

Texas Department of State Health Services Strategic National Stockpile Group

Demobilization for Medical Countermeasures Guidance

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Preface

The purpose of this Medical Countermeasures Demobilization Guidance document is to supplement local, regional and state responsibilities organized around core strategic national stockpile (SNS) planning functions, and provide tools to assist with completion of these activities. This guidance is developed to support local, regional and state government.

This document is intended to provide guidance and is not prescriptive or comprehensive. Use judgment and discretion to determine the most appropriate actions at the time of an incident. These guidelines do not override local or regional plans, but are designed to complement those planning activities. This document does not prohibit any jurisdiction from implementing additional requirements or operating procedures within that jurisdiction.

This document is not intended to replace [Incident Command System \(ICS\)](#)¹ demobilization procedures. This guidance focus is on demobilization of operations specific to medical countermeasures.

Below are items from the Operational Readiness Review (ORR) that were used to begin the demobilization conversation:

Capability 3, Function 5 a, b, c – Demobilize and Evaluate Public Health Emergency Operations

Plans describe ability to demobilize assets and personnel during a MCM incident. This includes the following elements:

- 1) Development of processes with support agencies for collection and transport of assets and personnel*
- 2) Protocols for product recall or reallocation during an incident*
- 3) Signed written agreements to support demobilization*

Capability 9, Function 6 – Medical Material Management and Distribution

Recover medical materiel and demobilize distribution operations. This includes the following elements:

- Plans include procedures (according to jurisdictional policies and protocols) to:*
- 1) Recover materiel*
 - 2) Recover equipment, and*
 - 3) Dispose of biomedical waste materials*

¹ <http://www.training.fema.gov/is/courseoverview.aspx?code=IS-100.b>

The scope of this guidance is aligned with the following fifteen (15) public health preparedness capabilities as outlined per the CDC:

- Capability 1: Community Preparedness
- Capability 2: Community Recovery
- Capability 3: Emergency Operations Coordination
- Capability 4: Emergency Public Information and Warning
- Capability 5: Fatality Management
- Capability 6: Information Sharing
- Capability 7: Mass Care
- **Capability 8: Medical Countermeasure Dispensing**
- **Capability 9: Medical Material Management and Distribution**
- Capability 10: Medical Surge
- Capability 11: Non-Pharmaceutical Interventions
- Capability 12: Public Health Laboratory Testing
- Capability 13: Public Health Surveillance and Epidemiological Investigation
- Capability 14: Responder Safety and Health
- Capability 15: Volunteer Management

Using This Document

This section explains how and where to find additional supporting information.

This document is not designed to be read from cover to cover. Use this page to quickly find the information you need.

Find the overview and purpose here.	6
Turn here to locate the scope of demobilization.	8
Identify methods for returning unused medications.	9
Locate the various position responsibilities.	17
Turn here for checklists, job aids and other supplemental information.	27

Please note: This document contains many hyperlinks to other documents and information, most of which is housed on the SNS SharePoint site. It is recommended that the user of this guide has the SNS SharePoint site open and is logged in to acquire information contained in the links.

Overview and Purpose

This document provides guidance on demobilizing local, health service regional, and/or state assets upon ending a medical countermeasure operation.

Goal

This guidance provides methods for demobilization of medical countermeasures (MCM) operations guidance within the local health departments (LHDs), non-health departments (non-LHDs) and the TX Dept. of State Health Services (DSHS).

Purpose

- To outline processes for scaling down an MCM response campaign.
- To offer checklists and job aids to assist in demobilization of an MCM event.
- Define roles and responsibilities of key staff during demobilization of an MCM event.
- To pre-identify necessary resources according to the planning elements to efficiently restore systems, supplies and staffing to their normal state of operations.
- Define a process for returning unused medications.

Objectives

- To provide useful guidance regarding demobilizing operations post an MCM event.

Audience

- Local Emergency Management Coordinators (EMCs), local non-public health partners and staff
- Local public health and medical stakeholders, planners, and partners
- DSHS Health Service Region (HSR) partners
- Local hospitals
- Closed PODs operators

Planning Assumptions

- When state resources are depleted, assistance may be sought regionally, from other states and the federal government.
- Disasters usually involve public health, medical and behavioral health components.
- Public health emergencies have the potential to quickly overwhelm local governments and rapidly deplete available resources.
- In the absence of an official local public health department, the regional DSHS-HSR can offer public health support to the regional community.

Scope of Demobilization

This section provides an overview, scope, and benchmarks regarding MCM demobilization at the POD and within the jurisdiction.

Scale down of Overall Operations

As the need to dispense to large numbers of people decreases, jurisdictions should assess the need to close down PODs. For large-scale incidents, this may require a graduated system for POD closures so that a few sites stay open over the course of several days, weeks, or even months. Staff will need to conduct inventory of MCMs at the dispensing sites and arrange with the inventory control team and distribution team for pick-up of any unused or damaged MCMs for return to the Receipt, Stage and Store site/facility (RSS) or distribution to those dispensing sites that remain operational. The MCM can be consolidated into a local cache for long term storage until needed again.

Demobilizing Staff and Volunteers

Demobilization plans should include procedures for how to debrief staff and volunteers on operations and inform them of information that should remain confidential. In addition, if long-term operations continue and some dispensing locations remain operational, the jurisdiction should plan for how to rotate staff and volunteers through those sites that remain open. Planners also should inform staff and volunteers on whether or if the jurisdiction will compensate them for their time and how to apply to receive compensation, if available. Consider establishing or requesting a disaster behavioral health team to speak with staff and volunteers post incident.

Considerations for MCM Demobilization of Operation Duties at the HSR RSS site

Planners should plan and prepare for the demobilization process at the same time that they begin the resource mobilization process.

Early planning for the RSS demobilization facilitates accountability and makes the logistical management of resources as efficient as possible—in terms of both costs and time of delivery. Below are some considerations for demobilizing operations at the RSS:

Considerations to start RSS Demobilization

- SNS resource requests/orders have ceased
- Response (POD and hospital) activities are terminating
- Resources are returning
- 100% of identified population have received the entire course of prophylaxis

Considerations for MCM Demobilization of Operations Duties at the POD

As operations activities decrease, the decision to demobilize operations at the POD will occur. Here are some key items to consider for making a decision to scale down operations:

Considerations for demobilizing POD operations

- Scale down once all MCM products have been distributed
- Scale down based on throughput then systematic shutdown of multiple PODs
- Scale down based on epidemiological data
- Scale down based on population served
- As the POD throughput declines, the scale back of POD operations can occur

Unused Medications and Return Procedures

This section provides options on what to do with unused meds and options for returning medications to the Receiving, Staging, and Storing (RSS) site.

Return of Federal Assets

HSR, LHD and non-LHD planners should note that federally supplied pharmaceutical items **cannot be returned to the CDC**. Once the state accepts MCMs from the SNS, any unused pharmaceuticals remain the property of the state and do not need to be returned to CDC. However, MCMs distributed from federal caches for an emergency may come with restrictions on use. If the state has SNS-supplied antimicrobials left in its holdings after receiving these in response to an anthrax attack, the state cannot dispense these SNS-supplied antimicrobials as treatments for other uses.

HSR, LHD and non-LHD planners can consult with their assigned Texas Assistant SNS Coordinators and the CDC to determine how to properly store, maintain, and use federally supplied MCMs that remain in the jurisdiction's possession after an incident.

State or local jurisdictions must return certain items, such as refrigerated shipping containers and ventilators, to CDC following an incident. The DSHS Central Austin Office staff can coordinate and disseminate the process through the HSR to LHDs and non-LHD jurisdictions.

