Demobilization UNIT LEADER

**Mission:** Develop and coordinate an Incident Demobilization Plan that includes specific instructions for all staff and resources that will require demobilization.

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| Date: Start: End: Position Assigned to: Initial: **Position Reports to:** **Planning Section Chief** Signature: Hospital Command Center (HCC) Location: Telephone: Fax: Other Contact Info: Radio Title:  |

| **Immediate (Operational Period 0-2 Hours)** | **Time** | **Initial** |
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| Receive appointment and briefing from the Planning Section Chief. |  |  |
| Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification. |  |  |
| Notify your usual supervisor of your HICS assignment. |  |  |
| Establish initial contact with all Section Chiefs to obtain status of events and begin discussions about resources and personnel can be demobilized and when. |  |  |
| Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis. |  |  |
| Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit. |  |  |

| **Intermediate (Operational Period 2-12 Hours)** | **Time** | **Initial** |
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| Monitor incident response activities and needs. Regularly meet with all Section Chiefs and staff to maintain information regarding changes in their resource needs. |  |  |
| Attend Incident Action Planning meetings and briefings. |  |  |
| Continually update a consolidated Incident demobilization plan until a final version is prepared for approval. |  |  |

| **Extended (Operational Period Beyond 12 Hours)** | **Time** | **Initial** |
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| Continue to meet regularly with the Planning Section Chief for status reports. |  |  |
| Continue to assess the status of the incident and recommend deactivation of positions and personnel as the magnitude of the incident decreases. |  |  |
| Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques. |  |  |
| Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to appropriate Employee Health & Well Being Unit Leader. Provide for staff rest periods and relief. |  |  |
| Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information. |  |  |

| **Demobilization/System Recovery** | **Time** | **Initial** |
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| Continue to assess the status of the incident and recommend to Section Chiefs and Command the deactivation of positions and personnel as the magnitude of the incident decreases. |  |  |
| Submit incident demobilization plan(s) to the Planning Section Chief for approval. Upon approval, distribute copies to all Section Chiefs. |  |  |
| Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Planning Section Chief. |  |  |
| Upon deactivation, brief the Planning Section Chief on current problems, outstanding issues, and follow-up requirements. |  |  |
| Submit comments to the Planning Section Chief for discussion and possible inclusion in the after-action report; topics include:* Review of pertinent position descriptions and operational checklists
* Recommendations for procedure changes
* Section accomplishments and issues
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| Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. |  |  |

| **Documents/Tools** |
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| * Incident Action Plan
* HICS Form 207 – Incident Management Team Chart
* HICS Form 213 – Incident Message Form
* HICS Form 214 – Operational Log
* Hospital emergency operations plan
* Hospital organization chart
* Hospital telephone directory
* Radio/satellite phone
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