# Active Shooter Response Plan

**Montana Specific Active Shooter Resources and Information**

**1. National and Montana State Emergency Preparedness Resources and Links**

* [**Active Shooter Resources & Support (mt.gov)**](https://opi.mt.gov/Leadership/Management-Operations/Emergency-Planning-Safety/Responding-to-Emergencies/Active-Shooter-Resources-Support): Preparation well before an event will not only reduce the risk of an intruder targeting your health Center, but it will also reduce the loss of life and property in the event of an Active Shooter incident.  Learn four principles that will help guide and prepare your location.
* [**Active Shooter - How to Respond (dhs.gov)**](https://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf)[**Active Shooter - How to Respond (dhs.gov)**](https://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf)**:**

Quickly determine the most reasonable way to protect your own life. Remember that customers and clients are likely to follow the lead of employees and managers during an

active shooter situation.

* [**Active Shooter Resources — DSAC**](https://www.dsac.gov/topics/active-shooter-resources)**:** The Department of Homeland Security (DHS) aims to enhance preparedness through a "whole community" approach by providing training, products, and resources to a broad range of stakeholders on issues such as active shooter awareness, incident response, and workplace violence.
* [**FEMA - Emergency Management Institute (EMI) Course | IS-907: Active Shooter: What You Can Do**](https://training.fema.gov/is/courseoverview.aspx?code=IS-907): FEMA’s interactive 1 HR Web Based Course will be able to Describe actions to take when confronted with an active shooter and responding law enforcement officials. This course will help participants to recognize potential workplace violence indicators, describe actions to take to prevent and prepare for potential active shooter incidents and finally to describe how to manage the consequences following an active shooter incident.

**2. Montana Regional Emergency Preparedness Resources and Links**

* [**Insider Threat Mitigation | CISA**](https://www.cisa.gov/insider-threat-mitigation)**:** Several CISA products are available on the [Insider Threat Mitigation Resources](https://www.cisa.gov/publication/insider-threat-mitigation-resources) site. The primary resource, the [Insider Threat Mitigation Guide](https://www.cisa.gov/publication/insider-threat-mitigation-resources), provides comprehensive information on how to establish or enhance an insider threat prevention and mitigation program.
* [**Attacks in Crowded and Public Spaces | Ready.gov**](https://www.ready.gov/public-spaces)**:** While the threat of mass attacks is real, we can take steps to prepare, protect ourselves and help others. Be Informed and Stayed Alert.
* [**Active Shooter Preparedness | CISA**](https://www.cisa.gov/active-shooter-preparedness)**:** Active shooter incidents are often unpredictable and evolve quickly. In the midst of the chaos, anyone can play an integral role in mitigating the impacts of an active shooter incident. DHS aims to enhance preparedness through a "whole community" approach by providing  products, tools, and resources to help you prepare for and respond to an active shooter incident. To access the most applicable information, please select one of the provided categories.
* [**Active Shooter Preparedness Program Fact Sheet (cisa.gov)**](https://www.cisa.gov/sites/default/files/publications/dhs-active-shooter-preparedness-program-fact-sheet-01-16-508.pdf)**:** This Active Shooter Preparedness Program maintains a DHS-specific comprehensive set of resources and in-person and online trainings that focus on behavioral indicators, potential attack methods, how to develop emergency action plans, and the actions that may be taken during an incident.
* [**Protective Security Advisor Program Fact Sheet - May 2015 (mt.gov)**](https://opi.mt.gov/Portals/182/Page%20Files/Emergency%20Planning%20and%20Safety/PSA-Program-Fact-Sheet-05-15-508.pdf)**:** The Protective Security Advisor (PSA) in Montana can work with your site to assess the vulnerability of your facility internal and external infrastructure to help you plan for necessary safety and security updates for your facility. This is a free program.

**3. Montana Local Emergency Preparedness Resources and Links: please add in local information specific to the county or counties where your Health Center (s) are located.-**

* [**Contact your MT DES.gov**](https://des.mt.gov/)**:** The DES Coordinator creates the county’s Emergency Operations Plan. Your county’s DES coordinator can provide county emergency management information that may be important while your school develops a school emergency operations plan (EOP).  The DES coordinator can also help you to coordinate and collaborate with other county emergency management organizations.
* **Local Emergency Planning Committees (LEPCs): U**nder the Emergency Planning and Community Right-to-Know Act (EPCRA), Local Emergency Planning Committees (LEPCs) must develop an emergency response plan, review the plan at least annually, and provide information about chemicals in the community to citizens. Plans are developed by LEPCs with stakeholder participation. There is one LEPC for each of the more than 3,000 designated local emergency planning districts. To find your LEPC, please contact your local DES coordinator.

