

HICS 215A - INCIDENT ACTION PLAN (IAP) SAFETY ANALYSIS

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| 1. Incident Name St. Elsewhere Loss of Water | | 2. Operational Period (# 1) DATE: FROM: 19-DEC-2019 TO: 19-DEC-2019 TIME: FROM: 0800 TO: 1200 | |
| 3. Hazard Mitigation | | | |
| 3a. Potential / Actual Hazards | 3b. Affected Section / Branch / Unit and Location | 3c. Mitigations | 3d. Mitigation Completed (Initials/Date/Time) |
| Basement flooding from watermain break | Infrastructure Branch | Turn off water at watermain to facility | CB/12/19/2019/0810 |
| Lack of handwashing capabilities | Infrastructure Branch | Provide additional handwashing capabilities | CB/12/19/2019/1145 |
| Lack of Sterilization process | Infrastructure Branch | Contact neighboring hospitals to provide sterilization | CB/12/19/2019/1045 |
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| 4. Prepared by <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Safety Officer PRINT NAME: Sandra Day O'Connor DATE/TIME: 19-DEC-2019 </div> <div style="width: 45%;"> SIGNATURE: <i>Sandra Day O'Connor</i> FACILITY: St. Elsewhere Hospital </div> </div> | | | |
| 5. Approved by <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Incident Commander PRINT NAME: Louisa May Alcott DATE/TIME: 19-DEC-2019 </div> <div style="width: 45%;"> SIGNATURE: <i>Alisa May Alcott</i> FACILITY: St Elsewhere Hospital </div> </div> | | | |



Purpose: Operational risk assessment to prioritize hazards, safety, and health issues, and to assign mitigation actions
Origination: Safety Officer
Copies to: Planning Section Chief for Incident Action Plan (IAP) and Documentation Unit Leader

HICS 215A - INCIDENT ACTION PLAN (IAP) SAFETY ANALYSIS

- PURPOSE:** The purpose of the HICS 215A - Incident Action Plan (IAP) Safety Analysis is to record the findings of the Safety Officer after completing an operational risk assessment and to identify and resolve hazard, safety, and health issues. When the safety analysis is completed, the form is used to help prepare the Operations Briefing.
- ORIGINATION:** Prepared by the Safety Officer during the IAP cycle. For those assignments involving risks and hazards, mitigation actions should be developed to safeguard responders. Appropriate incident personnel should be briefed on the hazards, mitigations, and related measures.
- COPIES TO:** Duplicate and attach as part of the IAP. All completed original forms must be given to the Documentation Unit Leader.
- NOTES:** Issues identified in the HICS 215A should be reviewed and updated each operational period. If additional pages are needed, use a blank HICS 215A and repaginate as needed. Additions may be made to the form to meet the organization's needs.

| NUMBER | TITLE | INSTRUCTIONS |
|--------|--|---|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Operational Period | Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies. |
| 3 | Hazard Mitigation | |
| | 3a. Potential / Actual Hazards | List the types of hazards and/or risks likely to be encountered by personnel or resources at the incident area relevant to the work assignment. |
| | 3b. Affected Section / Branch Unit and Location | Reference the affected sections, branches, units and the location of the hazards. |
| | 3c. Mitigations | List actions taken to reduce risk for each hazard indicated (e.g., restricting access, proper PPE for identified risk). |
| | 3d. Mitigation Completed | Enter the initials, date, and time when the mitigation is implemented or the hazard no longer exists. |
| 4 | Prepared by Safety Officer | Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility. |
| 5 | Approved by Incident Commander | Enter the name and signature of the person approving the form. Enter date (m/d/y), time prepared (24-hour clock), and facility. |