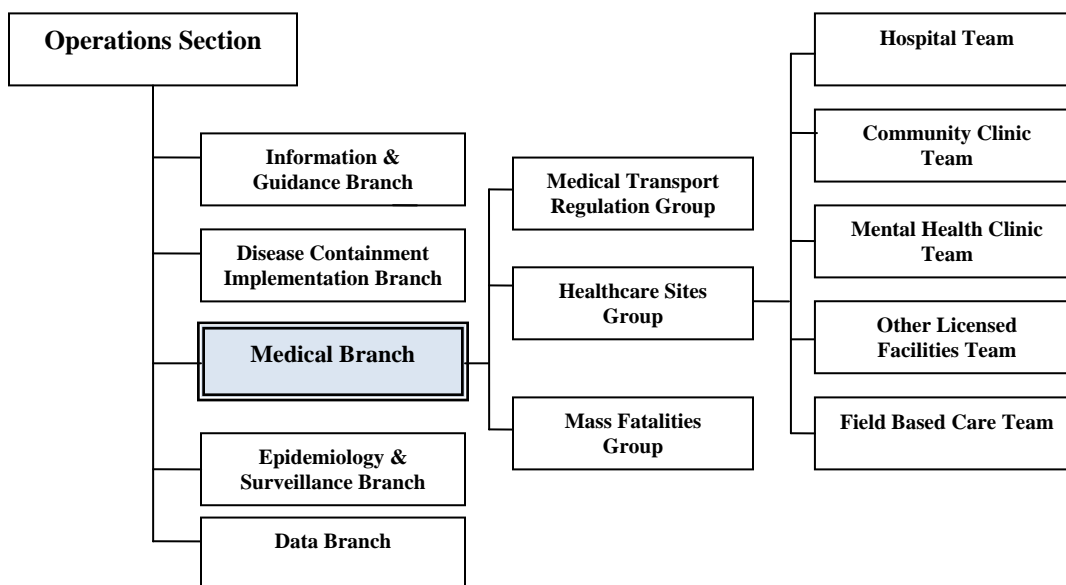


18. MEDICAL BRANCH

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Medical Branch is to coordinate with local medical care systems (e.g. hospitals, clinics, etc.) This will involve a high degree of coordination with emergency medical services (EMS), hospitals, clinics and others. Branch objectives include:

- Monitor and assess patient saturation and facility operational status at hospitals and other healthcare sites.
- Coordinate standards of care for patients affected by the infectious disease agent.
- Coordinate standards of care for infection control.
- Monitor and coordinate resource requests from healthcare sites with the Logistics Section.
- Forecast trends in supply and demand for healthcare services and resource needs.
- Support casualty management including triage, treatment, and transportation.
- Designate and manage alternate care and/or shelter sites as needed.
- Coordinate with the Medical Examiner's Office to effectively manage mass fatalities (if applicable).

b. Methods

Methods used by the Medical Branch include but are not limited to:

Monitoring Medical Transport Systems. Monitor operational status and deployment of ambulances; forecast need for additional transportation resources.

Monitoring of Healthcare Facilities: Assess and monitor the capacity and resource needs of hospitals, clinics and other healthcare sites; coordinate with mental health services if needed; ensure consistent communications through regular conferencing with identified facility points-of-contacts.

Management of Alternate Care/Shelter Sites: activate and provide management of free standing alternate care sites including Field Treatment Sites, Field Care Clinics, and/or other sites for mass casualty treatment and/or shelter.

Management of Mass Fatalities: Collaborate and consult with the Medical Examiner’s Office on the management of human remains; provide public health and medical advice to the Medical Examiner’s Office concerning spread of disease from corpses; support the recovery of human remains; assist in identifying and inspecting sites where bodies can be temporarily stored.

Consult the Medical Branch modules for more details on these methods.

C. IMPLEMENTATION

Consider activating the Medical Branch for all infectious disease emergency response activations.

Upon activation, the Medical Branch will be briefed on the outbreak and the operational objectives. Primary activities include monitoring medical transport systems, monitoring and assessing hospital activity and saturation, and anticipating and supporting hospitals’ resource requests. Certain scenarios may also require the management of free standing alternate care sites and/or management of mass fatalities. Medical treatment activities will involve coordinated operations with other public health and public safety agencies including emergency medical services (EMS.)