<insert any local resources specific to your health center in this section. Delete these instructions when completed.<

<Incorporate any of your organization’s existing active shooter response plan information throughout this template.>

<FIND and REPLACE WORDS: Look for the words in GREY. Find and replace the following words in this Response Guide. >

* <insert organization’s name> = Your Organization’s Name
* Patient, patients, patient = Use the most appropriate words that describes the individuals that your organization services (i.e., patient, resident, participant, client, etc.)

Insert additional organizational information in all other areas marked in GREY. <Delete these instructions in RED>

**CODE SILVER**

## Background

This Active Shooter Response Plan has been developed by <insert Organization’s name> in accordance with their Emergency Operations Plan (EOP) and overall Emergency Management Program. This response guide provides additional guidance that may be used to complement and enhance the EOP. This plan is primarily focused on response and short-term recovery operations. Elements related to preparedness, long-term recovery, and mitigation are not included.

## Definition

**Active Shooter:** An individual actively engaged in killing or attempting to kill people in a confined and populated area, typically using firearms.

Characteristics of an Active Shooter Situation

* Victims are selected at random.
* The event is unpredictable and evolves quickly.
* Law enforcement is usually required to end an active shooter situation.

An Active Shooter, as defined, does not have a selected, specific victim and is looking to create the most amount of causality as possible. Another consideration of concern is the Armed Intruder. An Armed Intruder, not intending to create mass casualties, may have a specific target victim and an agenda to complete the act of violence toward that victim. Once that target is engaged by the Armed Intruder and the agenda realized, the act of violence brought on by an armed intruder may stop.

Emergency response by staff should treat an Active Shooter and Armed Intruder event as ‘one in the same’ because an Armed Intruder event can transform into an Active Shooter event rapidly and without warning.

## Policy

It is the policy of <insert Organization’s name> to protect our patients, staff, and others in our program sites from harm during any type of emergency events. “Active Shooter” events can quickly escalate with possible loss of life. Because of the growing number of active shooter events over the past several years, we believe it is important for the staff, volunteers, and contracted employees of <insert Organization’s name> to be trained on how to minimize their themselves and their patients’ risk of injury should this unlikely event occur. Early and immediate recognition of an active shooter/armed intruder event is imperative to increase the survivability chances of staff and patients.

To ensure a safe environment for our patients, visitors, and employees all employees should be alert to any situation, internal or external, that might necessitate a need to lockdown a program site or sites. Staff should immediately communicate knowledge of such a threat to their supervisor, manager, or security personnel.

## Objectives

# Ensure the safety of patients, staff, and visitors

# Notify law enforcement, staff, patients, and visitors of the threat

# Contain the scene and minimize the number of potential victims

# Coordinate the response with the law enforcement incident command system

# Return to normal operations as quickly as possible

## Procedures

### General Guidelines

* + - Staff shall receive training on this Plan.
    - Staff are required to follow this Active Shooter Response Plan and any instructions given by law enforcement, first responders, or management staff.
    - Staff are required to follow any instructions given through primary or backup communications systems.
    - Staff are required to know the program site exit routes and assembly points.

### Preparedness

* **Management Staff Mitigation and Preparedness - Management staff shall:**
  + - * Provide staff training in dealing with difficult patients and visitors (or behavioral health staff, if available)
      * Secure the workplace where appropriate to do so, including but not limited to, alarm systems, security personnel and/or security badges, video surveillance, and increased lighting
      * Inform and advise staff of the possible impact of an active shooter event, and what precautions may be necessary to ensure the safety of all persons related to the program site
      * Maintain collaborative relationships and agreements (MOUs and/or MAAs) with local and out of area facilities and other organizations in the event mutual aid is needed. Agreements shall be reviewed annually.

### Response

Because of the emergent nature of an active shooter event, staff should immediately carry out this procedure without waiting for instructions from the Incident Commander or their supervisor. The first person to become aware of this threat should initiate the response by announcing the code and dialing 911 if it is safe to do so.

