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| **1. Incident Name** | **2. Operational Period to be covered by IAP (Date/Time)**  From: To: | IAP Cover Sheet |
| **3. Approved by Incident Commander(s):**  ORG NAME SIGNATURE  USCG  SOSC  RP | | |
| **INCIDENT ACTION PLAN**  The items checked below are included in this Incident Action Plan:  ICS 202 (Incident Objectives)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ICS 202A (Command Direction)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ICS 202B (Critical Information Requirements)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ICS 203 (Organization List)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ICS 204 (Assignment Lists) One Copy each of any ICS 204 attachments:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ICS 205 (Radio Communications Plan)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ICS 205A (Communications List)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ICS 206(Medical Plan)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ICS 207 (Organization Chart)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ICS 208 (Site Safety Plan)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ICS 230 (Daily Meeting Schedule)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other Attachments  Waste Management & Disposal Plan  DEMOB Plan | | |
| **4. Prepared by: Date/Time** | | |

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| **1. Incident Name** | **2. Operational Period (Date/Time)**  From: To: | Incident Objectives ICS 202 |
| **3. Objective(s) (O = Operational , M = Management) UPDATE AS NEEDED**   * (M/O) Ensure the safety and protection of response personnel and the general public during response activities * (M) Inform the public, media, and stakeholders of response activities * (M) Maintain a robust environmental and historical posture that meets consultation requirements * (M) Establish an appropriate incident management organization that can effectively meet the initial and long-term challenges required to mitigate the incident * (M) Support investigative efforts in the cause of the incident. * (O/M) Support joint-agency recovery efforts, prioritize agency assist requests, and maintain maritime SAR posture * (O) Stop or control the source of discharge and minimize the total volume released * (O) Recover, contain, and treat spilled material (Oil/Hazmat) * (O) Protect environmentally, economically, and culturally sensitive areas * (O) Implement measures to isolate, contain, and stabilize the incident including the establishment and adjustment of safety/security perimeters * (O) Protect, recover, and rehabilitate effected wildlife * (O) Implement a coordinated response with the vessel master, fire, law enforcement, commercial salvage, and marine firefighting resource providers * (O) Identify and minimize impacts to the Maritime Transportation System (MTS) * (O) Terminate the response (Demobilization) | | |
| **4. Operational Period Command Emphasis (Safety Message, Priorities, Key Decisions/Directions)**   * All responders shall follow identified safe practices as outlined in the ICS-208 Site Safety Plan * Maintain Situational Awareness * Procure locally within procurement regulations * Utilize Risk Management * Safeguard the interest of local communities, natural resources, and embed cultural considerations in all operations * Mental health awareness   Align, communicate, and coordinate closely with our Federal/State/Local partners  The protection of the environment is a core priority. We must take every measure to mitigate the impact of  this oil spill on marine life, ecosystems, and coastal communities. Adhering to best practices, employing  environmentally friendly techniques, and utilizing the most effective cleanup methods are essential in  minimizing long-term damage.  Follow environmental best management practices developed in consultation with NOAA and following the Endangered Species Act  **Approved Site Safety Plan Located at:**  **All media requests are to be directed to the Joint Information Center (JIC): ###-###-####** | | |
| **5. Prepared by: (Planning Section Chief) Date/Time** | | |

Incident Objectives ICS 202-CG

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| **1. Incident Name** | **2. Operational Period (Date/Time)**  From: Date To: Date | Command Direction ICS 202A |
| **3. Key Decisions and Procedures: (Ref IMH pg 4-1):** *Initial Unified Command Meeting Agenda (IMH pg 3-6)*  **Name of Incident:** *Careful not to mention companies Agenda item 7.b.*  **Operational Period (shifts):** 12 hrs / 24 hrs / 48 hrs / 72 hrs (4 / 8 / 12 / 24 hour shifts) *Shift can be delegated to OSC as well, but must be captured in writing.* *Agenda item 7.e.*  **Functions:** *Functions will allow you to determine Authority and Jurisdiction, this will also help you determine who is in the Unified Command and who will take 51% of the vote. UC Objectives Meeting Agenda item 3.*  Safety, Public Health, Search and Rescue, Oil Spill/Hazardous Substance Release, Source Control, Firefighting, Salvage, Environmental Protection, Security, Wildlife, Investigation, Evidence Collection, Family Assistance, Medical Support, Air monitoring, Stakeholder outreach, Media Relations, Communications, Information Management  **Incident/Unified Command (Consider Deputies):** *Agenda item 2, 4. & 5. Ref IMH 5-1 thru 5-4*   * **FOSC:** *USCG* * **SOSC:** *HI-DOH* * **RP:** *If Any*   **Agency Executives:** *Incident Commander Immediate Supervisors Agenda item 7.c*  **Assisting Agencies:** *Must Provide Tactical Resources for the response Agenda item 3. & 7.c (i.e. HI-EMA, NOAA, Count PD/FD, DLNR, DOD, FEMA)*  **Cooperating Agencies:** *May help if need it, but they are on standby to assist (PRFA) Agenda item 3. & 7.c.*  **Key Stakeholders:** *Agencies or entities that are Impacted by the incident (Clients) Agenda item 3.*  **Trustees:** *Own something that the incident is impacting. (NOAA, Fish & Wildlife) Agenda item 3.*  **Command Staff (consider Assistants):** *Agenda item 7.c. & 7.f.*   * **PIO:** * **LOFR:** * **SOFR:**   **General Staff (consider Deputies):** A*genda item 7.c. & 7.f.*   * **PSC:** * **OSC:** * **ISC:** * **LSC:** * **FSC:**   **FACILITIES:** *Agenda item 7.d.*  **ICP Location(s):**  **JIC Location:**  **DELEGATION of AUTHORITY:** *Agenda item 8.*   * Letters of designation, signed by Capt. [NAME] (FOSC), for incident specific FOSCR have been issued to [NAME] (IC), [NAME] (FOSCR),   **IMT PROCEDURES:** *Agenda item 8.*   * This response shall be organized and executed in accordance with the National Incident Management System utilizing the Incident Command System structure. * The Area Contingency Plan, Area Maritime Security Plan, 9800 OPLAN, Salvage Response Plan, Maritime Transportation System Recovery Plan, and Geographic Response Strategies (GRS) will be used, as appropriate in planning operations. * All responders will use the USCG Incident Management Handbook and applicable Job Aids as the IMT Standard Operating Procedures (SOP).   **OTHER KEY DECISIONS:** *Agenda item 8.*   * All response personnel have authority to stop response operations due to safety issue. Safety Officer has resume work authority. * IC/UC shall approve all Press Releases. * IC/UC shall approve all single purchases over $xxx. * IC/UC member(s) will work with their Deputies to ensure someone is available 24 hours/day by phone. * Section Chiefs and Command Staff have authority to staff according to the needs of the response. * IAP will be emailed through official channels (govt email) to vetted stakeholder recipients. | |  |
| **4. Priorities: (Ref IMH pg 4-2):** *Unified Command Objectives Meeting Agenda 3. (IMH pg 3-7)*   * Safety of public and responders * SAR Readiness * Incident stabilization * Support to State and Local authorities * Protection of the environment to include natural and cultural resources * Protection of property * Crew rest requirements * Transportation infrastructure and/or maritime commerce restoration. * Information management and situation awareness * Coordination of Investigation, scene preservation and evidence collection | |  |
| **5. Limitations and Constraints(Ref IMH pg 4-3):** *Unified Command Objectives Meeting Agenda 3. (IMH pg 3-7*  **Limitations and Constraints** are descriptions of actions that the IC/UC must do or can’t do based on agency authority, jurisdiction, law, ordinance, or other agency direction. The below list of items provides a memory trigger and will need further development under incident specific conditions to form a complete list of limitations and constraints.  A. Restricted visibility.  B. Weather and work environment.  C. Geography and terrain.  D. Limited specialized resources and shortfalls.  E. Staffing shortfalls.  F. Crew rest requirements.  G. Interagency communications.  H. Cost constraints.  I. Affected population.  J. Multiple resource ordering processes.  K. Conflicting jurisdictional or statutory authorities.  L. Delegation of authority limitations.  M. Media coverage.  N. Public confidence and perception.  O. Potential for adverse economic or environmental impacts.  P. Mass public hysteria.  Q. Site security and perimeter.  R. Evidence preservation requirements.  S. Exclusion zones.  T. Oil composition.  U. Hazardous substance properties.  V. Personal protective equipment (PPE) requirements.  W. Unknown extent of contamination.  X. Availability of waste sites.  Y. Security and classification issues. |  |  |
| **6. Prepared by: (Planning Section Chief)** |  | **Date/Time** |

Command Direction ICS 202A-CG

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| **1. Incident Name**  **UPDATE AS NEEDED** | **2. Operational Period (Date/Time)**  From: To: | Critical Information Requirements ICS 202B |
| **3. Critical Information Requirements:**  (ref IMH pg 4-9 to 4-10, and Chapter 12)  **CIR: I**nformation requirements that the IC/UC has identified as critical to facilitate timely decision making. These CIRs should be tracked by the Planning Section/Situation Unit and incorporated into the daily situation reports.)  **Accountability of personnel.**  Status of MTS/port status.  Damage to infrastructure.  Fatalities and/or Injuries.  Equipment casualties (CASREP).  Total volume of oil spilled or rate of discharge. (In US Gallons)  Facilities status.  Command objective completed.  Resource status and statistics.  Operational asset tracking.  Critical Infrastructure/Key Resources (CI/KR).  Environmental data.  Environmental resources at risk and sensitive areas impacted as result of the incident and the response.  Environmental impact.  Incident specific critical resources.  All other geospatial information.  Wildlife impacts.  Cultural/historical impacts and/or concerns.  Social media field observations or trends.  Political interests and concerns.  Media interests and concerns.  Stakeholder interests and concerns.  Unplanned safety zone access requests  **IMMEDIATE REPORTING THRESHOLDS:** (The following elements of information must be reported immediately to the IC/UC, and the Planning Section/Situation Unit for tracking/dissemination.)  NOTIFY UC WITHIN 5 MINUTES OF REPORT   * Fatality or injury of a responder beyond first aid * Anytime response personnel shut down operations * Significant change in media or political interests or concerns * Failure of incident specific critical resource that impacts operations * VIP visits * An observable discharge of oil, including persistent sheen, or reported release of hazardous substances * Any discovery of an impediment that prevents adhering to established ESF Section 7, NHPA Section 106, or cultural/archeological best management practices. * Any “Take” of marine protected resources as defined under the ESA. “Take” means "to harass, harm, pursue, hunt, shoot, wound, kill, trap, capture, or collect, or to attempt to engage in any such conduct." | | |
| **4. Prepared by: (Planning Section Chief) Date/Time** | | |

Critical Information Requirements ICS 202B

# Assessment & Security ICS 204s

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| **1. Incident Name** | | | **2. Operational Period (Date/Time)Pre/Post Storm**  From: Date To: Predicted date of Impact | | | | | Assignment List  ICS 204-CG | |
| **3. Branch**  **Assessment** | | | **4. Division/Group/Staging** **Landside / Waterside** | | | | | | |
| **5. Operations Personnel** Name Affiliation Contact # (s)  Operations Section Chief: Sector Honolulu  Leader: | | | | | | | | | |
| **6. Resources Assigned** “X” indicates 204a attachment with additional instructions | | | | | | | | | |
| Strike Team/Task Force/Resource Identifier | Leader | | | Contact Info. # | # of Persons | | Reporting Info/Notes/Remarks | | |
| Assessment Team A |  | | |  |  | | * USCG PR/FI personnel * USACE structural engineer * HI-DOT-Harbors rep. | |  |
| Assessment Team B |  | | |  |  | |  |
| Assessment Team C (Waterside – USCG Small Boat) |  | | |  |  | | * USCG Station Small Boat crew * USCG PR/FI personnel * USACE structural engineer * HI-DOT-Harbors rep. | |  |
| **7. Work Assignments**  The primary purpose is to identify hazardous conditions and their primary focus will be on the commercial maritime aspects of the zone. These targeted areas will be inspected to ensure that no significant threat of safety and security exists.  **Assessment Team (Landside):**   * Conduct patrols of the areas shown on the divisional boundary map. * Identify and document potential hazardous situations. * Document & photograph any oil discharges or releases found during assessments. * Document all actions and events observed on the ICS 214 form. * Ensure results & pictures are communicated and sent to IMT SITL Ph\_\_\_\_\_\_\_\_\_\_ [/](mailto:/) SpecOpsHono@uscg.mil.   **Port Assessment Team (Waterside):**   * Conduct patrols of the areas shown on the divisional boundary map. * Identify and document potential hazardous situations. * Document & photograph any oil discharges or releases found during assessments. * Identify any hazards to navigations and any other condition that could present a danger to safe navigation of commerce. * Identify and document ATON discrepancies. * Utilize side scan sonar to conduct underwater assessment of harbor. * Document all actions and events observed on the ICS 214 form. * Ensure results & pictures are communicated and sent to IMT SITL Ph\_\_\_\_\_\_\_\_\_\_ [/](mailto:/) SpecOpsHono@uscg.mil. | | | | | | | | | |
| **8. Special Instructions**  -Bring Go-bag: water, food, communications gear, camera, 4 gas meter & all other PPE required for the asset you will be using. PPE may include PFDs, coveralls, sunblock, eye protection, hard hats, reflective vests, as appropriate & standard Level D.  -Conduct Operation Risk Management regularly  -If a potential threat to the environment exists, report findings to SITL upon return or in field as communications permit. | | | | | | | | | |
| **9. Communications (radio and/or phone contact numbers needed for this assignment)**  **Name/Function Radio: Freq./System/Channel Phone Cell/Pager**  Emergency 911  Sector Hono IMT (808) 842-####  Sector Hono Command Center 163.1375 / VHF-FM / CG 113 (808) 842-2600/2606  Sector Hono Command Center 412.9750 / UHF / CG 409  Tactical 164.9000 / VHF-FM / CG 118 | | | | | | | | | |
| **10. Other Attachments (as needed)**  **ICS-214-CG, NOAA Chart, and Division Boundary Maps** | | | | | | | | | |
| **11. Prepared by Date/Time** | | **11. Reviewed by Date/Time** | | | | **12. Reviewed by (PSC) Date/Time** | | | |