Returnable items include:	<ul style="list-style-type: none">▪ 12-hour Push Package cargo containers▪ Ventilators▪ Ventilator cargo containers and cases▪ Refrigeration systems▪ Other durable medical equipment▪ Medical and special needs equipment (i.e. suction units, bariatric sets)▪ CDC-owned computer and communications equipment
Recommended actions for the return of federal assets	<ul style="list-style-type: none">▪ Inventory all medical intervention and assets used.▪ Include copies of completed medical forms and other documents required by the CDC.▪ Coordinate possible return of MCM assets with DSHS.▪ DSHS CO will coordinate with CDC for returnable items.

Options regarding unused medications

DSHS can select from the below options for handling unused MCM medications/materials. Note that these options can change based on the nature of the MCM event:

Option 1: Keep the MCM

- If a LHD, non-LHD or HSR received SNS assets, any unused pharmaceuticals remain the property of the state of Texas and do not need to be returned to CDC. Pharmaceuticals and medical supplies sent to the jurisdiction (including MCM administered via a Federal Medical Station (FMS)) become the property of the jurisdiction once the site is demobilized. The jurisdiction is responsible for storing and utilizing any pharmaceuticals in accordance with standard pharmacy practices per the [Texas State Board of Pharmacy](#)².
- State stock inventory antiviral MCM can continue to be dispensed per the CDC's clinical guidelines and as outlined in the [Texas Antiviral Distribution Network Toolkit](#)³.
- Certain identified durable items should be packed into the Tri-Wall containers for return to CDC. To see a list of recoverable items, please link to the CDC's Receiving, Distributing, and Dispensing: [Strategic National Stockpile Assets – A Guide to Preparedness, Version 11](#)⁴ guidance.

Option 2: Dispose of MCM

- When the MCM incident demobilizes, DSHS can evaluate the quantity and viability of the remaining pharmaceuticals. If the decision is made to destroy the remaining pharmaceuticals, the local jurisdiction can request assistance from DSHS or undertake the task themselves.
- If the local jurisdiction undertakes this task, then that local jurisdiction is responsible for destroying any pharmaceuticals in accordance to standard pharmacy guidelines. Jurisdictions may contact their respective HSR offices for additional technical assistance as needed.

² <https://www.pharmacy.texas.gov/rules/>

³ <http://www.cidrap.umn.edu/practice/antiviral-distribution-control-h1n1-tx>

⁴ https://texassns.securespsites.com/snstexas/SharedDocuments/CDC_Version_11

Option 3: Ship to a specific designated storage site

- Based on circumstances, the DSHS Central Office might opt to utilize contractors to pick up unused medications from the RSS. If this option is exercised, DSHS Central Office will likely incur the cost of pick-up and return of the inventory from the HSR.
- HSRs, LHDs and non-LHDs can coordinate efforts for shipping of MCM to the DSHS designated storage facility.
- The DSHS Central Austin State Medical Operations Center (SMOC), HSRs and their localized Regional Health Medical Operations Centers (RHMOCs) will be coordinate efforts for the return of MCM.

Securing Client Information

This section highlights laws and methods regarding securing client information.

The data collected on clients during MCM dispensing is subject to privacy and security rules per Public Law 104-191: Health Insurance Portability and Accountability Act of 1996 (HIPAA). Jurisdictions should secure information collected from clients at the POD in order to meet HIPAA standards for protecting the privacy of client's identifiable health information. Also, the jurisdiction must secure an electronic health information collected on clients at dispensing sites per standards set forth by HIPAA.

CDC recommends that client-level tracking be a function of a state, local, or regional jurisdiction to facilitate client notification should a drug recall occur from dispensed MCMs. Since drug recalls occur by lot number, knowing who received MCMs from the recalled lot will make it easier to issue recall information. Planners may find it helpful to organize any printed client information forms in groups according to the lot numbers of MCMs dispensed. Jurisdictions should secure all client health information to protect the professionals to determine the best way to save and secure this information, how long the jurisdiction must store the information, and how and whether the jurisdiction will destroy the information after a specified recordkeeping period.

Options for collecting and storing client information	<ul style="list-style-type: none">▪ Collect all health information paperwork and scan,▪ Save all onto a USB drive or portable hard drive, or into a database for easier retrieval of information if needed for a future recall or notification▪ Save all printed client information and store per HIPPA standards▪ Consider contracting for data entry of screening forms
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For more information about health information privacy, please review the link by the U.S. Department of Health & Human Services (HHS) [here](#).⁵ To review collection methods regarding the privacy and security of electronic health information, please review the [Guide to Privacy and Security of Electronic Health Information](#) ⁶ proposed by the HHS' Office of the National Coordinator for Health Information Technology.

Providing Follow-up Information

Besides specific follow-up information on the MCMs, individuals might want to know additional information, such as commonly experienced adverse reactions from the MCMs, what to do if they have adverse reactions or if they lose their MCMs. For adverse reactions to antibiotics or antivirals, the local jurisdiction could utilize the Voluntary Med Watch Form (Form 3500, Exhibit A) as prescribed by the U.S. Food and Drug Administration (FDA). The form is available for completion on-line

⁵ <http://www.hhs.gov/ocr/privacy/>

⁶ <https://www.healthit.gov/sites/default/files/pdf/privacy/privacy-and-security-guide.pdf>

at <https://www.accessdata.fda.gov/scripts/medwatch/>.⁷ Regarding **vaccines**, the local jurisdiction can utilize CDC's Vaccine Adverse Event Reporting System (VAERS) on-line at <https://vaers.hhs.gov/esub/step1>.⁸ In the event of adverse reactions, encourage the consumer to contact their healthcare provider.

Demobilizations plans should include ways the jurisdiction can provide this information and any other important follow-up information for the incident, such as encouraging clients to continue to take the MCMs. This information could be included into a simple fact sheet. Below is an example of fact sheet for Doxycycline. This sheet could be issued to clients upon initial distribution of MCMs:

What You Need to Know about Doxycycline for Prevention of Anthrax

State or local health
Info or logo here

You are being given a medicine called doxycycline (sounds like DOCKS-ee-SY-cleen) because you may have breathed in anthrax germs. These germs can be deadly. Taking this drug reduces your chance of getting sick and dying. Until officials know for sure who breathed in the germs, it is important to start taking this medicine now. People who may have breathed in anthrax should take the medicine for 60 days. If you do not have enough for 60 days, public health officials will tell you whether you need more and how to get it.

Taking this drug is your choice. If you can, talk to your doctor or health care provider about taking doxycycline.

What is anthrax?
Anthrax is a serious disease that can be deadly. You can get sick if you breathe in the anthrax germs. You cannot get anthrax from another person.

- The first signs or symptoms may seem like a cold or the flu (such as a mild fever and muscle aches).
- Later signs or symptoms may be a cough, chest discomfort, shortness of breath, tiredness, and muscle aches.

Symptoms usually start within 7 days of breathing in anthrax germs, but can take up to 42 days to appear. See a doctor right away if you have symptoms. If you take doxycycline as directed and begin to feel sick anyway, get medical care right away.

What is doxycycline?
Doxycycline is a prescription medicine approved by the Food and Drug Administration (FDA) to prevent anthrax. FDA has allowed certain uses of doxycycline, including its use with no prescription, for this emergency. Do not be alarmed if the medicine you receive from public health officials has an expired date on the package. FDA has authorized its use because testing of the medicine found it is safe to use past the expiration

How do I take doxycycline?

- Adults and children weighing 89 pounds (40 kg) or more
 - Take 1 pill (100 mg) in the morning on an empty stomach with a full glass of water and
 - Take 1 pill (100 mg) in the evening on an empty stomach with a full glass of water.

*If you cannot swallow pills, follow the crushing and mixing directions you were given; the directions are also available on the FDA website at www.fda.gov (search for "doxy crushing").