* **Procedures for Reporting Signs of Active Shooter**
  + - Program site staff will report an active shooter in the following manner to appropriate authorities:
      * **CODE “SILVER” or “ARMED INTRUDER”** is announced intercom with the last known location of the shooter/intruder as soon as the event is recognized.
      * Begin patient safety protocol or personal safety protocol depending on the location and actions of the Active Shooter/Armed Intruder.
      * **Call 9-1-1**.
    - In the event of an active shooter there are three options on how to respond. You must evaluate the situation you are faced with and make the best decision at the time.
      * **RUN. Always RUN as a first choice if possible**
        + Be aware of escape routes
        + Run and evacuate the area, regardless if others want to follow
        + Help others escape, if safe to do so and they are willing
        + Do not carry, or return for belongings
        + Avoid escalators and elevators
        + When safe, dial 911
        + Do your best to provide the location of the program site
        + Do your best to provide the last known location of the shooter
        + Do your best to provide the known number of shooter(s).
      * **HIDE** if running is not possible
        + Hide somewhere out of the shooter’s view
        + If possible, hide somewhere where there are few to no windows
        + If possible, hide somewhere where there are doors that can be locked and barricaded
        + Close, lock, and barricade doors
        + Close and lock windows
        + Close blinds
        + Turn off all sound producing systems, like televisions, radios, stereos, etc.
        + Turn all cellular devices to silent
        + Hide behind thick walls, large pieces of thick furniture, or other thick objects
        + Dial 9-1-1.
        + If shooter is nearby after dialing 911, turn the volume down, remain quiet, keep the line open, and let the emergency operator listen to the situation
        + If shooter is not nearby after dialing 911, explain the situation and provide details like location of the program site, location of where you are, last known location of the active shooter, and the number of known shooter(s).
      * **Fight** if you are in imminent danger and neither running nor hiding are safe possibilities
        + ****Pick up nearby objects that can be used as sharp or blunt force weapons, including fire extinguishers, knives, chairs, pans, etc.
        + Act aggressively and with purpose
        + Act to disarm, disrupt, and/or incapacitate the active shooter
        + Act together if with others
        + Yell, scream, throw objects at, and fight the active shooter
  + **What You Need to Tell 9-1-1 When You Call**
    - Location of the active shooter.
    - Number of shooters.
    - Physical description of shooter(s).
    - Number and type of weapons held by shooter(s).
    - Number of potential victims at the location.
* **Patient Safety Protocol**
* If the active shooter is distant from your location:
  + - **Evacuate:** If opportunity allows you to safely direct and move patients. Patients, whether in danger or not, should be moved in the following order, beginning near the danger area:
      * + Ambulatory (no assistive device and walker users)
        + First, move ambulatory patients toward and out the nearest and safest exit. A staff person should accompany them. Do not leave ambulatory patients without clear instructions
        + Non-ambulatory (wheelchair, stretcher or injured)
        + Next, move non-ambulatory patients toward and out the nearest or safest exit
        + Patients unable to evacuate on their own can be moved by a two-person carry, placing them on a blanket or other assistance device and moved to a safer place
        + If there are patients or staff on an upper floor who are unable to ambulate down the stairs and the elevators cannot be used, they will be assisted by staff
      * **Hide**: If unable to evacuate patients because of the active shooter’s location, hide them.
      * **Barricade**: If you can hide the patient, barricade their position utilizing door locks, furniture, etc. to prevent the active shooter from breaching their position.
* **When Law Enforcement and First Responders Arrive**
  + - Law enforcement must neutralize the active shooter and/or secure the program site before any first responders can render any other form of assistance (including medical)
    - Follow all commands given by law enforcement
    - Keep both hands visible
    - Do not scream, yell, or gesture wildly at law enforcement
    - Law enforcement may push or move people roughly for their safety
    - Move in whichever direction law enforcement or other first responders command
    - Do not bring personal items like purses, handbags, etc.
    - **If directed**, follow safe evacuation procedures as determined necessary by law enforcement, first responders, or Incident Commander.
    - **If directed**, follow Shelter-in-Place procedures as determined necessary by law enforcement, first responders, or Incident Commander.
    - The event will be deemed **‘All Clear’** after law enforcement authorities have concluded emergency operations and declared the situation **’safe’**
    - If hiding/barricaded, wait for law enforcement to provide an **“All Clear”** before leaving your position
    - When the event becomes static, notify the on-call administrator if after hours.
    - Activate the Incident Command System to manage the event and follow all instructions from law enforcement regarding preservation of the crime scene.
    - Account for all staff, patients, and visitors.
* **Management Staff During an Active Shooter Response**
  + **Run, Hide, Fight**, as necessary
  + Help others evacuate, if safe to do so and they are willing
  + **CALL 911** when safe to do so
  + Determine the severity of the active shooter related threats, if safe to do so
  + Do not assume others will have the same information you have, or that you have all the information others may have
  + Law enforcement, first responders, and/or Incident Commander will determine the need to activate safe evacuation procedures per **Section 2: Policy and Procedure 1: Safe Evacuation.**
  + Law enforcement, first responders, and/or Incident Commander will determine the need to activate shelter-in-place procedures.