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| **1. Incident Name** | | | **2. Operational Period (Date/Time) Pre/Post Storm**  From: Date To: Predicted date of impact | | | | | Assignment List  ICS 204-CG | |
| **3. Branch**  **Air Operations Branch** | | | **4. Division/Group/Staging** **ASBP & UAS Group** | | | | | | |
| **5. Operations Personnel** Name Affiliation Contact # (s)  Operations Section Chief: Sector Honolulu  Branch Leader: | | | | | | | | | |
| **6. Resources Assigned** “X” indicates 204a attachment with additional instructions | | | | | | | | | |
| Strike Team/Task Force/Resource Identifier | Leader | | | Contact Info. # | # of Persons | | Reporting Info/Notes/Remarks | | |
| Assessment Team A |  | | |  |  | | USCG PR/FI Member | |  |
| H-65 Helicopter (or C-130) |  | | |  |  | | Normal Flight Crew | |  |
| HFD USACE (drone) |  | | |  |  | | 3D aerial image & photos | |  |
|  |  | | |  |  | |  | |  |
| **7. Work Assignments**  The primary purpose is to identify hazardous conditions and their primary focus will be on the commercial maritime aspects of the zone. These targeted areas will be inspected to ensure that no significant threat of safety and security exists.  **Assessment Team (Aerial):**  - Conduct assessment aerial overflights designated area.  - Identify and document all potential hazardous situations.  - Document & photograph any oil discharges or releases found during aerial assessments.  - Ensure aerial overflights are done 1 hour after sunrise and 1 hour before sunset.  - Document all actions and events observed during aerial overflights on the ICS 214 form.  - Ensure results & pictures are communicated and sent to IMT SITL Ph\_\_\_\_\_\_\_\_\_\_ [/](mailto:/) SpecOpsHono@uscg.mil.  **Pollution Additional:**   * Conduct over flights every # hours to validate SSC projections of trajectory of oil and evaluate booming effectiveness. Limit overflights to less than 2 hours and take photos. * Pass photos to SITL as soon as possible. * Ensure (1) Pollution Responder is on board aircraft as SME. **UAS:** * UAS group operators will provide daily first light imagery to UC prior to 0730 and 1800 (operational parameters permitting). * UAS group will provide live stream UAS operations at the request of ICP during response operations, as needed. * Coordinate with manned aviation and UAS overflight(s) to maintain incident airspace deconfliction, TFR authorization, and communications between manned aviation assets. * UAS group will also be tasked with providing situation updates to SITL and Joint Information Center (JIC). | | | | | | | | | |
| **8. Special Instructions**  -Prior to leaving identify appropriate NOAA Chart and all division maps of the respective area to be surveyed.  -Bring video/still camera, notepad, and binoculars. Wear appropriate flight PPE which may include, hearing protection flight suit coveralls, sunblock, & non-polarized sunglasses.  -All UAS operators SHALL contact Air Operations Branch (###-####) prior to takeoff for airspace clearance and deconfliction. ALL UAS pilots are directed to provide the following to the Air Operations Branch: 1.) Pilot Name 2.) FAA Certification Number 3.) UAS Make/Model 4.) UAS ID 5.) Mission description 6.) Take-Off / Final Landing times 7.) Daily operating schedule. UAS operators shall conduct overflights IAW with own agency policy. Live stream capable UAS teams will provide a link to ICP for live stream coverage of UAS operations during daylight hours. All digital imagery shall be sent to (EMAIL). SAFETY: All personnel have stop work authority. Only personnel designated in a safety role have resume work authority. Report any injuries / near misses to supervisors as appropriate. For all debris reports, please call (###-####). For all Critical Incident Reports, please call: (###-####). | | | | | | | | | |
| **9. Communications (radio and/or phone contact numbers needed for this assignment)**  **Name/Function Radio: Freq./System/Channel Phone Cell/Pager**  Emergency 911  Sector Hono IMT (808) 842-####  Sector Hono Command Center 163.1375 / VHF-FM / CG 113 (808) 842-2600/2606  Sector Hono Command Center 412.9750 / UHF / CG 409  Tactical 164.9000 / VHF-FM / CG 118 | | | | | | | | | |
| **10. Other Attachments (as needed)**  **ICS-214-CG, NOAA Chart, and Division Boundary Maps** | | | | | | | | | |
| **11. Prepared by Date/Time** | | **11. Reviewed by Date/Time** | | | | **12. Reviewed by (PSC) Date/Time** | | | |

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| **1. Incident Name** | | | **2. Operational Period (Date/Time)**  From: DateTo: Date | | | | | Assignment List  ICS 204-CG | |
| **3. Branch**  **Safety & Security** | | | **4. Division/Group/Staging** **Shoreside Group** | | | | | | |
| **5. Operations Personnel** Name Affiliation Contact # (s)  Operations Section Chief: : Sector Honolulu  Branch Director: Sector Honolulu  Div/Grp Supervisor / STAM: Sector Honolulu / HFD / HPD | | | | | | | | | |
| **6. Resources Assigned** “X” indicates 204a attachment with additional instructions | | | | | | | | | |
| Strike Team/Task Force/Resource Identifier | Leader | | | Contact Info. # | # of Persons | | Reporting Info/Notes/Remarks | | |
| HPD Unit 1 |  | | |  |  | |  | |  |
| HFD Mobile Command |  | | |  |  | |  |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  | |  |
| **7. Work Assignments**  HPD Unit - 1 Conduct routine patrols and enforcement of safety and or security. Communicate with public the restrictions involved with the incident.  HFD MC - Conduct surveillance and on-scene coordination between various assets including communication support. | | | | | | | | | |
| **8. Special Instructions**  Notify supervisor of safety/security zone breaches. Ensure compliance with all department safety regulations and PPE. Notify supervisor of any changes to situation or safety concerns.  Hydrate regularly, replenish electrolytes and calories often, take breaks and receive adequate rest. Continue periodic communications with supervisors. All impacted wildlife need to be documented and immediately reported to supervisor.  **Critical Information Reporting (CIR)**: All teams shall immediately report injuries or accidents to the Safety Officer. | | | | | | | | | |
| **9. Communications (radio and/or phone contact numbers needed for this assignment)**  **Name/Function Radio: Freq./System/Channel Phone Cell/Pager**  Emergency 911  Sector Hono IMT (808) 842-####  Sector Hono Command Center 163.1375 / VHF-FM / CG 113 (808) 842-2600/2606  Sector Hono Command Center 412.9750 / UHF / CG 409  Tactical 164.9000 / VHF-FM / CG 118 | | | | | | | | | |
| **10. Other Attachments (as needed)** | | | | | | | | | |
| **11. Prepared by Date/Time** | | **11. Reviewed by Date/Time** | | | | **12. Reviewed by (PSC) Date/Time** | | | |

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| **1. Incident Name** | | | **2. Operational Period (Date/Time)**  From: DateTo: Date | | | | | Assignment List  ICS 204-CG | |
| **3. Branch**  **Safety & Security** | | | **4. Division/Group/Staging** **Waterside Group** | | | | | | |
| **5. Operations Personnel** Name Affiliation Contact # (s)  Operations Section Chief: : Sector Honolulu  Branch Director: Sector Honolulu  Div/Grp Supervisor / STAM: Sector Honolulu / HFD / HPD | | | | | | | | | |
| **6. Resources Assigned** “X” indicates 204a attachment with additional instructions | | | | | | | | | |
| Strike Team/Task Force/Resource Identifier | Leader | | | Contact Info. # | # of Persons | | Reporting Info/Notes/Remarks | | |
| LE Boat #1 & crew |  | | |  |  | | Safety Zone Enforcement | |  |
| LE Boat #2 & crew |  | | |  |  | |  |
| MTSL |  | | |  |  | |  |
|  |  | | |  |  | |  | |  |
| **7. Work Assignments**  LE Boat 1 Morning (0800-1400) & LE Boat 2 Afternoon (1400-2000): Patrol and enforce safety zone.  -Maintain a daily log of any vessel that asks to enter or encroaches on the safety zone. Include Vessel name, how they contacted the CG and why they want to enter the safety zone. Provide log to OSC nightly.  -Report any potential safety zone violations in real time.  -Report number of sorties completed per day per boat to OCS.  -One boat safety zone coverage is paramount. Notify OSC if you intend to participate in non-maritime/SAR recovery efforts.  -Bring additional line while underway and secure vessels adrift as able. Report name and location of vessels secured to SITL.  MTSL-Coordinate with public requests to access the safety zone. Maintain a daily log of any vessel that asks to enter or  encroaches on the safety zone. Include vessel name, how they contacted the CG and why they want to enter the safety zone.  Provide log to OSC nightly. | | | | | | | | | |
| **8. Special Instructions**  **Critical Information Reporting (CIR)**: All teams shall immediately report injuries or accidents to the Safety Officer.  **-First-Aid: Life/Limb/eyesight Aircraft Medevac, above basic first aid return to station for transport via EMS.**  **-Notify PD, EOC, and OPS with accurate location information if human remains are found.**  **-Notify supervisor of safety/security zone breaches and incidents of non-compliant boaters. Ensure compliance with all department**  **safety regulations and PPE. If winds are carrying visible dust or odors, N95 respirators shall be worn outside.**  **-Notify supervisor of any changes to situation or safety concerns.**  **-Hydrate regularly, replenish electrolytes and calories often, take breaks and receive adequate rest. Continue periodic communications with supervisors. All impacted wildlife needs to be documented and immediately reported to supervisor.** | | | | | | | | | |
| **9. Communications (radio and/or phone contact numbers needed for this assignment)**  **Name/Function Radio: Freq./System/Channel Phone Cell/Pager**  Emergency 911  Sector Hono IMT (808) 842-####  Sector Hono Command Center 163.1375 / VHF-FM / CG 113 (808) 842-2600/2606  Sector Hono Command Center 412.9750 / UHF / CG 409  Tactical 164.9000 / VHF-FM / CG 118 | | | | | | | | | |
| **10. Other Attachments (as needed)** | | | | | | | | | |
| **11. Prepared by Date/Time** | | **11. Reviewed by Date/Time** | | | | **12. Reviewed by (PSC) Date/Time** | | | |

# MTS / Salvage ICS 204s

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| **1. Incident Name** | | | **2. Operational Period (Date/Time)**  From: DateTo: Date | | | | | Assignment List  ICS 204-CG | |
| **3. Branch**  **MTS Response Branch** | | | **4. Division/Group/Staging** **Harbor Coordination Group** | | | | | | |
| **5. Operations Personnel** Name Affiliation Contact # (s)  Operations/Planning Section Chief: : Sector Honolulu  Branch Director: Sector Honolulu  Div/Grp Supervisor / STAM: Sector Honolulu | | | | | | | | | |
| **6. Resources Assigned** “X” indicates 204a attachment with additional instructions | | | | | | | | | |
| Strike Team/Task Force/Resource Identifier | Leader | | | Contact Info. # | # of Persons | | Reporting Info/Notes/Remarks | | |
| MTSTRU |  | | |  |  | |  | |  |
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|  |  | | |  |  | |  |
| **7. Work Assignments**  A. Communicate with MTS stakeholders and manage vessel traffic during response operations.  B. Publish MSIBs as needed  C. Pass concerns and inquiries from vessel owners and stakeholders to command for action.  D. Coordinate with USACE to conduct multi-beam survey upon completion of operations to compare with pre-incident harbor survey.  E. Work with owners/operators/insurance companies to determine the logistics for RP-lead salvage/removal operations on a case-by-case basis. Document these unique cases and situations for various vessel owners. | | | | | | | | | |
| **8. Special Instructions**  All email/phone responses to vessel owners/operators, salvors, OSROs must be cleared through Group DIVS.  Notify supervisor of any changes to situation or safety concerns.  **Critical Information Reporting (CIR**): All teams shall immediately report injuries or accidents to the Safety Officer.  Any media request directed to field operators should be referred to UC/IC. Personnel are reminded to refrain from any social media posts.  Group email: D14-DG-SH-SecHono-MTSRU@uscg.mil | | | | | | | | | |
| **9. Communications (radio and/or phone contact numbers needed for this assignment)**  **Name/Function Radio: Freq./System/Channel Phone Cell/Pager**  Emergency 911  Sector Hono IMT (808) 842-####  Sector Hono Command Center 163.1375 / VHF-FM / CG 113 (808) 842-2600/2606  Sector Hono Command Center 412.9750 / UHF / CG 409  Tactical 164.9000 / VHF-FM / CG 118 | | | | | | | | | |
| **10. Other Attachments (as needed)** | | | | | | | | | |
| **11. Prepared by Date/Time** | | **11. Reviewed by Date/Time** | | | | **12. Reviewed by (PSC) Date/Time** | | | |

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| **1. Incident Name** | | | | | **2. Operational Period (Date/Time)**  From: To: | | | | Assignment List  ICS 204-CG | |
| **3. Branch**  **MTS RESPONSE BRANCH** | | | **4. Division/Group/Staging** **Alternate Port JBPHH Division** | | | | | | | |
| **5. Operations Personnel** Name Affiliation Contact # (s)  Operations Section Chief:  Deputy Operations Section Chief:  Branch Director:  Deputy Branch Director:  Division/Group Supervisor/STAM: | | | | | | | | | | |
|  | | | | | | | | | | |
| Strike Team/Task Force/Resource Identifier | Leader | | | Contact Info. # | | # Of Persons | | Reporting Info/Notes/Remarks | | |
| Container Vessel Offload - TF | HI DOT-Harbors | | |  | |  | | JBPHH – Kilo Piers | |  |
| Pre-incident Staging - TF | MTSRU | | |  | |  | | Honolulu Area | |  |
| Aloha Stadium - TF | HI Stadium Auth. | | |  | |  | | Aloha Stadium  (potential Laydown Area) | |  |
| Kalaeloa BP Harbor – TF | HI DOT-Harbors | | |  | |  | | Kalaeloa - Barbers Point Harbor (potential Laydown Area) | |  |
|  |  | | |  | |  | |  | |  |
|  |  | | |  | |  | |  | |  |
| **7. Work Assignments**  - Pre-stage any needed resources (personnel and equipment) to protect them from harm and make ready for immediate deployment.  - Transport Cargo Containers from JBPHH Kilo Piers to the Laydown Area(s).  - Manage Cargo Containers (Stacked or On-Chassis) at the Laydown Area(s) in preparation for commercial delivery.  - Identify Non-critical cargo containers during vessel offload and move to alternative temporary storage location (i.e. other HI Islands via container/deck barges). | | | | | | | | | | |
| **8. Special Instructions**  - Pre-staging Logistics operations should commence immediately upon advance notification of potential Port of Honolulu closure.  - Safety briefings will be conducted daily for all on-scene personnel prior to shift work.  - Once the Port of Honolulu resumes normal operations, the Alternate Port Operation will be secured. Expect 30 days minimum. | | | | | | | | | | |
| **9. Communications (radio and/or phone contact numbers needed for this assignment)**  Assignment Channel Name Frequency (Tx) Phone  DEM / Ocean Safety / USCG / OTS Dispatch INTEROP 1 Zone 4, Channel 1a  HFD Interops / RDC Monitors INTEROP 2 Zone 4, Channel 2a  HPD Interops / RDC Monitors INTEROP 3 Zone 4, Channel 3a  EMS Interops INTEROP 4 Zone 4, Channel 4a  JBPHH EOC JBPHH Disaster Prep 1 Zone 2, Channel 13A  CNRH ROC CNRH Disaster Prep Zone 2, Channel 14B  Waterside Comms w/ Port Ops Marine Band VHF 69 VHF 69  Industry Heavy Machinery Operator Digital Freq Band TX – 462.45  **Emergency Communications**  Medical Evacuation Other | | | | | | | | | | |
| **10. Prepared by:** **Date/Time** | | **11. Reviewed by (PSC):** **Date/Time** | | | | | **12. Reviewed by (OSC):** **Date/Time** | | | |

###### **Laydown Area Ideal Requirements**

**LAYDOWN AREA:**

1. Size: Total needed is 28 Acres (9 acres stacked containers PLUS 17 acres containers on chassis PLUS 2 acres support/rest area);
2. Surface: 12-16" thick reinforced concrete/asphalt; if containers are to be stacked by TopPicks (see below), it must be able to handle 120 ton container handling equipment (TopPick);
3. Overhead Clearance: 50' height to stack containers 4-high;
4. Lighting: to support 24/7 operations;
5. Access Control: perimeter fencing or empty container wall, and credential check using accepted documents (TWIC, CDL, Gov't ID, etc.);
6. Security: posted and/or roaming guards;
7. Power: power for refrigerated containers (generator or installed);
8. Rest Area / Shelters: a shelter for workers to shield from sun and inclement weather and to provide rest amenities including water, tables, chairs and porta-potties.
9. Access: Can containerized tractor-trailers gain entry to the laydown area.

