|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Incident Name**  **St. Elsewhere COVID-19** | | | | | 2. Operational Period (# 1 )  DATE: FROM: 19-AUG-2020 TO: 20-AUG-2020  TIME: FROM:0800 TO: 0800 | | | | | |
| **3. Section Finance**  **Section Chief Abraham Lincoln** | | | | | **4. Branch** | | | | | |
| **5a. Branch / Unit Related Objectives** | | | **5b. Strategies / Tactics** | | **5c. Resources Required** | | | | **5d. Unit Assigned to** | |
| Track personnel hours associated with the incident response | | | (THERE ARE MANY WAYS TO DO THIS. ONE WAY IS LISTED HERE)  Have personnel sign in under Emergency Response Code developed by Finance  Place signage by timecards to remind personnel to use appropriate codes according to their assignment  Have supervisors remind personnel to use appropriate codes | | Develop code for personnel on timecard system | | | | Time Unit Leader | |
| Track and facilitate procurement of needed supplies, equipment, and contractors with Logistics | | | Coordinate with Logistics Section and Operations Section to assist with procurement issues | | Open communication lines with Logistics and Operations Sections | | | | Procurement Unit Leader | |
| Track staff and patient exposures or injuries related to the COVID-19 activation. | | | Coordinate with Occupational Health to identify staff exposures and injuries related to the COVID-19 activation.  Coordinate with Infection Preventionist to identify patient and visitor exposure or injuries related to COVID-19 activation.  Implement risk management and claims procedures for reported staff and patient exposures or injuries. | | Open communication with Occupational Health and Infection Preventionist | | | | Compensation and Claims Unit Leader | |
|  | | |  | |  | | | |  | |
| **6. Unit(s) Assigned this Operational Period** | | | | | | | | | | |
| **Unit Name**  **Medical Care Branch** | | **Unit Name** | | **Unit Name** | | **Unit Name** | | **Unit Name** | | **Unit Name** |
| **Leader Name**  **Star Lord** | | **Leader Name** | | **Leader Name** | | **Leader Name** | | **Leader Name** | | **Leader Name** |
| **Unit Location**  **DON Office** | | **Unit Location** | | **Unit Location** | | **Unit Location** | | **Unit Location** | | **Unit Location** |
| **Unit Members / Teams** | | **Unit Members / Teams** | | **Unit Members / Teams** | | **Unit Members / Teams** | | **Unit Members / Teams** | | **Unit Members / Teams** |
| **Moot** | |  | |  | |  | |  | |  |
| **Groot** | |  | |  | |  | |  | |  |
| **Rocket Racoon** | |  | |  | |  | |  | |  |
| **Mantis** | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  |
| **7. Special Information / Considerations**  **Contact managers on each unit and each department to ensure proper documentation of time and reporting of any exposures or injuries.** | | | | | | | | | | |
| **8. Prepared by** | PRINT NAME: Abraham Lincoln  DATE/TIME: 19-AUG-2020 | | | | | | SIGNATURE: Abraham Lincoln  facility: St. Elsewhere Hospital | | | |

Purpose: The HICS 204 - Assignment List documents the strategies and tactics of each (activated) Section or Branch, the resources required, and the composition of the Unit assigned.

ORIGINATION: Prepared by the individual Section Chiefs or Branch Directors and submitted to the Planning Section as part of the Incident Action Plan (IAP).

COPIES TO: Duplicate and attach as part of the IAP. All completed original forms must be given to the Documentation Unit Leader.

**Notes:** If additional pages are needed, use a blank HICS 204 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

| Number | Title | Instructions |
| --- | --- | --- |
| **1** | **Incident Name** | Enter the name assigned to the incident. |
| **2** | **Operational Period** | Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies. |
| **3** | **Section** | Enter the name of the Section and Section Chief. |
| **4** | **Branch** | Enter the name of the Branch and Branch Director, if the form is for a specific Branch. |
| **5** | **5a. Branch / Unit R Related Objectives** | Utilizing the Incident Objectives (from HICS 202), develop objectives as they relate to the Branch/Unit. Enter objectives the Branch/Unit needs to focus on for the designated operational period. |
| **5b. Strategies / Tactics** | For each objective, document the strategies/tactics to accomplish that objective. |
| **5c. Resources Required** | For each strategy/tactic, document the resources required to accomplish that objective. |
| **5d. Unit Assigned to** | For each strategy/tactic, document the Unit assigned to that strategy/tactic. |
| **6** | **Unit(s) Assigned this  Operational Period** | Enter the names of the Units activated, the name of the Unit Leader, location of the Unit, and the names of the members and/or teams making up the Unit. |
| **7** | **Special Information /**  **Considerations** | Enter a statement noting any safety problems, specific precautions to be exercised, drop-off or pick-up points, or other important information. |
| **8** | **Prepared by** | Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility. |