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| **Incident Response Checklist** | | | | **Briefing #:** |
| **Incident Name** |  | **Date of Activation** |  | |
| **Activation Initiated By** |  | **Time of Activation** |  | |
| **Lead** |  | **Scribe** |  | |
| **In-Person Attendees:** |  | | | |
| **Virtual Attendees:** |  | | | |

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| Initial Briefing Meeting Preparation – These tasks should be completed before the scheduled briefing takes place. | | | | |
| **Task** | **No Current Need** | **Completed**  *(Date/Time)* | **Assigned to:** | **Notes** |
| Identify the Lead who will coordinate and run the briefing.  *This is typically determined by the initial group that is notified about the incident who confirms the need for a briefing/meeting.* |  |  |  |  |
| Upon notification of an incident, set meeting date/time and provide meeting location/link. Health Officer, Lead or EPC will send calendar/appt. invite. |  |  |  |  |
| Identify other partners who should be included in the initial briefing. *(See Partner Notification in next section)* |  |  |  |  |
| Utilize [Sign in Sheet](file:///\\LivcoHQ\HealthDepartment\EMERGENCY%20PREPAREDNESS\Templates\Incident%20Sign-In%20Sheet%20Template%20Initials%20Only.docx) at the meeting. *Copies are also printed and kept at the EPCs desk.* |  |  |  |  |
| Create an incident folder on the S Drive if it has not been done so already. Share file path with relevant attendees. Add incident to [Significant Events Log.](file:///S:\Significant%20Events%20and%20Outbreaks%20Log\Significant%20Events%20and%20Outbreaks%20Log.xlsm) |  |  |  |  |

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| Partner NotificationWho else needs to know information about this incident or be included in the briefing? Emergency Contacts can be found here: [Include internal link to your emergency contactgs] | | | | | | |
| Has contact been made with the following? | **No current need** | **No** | **Yes** | **Possible Future Need** | **Staff assigned to contact?** | **Notes** |
| **Local Contacts** | | | | | | |
| County Administrator |  |  |  |  |  |  |
| Emergency Manager |  |  |  |  |  |  |
| Medical Providers |  |  |  |  |  |  |
| Dispatch |  |  |  |  |  |  |
| EMS |  |  |  |  |  |  |
| School Superintendents |  |  |  |  |  |  |
| Police/Fire |  |  |  |  |  |  |
| CVTs |  |  |  |  |  |  |
| Human Resources |  |  |  |  |  |  |
| Veterinary |  |  |  |  |  |  |
| Daycares |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |
| **Regional Contacts** | | | | | | |
| Region [#] Epidemiologist |  |  |  |  |  |  |
| Region [#] EPCs *[list out counties in your region]* |  |  |  |  |  |  |
| CRI Region EPCs (*City of Detroit, Lapeer, Macomb, Oakland, St. Clair, Wayne)* [If applicable to your region] |  |  |  |  |  |  |
| [Name of Regional Healthcare Coalition] *(Regional Healthcare Coalition)* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **State Contacts** | | | | | | |
| CHECC Duty Officer |  |  |  |  |  |  |
| Relevant state agencies/contacts *(ex., MDHHS, MDARD, EGLE, etc.)* |  |  |  |  |  |  |
| State Legislatures |  |  |  |  |  |  |
| Statewide EPCs |  |  |  |  |  |  |
| Statewide PIO |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Federal Contacts**  *Actual POC may be identified at the time of an incident through state partners* | | | | | | |
| CDC |  |  |  |  |  |  |
| FDA |  |  |  |  |  |  |
| FBI |  |  |  |  |  |  |
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| Situation Briefing – What is currently known | | | | | |
| **Identified Hazard** |  | | | | |
| **Hazard Overview –**  ***Lead Should Provide basic summary***  *(ex., symptoms, complications/risk factors, who is at risk, treatment, recommendations, protocol, etc.).* |  | | | | |
| **Brief Summary of Events so Far** |  | | | | |
| **Current Affected Area**  *Fill in or highlight affected area(s)* | **[County Name] County – Affected Area(s)** | **Region [#] Counties**   * [List out Counties in your region] | **CRI Region Counties**   * City of Detroit * Lapeer * Macomb * Oakland * St. Clair * Wayne   [Delete column if not applicable] | **Michigan**  *(List other counties or affected areas)* | **United States**  *(List affected states)* |
| **Current Activation Level** *(Highlight or circle)* | Assessment/Monitoring | Partial | Full | Demobilization and Recovery | |
| **Current # of Cases** | Suspect: | Probable: | Confirmed: | Unknown: | |
| **Current # of Casualties** | Missing: | Injured: | Hospitalized: | Deceased: | Unknown: |

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| Identify Immediate Incident Needs | | | | | |
| **Task** | **No Current Need** | **Started** *(Date/Time)* | **Completed**  *(Date/Time)* | **Assigned to:** | **Notes** |
| Determine immediate incident objectives. Ensure they are SMART *(Specific, Measurable, Achievable, Relevant, and Time-bound).* |  |  |  |  |  |
| Conduct risk assessment. Identify immediate safety needs and protective measures for **staff**. |  |  |  |  |  |
| Identify immediate threats and hazards to the **public** and how to address them. |  |  |  |  |  |
| Do we need to conduct additional monitoring, testing, specimen collection, etc.? |  |  |  |  |  |
| Identify the potential for an increase in incident-related risks or hazards that may affect persons with disabilities and access and functional needs that may put them at greater risk for more severe outcomes. |  |  |  |  |  |
| Determine need for developing and issuing emergency notifications, evacuation/shelter-in-place orders, enforcement, etc. for the public. If developed, how will they be released? |  |  |  |  |  |
| Do we need to request that Emergency Management create an incident on MICIMS? |  |  |  |  |  |
| Is there a need for maps, data displays, charts, etc.?  If yes, what data do we need to collect? |  |  |  |  |  |