**TRANSIT ROUTE REQUIREMENTS TO/FROM LAYDOWN AREA:**

1. A shorter distance to the laydown area is preferred since a longer distance requires more support to ensure that route is made available for the cargo transits.
2. Road lanes need to be clear and able to structurally support the heavy weights of equipment transiting between JBPHH and the Laydown area as well as their height requirements.
3. Overpasses must be able to support the weight and low-hanging overpasses must be high enough for equipment to pass.
4. Phone/power lines, highway signs, and traffic lights may also be too low for certain types of large equipment to transit.

**CONTAINER HANDLING EQUIPMENT (TOP PICKS) SPECIFICATIONS:**

1. Top Picks measure 20 ft wide at the spreader up front, 35 ft long, and 30 ft high at the spreader’s mast; it weighs 78 tons (155,532 lbs) which is representative of the largest container handling equipment that is expected to be used.
2. It is preferred to move the Top Picks over the roadways instead of disassembling them.
3. If Top Picks need to be disassembled, it requires a total of 48 hours to disassemble, place on a truck, then reassemble at the lay down area. Top Pick breakdown and re-assembly also requires a crane at both ends which further stresses the demands for skilled personnel and specialized equipment in an already chaotic environment.

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| **1. Incident Name** | | | **2. Operational Period (Date/Time)**  From: DateTo: Date | | | | | Assignment List  ICS 204-CG | |
| **3. Branch**  **Salvage Branch** | | | **4. Division/Group/Staging** **Vessel Removal** | | | | | | |
| **5. Operations Personnel** Name Affiliation Contact # (s)  Operations Section Chief: : Sector Honolulu  Branch Director: Sector Honolulu  Div/Grp Supervisor / STAM: Sector Honolulu | | | | | | | | | |
| **6. Resources Assigned** “X” indicates 204a attachment with additional instructions | | | | | | | | | |
| Strike Team/Task Force/Resource Identifier | Leader | | | Contact Info. # | # of Persons | | Reporting Info/Notes/Remarks | | |
| Dive Operations |  | | |  |  | | EXECUTE ATTACHED SALVAGE PLAN | |  |
| Barge Operations |  | | |  |  | |  |
| Staging and Transport Team |  | | |  |  | |  |
|  |  | | |  |  | |  |
| **7. Work Assignments**  Conduct dive operations to complete underwater pollution assessments and identify potential hazardous material, submerged vessels and marine debris. Prioritize targets for removal. Identify Immediate hazard to areas of historical/ cultural/ archeological/ environmental concern, hazards/restrictions to navigation develop plan to resolve these issues to be approved by OSC/DOSC/IC  **Priority 1** –Sunken, derelict, or displaced vessels or vessel related debris that are actively discharging oil or hazardous substances into the environment.  **Priority 2** –Sunken, derelict, or displaced vessels or vessel related debris that are on waters of the State and that are involved in threatened/potential discharges of oil or hazardous substances into the environment.  **Priority 3** –Sunken, derelict, or displaced vessels or vessel related debris that are on waters of the State that *will not* be removed by vessel owners.  \*A vessel may be classified as a higher priority based upon impacts to highly sensitive ecosystems, cultural, archeological, or historic significance.  Remove pollution and hazardous materials from the waterway and transfer them to an appropriate shoreside tank for transport to an appropriate holding area.  If any threat of pollution cannot be immediately removed, all measures to prevent the release of the material will be taken.  Continuously consult with historical/cultural/archeological monitors to ensure operations are not causing harm in these areas. All conflicts concerning historical/cultural/archeological shall require a meeting of historical/cultural/archeological monitors, salvage master, CG DIVS, Operations Section Chief (OSC), and Deputy Operations section chief (DOSC) if needed, operations will be stopped to have this meeting. | | | | | | | | | |
| **8. Special Instructions**  Remain vigilant of hazardous conditions (slips, trips, and falls) and observe PPE requirements. Continue periodic communications with supervisors. Avoid generating dust and do not touch your face. Wash your hands before eating or drinking. Newly reported members are at higher risk of heat stress during the first five days of work. Drink plenty of fluids and observe work/rest regimen.  **Critical Information Reporting (CIR):** All teams shall immediately report injuries or accidents to the Safety Officer.  Report all possible interruptions to CG OSC/DOSC as early as possible. Review UC/IC CIT/IRTs (ICS-202b) and make notifications as  required.  Any questions/concerns, contact operations | | | | | | | | | |
| **9. Communications (radio and/or phone contact numbers needed for this assignment)**  **Name/Function Radio: Freq./System/Channel Phone Cell/Pager**  Emergency 911  Sector Hono IMT (808) 842-####  Sector Hono Command Center 163.1375 / VHF-FM / CG 113 (808) 842-2600/2606  Sector Hono Command Center 412.9750 / UHF / CG 409  Tactical 164.9000 / VHF-FM / CG 118 | | | | | | | | | |
| **10. Other Attachments (as needed)** | | | | | | | | | |
| **11. Prepared by Date/Time** | | **11. Reviewed by Date/Time** | | | | **12. Reviewed by (PSC) Date/Time** | | | |

# Pollution ICS 204s

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| **1. Incident Name** | | | **2. Operational Period (Date/Time)**  From: DateTo: Date | | | | | Assignment List  ICS 204-CG | |
| **3. Branch**  **MER Branch** | | | **4. Division/Group/Staging** **On-Water Group** | | | | | | |
| **5. Operations Personnel** Name Affiliation Contact # (s)  Operations Section Chief: : Sector Honolulu  Branch Director: Sector Honolulu  Div/Grp Supervisor / STAM: Sector Honolulu | | | | | | | | | |
| **6. Resources Assigned** “X” indicates 204a attachment with additional instructions | | | | | | | | | |
| Strike Team/Task Force/Resource Identifier | Leader | | | Contact Info. # | # of Persons | | Reporting Info/Notes/Remarks | | |
| FOSCR |  | | |  |  | |  | |  |
| NSF Team 1 w/ air monitoring equip |  | | |  |  | |  |
| OSRO [name] |  | | |  |  | |  |
| OSRO Work Truck |  | | |  |  | |  | |  |
| OSRO Work Boat |  | | |  |  | |  | |  |
| **7. Work Assignments**  **Maintain Ready OSRO with FOSCR to assess emerging pollution concerns, deploy and maintain boom, and recover any recoverable**  **product as directed by OSC.**  - Photograph and document all available information on potential vessels impacted, to included latitude, longitude, vessel names, and important information to assist in identifying owners.  - Conduct air monitoring assessment.  **-** Monitor and report position and effectiveness of boom. If boom appears to be ineffective or needs to be repositioned, contact  OSC  - Responsible for the deployment and maintenance of containment boom, diversion boom, and absorbent materials at and around the incident location.  FOSCR shall conduct oversight and draft applicable documentation including photo documentation of removal activities. | | | | | | | | | |
| **8. Special Instructions**  **Critical Information Reporting (CIR):** All teams shall immediately report injuries or accidents to the **Safety Officer**.  - Observe proper boating safety and enforce PFD wear for all occupants of vessels throughout operations. Hydrate regularly, replenish electrolytes and calories often, take breaks and receive adequate rest. Continue periodic communications with supervisors. All impacted wildlife need to be documented and immediately reported to supervisor.  - DECON will be conducted by OSRO | | | | | | | | | |
| **9. Communications (radio and/or phone contact numbers needed for this assignment)**  **Name/Function Radio: Freq./System/Channel Phone Cell/Pager**  Emergency 911  Sector Hono IMT (808) 842-####  Sector Hono Command Center 163.1375 / VHF-FM / CG 113 (808) 842-2600/2606  Sector Hono Command Center 412.9750 / UHF / CG 409  Tactical 164.9000 / VHF-FM / CG 118 | | | | | | | | | |
| **10. Other Attachments (as needed)** | | | | | | | | | |
| **11. Prepared by Date/Time** | | **11. Reviewed by Date/Time** | | | | **12. Reviewed by (PSC) Date/Time** | | | |

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| **1. Incident Name** | | | **2. Operational Period (Date/Time)**  From: Date: To: Date: | | | | | Assignment List  ICS 204-CG | |
| **3. Branch**  **MER Branch** | | | **4. Division/Group/Staging** **Shoreline Group** | | | | | | |
| **5. Operations Personnel** Name Affiliation Contact # (s)  Operations Section Chief: :  Branch Director:  Div/Grp Supervisor / STAM: | | | | | | | | | |
| **6. Resources Assigned** “X” indicates 204a attachment with additional instructions | | | | | | | | | |
| Strike Team/Task Force/Resource Identifier | Leader | | | Contact Info. # | # of Persons | | Reporting Info/Notes/Remarks | | |
| PR Teams |  | | |  | 9 | |  | |  |
|  |  | | |  |  | |  |
|  |  | | |  |  | |  |
| **7. Work Assignments**  Conduct efforts to reduce shoreline impact with use of boom and sorbents. Special attention to sensitive areas as outlined in ACP.  Develop method for best clean up method based on scene findings.  Prior to responding in shallow water coordinate with DLNR on potential coral impacts.  Coordinate with Disposal Group for disposal of oily waste products.  Teams shall conduct contractor oversight and draft applicable documentation including photo documentation of response activities. | | | | | | | | | |
| **8. Special Instructions**  Observe proper PPE and stay cognizant of hot areas and air monitoring results. Continue periodic communications with supervisors. All impacted wildlife need to be documented and immediately reported to supervisor.  **Critical Information Reporting (CIR):** All teams shall immediately report injuries or accidents to the **Safety Officer**. | | | | | | | | | |
| **9. Communications (radio and/or phone contact numbers needed for this assignment)**  **Name/Function Radio: Freq./System/Channel Phone Cell/Pager**  Emergency 911  Sector Hono IMT (808) 842-####  Sector Hono Command Center 163.1375 / VHF-FM / CG 113 (808) 842-2600/2606  Sector Hono Command Center 412.9750 / UHF / CG 409  Tactical 164.9000 / VHF-FM / CG 118 | | | | | | | | | |
| **10. Other Attachments (as needed)** | | | | | | | | | |
| **11. Prepared by Date/Time** | | **11. Reviewed by Date/Time** | | | | **12. Reviewed by (PSC) Date/Time** | | | |

###### **Essential Fish Habitat & Endangered Species Act Management Practices: ICS 204a**

**Essential Fish Habitat Best Management Practices**

We recommend the following measures adapted from general in-water BMPs for this recovery action:

• All workers associated with this project should be fully briefed on these BMPs and the requirement to adhere to them for the duration of their involvement in this project.

• Constant vigilance by an observer should be kept for the presence of any ESA-listed marine species during all aspects of the proposed activities.

• If practicable, all work should be postponed or halted when ESA-listed marine species are within 50 meters of the proposed work, and should only begin/resume after the animals have voluntarily departed the area.

• When piloting vessels, vessel operators should alter course to remain at least 50 meters from marine mammals and sea turtles.

• Reduce vessel speed to 10 knots or less when piloting vessels at or within the ranges described above from marine mammals and sea turtles. Operators should be particularly vigilant to watch for turtles at or near the surface, and if practicable, reduce vessel speed to 5 knots or less.

• Marine mammals, sea turtles and other ESA-listed motile species should not be encircled or trapped between multiple vessels or between vessels and the shore.

• Do not attempt to intentionally interact with any ESA-listed marine species.

• The project manager and heavy equipment operators should perform daily pre-work equipment inspections for cleanliness and leaks. All heavy equipment operations shall be postponed or halted should a leak be detected, and should not proceed until the leak is repaired and equipment cleaned.

• Prepare a plan for how the transfer of fuel products is expected to occur and what contingencies will be taken in the event of unforeseen circumstance (i.e. if a spill occurs and respective clean up) or in the event of leaking or debris loss during the retrieval and what steps will be taken for fuel recovery.

• Ensure any equipment is secure during deployment and retrieval, and that ESA-listed animals do not become trapped or entangled.

• Keep lines as taut as practicable, and deployed only as long as needed to properly accomplish the required task.

• Use observers if available and practicable, to ensure no presence of ESA-listed species in and around large debris pieces prior to recovery.

• If environmental and other factors require operations to continue while an animal is present at the vessel, monitor and report behavioral responses from the animal(s) from the helicopter/response personnel

**Endangered Species Act**

Physical Impacts to Benthic Communities

1. Where possible, restrict physical contact with the bottom to unconsolidated sediments devoid of coral and seagrass.

2. Try to ensure that all anchors are set on hard or sandy bottom devoid of corals and seagrass and that chosen anchor locations take into consideration damage that could occur from the anchor chain if the vessel swings due to currents or tides.

3. Prior to mobilizing, ensure all equipment, ballast, and vessel hulls do not pose a risk of introducing new invasive species and will not increase abundance of invasive species present at the project location.

4. Prevent trash and debris from entering the marine environment during the project.

5. All objects lowered to the bottom shall be lowered in a controlled manner.

6. Mooring systems (e.g., buoys, chains, ropes) must:

• be kept taut to the minimum length necessary

• employ the minimum line length necessary to account for expected fluctuations in water depth due to tides or waves

• use mid-line floats or other buoyancy devices to prevent contact with the ocean floor.

• be properly maintained.

7. Ensure structures are properly weighted to prevent movement from currents or waves and implement a maintenance plan to ensure integrity over time.

8. Consider keeping infrastructure materials (e.g., riprap, piles, boulders) that are colonized with benthic communities in the water for use to restore impacts to the marine environment at a later time.

B. Sedimentation and/or Turbidity

1. Consider curtailing activities under unusual conditions, such as large tidal events, storms, and high surf conditions.

C. Increase in Nutrients, Pollution, Contaminants, and Freshwater

1. Prevent discharges into the water.

2. Inspect all equipment prior to beginning work each day to ensure the equipment is in good working condition, and there is no contaminant (e.g., oil, fuel) leaks. Address leaks and clean equipment as soon as possible. Equipment should always be stored in an appropriate staging area designed to be preventative in terms of containing unexpected spills when equipment is not in use or during fueling.

3. All fueling or repairs to equipment must be done in a location with the appropriate controls that prevents the introduction of contaminants to marine environment

4. Prevent discharges of chemicals and other fluids dissimilar from seawater into the water column.

5. Have appropriate spill response equipment and material on hand. Oil spill kits should accompany all equipment in the marine environment..