### Recovery

* + After an active shooter event occurs, the CEO/Executive Director, Incident Commander, and/or Safety Officer in coordination with first responders will account for all staff, patients, and families in order to determine who is deceased, injured, or missing.
  + The CEO/Executive Director, Incident Commander, and/or Safety Officer in coordination with first responders, will assess the extent of the staff’s physical injuries and the closing of an entire program site or portions of a program site will be determined by the CEO/Executive Director or designate.
  + The CEO/Executive Director, Incident Commander, and/or Safety Officer in coordination with first responders, will implement plans for psychological first aid for staff, in order to help facilitate staff recovery to the traumatic active shooter event.
  + The CEO/Executive Director, Incident Commander, and/or Safety Officer will implement plans for continued psychological assessments, group therapy sessions, and extended care for staff, in order to help facilitate long-term staff recovery to the traumatic active shooter event.
  + The CEO/Executive Director or Incident Commander will assess each program site’s ability to continue and maintain operations. This will be accomplished with the aid of the fire department and/or trained building inspectors as death or severe injury can occur when untrained employees re-enter a damaged program site. The closing of an entire program site or portions of a program site will be determined by the CEO/Executive Director or designate.

#### Incident Management Team Roles and Responsibilities

**Incident Commander**

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| **Checkmark** | **Immediate Actions (0-2 hrs)** |
|  | Ensure notification of all staff, patients, and visitors of the threat using mass notification, overhead page, radios, and phones, as appropriate |
|  | Notify program site Chief Executive Officer, Board of Directors, and other appropriate internal and external officials of situation status |
|  | Activate the Emergency Operations Plan and Active Shooter Plan |
|  | Once the threat is contained, activate program site Incident Management Team (IMT) |
|  | Establish operational periods, objectives, and regular briefing schedule. Consider the use of the HICS 201: Incident Briefing for documentation of the incident |
|  | Establish a liaison with law enforcement upon their arrival. Provide details of the event including:   * Shooter(s) physical description * Number and type of weapon * Number of potential victims * Last known location |
|  | **Intermediate Response (2-12 hrs)** |
|  | Suspend all nonessential services |
|  | Notify program site Chief Executive Officer, Board of Directors, and other appropriate internal and external officials of ongoing operations and incident status |
|  | **Extended Response (Greater than 12 hrs)** |
|  | With the Liaison/PIO, prepare to speak with the media, stakeholders, staff, patients, and visitors as coordinated with the field-level Incident Command Post or jurisdictional authority |
|  | Update the Chief Executive Officer, Board of Directors, and other appropriate internal and external officials of situation status |
|  | **Demobilization/Recovery (Greater than 24 hrs)** |
|  | With the Public Information Officer prepare to speak with media |
|  | Ensure patients, staff, and visitors have access to behavioral health services |

**Liaison/Public Information Officer**

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| **Checkmark** | **Immediate Actions (0-2 hrs)** |
|  | Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander |
|  | Monitor media outlets for updates on the incident and possible impacts on the program site. Communicate information via regular briefings to IMT and Incident Commander as directed |
|  | Coordinate with community partners in accordance with local policies and procedures (e.g., consider local Emergency Operations Center, other area facilities, local emergency medical services, etc.) to provide incident details, community status, estimates of casualties, and establish process for requesting supplies, equipment, or personnel not available in the program site |
|  | Assist with updating patients, staff, and families/guardians |
|  | **Intermediate Response (2-12 hrs)** |
|  | Establish contact with media and provide briefings as directed |
|  | Designate and establish a media staging area in coordination with law enforcement and the Incident Commander |
|  | Provide approved messages to patients/guardians, visitors, and staff as directed |
|  | Notify licensing agencies of the incident |
|  | Ensure continued updates of appropriate information to community partners, local authorities, and others as directed |
|  | **Extended Response (Greater than 12 hrs)** |
|  | Continue media briefings and updates as directed, work within the Joint Information Center, if possible. Continue to provide approved messaging to media, patients, visitors, and staff |
|  | Ensure continued updates of appropriate information to community partners, local authorities, and others as directed |
|  | **Demobilization/Recovery (Greater than 24 hrs)** |
|  | Develop an information release for media; work with law enforcement on details to be released; ensure the family of any wounded or deceased person is made aware prior to the media release of information |
|  | Ensure that all impacted persons and community partners are notified of incident resolution in accordance with local policies and procedures |