Functions of the Medical Branch:

- Identify methods to ensure that medical treatment systems are appropriately supported throughout the response.
- In coordination with the Operations Section Chief, ensure that the Policy Group and Incident Commander have approved all medical treatment activities and decisions.
- Meet with Group Supervisors as least once per operational period and address implementation issues as necessary.
- Forward updates and personnel and supply requests to Command Staff and other Sections as needed.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Critical Skills	Minimum No. of Employees	Location
Medical Branch Director	Supervise activities, assign responsibilities, orient staff and serve as a resource to staff	EMS management experience or knowledge of EMS policies and procedures	1	DOC
Administrative Staff	Perform administrative duties – assist with completion of ICS forms, taking notes at meetings, answering phone, other duties			DOC

E. REPORTING

The Medical Branch Director reports directly to the Operations Section Chief.

F. DELIVERABLES

The Medical Branch is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Response documents and/or products assigned to active modules within the Branch

G. RESOURCES

The following resources can be utilized to implement operations:

a. Protocols, forms, and guidelines, and MOUs

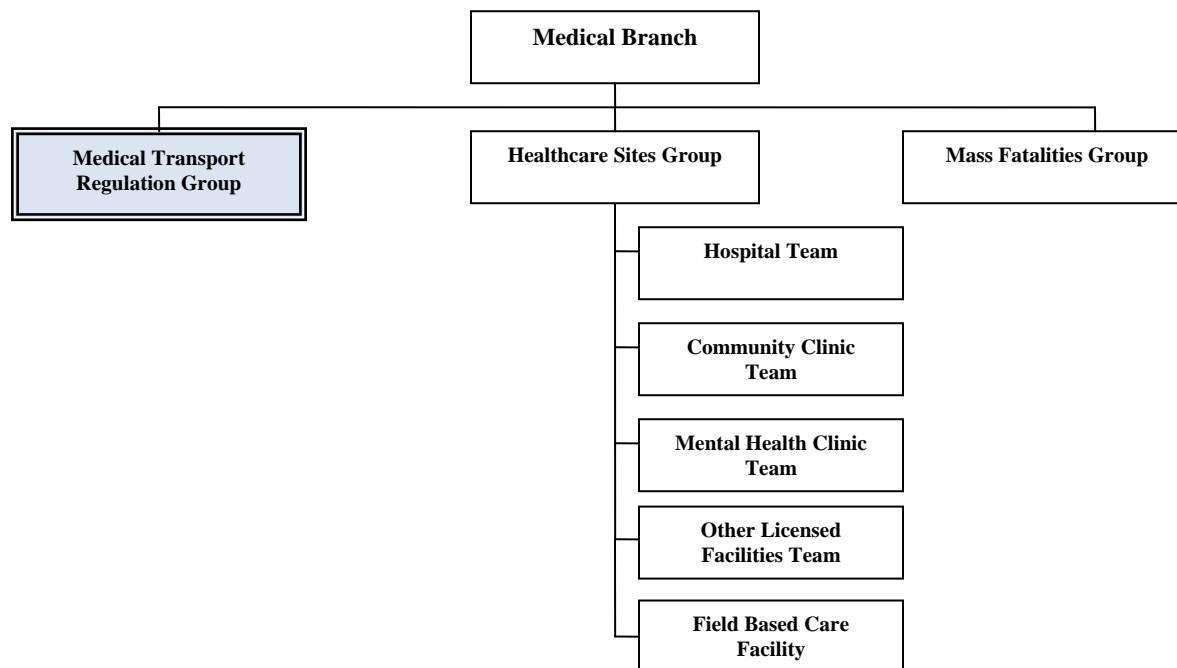
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Medical Treatment	Appendix H
San Francisco Health and Medical Contact Information	Appendix H1

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
Copy machine access	1	Logistics

19. MEDICAL TRANSPORT REGULATION GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Medical Transport Group is to ensure that adequate resources are available for the safe transport of victims and other patients to medical treatment sites throughout the course of the IDER activation. Objectives include:

- Monitor operational status and deployment of resources including ambulances and other medical transport systems.
- Determine whether there is a need for medical transport mutual aid from outside of San Francisco city and county and if so, coordinate with the EOC to obtain mutual aid.

b. Methods

Methods employed by the Medical Transport Group may include:

Ambulance provider disaster status reports. Reports include the provider name and contact information, operational status of provider, number and status of ambulances, Emergency Medical Service (EMS) staff currently on duty and available in four hours. Reports should be obtained at the start of the disaster incident. The DOC Incident Commander will determine the frequency of updates.