ICS-204a

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| 1. **Incident Name:**   **UPDATE AS NEEDED** | | | | 1. **Date/Time Prepared:**   Date:  Time: | | | | | 1. **Operational Period:**   Date From: Date To:  Time From: Time To: | | |
| 1. **Basic Radio Channel Use:** | | | | | | | | | | | |
| Zone Grp | Ch # | Function | Channel Name/ Trunked Radio System Tankgroup | | Assignment | RX Freq  N or W | RX Tone/NAC | TX Freq N or W | TX Tone/NAC | Mode (A, D, or M) | Remarks |
| A |  | COMMON | CG 118 | | C&C  Emergency | SEE COML |  | SEE COML |  | D | Command & Control / Emergency (PACE) |
| A |  | TACTICAL | CG 113 | | SAR | SEE COML |  | SEE COML |  | D | Sector Command Ctr |
| B |  | TACTICAL | CG 127 | | LE | SEE COML |  | SEE COML |  | D | OSC |
| B |  | TACTICAL | CG 411 | | DIVE | SEE COML |  | SEE COML |  | D | OSC |
| B |  | TACTICAL | CG 410 | | GROUND | SEE COML |  | SEE COML |  | D | OSC |
| B |  | TACTICAL | CG 409 | | AIR | SEE COML |  | SEE COML |  | D | Sector Command Ctr |
|  |  |  |  | |  |  |  |  |  |  |  |
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| 1. **Special Instructions:**   SEE IAP FOR ON-SCENE COORDINATOR (OSC) ASSIGNMENTS. NET CONTROL IS OSC AND SECTOR HONOLULU COMMAND CENTER (SCC).  ZONE A: VHF-D14A  ZONE B: UHF-D14A  PACE = PRIMARY, ALTERNATE, CONTINGENCY, EMERGENCY COMMUNICATIONS | | | | | | | | | | | |
| 1. **Prepared by**: (Communications Unit Leader) Name: Signature: | | | | | | | | | | | |
| Communications Plan ICS 205 | | **IAP Page:** | | | Date/Time: Approved By: | | | | | | |

# Medical Plan ICS 206s

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| **1. Incident Name: Big Isle** | | | **2. Operational Period (Date / Time)**  From: Date To: Duration of Incident | | | | | | **MEDICAL PLAN**  **ICS 206-CG** | | |
| **3. Medical Aid Stations** | | | | | | | | | | | |
| Name | | Location | | | | Contact # | | | | Paramedics On site (Y/N) | |
| Edit based on location | |  | | | |  | | | | Y | |
|  | |  | | | |  | | | | Y | |
|  | |  | | | |  | | | | Y | |
|  | |  | | | |  | | | |  | |
| **4. Transportation** | | | | | | | | | | | |
| Ambulance Service | | Address | | | | Contact # | | | | Paramedics  On board (Y/N) | |
|  | |  | | | |  | | | | Y | |
|  | |  | | | |  | | | | Y | |
|  | |  | | | |  | | | | Y | |
|  | |  | | | |  | | | |  | |
|  | |  | | | |  | | | |  | |
|  | |  | | | |  | | | |  | |
| **5. Hospitals** | | | | | | | | | | | |
| Hospital Name | Address | | | | Contact # | | Travel Time | | | Burn Ctr? | Heli- Pad? |
| Air | Ground | |
| Kona Community Hospital | 79-1019 Kaukapila St. | | | | 911 or (808) 322-9311 | |  |  | | N | Y |
| Hilo Medical Center | 1190 Waianuenue Ave. | | | | 911 or (808) 932-3000 | |  |  | | N | Y |
| North Hawaii Community Hospital | 67-1125 Mamalahoa Hwy. | | | | 911 or (808) 885-4444 | |  |  | | N | Y |
|  |  | | | |  | |  |  | |  |  |
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|  |  | | | |  | |  |  | |  |  |
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| **6. Special Medical Emergency Procedures**  Document all incident related injuries/illnesses. Any medical emergencies should be immediately reported to the SECTOR IMT (808) ###-####/ Safety Officer (808) ###-#### / LOGS (808) ###-#### / Base Honolulu Medical (808) 221-6029  Communicate any and all loss of degradation of medical service/resources to the IC.  For emergencies call 911 | | | | | | | | | | | |
| **7. Prepared by: (Medical Unit Leader) Date/Time** | | | | **8. Reviewed by: (Safety Officer) Date/Time** | | | | | | | |
| MEDICAL PLAN ICS 206-CG (Rev.07/19) | | | | | | | | | | | |

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| **1. Incident Name: Maui** | | | **2. Operational Period (Date / Time)**  From: Date To: Predicted Date of Impact | | | | | | **MEDICAL PLAN**  **ICS 206-CG** | | |
| **3. Medical Aid Stations** | | | | | | | | | | | |
| Name | | Location | | | | Contact # | | | | Paramedics On site (Y/N) | |
| Edit based on location | |  | | | |  | | | | Y | |
| Minit Medical Urgent Care | | 1325 S Kihei Rd. #103, Kihei, HI 96753 | | | |  | | | | Y | |
|  | |  | | | |  | | | |  | |
|  | |  | | | |  | | | |  | |
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|  | |  | | | |  | | | |  | |
| **4. Transportation** | | | | | | | | | | | |
| Ambulance Service | | Address | | | | Contact # | | | | Paramedics  On board (Y/N) | |
| AMR Medical Services | |  | | | | 911 or 808-871-2153 | | | | Y | |
|  | |  | | | |  | | | | Y | |
|  | |  | | | |  | | | | Y | |
|  | |  | | | |  | | | |  | |
|  | |  | | | |  | | | |  | |
|  | |  | | | |  | | | |  | |
| **5. Hospitals** | | | | | | | | | | | |
| Hospital Name | Address | | | | Contact # | | Travel Time | | | Burn Ctr? | Heli- Pad? |
| Air | Ground | |
| Maui Memorial Medical Center | 221 Mahalanai Street Wailuku, HI 96793 | | | | (808) 244 9056 | |  |  | | Y | Y |
|  |  | | | |  | |  |  | |  |  |
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| **6. Special Medical Emergency Procedures**  Document all incident related injuries/illnesses. Any medical emergencies should be immediately reported to the SECTOR IMT (808) ###-####/ Safety Officer (808) ###-#### / LOGS (808) ###-#### / Base Honolulu Medical (808) 221-6029  Communicate any and all loss of degradation of medical service/resources to the IC.  For emergencies call 911 | | | | | | | | | | | |
| **7. Prepared by: (Medical Unit Leader) Date/Time** | | | | **8. Reviewed by: (Safety Officer) Date/Time** | | | | | | | |
| MEDICAL PLAN ICS 206-CG (Rev.07/19) | | | | | | | | | | | |

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| **1. Incident Name: Oahu** | | | **2. Operational Period (Date / Time)**  From: Date To: Duration of Incident | | | | | | **MEDICAL PLAN**  **ICS 206-CG** | | |
| **3. Medical Aid Stations** | | | | | | | | | | | |
| Name | | Location | | | | Contact # | | | | Paramedics On site (Y/N) | |
| Edit based on location | |  | | | |  | | | |  | |
|  | |  | | | |  | | | |  | |
| **4. Transportation** | | | | | | | | | | | |
| Ambulance Service | | Address | | | | Contact # | | | | Paramedics  On board (Y/N) | |
|  | |  | | | |  | | | |  | |
|  | |  | | | |  | | | |  | |
| **5. Hospitals** | | | | | | | | | | | |
| Hospital Name | Address | | | Contact # | | | Travel Time | | | Burn Ctr? | Heli- Pad? |
| Air | Ground | |
| Castle Medical Center | 640 Ulukahiki St Kailua, HI 96734 | | | 808-263-5500 (General),  --------------------  808-263-5164 (EMS) | | | Depends on location. Generally <15 min transit | < 15 minutes, traffic dependent | | NO | YES |
| Tripler AMC | 1 Jarrett White Road Honolulu, HI 96859 | | | 808-433-6661 | | | Depends on location. Generally <15 min transit | < 15 minutes, traffic dependent | | YES | YES |
| Queen’s Medical Center | 1301 Punchbowl St  Honolulu, HI 96813 | | | 808-691-1000 | | | Depends on location. Generally <15 min transit | < 30 minutes, traffic dependent | | YES | YES |
| **6. Special Medical Emergency Procedures**  Document all incident related injuries/illnesses. Any medical emergencies should be immediately reported to the SECTOR IMT (808) ###-####/ Safety Officer (808) ###-#### / LOGS (808) ###-#### / Base Honolulu Medical (808) 221-6029  Communicate any and all loss of degradation of medical service/resources to the IC.  For emergencies call 911 | | | | | | | | | | | |
| **7. Prepared by: (Medical Unit Leader) Date/Time** | | | | | **8. Reviewed by: (Safety Officer) Date/Time** | | | | | | |
| MEDICAL PLAN ICS 206-CG (Rev 07/19) | | | | | | | | | | | |

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| **1. Incident Name Kauai** | | | **2. Operational Period (Date / Time)**  From: Date To: Duration of Incident | | | | | | **MEDICAL PLAN**  **ICS 206-CG** | | |
| **3. Medical Aid Stations** | | | | | | | | | | | |
| Name | | Location | | | | Contact # | | | | Paramedics On site (Y/N) | |
| Edit based on location | |  | | | |  | | | |  | |
|  | |  | | | |  | | | |  | |
| **4. Transportation** | | | | | | | | | | | |
| Ambulance Service | | Address | | | | Contact # | | | | Paramedics  On board (Y/N) | |
|  | |  | | | |  | | | |  | |
|  | |  | | | |  | | | |  | |
| **5. Hospitals** | | | | | | | | | | | |
| Hospital Name | Address | | | Contact # | | | Travel Time | | | Burn Ctr? | Heli- Pad? |
| Air | Ground | |
|  |  | | |  | | |  |  | |  |  |
|  |  | | |  | | |  |  | |  |  |
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| **6. Special Medical Emergency Procedures**  Document all incident related injuries/illnesses. Any medical emergencies should be immediately reported to the SECTOR IMT (808) ###-####/ Safety Officer (808) ###-#### / LOGS (808) ###-#### / Base Honolulu Medical (808) 221-6029  Communicate any and all loss of degradation of medical service/resources to the IC.  For emergencies call 911 | | | | | | | | | | | |
| **7. Prepared by: (Medical Unit Leader) Date/Time** | | | | | **8. Reviewed by: (Safety Officer) Date/Time** | | | | | | |
| MEDICAL PLAN ICS 206-CG (Rev 07/19) | | | | | | | | | | | |

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| 1. **Incident Name:** | 1. **Operational Period:**   **From: To:** | | 1. **Incident Organization Chart**   **ICS 207** |
|  | | | |
| 1. Prepared by: | | 1. Date/Time Prepared: | |

# Incident Organization Chart ICS 207

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Incident Name:** | 1. **Operational Period:**   **From: To:** | | 1. **Incident Organization Chart**   **ICS 207** |
|  | | | |
| 1. Prepared by: | | 1. Date/Time Prepared: | |

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| --- | --- | --- |
| 1. **Incident Name** | 1. **Operational Date From: Date To:**   **Period: Time From: Time To:** | |
| 1. **Safety Message / Expanded Safety message, Safety Plan, Site Safety Plan:**   **ALL LOCATIONS:**   * 1. Everyone has stop work authority if they feel unsafe. Report all safety related Stop Work actions to SOFR: [PHONE NUMBER]. Follow all site and operation specific safety protocols.   2. If you feel sick or present any symptoms, do not report to your worksite. Contact your immediate supervisor and/or your Section Chief to coordinate a plan of action. Contact Duty Medical for consultation: [PHONE NUMBER]. At-home Covid-19 tests are authorized, and results are required to be reported to Duty Medical.   3. Review site-specific evacuation procedures and adhere to muster requirements.   4. Notify your supervisor and SOFR of all near miss, mishaps, illnesses, and injuries. Also, ensure that mishap reports are completed and filed.   5. For needed accountability, sign in and out of the operation daily.   6. All members must read the Site Safety Plan (ICS-208) and sign the acknowledgement form.   **MAUI:**   * + 1. In an emergency, dial 911 as this service is fully restored. Maui Memorial Medical Center is your ER located approximately 15 minutes from STA Maui. Duty Medical[PHONE NUMBER].     2. Field operations require proper use of Operational Risk Assessment (GAR 2.0) prior to commencing missions. Document this assessment on a daily ICS-214 Unit Log.     3. Travel in groups of two or more personnel at all limes. Maintain frequent communications with your supervisor. All teams should have at least one 4-gas meter, preferably a 5-gas with PID to monitor voes.     4. Be always aware of your surroundings. Hazards include falls, trips, puncture/laceration, electrical, downed power lines, chemicals, asbestos and lead in building debris, and feral animals.     5. 162 lithium ion (power packs/ batteries) were identified w/ the assistance of TESLA, and are extremely hazardous, considered unexploded ordinances until made safe or expended. If identified leave in place and report, EPA is the lead for removal.     6. Wear required PPE, including rain gear, hard hats, safety shoes, safety glasses, sunscreen, bug spray (30% deet!), and PFDs when working on or near water.     7. Remain vigilant of changing weather conditions. Remember, dehydration can be prevalent even when temperatures are not extreme. To avoid dehydration, always carry bottled water and drink one cup of water every 15-20 minutes.     8. Heat Stress - Know the signs and symptoms and precautions to protect yourself and your shipmates to reduce your chance of heat injury; download the heat stress application.     9. Confined space entry is not authorized.     10. In the event of lightning strikes within 10 miles of field work, stop all operations. Wait until 30 minutes have passed from the last audible thunder before resuming operations.   **OAHU:**   * + - 1. Duty Medical: [PHONE NUMBER]; Base Clinic is available from 0700 to 1500; Schofield Clinic is your Urgent Care; Tripler Medical is your ER; at-home Covid-19 tests are authorized, and results are required to be reported to Duty Medical.       2. As personnel transition to various sites, ensure you are aware of evacuation procedures and adhere to the site-specific muster requirements. | | |
| 1. **Site Safety Plan Required?** Yes □ No □   **Approved Site Safety Plan(s) Located At:** ICP & FOB | | |
| 1. **Prepared by: Name: Position/Title: Signature:** | | |
| Safety Message ICS 208 | | Date/Time: |

Site Safety and Health Plan ICS-208-CG (Rev 6/19)

Incident Name: Date/Time Prepared: Operational Period:

Purpose. The ICS Compatible Site Safety and Health Plan is designed for safety and health personnel that use the Incident Command System (ICS). It is compatible with ICS and is intended to meet the requirements of the Hazardous Waste Operations and Emergency Response regulation (Title 29, Code of Federal Regulations, Part 1910.120). The plan avoids the duplication found between many other site safety plans and certain ICS forms. It is also in a format familiar to users of ICS. Although primarily designed for oil and chemical spills, the plan can be used for all hazard situations.