- Children weighing less than 89 pounds (40 kg), dose is determined based on child's weight
Follow instructions provided on the liquid doxycycline label or crushing and mixing directions that you were given. The crushing and mixing directions are also available on the FDA website at www.fda.gov (search for "doxy crushing").



⁷ <https://www.accessdata.fda.gov/scripts/medwatch/>

⁸ <https://vaers.hhs.gov/esub/step1>.

- Doxycycline may not work as well when taken with some medicines. Take it 2 hours before or 2 hours after taking:
 - Antacids
 - Sucralfate (Carafate)
 - Colestipol (Colestid)
 - Didanosine
 - Cholestyramine
 - Multivitamins or supplements with calcium, iron, magnesium, or sodium bicarbonate
 - Bismuth subsalicylate (Helidac, Pepto Bismol, Kaopectate, or other products for indigestion, nausea, or diarrhea)
- If you get an upset stomach when you take the medicine, take it with food or milk.
- If you miss a pill, take only your next pill at the time you are supposed to – Do not take 2 pills at once.
- Talk to your doctor if you are on blood thinners or seizure medicines. Doxycycline may affect how much of these medicines you need.
- Keep the pills dry. Store them at room temperature (between 68–77°F or 20-25°C).
- Keep pill bottles away from children and pets. Call the poison center if they take the medicine by accident (1-800-222-1222).

Who should NOT take doxycycline?

Do not take doxycycline if you have had a severe allergic reaction to doxycycline or another tetracycline drug. A severe reaction may include swelling of the tongue, hands, feet, closing of throat, or trouble breathing.

STOP taking this medicine if you get any of these serious, but rare, side effects. Get medical help right away (go to the emergency room or call 911).

- swelling of the tongue, hands, or feet
- closing of the throat or trouble breathing
- severe itching or rash, especially hives and wheals
- severe stomach cramps with high fever or bloody diarrhea
- yellowing of the eyes or skin or dark-colored urine
- pain when swallowing
- unusual bleeding or bruising
- severe headaches, dizziness, or double vision

Keep taking the medicine if you have:

- vaginal yeast infection
- mild nausea or vomiting, upset stomach, loose stools

Are there other possible severe side effects?

- Serious liver problems (liver failure)
- Sensitivity to the sun
- Slowed bone growth in children
- Discolored teeth or poor tooth enamel in children younger than 8 years and in children whose mothers took doxycycline during the last half of pregnancy or while nursing
- Birth control pills stop working. Use another form of birth control until you finish taking all of your doxycycline

Are there any other medications that I can take instead of doxycycline?

Public health officials will tell you if other medications are available. The risks and benefits of those medications will be explained separately.

How do I report side effects or medication errors?

Tell your doctor right away and report side effects or medication errors to MedWatch at www.fda.gov/medwatch or 1-800-FDA-1088.

Is there anything that is not known about the emergency use of doxycycline?

The benefit of providing emergency access to doxycycline is expected to outweigh the risks. The impact of using the medicine without a prescription, or how well these instructions will be followed, is unknown.



Medical Waste Management

This section offers methods of handling medical waste during demobilization.

Vaccination campaigns and certain other MCM dispensing campaigns will generate a great deal of medical waste, such as syringes and needles, intravenous administrations supplies, soiled bandages, etc. The jurisdiction should arrange for pick up and handling of medical waste after such campaigns to ensure proper disposal of these items.

HSRs and LHDs can work with local hospitals, medical clinics, and medical waste management companies to handle waste. It is important to note that jurisdictions should not dispose medical waste and biohazard materials in the general waste disposal system (e.g. landfills, community sewage systems).

Medical Waste Management Methods	<ul style="list-style-type: none">▪ HSRs, LHDs and non-LHDs that have existing contracts with a medical waste management partners should look into expanding their existing contracts when needed.▪ Local planners are strongly encouraged to utilize local partnerships as much as possible during the preparedness phase.
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Facility Cleaning

This section offers methods for the cleaning of the facility used during the MCM incident.

Depending on the incident, facilities used for dispensing sites may require extensive cleaning during the demobilization phase of operations. Some POD facility owners or managers may agree to provide their own cleaning services for the facility after POD operations, but if the incident involved a contagious agent (e.g., smallpox or plague), a radioactive material or chemical agent, or intravenous administration of MCMs, the facility may require cleaning or decontamination by professional industrial cleaning crews.

Written agreements with any facilities used for POD operations should include information on who is responsible for cleaning the facility after use and which agency is responsible for contracting and paying for industrial cleaning services if these are necessary.

Facility users should:	<ul style="list-style-type: none">▪ Complete an internal and external facility walk-through both pre and post incident with key facility staff, noting and reporting any major issues with the facility (take pictures if necessary).▪ Notify facility points of contact of the intent to vacate the premises.▪ Maintain law enforcement/security presence at facility until all staff and equipment has vacated the property.
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Position Summary of Responsibilities

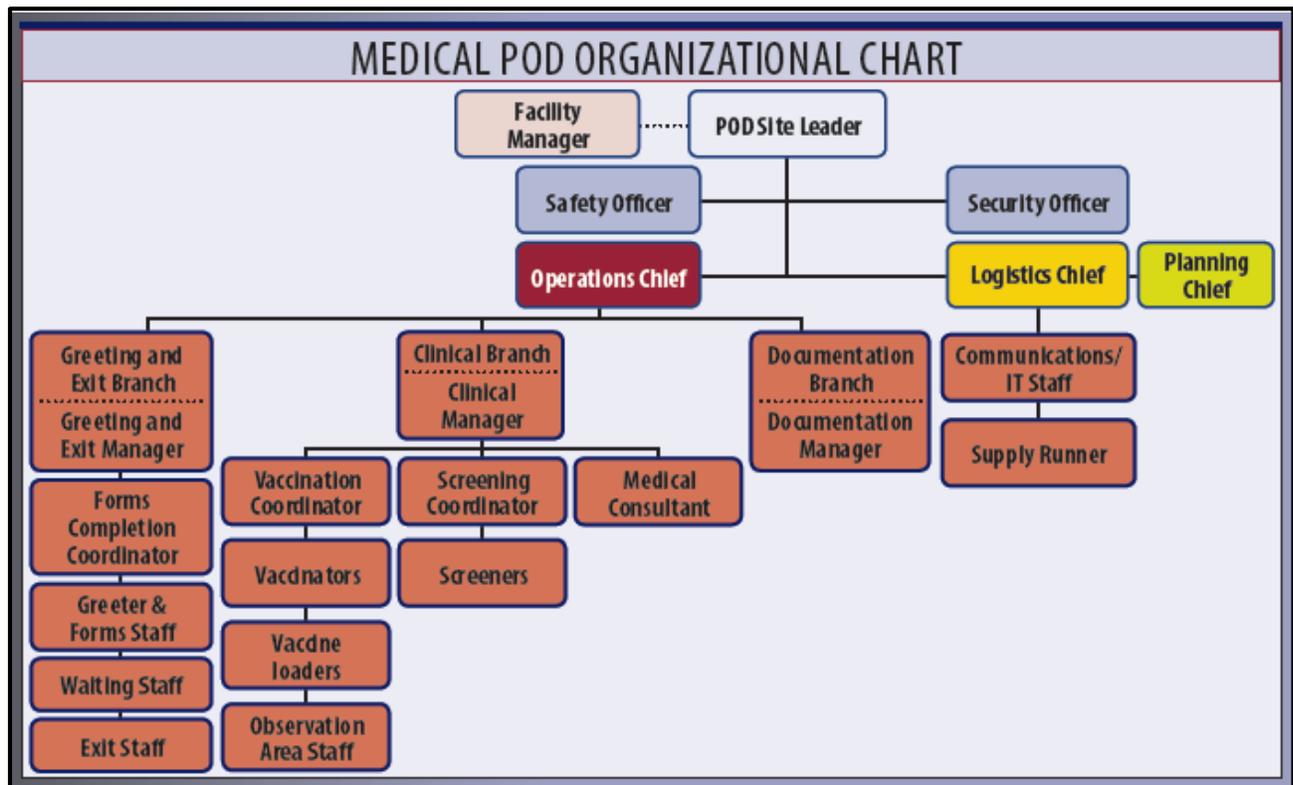
This section specifies the position responsibilities of the incident staff during demobilization.

