

TUSCARAWAS COUNTY HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.

APPENDIX 1 – INITIAL ASSESSMENT FORM

DOCUMENT DESCRIPTION

This appendix contains the form for TCHD response personnel to utilize when assessing an incident to determine the need to activate the Emergency Response Plan.

THIS PAGE INTENTIONALLY LEFT BLANK

TCHD/NPCHD INITIAL INCIDENT ASSESSMENT FORM

Date Prepared:

First person to identify need for assessment:

Director or Designee

Health Commissioner or Designee

Incident Name:

List other incident assessment participants:

INCIDENT SUMMARY: *(Include how notification occurred, timeline of events, media involvement, key unknowns, & credibility of information, etc.)*

PUBLIC HEALTH IMPACT(S)

What are the impacts of the incident to public health and healthcare?

How many are affected? What is the location? Any population characteristics?

Please list any details on the agent, illness, hazard, etc. (what is it, and what does it do):

Is there expected growth or change over time? If so, please describe the changes and specify the time period:

What mitigation measures are being taken, and are there any existing challenges to the mitigation?

SITUATION OVERVIEW *(What is happening?)*

What agencies are involved?

What staff and resources are committed? What is the location(s) of these resources?

Has there been a request for TCHD or NPCHD assistance or guidance? Is such a request anticipated?

Any additional information that aids in the overall picture of the incident?

TCHD/NPCHD INITIAL INCIDENT ASSESSMENT FORM

Date Prepared:

RESPONSE REQUIREMENTS

How many staff need to be assigned to the response? For how long? During what hours? What location(s) need to be staffed? What functions need to be staffed? From which program area(s)?

What are the communication needs of the incident?

What coordination is needed with partners (local and state)?

What support is needed from TCHD or NPCHD or other program areas?

Based upon the activation table, what is the recommended activation level?

Based upon the opinion of engaged Subject Matter Experts (SMEs), is activation recommended and at what level?

Type 5 (Routine Incident)

- Day-to-day SOPs
- Programmatic resources are sufficient.

Type 4 (Small to Moderate Scale Incident)

- One county jurisdiction is affected
- Response may be handled without (or require limited) regional / outside assistance or resources.
- The incident may escalate and require regional/outside assistance if not addressed early in the incident cycle.

Type 3 (Moderate to Large Scale Incident)

- One or more county jurisdictions are affected
- Response may require coordination across jurisdictions
- The incident may escalate and require regional/state assistance if not addressed early in the incident cycle.

Type 2 (Large Scale/Complex Incident)

- One or more regions (and/or states) are affected
- Response requires coordination from regional, cross regional and state level to ensure an integrated response.
- The incident is expected to escalate.

Type 1 (National Incident)

- The region, state, and/or nation are affected
- Response requires coordination from both a regional, cross regional, state, and federal level
- Federal assistance required based on incident complexity.

ACTIVATION LEVEL:

ACTIVATION DECISION:

DOC ACTIVATION (Yes or No)

Command or Coordination

Command or Coordination:

Incident Commander Name:

Department Coordinator Name:

Signature of IC/DC:

Signature of Alerting Director or Health Commissioner if activation is deemed not necessary:

Prepared by:
(name and position)