**Safety Officer**

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| **Checkmark** | **Immediate Actions (0-2 hrs)** |
|  | Ensure the safety of patients, families, visitors, and staff during evacuation procedures |
|  | In collaboration with law enforcement and Incident Commander, coordinate movement of staff and patients away from potential crime scenes within the program site |
|  | **Intermediate Response (2-12 hrs)** |
|  | Monitor, report, follow-up on, and document staff or patient injuries |
|  | Maintain the external lockdown of the health center |
|  | Complete HICS 261 to assign, direct, and ensure safety actions are adhered to and completed |
|  | **Extended Response (Greater than 12 hrs)** |
|  | Update the Incident Action Plan Safety Analysis (HICS 261) for extended operations based on modifications in entry and exit points, visiting hours, entry onto campus, etc. for inclusion in the IAP |
|  | Modify the external lockdown of the program site, as directed, to maintain the integrity of the crime scene, yet allow limited access |
|  | **Demobilization/Recovery (Greater than 24 hrs)** |
|  | Provide incident documentation to the Planning Section |

**Operations Section Chief**

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| **Checkmark** | **Immediate Actions (0-2 hrs)** |
|  | Ensure continuation of patient care and essential services |
|  | Consider partial or complete evacuation of the program site, or relocation of patients and services within the program site |
|  | Ensure all staff have basic information about current location of shooter, designated escape routes, and safe zones |
|  | Initiate the shelter-in-place of all patients who are non-ambulatory |
|  | Assist in the evacuation of other personnel as directed |
|  | Initiate external lockdown of the program site as approved by the Incident Commander:   * Deny all entry; direct those seeking care to nearest program site * Deny all exits; direct those trying to leave the program site to a designated safe holding area   Coordinate movement within the program site with law enforcement and Incident Commander |
|  | Consider activation of a Law Enforcement Liaison to coordinate activities and information with responding law enforcement |
|  | Establish communications with responding law enforcement |
|  | Provide law enforcement with the shooter’s description, armament, and last known location |
|  | Provide law enforcement with surveillance camera footage, program site maps, blueprints, master keys, card access, search grids, and other data as requested |
|  | As directed, utilize access control system and closed-circuit cameras to aid law enforcement and internal responses (shelter-in-place or evacuations) relative to the shooter’s location |
|  | Assist with the safe evacuation of patients, staff, and visitors as directed |
|  | Coordinate the overall response to ensure effective communications to and from potential victims within the program site relative to the shooter’s location, and shelter-in-place or evacuation response actions as directed |

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|  | **Intermediate Response (2-12 hrs)** |

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|  | Continue to coordinate the evacuation of patients and personnel as directed and as needed |
|  | Treat and evacuate wounded victims as directed and when deemed safe to do so |
|  | Monitor critical systems such as medical gases, water, electricity and others as appropriate for potential disruption caused by stray gunfire penetrations |
|  | As directed, utilize the access control system and closed-circuit television to aid law enforcement in the clearing of the program site |
|  | Maintain the external lockdown of the program site |
|  | **Extended Response (Greater than 12 hrs)** |
|  | Determine the need to cancel or postpone procedures, appointments, and visiting hours based on the projected length and impact of the incident |
|  | Where approved, return evacuated patients to their respective patient care areas |
|  | Arrange for the transfer of patients from displaced patient care areas to approved alternate care sites |
|  | Modify the external lockdown of the program site, as directed, to maintain the integrity of the crime scene, yet allow limited access |
|  | Ensure the debriefing of, and support for, families of affected patients |
|  | **Demobilization/Recovery (Greater than 24 hrs)** |
|  | Oversee the restoration of normal operations |
|  | Give the “all clear” to reschedule canceled surgeries, procedures, and outpatient appointments |
|  | Repatriate transferred patients, if applicable |
|  | Arrange for the transfer of patients from alternate care sites back to reopened patient care areas |
|  | Repair or replace any systems damaged by stray gunfire penetrations |
|  | Demobilize the program site lockdown as directed |
|  | Plan for the safe and confidential reunification of incident survivors with family members |