Changes: The only change to this form since 2006 is added Emergency Site Non-Hazardous Assessment form (SSP-A2).

Table of Forms

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FORM NAME | FORM # | USE | REQUIRED | OPTIONAL | ATTACHED |
| Emergency Safety and Response Plan | A | Emergency response phase (uncontrolled) |  |  |  |
| Emergency Site Non-Hazardous Assessment Form | A2 | Emergency response phase without Hazardous Materials present. Overall site assessment |  |  |  |
| Hazard Identification / Eval / Control | B | Emergency phase | X |  |  |
| Site Map | C | Post-emergency phase map of site and hazards | X |  |  |
| Emergency Response Plan | D | Part of Form B, to address emergencies | X |  |  |
| Exposure Monitoring Plan | E | Exposure monitoring Plan to monitor exposure | X |  |  |
| Air Monitoring Log | E-1 | To log air monitoring data | X\* |  |  |
| Personal Protective Equipment | F | To document PPE equipment and procedures | X\* |  |  |
| Decontamination | G | To document decon equipment and procedures  (NOT INCLUDED BELOW) | X\* |  |  |
| Site Safety Enforcement Log | H | To use in enforcing safety on site |  | X |  |
| Worker Acknowledgement Form | I | To document workers receiving briefings |  | X |  |
| Other: |  |  |  |  |  |
| SSP Attach 1: Signs/Symptoms Acute Exposure | SSP1 | To assist with providing information to workers |  | X |  |
| SSP Attach 2: Heat Stress | SSP2 | To assist with providing information to workers |  | X |  |
| SSP Attach 3: Helicopter | SSP3 | To assist with providing safety information |  | X |  |
| SSP Attach 4: Small Boat Safety | SSP4 | To assist with providing safety information |  | X |  |
| SSP Attach 5: Vehicle Safety | SSP5 | To assist with providing safety information |  | X |  |
| SSP Attach 6: Insect Hazards | SSP6 | To assist with providing information to workers |  | X |  |
| SSP Attach 7: Animal Hazards | SSP7 | To assist with providing information to workers |  | X |  |
| SSP Attach 8: Body Recovery | SSP8 | To assist with providing information to workers |  | X |  |
| SSP Attach 9: Preventing Waterborne Illnesses & Maintaining Water Quality | SSP9 | To assist with providing safety information |  | X |  |
| SSP Attach 10: Recommendations for Operations Involving Contact with Raw Sewage | SSP10 | To assist with providing safety information |  | X |  |
| SSP Attach 11: Biohazards | SSP11 | To assist with providing safety information |  | X |  |

*\* Required only if function or equipment is used during a response*

Before operations, each person must read and sign the complete Site Safety Plan (SSP). As information is updated, each person will be asked to review the new material. Supervisors/leaders will ensure that this is done.

Before each operations period, crews must be briefed on the following:

* While serving at CG Sector Incident Command Post (ICP), or any of its subordinate units, safety and health of all personnel shall be considered first and foremost the key focus for all of our operations. Additionally, all Occupational Safety & Health Administration (OSHA) and Coast Guard safety regulations remain in effect.
* Use risk management to manage risk before each operation and as operations change.
* Be vigilant about heat stress, always keep hydrated, use sunscreen & insect repellent, and remain in the shade whenever possible. (Contact Incident Command Post for supplies.)
* Get enough rest, food, and recreation. Recommend at least 7 hours continuous sleep in between shifts.
* Obey all vehicle traffic rules and regulations. Major issues in this area include:
  + Treat intersections with inoperable traffic lights as four-way stops.
  + Follow all safety trailering procedures; use slower speeds; ensure wide berths when turning.
  + Be familiar with vehicle traffic and travel routes before getting behind the wheel.
  + Be prepared for poor highway and road conditions.
  + Plan travel time according to possible congestion not distance; then add a half hour.
  + No cell phones use while operating a vehicle. This includes texting!
  + If you are tired, rest first or find another driver.
  + Ensure your vehicle is designed for off road travel, including beaches.
* Maintain focus and situational awareness at all times. Don’t enter crowded, unsafe areas, unstable buildings or confined spaces, and always be attentive for anything that seems out of the ordinary. Report all findings to your supervisor and/or the Incident Command Post.
* Be on the look our for distressed and displaced animals.
* Monitor stress and psychological functioning of personnel. Request Critical Incident Stress Management (CISM) if needed.

**After each operations period, supervisors/leaders shall debrief their personnel for any safety concerns that may have surfaced and shall immediately report those concerns via their chain to the Safety Officer.**

**Incident Command Post (ICP)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SSP: Emergency Safety and Response Plan** | 1. Incident Name | | | | | | | 2. Date/Time Prepared | | | | | | | | 3. Operational Period | | | | | 4. Attachments: **See Safety Teams folder >> SDS** | | | | | | | | | | |
| 5. Organization IC:   USCG | Safety: USCG Safety Officer | | | | | | | Entry Team: See ICS 204’s | | | | | | | | Backup Team: NA | | | | | Decon Team: | | | | | | | | | | |
| 6. Physical Hazards and Protectio | Confined Space Noise Heat Stress Electrical Animal/Plant/Insect Ergonomic Ionizing Rad Slips/Trips/Falls  Drowning by Water Violence Biomedical Waste and/or Needles Fatigue Other (specify). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6.c.  Tasks & Controls | 6d Entry Permit | 6.e.  Ventilate | | 6f.  Hearing Protection | | 6g. Shoes (type) | | | 6.h.  Hard Hats | | 6i.  Clothing (cold wx) | | 6j.  Life Jacket | 6l. Work/ Rest (hrs) | | | 6.m.  Fluids (amt/time) | | 6.n. Signs  & Barricade | | | 6.p. Air Monitoring | | 6.q.  Post Guards | | | 6.r.  Flash Protect | 6.s.  Work Gloves | | 6.t.  Other | |
| Port Assessment | NA | NA | | ≥85 decibels | | Steel/Composite toe | | | If overhead hazards | | As Needed | | Within 6’ of water | 14/10 | | | 1 cup/20 min | | As needed | | | NA | | NA | | | NA | As needed | |  | |
| MER | NA | NA | | ≥85 decibels | | Steel/Composite toe | | | If overhead hazards | | As Needed | | Within 6’ of water | 14/10 | | | 1 cup/20 min | | As needed | | | NA | | NA | | | NA | As needed | |  | |
| Harbor Coordination | NA | NA | | NA | | NA | | | NA | | NA | | NA | NA | | | NA | | Na | | | NA | | NA | | | NA | NA | |  | |
| 7. Chemicals | Hazards | | | | | | | Target Organs | | | | | | | | Exposure Routes | | | | | PPE | | | | | Type of PPE | | | | | |
| Urban particulates Nuisance dust Fuel Oil  Diesel  Gasoline  Acid  Household chemicals | Explosive  Flammable  Reactive  Biomedical  Toxic | | | | Radioactive Carcinogen  Oxidizer  Corrosive  Specify Other: | | | Eyes Nose Skin Ears  Central Nervous System  Respiratory Throat Lungs Heart Liver Kidney Blood Lungs Circulatory Gastrointestinal Bone  Other: | | | | | | | | Inhalation  Absorption  Ingestion  Injection  Membrane | | | | | Face Shield  Eyes  Gloves  Inner Suit  Splash Suit  Coveralls  SCBA APR  SAR  Cartridges  Fire Resistance | | | | | Safety Glasses | | | | | |
| Coveralls/or ODUs, Hard Hats, Composite Boot | | | | | |
| Gloves/Nitrile underneath if in contact w/ ash/ dust/ petrol products | | | | | |
| Sunscreen | | | | | |
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| ShapeShapeShapeShapeShapeShape8. Instruments  O2  CGI  Radiation  Total HCs  Colorimetric  Thermal  Other | Action Levels  19.5 - 22%  >10% LE  1 mrem/h  5 ppm  >WBGT 84.9 – work/rest ratios | | Chemical Name: | | | | LEL/UEL  % | | | Odor Thresh  ppm | | Ceiling/ IDLH | | | TLV/STEL  (ACGIH) | | | Flash Point/ Ignition Pt  (F or C) | | Vapor Pressure (mmHg @ 25C=77F) | | | Vapor Density | | Specific Gravity  @ 15C | | | | Boiling Point F or C | |  |
| Benzene  CAS 71-43-2  Carbon monoxide  CAS 630-08-0  Diesel Fuel  CAS 68476-30-2  Hydrogen Sulfide  7783-06-04 | | | | 1.2 % / 7.9%  12.5%/  74%  0.7% / 0.5%  4% /  44% | | | 4.68 ppm  NA  <1 ppm  <1 ppm | | EEGL 50 ppm / 60min  IDLH 1,200 ppm  IDLH 3,000 ppm  IDLH 100 ppm | | | 0.5 ppm TLV / 2.5 ppm STEL  25 ppm  15 ppm  5 ppm | | | 12F  -311F  >140F  -82F | | 95.1  >26,600  0.07  17.6 | | | 2.8  0.97  8  8.3 | | 0.8787  0.97  0.8654  1.18 | | | | 176F  -312F  325F  -77F | |  |
| **FForm SSP-A:** Page 1 of 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 11. Decontamination:  Instrument Drop Off  Outer Boots/Glove Removal  Suit/Gloves/Boot Disposal | | Suit Wash  Decon Agent: Water  Other  Specify: | | | Bottle Exchange  Outer Suit Removal  Inner Suit Removal  SCBA/Mask Removal | | SCBA/Mask Rinse  Inner Glove Removal  Work Clothes Removal  Body Shower | | | Intervening Steps Specify: | |
| 12. Potential Emergencies  Fire  Explosion  Other  Water  Line Implosion | Evacuation Alarms:  Horn  # Blasts  Bells #Rings  Radio Code  Other: Visual - Arms Crossed, All Stop | | | Emergency Prevention and Evacuation Procedures:  **Contact Command Center 808-842-2600, provide info, proceed back to staging for evacuation.**  **Life/limb/eyesight medevac.** | | | | | | | |
| 13. Communications: Radio/Cell Phone | | | Command #: Ch 16 | | | Tactical #: 808-723-0008 | | | Emergency #: 911 | | |
| 14. Site Security  Not Applicable | Procedures: Dial 911 for all medical emergencies. For non-emergency transport to the Memorial hospital if needed. For 1st aid rendered contact supervisor and SOFR. | | | | | | | **Equipment: N/A** | | | |
| 15. Emergency Medical Personnel Assigned | Procedures: Dial 911 for all medical emergencies. For non-emergency transport to the Memorial hospital if needed. For1st aid rendered contact supervisor and SOFR. | | | | | | | **Equipment: N/A** | | | |
| 16. Prepared By:  [Name] SOFR | 17. Date/Time Briefed: | | | | | | | | | | **Form SSP-A:**  Page 2 of 2 |

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| **SSP: Emergency Site Non- Hazardous Assessment Form** | | 1. Incident Name | | | | | | 2. Date/Time Prepared | | | | | | | 3. Operational Period | | | | 4. Attachments**:  Y** on **N** | | |
| 5. *SCENE CONTACTS*: | Name of Group/Branch or Division: | | | | | Safety Officer: | | | | | | Staging Manager: | | | | | OSC: | | | | |
| 6.a.  Physical Hazards Onsite | 6.b.  Confined Space  Noise  Heat Stress  Cold Stress  Electrical  Animal/Plant/Insect  Ergonomic  Ionizing Rad  Slips/Trips/Falls  Struck by  Water  Violence  Excavation  Biomedical waste and/or needles  Fatigue  Other (specify) | | | | | | | | | | | | | | | | | | | | |
| 6.c.  Work Assignments/ Job Tasks | 6d  Electrical Hazard | | 6.e.  Eye  /Face Hazard | 6f.  Ear  Protection | 6g. Foot Protection (type) | | 6.h.  Hard Hats | | 6.i. Clothing  (hot wx) | 6.j.  Life Vest | 6.k. Work/Rest (hrs) | | 6.l. Fluids (amt  /time) | 6.m. Signs & Barrier | | 6.n.  Fall Hazard | | 6.o. Security Issues | | 6.p.  Hand Protection | 6.q.  Other |
| Port Assessments for ATON/channel verification |  | |  | X | X | | X | | X | X | 12/12 | | 4 cups/hr |  | |  | |  | | X |  |
| Port Assessements for critical infrastructure | X | |  | X | X | |  | | X | X | 12/12 | | 4 cups/hr |  | |  | |  | | X |  |
| SAR | X | |  |  | X | | X | | X | X | 12/12 | | 4 cups/hr |  | |  | |  | | X |  |
| ICP Staffing |  | |  |  |  | |  | |  |  | 12/12 1/6 day off | | As needed |  | |  | |  | |  |  |
| 7. Comments:  Tailgate safety briefs and Operational Risk Assessment or Hazard Risk Analysis shall be conducted by DGS prior to operations.  Responder duty time shall not exceed 14 hrs, including driving time, providing 10 hrs rest with in a 24 hr period. Provide rest breaks throughout a work shift to address fatigue, PPE limitations, and/or temperature extremes.  \*PPE needs to be worn based on the work location the operations are being performed.  \*\*4/5 Gas Meters are recommended due to potential of oil/waste mixture being pumped into storm sewers, household hazardous materials, etc. | | | | | | | | | | | | | | | | | | | | | |
| **ICS-208-CG SSP-A2 Non-Hazardous Assessment Form (Rev 4/15):**  Page       of | | | | | | | | | | | | | | | | | | | | | |

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| **Emergency Site Non-Hazardous Assessment Form (CONT’D)** | | 1. Incident Name | | | 2. Date/Time Prepared | | 3. Operational Period | | | 4. Attachments: **Y** or **N** |
| 5. Any Reported Illnesses or Injuries: **Y** or **N**  If so, what type of Injury: Location of Injury:  Was this recorded on CG-209 ?  **Y** or **N** Was the persons Agency informed of injury: **Y** or **N** | | | | | | | | | | |
| 6. Site Map. Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North  Attached,  Drawn Below: | | | | | | | | | | |
| 7.a. Potential Emergencies:  Fire  Explosion        Other | | | 7.b. Evacuation Alarms:  Horn  # Blasts  Bells  #Rings  Radio Code  Other: | | | 7.c Emergency Prevention and Evacuation Procedures: Evactuate immediate area  Safe Distance: 300 ft | | | | |
| 8. a. Communications:  Radio  Phone  Other | 8.b. Command #: | | | 8.c. Tactical #: | | | | 8.d. Staging Area #: | | |
| 9.a. Emergency Medical: Personnel Assigned | 9.b. Procedures: | | | | | | | | 9.c Equipment: | |
| 10. Prepared by: | 11. Date/Time Briefed: | | | | | | | | **ICS-208-CG SSP-A2 Non-Hazardous Page 2 (rev 4/15):** Page       of | |

