

## INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

<b>1. Incident Name:</b> COVID-19		<b>2. Incident Number:</b> 2020-MAR16-GLOB_OPS	
<b>3. Date/Time Prepared:</b> Date: 3/16/2020      Time: HHMM		<b>4. Operational Period:</b> Date From: 3/16/2020      Date To: 3/23/2020 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	
<b>8. Prepared by (Safety Officer):</b> Name: _____		Signature: _____	
<b>Prepared by (Operations Section Chief):</b> Name: _____		Signature: _____	
<b>ICS 215A</b>		Date/Time: _____	

## 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
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Incident Number</b>	Enter the number assigned to the incident.
3	<b>Date/Time Prepared</b>	Enter date (month/day/year) and time (using the 24-hour clock) prepared.
4	<b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul>	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	<b>Incident Area</b>	Enter the incident areas where personnel or resources are likely to encounter risks. This may be specified as a Branch, Division, or Group.
6	<b>Hazards/Risks</b>	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	<b>Mitigations</b>	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	<b>Prepared by</b> (Safety Officer and Operations Section Chief) <ul style="list-style-type: none"><li>• Name</li><li>• Signature</li><li>• Date/Time</li></ul>	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.