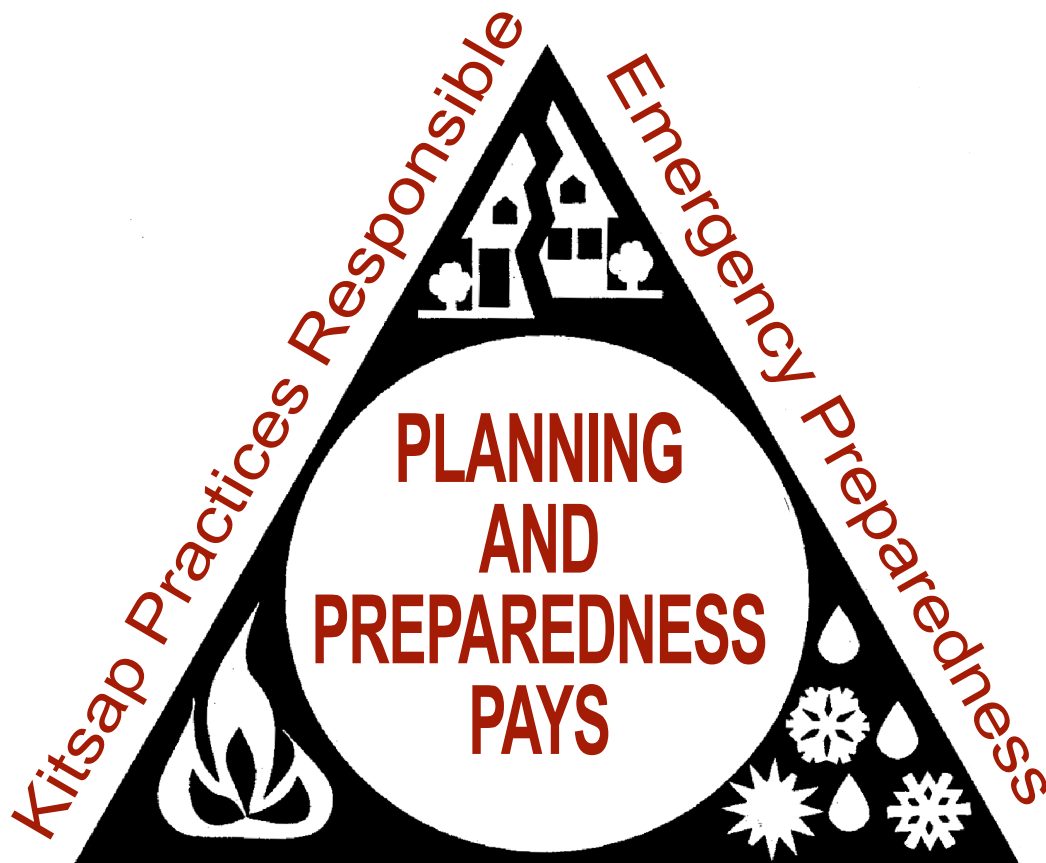


# *Incident Command*

A Manual For Kitsap County Schools  
2010 - 2011



**KCDEM**

Kitsap County Department of Emergency Management

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**Incident  
Command  
Instructions**

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## Responsibilities of the Incident Command Team

### Incident Commander Procedure Checklist

**Title: Incident Commander (Who's in Charge)**

**Authority:** Full authority to make emergency expenditures, personnel assignments, and the decision to evacuate and relocate to preserve life and property.

**Responsibility:** Overall management of incident; supervise all other functions; authorize evacuation and relocation, if needed.

