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| **1. Incident Name** | 2. Operational Period (# )  DATE: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3.** **Section Demobilization Checks**  Use as positions and resources are demobilized. The position and the resources may only be released when the checked boxes  below are signed off, all equipment is serviced and returned, and all paperwork turned in to the Documentation Unit Leader.  Respective Section Chiefs must initial their sections showing approval for demobilization. | |

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| **Command Staff** | | |
| Incident Commander | **Remarks** | Initials |
| All units, branches, and sections have been demobilized.  All paperwork has been gathered for review and development of After Action Report.  Final message to staff, media, and stakeholders has been developed and disseminated.  All clinical operations have returned to normal or pre-incident status.  Hospital Command Center and Emergency Operations Plan are deactivated. |  |  |
| public information officer | Remarks | Initials |
| Final media briefing is developed, approved, and disseminated.  Final staff and patient briefings are developed, approved, and disseminated.  Social media is updated with current status. |  |  |
| Liaison Officer | Remarks | Initials |
| All stakeholders and external partners are notified of Hospital Command Center  deactivation/return to normal operations. |  |  |
| Safety Officer | Remarks | Initials |
| Final safety review of facility is completed and documented.  All potential hazards have been addressed and resolved.  All sites/hazards have been safely mitigated/repaired and are ready to be used.  Appropriate regulatory agencies are notified.  All safety specific paperwork is completed and submitted. |  |  |
| Medical / Technical Specialist (title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Remarks | Initials |
| Position-specific roles and responsibilities have been deactivated.  Response-specific paperwork is completed and submitted to   Documentation Unit Leader. |  |  |
| MEDICAL / TECHNICAL SPECIALIST (TITLE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Remarks | Initials |
| Position-specific roles and responsibilities have been deactivated.  Response-specific paperwork is completed and submitted to   Documentation Unit Leader. |  |  |
| MEDICAL / TECHNICAL SPECIALIST (TITLE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Remarks | Initials |
| Position-specific roles and responsibilities have been deactivated.  Response-specific paperwork is completed and submitted to   Documentation Unit Leader. |  |  |

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| **OPERATIONS SECTION** | | |
| Staging Area | Remarks | Initials |
| All supplies and equipment staged for response are returned to storage or   pre-response state.  All personnel are debriefed and returned to daily work site. |  |  |
| Medical Care Branch | Remarks | Initials |
| All procedures and appointments are rescheduled.  All evacuated patients have been repatriated and family members notified.  All clinical information/procedures/interventions have been documented in the   electronic medical record.  Alternate care sites have been deactivated and physical sites returned to pre-response   operations.  Medical supplies and equipment utilized in the response have been returned to   pre-response state.  Staffing patterns have returned to pre-response state.  All units within the branch are debriefed and deactivated. |  |  |
| Infrastructure Branch | Remarks | Initials |
| All damage assessments are completed and final report submitted to Operations and   Planning Section Chiefs.  Repairs to infrastructure and equipment are complete or a new state of readiness is   established by Operations Section Chief.  Utility services are in pre-response state.  Resupply of critical resources is underway.  All units within the branch are debriefed and deactivated. |  |  |
| Security Branch | Remarks | Initials |
| Facility and/or campus lockdown is suspended.  Hopspital personnel used to augment security staff are debriefed and   demobilized.  Additional security measures used in the response are now discontinued.  All units within branch are debriefed and deactivated. |  |  |
| HazMat Branch | Remarks | Initials |
| Decontamination operations are concluded and all supplies, equipment, and personnel   are returned to a pre-response state.  Water collected in decontamination operations is collected and disposed of safely.  Authorities are notified of the decon operations, including water collection.  Personnel involved in decon are referred to Employee Health for surveillance.  All units within branch are debriefed and deactivated. |  |  |
| Business Continuity Branch | Remarks | Initials |
| All supplies and equipment used in relocated services have been returned.  Interruptions in data entry have been resolved and documentation recovered.  All units within branch are debriefed and deactivated. |  |  |

