

APPENDIX E: PRE-DEPLOYMENT BRIEFING FORM (3-PART NCR FORM)

Pre-Deployment Briefing

Each incident is unique and will require specific briefing, instructions and preparation. This Pre-Deployment Briefing Form includes sections to be completed by the Responding Party, others to be completed by the Requesting Party, and some sections must be completed by both Requesting and Responding Parties. This form must be completed with copies retained by the Requesting Party, Responding Party and Responding Personnel, prior to the Responding Personnel leaving the staging area.

ASSIGNMENT SUMMARY (RESPONDING PARTY)

Mission #		
Name of Deploying Personnel		
Who to Contact In Case of Emergency During Deployment		
<p>Assignment. This section includes information currently available regarding your assignment. Information may be incomplete, or may change as the incident progresses. Timing and conditions for deployment from the staging area can change.</p>		
1.	Jurisdiction Being Deployed To	
2.	Brief Incident Description	
3.	Expected Operating Environment and Conditions	
4.	Assignment Details (See ICS Form 204)	

5.	Address and Location to Check In	
6.	Name of Person to Report To and Contact Information	
7.	Scheduled Time and Date to Check In	
8.	Expected Duration of Assignment	
9.	Backup Contact Information	Cellular phone communications may not be available. (If specific information regarding cell phone service is available, it will be listed below.) Please provide your family the following contact information, if they have an urgent need to communicate with you while you are deployed.
10.	<input type="checkbox"/>	
11.	<input type="checkbox"/>	
12.	<input type="checkbox"/>	
13.	<input type="checkbox"/>	

GENERAL PRE-DEPLOYMENT INFORMATION (RESPONDING PARTY)

<p>General Information. This section includes general information currently available regarding deployment. Information may be incomplete, or may change as the incident progresses. Timing and conditions for deployment from the staging area can change.</p>		
17.	<input type="checkbox"/>	<p>Responding Party will continue to be the Responding Personnel’s employer even though the personnel will report to someone at the Requesting Party’s location - Responding Party has provided Responding Personnel with copies of personnel policies, procedures, and forms for reporting injuries.</p>
18.	<input type="checkbox"/>	<p>Responding Party Personnel remain under the control of the Responding Party up to arrival at the Requesting Party’s staging area. Upon arrival at the Requesting Party’s staging area and check in, <u>operational control</u> of Responding Party Personnel transfers to the Requesting Party. (<u>Clinical supervision</u> for medical personnel provided by the Responding Party will be provided by the Responding Party’s Public Health Officer unless the Responding Party’s Public Health Officer delegates such supervision to the Requesting Party’s appropriately licensed medical provider – see #19 below.)</p>
19.	<input type="checkbox"/>	<p>All <u>medical</u> personnel provided by the Responding Party will be under the <u>clinical supervision</u> of the Responding Party’s Public Health Officer unless the Responding Party’s Public Health Officer delegates such supervision to the Requesting Party’s appropriately licensed medical provider - if Requesting and Responding Parties agree to supervision of Responding Party medical personnel by the Requesting Party’s appropriately licensed medical provider, this will be documented in writing and provided to Responding Personnel.</p>
20.	<input type="checkbox"/>	<p>The Requesting and Responding Parties intend to follow the National Incident Management System’s “Incident Command System” when such system is activated</p>
21.	<input type="checkbox"/>	<p>Each individual’s safety is paramount, and he or she can refuse a requested action if his or her health or safety are in imminent risk</p>
22.	<input type="checkbox"/>	<p>Responding personnel will be covered by Responding Party’s Worker’s Compensation coverage, and will be provided documentation regarding the nature of the coverage, incident report procedures, etc. – provide information on Worker’s Compensation coverage</p>
23.	<input type="checkbox"/>	<p>Responding personnel must keep accurate time records, which will be used to request reimbursement from the Requesting Party (or other potential sources of reimbursement) once the emergency has been resolved, if reimbursement is applicable – Responding personnel will be provided a time-keeping form to use</p>
24.	<input type="checkbox"/>	<p>Responding personnel must keep track of resources they are deployed with, to assure documentation for reimbursement – see ICS Form 219</p>