**Immediate Actions:**

- Declare an emergency by calling District Command Center
- Activate Incident Command System by setting up the Command Post.
- Activate the "Circle of 9" Response Teams
- Assemble all necessary information and supplies/materials (emergency plan, situation board, maps, markers, radios, walkie-talkies, and personnel rosters)
- Keep a log of communications, decisions, and actions
- Have teams report regularly
- Establish communications with the District Office
- Account for all students and staff
- Assess the situation and request needed resources
- Control all internal communication
- Approve all press releases or other external communications
- Post status information and update regularly
- Determine when emergency is over

**Ongoing Actions:**

- Meet as often as necessary with "Circle of 9" Teams to monitor situation, set new priorities, and authorize expenditures and personnel work schedules.
- Keep in touch with the District Command Center
- Ensure students return to parents ASAP

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## **Incident Command System (ICS)**

The Incident Command System (ICS) provides the system for direction and control for your school. ICS is a systematic method for managing emergencies and can meet the demands of emergency incidents and larger disasters in a rapid and efficient manner. ICS is a practical method for dividing labor and responsibilities.

### **Incident Assessment Process**

#### 1. Size up situation

- ✓ What is the nature of the incident?
- ✓ What hazards are present?
- ✓ What hazards exist for response personnel and the public?
- ✓ Are there injured people who need to be treated or assisted?
- ✓ Is evacuation required?
- ✓ How large an area is affected?
- ✓ Will your school or district facility be isolated?
- ✓ What entrance and exit routes would be good for the flow of response personnel and equipment?

#### 2. Identify contingencies

- ✓ Consider what could happen if you do nothing
- ✓ Consider what could happen and the magnitude of the event
- ✓ Prepare for Murphy's Law and be flexible.

#### 3. Determine objectives and operational period

#### 4. Prioritize objectives

- ✓ Medical Care
- ✓ Evacuation locations
- ✓ Building Safety
- ✓ Communications (district, staff, pupil, parent etc.)
- ✓ What else?

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## 5. Identify needed resources



Bremerton School District (2006)

- ✓ What resources are needed?
- ✓ Where will you get them?
- ✓ How long will it take to get them here?
- ✓ Who pays for them?

## 6. Build a plan and structure, including:

- ✓ ICS Organizational Structure
- ✓ Responsibilities and tasks
- ✓ Coordinate issues

## 7. Take Action

Read the Check List



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# **Additional Information**

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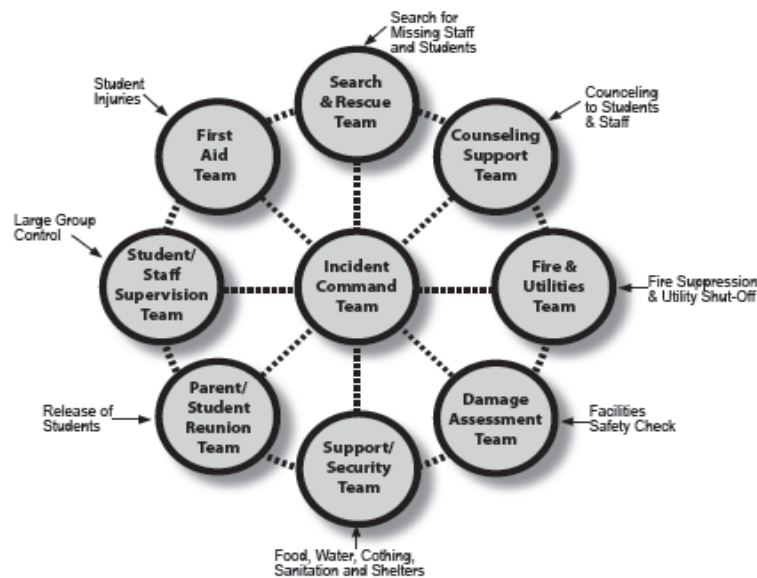
## Before The Disaster

### Identify:

#### “Circle of 9” Team Leaders

1. The ICS is flexible and allows for the use of people present at the time of an incident. It is preferable to assign people to perform each function so that they develop an understanding of what will be required in responding to an emergency.
2. Each employee is assigned as either a Team Leader or member on a Team.
3. Designate back-up people for each assigned person in case injuries or absence prevent them from assuming their responsibilities.
4. Assigning staff to the “Circle of 9” team functions should take into consideration the personal characteristics listed above as well as each individual’s job related skills and responsibilities.