Monitor deployment of ambulance resources. Coordinate with the Emergency Communications Department, which is the primary public safety answering point for the 911 system, to monitor the deployment of ambulance resources.

Requests for mutual aid: In coordination with the EOC, requests for medical transport mutual aid may be made if deemed necessary.

C. IMPLEMENTATION

Activate the Medical Transport Regulation Group if the event stresses, or is anticipated to stress, the medical transport systems.

During an emergency the Emergency Communications Department (ECD) manages the minute-by-minute deployment of ambulance resources. The Medical Transport Group is charged with maintaining situational awareness of medical transport resources (ambulance resources and EMS staffing) through coordination with the ECD, ambulance providers (including the San Francisco Fire Department) and the EOC, if activated.

The following are Advanced Life Support Ambulance Providers for San Francisco:

- American Medical Response
- King American Ambulance
- San Francisco Fire Department
- National Park Service

The following are Basic Life Support Ambulance Providers for San Francisco:

- Bayshore Ambulance
- St. Joseph’s Ambulance

Further details about methods and functions of the Medical Transport Group are included in the DPH Emergency Operations Plan (9/02) – see Tab E: Reporting/Communicating with Hospitals/Other Licensed Providers.

Functions of the Medical Transport Group include:

- Receive disaster status reports from ambulance providers
- Ensure that ambulance provider status information is posted on DOC and/or EOC status boards
- Ensure that policy decisions regarding strategies for medical transport are approved by the Policy Group and/or Incident Commander
- If necessary, ensure that requests for mutual aid are coordinated with the EOC

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Job Classification (Critical Skill)	No. of Employees	Location
Medical Transport Group Supervisor	Oversee implementation of Medical Transport Group methods and strategies	EMS management staff; familiarity with EMS operations	1	DOC
Medical Transport Group Member	Assist with implementation of identified methods and strategies			DOC

E. REPORTING

The Medical Transport Group Supervisor reports directly to the Medical Branch Director.

F. DELIVERABLES

The Medical Transport Group is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Response documents and/or products assigned to active modules within the Group

G. RESOURCES

The following resources can be utilized to implement operations:

a. Protocols, forms, and guidelines, and MOUs

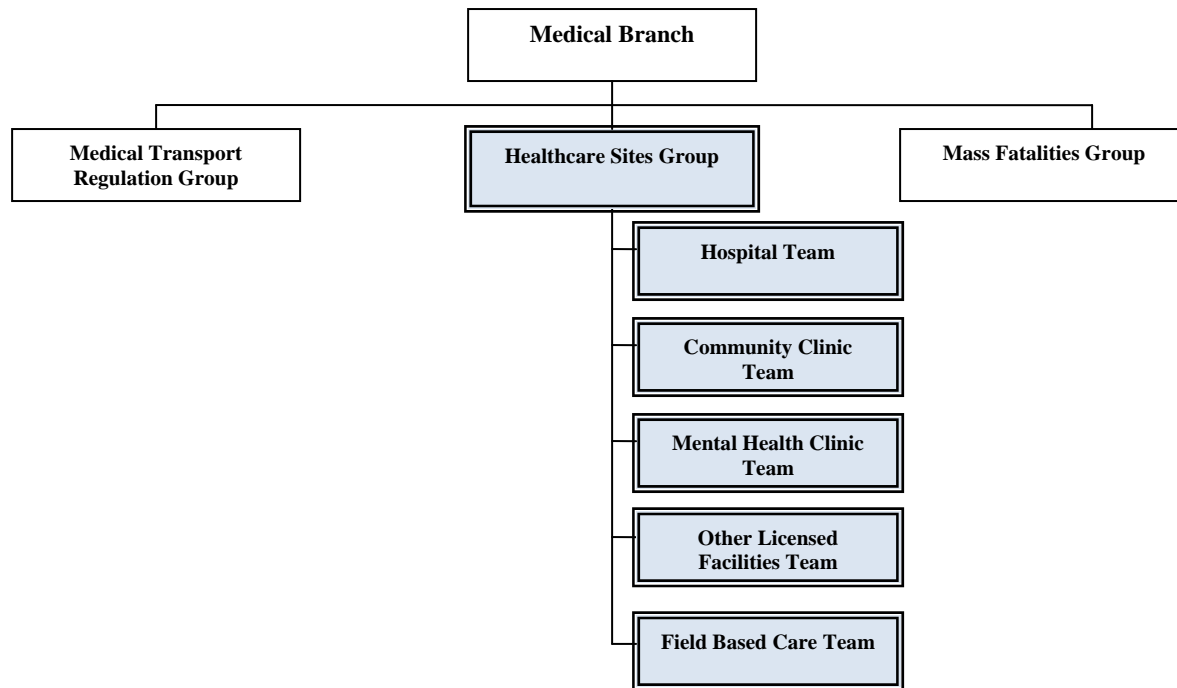
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Medical Treatment	Appendix H
San Francisco Health and Medical Contact Information	Appendix H1

