation
- Loss of an eye

To meet the reporting requirements Risk Management **MUST** be notified within four (4) hours. Be prepared to provide the following information:

- Location of the incident
- Time of incident
- Number of fatalities or hospitalized (which hospital)

- ❑ Name of employee(s)
- ❑ Contact person and phone number
- ❑ Brief description of the incident

### *Preserve the Scene*

It may be difficult to instantly recognize which factors will be important, therefore almost everything should be considered evidence. The IC should coordinate with LEO personnel on the scene to preserve evidence.

Although members of the analysis team will collect and maintain evidence, the IC should ensure it is kept in place. If it cannot be kept in place, it should be secured for the Analysis Team. Examples of physical evidence include:

- ❑ Location and position of dead person(s)
- ❑ Position of equipment
- ❑ Location and position of apparatus
- ❑ Location of command post
- ❑ Location of tools and equipment
- ❑ Location of pieces broken off from equipment or tools
- ❑ Location of windows, doors and ventilation openings
- ❑ Area of debris (roof/floor collapse)
- ❑ Incident Management Structure at time of incident
- ❑ IC and location at time of incident
- ❑ Adverse environmental conditions (i.e., night, wind, rain)
- ❑ Major features of rooms, including furniture
- ❑ Scratches, gouges, dents, or breakage related to responder activity
- ❑ Any other items that appear significant
- ❑ Building documents, including past inspections

### *Protective Clothing and Equipment*

- ❑ Ensure that all SCBA and PPE are tagged and secured (noting bottle pressure and ensuring that

- bottle is not turned on/off).
- Request turnout gear cleaning bags from Quartermaster or bags to capture clothing items.
- Request over pack drum(s).

### *Other Considerations*

- In case of injury, request paramedics draw blood for future toxicology reports.
- Assign an individual to assist family members (until the On-scene Departmental Family Liaison arrives) that may come to the scene.

### *Communications*

- Dispatch additional upper level supervisor.
- Notify the affected Department Head and, upon authorization activate the “Initial Actions Phase.”
- Activate “Initial Actions Phase” by notifying the following personnel (reminder - a page is not sufficient, individuals should be prompted to contact Fire Alarm so it can be confirmed that they have received their notification):
  - All Duty Chiefs
  - Public Information Officer
  - CISM Team
  - Notification Officer (As directed by the Survivor Action Officer)
  - Duty Safety Officer (if not already on location)
  - Off Duty Safety Officers to assist
  - Duty Investigator

### *Department Head*

- Notify highest level elected official
- Notify Council Chairperson
- Notify Chief Administrative Officer
- Notify Union President and/or Volunteer Firefighters Association President
- Appoint a Survivor Action Officer

- ❑ Coordinate the use of an IMT to manage LODD Protocol from first 24 hours forward

### *Public Health Officer*

- ❑ Gather information
- ❑ Organize public information staff
- ❑ Keep other department members informed
- ❑ Dispel rumors
- ❑ **WORKING WITH THE MEDIA** - The Public Information Officer shall coordinate with the Notification Officer to ensure notification of the family before giving any information to the media. Other procedures to follow include:
  - Do not give/release personal information to the media until confirmation that the family notification has occurred. Even if the media is on the scene.
  - Only release basic information gathered on the incident scene regarding the deceased and/or critically injured (i.e., 27-year old, Anne Arundel County Firefighter).
  - Prepare and clear a written statement for the Chief of the Department to release.
  - Set up a media briefing, either at the hospital or other location.

### *CISM Team Leader*

- ❑ Begin assessment by gathering information from the Public Information Officer, Shift Commander, Communications Supervisor and on scene IC.
- ❑ When appropriate request assistance from outside CISM resources.
- ❑ Apply the appropriate CISM strategies and services with primary focus on the following groups:
  - On scene personnel
  - On scene command staff
  - On Duty Communications personnel

- Other on scene response agencies
- Notification Team
- Survivor Action Officer
- Hospital Liaison
- Departmental PIO personnel
- Appropriate off duty personnel
- Family/friends and support networks of injured or deceased
- Senior command staff
- ❑ Consult/assist as needed with notification team.
- ❑ Assist Department where appropriate with the mitigation of the incident, potential impact of loss or injury and the eminent moralization of a department member.
- ❑ Develop a CISM action plan for the following phases:
  - First 24 hours
  - Day 2 through the funeral
  - After the funeral