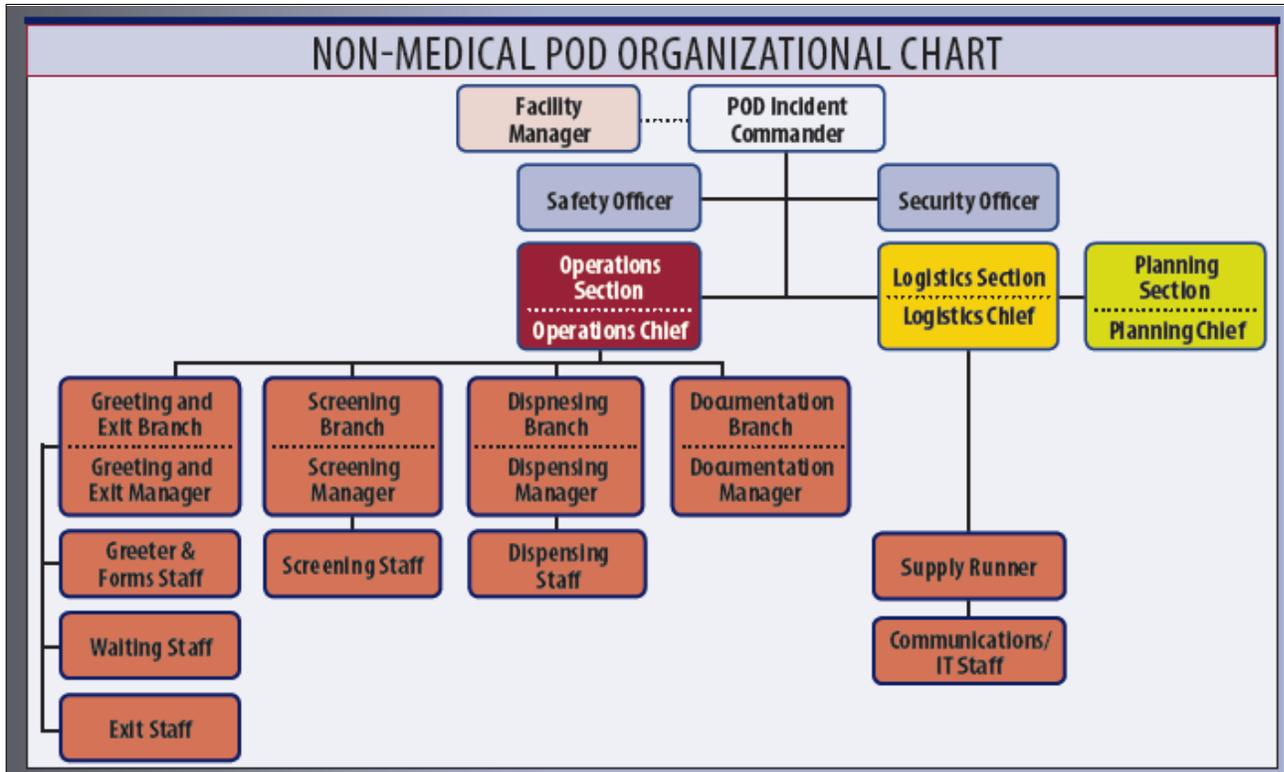
NOTE: Not all of these positions are required for an MCM event.

Position creation and placement is done at the discretion of the LHD, non-LHD or HSR at the time of the incident.

Positions that support demobilization efforts are responsible for the tasks listed below. Not all tasks will be listed as the nature of the event will determine the final taskings. During the recovery phase of the MCM event, staff is encouraged to participate in After-Action Reports (AARs) of the effectiveness and efficiency of MCM activities and review those AARs to evaluate methodology and approve appropriate changes to plans and procedures. HSRs, LHDs and non-LHDs are encouraged to provide input as to how their respective plans were executed and trained.

- Consult the graphics below as some positions for the Medical POD model (i.e. Clinical Branch, Medical Consultant) do not exist in the Non-Medical POD model.





Incident Commander (IC) Responsibilities

The IC is responsible for all aspects of an emergency response; including quickly developing incident objectives, managing all incident operations, application of resources as well as responsibility for all persons involved.

Phase	Task
Demobilization	<ul style="list-style-type: none"> Provides input to the establishment of release priorities. Establishes a phased ramp down of operations. Approves exceptions to the guidelines. Identifies excess resources and providing list and priorities to the Demobilization Unit.

Operations Chief (OC) Responsibilities

The OC oversees POD Operations and all Operations staff including the Greeting and Exit Manager, Screening Manager, Dispensing Manager and Documentation Manager. This position reports to the POD Manager.

Phase	Task
Demobilization	<ul style="list-style-type: none"> Makes recommendations to POD Manager for the scale down of staff. Assists in collection of all POD supplies and equipment.

Phase	Task
	<ul style="list-style-type: none"> Oversee proper collection and processing of all dispensing form documentation. Participate in debrief/hot wash.

Demobilization Unit Leader (DMOB)

Responsibilities

The DMOB is responsible for developing the Incident Demobilization Plan. On large incidents, demobilization can be quite complex, requiring a separate planning activity.

Phase	Task
Demobilization	<ul style="list-style-type: none"> Determines staff requirements. Develops the specific, individual plan document and outline of the process. Reviews incident resource records to determine the likely size and extent of demobilization effort and develop a resource matrix. Coordinates demobilization with Agency Representatives. Monitors the on-going Operations Section resource needs. Identifies surplus resources and probable release time. Establishes communications with off-incident facilities, as necessary. Develops and maintains contact lists and notification procedures. Develops and maintains procedures for identifying, locating, committing, deploying and accounting for agency emergency support resources. Prepares appropriate directories (e.g., maps, instructions, etc.) for inclusion in the demobilization plan. Distributes demobilization plan and checklist (on and off-site). Provides status reports to appropriate requestors. Ensures that all Sections/Units understand their specific demobilization responsibilities. Supervises execution of the Incident Demobilization Plan. Briefs the PSC on demobilization progress. Reviews DMOB Job Aid. Maintains Unit Log (ICS 214-CG).

Planning Section Chief (PSC) Responsibilities

The PSC performs data collection and records management. This position reports to the POD Manager.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Ensure checkout of all staff before leaving POD.▪ Report that data collection is complete to POD Manager.▪ Participate in debrief/hot wash.

Logistics Section Chief (LSC) Responsibilities

The LSC oversees and coordinates POD logistics, ensures adequate levels of amenities and supplies. This position reports to the POD Manager.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Retrieve all supplies and equipment.▪ Document all spent supplies.▪ Return facility and partner resources to original condition/owner.▪ Report supplies and equipment that need to be replenished following event.▪ Oversee inventory of all resupplied medications.▪ Participate in debrief/hot wash.▪ Providing input to the establishment of release priorities▪ Approving exceptions to the guidelines.

