LOGISTICS SECTION

SUPPORTING DOCUMENTATION

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CRITICAL INCIDENT STRESS DEBRIEFING (CISD) PROCEDURES

PURPOSE:

Case studies by medical groups of work-related incidents where injuries or fatalities occurred have revealed that significant numbers of employees experience some form of stress-related symptoms following the incident. Many of these symptoms were transitory and most personnel had no long-term detrimental effects. These studies, however, have also revealed that a small percentage of personnel do experience continuing, long-term detrimental effects resulting from exposure to such incidents. Some of these effects have been delayed, surfacing later after a period with no apparent symptoms.

Without professional intervention, these personnel have experienced declining work performance and deterioration of family relationships, as well as increased health problems. The objective of this procedure is to provide professional intervention immediately after major critical incidents or crises to minimize stress-related injuries to city personnel and to provide all necessary support to city personnel during a crisis.

Incident debriefing is not a critique of an incident. Performance issues will **not** be discussed during the debriefing. The debriefing process provides a format where personnel can discuss their feelings and reactions and, thus, reduce the stress resulting from exposure to critical incidents and crisis situations. All debriefings will be **strictly** confidential.

Debriefings may be conducted anywhere that provides ample space, privacy and freedom from distractions. Selection of the site will be determined by the city's CISD chief based on the type of debriefing required.

The debriefing team will consist of CISD professionals (mental health counselors specifically trained in stress-related counseling) as well as trained peer counselors. The team members' role in the debriefing process will be to assist and support the professional counselors as necessary. All follow-up care will be approved by the Human Resources Department **prior** to beginning treatment.

ACTIVATION OF CISD

Department directors, managers and supervisors bear the responsibility for identifying/recognizing significant incidents that may qualify for debriefing. When an incident is identified as a critical incident or crisis, a request for debriefing consideration should be made as soon as possible to the CISD chief. If additional assistance is required the CISD chief will contact Los Angeles County Operational Area via the La Crescenta Valley Watch Commander and request that a CISD team be assembled.

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City of Pasadena		ort Documentation – LS - 4

ACTIVITY LOG

ACTIVITY I	LOG	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED		
4. UNIT NAME/DESIG		5. UNIT LEADER (NAME AND POSITION)	6. OPERATIONAL PERIOD	<u> </u>		
7. PERSONNEL ROSTER ASSIGNED						
NAME		EOC POSITION	CONTACT NUM	IBER		
8. ACTIVIT	Y LOG (CON	TINUE ON REVERSE)				
TIME	MAJOR EV	ENTS				

ICS 214 (4/93)

TIME	MAJOR EVENTS
ICS 214 (4/93)	9. PREPARED BY (NAME AND POSITION)

LA OPERATIONAL AREA DISASTER INFORMATION REPORTING PROCEDURES

RESOURCE REQUEST

Sent by cities, county departments and special districts. If EMIS is available, cities send directly to the Operational Area EOC Logistics Section and county departments/special districts send to their Lead department. If EMIS is not available, send by fax, phone, radio or messenger to: Cities send to their Contact Sheriff's station; county departments and special districts send to their Lead department; Sheriff's stations and Lead departments send to the Operational Area EOC Logistics Section.

#	ITEM	EXPLANATION	DATA
1	Related Incident	What Incident caused the Resource Request	
1	Jurisdiction	Name of city (or supporting LASD station for county unincorporated areas).	
2	Urgent	Used only if the request is urgent.	URGENT
3	Reply Requested	Should be used indicate you want status information.	REPLY
4	Information only or Action expected	Select Action as County EOC staff are expected to process the request.	INFORMATION ACTION
5	Sender's job	The job held by the sender. Remote sites will only have the remote site title as an option.	
6	Subject	MANDATORY FIELD Key words that will describe the Resource Request. Include name of jurisdiction and what is being requested.	
7	Source	OPTIONAL FIELD Name, phone number and fax number of the person responsible for the request data.	
8	Corroborated	OPTIONAL FIELD Name, phone number and fax number of the person who has verified the data in the request.	
9	Recipients	Duty position of intended recipient(s). Resource Requests go to the County EOC Logistics Section.	
10	Where to deliver	Where are the items to be delivered (use Thomas Brothers page and grid as well as address).	
11	Deliver to Whom	Who (by duty position is preferred but name is acceptable) knows about the request and is expecting delivery.	
12	Purpose	What is the purpose of the resource being requested.	
13	Quantity	Number of items requested.	
14	Resource Requested	What is being requested.	
15	When needed	When the items are needed. Date & time.	LA CNITY OD A DE A FORM 140

LA CNTY OP AREA FORM 140

Only one type of resource can be requested on a given resource request.

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Procurement Form

Date:	P.O. #	Vendor
Time:	ITEM DESCRIBED	Qty: Est. Cost:
		Delivery Location:
Procured B	y:	Delivered to Whom:
Date:	P.O. #	Vendor
Time:	ITEM DESCRIBED	Qty: Est. Cost:
		Delivery Location:
Procured B	y:	Delivered to Whom:
Date:	P.O. #	Vendor
Time:	ITEM DESCRIBED	Qty: Est. Cost:
		Delivery Location:
Procured B	y:	Delivered to Whom:
Date:	P.O. #	Vendor
Time:	ITEM DESCRIBED	Qty: Est. Cost:
		Delivery Location:
Procured B	y:	Delivered to Whom:
Date:	P.O. #	Vendor
Time:	ITEM DESCRIBED	Qty: Est. Cost:
		Delivery Location:
Procured B	y:	Delivered to Whom:
Date:	P.O. #	Vendor
Time:	ITEM DESCRIBED	Qty: Est. Cost:
		Delivery Location:
Procured B	y:	Delivered to Whom:
Date:	P.O. #	Vendor
Time:	ITEM DESCRIBED	Qty: Est. Cost:
		Delivery Location:
Procured B	y:	Delivered to Whom:
Date:	P.O. #	Vendor
Time:	ITEM DESCRIBED	Qty: Est. Cost:
		Delivery Location:
Procured B	y:	Delivered to Whom:
Date:	P.O. #	Vendor
Time:	ITEM DESCRIBED	Qty: Est. Cost:
		Delivery Location:
Procured B	y:	Delivered to Whom:

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SEMS 205 EOC Radio Communications Plan

Incident Name:				Date Prepared:		Time Prepared:
Operational Period Date:			Operatio	nal Period Time:		
	From:	To:			From:	To:

Basic Radio Channel Utilization

Dasic Itaalo C	manner othiza	111011			
Assignment	Function	System	Channel/Frequency	Designated Check-in Time	Remarks
Prepared By:	•	Title:		SEMS P	Communications Unit
Approved By:		Title:		SEMS P	osition: Logistics Sections Chief

SEMS 205 (2002)

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