### School Emergency Administration



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**Be Prepared:**

1. Develop the school's Emergency Plan before the emergency.
2. Use the Kitsap County Department of Emergency Management's Comprehensive Emergency Management Planning Guide and School Model Plan to prepare your school.
3. Find a staff member or volunteer to assist you in emergency preparedness activities such as drills and training.
4. Assign who will be your replacement if you are injured or out of the area
5. At a minimum ensure that you have
  - A copy of your Comprehensive Emergency Management Plan
  - Back-up power, if feasible such as an emergency generator, in working order, appropriately secured, with adequate fuel supply
  - Two-way radios or ham radios for immediate communication
  - School floor plans showing the turn-off locations for gas, water, and electricity, locations of fire extinguishers and exits, and location of emergency generator
  - Employee data sheets
  - Extra copies of all relevant forms and lists
6. Identify hazards surrounding the school
7. Reduce the effects of the disaster by mitigation. Do this inside and outside the school.
8. Inspect the buildings to know what structural vulnerabilities there are and what to look for after the disaster.
9. Have a policy in place to handle fatalities after a disaster.
10. To avoid confusion develop procedures needed to get everyone to safety. Such as:
  - Evacuation (out of the area)
  - Shelter in Place



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**Forms**

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## Emergency Message Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Info Received From: \_\_\_\_\_

To: \_\_\_\_\_

Written By: \_\_\_\_\_

Request

Response

Info Only

(circle one)

Route to: \_\_\_\_\_

Message: \_\_\_\_\_

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## Emergency Message Form

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Request

Response

Info Only

(circle one)

Route to: \_\_\_\_\_

Message: \_\_\_\_\_

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## Class Status

Teacher: \_\_\_\_\_ Room: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Present \_\_\_\_\_

Teacher: \_\_\_\_\_

Present \_\_\_\_\_

Sub: \_\_\_\_\_

Instructional Asst: Sub: \_\_\_\_\_

### Students

\_\_\_\_\_ # Absent from School

\_\_\_\_\_ # Missing or Unaccounted for

\_\_\_\_\_ # At Medical Aid Station

\_\_\_\_\_ # Students with me now

### For Command Post Use Only

Students/Adults	With Class	At First Aid Station	Nature of injury, if known
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Students/Adults	Last known location & description of clothing
1.	
2.	
3.	
4.	

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# Student Accounting

Room No. \_\_\_\_\_ Date: \_\_\_\_\_

Enrolled per Register: \_\_\_\_\_ Reported by: \_\_\_\_\_

Not in School Today: \_\_\_\_\_ Received by: \_\_\_\_\_

Present Now: \_\_\_\_\_

1. Students, aides, or classroom volunteers elsewhere (off campus, left in room, other location, etc.)

Name	Location	Problem
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Students in assembly area needing more first aid than you can handle:

Name	Location	Problem
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Additional comments: (report fire, gas/water leaks, blocked exits, structural damage, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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## Volunteer Assignment Log

(Copy onto Orange paper then everyone will know these are the volunteers for Support/Security)

Volunteer Name	Time In/Initials	Team/Job	Assigned Time	Out/Initials
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____



**STATE OF WASHINGTON  
EMERGENCY WORKER DAILY ACTIVITY REPORT**

<b>County in which incident took place:</b>	<b>Incident Number:</b>
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<b>Incident Name:</b>	<b>Date From:</b>	<b>Date To:</b>
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<b>Unit Name:</b>	
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<b>Unit Address:</b>	
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EMERGENCY WORKER NAME	CARD No.	ASSIGN. OR TEAM	DATE		DATE		TOTAL HOURS	ROUND TRIP MILES (DRIVER)
			IN	*OUT	IN	*OUT		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								

*\* The time a person could reasonably have expected to reach home without stopping enroute.*

<b>TOTAL PERSONNEL:</b>	<b>TOTAL HOURS:</b>	<b>TOTAL MILEAGE:</b>
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**THIS FORM MUST BE SIGNED BY LOCAL EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR OR SHERIFF'S DEPUTY.**

*By my signature below, I certify that these persons did participate in this mission/incident:*

Print Name and Title	Signature
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EMD - 078 (02/00)