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| **SSP: Hazard Identification / Eval / Control** | | 1. Incident Name | | 2. Date/Time Prepared | | 3. Operational Period | | | 4. Safety Officer (include method of contact): | |
| 5. Supervisor/Leader | 6. Location and Size of Site | | 7. Site Accessibility  Land Water Air  Comments: | | 8. For Emergencies Contact:  911 | | | 9. Attachments: **Attach MSDS for each Chemical OR CG 213RR for Ordering items from Block 10.e.** | | |
| 10.a.  Job Task/Activity | 10.b.  Hazards**\*** | | 10.c. Potential Injury & Health Effects | | 10.d. Exposure Routes | | 10.e.  Controls: Engineering, Administrative, PPE | | | |
| Port Assessment Teams | Weather, slips, trips, falls, heat stress, fatigue, motor vehicle, debris, sharp objects (glass, nails, syringes), contact with potential fuel and oil contaminated water, overhead, disease, moving pinch points, poor comms | | Short-term injury such as sprains and strains, contact dermatitis, lacerations and puncture wounds. Major accidents such as vehicular accidents may cause long-term damage requiring hospitalization.  Heat exhaustion to heat stroke. | | Inhalation  Absorption  Ingestion  Injection  Membrane | | Conduct Operational Risk Management prior to operations. Utilize proper PPE for your site operations including: PFD’s, steel toe shoes, work gloves, hard hats, earplugs, and safety glasses. Utilize rain gear when required, ensure proper footing, and drink plenty of fluids and eat a balanced diet, and ensure rest periods throughout the work shift, use seat belts while in motor vehicles. Use 4-5 gas meters when needed. Comms schedule with supervisor.Wrok/rest schedule 12/12hr | | | |
| SAR | Weather, slips, trips, falls, heat stress, fatigue, motor vehicle, hazardous noise, contact with potential contaminated water, debris, moving pinch points, poor comms | | Short-term injury such as sprains and strains, contact dermatitis, lacerations and puncture wounds. Major accidents such as vehicular accidents may cause long-term damage requiring hospitalization. Heat exhaustion to heat stroke. | | Inhalation  Absorption  Ingestion  Injection  Membrane | | Conduct Operational Risk Management prior to operations. Utilize proper PPE for your site operations including: PFD’s, steel toe shoes, work gloves, earplugs, safety glasses and coveralls. Utilize rain gear when required, ensure proper footing, and drink plenty of fluids to maintain hydration and eat a balanced diet, and ensure rest periods throughout the work shift, use seat belts while in motor vehicles. Safety brief from aircrew. Comms Schedule with supervisor. Work/rest 12/12hr | | | |
| ICP | Slips, trips, falls, fatigue | | Short-term injury such as sprains and strains | | Inhalation  Absorption  Ingestion  Injection  Membrane | | Maintain situational awareness, beware of surroundings, work rest schedule 12/12hr in addition to at least 1 day off every 6 days. | | | |
| MER Teams | Emergency Egress, Physical Hazards (cylinders, sharp objects), Electrical Hazards, Thermal Stress, Contact with Hazmat (oil byproducts, degreasers, etc.), Encounter insects/animals; Slippery surfaces and tripping, Noise, Sun Exposure, Working over water, Repeated lifting and bending, Engine exhaust, Airborne particulates, Fatigue/Illness | | Laceration  Abrasion  Heat Stress  Fracture, strain, sprain  Skin rash or irritation  Bites/stings  Drowning  Exposure to toxic gases  Respiratory tract and eye irritation | | Inhalation  Absorption  Ingestion  Injection  Membrane | | Eliminate/Substitute: Avoid exposure to egress challenges and majority of physical hazards in burned area by accessing site from water when feasible.  Engineering: Use material handling equipment for heavy material.  Administrative: IC/UC shall authorize personnel access to work sites within burned areas. This job task requires current HAZWOPER FRA/FRO training and daily safety briefs to address site specific hazards. Utilize buddy system and work/rest guidance. Review air monitoring results and abide by requirements for PPE use.  PPE: PFD, nitrile/work gloves, hearing protection, safety glasses with side shield, coveralls (sleeves down), safety boots, hard hat and reflective vest. Ensure rain gear are on hand. | | | |
| 11. Prepared By: | 12. Date/Time Briefed: | | **\*HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving | | | | | | | ICS-208-CG SSP-B (rev 4/15):  Page       of |

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| **SSP: Site Map** | | 1. Incident Name | | | | 2. Date/Time Prepared | | | | | 3. Operational Period | | | | 4. Safety Officer (include method of contact) : | | | | |
| 5. Supervisor/Leader | 6. Location and Size of Site | | | | 7. Site Accessibility  Land Water Air  Comments: | | | | 8. For Emergencies Contact:  911 | | | | 9. Include:  - Work Zones - Locations of Hazards  - Security Perimeter - Places of Refuge  - Decontamination Line - Evacuation Routes | | | | | | |
| 10. Sketch of Site:  Attached.  Drawn Here | | | | | | | | | | | | | | | | | | | |
| 11. Prepared By: | 12. Date/Time Briefed: | | | | **HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving | | | | | | | | | | | | | ICS-208-CG SSP-C  (rev 4/15):  Page       of | |
| **SSP: Emergency Response Plan** | | | 1. Incident Name | | | | 2. Date/Time Prepared | | | | | 3. Operational Period | | | | | 4. Safety Officer (include method of contact): | | | |
| 5. Supervisor/Leader | 6. Location and Size of Site | | | | 7. For Emergencies Contact:  911 | | | | | | | | | 8. Attachments: **INCLUDE ICS FORM 206 and EMT Medical Response Procedures** | | | | | | |
| 9. Emergency Alarm (sound and location) | 10. Backup Alarm (sound and location) | | | | 11. Emergency Hand Signals | | | | | 12. Emergency Personal Protective Equipment Required: | | | | | | | | | | |
| Hook Horn | 3 Long blasts = exit area immediately  Short repeated blast = shelter in place | | | | None | | | | | None | | | | | | | | | | |
| 13. Emergency Notification Procedures | | | | 14. Places of Refuge (also see site map form 208B) | | | | 15. Emergency Decon and Evacuation Steps | | | | | | | | 16. Site Security Measures | | | | |
| Call 911 to Fire and EMS response  Once the emergency is stabilized then contact the Situation Unit (407-238-4121)  Safety will contact your unit Medical to initiate notification in the event of a injury involving a Coast Guard individual.  Safety will contact the responsible supervisor in the event of a mishap to start the online mishap reporting.  For civilian injuries /illnesses Safety will contact the individual’s organizations Human Resources Office. | | | | Each division will determine the place of safe refuge for their location and indicated on their emergency evacuation plan.  Safe distance should be 500 feet if attainable. | | | | No decontamination except for affected personel. | | | | | | | | None, except local law enforcement where available | | | | |
| 17. Prepared By: | 18. Date/Time Briefed: | | | | **HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving | | | | | | | | | | | | | | ICS-208-CG SSP-D  (rev 4/15)  Page       of | |

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| **SSP: Exposure Monitoring Plan** | | | | 1. Incident Name | | | | | 2. Date/Time Prepared | | | | | 3. Operational Period | | | | | 4. Safety Officer (include method of contact): | | | |
| 5. Specific Task/Operation | 6. Survey Location | | 7. Survey Date/Time | | | 8. Monitoring Methodology | | | | 9. Direct-Reading Instrument | | | 10. Air Sampling/ Analysis Method | | 11. Hazard(s) to Monitor | | 12. Monitoring Duration | | | 13. Reasons to Monitor | | 14. Laboratory Support for Analysis |
|  |  | |  | | | Personal Breathing Zone  Area Air Monitoring   Dermal Exposure  Biological:  Blood  Urine  Other  Obtain bulk samples  Other: \_\_\_\_\_\_\_\_\_ | | | | Model:  Manufacturer:    Last Mfr Calibration Date: | | | Method:    Collecting Media:  Charcoal Tube  Silica Gel  37 mm MCE Filter  37 mm PVC Filter  Other:\_\_\_\_\_\_\_\_\_\_ | |  | |  | | | Regulatory Compliance  Assess current PPE adequacy  Validate engineering controls  Monitor IDLH Conditions  Other\_\_\_\_\_\_\_\_\_ | |  |
|  |  | |  | | | Personal Breathing Zone  Area Air Monitoring   Dermal Exposure  Biological:  Blood  Urine  Other  Obtain bulk samples  Other: \_\_\_\_\_\_\_\_\_ | | | | Model:  Manufacturer:    Last Mfr Calibration Date: | | | Method:    Collecting Media:  Charcoal Tube  Silica Gel  37 mm MCE Filter  37 mm PVC Filter  Other:\_\_\_\_\_\_\_\_\_\_ | |  | |  | | | Regulatory Compliance  Assess current PPE adequacy  Validate engineering controls  Monitor IDLH Conditions  Other\_\_\_\_\_\_\_\_\_ | |  |
|  |  | |  | | | Personal Breathing Zone  Area Air Monitoring   Dermal Exposure  Biological:  Blood  Urine  Other  Obtain bulk samples  Other: \_\_\_\_\_\_\_\_\_ | | | | Model:  Manufacturer:    Last Mfr Calibration Date: | | | Method:    Collecting Media:  Charcoal Tube  Silica Gel  37 mm MCE Filter  37 mm PVC Filter  Other:\_\_\_\_\_\_\_\_\_\_ | |  | |  | | | Regulatory Compliance  Assess current PPE adequacy  Validate engineering controls  Monitor IDLH Conditions  Other\_\_\_\_\_\_\_\_\_ | |  |
|  |  | |  | | | Personal Breathing Zone  Area Air Monitoring   Dermal Exposure  Biological:  Blood  Urine  Other  Obtain bulk samples  Other: \_\_\_\_\_\_\_\_\_ | | | | Model:  Manufacturer:    Last Mfr Calibration Date: | | | Method:    Collecting Media:  Charcoal Tube  Silica Gel  37 mm MCE Filter  37 mm PVC Filter  Other:\_\_\_\_\_\_\_\_\_\_ | |  | |  | | | Regulatory Compliance  Assess current PPE adequacy  Validate engineering controls  Monitor IDLH Conditions  Other\_\_\_\_\_\_\_\_\_ | |  |
| 15. Prepared By: | | | | | 16. Date/Time Briefed: | | | | | | HAZARD LIST: Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning | | | | | | | | | | | |
| Safety Officer Review: | | | | | | | Reporting: Monitoring results shall be logged in the ICS-208-CG SSP-E-1 form (Air Monitoring Log) and attached as part of a current Site Safety Plan and Incident Action Plan. Significant Exposures shall be immediately addressed to the IC and General Staff for immediate correction. | | | | | | | | | | | | | | ICS-208-CG SSP-E  (rev 4/15)  Page       of | |
| **SSP: AIR MONITORING LOG** | | | 1. Incident Name | | | | | | 2. Date/Time Prepared | | | | 3. Operational Period | | | | 4. Safety Officer (include method of contact) | | | | | | |
| 5. Site Location | | | 6. Hazards of Concern | | | | | | 7. Action Levels (include references): | | | | | | | | 8. Weather: Air Temperature:  Water Temp:       Precipitation:       Wind:  Relative Humidity:       Cloud Cover: | | | | | | |
| 9.a. Instrument, ID Number Calibrated? Indicate below. | | | 9.b. Monitoring Person Name(s) | | | | | | 9.c. Results (units) | | | | 9.d. Location | | | | 9.e. Time | | 9.f. Interferences and Comments | | | | |
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| 10. Safety Officer Review: | | | | | | | | | Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning | | | | | | | | | | ICS-208-CG SSP-E-1  (rev 4/15):  Page       of | | | | |

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| **SSP: Personal Protective Equipment (PPE)** | | | 1. Incident Name | | | | 2. Date/Time Prepared | | | | | | 3. Operational Period | | | | | 4. Safety Officer (include method of contact): | | | |
| 5. Supervisor/Leader | | 6. Location and Size of Site | | | | | | 7. Hazards Addressed:  Hazmat | | | | | | 8. For Emergencies Contact:  911 | | | | | | | |
| Equipment: | | Safety Glasses | | | | Steel Toe Boots | | | | | | Hard Hats | | | | | | | References Consulted: | | |
| Work Gloves | | Ear Plugs | | | | Nitrile Gloves | | | | | | Coveralls | | | | | | | CIM 5000.3B | | |
| Personal Flotation Device | | Sun Screen | | | | Insect Repellent | | | | | |  | | | | | | | CIM 10470.10F | | |
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| 9. Inspection Procedures:  Inspect gloves, PFDs, hard hats, before and after use.  Inspect for defects of the equipment   * Rips * Tears * Worn surfaces * Punctures * Scratches * Soiling   Exposed skin should be protected from contact with fuel and oil  Follow manufacturer’s instructions for chemical protective suits | | | | 10. Donning Procedures:  **Ear Plugs** – worn when you are exposed to hazardous noise. You are in hazardous noise when you have to raise your voice to speak to someone next to you.  **Safety Glasses** – wear when working with or around liquids that could splash into your face.  **Hard Hat** – wear while in the field to protect against falls objects  **Steel Toe Shoes** – Wear in the field to protect your feet from crushing objects.  **Nitrile Gloves** – Wear when you need to come in contact with water or oil (ie. Sampling).  **Work Gloves** – wear to protect hands.  **PFD** to be worn in the field when you are working on or near the water (5 ft). Any time you may be close enough to fall into the water.  **Chemical Suits** – follow manufacturer’s instructions | | | | | 11. Doffing Procedures:  Remove contaminated clothing so that you do not contaminate yourself or cross contaminate other articles.  Wash all exposed skin after you remove contaminated articles.  See decontamination plan for general guidance on an expedient decontamination setup.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Level A – C clothing requires technical decon for removal. | | | | | | | | 12. Limitations and Precautions (include maximum stay time in PPE):  Ear Plugs – only reduce the noise level by around 20 decibels. Maintaining a distance away from the source will also reduce exposure.  Safety Glasses – will not protect from a deluge splash or objects that may be coming from the sides.  Hard Hats – protects from small objects and bumps from equipment.  Steel Toe Shoes – does not protect from sharp objects coming through the sole of the shoe.  PFD – only effective when they are secured.  Nitrile Gloves – will not protect from all chemicals.  Work Gloves – will not protect from extremely sharp objects, chemicals, or hat surfaces. | | | | |
| 13. Prepared By: | | 14. Date/Time Briefed: | | | | Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning | | | | | | | | | | | | | | ICS-208-CG SSP-F:  **(Rev 4/15)**  Page       of | |
| **SSP: Enforcement Log** | | 1. Incident Name | | | | 2. Date/Time Prepared | | | | | 3. Operational Period | | | | | | 4. Safety Officer (include method of contact) | | | | | | |
| 5. Supervisor/Leader | | | 6. For Emergencies Contact: | | | | | | | | | | | | | 7. Attachments: | | | | | | | |
| 8.a. Job Task/Activity | | | 8.b. Hazards | | | | 8.c. Deficiency | | | | | 8.d. Action Taken | | | | 8.e. Safety Plan Amended? | | | | | | 8.f. Signature of Supervisor/Leader | |
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| 9. Prepared By: | | | 10. Date/Time Briefed: | | | | **HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving | | | | | | | | | | | | | | | ICS-208-CG SSP-H (rev 4/15):  Page       of | |