25.	<input type="checkbox"/>	Responding personnel will be required to practice universal precautions in all response activities – personnel who have not received training in universal precautions or feel they need additional training must notify Responding Party immediately, prior to deployment. Responding Party may provide Just-In-Time Training or cancel personnel’s deployment.
26.	<input type="checkbox"/>	Food. Although it is the responsibility of the Requesting Party to provide food to all personnel, Responding personnel who have specific food restrictions should bring supplies to meet your needs throughout the duration of the assignment. Responding personnel must notify the individual conducting pre-deployment briefings immediately, to assure appropriate accommodations regarding storage, refrigeration, etc. can be provided by the Requesting Party.
27.	<input type="checkbox"/>	Medications. You should bring sufficient supplies of required medications to cover your assigned deployment. If these require specific storage, refrigeration or other needs, please discuss this with the individual conducting pre-deployment briefings immediately, to assure appropriate accommodations can be provided by the Requesting Party.
28.	<input type="checkbox"/>	Communications. Cellular phone communications may not be available. (If specific information regarding cell phone service is available, it will be listed below.) Please provide your family the following contact information, if they have an urgent need to communicate with you:
29.	<input type="checkbox"/>	Expenses. Responding Personnel must maintain copies of receipts and other documents evidencing costs incurred. All original receipts for expenses should be labeled as expenses occur for ease of reference, and maintained in a folder throughout deployment.
30.	<input type="checkbox"/>	
31.	<input type="checkbox"/>	
32.	<input type="checkbox"/>	
33.	<input type="checkbox"/>	

WHAT TO BRING (RESPONDING PARTY)

<p>What to Bring. Every incident is unique and conditions can change quickly. The following list provides information on some of the items you should take with you on your assignment, based on the information available at this time. This list is not meant to be all-inclusive and needs are expected to change as the response proceeds.</p>		
34.	<input type="checkbox"/>	<p>All documentation provided as part of pre-deployment briefings, including but not limited to:</p> <ul style="list-style-type: none"> • Completed Responding Party Pre-Deployment Briefing Form (this form) • Responding Party form for tracking hours worked during deployment (timesheet) • Expense/travel reimbursement form • Inventory of equipment and other resources responsible for hand-delivering, if any (See ICS Form 218)
35.	<input type="checkbox"/>	<p>Identification documents, included but not limited to:</p> <ul style="list-style-type: none"> • Driver's license or state-issued photo ID • Employer/Agency ID (if applicable) • Professional credentials (if applicable)
36.	<input type="checkbox"/>	<p>Sufficient funds and/or personal methods of payment for travel expenses and incidentals for the duration of deployment</p>
37.	<input type="checkbox"/>	<p>All equipment and other resources assigned to you for carrying out your assignment and/or to deliver to the Requesting Party, including equipment- and resource-specific documentation and tracking forms (See Form ICS 218 and ICS 219s)</p>
38.	<input type="checkbox"/>	<p>Food. Although it is the responsibility of the Requesting Party to provide food to all personnel, if you have specific food restrictions, you should bring supplies to meet your needs. Please discuss this with the individual conducting predeployment briefings immediately, to assure appropriate accommodations regarding storage, refrigeration, etc. can be provided by the Requesting Party.</p>
39.	<input type="checkbox"/>	<p>Medications. Bring sufficient supplies of required medications (prescription and non-prescription) you will need to cover your assigned deployment. If these require specific storage, refrigeration or other needs, please discuss this with the individual conducting predeployment briefings immediately, to assure appropriate accommodations can be provided by the Requesting Party.</p>
40.	<input type="checkbox"/>	
41.	<input type="checkbox"/>	

42.		
43.		
44.		
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47.		
48.		
49.		
50.		

REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE) (RESPONDING PARTY AND REQUESTING PARTY)

<p>Required Personal Protective Equipment (PPE). Requesting and Responding Parties have jointly determined the following Personal Protective Equipment (PPE) is required for your assignment. This checklist identifies the required PPE and designates whether the Requesting Party or Responding Party will provide the PPE. Furthermore, it serves as confirmation that Responding Personnel have received PPE provided by the Responding Party and Requesting Party, prior to deployment. This form will be used during the Responding Party's Pre-Deployment Briefing conducted before Responding Personnel initiate travel to the assignment, and during the Requesting Party's Briefing conducted before Responding Personnel leave the designated staging area. The form must be completed and signed in full before Responding Personnel leave the designated staging area.</p>		
<p>Initials of Requesting Party Representative Completing Briefing</p>	<p>Initials of Responding Party Representative Completing Briefing</p>	<p>Requesting and Responding Parties have jointly determined you DO NOT REQUIRE PPE for your assignment.</p> <p>(NOTE: If this item is selected, the Responding Party Representative conducting the predeployment briefing and the Requesting Party Representative releasing Responding Personnel from the staging area must initial in the adjacent box, leave boxes below blank, and complete the signature boxes below.)</p>
<p>Requesting Party <input type="checkbox"/></p>	<p>Responding Party <input type="checkbox"/></p>	
<p>Requesting Party <input type="checkbox"/></p>	<p>Responding Party <input type="checkbox"/></p>	
<p>Requesting Party <input type="checkbox"/></p>	<p>Responding Party <input type="checkbox"/></p>	
<p>Requesting Party <input type="checkbox"/></p>	<p>Responding Party <input type="checkbox"/></p>	
<p>Requesting Party <input type="checkbox"/></p>	<p>Responding Party <input type="checkbox"/></p>	
<p>Requesting Party <input type="checkbox"/></p>	<p>Responding Party <input type="checkbox"/></p>	

Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	
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Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	
Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	

PPE ASSIGNMENT AND RECEIPT CONFIRMATION (RESPONDING PARTY AND REQUESTING PARTY)

I have reviewed the above list of required Personal Protective Equipment with the Personnel Deploying. I have dispensed to the Personnel Deploying all PPE listed above as provided by the Responding Party and confirmed they have received training on proper use.			
Name of Responding Party Representative Conducting Briefing			
Signature		Date	

I understand the above listed PPE is required for my assignment. I acknowledge that I have received all PPE listed above as provided by the Responding Party, and that I have received training on proper use. Upon reporting to the Requesting Party, I will request PPE listed above as provided by the Responding Party, when I report for duty. I understand that, if I have not received training in any of the assigned PPE or feel I need additional training, I must notify the Requesting Party immediately, prior to leaving the staging area. Requesting Party may provide Just-In-Time Training or cancel my deployment.			
Name of Responding Party Personnel Deploying			
Signature		Date	

I have reviewed the above list of required Personal Protective Equipment with the Personnel Deploying. I have dispensed to the Personnel Deploying all PPE listed above as provided by the Requesting Party and confirmed they have received training on proper use.			
Name of Requesting Party Representative Conducting Check In			
Signature		Date	

I understand the above listed PPE is required for my assignment. I acknowledge that I have received all PPE listed above as provided by the Requesting Party, and that I have received training on proper use. I understand that, if I have not received training in any of the assigned PPE or feel I need additional training, I must notify the Requesting Party immediately, prior to leaving the staging area. Requesting Party may provide Just-In-Time Training or cancel my deployment.			
Name of Responding Party Personnel Deploying			
Signature		Date	

REQUIRED VACCINATIONS AND/OR MEDICAL COUNTERMEASURES (MCM) (RESPONDING PARTY AND REQUESTING PARTY)

Required Vaccinations and/or Medical Countermeasures (MCMs). Requesting and Responding Parties have jointly determined the following vaccinations and/or medical countermeasures (MCMs) are required for your assignment. This checklist identifies the required vaccinations and/or MCMs and designates whether the Requesting Party or Responding Party will provide them. Furthermore, it serves as confirmation that the Responding Party has documentation of any requirement marked as “current”. This form will be used during the Responding Party’s Pre-Deployment Briefing conducted before Responding Personnel initiate travel to the assignment, and during the Requesting Party’s Check In conducted before Responding Personnel leave the designated staging area. The form must be completed and signed in full before Responding Personnel leave the designated staging area.