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
Copy machine access	1	Logistics

20. HEALTHCARE FACILITIES GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Healthcare Facilities Group is to ensure that safe and appropriate care is provided to victims, patients and family members throughout the infectious disease emergency response. This will involve coordination and cooperation with Emergency Medical Services (EMS), hospitals, clinics, and others. The Group objectives include:

- Monitor and assess operational status from area hospitals and other healthcare sites
- Forecast trends in supply and demand for healthcare services and determine resource needs
- Coordinate community standards of care for patients affected by the infectious disease agent.
- Coordinate community standards of care for infection control.
- Coordinate with EMS and provide support for casualty management.
- If necessary, link and coordinate with mental health facilities to ensure that patients and family members are appropriately treated.
- Identify, designate and manage alternate care and/or shelter sites as needed.

b. Methods

Methods and strategies for the Healthcare Facilities Group include:

Monitoring Healthcare Sites: Receive reports from hospitals and other health care sites regarding operational status; maintain situational awareness of hospitals' and other health care sites' capacity to serve clients throughout the response.

Coordinating Resource Requests: Receive resource requests from hospitals and other health care sites and coordinate fulfillment of requests with Emergency Medical Systems and/or EOC if activated; coordinate requests through the EOC for mutual aid if deemed necessary.

Coordination with Mental Health Clinics: Maintain contact and assistance for the existing mental health caseload; ensure that crisis counseling is available and outreach for mental health referral and treatment for victims; critical incident stress debriefings for response personnel; information on disaster mental health education to the public; referral information.

Management of Alternate Care/Shelter Sites: Coordinate and provide management of the site(s) and keep the Medical and Treatment Branch Director abreast of site operations; oversee and manage the set-up, operations and demobilization of sites, ensure that the public receives appropriate information about sites; maintain situational awareness of site activities.

Consult the Healthcare Facilities Group modules (outlined below) for more details on these methods.

C. IMPLEMENTATION

a. Healthcare Facilities Group

Activate the Healthcare Facilities Group for all infectious disease emergency response activations. The Healthcare sites group will monitor and forecast the abilities of healthcare sites (including hospitals, clinics, mental health facilities, alternate care sites, and/or other sites) to provide safe and appropriate care to victims, other patients, and family members. Communication channels between the DOC and healthcare sites will be established and disseminated. They may include telephone numbers, email address, teleconference, and other methods for sharing of information and guidance.

Data gathering efforts may be prioritized as follows:

1. Acute Care Hospitals
2. Clinics
3. Skilled Nursing Facilities
4. Other
 - Acute psychiatric hospitals
 - Intermediate care facilities
 - Intermediate care, developmentally disabled
 - Intermediate care, developmentally disabled, habilitative
 - Intermediate care, developmentally disabled, nursing
 - Chemical dependency recovery hospital
 - Correctional treatment centers
 - Congregate living facilities
 - Alternate birthing centers

Functions of the Healthcare Facilities Group:

- Ensure that objectives and strategies ordered by the Health Officer/Incident Commander/Policy Group are implemented
- Maintain situational awareness of healthcare sites' ability to respond to the IDE (in coordination with Team Leaders, if activated) and forward information to the Medical Branch Director
- In coordination with Team Leaders (if activated), forecast resource needs of healthcare sites and make recommendations for additional assistance if needed
- Troubleshoot impediments to implementation of recommended strategies in coordination with the Medical Branch Director.
- Provide guidance to staff and serve as a resource to the Hospital, Community Clinics, Mental Health and Alternate Care/Shelter Teams (if activated).
- Coordinate logistics requests for the Group and Teams.

a1. Hospital Team

Activate the Hospital Team when patients or the worried well are expected at hospitals and/or when hospital have activated their emergency response plans.