POD Manager (PD) Responsibilities

The PD is responsible for organizing and directing all POD site activities; assure communications with the Emergency Operations Center (EOC); assist in the development of strategies and tactics for the success of the POD. This position reports to the EOC.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Confirm approval of demobilization from EOC and notify necessary personnel of demobilization efforts.▪ Oversee scale down of staff and operations as warranted.▪ Oversee collection of forms, repacking of supplies and equipment.▪ Ensure that all forms and documentation are properly packaged.▪ Coordinate with Safety Officer, Logistics Chief and Facility Manager to ensure closure of facility and return to pre-POD operations condition.▪ Conduct debrief/hot wash with all staff.

Safety Officer (SO) Responsibilities

The SO is responsible for ensuring the safety of all workers and clients; assess the operation for health and safety issues; instruct staff on safety procedures and implement safety measures as needed throughout the operation. This position reports to the PD.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Ensure activities are conducted in safe conditions.▪ Participate in debrief/hot wash.▪ Ensure completion of unit log (ICS 214 form).▪ Participate in debrief/hot wash.

Greeting & Exit Manager (GEM) Responsibilities

The GEM ensures orderly movement of clients through the dispensing site according to identified flow patterns; supervise the Greeter and Forms, Waiting and Exit Staff. This position reports to the OC.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Coordinate with other Operations Managers to modify POD flow (if necessary).▪ Oversee collection of all screening forms and ensure delivery to Logistics.▪ Oversee just-in-time (JIT) training and job functions of Wait Staff.▪ Participate in debrief/hot wash.

Greeting & Forms Staff (GFS) Responsibilities

The GFS greets and directs clients; distributes Medication Screening Forms; determines if clients require additional or special assistance. This position reports to the GEM.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Read entire job action sheet and organizational chart.▪ Review POD flow design.▪ Know the flow control points and how clients should be directed based on the types of clients passing through these points.▪ Familiarize self with Medication Screening Form.

Wait Staff (WS) Responsibilities

The WS assists and directs clients through the POD stations; identifies and prevents POD flow bottlenecks; ensures that lines are formed and move according to identified flow patterns. This position reports to the GEM.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Assist in any POD flow changes as directed by Greeting and Exit Manager.▪ Assist with breakdown of POD supplies and equipment as directed.▪ Participate in debrief/hot wash.

Exit Staff (ES) Responsibilities

The ES collects and verifies forms for clients to whom medical material has been dispensed. This position reports to the GEM.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Participate in scale down of operations.▪ Assist with breakdown of POD supplies and equipment as directed.▪ Package and provide forms to Documentation Manager.▪ Participate in debrief/hot wash.

Vaccination Coordinator (VC) Responsibilities

The VC ensures proper management and administration of vaccine supply; oversees Vaccinators and Vaccine Loaders.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Ensure retrieval of all unused vaccines and vaccine coolers.▪ Properly package all biomedical waste for disposal.▪ Assist with breakdown of POD supplies and equipment as directed.▪ Participate in debrief/hot wash.

Vaccinators' (VCR) Responsibilities

The VCR administers vaccines; collects client documentation for each client. This position reports to VC.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Ensure retrieval of all unused vaccines and vaccine coolers with VC.▪ Properly package all biomedical waste for disposal.▪ Assist with breakdown of POD supplies and equipment as directed.▪ Participate in debrief/hot wash.

Vaccine Loaders (VL) Responsibilities

The VL prepares and loads syringes with appropriate vaccination dose. This position reports to the VC.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Ensure retrieval of all unused vaccines and vaccine coolers.▪ Properly package all biomedical waste for disposal.▪ Assist with breakdown of POD supplies and equipment as directed.▪ Participate in debrief/hot wash.

Clinical Manager (CM) Responsibilities

The CM oversees clinical operations, including forms assessment, vaccination and medical consultation. This position reports to the OC.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Ensure retrieval of all unused vaccines and vaccine coolers by VC.▪ Properly package all biomedical waste for disposal.▪ Assist with breakdown of POD supplies and equipment as directed.▪ Participate in debrief/hot wash.

Observation Area Staff (OAS) Responsibilities

The OAS monitors clients who have received vaccinations for any adverse reactions.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Assist with breakdown of POD supplies and equipment as directed.▪ Participate in debrief/hot wash.

Screening Coordinator (SCR) Responsibilities

The SCR assesses Medical Screening Forms for completion and identifies those who should proceed to a vaccination station or to medical consultation.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Assist with demobilization activities as directed by CM.▪ Ensure all supplies and equipment are repackaged.▪ Participate in debrief/hot wash.

Screening Manager (SM) Responsibilities

The SM oversees Screening Staff to ensure that all forms are fulfilled out completely and accurately and that staff are determining the appropriate medication dispensed to clients. This position reports to the OC.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Participate in scale down of operations.▪ Assist with breakdown of POD supplies and equipment as directed.▪ Participate in debrief/hot wash.

Screening Staff (SS) Responsibilities

The SM ensures the Medication Screening Form has been completely and accurately filled out to determine the appropriate medication dispensed to clients; mark forms accordingly. This position reports to the SM.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Participate in scale down of operations.▪ Assist with breakdown of POD supplies and equipment as directed.▪ Participate in debrief/hot wash.

Medical Consultant (MC) Responsibilities

The MC provides clinical consultation for clients to identify who should or should not receive vaccination/medication due to contraindications (a specific situation in which a drug, procedure, or surgery should not be used because it may be harmful to the person).

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Assist with demobilization activities as directed by CM.▪ Ensure all supplies and equipment are repackaged.▪ Participate in debrief/hot wash.

Dispensing Manager (DM) Responsibilities

The DM oversees and coordinates the activities related to screening for contraindications and precautions; dispensing of antibiotics at the POD in a timely and efficient manner.

Phase	Task
Demobilization	<ul style="list-style-type: none"> ▪ Ensure that all unused medications are returned to secure storage. ▪ Participate in scale down of operations ▪ Assist with breakdown of POD supplies and equipment as directed. ▪ Participate in debrief/hot wash.

Dispensing Staff (DS) Responsibilities

The DS safely and appropriately administer medications to clients.

Phase	Task
Demobilization	<ul style="list-style-type: none"> ▪ Ensure that all unused medications are returned to secure storage per the direction of the DM. ▪ Participate in scale down of operations. ▪ Assist with breakdown of POD supplies and equipment as directed. ▪ Participate in debrief/hot wash.

Documentation Manager (DM) Responsibilities

The DM oversees data collection and records management; collects client forms for reporting and follow-up.

Phase	Task
Demobilization	<ul style="list-style-type: none"> ▪ Direct collection of all remaining screening forms. ▪ Package all completed screening forms for collection. ▪ Participate in debrief/hot wash.

Supply Runner (SR) Responsibilities

The SR provides supplies requested by POD staff through the LSC. This position reports to the LSC.

Phase	Task
Demobilization	<ul style="list-style-type: none"> ▪ Collect and take inventory of all supplies and equipment used during POD operations. ▪ Take inventory of any remaining medications and report inventory levels to LSC. ▪ Assist with breakdown of POD supplies and equipment. ▪ Participate in debrief/hot wash.

Communications/IT Staff (COMM/IT) Responsibilities

The COMM/IT organizes and coordinates communications plan and communications and information technology (IT) support to ensure functioning of internal and external communications and data-related equipment. This position reports to the LSC.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Collect and take inventory of all radios and IT equipment.▪ Sign off all communication networks used during operations.▪ Notify EOC of end of communications and operations.▪ Participate in debrief/hot wash.

Forms Completion Coordinator (FCC) Responsibilities

The FCC assists clients with non-medical questions about forms and process.

Phase	Task
Demobilization	<ul style="list-style-type: none">▪ Assist with breakdown of POD supplies and equipment.▪ Participate in debrief/hot wash.