<input type="checkbox"/>	Initials of Requesting Party Representative Completing Check In	Initials of Responding Party Representative Completing Briefing	Requesting and Responding Parties have jointly determined you DO NOT REQUIRE VACCINATIONS AND/OR MEDICAL COUNTERMEASURES for your assignment. (NOTE: If this item is selected, the Responding Party Representative and Requesting Party Representative must initial in the adjacent box, leave boxes below blank, and complete the signature boxes below.)	
Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details
Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details
Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details
Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details
Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details

Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details
Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details
Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details
Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details
Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details
Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details
Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details
Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details
Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details
Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details

VACCINATION AND MEDICAL COUNTERMEASURE ADMINISTRATION AND RECEIPT
 CONFIRMATION (RESPONDING PARTY AND REQUESTING PARTY)

I acknowledge that I have verified documentation of all items marked as “current” above. Additionally, I acknowledge all vaccinations and MCM listed above as provided by the Responding Party have been administered to the Personnel Deploying and confirm they have been briefed and provided relevant vaccine and drug information sheets.

Name of Responding Party Representative Conducting Briefing			
Signature		Date	

I understand the above listed vaccinations and/or medical countermeasures (MCMs) are required for my assignment. I acknowledge that I have received all vaccinations and/or MCMs listed above as provided by the Responding Party, and that I have been briefed and received relevant vaccine and/or drug information sheets. Upon reporting to the Requesting Party, I will request vaccinations and/or MCMs listed above as provided by the Requesting Party, when I report for duty and prior to leaving the staging area.

Name of Responding Party Personnel Deploying			
Signature		Date	

I acknowledge all vaccinations and MCM listed above as provided by the Requesting Party have been administered to the Personnel Deploying and confirm they have been briefed and provided relevant vaccine and drug information sheets.

Name of Requesting Party Representative Conducting Check In			
Signature		Date	

I understand the above listed vaccinations and/or MCMs are required for my assignment. I acknowledge that I have received all vaccinations and/or medical countermeasures listed above as provided by the Requesting Party, and that I have received relevant vaccine and/or drug information sheets.

Name of Responding Party Personnel Deploying			
Signature		Date	

CHECK IN (REQUESTING PARTY)

<p>Check In. Responding Personnel will check in with the Requesting Party and exchange information prior to leaving the staging area.</p>		
51.	<input type="checkbox"/>	<p>Verify Responding Party Personnel ID. The Requesting Party will have all Responding Party personnel sign in and show their agency badges, photo IDs, and any required certification or licensure documentation, when they present for duty. Requesting Party will cross-check personnel who present for duty with the List of Deployed Personnel provided by the Responding Party.</p>
52.	<input type="checkbox"/>	<p>Provide Responder ID Badges. The Requesting Party will provide ID badges specific to the Mission for all responders, to facilitate easy identification by members of the public and other responders.</p>
53.	<input type="checkbox"/>	<p>Receive equipment and supplies from Responding Party. The Requesting Party will receive, handle, store and stage all resources received from the Responding Party, according to Responding Party's instructions. Requesting Party will cross-check equipment and supplies with the provided by the Responding Party.</p>
54.	<input type="checkbox"/>	<p>Provide Training/Orientation. The Requesting Party will provide overview, orientation, and just-in-time training, as needed, to the Responding Personnel, prior to deploying responders to assignments. Information will include, but not be limited to: details of individual assignments, situational awareness, site maps, etc.</p>
55.	<input type="checkbox"/>	<p>Confirm Arrival of Responding Personnel and Receipt of Resources With Responding Party</p>
56.	<input type="checkbox"/>	
57.	<input type="checkbox"/>	
58.	<input type="checkbox"/>	
59.	<input type="checkbox"/>	
60.	<input type="checkbox"/>	