**Planning Section Chief**

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| **Checkmark** | **Immediate Actions (0-2 hrs)** |
|  | Consolidate all reports regarding the location and description of the shooter. Ensure the real time dissemination of this critical information to all parties as directed |
|  | **Intermediate Response (2-12 hrs)** |
|  | Establish operational periods, incident objectives and the Incident Action Plan in collaboration with the Incident Commander |
|  | Begin planning for alternate care sites for evacuated patient care areas that may not be immediately available |
|  | Initiate staff and equipment tracking |
|  | Document victim information, witness information, and patient movement |
|  | Continue to provide situation reports to all parties as requested and as needed |
|  | Initiate patient and bed tracking using HICS 254 |
|  | **Extended Response (Greater than 12 hrs)** |
|  | Plan for the next operational period and shift change, if any. Work with law enforcement to ensure continued security of program site and ongoing operations |
|  | Ensure that updated information and intelligence is incorporated into the Incident Action Plan |
|  | Continue tracking the movement and disposition of patients, staff, and visitors |
|  | Continue documenting the victim, witness, and patient information |
|  | Ensure complete documentation of all postponed and canceled appointments and procedures |
|  | **Demobilization/Recovery (Greater than 24 hrs)** |
|  | Finalize and distribute the Demobilization Plan |
|  | Conduct debriefings and After-Action Review with:   * IMT * Administrative personnel * All staff * All volunteers |
|  | Write an After-Action Report and Corrective Action and Improvement Plan for submission to the Incident Commander, describing:   * Summary of the incident * Summary of actions taken * Actions that went well * Actions that could be improved * Recommendations for future response actions |
|  | Ensure that all documentation produced during the response and recovery is correlated and available for after action review |
|  | Prepare a summary of the status and location of all incident patients, staff, and equipment. After approval by the Incident Commander, distribute it to appropriate external agencies |
|  | Identify issues and necessary actions to return to normal operations, ensuring all cancellations and postponements are included |

**Logistics Section Chief**

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| **Checkmark** | **Immediate Actions (0-2 hrs)** |
|  | Coordinate the transportation services (ambulance, air medical services, and other transportation) with the Operations Section and appropriate external Incident Command Post or jurisdictional authority to ensure safe patient relocation, if necessary |
|  | **Extended Response (Greater than 12 hrs)** |
|  | Coordinate victim support services and establish those services in a safe zone as approved by the Incident Commander |
|  | **Demobilization/Recovery (Greater than 24 hrs)** |
|  | Ensure the debriefing of affected personnel |
|  | Inventory all program site Emergency Operations Center and program site supplies and replenish as necessary, appropriate, and available |
|  | Plan for the safe and confidential reunification of staff and survivors with family members |

**Finance/Admin Chief**

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| **Checkmark** | **Intermediate Response (2-12 hrs)** |
|  | Implement established pay codes for personnel to track hours associated with the incident, and track all hours |
|  | Facilitate procurement of supplies, etc., in cooperation with Logistics Support Branch |
|  | Begin to collect, when safe, documentation of structural and infrastructure damage and initiate reimbursement and claims procedures |
|  | Track and monitor all expenditures, response purchases, storm damage, and repair costs |
|  | Track estimates of lost revenue due to program site storm damage and response |
|  | **Extended Response (Greater than 12 hrs)** |
|  | Continue to track hours associated with the response |
|  | Facilitate the procurement of supplies in cooperation with the Logistics Support Branch |
|  | Contact insurance carriers to assist in documentation of structural and infrastructure damage, and initiate reimbursement and claims procedures |
|  | Continue to track and monitor response and program site repair costs and expenditures |
|  | **Demobilization/Recovery (Greater than 24 hrs)** |
|  | Compile a final response and recovery cost and expenditure and estimated lost revenues summary, and submit to Planning Section Chief for inclusion in After Action Report |
|  | Contact insurance carriers to initiate reimbursement and claims procedures |
|  | Coordinate with Risk Management for additional insurance and documentation needs, including photographs of damages. |