### *Duty Chief (Liaison Officer)*

- ❑ Establish administrative support (i.e., leave, clerical assistance, vehicles, phones, pagers).
- ❑ Serve as or establish an individual as a Liaison for various county and other outside agencies. Contacts should be made as necessary according to the situation. Examples of some agencies/organizations that may become involved include:
  - Jurisdictional Risk Management - Risk Management should be notified promptly after a Line of Duty Death or serious injury.
  - Medical Examiner (410-333-3237) - Medical Examiner will conduct autopsy as required by the USFA to ensure compliance with Public Safety Officer Benefits Program.
  - Notify MOSH if necessary (1-888-257-MOSH). They may conduct an independent

analysis.

- National Fallen Firefighters Foundation (301-447-1365) - Contact the National Fallen Firefighters Foundation as needed for assistance with fire department personnel.
- NIOSH (304-285-5916) - The Department may request an Investigation and/or NIOSH may elect to investigate the incident.
- DOT (202-366-4000) - DOT has interest in incidents where vehicle design or maintenance defects may have been a factor. The DOT has investigative authority and the analysis team shall cooperate with them.
- NTSB (202-314-6000) - Required by law to investigate aircraft incidents, highway accidents at railroad crossings, railroad accidents, pipeline accidents, major marine casualties. Any NTSB employee may do whatever is necessary for a proper investigation.
- USFA (301-447-1000) - If requested, the USFA can dispatch a contracted investigator to assist with the analysis.
- NFPA (617-770-3000) - Participates in investigations only at the invitation or with the approval of the Chief of the Department. MFPA has no investigative or enforcement powers.
- IAFF for Fire Fighters (202-737-8484) - Can coordinate many agencies if necessary. Most labor organizations/unions will and helpful in support. Consider Local FOP if applicable.
- Other - It will not be unusual for a LODD to become the focus or multiple official and unofficial investigations in addition to those mentioned above. Coordination of these individuals is essential.



### *Survivor Action Officer*

- ❑ Secure emergency notification information for individual.
- ❑ Assign a Notification Officer to ensure prompt notification of the family.
- ❑ Appoint an on-scene Family Liaison Officer as needed.
- ❑ Appoint a Hospital Liaison Officer.
- ❑ Establish an action plan for the first 24 hours.

# Complexity Analysis

The complexity analysis should be reviewed (during a sustained incident/event or greater alarm) periodically to determine the level of management required. Check the yes line for all that apply then compare the totals with the suggestions on the following page:

## Safety

Yes

- Exposure of personnel to unusual hazardous condition \_\_\_\_\_
- Responder injuries have occurred \_\_\_\_\_
- Multiple aircraft are involved or anticipated \_\_\_\_\_
- Potential for public evacuations \_\_\_\_\_
- Terrain adversely affects tactical capability/limits safety zones \_\_\_\_\_
- Responder performance affected by cumulative fatigue \_\_\_\_\_

## External/Political Factors

- Potential for numerous damage claims \_\_\_\_\_
- More than just one jurisdiction involved \_\_\_\_\_
- Response Policy is controversial \_\_\_\_\_
- Sensitive public/media relationships \_\_\_\_\_
- Lack of cohesive organizational structure \_\_\_\_\_

## Threats

- Persons in danger \_\_\_\_\_
- Structures \_\_\_\_\_
- Recreational developments \_\_\_\_\_
- Urban interface (wildland fire/flood) \_\_\_\_\_
- Natural Resources \_\_\_\_\_
- Commercial/Industrial Facilities \_\_\_\_\_

## Incident Behavior

- Uncontrolled fire/HazMat \_\_\_\_\_
- Exposures threatened/involved \_\_\_\_\_
- Multiple attacks, multiple locations \_\_\_\_\_

## Personnel/Equipment

- 100 or more personnel or equipment \_\_\_\_\_
- Variety of support personnel or equipment \_\_\_\_\_
- Responders unfamiliar with local conditions and accepted tactics \_\_\_\_\_
- Heavy commitment of local resources to logistical support \_\_\_\_\_
- Two operational periods with limited success \_\_\_\_\_
- Four or more agencies involved \_\_\_\_\_

## Total number of elements checked

\_\_\_\_\_

Refer to next page.