Attachments – Useful Job Aids and Templates

The section provides useful, removable documents and tools that HSR and LHD staff could employ.

The following templates are Microsoft Word™ documents. Think of it as a form that you complete. When you see red boldface lettering inside brackets, such as **[JURISDICTION NAME]**, replace it with information for your local jurisdiction/HSR. You may add or delete information to suit your jurisdiction's needs. You may also add appendices and attachments to the templates. These forms can be found online at the Federal Emergency Management Agency's (FEMA) Incident Command Structure (ICS) Resource Center [here](#)⁹.

It is the planner's and/or planning team's responsibility to read and modify the template text to reflect their jurisdiction's needs. The following section contains:

- a) A Demobilization Plan Template
- b) ICS Form 214 – Unit Log with Instructions
- c) ICS Form 221 – Demobilization Checkout List with Instructions
- d) Closed POD Agency Closing Checklist
- e) Example of a Step-by-Step Demobilization Closing Process
- f) DSHS State Stock Inventory MCM Return Form

⁹ <https://training.fema.gov/emiweb/is/icsresource/icsforms.htm>

MCM Demobilization Template

[Enter the Name of the Event] Incident

[JURISDICTION NAME],

Date _____

Prepared By _____ Date _____

Demobilization Unit Leader

Recommended By _____ Date _____

Planning Section Chief

Recommended By _____ Date _____

Logistics Section Chief

Recommended By _____ Date _____

Finance Section Chief

Recommended By _____ Date _____

Operations Section Chief

Approved By _____ Date _____

Incident Commander

Table of Contents

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<i>Section 4:</i>	<i>Release Procedures</i>
<i>Section 5:</i>	<i>Travel Information/Safety Message</i>

General Information

Incident Commander (IC) will approve the demobilization of critical resources identified by command staff prior to demobilization from the incident. Those resources are identified on a daily basis in the daily operational period planning cycle. All releases from the **[INCIDENT NAME]** Incident will be initiated in the Planning Section, Demobilization Unit after Incident Commander approval. Transportation of resources released from the incident will be arranged through the Demobilization Unit Leader/Planning Section and the Logistics Section.

No resources are to leave the incident until authorized to do so.

The following general guidelines are to be followed: **[REMOVE OR ADD GUIDELINES AS NEEDED]**.

No resource will be released without having completed the appropriate ICS-221 Demobilization Checkout form.

1. All personnel must be able to reach their workstation(s) prior to **[TIME FRAME I.E. 10:00AM]**.
2. All resources will be thoroughly briefed by the Demobilization Unit and given any travel arrangement information prior to leaving the incident. Briefing to include;
 3. Method of travel,
 4. Passengers (if any),
 5. Destination,
 6. Transportation arrangements,
 7. Overnight stops (if necessary) and,
 8. Estimated Time of Departure incident/Estimated Time of Arrival home.
9. All resources returning home on commercial aircraft will be required to provide picture ID by the commercial carrier and travel agent.
10. All resources requiring air transportation are required to be at the airport two hours prior to the scheduled departure time. The Demobilization Unit/Planning Section will make arrangements with the Transportation Unit/Logistics Section for resource transportation. All teams must have an accurate manifest reflecting any team changes made since they were mobilized.
11. The Demobilization Unit will notify incident Logistics and Finance sections of tentative releases. The Demobilization Unit will notify these sections, using the pending demobilization report generated at **[TIME FRAME]** daily, after receiving

release request from Section Chiefs or Unit Leaders (minimum 48 hours ahead of planned release time for crews and 24 hours for equipment). Incident personnel will be notified by posting of "Tentative Releases" on the information board.

12. Strike Teams and Task Forces formed at the incident must be disbanded prior to release.
13. Performance ratings will be completed for resources upon request, and turned into the Documentation Unit.
14. All Unit Logs (ICS-214) will be turned into the Documentation Unit prior to release.

ANY EXCEPTIONS TO THE ABOVE WILL REQUIRE WRITTEN APPROVAL FROM THE INCIDENT COMMANDER.

Responsibilities

All incident **Unit Leaders** are responsible for identifying surplus resources, receiving approval by the Section Chief, and submitting lists to the Demobilization Unit Leader. The Section Chief, prior to submitting to the Demobilization Unit, must approve surplus resource lists. Submit lists of surplus resources as defined in the general information section of this plan. **[REMOVE OR ADD RESPONSIBILITIES AS NEEDED]**

The **Incident Commander** is responsible for:

- Providing input to the establishment of release priorities
- Approving exceptions to the guidelines.

The **Demobilization Unit Leader** is responsible for:

- Compiling and posting "Tentative" and "Final" Release lists.
- Preparing ICS-221 and ensuring necessary signatures are obtained on the Demobilization Form for all resources.
- Monitoring the demobilization process and making any needed adjustments.

The **Logistics Section Chief** is responsible for:

- Utilize the tentative release form to notify Demobilization Unit of surplus supplies at least 24 hours in advance.
- Insuring, through the **Facilities Unit Leader**, that resources have met clean-up requirements.
- Insuring, through the **Supply Unit Leader**, that all nonexpendable property items are returned or accounted for prior to release. This includes coordinating the return of any unused or nonexpendable property to SNS if activated.
- Insuring, through the **Transportation Unit Leader**, that adequate transportation is available to get resources needing transportation to airport/bus shuttle. Provide safety inspections and repairs of a safety nature on agency owned vehicles, engines and equipment under hire prior to release.
- Arranging transportation (air, bus, etc.) and any lodging for those resources in need.

- Sending all travel itineraries to ICP *prior to* **[TIME FRAME]** for personnel traveling by air before noon the following day to allow adequate time for check out and travel to the airport.
- Insuring, through the **Communications Unit Leader** that all communications equipment issued from the incident is returned or accounted for prior to release.
- Insuring through the **Food Unit Leader** that there will be adequate meals for those being released and for those remaining.

The **Finance Section Chief** is responsible for:

- Completion of all time and pay processing documents prior to release.
- Documentation of all compensation for injury and claims prior to release.

Release Priorities

Incident Commander has established the following release priorities:

- Volunteers
- Private Contractors
- Federal resources
- State resources

When possible, resources will be released in groups by geographic location to minimize delays and travel costs. Clearance for emergency demobilization is to be approved by the appropriate Section Chief and Incident Commander.

Release Procedures

1. Unit Leaders will identify surplus resources within their units, obtain approval by the Section Chief, and submit to Demobilization Unit Leader in Planning Section.
2. The Demobilization Unit Leader will notify Planning Section Chief of the tentative releases/reassignments for concurrence. Demobilization will attempt to give **[NUMBER #]** hours' notice.
3. The Demobilization Unit Leader will inform the Resources Unit of pending demobilizations to keep the resource status current.
4. Following release/reassignment request approval from the Planning Section Chief, the Demobilization Unit Leader will post "Pending Demobilization" reports; prepare transportation manifests, if needed; notify personnel to be released/reassigned; brief leaders and individuals; and provide the Demobilization Checkout form (ICS-221) to those being demobilized. Also, the Demobilization Unit Leader will notify the Transportation Unit Leader 24 hours in advance of individuals needing transportation.
5. The team leader or individual will proceed to the following units for release/reassignment approval as needed:
 - Supply Unit
 - Communications Unit
 - Facilities Unit
 - Transportation Unit
 - Documentation Unit

- Time Unit
6. Completed ICS 221 forms must be returned to the Demobilization Unit as the last stop before final release. When completed ICS 221 forms are received, the Demobilization Unit will:
 7. Attach Demobilization Completion Form to the ICS 221 and inform Resources for tracking.
 8. Send ICS-214, ICS-221, and all other forms to the Documentation Unit for filing.