The main function of the Hospital Team is to monitor and coordinate with hospitals to ensure that hospitals are able to provide care, or if hospitals are unable to provide adequate care to request alternative care options (this may require coordination with the Alternate Care/Shelter Sites Team and others if necessary.) The Hospital Team is responsible for organizing hospital coordination, communications and situation status monitoring.

In an emergency hospitals should activate their Hospital Incident Command System (HICS) to organize their internal response. Special effort should be made to perform rumor control by providing a reliable source of information for clients and staff.

Communication between the IDER DOC and Hospitals

Communication channels between the DOC and hospitals may include:

- Identify single point-of-contacts between public health and hospitals. The hospital point-of-contact is responsible for organizing internal communications with their staff for patient care issues, infection control and resource requests related to the infection disease emergency response.
- Regularly scheduled conference call between the DOC and infection control staff, disaster coordinators, administrators and other interested hospital staff to discuss hospital status, infection control, and other emergency response issues.
- Website: www.sfcddcp.org
- Clinician Health Alerts
- Fax messaging
- Disease Control reporting number: (415) 554-2740

Hospital Situation Status Monitoring

- Regular reporting using the federal HavBed format for reporting both the number and type of beds (medical surg, intensive care unit, obstetrics, pediatrics, etc) available.
- Ambulance diversion reports as an indirect indicator for hospital saturation.
- Resource specific surveys (e.g. N95 respirator supplies, pediatric beds)
- Tracking number of requests for resource supplementation.
- On-going direct communications with providers.

Functions of the Hospital Team:

- Implement objectives recommended by the Health Officer/Incident Commander/Policy Group.
- Provide clarification on recommendations to hospital partners as needed.
- Regularly obtain operational status reports from hospitals including hospital disaster status report, emergency department bed capacity, and inpatient bed capacity.
- Maintain individual and aggregate hospital status reports.
- Provide hospital status reports.
- Survey hospitals' resource/supply needs and coordinate to fulfill requests.
- Coordinate with the Information and Guidance Branch regarding any letters, notices, and other documentation required for the implementation of strategies.
- Provide feedback to the Information and Guidance Branch on impact of guidance and when additional information/modifications are required.
- Track activities and healthcare site contacts.

a2. Community Clinics Team

Activate the Community Clinics Team during an event that may result in significant resource demands on community clinics.

The main function of the Community Clinics Team is to monitor and coordinate with clinics to ensure they remain able to provide care to clients, or if unable to provide adequate care, to request that alternative care options be made available. This may require coordination with the Alternate Care/Shelter Sites Team and others if necessary.

Upon activation, the Community Clinics Team should receive Clinic Disaster Status Reports from all community clinics, surgery centers and dialysis centers. The Report should include information such as:

- Whether the clinic is fully, partially, or not functional
- Whether there is damage to the clinic facility
- Available staffing resources
- Number of cases and/or casualties received from the disaster
- Whether patients have been sent to a hospital and, if so, what hospitals
- Amount of remaining capacity to serve additional cases and/or casualties
- Available equipment and/or services such as alternate treatment area, beds, operating rooms, pharmacy, etc.
- Whether there is a need for any external resources

The Community Clinics Team is charged with obtaining and aggregating these reports in order to quantify the actual demand for health care services as compared to the actual supply. This will help determine whether there is a need for medical mutual aid from outside of San Francisco City and County.

Functions of the Community Clinics Team:

- Implement strategies recommended by the Health Officer/Incident Commander/Policy Group.
- Provide clarification on recommendations to community clinics as needed.
- Periodically obtain operational status reports from clinics.
- Maintain individual and aggregate Clinic Disaster Status Reports.
- Provide clinic status reports to the DOC.
- Survey clinics' resource/supply needs and coordinate to fulfill requests.