**Complexity Analysis Rating:**

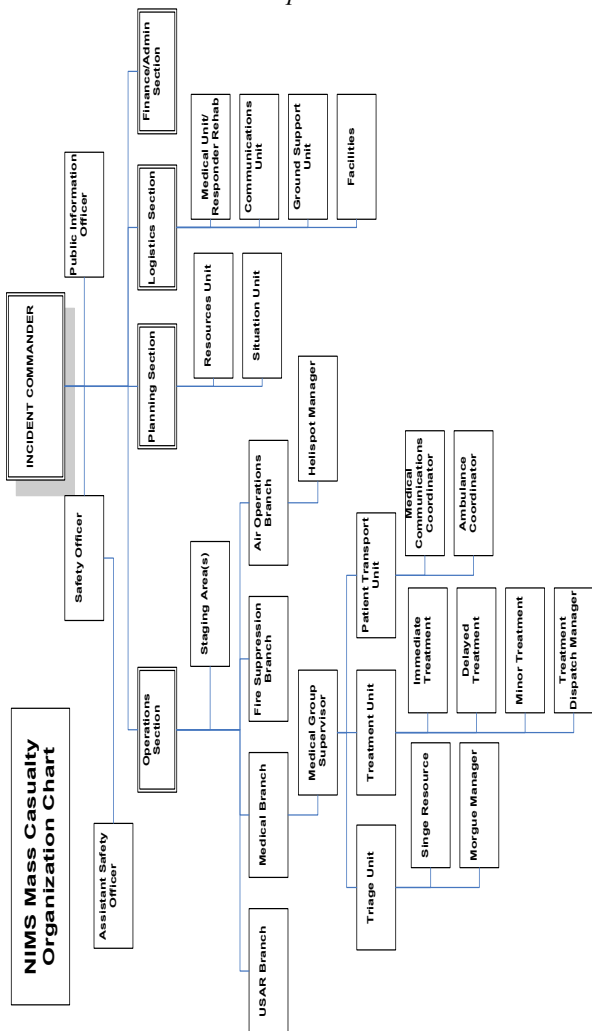
**Number of lined checked “YES”**

- 1-8** Current management sufficient. Type 3 IMT should be considered
- 8-12** Complexity level suggests a Type 3 IMT.
- 13+** Complexity level suggests a Type 2 or higher IMT.

**Once 13 or more yes checks are reached, further analysis is required, including the potential duration of the incident.**

