Incident Action Plan Safety Analysis (ICS 215A)

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| **1. Incident Name:** COVID-19 | **2. Incident Number:**2020-MAR16-GLOB\_OPS |
| **3. Date/Time Prepared:** | **4. Operational Period:**  | Date From: 3/16/2020 | Date To: 3/23/2020 |
| Date: 3/16/2020  | Time: HHMM | Time From: HHMM  | Time To: HHMM |
| **5. Incident Area** | **6. Hazards/Risks** | **7. Mitigations** |
| HEALTH/SAFE | AIRBORNE/AERSOLIZED VIRUS – SARS-Cov-2 | USE OF PPE - APPROVED N95/N100 RESPIRATORS; APRS; AND/OR MASKS; EYE PROTECTION |
| HEALTH/SAFE | CONTACT VIRAL TRANSMISSION | USE OF NITRILE/LATEX GLOVES – ASSESS FOR LATEX ALLERGY |
| HEALTH/SAFE | MASK/RESPIRATION FIT | IMPLEMENT OSHA RESP STD – NO FACIAL HAIR WHERE SEAL OF MAKS CONTACTS FACE |
| HEALTH/SAFE | MASK/RESPIRATOR FIT | TRAIN STAFF ON FIT; SIZING; DONNING; DOFFING; AND DISPOSAL |
| HEALTH/SAFE | SECONDARY, TERTIARY, QUARTENARY EXPOSURE(S) | MINIMIZE CONTACT; HAND WASH; WIPE DOWN SURFACES – SITUATIONAL AWARENESS |
| HEALTH/SAFE | VIRUS MITIGATION | MINIMIZE CONTACT; HAND WASH; WIPE DOWN SURFACES – SITUATIONAL AWARENESS |
| HEALTH/SAFE | NON-DISPOSABLE EQUIPMENT CLEANING | USE CDC/AMER CHEMISTRY COUNCIL APPROVED DECONTAMINATION METHODS |
| HEALTH/SAFE | CROSS CONTAMINATION – INFECTION CONTROL | MONITOR STAFF FOR SYMPTOMS – ENCOURAGE SELF-REPORTING |
| HEALTH/SAFE | RESPONSE INTO HOMES, BUSINESSES, NON-SECURE AREAS | IMPLEMENT 5 QUESTION ASSESSMENT WHERE POSSIBLE |
| HEALTH/SAFE | CONTAMINATION OF VEHICLES | USE VEHICLES WITH SOLID SEATS; CLENSIBLE SURFACES; WASH DOWN PROCEDURES |
| HEALTH/SAFE | OTHER BIOHAZARDS | UNIVERSAL PRECAUTIONS |
| HEALTH/SAFE | RESPONDER ANXIETY/STRESS | PROVIDE VETTED INFORMATION AS IT BECOMES AVAILABLE |
| HEALTH/SAFE | RESPONDER ANXIETY/STRESS | CONDUCT HOT WASHES; DEBRIEF/DEFUSE AS NEEDED; CONSTANT POSITIVES |
| HEALTH/SAFE | EXPOSURE REPORTING | REPORT ANY AND/OR ALL REAL AND POTENTIAL EXPOSURES IMMEDIATELY TO AHJ & HEALTH DEPARTMENT |
| **8. Prepared by** (Safety Officer)**:**  | Name:  | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **Prepared by** (Operations Section Chief)**:**  | Name:  | Signature:  |
| **ICS 215A** | Date/Time: Date |

**ICS 215A**

**Incident Action Plan Safety Analysis**

**Purpose.** The purpose of the Incident Action Plan Safety Analysis (ICS 215A) is to aid the Safety Officer in completing an operational risk assessment to prioritize hazards, safety, and health issues, and to develop appropriate controls. This worksheet addresses communications challenges between planning and operations, and is best utilized in the planning phase and for Operations Section briefings.

**Preparation.** The ICS 215A is typically prepared by the Safety Officer during the incident action planning cycle. When the Operations Section Chief is preparing for the tactics meeting, the Safety Officer collaborates with the Operations Section Chief to complete the Incident Action Plan Safety Analysis. This worksheet is closely linked to the Operational Planning Worksheet (ICS 215). Incident areas or regions are listed along with associated hazards and risks. For those assignments involving risks and hazards, mitigations or controls should be developed to safeguard responders, and appropriate incident personnel should be briefed on the hazards, mitigations, and related measures. Use additional sheets as needed.

**Distribution.** When the safety analysis is completed, the form is distributed to the Resources Unit to help prepare the Operations Section briefing. All completed original forms must be given to the Documentation Unit.

**Notes:**

* This worksheet can be made into a wall mount, and can be part of the IAP.
* If additional pages are needed, use a blank ICS 215A and repaginate as needed.

| **Block Number** | **Block Title** | **Instructions** |
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| **1** | **Incident Name** | Enter the name assigned to the incident. |
| **2** | **Incident Number** | Enter the number assigned to the incident. |
| **3** | **Date/Time Prepared** | Enter date (month/day/year) and time (using the 24-hour clock) prepared. |
| **4** | **Operational Period*** Date and Time From
* Date and Time To
 | Enter the start date (month/day/year) and time (24-hour clock) and end date and time for the operational period to which the form applies. |
| **5** | **Incident Area** | Enter the incident areas where personnel or resources are likely to encounter risks. This may be specified as a Branch, Division, or Group. |
| **6** | **Hazards/Risks** | List the types of hazards and/or risks likely to be encountered by personnel or resources at the incident area relevant to the work assignment. |
| **7** | **Mitigations**  | List actions taken to reduce risk for each hazard indicated (e.g., specify personal protective equipment or use of a buddy system or escape routes). |
| **8** | **Prepared by** (Safety Officer and Operations Section Chief)* Name
* Signature
* Date/Time
 | Enter the name of both the Safety Officer and the Operations Section Chief, who should collaborate on form preparation. Enter date (month/day/year) and time (24-hour clock) reviewed. |