- Coordinate with the Information & Guidance Branch regarding any letters, notices, and other documentation required for the implementation of strategies.
- Provide feedback to the Information and Guidance Branch on impact of guidance and when additional information/modifications are required.
- Track activities and clinic site contacts.

a3. Mental Health Clinic Team

Consider activation of the Mental Health Clinic team during events that may have major mental health consequences. This may include IDE events in which residents and emergency response staff require disaster mental health services. It may also include IDE events that may affect the maintenance of services for existing mental health clients.

The Mental Health Clinic Team is charged with liaising with mental health clinics to ensure that they have the capacity to manage current caseloads of mental health clients. The Mental Health Clinic team should coordinate with clinic sites to maintain inventories of special needs populations. The Mental Health Clinic team should periodically assess operational status of mental health clinics (facilities and staff) and keep the Healthcare Sites Group Supervisor abreast of the situational status.

After immediate needs for medical care during and following an event are met, a focus may shift to mental health recovery. The Mental Health Clinic Team may be involved in helping to coordinate disaster mental health services for victims, residents and/or emergency response staff. Mental health professionals may play role in crisis management at alternate care/shelter sites and other mass care facilities; they may also assist in reuniting family members who might have become separated.

If mental health services are to be provided at mass care facilities, the Mental Health Clinic team may (in coordination with the Alternate Care/Shelter Site Team) liaise with mental health clinics to determine available resources. If local capabilities are determined to be over-extended, a request for mutual aid may be coordinated with via the DOC to the EOC.

Functions of the Mental Health Clinic Team:

- Implement mental health clinic strategies.
- Maintain situational awareness of mental health clinics' ability to maintain continuity of services to clients during and/or after the event and forward information to the Medical Branch Director.
- Forecast resource needs of mental health clinic sites and make recommendations for additional assistance if needed.
- Coordinate with the Information and Guidance Branch regarding any letters, notices, and other documentation required for the implementation of strategies.
- Coordinate with the Alternate Care/Shelter Sites Team and/or the EOC if it is determined that mental health services will be needed at emergency response mass care facilities.

a4. Alternate Care/Shelter Sites Team

Activate the Alternate Care/Shelter Sites Team if the event will, or is likely to, result in a large number of seriously ill or injured persons that will overwhelm the city's medical treatment capacity.

The Policy Group and/or Incident Commander, in coordination with Operations Section Director and Medical Branch Director, will evaluate and determine the need for activating one or more alternate care/shelter sites. The role of the Alternate Care/Shelter Sites Team is to provide management of the site(s) and keep the DOC abreast of site operations. It is likely that the Alternate Care/Shelter Sites Team

will need to coordinate closely with other agencies to set-up, operate and demobilize alternate care/shelter sites.

Alternate Care/Shelter (ACS) Sites may include the following: Field Treatment Sites, Field Care Clinics, Casualty Collection Points, Medical Care Points, and the use of existing medical facilities or clinics for casualty treatment. Depending on the specific scenario, an alternate care/shelter site may be used to:

- Provide delivery of ambulatory or chronic care
- Offload less ill patients from the hospital, thereby increasing the hospital’s surge capacity
- Provide primary victim care at an austere level to relieve hospital admits
- Provide care to individuals with inadequate resources for home or self care
- Provide quarantine, sequestration, or cohorting of “exposed” patients
- Provide palliative care
- Segregate individuals with special medical needs from the general population

The Alternate Care/Shelter Sites Team is charged with ensuring that recommendations and strategies issued by the Health Officer/Incident Commander/Policy Group regarding the ACS sites are implemented. This may include recommendations regarding ACS site personnel prophylaxis/immunization, visitor regulations, isolation measures, PPE guidelines, specimen collection/handling/transport protocols, and surge capacity management.

Functions of the Alternate Care/Shelter Sites Team:

- Implement alternate care/shelter strategies ordered by the Health Officer/Incident Commander/Policy Group.
- Coordinate with the Logistics Section and/or the EOC regarding calls for personnel and equipment needs for alternate care/shelter sites.
- Coordinate with the Healthcare Facilities Group Supervisor and Hospital Team regarding notifications to providers and hospitals.
- Oversee and manage the set-up, operations and demobilization of alternate care/shelter sites (in cooperation with appropriate agencies).
- Work with the Information and Guidance Branch and the Media Officer to ensure that the general public receives appropriate information regarding the location and purpose of alternate care/shelter sites.
- Maintain situational awareness of alternate cares/shelter site operations and provide situation status reports to the Medical Branch Director.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Healthcare Sites Group: Staff Position Roster				
Job Title	Task Overview	Critical Skills	Minimum No. of Employees	Location
Healthcare Facilities Group Supervisor	Oversee and supervise healthcares site response activities; assign responsibilities, orient staff and serve as a resource to staff		1	DOC

Hospital Team: Staff Position Roster				
Job Title	Task Overview	Critical Skills	Minimum No. of Employees	Location
Hospital Team Leader	Coordinate with hospitals; provide and collect situation status updates.		1	DOC
Hospital Team Member	Support communication and coordination with hospitals.			