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| **SSP: Worker Acknowledgement Form** | 1. Incident Name | 2. Site Location: | | 3. Attachments: | |
| 4. Type of Briefing | 5. Presented By: | | | 6. Date Presented | 7. Time Presented |
| Safety Plan/Emergency Response Plan  Start Shift  Pre-Entry  Exit  End of Shift  Specify Other: |  | | |  |  |
| 8.a. Worker Name (Print) | 8.b. Signature\* | | | 8.c. Date | 8.d. Time |
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| \* By signing this document, I am stating that I have read and fully understand the plan and/or information provided to me. | | | ICS-208-CG SSP-I (rev 4/15): Worker Acknowledgement  Page       of | | |

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| **SSP: Specific Hazard Attachment 1** | | 1. Hazard  Generic Signs & Symptoms of **Acute Exposure** | | | | | | 2. Divisions/Groups/Units affected:  All | | | | | | | 3. Job Tasks Involving Hazard:  All | | | | | |
| **Signs and Symptoms** | | | | | | | | | | | | **Action to be Taken** | | | | | | | | |
| * Sudden weight loss or change in appetite. * Unusual fatigue or sleeping difficulties * Unusual irritability * Skin rashes/allergies/sores * Hearing loss * Vision loss or problems * Changes in sense of smell * Shortness of breath, asthma, cough, wheeze, excess sputum * Chest pains * Nausea, vomiting, dizziness * Weakness, tremors * Headaches * Stomach pains * Personality changes | | | | | | | | | | | | * REMOVE PERSON AND OTHERS FROM SITE. * REPORT SYMPTOM TO SUPERVISOR * SEEK APPROPRIATE MEDICAL ATTENTION * EVALUATE POTENTIAL SOURCES * REQUEST SITE CHARACTERIZATION BY SITE SAFETY OFFICER | | | | | | | | |
| 4. Prepared by | | | | 5. Date/time briefed: | | **Last Update:** | | | | | **SSP-Attach 1: Signs/Symptoms of Acute Exposure** | | | | | | | | | |
| **SSP: Specific Hazard Attachment 2** | | 1. Hazard  **Heat Stress** | | | | | | | | | 2. Divisions/Groups/Units affected:  All | | | | | | | | 3. Job Tasks Involving Hazard: All  Sites exposed to HOT weather | | | | |
| Medical Condition | | Action Level | | | | Reference | | | | | Signs, Symptoms &  Potential Health Effects | | | | Exposure Route | | Controls:  Engineering, Administrative, PPE | | | Medical Response | | | |
| Heat Stroke | | Minimize exposure | | | | NIOSH: Working in Hot Environments | | | | | Skin is hot  Skin is dry  Skin is red and spotted  Body Temp: 105 or >  Mental confusion  Convulsions  Unconscious | | | | Inhalation  Absorption  Ingestion  Injection  Membrane | | * Acclimatize workers * Avoid direct sun * Institute work/rest regimens * Provide cool rest areas * Drink 12 ounces water every 60 minutes * Consider cooling garments * Use heat stress monitors * Use canopies or other shelter * Minimize workers with illnesses and excessive weight | | | * Get EMT assistance immediately * Remove victim to cool area * Soak clothing w/water * Fan body to increase cooling | | | |
| Heat Exhaustion | | Minimize exposure | | | | NIOSH: Working in Hot Environments | | | | Extreme weakness  Giddiness, headache  Nausea,  Vomiting  Skin is clammy & moist  Complexion is pale/flushed  Body Temp: normal to slightly elevated | | | | Inhalation  Absorption  Ingestion  Injection  Membrane | | | * Notify EMT * Rest victim in cool place * Have victim drink plenty of water | | |
| Heat Cramps | | Minimize exposure | | | | NIOSH: Working in Hot Environments | | | | Painful spasms of muscles  Profuse sweating | | | | Inhalation  Absorption  Ingestion  Injection  Membrane | | | * Remove victim from site * Ensure victim drinks plenty of water and replaces electrolytes | | |
| Fainting | | Minimize exposure | | | | NIOSH: Working in Hot Environments | | | | Victim faints due to lack of blood to the brain | | | | Inhalation  Absorption  Ingestion  Injection  Membrane | | | * Remove victim to cool area * Ensure victim drinks plenty of fluid * Ensure victim is not sedentary in direct heat | | |
| Heat Rash | | Minimize exposure | | | | NIOSH: Working in Hot Environments | | | | Skin rash  Experience of prickly heat | | | | Inhalation  Absorption  Ingestion  Injection  Membrane | | | * Remove victim to cool place * Ensure victim drinks plenty of water | | |
| 4. Prepared by: | | | | 5. Date/time briefed: | | | | | | **Last Update:** | | | | | | | | **SSP-Attach 2: Heat Stress** | | | | | |
| **SSP: Specific Hazard Attachment 3** | | 1. Hazard  **Helicopter Operations**  Additional Attachments: | | | | | | | | | 2. Helicopter Location  Local designated Helo | | | | | | | | 3. Emergency contacts:  Safety Officer or 911 | | | |
| **Activity** | | | | | | | | **Safe Work Practice** | | | | | | | | | | | | | 4. **Checked [3]** | |
| Pre-boarding | | | | | | | | * Receive Safety briefing from helicopter operators | | | | | | | | | | | | |  | |
|  | | | | | | | | * Receive emergency extrication briefing | | | | | | | | | | | | |  | |
|  | | | | | | | | * Know location of emergency equipment | | | | | | | | | | | | |  | |
|  | | | | | | | | * Know water landing procedures | | | | | | | | | | | | |  | |
|  | | | | | | | | * Loose fitting hats, clothing & other gear removed at minimum 100 ft away | | | | | | | | | | | | |  | |
|  | | | | | | | | * Ensure operator knows how to contact emergency services | | | | | | | | | | | | |  | |
|  | | | | | | | | * Ensure operator has good communications with coordinating vessels | | | | | | | | | | | | |  | |
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| Approaching and Exiting Helicopter | | | | | | | | * Approach from front | | | | | | | | | | | | |  | |
|  | | | | | | | | * Approach only when signaled by pilot or air crew | | | | | | | | | | | | |  | |
|  | | | | | | | | * Never walk under tail blade | | | | | | | | | | | | |  | |
|  | | | | | | | | * Approach in clear view of pilot or air crew | | | | | | | | | | | | |  | |
|  | | | | | | | | * Approach in crouching position | | | | | | | | | | | | |  | |
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| Onboard Helicopter/Helicopter Startup | | | | | | | | * Wear seatbelts | | | | | | | | | | | | |  | |
|  | | | | | | | | * Wear hearing protection | | | | | | | | | | | | |  | |
|  | | | | | | | | * Ground crew & other persons maintain minimum 50 ft from operating helo | | | | | | | | | | | | |  | |
|  | | | | | | | | * Be alert for ground traffic and air traffic to assist pilot | | | | | | | | | | | | |  | |
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| Other | | | | | | | |  | | | | | | | | | | | | |  | |
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| 5. Prepared by: | | | | 6. Date/time briefed: | | | | | | **Last Updated:** | | | | | | | | **SSP-Attach 3: Helicopter Safety** | | | | |
| **SSP: Specific Hazard Attachment 4** | | 1. Hazard  **Small Boat Operations** | | | | | | | | | 2. Small Boat Unit Assignment | | | | | | | | 3. Emergency contacts:  Safety Officer or 911 | | | |
| **Activity** | | | | | | | | **Safe Work Practice** | | | | | | | | | | | | | 4. **Checked [x]** | |
| Pre-boarding | | | | | | | | Passengers receive safety brief from boat crew operators | | | | | | | | | | | | |  | |
| Identify location of emergency equipment | | | | | | | | | | | | |  | |
| Verify contact w/emergency services | | | | | | | | | | | | |  | |
| Verify communications plan with coordinating vessels & shore units | | | | | | | | | | | | |  | |
| Ensure appropriate number of PFDs for crew and anticipated passengers | | | | | | | | | | | | |  | |
| Direct passengers to location of safe seating | | | | | | | | | | | | |  | |
| Identify the role of passengers in case of emergency. | | | | | | | | | | | | |  | |
| Ensure proper footwear for maintaining adequate boat deck contact | | | | | | | | | | | | |  | |
| Ensure equipment and personnel on boat is distributed evenly to ensure stability | | | | | | | | | | | | |  | |
| If loaded more fully than usual, brief effects on boat handling/performance | | | | | | | | | | | | |  | |
| Ensure sun protection is available (glasses, and sun screen) | | | | | | | | | | | | |  | |
| Ensure extra food & water available for beyond expected duration of operation. | | | | | | | | | | | | |  | |
| Remain seated whenever possible. Keep low in the boat. | | | | | | | | | | | | |  | |
| Ensure boat is able to maintain direct contact visually or by radio | | | | | | | | | | | | |  | |
| Avoid anchoring the boat by the stern | | | | | | | | | | | | |  | |
| Keep hands & feet away from pinch points between boat & dock | | | | | | | | | | | | |  | |
| Boat Operations | | | | | | | | Stay clear of lines being used for mooring | | | | | | | | | | | | |  | |
| Do not disembark with bulky or heavy equipment, get assistance | | | | | | | | | | | | |  | |
| Keep passengers seated until lines are made fast | | | | | | | | | | | | |  | |
| Boat mooring and egress | | | | | | | | Survey site carefully on approach. Beware criminal activity and debris | | | | | | | | | | | | |  | |
| Small boat evacuation of victims | | | | | | | | Watch for criminal activity  Remember that victims may be in distress  Control embarkation with clear instructions; avoid overloading  Brief all passengers regarding staying in the boat an not touching anything  Minimize aggressive maneuvers with passengers onboard | | | | | | | | | | | | |  | |
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| 5. Prepared by: | | | | 6. Date/time briefed: | | | | | | Last updated: | | | | | | | | **SSP-Attach 4: Small Boat Safety** | | | | |

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| **SSP: Specific Hazard Attachment 5** | | | 1. Hazard  **Vehicle Operations:** | 2. Vehicle Unit Designator | | | | 3. Emergency contacts:  Safety Officer or 911 | |
| **Activity** | | | | | **Safe Work Practice** | | | | 4. **Checked []** |
| Before driving | | | | | * Ensure tires are inflated | | | |  |
|  | | | | | * Ensure gas cap is in place & tight | | | |  |
|  | | | | | * Ensure front hood and trunk are secured | | | |  |
|  | | | | | * Ensure spare tire is in good condition | | | |  |
|  | | | | | * Locate tire changing equipment | | | |  |
|  | | | | | * Locate emergency road kit | | | |  |
|  | | | | | * Check headlights, brake, emergency, turn signals and parking lights | | | |  |
|  | | | | | * Adjust side mirrors | | | |  |
|  | | | | | * Adjust rear view mirrors | | | |  |
|  | | | | | * Ensure horn is in working order | | | |  |
|  | | | | | * Ensure seat belts fasten | | | |  |
|  | | | | | * Ensure sunglasses are available | | | |  |
|  | | | | | * Locate operating switches for lights, wipers, temperature control, defroster | | | |  |
|  | | | | | * Ensure adequate directions to destination are available | | | |  |
|  | | | | | * Check to ensure driving route avoids high crime areas | | | |  |
|  | | | | | * Ensure map of area is available in case primary route is impassable | | | |  |
|  | | | | | * Ensure adequate fuel (keep half full during emergencies) | | | |  |
| Vehicle Operations | | | | | * After ignition, look for warning lights. | | | |  |
|  | | | | | * Test braking system | | | |  |
|  | | | | | * Obey all traffic signs and speeds | | | |  |
|  | | | | | * Do not drive if hearing, sight or appendages are impaired | | | |  |
|  | | | | | * Take frequent breaks; once every 100 miles | | | |  |
|  | | | | | * During breaks, if sleeping, park in lighted lot and keep doors locked | | | |  |
|  | | | | | * Do not drive if tired, on medication or under influence of alcohol | | | |  |
|  | | | | | * Monitor traffic reports for accidents, weather and construction | | | |  |
|  | | | | | * Keep an eye out for debris, fallen trees and power lines and damaged roadways and bridges. | | | |  |
| Other Precautions | | | | | * **Downed power lines can be difficult to see.** | | | |  |
|  | | | | | * **All power lines shall be considered LIVE and shall not be approached.** | | | |  |
| 5. Prepared by: | | 6. Date/time briefed: | | **Last Updated:** | | | **SSP-Attach 5: Vehicle Safety** | | |
| **SSP: Specific Hazard Attachment 6** | 1. Hazard  **Insect Hazards**  Additional Attachments: | | | 2. Divisions/Groups/Units affected:  Field Response | | | | 3. Job Tasks Involving Hazard: | |
| Hazard Type | Potential Sources | | | Signs & Symptoms | | Control | | Medical Treatment | |
| Insect Bites & Stings | Bees, Wasps, Fire Ants | | | Allergic Reaction:  -Swollen throat  -Difficult breathing  -Noisy breath  -Sudden pain  -Severe itching, hives, acute redness, swelling  -white firm swelling  -reduced consciousness, shock  -cardiac arrest | | Recon area prior to work & identify nests & habitats  Identify as hazard areas & place on SSP map  Provide insect repellent  Encourage long sleeves & pants if practical  Identify persons with known insect allergies & restrict them where necessary  If anyone displays the signs if an allergic reaction treat it as an emergency, even if they were not previously allergic | | Wash wound with soap & water  Request med assistance for allergic reactions  Remove stinger without pinching or squeezing  Use cold pack to reduce swelling, use pad between skin and pack  Keep wounded area below heart to slow spread of venom  Do not administer aspirin or alcohol | |
|  | Black and Brown Widow Spider | | | -Systemic poison  -Flu – like symptoms  -Severe abdominal pain  -Rigidity, muscle pain, cramping,  -Chest tightness, breathing difficulty,  -Pain in soles of feet  -Alternating dry & salivating mouth,  -Nausea, vomiting  -Profuse sweating or swollen eyelids | | Wash wound with soap & water  Request med assistance address symptoms  Use cold pack to reduce swelling, use pad between skin and pack  If fever, rash, unusual markings develop around bite, contact physician | |
|  | Brown Violin Spider | | | -Severe redness  -Red circle around bite  -Bite takes several months to heal | | Wash wound with soap & water  Request med assistance for allergic persons  Remove stinger without pinching or squeezing  Use cold pack to reduce swelling, use pad between skin and pack  If fever, rash, unusual markings develop around bite, contact physician | |
|  | Centipede | | | -Red area around bite  -Swelling around bite  -Intense Pain  -Headache  -Palpitations or a racing pulse | | Wash wound with soap & water  Request med assistance for allergic persons  Use cold pack to reduce swelling, use pad between skin and pack  If fever, rash, unusual markings develop around bite, contact physician | |
| 4. Prepared by: | 5. Date/time briefed: | | | **Last Updated:** | | | | **SSP-Attach 6: Insect Hazards** | |