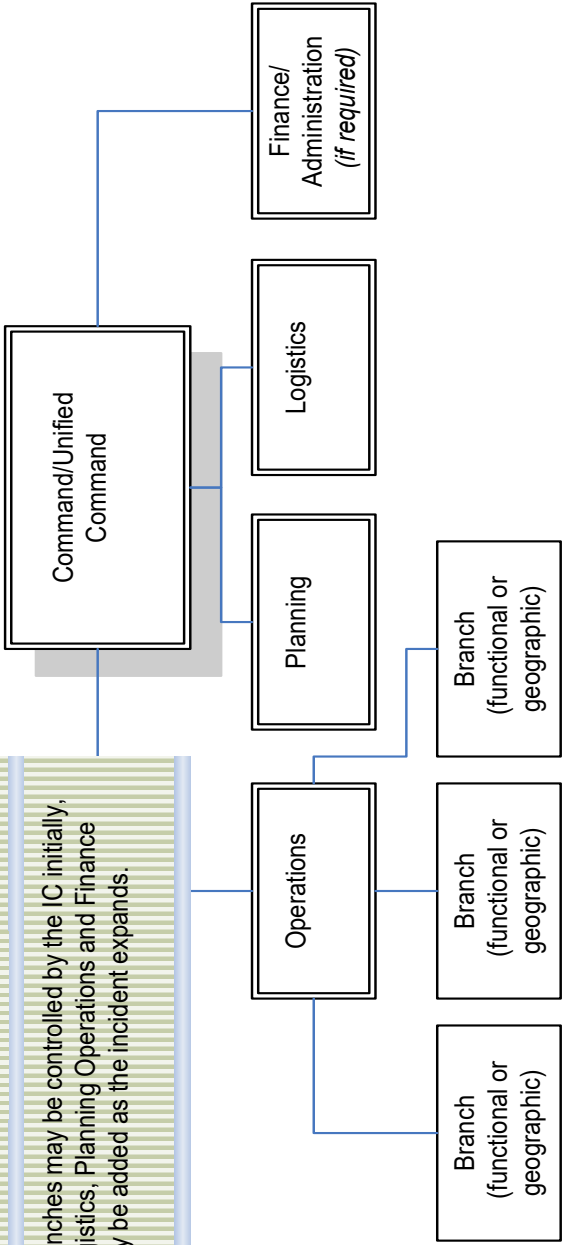
# Sample Organizational Charts

*These organizational charts are provided as examples only. They should be modified and/or expanded as the needs of the incident response dictate.*



# COMPLEX

Branches may be controlled by the IC initially, Logistics, Planning Operations and Finance may be added as the incident expands.



# NIMS Organization Chart

**INCIDENT COMMANDER**

Safety Officer

Public Information Officer

Liaison Officer

**Operations Section**

Staging Area(s)

Branches

Branches

Divisions and Groups

Divisions and Groups

Strike Teams

Task Forces

Task Forces

Single Resources

Single Resources

Strike Teams

Strike Teams

**Planning Section**

Resources Unit

Situation Unit

Documentation Unit

Demobilization Unit

Technical Specialists

**Logistics Section**

Service Branch

Medical Unit/ Responder Rehab

Communications Unit

Food Unit

Support Branch

Supply Unit

Facilities Unit

Ground Support Unit

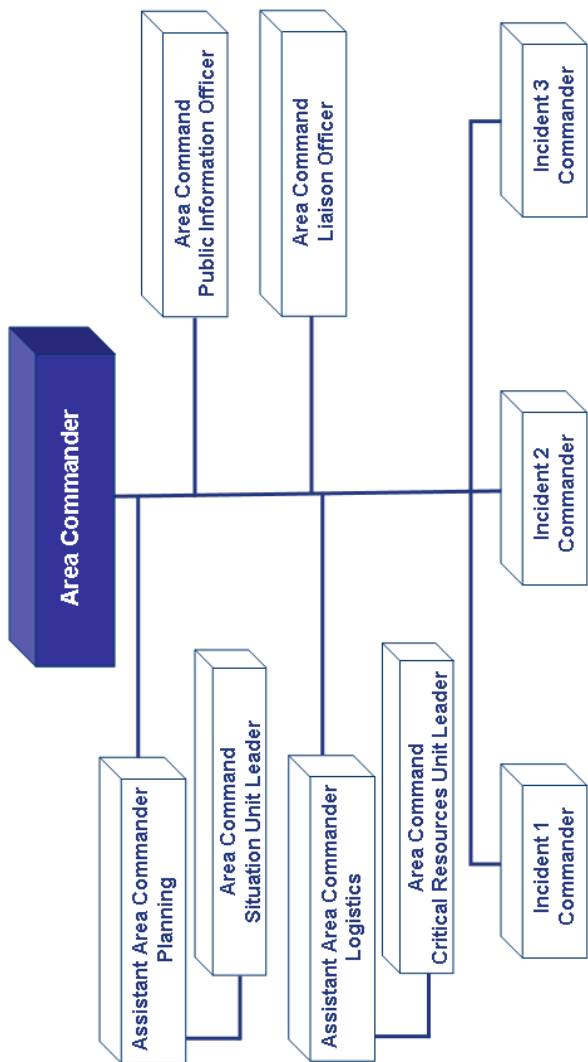
**Finance/Admin Section**

Time Unit

Procurement Unit

Comp/Claims Unit

Cost Unit



## Definitions

**Casualty Collection Point (CCP)** - A designated area WITHIN a warm zone where casualties may be "staged" as a transitional point to a more secure and safer zone.

