|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Operations**  **Section Chief Alexander Hamilton** | | | | | **4. Branch Medical Care Branch**  **Branch Director Clara Barton** | | | | | |
| **5a. Branch / Unit Related Objectives** | | | **5b. Strategies / Tactics** | | **5c. Resources Required** | | | | **5d. Unit Assigned to** | |
| Ensure proper donning and doffing, and disposal of any PPE for those in contact with any PUI or positive COVID-19 patients | | | Provide Just-in-Time training as needed on correct use, proper donning and doffing, and disposal of any PPE for those in contact with any PUI or positive COVID-19 patients | | * N95 Testing kit * N95 Respirators * Face Shield * Gowns * Trash receptacles | | | | Occupational Health | |
| All COVID-19 PUI and confirmed patients will be placee in an AIIR room | | | Locate patient in an AIIR room that has been constructed and maintained in accordance with current guidelines. | | AIIR room or alternate AIIR care location | | | | Operations Infrastructure Branch | |
| Ensure proper Hand Hygiene using ABHS before and after all suspected COVID-19 patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. | | | Provide hand washing stations at entrance/exit to COVID-19 PUI and confirmed patient care areas  Provide signage reminding personnel to use proper Hand Hygiene using ABHS before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. | | Hand washing station  Signage | | | | Logistics Section | |
|  | | |  | |  | | | |  | |
| **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 placement of handwashing stations and .** | | | | | | | | | | |
| **8. Prepared by** | PRINT NAME: Clara Barton  DATE/TIME: 19-AUG-2020 | | | | | | SIGNATURE: Clara Barton  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. |