Travel Information/Safety

All resources released from the incident will meet agency travel requirements, such as restrictions on hours of travel per day.

Individual resources released from the incident are to notify either **[NAME]** Demobilization Unit **AND** their home agency if they anticipate significantly different ETA to their next assignment or to the home agency.

Phone Directory

Demobilization Unit.....	[ENTER PHONE NUMBER]
Demobilization FAX.....	[ENTER PHONE NUMBER]
Planning Section.....	[ENTER PHONE NUMBER]

ICS FORM 214-CG (Unit Log) Instructions and Form

The Unit Log records details of unit activity, including strike team activity or individual activity. These logs provide the basic reference from which to extract information for inclusion in any after-action report.

A Unit Log is initiated and maintained by Command Staff members, Division/Group Supervisors, Air Operations Groups, Strike Team/Task Force Leaders, and Unit Leaders. Completed logs are submitted to supervisors who forward them to the Documentation Unit.

Distribution. The Documentation Unit maintains a file of all Unit Logs. All completed original forms **MUST** be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Check-In Location	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Unit Name/Designators	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4.	Unit Leader	Enter the name and ICS Position of the individual in charge of the Unit.
5.	Personnel Assigned	List the name, position, and home base of each member assigned to the unit during the operational period.
6.	Activity Log	Enter the time and briefly describe each significant occurrence or event (e.g., task assignments, task completions, injuries, difficulties encountered, etc.)
7.	Prepared By	Enter name and title of the person completing the log. Provide log to immediate supervisor, at the end of each operational period.
8.	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

ICS 221 Demobilization Check-Out Instructions and Form

Purpose. The Demobilization Check-Out (ICS 221) ensures that resources checking out of the incident have completed all appropriate incident business, and provides the Planning Section information on resources released from the incident. Demobilization is a planned process and this form assists with that planning.

Preparation. The ICS 221 is initiated by the Planning Section, or a Demobilization Unit Leader if designated. The Demobilization Unit Leader completes the top portion of the form and checks the appropriate boxes in Block 6 that may need attention after the Resources Unit Leader has given written notification that the resource is no longer needed. The individual resource will have the appropriate overhead personnel sign off on any checked box(es) in Block 6 prior to release from the incident.

Distribution. After completion, the ICS 221 is returned to the Demobilization Unit Leader or the Planning Section. All completed original forms must be given to the Documentation Unit. Personnel may request to retain a copy of the ICS 221.

Notes:

- Members are not released until form is complete when all of the items checked in Block 6 have been signed off.
- If additional pages are needed for any form page, use a blank ICS 221 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Planned Release Date/Time	Enter the date (month/day/year) and time (using the 24-hour clock) of the planned release from the incident.
4	Resource or Personnel Released	Enter name of the individual or resource being released.
5	Order Request Number	Enter order request number (or agency demobilization number) of the individual or resource being released.
6	Resource or Personnel You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section Representative). <ul style="list-style-type: none"> • Unit/Leader/Manager/Other • Remarks • Name • Signature 	Resources are not released until the checked boxes below have been signed off by the appropriate overhead. Blank boxes are provided for any additional unit requirements as needed (e.g., Safety Officer, Agency Representative, etc.).

<p>Logistics Section</p> <p><input type="checkbox"/> Supply Unit</p> <p><input type="checkbox"/> Communications Unit</p> <p><input type="checkbox"/> Facilities Unit</p> <p><input type="checkbox"/> Ground Support Unit</p> <p><input type="checkbox"/> Security Manager</p>	<p>The Demobilization Unit Leader will enter an “X” in the box to the left of those Units requiring the resource to check out.</p> <p>Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.</p>
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Block Number	Block Title	Instructions
6	<p>Finance/Administration Section</p> <p><input type="checkbox"/> Time Unit</p>	<p>The Demobilization Unit Leader will enter an “X” in the box to the left of those Units requiring the resource to check out.</p> <p>Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.</p>
	<p>Other Section/Staff</p> <p><input type="checkbox"/></p>	<p>The Demobilization Unit Leader will enter an “X” in the box to the left of those Units requiring the resource to check out.</p> <p>Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.</p>
	<p>Planning Section</p> <p><input type="checkbox"/> Documentation Leader</p> <p><input type="checkbox"/> Demobilization Leader</p>	<p>The Demobilization Unit Leader will enter an “X” in the box to the left of those Units requiring the resource to check out.</p> <p>Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.</p>
7	Remarks	<p>Enter any additional information pertaining to demobilization or release (e.g., transportation needed, destination, etc.). This section may also be used to indicate if a performance rating has been completed as required by the discipline or jurisdiction.</p>
8	Travel Information	Enter the following travel information:
	Room Overnight	Use this section to enter whether or not the resource or personnel will be staying in a hotel overnight prior to returning home base
	Estimated Time of Departure	Use this section to enter the resources or personnel's estimated time of departure (using the 24-hour clock).
	Actual Release Date/Time	Use this section to enter the resources or personnel's actual release date (month/day/year) and time (using the 24-hour clock).
	Destination	Use this section to enter the resource's or personnel's destination.
	Estimated Time of Arrival	Use this section to enter the resource's or personnel's estimated time of arrival (using the 24-hour clock) at the destination.
	Travel Method	Use this section to enter the resource's or personnel's travel method (e.g., POV, air, etc.).
	Contact Information While Traveling	Use this section to enter the resource's or personnel's contact information while traveling (e.g., cell phone, radio frequency,
	Manifest <input type="checkbox"/> Yes <input type="checkbox"/> No Number	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
	Area/Agency/Region Notified	Use this section to enter the area, agency, and/or region that was notified of the resource's travel. List the name (first initial and last name) of the individual notified and the date (month/day/year) he or she was notified.

9	Reassignment Information <input type="checkbox"/> Yes <input type="checkbox"/> No	Enter whether or not the resource or personnel was reassigned to another incident. If the resource or personnel was reassigned, complete the section below.
	Incident Name	Use this section to enter the name of the new incident to which the resource was reassigned.
	Incident Number	Use this section to enter the number of the new incident to which the resource was reassigned.
	Location	Use this section to enter the location (city and State) of the new incident to which the resource was reassigned.
	Order Request Number	Use this section to enter the new order request number assigned to the resource or personnel.

DEMOBILIZATION CHECK-OUT (ICS 221)

1. Incident Name: _____ 2. Incident Number: _____

3. Planned Release Date/Time: _____ 4. Resource or Personnel Released: _____ 5. Order Request Number: _____
 Date: Date _____ Time: HHMM _____

6. Resource or Personnel:
 You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).

LOGISTICS SECTION

	Unit/Manager	Remarks	Name	Signature
<input type="checkbox"/>	Supply Unit			
<input type="checkbox"/>	Communications Unit			
<input type="checkbox"/>	Facilities Unit			
<input type="checkbox"/>	Ground Support Unit			
<input type="checkbox"/>	Security Manager			
<input type="checkbox"/>				

FINANCE/ADMINISTRATION SECTION

	Unit/Leader	Remarks	Name	Signature
<input type="checkbox"/>	Time Unit			
<input type="checkbox"/>				
<input type="checkbox"/>				

OTHER SECTION/STAFF

	Unit/Other	Remarks	Name	Signature
<input type="checkbox"/>				
<input type="checkbox"/>				

PLANNING SECTION

	Unit/Leader	Remarks	Name	Signature
<input type="checkbox"/>				
<input type="checkbox"/>	Documentation Leader			
<input type="checkbox"/>	Demobilization Leader			

7. Remarks: _____

<p>8. Travel Information:</p> <p>Estimated Time of Departure: _____</p> <p>Destination: _____</p> <p>Travel Method: _____</p> <p>Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____</p>	<p>Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Actual Release Date/Time: _____</p> <p>Estimated Time of Arrival: _____</p> <p>Contact Information While Traveling: _____</p> <p>Area/Agency/Region Notified: _____</p>
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9. Reassignment Information: Yes No
 Incident Name: _____ Incident Number: _____

1. Incident Name:		2. Incident Number:	
3. Planned Release Date/Time: Date: _____ Time: HHMM		4. Resource or Personnel Released:	
5. Order Request Number:		5. Order Request Number:	
Location: _____		Order Request Number: _____	
10. Prepared by: Name: _____		Position/Title: _____	
Signature: _____		Signature: _____	
ICS 221		Date/Time: Date _____	

Closed POD Agency Closing Checklist

Upon completion of Closed POD operation or notification of Agency Demobilization, the Incident Commander or Designee will complete the following procedures.