**Cold Zone** - Designated area where no significant danger or threat can be reasonably anticipated. This could be achieved by staying at an adequate safe distance, or by assuming a safe geographic location or other inaccessible area from the incident. The cold zone is the location for staging of resources, the incident command post, and patient treatment or transport areas. The cold zone could also be classified as the "outer perimeter" by LE.

**Contact Team** - An immediate action team of LE personnel functioning under the Tactical Group (or directly under Command, the Operations Section, or the Law Enforcement Branch, depending on the complexity of the incident) with the primary objective of threat suppression.

**Cover** - A position that provides protection from bullets, fragments of exploding rounds, flame, radiation effects, biological agents, or chemical agents. Natural Cover includes such objects as logs, trees, stumps, ravines, or hollows. Cover includes shielding behind such things as vehicles, trenches, walls, rubble, craters, or natural barriers.

**Force Protection** - Actions taken by LE to prevent or mitigate hostile actions against personnel, resources, facilities, and critical infrastructure. These actions conserve the operational ability of fire and EMS resources so they can be applied as needed.

**Hot Zone** - The area where a direct and immediate threat exists. Direct and immediate threats are often very dynamic and are influenced by the complexity and circumstances of the incident. Examples of direct and



immediate threats include an active assailant, including active shooters, a barricaded suspect, a hostage situation, a high-risk warrant service, and possible terrorist acts. Hot Zones include areas within the range of active gunfire or secondary devices, or when an assailant's specific location is unknown, thus negating the ability to determine the extent of their threat. Hot Zones should be considered “*extremely dangerous.*” Personnel should not be intentionally placed into a Hot Zone environment except as necessary, armed law enforcement officers, bomb technicians and trained Tactical Emergency Medical Services (TEMS) providers working in direct coordination with law enforcement.

**Improvised Explosive Device (IED)** - A device placed or fabricated in an improvised manner incorporating destructive, lethal, noxious, pyrotechnic, incendiary or chemicals designed to destroy, incapacitate, harass, or distract.

**Rescue Team or Rescue Task Force** A team of either LE personnel or a mixed team of LE and Fire/EMS personnel functioning under the Triage Group (or directly under Command, the Operations Section, or the Fire/EMS Branch, depending on the complexity of the incident) with the primary objective of providing essential victim management and rapid patient extraction to the Cold Zone.

**Triage-Treatment-Transport (TTT) Area** - A designated area in the cold zone where patients are brought for triage, treatment, and transport services. There may be one or more TTT Areas designated depending on the geography and arrangement of the incident.

**Victim Extraction** - Essential patient care and extrication actions that are undertaken within conditions where provider risk is unusually elevated (such as in a Warm Zone where there are risks of active assailants, secondary explosive devices, and other threats). It can

be categorized as a limited form of Emergency Medical Responder (EMR) or First Responder level of care, appropriate for either LE or Emergency Medical Services (EMS) personnel to provide. This "indirect threat patient care" includes basic life-saving critical interventions and victim removal only, typically limited to the control of severe bleeding using tourniquets or quick dressings and rapid extraction of the patient to a TTT Area in a Cold Zone.

**Warm Zone** - Any area of operations where there is a potential hostile threat to persons or providers, but the threat is believed to be indirect (not direct and immediate). An example of this is an unknown location of suspects in a given area that has been quickly searched by LE and no immediate active assailant or threat found. While secondary threats are still possible as a thorough search has not yet been completed, no credible knowledge of secondary devices is known. It should be noted that established zones may deteriorate quickly and without warning due to active emerging threats. All providers should be aware of this possibility and be prepared to quickly change locations or evacuate. It is imperative that personnel operating in a warm zone are doing so in coordination with law enforcement.

**Warm Zone Supervisor Team (non-ICS term)** – Term used to describe the Tactical Group Supervisor and Triage Group Supervisor. These two individuals work closely together (ideally face to face) to guide Rescue Task Force operations and to facilitate communication between themselves and the Law Enforcement Branch Director and Fire/EMS Branch Director.