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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. Hazard Mitigation** | | | | | | | | | |
| 3a. Potential / Actual Hazards | | **3b. Affected Section / Branch / Unit and Location** | | **3c. Mitigations** | | **3d. Mitigation Completed**  (Initials/Date/Time) | | | |
| Person-to-person spread of COVID-19 within the facility | | Medical Care Branch | | Implement and maintain safety and personal protective measures to protect staff, patients, visitors, and hospital personnel  Ensure proper isolation for suspected and confirmed COVID-19 patients | | CB/08/19/2020/0810 | | | |
| Insufficient critical PPE supplies | | Logistics Section | | Continue to assess surge capacity and need for supplies (N95 respirators, surgical masks, gowns, face shields) in cooperation with Operations Section. Institute local county guidance for extended use and limited reuse of N95 respirators Submit 213 Resource Request for needed supplies that the facility was unable to get from vendors or healthcare partners | | CB/12/19/2019/1145 with daily updates | | | |
| (THIS IS JUST A START, THERE WILL BE MANY MORE POTENTIAL AND ACTUAL HAZARDS) | |  | |  | |  | | | |
| **4. Prepared by**  **Safety Officer** | PRINT NAME: Sandra Day O’Connor  DATE/TIME: 19-AUG-2020 | | | | SIGNATURE: Sandra Day O’Connor  facility: St. Elsewhere Hospital | |  | |
| **5. Approved by**  **Incident Commander** | PRINT NAME: Louisa May Alcott  DATE/TIME: 19-AUG-2020 | | | | SIGNATURE: Alisa May Alcott  facility: St Elsewhere Hospital | | |  |



**Purpose:** The purpose of the HICS 215A - Incident Action Plan (IAP) Safety Analysis is to record the

findings of the Safety Officer after completing an operational risk assessment and to

identify and resolve hazard, safety, and health issues. When the safety analysis is completed, the form is used to help prepare the Operations Briefing.

**origination:**  prepared by the Safety Officer during the IAP cycle. For those assignments involving risks and hazards, mitigation actions should be developed to safeguard responders. Appropriate incident personnel should be briefed on the hazards, mitigations, and related measures.

**copies to:** Duplicate and attach as part of the IAP. All completed original forms must be given to the Documentation Unit Leader.

**Notes:** Issues identified in the HICS 215A should be reviewed and updated each operational period. If additional pages are needed, use a blank HICS 215A 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** | **Hazard Mitigation** | |
| **3a. Potential / Actual**  **Hazards** | 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. |
|  | **3b. Affected Section / Branch**  **Unit and Location** | Reference the affected sections, branches, units and the location of the hazards. |
|  | **3c. Mitigations** | List actions taken to reduce risk for each hazard indicated (e.g., restricting access, proper PPE for identified risk). |
|  | **3d. Mitigation Completed** | Enter the initials, date, and time when the mitigation is implemented or the hazard no longer exists. |
| **4** | **Prepared by**  **Safety Officer** | Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility. |
| **5** | **Approved by**  **Incident Commander** | Enter the name and signature of the person approving the form. Enter date (m/d/y), time prepared (24-hour clock), and facility. |