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| PATIENT family ASSISTANCE BRANCH | REMARKS | | INITIALS |
| All supplies and equipment used in relocated services have been returned.  All units within branch are debriefed and deactivated. |  | |  |
| **PLANNING SECTION** | | | |
| Resources Unit | Remarks | | Initials |
| All tracking forms are complete and submitted to Documentation Unit Leader.  All tracking tools are demobilized and returned to storage. |  | |  |
| Situation Unit | Remarks | | Initials |
| All tracking forms are complete and submitted to Documentation Unit Leader.  All tracking tools are demobilized and returned to storage. |  | |  |
| Documentation Unit | Remarks | | Initials |
| All paperwork created or used in the response has been submitted.  All paperwork is catalogued and correlated for review. |  | |  |
| Demobilization Unit | Remarks | | Initials |
| All paperwork, including the approved Demobilization Plan, is submitted to   Documentation Unit Leader. |  | |  |
| **Logistics Section** | | | |
| Service Branch | | Remarks | Initials |
| All communications equipment is returned to readiness.   1. Radios and batteries are placed in charging stations. 2. Voice and text messages are reviewed and deleted. 3. Extra disaster telephones are returned to storage. 4. Satellite phones are returned and placed on chargers. 5. Hospital Command Center communication equipment is returned to storage.   All deployed information technology (IT) equipment is returned and inspected;   all event specific data is removed and archived.  All food/water stores are returned to daily operations levels.  Disposable food preparation and delivery supplies are removed from service.  All units within branch are debriefed and deactivated. | |  |  |
| Support Branch | | Remarks | Initials |
| Supplies and equipment used in response are inspected, cleaned, and returned to   storage or daily use.  All equipment requiring calibration or repair is entered into preventive   maintenance/service program.  All units within branch are debriefed and deactivated. | |  |  |
| **Finance / Administration Section** | | | |
| Time Unit | Remarks | | Initials |
| All timesheets and other documentation tools are collected and provided to   Documentation Unit Leader. |  | |  |
| Procurement Unit | Remarks | | Initials |
| All order forms, expense sheets, and other documentation tools are collected and provided to Documentation Unit Leader. |  | |  |
| Compensation / Claims Unit | Remarks | | Initials |
| All timesheets and other documentation tools are collected and provided to   Documentation Unit Leader.  All insurance forms are completed and submitted per policy. |  | |  |
| Cost Unit | Remarks | | Initials |
| All time sheets and other documentation tools are collected and provided to   Documentation Unit Leader.  All expense reports are completed.  All outstanding expenses, bills, purchase orders, check cards, bank cards have been   resolved. |  | |  |

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| All Positions | | Remarks | Initials |
| All paperwork generated during the response and recovery is submitted to the   Documentation Unit Leader.  All response and recovery equipment related to your role has been repaired, charged,   restocked, and returned to storage.  Daily supervisor is notified of your deactivation and return to normal duties. | |  |  |
| 4. Prepared by PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE/TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Purpose:** The HICS 221 - Demobilization Check-Out ensures that resources utilized during response and recovery has been returned to pre-incident status.

**origination:** The HICS 221 is completed by Hospital Incident Management Team (HIMT) personnel designated by the Incident Commander.

**copies to:** Delivered to the applicable Command Staff and Section Chief(s) for review and approval then forwarded to the Demobilization Unit or the Planning Section. All completed original forms must be given to the Documentation Unit Leader. Personnel may request to retain a copy of the HICS 221.

**Notes:** HIMT personnel are not released until form is complete and signed by their Section Chief. If additional pages are needed, use a blank HICS 221 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

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| 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** | **Section Demobilization Checks** | As demobilization actions are taken, check off each appropriate box (or indicate “N/A”), and ensure Section Chief signs or initials approval before resource is released. |
| **4** | **Prepared by** | Enter the name, Hospital Incident Management Team (HIMT) position, and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility. |