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| **SSP: Specific Hazard Attachment 7** | 1. Hazard  **Animal Hazards**  Additional Attachments: | 2. Divisions/Groups/Units affected:  Field Response | | 3. Job Tasks Involving Hazard: |
| Hazard Type | Potential Sources | Signs & Symptoms | Control | Medical Treatment |
| Mammal Bites | Dogs, Cats  Skunks, Raccoons  Foxes, Possums | -Pain & tenderness of wound  -Redness, heat, swelling  -Puss under the skin  -Red streaks around wound  -Swollen lymph nodes in arm pits, groin & neck | Recon area prior to work & identify nests & habitats  Identify animals & any unusual behavior  Relocate animals if necessary using wildlife experts  Report rabid animals to local wildlife authorities  Obtain emergency bite kits | Get medical attention ASAP to address infection  Ensure tetanus shot is updated  Interview individual to determine appearance/disposition of animal  Control serious bleeding  Apply pressure using gauze pad, tourniquets are inadvisable  Wash before touching wound  Wear rubber gloves when treating victim  Wash wounds that are not bleeding heavily  Cover with clean dressing and bandage |
|  |  | **Rabies**  -Drooling  -Irritability  -Strange, abnormal behavior | Get medical assistance immediately |
| Animal Stings & Punctures | Group I  Jellyfish,  Portuguese Man-o-war  Anemones  Corals  Hydras  Group II  Urchins,  Cone Shells,  Stingrays,  Spiny fish | -Pain & tenderness of wound  -Redness, heat, swelling  -Puss under the skin  -Red streaks around wound  **Sensitive Individuals**  -Allergic reactions  -Respiratory arrest  -Fainting  -Infections & tetanus may develop | Recon area prior to work & identify nests & habitats  Place locations on SSP map  Outfit workers with protective clothing for water activities and to prevent bites | Get medical attention ASAP to address infection  Ensure tetanus shot is updated  Interview individual to determine appearance of animal  Control serious bleeding  Group I  Do not rub or scratch affected area  Sprinkle alcohol on affected area, follow with meat tenderizer or talcum if available (denatures toxin)  Group II  Soak in very warm water for 30 minutes  Do not use very hot water |
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| 4. Prepared by: | 5. Date/time briefed: | Last Updated: | | **SSP-Attach 7: Animal Hazards** |

###### **SSP: Specific Hazard Attachment 8: Body Recovery**

**\*\* CG personnel who discover any human remains (intact or otherwise) are to contact the Safety Officer to report the position to the IMT. \*\***

Recommended Personal Protective Equipment (PPE): Tyvek coveralls or rubber apron, gloves (Nitrile), goggles, over boots, organic vapor filter mask or half face respirator with organic vapor cartridges to minimize odor. An alternative would be to apply vapor-rub under the nose and wear a dust mask. Note: The odor is not hazardous; splash protection is most important protection for the face.

**WARNING:**

- Exercise all possible precautions during the cleanup process to prevent exposure to infectious materials. Treat all body fluids as potentially

hazardous.

- Personnel with open sores, dermatitis, or a skin rash should not be directly involved in the cleanup.

- Eating, drinking, or smoking is prohibited during the cleanup process due to the possible ingestion of infectious materials.

- In the event gloves or other protective gear is torn, cut, or punctured during cleanup, remove the defective gear and scrub with antibacterial

skin cleanser or soap and water prior to donning new protective equipment.

The operation should be conducted during the early hours of the morning, preferably between sunrise and noon.

**Procedures:**

As soon as a body is discovered, don your PPE.

Use one of the following methods to retrieve the body:

1. The recommended way to retrieve the body is to use a stokes litter with a mesh lining and the floatation devices removed. Attach 4

tending lines to the litter. Using 2 boats, cradle the body between the vessels. Position the stokes litter under the body, cover with

a sheet, and hoist onto one of the vessels. Place in a body bag, if possible, and transport to the morgue staging area.

2. An alternative method is to use a sheet or cargo net to retrieve the body and put directly into a body bag, if possible.

3. Tow the body to the morgue staging area.

After contact is finished, remove PPE to limit contact with the outer surfaces of the PPE and the skin. Dispose of the PPE into a plastic bag.

###### **SSP: Specific Hazard Attachment 9: Preventing Waterborne Illnesses / Maintaining Water Quality**

**Preventing Waterborne Illnesses**

**Deaths due to cholera among civilians in affected areas are not uncommon**

Cholera:

• Cholera is an acute, diarrheal illness caused by infection of the intestine with the bacterium *Vibrio cholerae*

• Cholera is primarily transmitted through ingestion of contaminated water or food (as are Hepatitis A and Typhoid

Fever)

• Personnel are not at risk of becoming ill through casual contact with an infected person

Symptoms of moderate or severe cholera:

• Profuse, watery diarrhea

• Vomiting

• Leg cramps

**Prevention Strategy**

• Avoid contact with contaminated water

• Use available PPE – primarily gloves, boots, and waders as appropriate to the mission

• Carry decontamination supplies and PPE on board small boat in case of need for emergency decontamination

• Conduct proper washing as soon as possible after direct skin contact with contaminated water

• Avoid hand-to-mouth contact during field operations

• Maintain frequent hand washing and use of hand sanitizers, especially after using the toilet and before eating

• Decontaminate reusable PPE and operational equipment after daily field opts

• Clean and disinfect toilet facilities frequently (at least daily)

• Use only secure uncontaminated sources of food and water (i.e., bottled water or bulk water that has been treated

and tested)

• Report to your medical station as soon as possible if you experience acute watery diarrhea

**Maintaining Water Quality**

1. Water supplies may become contaminated, requiring additional actions to ensure public health and safety. This information on drinking water and should be maintained and reviewed during response events as needed.

2. WATER QUALITY.

A. Drinking contaminated water may cause illness. Listen for public announcements about the safety of the municipal water supply.

B. Do not use contaminated water to wash dishes, brush your teeth, wash and prepare food, or make ice. If you use bottled water, ensure your water has come from an approved source. Otherwise, water should be boiled or treated before use. Drink only bottled, boiled, or treated water until supply is tested and found safe. Boiling water kills harmful bacteria and parasites. Bringing water to a rolling boil for one minute will kill most organisms. However, check with your local authorities to determine if boiling for longer than one minute is recommended.

C. Water may be treated with chlorine. To treat with chlorine use 8 drops of 5.25 percent, unscented household chlorine bleach per gallon of clear water, for cloudy water use 16 drops, mix the solution thoroughly and let stand for 30 minutes.

D. Containers for water should be rinsed with a bleach solution before use. Store water in plastic containers such as soft drink bottles. Avoid using containers that will decompose or break, such as milk cartons or glass bottles.

3. QUANTITY OF WATER REQUIRED.

A. An active person needs to drink at least two quarts of water each day. Hot environments and intense physical activity can double or triple that required amount water.

B. Keep at least a three-day supply of water (two gallons person per day for drinking, food preparation and sanitation.)

4. SANTITATION AND HYGIENE.

A. Flooding associated with the hurricane: water may contain fecal material from the overflowing sewage systems and runoff from agricultural and industrial operations. Avoid contact with contaminated water.

B. Skin contact with floodwater can be a serious health risk. Prevent open cuts, sores, or wounds from exposure to floodwater. Should floodwater come in contact with injured areas, ensure the area is immediately washed with soap followed by the application of a topical antibiotic ointment. If skin or a wound develops redness, swelling, or drainage, seek immediate medical attention. Handwashing with soap and clean water is essential to prevent transmission of hepatitis, which may be present in sewage-contaminated water.

C. Waters known to be contaminated with sewage must not be consumed, used for bathing, or any other function.

D. Boiling chemically contaminated water is not an option to treat water for consumption. If you suspect that an agricultural or industrial facility near you is a risk, first check with the environmental regulatory agency in your area, state, or country.

5. Contact HSWL SC for assistance.

###### **SSP: Specific Hazard Attachment 10: Operations Involving Contact with Raw Sewage**

Contact with sewage may present health hazards. These hazards need to be addressed in order to minimize the possibility that responding personnel would be affected by sewage borne diseases. The following recommendations are suggested.

**1. RESPIRATORY PROTECTION**

As long as the operation does not involve aerosolizing the oil/sewage (as in pressure washing) inhalation risk is minimal and respiratory protection is not required. Safety glasses and surgical or N95 dust masks are recommended to provide limited splash protection and to prevent accidental hand to mouth contamination. If, however, the sewage becomes airborne then respiratory protection should be instituted.

Avoid confined and enclosed spaces.

**2. SKIN CONTACT AND INGESTION**

The main hazard of becoming infected is through skin contact and ingestion (hand to mouth and other) contact. Therefore:

* Establish and enforce stringent personal hygiene procedures. There should be no smoking, eating, or drinking until a thorough decontamination had taken place. Do not wipe the face with sleeves/hands while wearing possibly contaminated safety gear. Protect camelbaks and water bottles. Do not use open cups.
* Establish and enforce thorough and complete decontamination procedures as listed below.

**3. PROTECTIVE GEAR:**

Use rain gear or PVC-coated Tyvek, and impermeable gloves.

* **Tyvek**Dispose of after use.
* **Rain Gear**Wash with soap and water. Soap should be heavy duty, industrial strength. If sewage was splashed on protective gear, dispose of it, or sanitize this gear with a chlorine containing solution, same as boots. Use different decontamination tubs for boots and clothing.
* **Gloves**Gloves should be of heavy duty material, and should not puncture or tear. Replace gloves at first indication of tearing or degradation. During decontamination, disposal of the gloves is recommended, or use the same procedure as for boots, utilizing different tubs for boots and gloves.
* **Over-boots –** Protective over-boots should be of heavy duty material and be impervious to water. Ensure over-boots are of sufficient length for the anticipated water depths in which personnel will be working. Waders may be required in some areas.

###### **SSP: Specific Hazard Attachment 10 con’t: Operations Involving Contact with Raw Sewage**

**DECONTAMINATION**

**Boots**

Boots are expected to be the most contaminated item. They need to be decontaminated in steps:

* Get the oil and rough sewage off of the boots with a brush and cleaner or soap and water.
* After the surface of the boots is relatively clean, decontaminate them by stepping into a tub containing a solution of 50-to 100 parts water to 1 part chlorine-containing cleaner, (e.g., Clorox Bleach). In other words, add 1 unit volume of chlorine cleaner to 50-100 unit volume of water. Wash the boots thoroughly.
* Important: Chlorine effectiveness diminishes over time. Add cleaner occasionally. Replace water and add new chlorine every four hours.
* Wash boots with clean water.

**Body**

After removal of protective equipment, wash hands thoroughly with soap and water. Do not use alcohol wipes. Alcohol tends to compromise the skin's integrity, making it more susceptible to contamination. Likewise, avoid skin contact with strong chlorine solutions.

If body contact with sewage occurred wash the area thoroughly with soap and water.

The risk of contracting sewage borne disease when coming in contact with untreated sewage is real and should be taken seriously. Proper personal hygiene and thorough decontamination practices greatly reduce that risk.

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| **SSP: Specific Hazard Attachment 11** | 1. Hazard  **BIOHAZARDS** | 2. Divisions/Groups/Units affected:  Field Response | | 3. Job Tasks Involving Hazard: |
| Hazard Type | Potential Sources/routes of exposure | Signs & Symptoms | Control | Medical Treatment |
| Sewage:  Hepatitis A;  Staph infection;  Severe gastro-intestinal diseases which may cause severe diarrhea | Contaminated flood waters  Septic Systems  Routes: inhalation; open wounds or eyes; ingestion; injection from cuts or punctures from jagged or sharp objects; eating or drinking from sources that were not completely disinfected. | There is a time lapse between contamination & signs and symptoms & this varies with type of agent, dose received, route of entry, individual susceptibility; duration of exposure. With bacteria & viruses, the onset is usually hrs to days after exposure. The symptoms will look like a common cold or flu; gastro-intestinal diseases are characterized by nausea, vomiting, intestinal cramping, headache and diarrhea. | - Contamination avoidance is key-treat all materials as potentially contagious. - - Barriers such as gloves (such as nitrile, latex, rubber gloves); safety glasses or goggles; dust mask, if available to prevent splashes into mouth;  - Personal hygiene – continually wash hand/face/arms & contaminated areas after contact & before smoking or eating/ drinking; cover all wounds, like cuts on hands.  - Disinfect contaminated equipment with a 10:1 solution of household bleach; Do not use on skin – only use soap & water. If unable to wash immediately, use an antibacterial wipe or lotion, and remove contaminated clothing. | Do not delay seeking medical treatment. Delays may increase severity of health effects. Many diseases can be treated with medication to prevent chronic disease or illness. Replenishing fluids |
| Blood and other potentially infectious materials:  Hepatitis C, B,  HIV;  Tuberculosis; | Injured Humans  Human Remains  Bodily fluids  Medical Waste  Contaminated Flood Waters  Cuts or punctures from jagged or sharp objects. | There is a time lapse between contamination & signs and symptoms & this varies with type of agent, dose received, route of entry, individual susceptibility; duration of exposure. With bacteria & viruses, the onset is usually hrs to days after exposure. The symptoms will look like a common cold or flu. | Do not delay seeking medical treatment. Delays may increase severity of health effects. Many diseases can be treated with medication to prevent chronic disease or illness. |
| 4. Prepared by: | 5. Date/time briefed: | Last Updated: | | SSP-Attach 12: BIOHAZARDS |

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| **1. Incident Name**  **UPDATE AS NEEDED** | | **2. Operational Period (Date/Time)**  From: To: | | | Daily Meeting Schedule ICS 230 | |
| **3. Meeting Schedule (Commonly-held meetings are included)** | | | | | | |
| **Date/ Time** | **Meeting Name** | | **Purpose** | **Attendees** | | **Location** |
| 0700 | Operations Brief | | Present IAP and assignments to Supervisors / Leaders for next OP Period | UC, Command &  General Staff,  Branch Directors,  Div/Group  Supervisors, Task  Force/Strike Team  Leaders, Unit  Leaders | | Base Command Conference Room / MS Teams |
| 0830 | Incident Command Objectives Meeting | | Review / identify objectives for next operational period.  If requested | Command & General Staff | | Base Command Conference Room / MS Teams |
| 0845 | Command/General Staff Meeting | | IC gives direction to Command and General staff including incident objectives and priorities. If requested | Command & General Staff | | Base Command Conference Room / MS Teams |
| 0930 | MTSRU | | Discussed proposed waterway impacts | MTSRU, DOT | | Teleconference  Number:  Access code: |
| 1200 | Tactics Meeting | | Develop/Review primary and alternate strategies to meet Incident Objectives for the next Operational Period | PSC, OSC, LSC, FSC, RESL, SITL & COML | | Base Command Conference Room / MS Teams |
| 1430 | LOFR Coordination Call | |  | All LOFRs | | MS Teams |
| 1530 | Planning Meeting | | Review status and finalize strategies and assignments to meet Incident Objectives for the next operations period. (IAP review). | Command & General Staff | | Base Command Conference Room / MS Teams |
| 1700 |  | | 209 Due Out |  | |  |
| 1730 |  | | Quad Slide Due Out |  | |  |
|  | | | | | | |
| **4. Prepared by: Date/Time** | | | | | | |
| BATTLE RHYTHM ICS 230-CG (Rev 07/19) | | | | | | |