Item	Subject	Completed
1	Notify Closed POD workforce of projected closing time	<input type="checkbox"/>
2	Instruct Closed POD workforce to complete all remaining operational tasks	<input type="checkbox"/>
3	Ensure all clients, staff and families (appropriate to your Closed POD Plan) have received medication and appropriate paperwork and instructions	<input type="checkbox"/>
4	Notify POD Manager that your Closed POD operations are complete and closing	
5	Ensure unused medications are placed in secure location until they are returned to RSS	<input type="checkbox"/>
6	Ensure all documentation has been completed including: <ul style="list-style-type: none"> <input type="checkbox"/> Closed POD Workforce sign in/out sheet <input type="checkbox"/> Inventory Tracking Sheet <input type="checkbox"/> Closed POD Final Summary Form 	<input type="checkbox"/>
7	Ensure space used for Closed POD operations is cleaned up and in pre-Closed POD order	<input type="checkbox"/>
8	Provide Closed POD workforce with final briefing including: <ul style="list-style-type: none"> ▪ Any updates from IC or POD Manager ▪ Any anticipated follow up activities ▪ An opportunity to discuss things that went well and opportunities for improvement to add to Closed POD Plan 	<input type="checkbox"/>
9	Contact POD Manger – Closed POD staff/liaison to confirm procedure for returning unused medications	<input type="checkbox"/>
10	Retain and store all completed documentation until further notice	<input type="checkbox"/>

Example of a Step-by-step MCM Demobilization Process

Below is an example of job duties and processes for demobilization. Planners should customize their own actions/duties that fit the scope of the local MCM event. These steps should be altered to properly fit your jurisdiction.

POD Closure

POD demobilization begins when the IC contacts the POD Manager directly to begin the demobilization process.

1. IC will contact the POD Manager to notify the location that operations at their POD will cease. IC will provide the time for closure of the POD. If this closure is the result of consolidation with another POD site, the IC will give the POD Manager specific instructions involving reporting to the secondary location, if any.
2. The POD Manager will receive word from the IC that operations at their POD are ceasing.
3. IC will announce the time of POD closure.
4. The POD Manager will hold a brief with the POD Command Staff and Section Chiefs to relay the news of closure.
The POD IC will request the Operations Section let them know the approximate number of individuals left in line at the POD. Based on this number, the POD IC can estimate the amount of time needed (using average throughput numbers) to service the remainder of POD clientele physically in the POD. This information will be relayed back to the IC for county-wide coordination of POD operations and closures.
5. The Section Chiefs will hold a briefing with their leads regarding POD closure and steps their sections should take to prepare for this closure.
6. The Operations Section will close the entrance to the POD and place a sign on the door stating that operations have ceased and will give the location of the nearest open POD. If all POD operations have ceased county-wide, the sign will give the location of the nearest medical center.
7. When the final POD client has exited the POD, all exits and entrances will be closed.
8. Each section will begin to consolidate any paperwork they have accumulated during POD operations for submission to the Planning Section.
9. As each section wraps up their cleanup operations, they will assist other sections as needed until all POD sections have been packed up.
10. All medications should be counted and returned to their packaging and original boxes for return to the RSS (or Austin Central Office).
11. All unused/reusable supplies should be returned to their original packaging or housing and returned to the Logistics Section who will repack the POD supplies provided at the beginning of POD Operations.

- 12.** The Logistics Sections will document any non-reusable, broken, or damaged POD items on the Unit Log Form.
- 13.** No paperwork or supplies which contain sensitive or classified data should be left or discarded at the POD.
- 14.** Volunteers and staff should ensure paperwork and forms are collected and submitted to the Planning Section.
- 15.** A final sweep of the POD should be done to ensure that all equipment, supplies, documentation, and medications have been loaded for return to the RSS (or Austin Central Office). The Section Chiefs should assist the POD Manager in conducting a final check of POD conditions for damage that may have been done to the POD during operations. This should be notated on the Unit Log Form for the POD and given to the Planning Section.
- 16.** Prior to staff and volunteers being released, the Planning Section Chief will conduct a Hot wash/Debrief.
- 17.** All staff and volunteers will check out with the Planning Section prior to exiting the POD.
- 18.** If the closure is the result of consolidation with another POD, all above will be followed and these additional steps will be taken:
- 19.** POD staff and volunteers will report to the new POD assignment and check in with the Planning Staff there.
- 20.** Any supplies or medications brought to the new location to support operations must be accounted for and a chain of custody form should be completed and faxed or emailed to IC.
- 21.** Any POD staff or volunteer that cannot support the new POD location for any reason should indicate so immediately upon assignment to the new POD so the POD manager can notify IC of the staff numbers.

**Texas Department of State Health Services (DSHS) Health Service Region
(HSR) State Stock Medical Countermeasures (MCM) Return Form**

Date:

HSR #: 1 2/3 4/5N 6/5S 7 8 9/10 11

Name of Individual Completing this Form:

Name of location where inventory is to be picked up:	
Address of location where inventory is to be picked up:	
Point of Contact (POC) at location where inventory is to be picked up:	
POC telephone number:	
List the title and number of <u>FULL, UNBROKEN CASES</u> for pick up and return to DSHS:	EXAMPLE [Tamiflu 75 mg: 18 boxes]
	EXAMPLE [Amoxicillin 100 mg: 25 boxes]
Number of <u>BROKEN CASES</u> for pick up and return to DSHS*:	
Number of pallets**:	
Any special instructions for delivery driver:	

***Please consolidate product into the least number of cases (product can be mixed within a case).**

****Please palletize product (product can be mixed on a pallet).**

Contributors

This section provides a list of organizations and individuals who contributed to the development of this document.

This plan could not have been developed without the participation and collaboration of representatives from multiple organizations.

Agency	Name
Cherokee County Public Health	Sidney E. Reilly
City of Port Arthur Public Health	Martha Simien
Fort Bend County Health and Human Services	David Olinger
Harris County Public Health	Nathan Vessey
DSHS – HSR 2/3	Lupe Torres
DSHS – HSR 4/5	Calvin Nicholson
DSHS – HSR 4/5	Kim Friend
DSHS – HSR 6/5S	Lanny Brown HSR 6/5S Regional SNS Workgroup Members (multi-jurisdictional)
DSHS – HSR 11	Monica Espinoza
DSHS – Central Office	Bryan Damis
DSHS – Central Office	Calandra Bradford
DSHS – Central Office	Daniel Walker
DSHS – Central Office	Michael McElwain (retired)
DSHS – Central Office	Michael Poole
DSHS – Central Office	Robert Kirkpatrick

For More Information

For more information on this guidance contact Daniel Walker, Asst. State Strategic National Stockpile Coordinator, at Daniel.Walker@dshs.state.tx.us.

Please direct general questions to Michael Poole, State Strategic National Stockpile Coordinator, at Michael.Poole@dshs.state.tx.us.

<http://www.dshs.state.tx.us/>