

# TUSCARAWAS COUNTY HEALTH DEPARTMENT



**Public Health**  
Prevent. Promote. Protect.

## APPENDIX 2 – SITUATION REPORT (SIT-REP) & SHIFT CHANGE REPORT PROCEDURES

### DOCUMENT DESCRIPTION

This template is to be used for Situation Reports (Sit-Reps) as well as a vehicle to pass along key information at shift changes.

This report is to be created by the Planning Section Chief. In the event a Planning Section Chief has not been appointed, the Incident Commander or Department Commander will be responsible for designating someone to complete it.

## SITUATION REPORTS (SIT-REPS)

In general, situation reports (SITREP) will be produced regardless of activation level, however the extent of content will vary depending on the operational complexity, scale, and length of the response. For response operations that require lower numbers of resources (both staff and materials), a short yet concise SITREP will be produced. For larger scale responses, the SITREP may include more defined response information as it relates to goals and objectives, communications, staffing, schedules, and background information. In addition to these core SITREP informational elements, incident specific information will be added based on the informational needs of the incident response.

## SHIFT CHANGE REPORTS

Shift change reports are essentially sit-reps that are provided to all responders at the beginning of their shift to foster situational awareness of the current state of the operational response activities.

## DISTRIBUTION

Copies of these reports will be sent electronically to TCHD and NPCHD Leadership staff, directors and operational staff for their situational awareness. In addition, SITREPs will be sent electronically to the PHEP Coordinator. Hardcopies of SITREPs will also be available in the TCHD DOC, if the DOC is active. At the discretion of the TCHD Department Commander, any SITREP may be forwarded electronically to the TC EMA, NECO, or neighboring LHDs, or other federal, state or local partners for their situational awareness and to foster a common operating picture. Additional SITREP recipients will be based on a per-incident basis, based upon their informational needs and to maintain effective and efficient response coordination among partner responding agencies. These additional recipients will be identified by the staff responsible for disseminating the SITREPs, through discussion with Public Information, the IC/DC, and operational staff.

SITREPs frequency is detailed in the table below.

<b>Activation Level</b>	<b>SITREP Frequency</b>
<b>Type 5, Type 4</b>	At least daily
<b>Type 3</b>	At least at the beginning and end of each operational period
<b>Type 2, Type 1</b>	At least at the beginning, the middle, and the end of each staff shift or operational period, whichever is more frequent



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Today's Date: \_\_\_\_\_

Sit Rep / Shift Change Report

Time of Report: \_\_\_\_\_

*The information contained in this report is current as of the above date and time.*

Incident Name: _____	
Report Prepared By: _____	Title: _____
<b>Shift Date and Time (if used as a shift change report)</b>	
Start Date: _____	Start Time: _____
End Date: _____	End Time: _____
<b>Current Organization</b>	
IC/DC: _____	Ops: _____
Safety: _____	Planning: _____
PIO: _____	Logistics: _____
Liason: _____	Finance: _____
Other: _____	
<b>Current Threats and Concerns</b>	
<b>Significant Activities that Occurred Since Last SitRep or During Shift</b>	
<b>Status of Objectives (Actions completed since last report)</b>	
<b>Current Objectives and Projected Completion Time</b>	
_____	_____
_____	_____
_____	_____
_____	_____
<b>Resources Assigned</b>	
<b>Resources Ordered or Enroute</b>	

<b>Significant Events, Decisions, Priorities for Next Shift</b>		
<b>Incident Prognosis</b>		
<b>Communications Plan</b>		
<b>Safety Plan and Guidance</b>		
<b>Analysis of Access and Functional Needs</b>		
<b>Health Care Facilities Status</b>		
<b>Epidemiology Syndromic Surveillance Summary</b>		
<b>Environmental Health Summary</b>		
<b>DISTRIBUTION</b>		
<input type="checkbox"/> TCHD/NPCHD Leadership	<input type="checkbox"/> IC/DC	<input type="checkbox"/> _____
<input type="checkbox"/> Division Directors	<input type="checkbox"/> DOC	<input type="checkbox"/> _____
<input type="checkbox"/> PHEP Coordinator	<input type="checkbox"/> NECO	<input type="checkbox"/> _____