Community Clinic Team: Staff Position Roster				
Job Title	Task Overview	Critical Skills	Minimum No. of Employees	Location
Community Clinic Team Leader	Coordinate with clinics; provide and collect situation status updates.		1	DOC
Community Clinic Team Member	Support communication and coordination with clinics.			

Mental Health Clinic Team: Staff Position Roster				
Job Title	Task Overview	Critical Skills	Minimum No. of Employees	Location
Mental Health Clinic Team Leader	Coordinate with mental health sites; supervise mental health staff at field sites; provide and collect situation status updates.		1	DOC
Mental Health Clinic Team Member	Support mental health activities.			

Alternate Care/Shelter Sites Team: Staff Position Roster				
Job Title	Task Overview	Critical Skills	Minimum No. of Employees	Location
Alternate Care/Shelter Sites Team Leader	Set-up and operate alternate care or shelter sites. Provide regular updates.		1	DOC
Alternate Care/Shelter Sites Team Member	Support the operation of alternate care or shelter sites.			

E. REPORTING

The Healthcare Facilities Group Supervisor reports directly to the Medical Branch Director. Team Leaders for various modules report directly to the Healthcare Facilities Group Supervisor.

F. DELIVERABLES

The Group and/or Team is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Response documents and/or products assigned to active modules within the Group/Team

G. RESOURCES

The following resources can be utilized to implement operations:

a. Protocols, forms, and guidelines, and MOUs

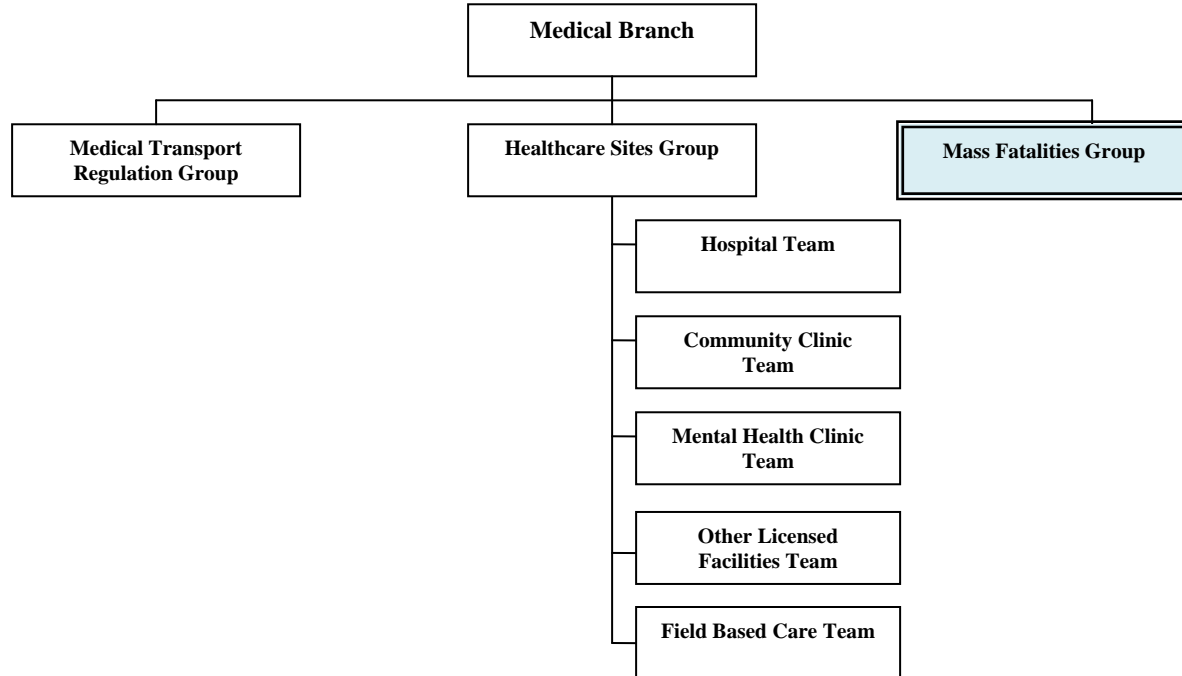
Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Medical Treatment	Appendix H
San Francisco Health and Medical Contact Information	Appendix H1