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| Tactical Communication Needs | | | | | |
| **Task** | **No Current Need** | **Yes: Started** *(Date/Time)* | **Completed**  *(Date/Time)* | **Assigned to:** | **Notes** |
| Determine if Emergency Manager needs to issue a public emergency communications alert. Is there a certain area that needs to be pinged? |  |  |  |  |  |
| Do we need to send a MIHAN to anyone? |  |  |  |  |  |
| Do we need to utilize 800MHz radios?  **Local Channels** – [list out local channels]  **Regional Channels** – [list out regional channels]  **State Channels** – [list out state channels] |  |  |  |  |  |
| Is there a need to request Emergency Management to activate the CERT ARES/RACES team? [Activation request may differ in your county] |  |  |  |  |  |

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| Community Outreach Planning Needs*Assess the need for current/future community outreach needs and planning considerations. (ex., resource centers, vaccine clinics, POD sites, distribution locations, etc.).* | | | | | |
| **Task** | **No Current Need** | **Started** *(Date/Time)* | **Completed**  *(Date/Time)* | **Assigned to:** | **Notes** |
| Do we need to set up additional screening, testing, specimen collection operations? |  |  |  |  |  |
| Do we need to prepare our Distribution Node sites for activation? (Primary or Backup?) |  |  |  |  |  |
| Do we need to prepare for mass prophylaxis (POD) operations? (pills, vaccinations, therapeutics) |  |  |  |  |  |
| Where would POD site(s) be set up? Walk through or drive through? |  |  |  |  |  |
| What type of precautions are recommended for staff/volunteers/residents? |  |  |  |  |  |
| Do we need to request volunteer support from the MRC? [If applicable] |  |  |  |  |  |

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| Risk Communication and Public Messaging Needs | | | | | |
| **Task** | **No Current Need** | **Yes: Started** *(Date/Time)* | **Completed**  *(Date/Time)* | **Assigned to:** | **Notes** |
| Who is the lead spokesperson? Backup? |  |  |  |  |  |
| Determine immediate public information needs and messaging timeline, including safety messages for the public. |  |  |  |  |  |
| Is there a need to set up a JIC with other impacted counties or partners? |  |  |  |  |  |
| Is there need for a press conference? If yes, where? |  |  |  |  |  |
| Is there a need for a public town hall meeting? If yes, where? |  |  |  |  |  |
| Do we need to write a press release? |  |  |  |  |  |
| Do we need to create talking points for staff? |  |  |  |  |  |
| Do we need to develop social media posts? |  |  |  |  |  |
| Determine if upcoming pre-scheduled Facebook posts need to be changed or removed based on the type of incident taking place. |  |  |  |  |  |
| What information do we need to put on our website? |  |  |  |  |  |
| Do we need to create additional public education materials? |  |  |  |  |  |
| What email/phone number are we providing to the public for inquiries? Who will monitor these messages and inquiries? |  |  |  |  |  |
| Is there a need to set up a hotline? |  |  |  |  |  |

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| Next Steps: Future Planning Needs | | | | | |
| **Task** | **No Current Need** | **Started** *(Date/Time)* | **Completed**  *(Date/Time)* | **Assigned to:** | **Notes** |
| Determine if there are currently scheduling/staffing changes needed. (ex., staying past 5pm, flexing weekend days, etc.) |  |  |  |  |  |
| Who will monitor phone messages/calls coming in after hours? How? |  |  |  |  |  |
| Determine next meeting date/time. Health Officer or EPC will send calendar/appt. invite to relevant participants. |  |  |  |  |  |
| Identify an expected timeframe for sending updates to staff (ex., hourly, daily, weekly, etc.). Incident updates should be sent at regular intervals. *See next section for sending updates to staff.* |  |  |  |  |  |

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| Post Briefing Tasks These tasks should be completed after the briefing concludes in preparation for next steps and future meetings. | | | | | |
| **Task** | **No Current Need** | **Started** *(Date/Time)* | **Completed**  *(Date/Time)* | **Assigned to:** | **Notes** |
| Scribe should finalize this document and save in the appropriate incident folder identified above.  *Save as “MM/DD/YYYY-Hazard Briefing ##”*  *Ex. “03/22/2022 – STEC Outbreak Briefing 01”* |  |  |  |  |  |
| Give the completed sign in sheet to the EPC. |  |  |  |  |  |
| Scribe should send this completed doc, along with any other accompanying documents, attachments, or materials, to individuals who attended the briefing.  This document should not be shared outside of [health dept]. Share relevant information from this doc by using the blue Situation Update sheet which contains less identifying details. |  |  |  |  |  |
| If a Situation Update is needed, the Lead should assign someone to complete one using content from this sheet. *The Lead/Health Officer and PIO should approve final content before providing a Situation Update to all staff. A dated version of this update should be saved to the newly created incident folder identified above.* |  |  |  |  |  |
| The Health Officer or Lead should send the completed Situation Update to staff at determined time. |  |  |  |  |  |