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
Copy machine access	1	Logistics

21. MASS FATALITIES GROUP

A. ORGANIZATION CHART



B. DESCRIPTION

a. Purpose & Objectives

The purpose of the Mass Fatalities Group is to provide public health and medical advice and support to the Medical Examiner concerning the presence of a communicable disease, hazardous material, or other hazard that may affect the work of the Medical Examiner in the care of human remains from a mass casualty incident. The Group objectives include:

- Review the Medical Examiner plans, procedures and protocols for the proper handling, storage and sanitary management of mass fatalities and provide medical feedback as appropriate.
- Assist in identifying and inspecting sites where bodies can be temporarily stored.
- Support the recovery and disposal of human remains in coordination with the EOC and/or Medical Examiner.

b. Methods

Medical advice: provide public health, medical, and infection control advice to the Medical Examiner.

Communication/Coordination between the Medical Examiner and Public Health: This may include data sharing regarding fatalities, requests for extra surveillance needs, etc.

C. IMPLEMENTATION

Activate the Mass Fatalities Group if an event results in, or is forecasted to result in, a large number of fatalities.

During this type of event the EOC would likely be activated and would assist in coordinating cooperation between the Medical Examiner and IDER DOC. The Mass Fatalities Group would assist hospital, clinic, alternate care site, and other medical site fatality coordination.

The Medical Examiner’s Office, working in close coordination with the medical community, other government agencies, and the private sector, is in charge of responding to and recovering from IDE events in which large numbers of fatalities occur. The Medical Examiner serves as the lead agency for disposition of large numbers of deceased individuals.

The Medical Examiner’s plan for handling large numbers of corpses (including potentially contaminated ones) includes a sliding scale of mutual aid from surrounding jurisdictions. The Medical Examiner will determine this need for assistance in coordination with the EOC.

Functions of the Mass Fatalities Group include:

- Review the Medical Examiner’s plans, procedures and protocols for the proper handling, storage and sanitary management of mass fatalities and provide medical feedback as appropriate.
- Maintain situational awareness of the Medical Examiner ability to respond to mass fatalities from the IDE event
- In coordination with the Medical Branch Director and Operations Section Chief, ensure that the Policy Group and/or Incident Commander has approved all medical advice and recommendations provided to the Medical Examiner. If mass burials become necessary, ensure that DOC (in coordination and cooperation with the Medical Examiner declares a public health hazard and tracks burials

Further details about methods and functions of the Mass Fatalities Group are included in you’re the San Francisco Mass Fatalities Plan.

D. STAFF POSITIONS

The following positions are required for minimum staffing levels.

Staff Position Roster				
Job Title	Task Overview	Critical Skills	No. of Employees	Location
Mass Fatalities Group Supervisor	Oversee implementation of Group methods and strategies; Liaise with EOC and ME; provide medical advice to ME regarding plan for mass fatalities;	Medical Officer/Health Officer, Clinical and infectious disease experience	1	DOC
Mass Fatalities Group Member	Assist with implementation of Group methods and strategies			DOC

E. REPORTING

The Mass Fatalities Group Supervisor reports directly to the Medical Branch Director.

F. DELIVERABLES

The Group is responsible for producing the following:

- Module Objectives and Update, ICS Form 202b (for each Operational Period)
- Response documents and/or products assigned to active modules within the Branch

G. RESOURCES

The following resources can be utilized to implement operations:

a. Protocols, forms, and guidelines, and MOUs

Items	Location
ICS Forms	Appendix B
Job Action Sheets	Appendix C
Medical Treatment	Appendix H
San Francisco Health and Medical Contact Information	Appendix H1

b. Office and Communication Supplies

Items	Units Required	Location or Request From
Telephone	1	Logistics
Fax machine access	1	Logistics
Computer with local network, internet access	1+	Logistics
Printer access	1	Logistics
Copy machine access	1	Logistics